Spending Breakdown by Claim

Hospital Name	Provider Number	State
SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL

Spending Breakdown by Claim

Period	Claim Type
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility

Spending Breakdown by Claim

Avg Spending Per Episode (Hospital)	Avg Spending Per Episode (State)	Avg Spending Per Episode (Nation)
$14.00	$15.00	$14.00
$3.00	$2.00	$1.00
$13.00	$6.00	$7.00
$35.00	$33.00	$40.00
$2.00	$1.00	$3.00
$10.00	$9.00	$9.00
$125.00	$143.00	$155.00
$9.00	$12.00	$14.00
$27.00	$22.00	$16.00
$10545.00	$8972.00	$9399.00
$41.00	$34.00	$46.00
$732.00	$966.00	$1190.00
$28.00	$29.00	$27.00
$1871.00	$1708.00	$1857.00
$1076.00	$860.00	$715.00
$130.00	$121.00	$88.00
$1768.00	$1549.00	$1645.00
$574.00	$496.00	$558.00
$914.00	$1213.00	$1646.00

Spending Breakdown by Claim

Percent of Spending (Hospital)	Percent of Spending (State)
0.08%	0.09%
0.02%	0.01%
0.07%	0.04%
0.19%	0.19%
0.01%	0.01%
0.05%	0.05%
0.66%	0.83%
0.05%	0.07%
0.14%	0.13%
55.86%	52.22%
0.22%	0.2%
3.88%	5.62%
0.15%	0.17%
9.91%	9.94%
5.7%	5.01%
0.69%	0.7%
9.36%	9.02%
3.04%	2.89%
4.84%	7.06%

Spending Breakdown by Claim

Percent of Spending (Nation)
0.07%
0%
0.04%
0.22%
0.01%
0.05%
0.84%
0.08%
0.08%
50.79%
0.25%
6.43%
0.15%
10.04%
3.86%
0.47%
8.89%
3.02%
8.89%

Spending Breakdown by Claim

SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
MARSHALL MEDICAL CENTER SOUTH	010005	AL
MARSHALL MEDICAL CENTER SOUTH	010005	AL
MARSHALL MEDICAL CENTER SOUTH	010005	AL
MARSHALL MEDICAL CENTER SOUTH	010005	AL
MARSHALL MEDICAL CENTER SOUTH	010005	AL
MARSHALL MEDICAL CENTER SOUTH	010005	AL
MARSHALL MEDICAL CENTER SOUTH	010005	AL
MARSHALL MEDICAL CENTER SOUTH	010005	AL
MARSHALL MEDICAL CENTER SOUTH	010005	AL
MARSHALL MEDICAL CENTER SOUTH	010005	AL
MARSHALL MEDICAL CENTER SOUTH	010005	AL
MARSHALL MEDICAL CENTER SOUTH	010005	AL
MARSHALL MEDICAL CENTER SOUTH	010005	AL
MARSHALL MEDICAL CENTER SOUTH	010005	AL
MARSHALL MEDICAL CENTER SOUTH	010005	AL
MARSHALL MEDICAL CENTER SOUTH	010005	AL
MARSHALL MEDICAL CENTER SOUTH	010005	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility

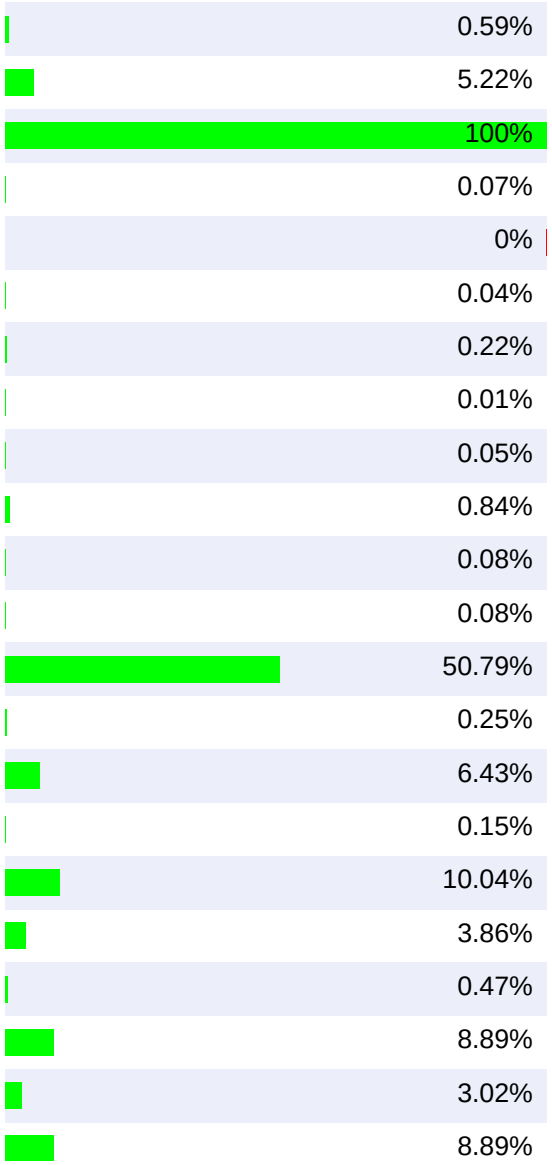
Spending Breakdown by Claim

$127.00	$119.00	$110.00
$835.00	$870.00	$966.00
$18879.00	$17179.00	$18506.00
$8.00	$15.00	$14.00
$1.00	$2.00	$1.00
$0.00	$6.00	$7.00
$38.00	$33.00	$40.00
$3.00	$1.00	$3.00
$10.00	$9.00	$9.00
$75.00	$143.00	$155.00
$0.00	$12.00	$14.00
$39.00	$22.00	$16.00
$6941.00	$8972.00	$9399.00
$117.00	$34.00	$46.00
$1637.00	$966.00	$1190.00
$15.00	$29.00	$27.00
$1204.00	$1708.00	$1857.00
$764.00	$860.00	$715.00
$101.00	$121.00	$88.00
$1499.00	$1549.00	$1645.00
$442.00	$496.00	$558.00
$2149.00	$1213.00	$1646.00

Spending Breakdown by Claim

0.67%	0.69%
4.42%	5.07%
100%	100%
0.05%	0.09%
0.01%	0.01%
0%	0.04%
0.24%	0.19%
0.02%	0.01%
0.06%	0.05%
0.47%	0.83%
0%	0.07%
0.25%	0.13%
43.97%	52.22%
0.74%	0.2%
10.37%	5.62%
0.1%	0.17%
7.63%	9.94%
4.84%	5.01%
0.64%	0.7%
9.5%	9.02%
2.8%	2.89%
13.62%	7.06%

Spending Breakdown by Claim



Spending Breakdown by Claim

MARSHALL MEDICAL CENTER SOUTH	010005	AL
MARSHALL MEDICAL CENTER SOUTH	010005	AL
MARSHALL MEDICAL CENTER SOUTH	010005	AL
ELIZA COFFEE MEMORIAL HOSPITAL	010006	AL
ELIZA COFFEE MEMORIAL HOSPITAL	010006	AL
ELIZA COFFEE MEMORIAL HOSPITAL	010006	AL
ELIZA COFFEE MEMORIAL HOSPITAL	010006	AL
ELIZA COFFEE MEMORIAL HOSPITAL	010006	AL
ELIZA COFFEE MEMORIAL HOSPITAL	010006	AL
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ELIZA COFFEE MEMORIAL HOSPITAL	010006	AL
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ELIZA COFFEE MEMORIAL HOSPITAL	010006	AL
ELIZA COFFEE MEMORIAL HOSPITAL	010006	AL
ELIZA COFFEE MEMORIAL HOSPITAL	010006	AL
ELIZA COFFEE MEMORIAL HOSPITAL	010006	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient

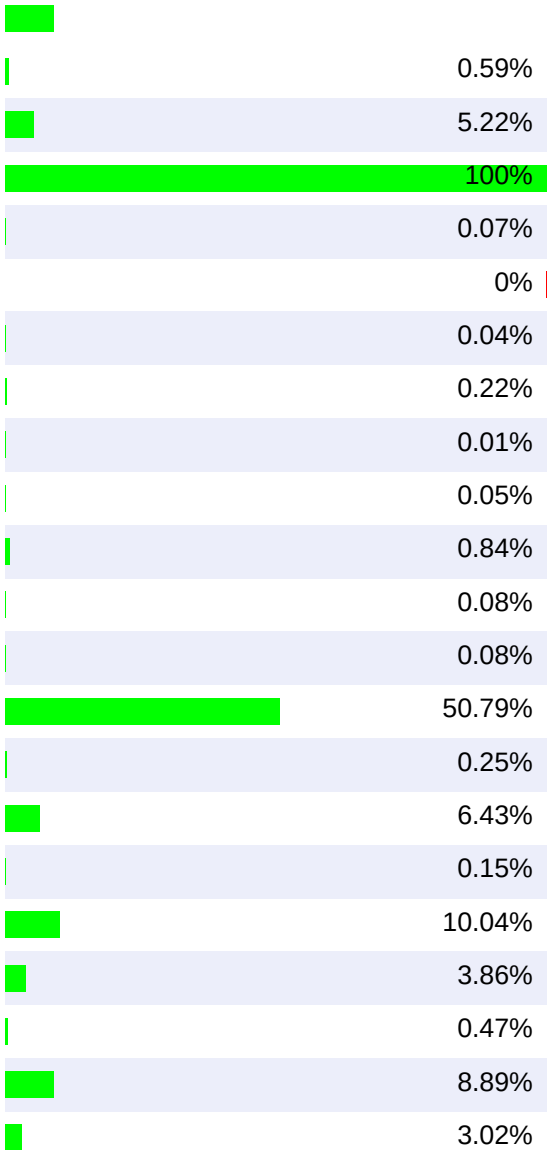
Spending Breakdown by Claim

$87.00	$119.00	$110.00
$653.00	$870.00	$966.00
$15784.00	$17179.00	$18506.00
$21.00	$15.00	$14.00
$0.00	$2.00	$1.00
$1.00	$6.00	$7.00
$39.00	$33.00	$40.00
$1.00	$1.00	$3.00
$6.00	$9.00	$9.00
$240.00	$143.00	$155.00
$5.00	$12.00	$14.00
$7.00	$22.00	$16.00
$9730.00	$8972.00	$9399.00
$30.00	$34.00	$46.00
$1364.00	$966.00	$1190.00
$28.00	$29.00	$27.00
$1621.00	$1708.00	$1857.00
$1019.00	$860.00	$715.00
$106.00	$121.00	$88.00
$1333.00	$1549.00	$1645.00
$419.00	$496.00	$558.00

Spending Breakdown by Claim

0.55%	0.69%
4.14%	5.07%
100%	100%
0.11%	0.09%
0%	0.01%
0.01%	0.04%
0.21%	0.19%
0%	0.01%
0.04%	0.05%
1.33%	0.83%
0.03%	0.07%
0.04%	0.13%
53.75%	52.22%
0.16%	0.2%
7.53%	5.62%
0.15%	0.17%
8.96%	9.94%
5.63%	5.01%
0.58%	0.7%
7.36%	9.02%
2.31%	2.89%

Spending Breakdown by Claim



Spending Breakdown by Claim

ELIZA COFFEE MEMORIAL HOSPITAL	010006	AL
ELIZA COFFEE MEMORIAL HOSPITAL	010006	AL
ELIZA COFFEE MEMORIAL HOSPITAL	010006	AL
ELIZA COFFEE MEMORIAL HOSPITAL	010006	AL
MIZELL MEMORIAL HOSPITAL	010007	AL
MIZELL MEMORIAL HOSPITAL	010007	AL
MIZELL MEMORIAL HOSPITAL	010007	AL
MIZELL MEMORIAL HOSPITAL	010007	AL
MIZELL MEMORIAL HOSPITAL	010007	AL
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MIZELL MEMORIAL HOSPITAL	010007	AL
MIZELL MEMORIAL HOSPITAL	010007	AL
MIZELL MEMORIAL HOSPITAL	010007	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient

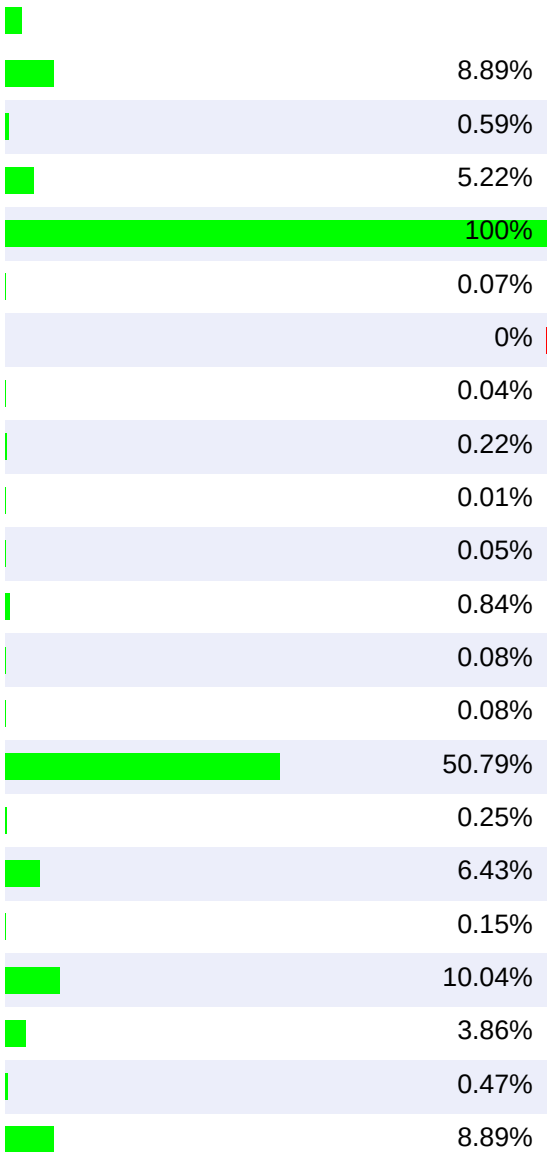
Spending Breakdown by Claim

$1190.00	$1213.00	$1646.00
$86.00	$119.00	$110.00
$856.00	$870.00	$966.00
$18102.00	$17179.00	$18506.00
$37.00	$15.00	$14.00
$9.00	$2.00	$1.00
$9.00	$6.00	$7.00
$24.00	$33.00	$40.00
$0.00	$1.00	$3.00
$9.00	$9.00	$9.00
$61.00	$143.00	$155.00
$26.00	$12.00	$14.00
$25.00	$22.00	$16.00
$5547.00	$8972.00	$9399.00
$17.00	$34.00	$46.00
$1474.00	$966.00	$1190.00
$12.00	$29.00	$27.00
$845.00	$1708.00	$1857.00
$647.00	$860.00	$715.00
$84.00	$121.00	$88.00
$1157.00	$1549.00	$1645.00

Spending Breakdown by Claim

6.58%	7.06%
0.48%	0.69%
4.73%	5.07%
100%	100%
0.29%	0.09%
0.07%	0.01%
0.07%	0.04%
0.19%	0.19%
0%	0.01%
0.07%	0.05%
0.48%	0.83%
0.2%	0.07%
0.2%	0.13%
43.49%	52.22%
0.13%	0.2%
11.55%	5.62%
0.1%	0.17%
6.62%	9.94%
5.07%	5.01%
0.65%	0.7%
9.07%	9.02%

Spending Breakdown by Claim



Spending Breakdown by Claim

MIZELL MEMORIAL HOSPITAL	010007	AL
MIZELL MEMORIAL HOSPITAL	010007	AL
MIZELL MEMORIAL HOSPITAL	010007	AL
MIZELL MEMORIAL HOSPITAL	010007	AL
MIZELL MEMORIAL HOSPITAL	010007	AL
CRENSHAW COMMUNITY HOSPITAL	010008	AL
CRENSHAW COMMUNITY HOSPITAL	010008	AL
CRENSHAW COMMUNITY HOSPITAL	010008	AL
CRENSHAW COMMUNITY HOSPITAL	010008	AL
CRENSHAW COMMUNITY HOSPITAL	010008	AL
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CRENSHAW COMMUNITY HOSPITAL	010008	AL
CRENSHAW COMMUNITY HOSPITAL	010008	AL
CRENSHAW COMMUNITY HOSPITAL	010008	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice

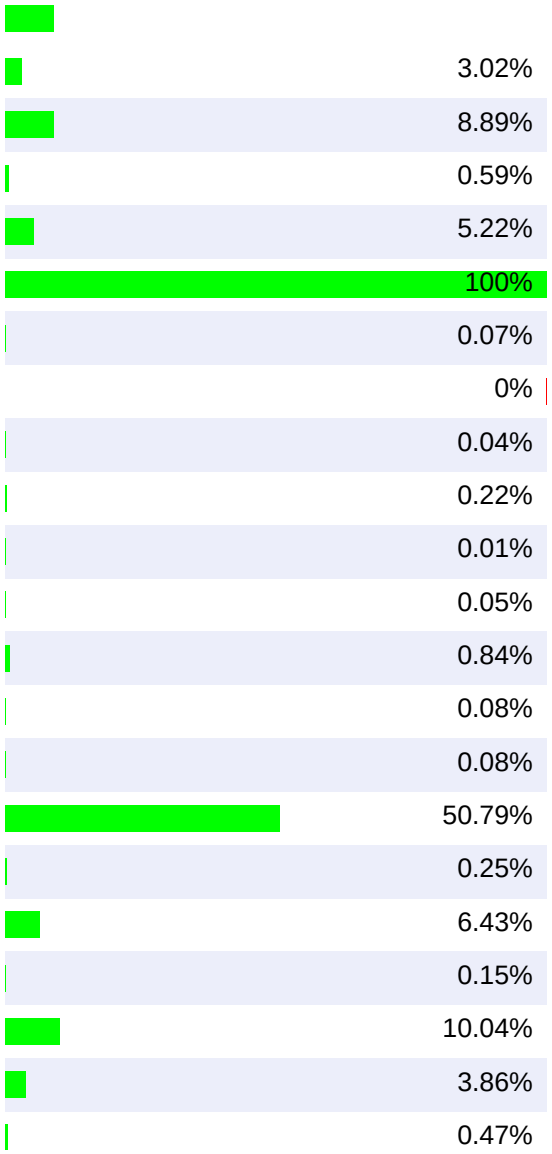
Spending Breakdown by Claim

$320.00	$496.00	$558.00
$1816.00	$1213.00	$1646.00
$75.00	$119.00	$110.00
$563.00	$870.00	$966.00
$12753.00	$17179.00	$18506.00
$0.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$7.00	$33.00	$40.00
$2.00	$1.00	$3.00
$7.00	$9.00	$9.00
$128.00	$143.00	$155.00
$0.00	$12.00	$14.00
$0.00	$22.00	$16.00
$4879.00	$8972.00	$9399.00
$2.00	$34.00	$46.00
$1514.00	$966.00	$1190.00
$11.00	$29.00	$27.00
$781.00	$1708.00	$1857.00
$520.00	$860.00	$715.00
$210.00	$121.00	$88.00

Spending Breakdown by Claim

2.51%	2.89%
14.24%	7.06%
0.59%	0.69%
4.42%	5.07%
100%	100%
0%	0.09%
0%	0.01%
0%	0.04%
0.06%	0.19%
0.02%	0.01%
0.06%	0.05%
1.02%	0.83%
0%	0.07%
0%	0.13%
38.85%	52.22%
0.01%	0.2%
12.06%	5.62%
0.08%	0.17%
6.22%	9.94%
4.14%	5.01%
1.67%	0.7%

Spending Breakdown by Claim



Spending Breakdown by Claim

CRENSHAW COMMUNITY HOSPITAL	010008	AL
CRENSHAW COMMUNITY HOSPITAL	010008	AL
CRENSHAW COMMUNITY HOSPITAL	010008	AL
CRENSHAW COMMUNITY HOSPITAL	010008	AL
CRENSHAW COMMUNITY HOSPITAL	010008	AL
CRENSHAW COMMUNITY HOSPITAL	010008	AL
HARTSELLE MEDICAL CENTER	010009	AL
HARTSELLE MEDICAL CENTER	010009	AL
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HARTSELLE MEDICAL CENTER	010009	AL
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HARTSELLE MEDICAL CENTER	010009	AL
HARTSELLE MEDICAL CENTER	010009	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency

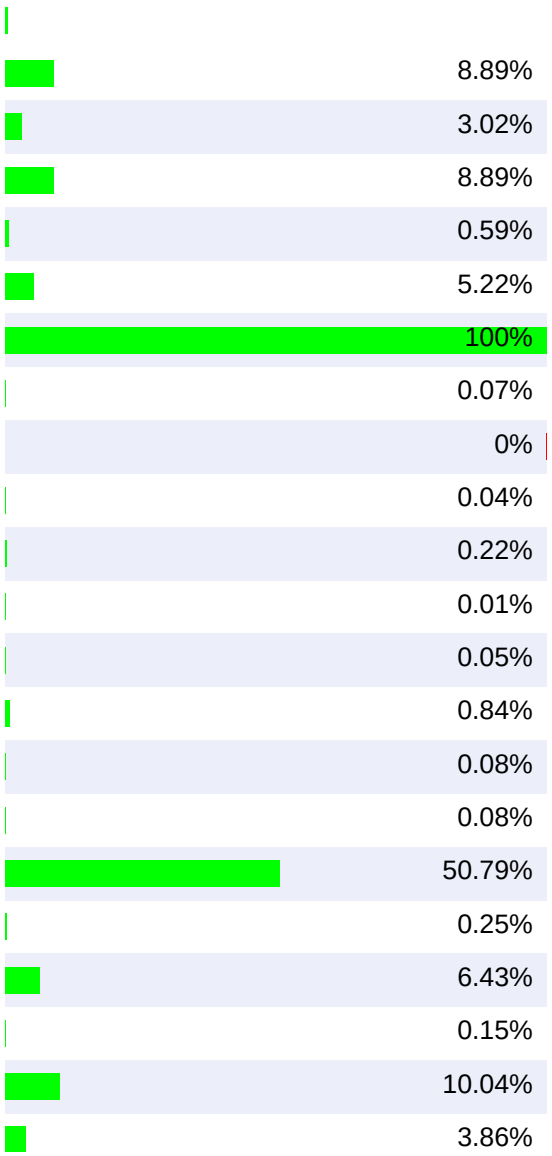
Spending Breakdown by Claim

$810.00	$1549.00	$1645.00
$239.00	$496.00	$558.00
$2631.00	$1213.00	$1646.00
$164.00	$119.00	$110.00
$655.00	$870.00	$966.00
$12559.00	$17179.00	$18506.00
$0.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$11.00	$33.00	$40.00
$8.00	$1.00	$3.00
$12.00	$9.00	$9.00
$95.00	$143.00	$155.00
$0.00	$12.00	$14.00
$40.00	$22.00	$16.00
$5874.00	$8972.00	$9399.00
$2.00	$34.00	$46.00
$1543.00	$966.00	$1190.00
$18.00	$29.00	$27.00
$1027.00	$1708.00	$1857.00
$725.00	$860.00	$715.00

Spending Breakdown by Claim

6.45%	9.02%
1.9%	2.89%
20.95%	7.06%
1.3%	0.69%
5.21%	5.07%
100%	100%
0%	0.09%
0%	0.01%
0%	0.04%
0.08%	0.19%
0.06%	0.01%
0.09%	0.05%
0.67%	0.83%
0%	0.07%
0.29%	0.13%
41.55%	52.22%
0.01%	0.2%
10.91%	5.62%
0.13%	0.17%
7.26%	9.94%
5.13%	5.01%

Spending Breakdown by Claim



Spending Breakdown by Claim

HARTSELLE MEDICAL CENTER	010009	AL
HARTSELLE MEDICAL CENTER	010009	AL
HARTSELLE MEDICAL CENTER	010009	AL
HARTSELLE MEDICAL CENTER	010009	AL
HARTSELLE MEDICAL CENTER	010009	AL
HARTSELLE MEDICAL CENTER	010009	AL
HARTSELLE MEDICAL CENTER	010009	AL
MARSHALL MEDICAL CENTER NORTH	010010	AL
MARSHALL MEDICAL CENTER NORTH	010010	AL
MARSHALL MEDICAL CENTER NORTH	010010	AL
MARSHALL MEDICAL CENTER NORTH	010010	AL
MARSHALL MEDICAL CENTER NORTH	010010	AL
MARSHALL MEDICAL CENTER NORTH	010010	AL
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MARSHALL MEDICAL CENTER NORTH	010010	AL
MARSHALL MEDICAL CENTER NORTH	010010	AL
MARSHALL MEDICAL CENTER NORTH	010010	AL
MARSHALL MEDICAL CENTER NORTH	010010	AL
MARSHALL MEDICAL CENTER NORTH	010010	AL
MARSHALL MEDICAL CENTER NORTH	010010	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier

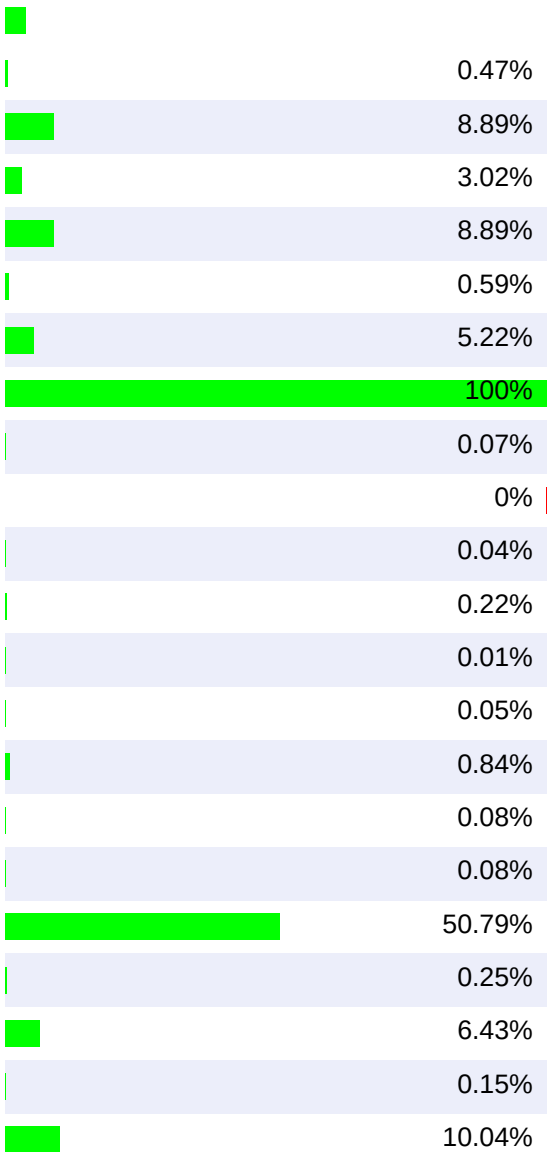
Spending Breakdown by Claim

$186.00	$121.00	$88.00
$1167.00	$1549.00	$1645.00
$390.00	$496.00	$558.00
$2172.00	$1213.00	$1646.00
$100.00	$119.00	$110.00
$766.00	$870.00	$966.00
$14136.00	$17179.00	$18506.00
$17.00	$15.00	$14.00
$1.00	$2.00	$1.00
$0.00	$6.00	$7.00
$39.00	$33.00	$40.00
$2.00	$1.00	$3.00
$12.00	$9.00	$9.00
$63.00	$143.00	$155.00
$0.00	$12.00	$14.00
$16.00	$22.00	$16.00
$7116.00	$8972.00	$9399.00
$140.00	$34.00	$46.00
$1340.00	$966.00	$1190.00
$11.00	$29.00	$27.00
$1115.00	$1708.00	$1857.00

Spending Breakdown by Claim

1.31%	0.7%
8.25%	9.02%
2.76%	2.89%
15.36%	7.06%
0.71%	0.69%
5.42%	5.07%
100%	100%
0.11%	0.09%
0.01%	0.01%
0%	0.04%
0.27%	0.19%
0.01%	0.01%
0.08%	0.05%
0.43%	0.83%
0%	0.07%
0.11%	0.13%
48.38%	52.22%
0.96%	0.2%
9.11%	5.62%
0.07%	0.17%
7.58%	9.94%

Spending Breakdown by Claim



Spending Breakdown by Claim

MARSHALL MEDICAL CENTER NORTH	010010	AL
MARSHALL MEDICAL CENTER NORTH	010010	AL
MARSHALL MEDICAL CENTER NORTH	010010	AL
MARSHALL MEDICAL CENTER NORTH	010010	AL
MARSHALL MEDICAL CENTER NORTH	010010	AL
MARSHALL MEDICAL CENTER NORTH	010010	AL
MARSHALL MEDICAL CENTER NORTH	010010	AL
MARSHALL MEDICAL CENTER NORTH	010010	AL
ST. VINCENT'S EAST	010011	AL
ST. VINCENT'S EAST	010011	AL
ST. VINCENT'S EAST	010011	AL
ST. VINCENT'S EAST	010011	AL
ST. VINCENT'S EAST	010011	AL
ST. VINCENT'S EAST	010011	AL
ST. VINCENT'S EAST	010011	AL
ST. VINCENT'S EAST	010011	AL
ST. VINCENT'S EAST	010011	AL
ST. VINCENT'S EAST	010011	AL
ST. VINCENT'S EAST	010011	AL
ST. VINCENT'S EAST	010011	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment

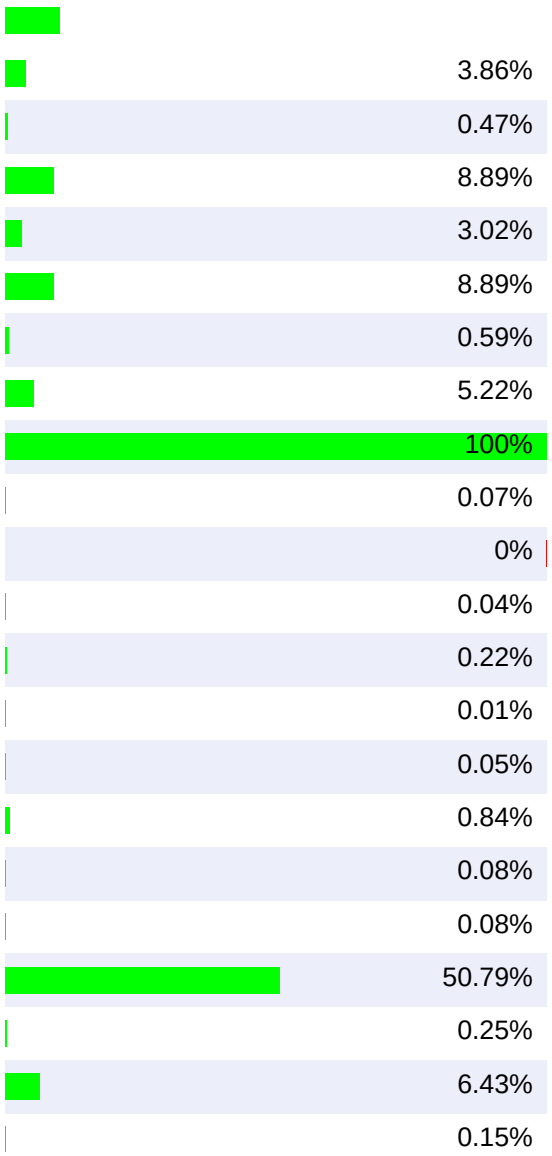
Spending Breakdown by Claim

$841.00	$860.00	$715.00
$129.00	$121.00	$88.00
$1353.00	$1549.00	$1645.00
$380.00	$496.00	$558.00
$1498.00	$1213.00	$1646.00
$85.00	$119.00	$110.00
$552.00	$870.00	$966.00
$14710.00	$17179.00	$18506.00
$8.00	$15.00	$14.00
$0.00	$2.00	$1.00
$1.00	$6.00	$7.00
$32.00	$33.00	$40.00
$2.00	$1.00	$3.00
$6.00	$9.00	$9.00
$152.00	$143.00	$155.00
$14.00	$12.00	$14.00
$20.00	$22.00	$16.00
$9324.00	$8972.00	$9399.00
$40.00	$34.00	$46.00
$873.00	$966.00	$1190.00
$29.00	$29.00	$27.00

Spending Breakdown by Claim

5.72%	5.01%
0.87%	0.7%
9.2%	9.02%
2.58%	2.89%
10.19%	7.06%
0.58%	0.69%
3.75%	5.07%
100%	100%
0.05%	0.09%
0%	0.01%
0.01%	0.04%
0.19%	0.19%
0.01%	0.01%
0.03%	0.05%
0.88%	0.83%
0.08%	0.07%
0.11%	0.13%
54.14%	52.22%
0.23%	0.2%
5.07%	5.62%
0.17%	0.17%

Spending Breakdown by Claim



Spending Breakdown by Claim

ST. VINCENT'S EAST	010011	AL
ST. VINCENT'S EAST	010011	AL
ST. VINCENT'S EAST	010011	AL
ST. VINCENT'S EAST	010011	AL
ST. VINCENT'S EAST	010011	AL
ST. VINCENT'S EAST	010011	AL
ST. VINCENT'S EAST	010011	AL
ST. VINCENT'S EAST	010011	AL
ST. VINCENT'S EAST	010011	AL
DEKALB REGIONAL MEDICAL CENTER	010012	AL
DEKALB REGIONAL MEDICAL CENTER	010012	AL
DEKALB REGIONAL MEDICAL CENTER	010012	AL
DEKALB REGIONAL MEDICAL CENTER	010012	AL
DEKALB REGIONAL MEDICAL CENTER	010012	AL
DEKALB REGIONAL MEDICAL CENTER	010012	AL
DEKALB REGIONAL MEDICAL CENTER	010012	AL
DEKALB REGIONAL MEDICAL CENTER	010012	AL
DEKALB REGIONAL MEDICAL CENTER	010012	AL
DEKALB REGIONAL MEDICAL CENTER	010012	AL
DEKALB REGIONAL MEDICAL CENTER	010012	AL

Spending Breakdown by Claim

During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility

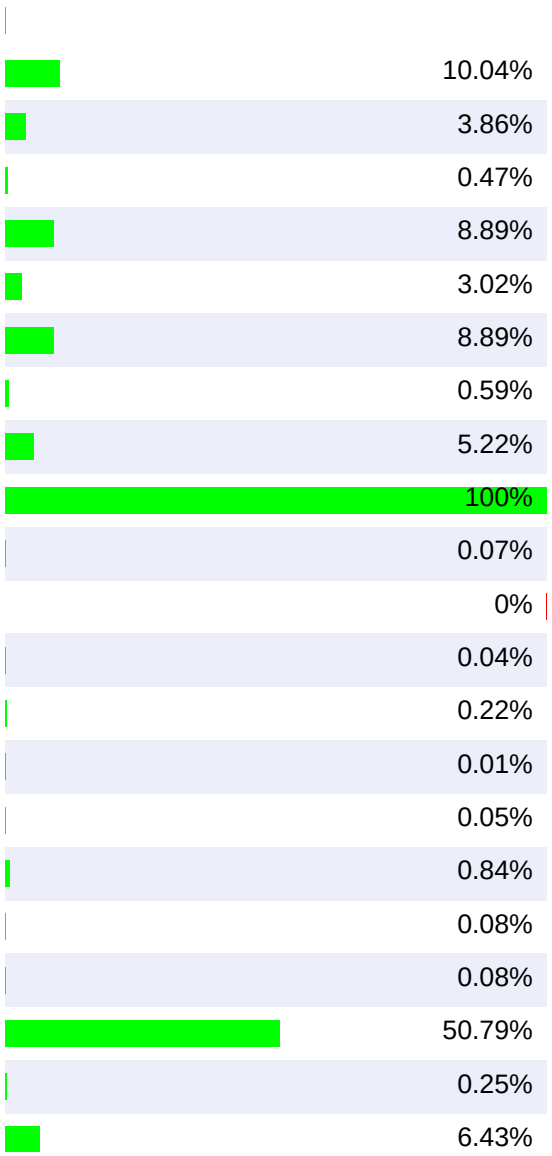
Spending Breakdown by Claim

$2026.00	$1708.00	$1857.00
$898.00	$860.00	$715.00
$120.00	$121.00	$88.00
$1237.00	$1549.00	$1645.00
$436.00	$496.00	$558.00
$1079.00	$1213.00	$1646.00
$107.00	$119.00	$110.00
$818.00	$870.00	$966.00
$17221.00	$17179.00	$18506.00
$9.00	$15.00	$14.00
$6.00	$2.00	$1.00
$4.00	$6.00	$7.00
$18.00	$33.00	$40.00
$1.00	$1.00	$3.00
$5.00	$9.00	$9.00
$112.00	$143.00	$155.00
$9.00	$12.00	$14.00
$26.00	$22.00	$16.00
$7000.00	$8972.00	$9399.00
$27.00	$34.00	$46.00
$1048.00	$966.00	$1190.00

Spending Breakdown by Claim

11.76%	9.94%
5.21%	5.01%
0.7%	0.7%
7.18%	9.02%
2.53%	2.89%
6.27%	7.06%
0.62%	0.69%
4.75%	5.07%
100%	100%
0.06%	0.09%
0.04%	0.01%
0.03%	0.04%
0.13%	0.19%
0.01%	0.01%
0.04%	0.05%
0.77%	0.83%
0.06%	0.07%
0.18%	0.13%
47.88%	52.22%
0.19%	0.2%
7.17%	5.62%

Spending Breakdown by Claim



Spending Breakdown by Claim

DEKALB REGIONAL MEDICAL CENTER	010012	AL
DEKALB REGIONAL MEDICAL CENTER	010012	AL
DEKALB REGIONAL MEDICAL CENTER	010012	AL
DEKALB REGIONAL MEDICAL CENTER	010012	AL
DEKALB REGIONAL MEDICAL CENTER	010012	AL
DEKALB REGIONAL MEDICAL CENTER	010012	AL
DEKALB REGIONAL MEDICAL CENTER	010012	AL
DEKALB REGIONAL MEDICAL CENTER	010012	AL
DEKALB REGIONAL MEDICAL CENTER	010012	AL
DEKALB REGIONAL MEDICAL CENTER	010012	AL
SHELBY BAPTIST MEDICAL CENTER	010016	AL
SHELBY BAPTIST MEDICAL CENTER	010016	AL
SHELBY BAPTIST MEDICAL CENTER	010016	AL
SHELBY BAPTIST MEDICAL CENTER	010016	AL
SHELBY BAPTIST MEDICAL CENTER	010016	AL
SHELBY BAPTIST MEDICAL CENTER	010016	AL
SHELBY BAPTIST MEDICAL CENTER	010016	AL
SHELBY BAPTIST MEDICAL CENTER	010016	AL
SHELBY BAPTIST MEDICAL CENTER	010016	AL
SHELBY BAPTIST MEDICAL CENTER	010016	AL

Spending Breakdown by Claim

During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient

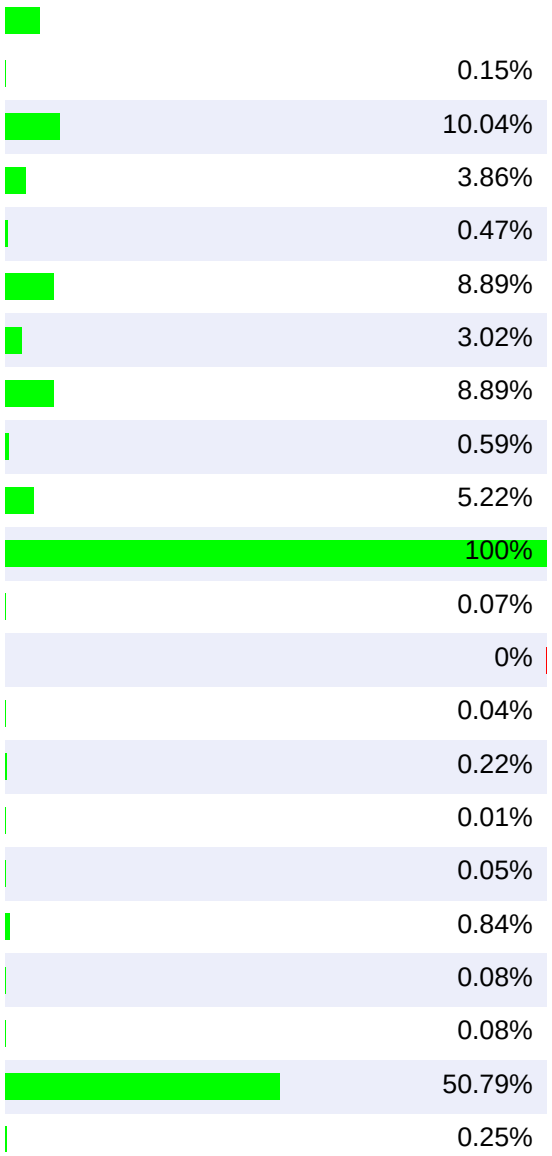
Spending Breakdown by Claim

$14.00	$29.00	$27.00
$1113.00	$1708.00	$1857.00
$755.00	$860.00	$715.00
$105.00	$121.00	$88.00
$1517.00	$1549.00	$1645.00
$466.00	$496.00	$558.00
$1549.00	$1213.00	$1646.00
$75.00	$119.00	$110.00
$761.00	$870.00	$966.00
$14619.00	$17179.00	$18506.00
$20.00	$15.00	$14.00
$5.00	$2.00	$1.00
$5.00	$6.00	$7.00
$41.00	$33.00	$40.00
$1.00	$1.00	$3.00
$5.00	$9.00	$9.00
$208.00	$143.00	$155.00
$19.00	$12.00	$14.00
$19.00	$22.00	$16.00
$9241.00	$8972.00	$9399.00
$33.00	$34.00	$46.00

Spending Breakdown by Claim

0.09%	0.17%
7.61%	9.94%
5.16%	5.01%
0.72%	0.7%
10.38%	9.02%
3.19%	2.89%
10.6%	7.06%
0.51%	0.69%
5.2%	5.07%
100%	100%
0.12%	0.09%
0.03%	0.01%
0.03%	0.04%
0.24%	0.19%
0.01%	0.01%
0.03%	0.05%
1.23%	0.83%
0.11%	0.07%
0.11%	0.13%
54.65%	52.22%
0.19%	0.2%

Spending Breakdown by Claim



Spending Breakdown by Claim

SHELBY BAPTIST MEDICAL CENTER	010016	AL
SHELBY BAPTIST MEDICAL CENTER	010016	AL
SHELBY BAPTIST MEDICAL CENTER	010016	AL
SHELBY BAPTIST MEDICAL CENTER	010016	AL
SHELBY BAPTIST MEDICAL CENTER	010016	AL
SHELBY BAPTIST MEDICAL CENTER	010016	AL
SHELBY BAPTIST MEDICAL CENTER	010016	AL
SHELBY BAPTIST MEDICAL CENTER	010016	AL
SHELBY BAPTIST MEDICAL CENTER	010016	AL
SHELBY BAPTIST MEDICAL CENTER	010016	AL
SHELBY BAPTIST MEDICAL CENTER	010016	AL
CALLAHAN EYE FOUNDATION HOSPITAL	010018	AL
CALLAHAN EYE FOUNDATION HOSPITAL	010018	AL
CALLAHAN EYE FOUNDATION HOSPITAL	010018	AL
CALLAHAN EYE FOUNDATION HOSPITAL	010018	AL
CALLAHAN EYE FOUNDATION HOSPITAL	010018	AL
CALLAHAN EYE FOUNDATION HOSPITAL	010018	AL
CALLAHAN EYE FOUNDATION HOSPITAL	010018	AL
CALLAHAN EYE FOUNDATION HOSPITAL	010018	AL
CALLAHAN EYE FOUNDATION HOSPITAL	010018	AL

Spending Breakdown by Claim

During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient

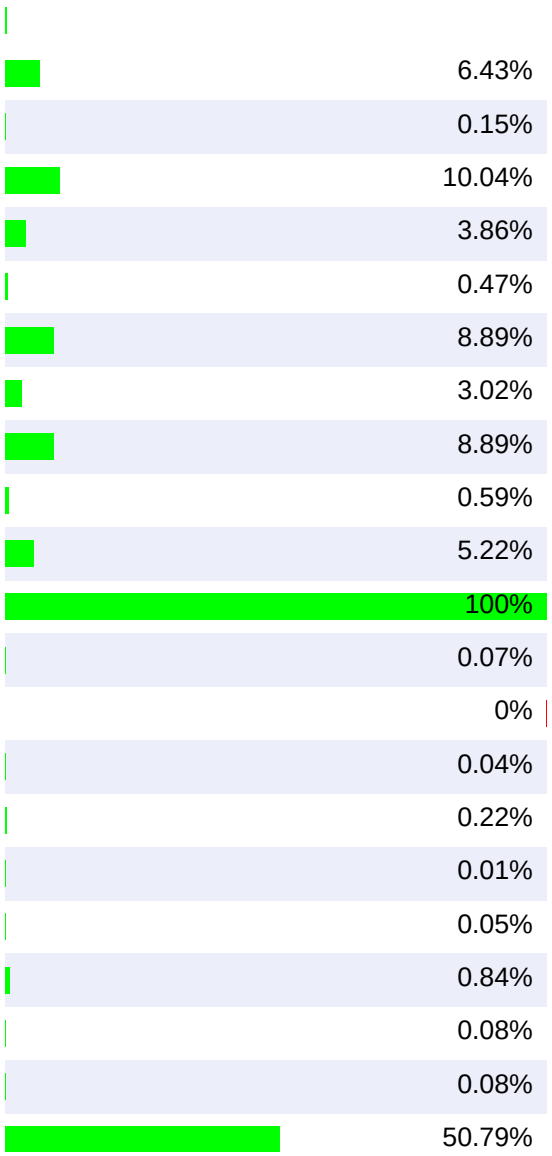
Spending Breakdown by Claim

$737.00	$966.00	$1190.00
$42.00	$29.00	$27.00
$1837.00	$1708.00	$1857.00
$972.00	$860.00	$715.00
$137.00	$121.00	$88.00
$1354.00	$1549.00	$1645.00
$403.00	$496.00	$558.00
$852.00	$1213.00	$1646.00
$106.00	$119.00	$110.00
$871.00	$870.00	$966.00
$16908.00	$17179.00	$18506.00
$0.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$277.00	$33.00	$40.00
$0.00	$1.00	$3.00
$8.00	$9.00	$9.00
$526.00	$143.00	$155.00
$0.00	$12.00	$14.00
$0.00	$22.00	$16.00
$6340.00	$8972.00	$9399.00

Spending Breakdown by Claim

4.36%	5.62%
0.25%	0.17%
10.86%	9.94%
5.75%	5.01%
0.81%	0.7%
8.01%	9.02%
2.39%	2.89%
5.04%	7.06%
0.62%	0.69%
5.15%	5.07%
100%	100%
0%	0.09%
0%	0.01%
0%	0.04%
2.73%	0.19%
0%	0.01%
0.08%	0.05%
5.18%	0.83%
0%	0.07%
0%	0.13%
62.43%	52.22%

Spending Breakdown by Claim



Spending Breakdown by Claim

CALLAHAN EYE FOUNDATION HOSPITAL	010018	AL
CALLAHAN EYE FOUNDATION HOSPITAL	010018	AL
CALLAHAN EYE FOUNDATION HOSPITAL	010018	AL
CALLAHAN EYE FOUNDATION HOSPITAL	010018	AL
CALLAHAN EYE FOUNDATION HOSPITAL	010018	AL
CALLAHAN EYE FOUNDATION HOSPITAL	010018	AL
CALLAHAN EYE FOUNDATION HOSPITAL	010018	AL
CALLAHAN EYE FOUNDATION HOSPITAL	010018	AL
CALLAHAN EYE FOUNDATION HOSPITAL	010018	AL
CALLAHAN EYE FOUNDATION HOSPITAL	010018	AL
CALLAHAN EYE FOUNDATION HOSPITAL	010018	AL
CALLAHAN EYE FOUNDATION HOSPITAL	010018	AL
HELEN KELLER HOSPITAL	010019	AL
HELEN KELLER HOSPITAL	010019	AL
HELEN KELLER HOSPITAL	010019	AL
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HELEN KELLER HOSPITAL	010019	AL
HELEN KELLER HOSPITAL	010019	AL
HELEN KELLER HOSPITAL	010019	AL
HELEN KELLER HOSPITAL	010019	AL

Spending Breakdown by Claim

During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice

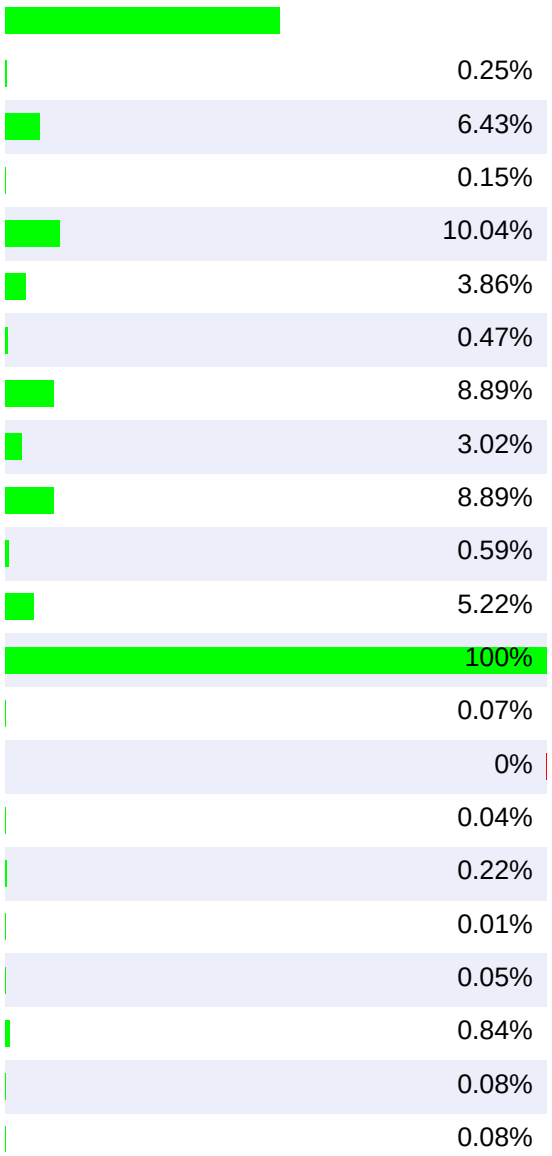
Spending Breakdown by Claim

$0.00	$34.00	$46.00
$0.00	$966.00	$1190.00
$0.00	$29.00	$27.00
$1016.00	$1708.00	$1857.00
$0.00	$860.00	$715.00
$0.00	$121.00	$88.00
$524.00	$1549.00	$1645.00
$697.00	$496.00	$558.00
$0.00	$1213.00	$1646.00
$15.00	$119.00	$110.00
$752.00	$870.00	$966.00
$10155.00	$17179.00	$18506.00
$14.00	$15.00	$14.00
$13.00	$2.00	$1.00
$3.00	$6.00	$7.00
$24.00	$33.00	$40.00
$1.00	$1.00	$3.00
$11.00	$9.00	$9.00
$158.00	$143.00	$155.00
$21.00	$12.00	$14.00
$16.00	$22.00	$16.00

Spending Breakdown by Claim

0%	0.2%
0%	5.62%
0%	0.17%
10%	9.94%
0%	5.01%
0%	0.7%
5.16%	9.02%
6.86%	2.89%
0%	7.06%
0.15%	0.69%
7.41%	5.07%
100%	100%
0.08%	0.09%
0.07%	0.01%
0.02%	0.04%
0.14%	0.19%
0.01%	0.01%
0.06%	0.05%
0.9%	0.83%
0.12%	0.07%
0.09%	0.13%

Spending Breakdown by Claim



Spending Breakdown by Claim

HELEN KELLER HOSPITAL	010019	AL
HELEN KELLER HOSPITAL	010019	AL
HELEN KELLER HOSPITAL	010019	AL
HELEN KELLER HOSPITAL	010019	AL
HELEN KELLER HOSPITAL	010019	AL
HELEN KELLER HOSPITAL	010019	AL
HELEN KELLER HOSPITAL	010019	AL
HELEN KELLER HOSPITAL	010019	AL
HELEN KELLER HOSPITAL	010019	AL
HELEN KELLER HOSPITAL	010019	AL
HELEN KELLER HOSPITAL	010019	AL
HELEN KELLER HOSPITAL	010019	AL
HELEN KELLER HOSPITAL	010019	AL
DALE MEDICAL CENTER	010021	AL
DALE MEDICAL CENTER	010021	AL
DALE MEDICAL CENTER	010021	AL
DALE MEDICAL CENTER	010021	AL
DALE MEDICAL CENTER	010021	AL
DALE MEDICAL CENTER	010021	AL
DALE MEDICAL CENTER	010021	AL
DALE MEDICAL CENTER	010021	AL

Spending Breakdown by Claim

During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency

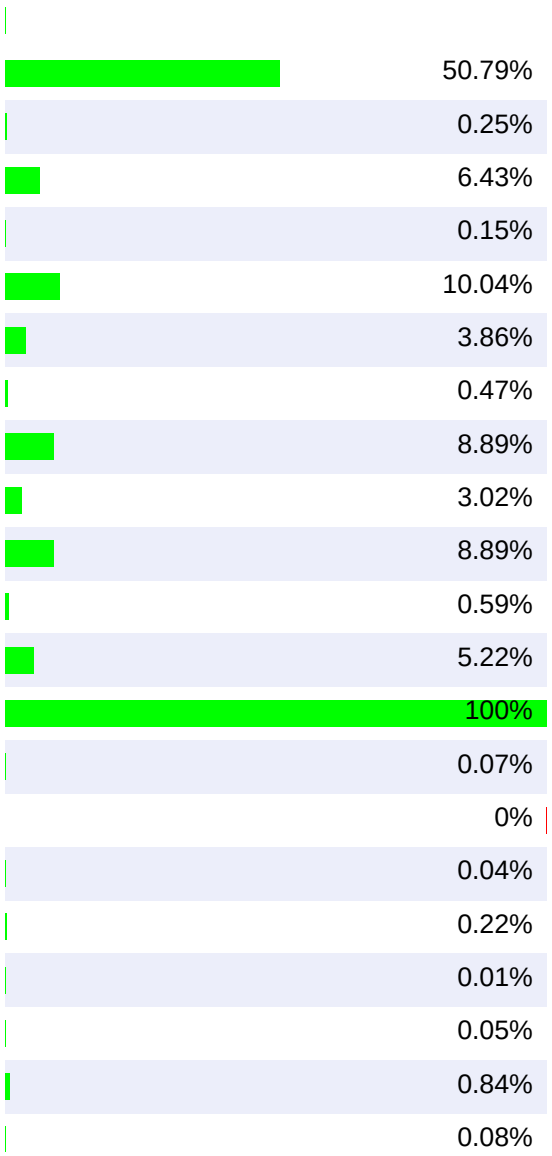
Spending Breakdown by Claim

$8464.00	$8972.00	$9399.00
$14.00	$34.00	$46.00
$1499.00	$966.00	$1190.00
$24.00	$29.00	$27.00
$1598.00	$1708.00	$1857.00
$1164.00	$860.00	$715.00
$121.00	$121.00	$88.00
$1345.00	$1549.00	$1645.00
$344.00	$496.00	$558.00
$1667.00	$1213.00	$1646.00
$91.00	$119.00	$110.00
$972.00	$870.00	$966.00
$17564.00	$17179.00	$18506.00
$29.00	$15.00	$14.00
$0.00	$2.00	$1.00
$12.00	$6.00	$7.00
$17.00	$33.00	$40.00
$8.00	$1.00	$3.00
$8.00	$9.00	$9.00
$126.00	$143.00	$155.00
$22.00	$12.00	$14.00

Spending Breakdown by Claim

48.19%	52.22%
0.08%	0.2%
8.53%	5.62%
0.13%	0.17%
9.1%	9.94%
6.63%	5.01%
0.69%	0.7%
7.66%	9.02%
1.96%	2.89%
9.49%	7.06%
0.52%	0.69%
5.53%	5.07%
100%	100%
0.18%	0.09%
0%	0.01%
0.07%	0.04%
0.1%	0.19%
0.05%	0.01%
0.05%	0.05%
0.78%	0.83%
0.13%	0.07%

Spending Breakdown by Claim



Spending Breakdown by Claim

DALE MEDICAL CENTER	010021	AL
DALE MEDICAL CENTER	010021	AL
DALE MEDICAL CENTER	010021	AL
DALE MEDICAL CENTER	010021	AL
DALE MEDICAL CENTER	010021	AL
DALE MEDICAL CENTER	010021	AL
DALE MEDICAL CENTER	010021	AL
DALE MEDICAL CENTER	010021	AL
DALE MEDICAL CENTER	010021	AL
DALE MEDICAL CENTER	010021	AL
DALE MEDICAL CENTER	010021	AL
DALE MEDICAL CENTER	010021	AL
DALE MEDICAL CENTER	010021	AL
DALE MEDICAL CENTER	010021	AL
CHEROKEE MEDICAL CENTER	010022	AL
CHEROKEE MEDICAL CENTER	010022	AL
CHEROKEE MEDICAL CENTER	010022	AL
CHEROKEE MEDICAL CENTER	010022	AL
CHEROKEE MEDICAL CENTER	010022	AL
CHEROKEE MEDICAL CENTER	010022	AL
CHEROKEE MEDICAL CENTER	010022	AL

Spending Breakdown by Claim

During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier

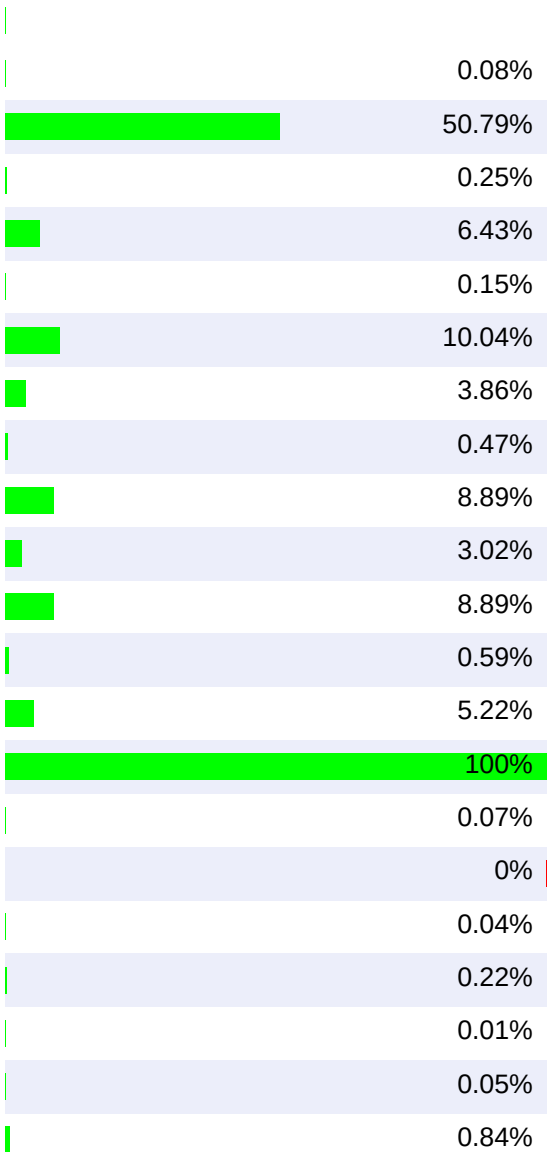
Spending Breakdown by Claim

$0.00	$22.00	$16.00
$7517.00	$8972.00	$9399.00
$11.00	$34.00	$46.00
$1273.00	$966.00	$1190.00
$10.00	$29.00	$27.00
$1097.00	$1708.00	$1857.00
$743.00	$860.00	$715.00
$154.00	$121.00	$88.00
$1772.00	$1549.00	$1645.00
$420.00	$496.00	$558.00
$2105.00	$1213.00	$1646.00
$99.00	$119.00	$110.00
$732.00	$870.00	$966.00
$16155.00	$17179.00	$18506.00
$22.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$20.00	$33.00	$40.00
$0.00	$1.00	$3.00
$5.00	$9.00	$9.00
$69.00	$143.00	$155.00

Spending Breakdown by Claim

0%	0.13%
46.53%	52.22%
0.07%	0.2%
7.88%	5.62%
0.06%	0.17%
6.79%	9.94%
4.6%	5.01%
0.95%	0.7%
10.97%	9.02%
2.6%	2.89%
13.03%	7.06%
0.61%	0.69%
4.53%	5.07%
100%	100%
0.19%	0.09%
0%	0.01%
0%	0.04%
0.17%	0.19%
0%	0.01%
0.04%	0.05%
0.58%	0.83%

Spending Breakdown by Claim



Spending Breakdown by Claim

CHEROKEE MEDICAL CENTER	010022	AL
CHEROKEE MEDICAL CENTER	010022	AL
CHEROKEE MEDICAL CENTER	010022	AL
CHEROKEE MEDICAL CENTER	010022	AL
CHEROKEE MEDICAL CENTER	010022	AL
CHEROKEE MEDICAL CENTER	010022	AL
CHEROKEE MEDICAL CENTER	010022	AL
CHEROKEE MEDICAL CENTER	010022	AL
CHEROKEE MEDICAL CENTER	010022	AL
CHEROKEE MEDICAL CENTER	010022	AL
CHEROKEE MEDICAL CENTER	010022	AL
CHEROKEE MEDICAL CENTER	010022	AL
CHEROKEE MEDICAL CENTER	010022	AL
CHEROKEE MEDICAL CENTER	010022	AL
CHEROKEE MEDICAL CENTER	010022	AL
BAPTIST MEDICAL CENTER SOUTH	010023	AL
BAPTIST MEDICAL CENTER SOUTH	010023	AL
BAPTIST MEDICAL CENTER SOUTH	010023	AL
BAPTIST MEDICAL CENTER SOUTH	010023	AL
BAPTIST MEDICAL CENTER SOUTH	010023	AL
BAPTIST MEDICAL CENTER SOUTH	010023	AL

Spending Breakdown by Claim

During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment

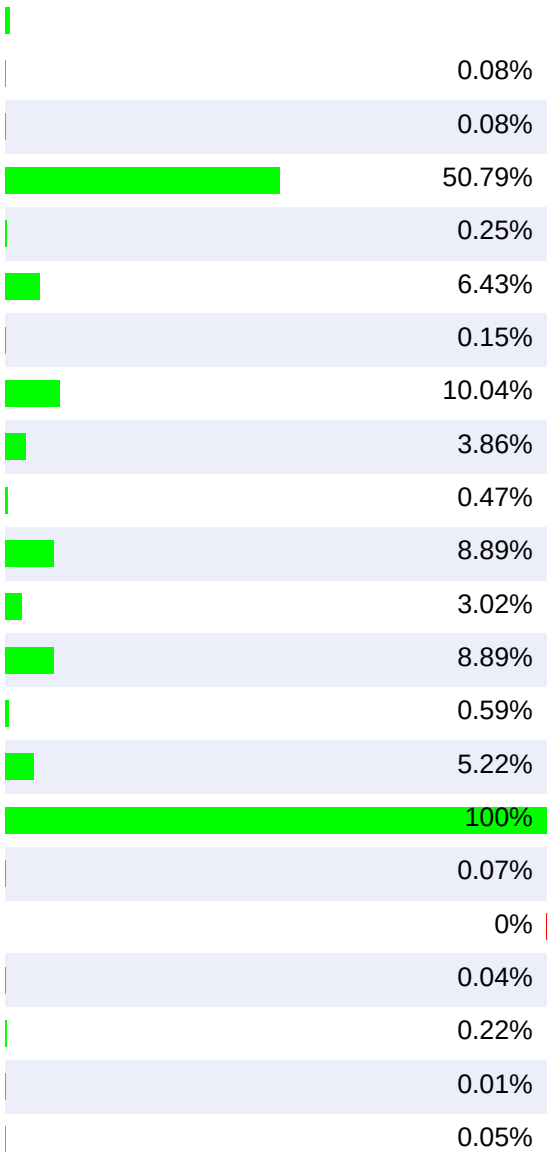
Spending Breakdown by Claim

$0.00	$12.00	$14.00
$46.00	$22.00	$16.00
$5469.00	$8972.00	$9399.00
$1.00	$34.00	$46.00
$1437.00	$966.00	$1190.00
$7.00	$29.00	$27.00
$720.00	$1708.00	$1857.00
$866.00	$860.00	$715.00
$163.00	$121.00	$88.00
$1210.00	$1549.00	$1645.00
$330.00	$496.00	$558.00
$986.00	$1213.00	$1646.00
$57.00	$119.00	$110.00
$564.00	$870.00	$966.00
$11974.00	$17179.00	$18506.00
$13.00	$15.00	$14.00
$1.00	$2.00	$1.00
$8.00	$6.00	$7.00
$65.00	$33.00	$40.00
$2.00	$1.00	$3.00
$5.00	$9.00	$9.00

Spending Breakdown by Claim

0%	0.07%
0.38%	0.13%
45.68%	52.22%
0.01%	0.2%
12%	5.62%
0.06%	0.17%
6.02%	9.94%
7.23%	5.01%
1.37%	0.7%
10.1%	9.02%
2.76%	2.89%
8.24%	7.06%
0.47%	0.69%
4.71%	5.07%
100%	100%
0.07%	0.09%
0%	0.01%
0.04%	0.04%
0.34%	0.19%
0.01%	0.01%
0.03%	0.05%

Spending Breakdown by Claim



Spending Breakdown by Claim

BAPTIST MEDICAL CENTER SOUTH	010023	AL
BAPTIST MEDICAL CENTER SOUTH	010023	AL
BAPTIST MEDICAL CENTER SOUTH	010023	AL
BAPTIST MEDICAL CENTER SOUTH	010023	AL
BAPTIST MEDICAL CENTER SOUTH	010023	AL
BAPTIST MEDICAL CENTER SOUTH	010023	AL
BAPTIST MEDICAL CENTER SOUTH	010023	AL
BAPTIST MEDICAL CENTER SOUTH	010023	AL
BAPTIST MEDICAL CENTER SOUTH	010023	AL
BAPTIST MEDICAL CENTER SOUTH	010023	AL
BAPTIST MEDICAL CENTER SOUTH	010023	AL
BAPTIST MEDICAL CENTER SOUTH	010023	AL
BAPTIST MEDICAL CENTER SOUTH	010023	AL
BAPTIST MEDICAL CENTER SOUTH	010023	AL
BAPTIST MEDICAL CENTER SOUTH	010023	AL
JACKSON HOSPITAL & CLINIC INC	010024	AL
JACKSON HOSPITAL & CLINIC INC	010024	AL
JACKSON HOSPITAL & CLINIC INC	010024	AL
JACKSON HOSPITAL & CLINIC INC	010024	AL
JACKSON HOSPITAL & CLINIC INC	010024	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility

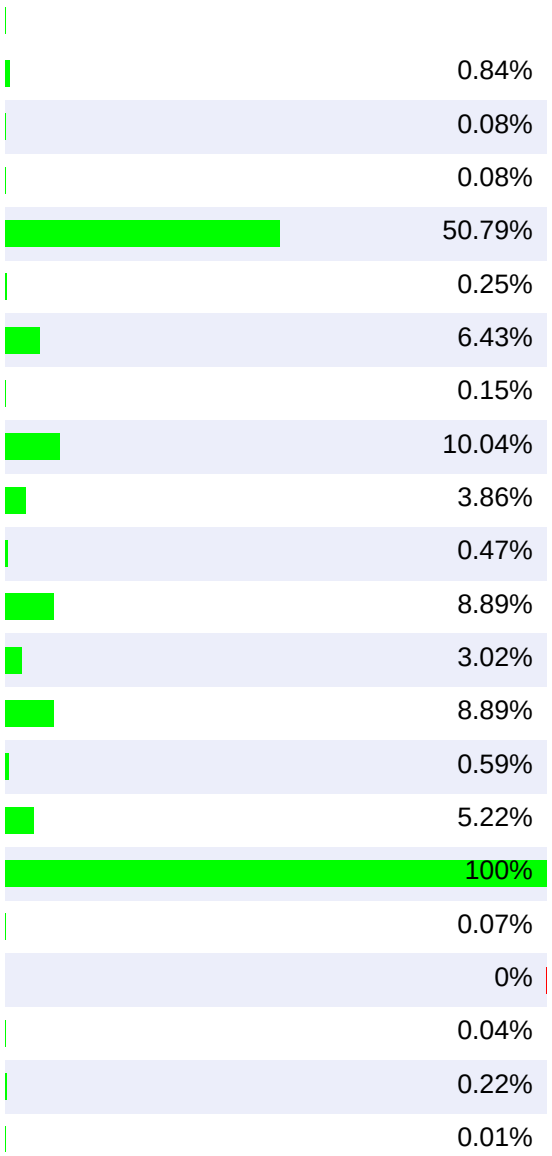
Spending Breakdown by Claim

$171.00	$143.00	$155.00
$7.00	$12.00	$14.00
$21.00	$22.00	$16.00
$10187.00	$8972.00	$9399.00
$58.00	$34.00	$46.00
$778.00	$966.00	$1190.00
$12.00	$29.00	$27.00
$1920.00	$1708.00	$1857.00
$773.00	$860.00	$715.00
$72.00	$121.00	$88.00
$1667.00	$1549.00	$1645.00
$638.00	$496.00	$558.00
$1206.00	$1213.00	$1646.00
$150.00	$119.00	$110.00
$1050.00	$870.00	$966.00
$18803.00	$17179.00	$18506.00
$21.00	$15.00	$14.00
$1.00	$2.00	$1.00
$2.00	$6.00	$7.00
$39.00	$33.00	$40.00
$2.00	$1.00	$3.00

Spending Breakdown by Claim

0.91%	0.83%
0.04%	0.07%
0.11%	0.13%
54.18%	52.22%
0.31%	0.2%
4.14%	5.62%
0.06%	0.17%
10.21%	9.94%
4.11%	5.01%
0.38%	0.7%
8.86%	9.02%
3.39%	2.89%
6.42%	7.06%
0.8%	0.69%
5.58%	5.07%
100%	100%
0.11%	0.09%
0%	0.01%
0.01%	0.04%
0.21%	0.19%
0.01%	0.01%

Spending Breakdown by Claim



Spending Breakdown by Claim

JACKSON HOSPITAL & CLINIC INC	010024	AL
JACKSON HOSPITAL & CLINIC INC	010024	AL
JACKSON HOSPITAL & CLINIC INC	010024	AL
JACKSON HOSPITAL & CLINIC INC	010024	AL
JACKSON HOSPITAL & CLINIC INC	010024	AL
JACKSON HOSPITAL & CLINIC INC	010024	AL
JACKSON HOSPITAL & CLINIC INC	010024	AL
JACKSON HOSPITAL & CLINIC INC	010024	AL
JACKSON HOSPITAL & CLINIC INC	010024	AL
JACKSON HOSPITAL & CLINIC INC	010024	AL
JACKSON HOSPITAL & CLINIC INC	010024	AL
JACKSON HOSPITAL & CLINIC INC	010024	AL
JACKSON HOSPITAL & CLINIC INC	010024	AL
JACKSON HOSPITAL & CLINIC INC	010024	AL
JACKSON HOSPITAL & CLINIC INC	010024	AL
JACKSON HOSPITAL & CLINIC INC	010024	AL
GEORGE H. LANIER MEMORIAL HOSPITAL	010025	AL
GEORGE H. LANIER MEMORIAL HOSPITAL	010025	AL
GEORGE H. LANIER MEMORIAL HOSPITAL	010025	AL
GEORGE H. LANIER MEMORIAL HOSPITAL	010025	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient

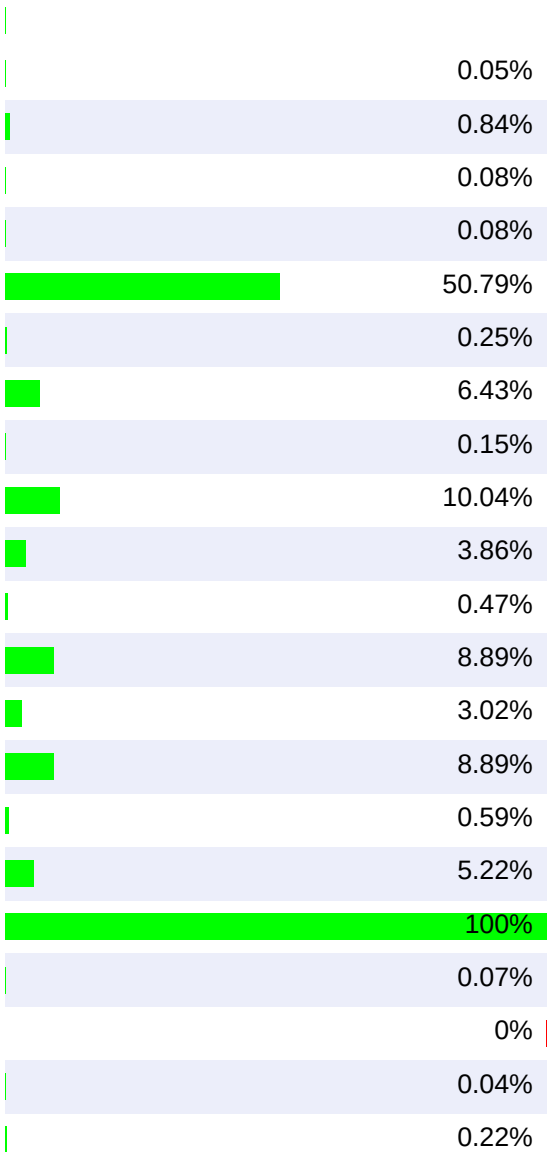
Spending Breakdown by Claim

$9.00	$9.00	$9.00
$137.00	$143.00	$155.00
$16.00	$12.00	$14.00
$15.00	$22.00	$16.00
$9646.00	$8972.00	$9399.00
$35.00	$34.00	$46.00
$1105.00	$966.00	$1190.00
$17.00	$29.00	$27.00
$1803.00	$1708.00	$1857.00
$781.00	$860.00	$715.00
$104.00	$121.00	$88.00
$1628.00	$1549.00	$1645.00
$562.00	$496.00	$558.00
$1475.00	$1213.00	$1646.00
$118.00	$119.00	$110.00
$1000.00	$870.00	$966.00
$18514.00	$17179.00	$18506.00
$17.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$25.00	$33.00	$40.00

Spending Breakdown by Claim

0.05%	0.05%
0.74%	0.83%
0.09%	0.07%
0.08%	0.13%
52.1%	52.22%
0.19%	0.2%
5.97%	5.62%
0.09%	0.17%
9.74%	9.94%
4.22%	5.01%
0.56%	0.7%
8.79%	9.02%
3.03%	2.89%
7.97%	7.06%
0.64%	0.69%
5.4%	5.07%
100%	100%
0.13%	0.09%
0%	0.01%
0%	0.04%
0.18%	0.19%

Spending Breakdown by Claim



Spending Breakdown by Claim

GEORGE H. LANIER MEMORIAL HOSPITAL	010025	AL
GEORGE H. LANIER MEMORIAL HOSPITAL	010025	AL
GEORGE H. LANIER MEMORIAL HOSPITAL	010025	AL
GEORGE H. LANIER MEMORIAL HOSPITAL	010025	AL
GEORGE H. LANIER MEMORIAL HOSPITAL	010025	AL
GEORGE H. LANIER MEMORIAL HOSPITAL	010025	AL
GEORGE H. LANIER MEMORIAL HOSPITAL	010025	AL
GEORGE H. LANIER MEMORIAL HOSPITAL	010025	AL
GEORGE H. LANIER MEMORIAL HOSPITAL	010025	AL
GEORGE H. LANIER MEMORIAL HOSPITAL	010025	AL
GEORGE H. LANIER MEMORIAL HOSPITAL	010025	AL
GEORGE H. LANIER MEMORIAL HOSPITAL	010025	AL
GEORGE H. LANIER MEMORIAL HOSPITAL	010025	AL
GEORGE H. LANIER MEMORIAL HOSPITAL	010025	AL
GEORGE H. LANIER MEMORIAL HOSPITAL	010025	AL
GEORGE H. LANIER MEMORIAL HOSPITAL	010025	AL
GEORGE H. LANIER MEMORIAL HOSPITAL	010025	AL
ELBA GENERAL HOSPITAL	010027	AL
ELBA GENERAL HOSPITAL	010027	AL
ELBA GENERAL HOSPITAL	010027	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient

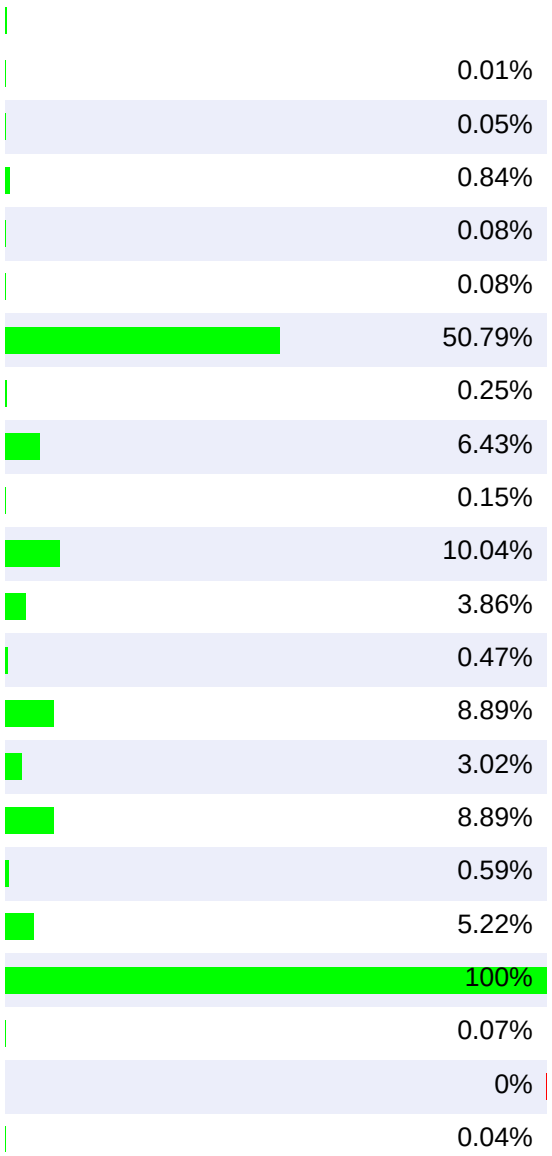
Spending Breakdown by Claim

$2.00	$1.00	$3.00
$9.00	$9.00	$9.00
$101.00	$143.00	$155.00
$0.00	$12.00	$14.00
$16.00	$22.00	$16.00
$6961.00	$8972.00	$9399.00
$35.00	$34.00	$46.00
$766.00	$966.00	$1190.00
$17.00	$29.00	$27.00
$1225.00	$1708.00	$1857.00
$592.00	$860.00	$715.00
$71.00	$121.00	$88.00
$1530.00	$1549.00	$1645.00
$538.00	$496.00	$558.00
$791.00	$1213.00	$1646.00
$88.00	$119.00	$110.00
$676.00	$870.00	$966.00
$13460.00	$17179.00	$18506.00
$0.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00

Spending Breakdown by Claim

0.02%	0.01%
0.06%	0.05%
0.75%	0.83%
0%	0.07%
0.12%	0.13%
51.72%	52.22%
0.26%	0.2%
5.69%	5.62%
0.13%	0.17%
9.1%	9.94%
4.4%	5.01%
0.53%	0.7%
11.37%	9.02%
4%	2.89%
5.88%	7.06%
0.65%	0.69%
5.02%	5.07%
100%	100%
0%	0.09%
0%	0.01%
0%	0.04%

Spending Breakdown by Claim



Spending Breakdown by Claim

ELBA GENERAL HOSPITAL	010027	AL
ELBA GENERAL HOSPITAL	010027	AL
ELBA GENERAL HOSPITAL	010027	AL
ELBA GENERAL HOSPITAL	010027	AL
ELBA GENERAL HOSPITAL	010027	AL
ELBA GENERAL HOSPITAL	010027	AL
ELBA GENERAL HOSPITAL	010027	AL
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ELBA GENERAL HOSPITAL	010027	AL
ELBA GENERAL HOSPITAL	010027	AL
ELBA GENERAL HOSPITAL	010027	AL
ELBA GENERAL HOSPITAL	010027	AL
ELBA GENERAL HOSPITAL	010027	AL
ELBA GENERAL HOSPITAL	010027	AL
ELBA GENERAL HOSPITAL	010027	AL
ELBA GENERAL HOSPITAL	010027	AL
EAST ALABAMA MEDICAL CENTER	010029	AL
EAST ALABAMA MEDICAL CENTER	010029	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice

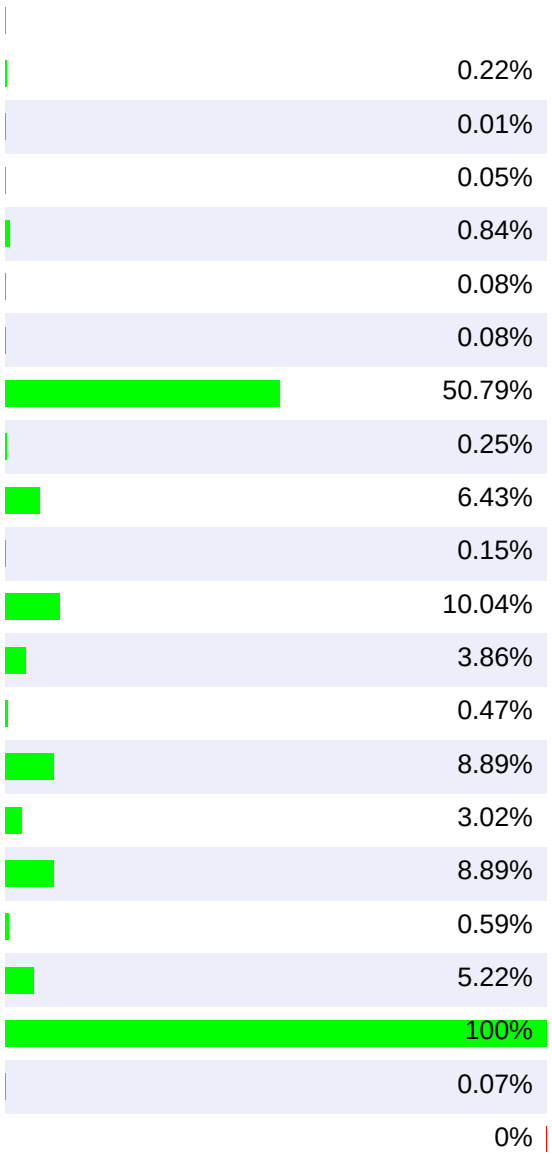
Spending Breakdown by Claim

$16.00	$33.00	$40.00
$0.00	$1.00	$3.00
$7.00	$9.00	$9.00
$23.00	$143.00	$155.00
$0.00	$12.00	$14.00
$1.00	$22.00	$16.00
$4197.00	$8972.00	$9399.00
$12.00	$34.00	$46.00
$992.00	$966.00	$1190.00
$9.00	$29.00	$27.00
$494.00	$1708.00	$1857.00
$298.00	$860.00	$715.00
$67.00	$121.00	$88.00
$784.00	$1549.00	$1645.00
$224.00	$496.00	$558.00
$1457.00	$1213.00	$1646.00
$82.00	$119.00	$110.00
$383.00	$870.00	$966.00
$9047.00	$17179.00	$18506.00
$10.00	$15.00	$14.00
$0.00	$2.00	$1.00

Spending Breakdown by Claim

0.18%	0.19%
0%	0.01%
0.08%	0.05%
0.25%	0.83%
0%	0.07%
0.01%	0.13%
46.4%	52.22%
0.14%	0.2%
10.97%	5.62%
0.1%	0.17%
5.46%	9.94%
3.29%	5.01%
0.74%	0.7%
8.67%	9.02%
2.48%	2.89%
16.11%	7.06%
0.91%	0.69%
4.23%	5.07%
100%	100%
0.06%	0.09%
0%	0.01%

Spending Breakdown by Claim



Spending Breakdown by Claim

EAST ALABAMA MEDICAL CENTER	010029	AL
EAST ALABAMA MEDICAL CENTER	010029	AL
EAST ALABAMA MEDICAL CENTER	010029	AL
EAST ALABAMA MEDICAL CENTER	010029	AL
EAST ALABAMA MEDICAL CENTER	010029	AL
EAST ALABAMA MEDICAL CENTER	010029	AL
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EAST ALABAMA MEDICAL CENTER	010029	AL
EAST ALABAMA MEDICAL CENTER	010029	AL
EAST ALABAMA MEDICAL CENTER	010029	AL
EAST ALABAMA MEDICAL CENTER	010029	AL
EAST ALABAMA MEDICAL CENTER	010029	AL
WEDOWEE HOSPITAL	010032	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency

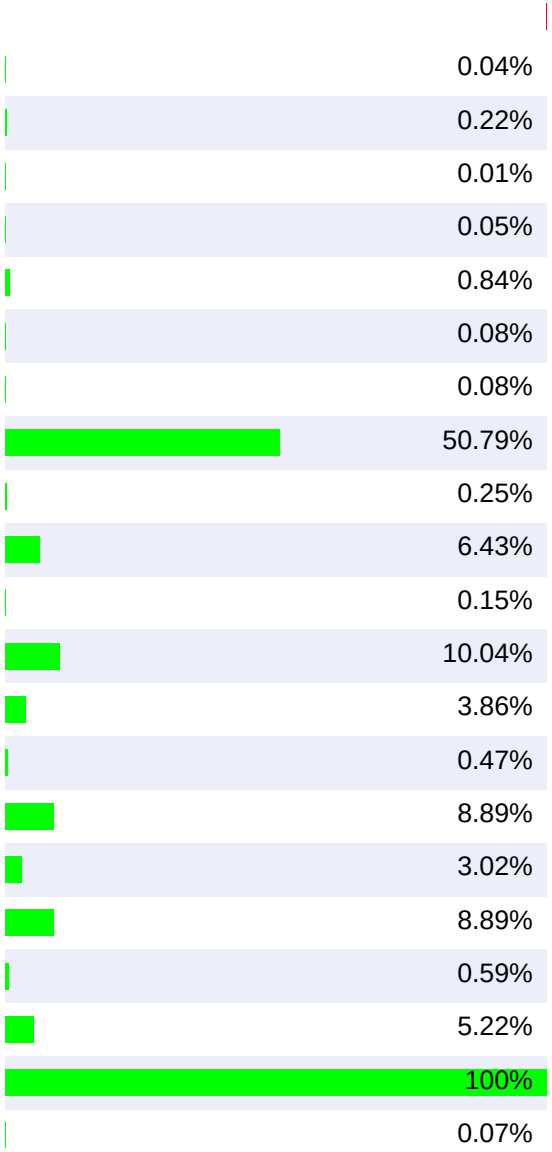
Spending Breakdown by Claim

$4.00	$6.00	$7.00
$42.00	$33.00	$40.00
$2.00	$1.00	$3.00
$12.00	$9.00	$9.00
$99.00	$143.00	$155.00
$8.00	$12.00	$14.00
$39.00	$22.00	$16.00
$8964.00	$8972.00	$9399.00
$12.00	$34.00	$46.00
$799.00	$966.00	$1190.00
$26.00	$29.00	$27.00
$1778.00	$1708.00	$1857.00
$628.00	$860.00	$715.00
$162.00	$121.00	$88.00
$1363.00	$1549.00	$1645.00
$600.00	$496.00	$558.00
$560.00	$1213.00	$1646.00
$89.00	$119.00	$110.00
$628.00	$870.00	$966.00
$15826.00	$17179.00	$18506.00
$31.00	$15.00	$14.00

Spending Breakdown by Claim

0.02%	0.04%
0.27%	0.19%
0.01%	0.01%
0.08%	0.05%
0.62%	0.83%
0.05%	0.07%
0.24%	0.13%
56.64%	52.22%
0.08%	0.2%
5.05%	5.62%
0.17%	0.17%
11.24%	9.94%
3.97%	5.01%
1.02%	0.7%
8.61%	9.02%
3.79%	2.89%
3.54%	7.06%
0.57%	0.69%
3.97%	5.07%
100%	100%
0.3%	0.09%

Spending Breakdown by Claim



Spending Breakdown by Claim

WEDOWEE HOSPITAL	010032	AL
WEDOWEE HOSPITAL	010032	AL
WEDOWEE HOSPITAL	010032	AL
WEDOWEE HOSPITAL	010032	AL
WEDOWEE HOSPITAL	010032	AL
WEDOWEE HOSPITAL	010032	AL
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WEDOWEE HOSPITAL	010032	AL
WEDOWEE HOSPITAL	010032	AL
WEDOWEE HOSPITAL	010032	AL
WEDOWEE HOSPITAL	010032	AL
WEDOWEE HOSPITAL	010032	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total

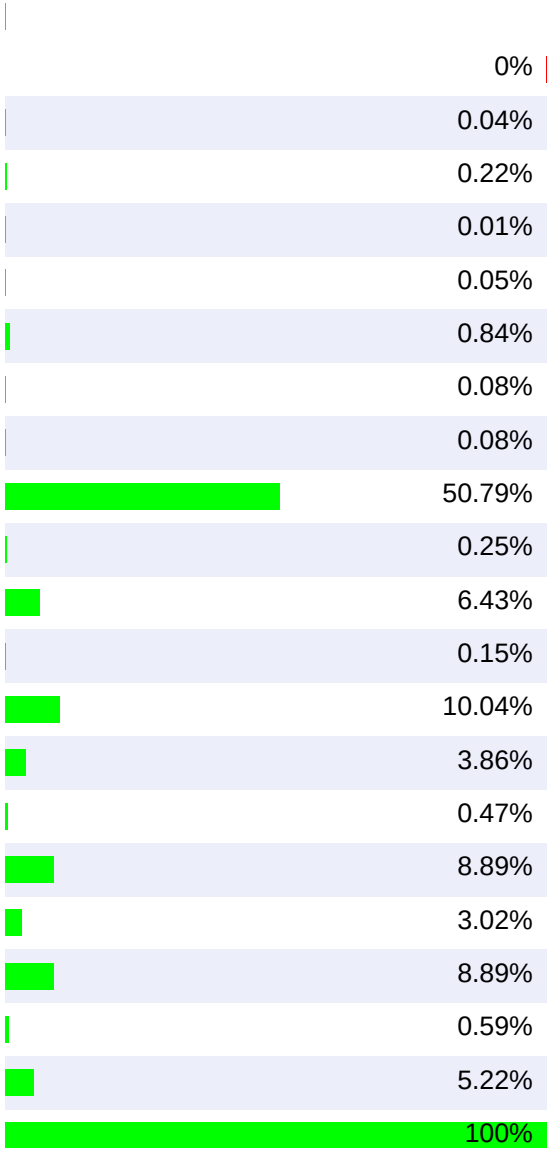
Spending Breakdown by Claim

$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$11.00	$33.00	$40.00
$0.00	$1.00	$3.00
$9.00	$9.00	$9.00
$50.00	$143.00	$155.00
$0.00	$12.00	$14.00
$55.00	$22.00	$16.00
$4723.00	$8972.00	$9399.00
$15.00	$34.00	$46.00
$474.00	$966.00	$1190.00
$13.00	$29.00	$27.00
$661.00	$1708.00	$1857.00
$375.00	$860.00	$715.00
$128.00	$121.00	$88.00
$1161.00	$1549.00	$1645.00
$786.00	$496.00	$558.00
$1216.00	$1213.00	$1646.00
$114.00	$119.00	$110.00
$593.00	$870.00	$966.00
$10415.00	$17179.00	$18506.00

Spending Breakdown by Claim

0%	0.01%
0%	0.04%
0.11%	0.19%
0%	0.01%
0.09%	0.05%
0.48%	0.83%
0%	0.07%
0.53%	0.13%
45.35%	52.22%
0.14%	0.2%
4.55%	5.62%
0.12%	0.17%
6.35%	9.94%
3.6%	5.01%
1.22%	0.7%
11.14%	9.02%
7.55%	2.89%
11.68%	7.06%
1.09%	0.69%
5.7%	5.07%
100%	100%

Spending Breakdown by Claim



Spending Breakdown by Claim

UNIVERSITY OF ALABAMA HOSPITAL	010033	AL
UNIVERSITY OF ALABAMA HOSPITAL	010033	AL
UNIVERSITY OF ALABAMA HOSPITAL	010033	AL
UNIVERSITY OF ALABAMA HOSPITAL	010033	AL
UNIVERSITY OF ALABAMA HOSPITAL	010033	AL
UNIVERSITY OF ALABAMA HOSPITAL	010033	AL
UNIVERSITY OF ALABAMA HOSPITAL	010033	AL
UNIVERSITY OF ALABAMA HOSPITAL	010033	AL
UNIVERSITY OF ALABAMA HOSPITAL	010033	AL
UNIVERSITY OF ALABAMA HOSPITAL	010033	AL
UNIVERSITY OF ALABAMA HOSPITAL	010033	AL
UNIVERSITY OF ALABAMA HOSPITAL	010033	AL
UNIVERSITY OF ALABAMA HOSPITAL	010033	AL
UNIVERSITY OF ALABAMA HOSPITAL	010033	AL
UNIVERSITY OF ALABAMA HOSPITAL	010033	AL
UNIVERSITY OF ALABAMA HOSPITAL	010033	AL
UNIVERSITY OF ALABAMA HOSPITAL	010033	AL
UNIVERSITY OF ALABAMA HOSPITAL	010033	AL
UNIVERSITY OF ALABAMA HOSPITAL	010033	AL
UNIVERSITY OF ALABAMA HOSPITAL	010033	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier

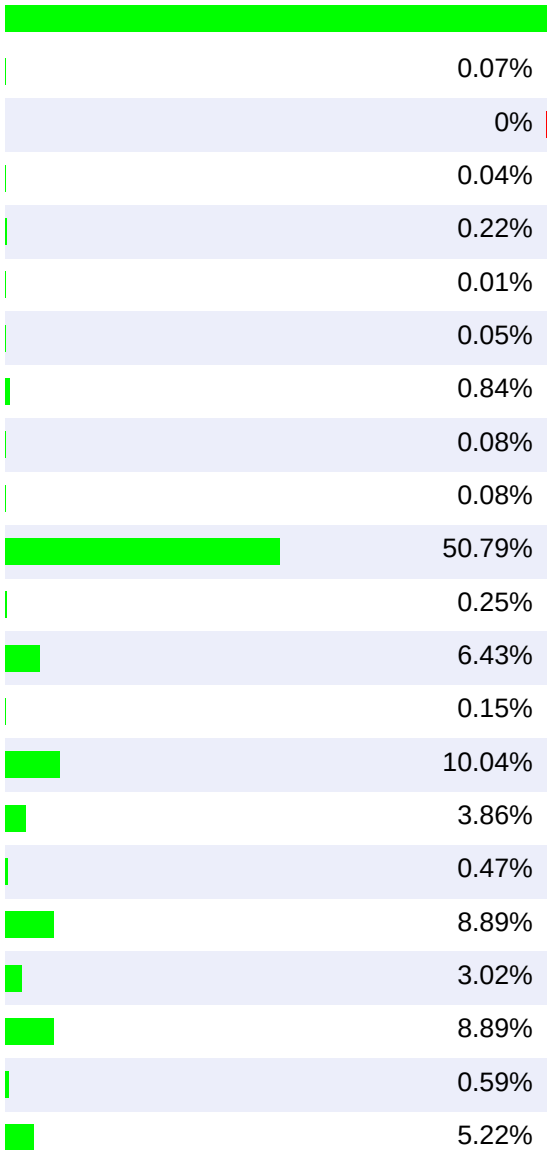
Spending Breakdown by Claim

$16.00	$15.00	$14.00
$1.00	$2.00	$1.00
$21.00	$6.00	$7.00
$58.00	$33.00	$40.00
$1.00	$1.00	$3.00
$12.00	$9.00	$9.00
$195.00	$143.00	$155.00
$20.00	$12.00	$14.00
$14.00	$22.00	$16.00
$12144.00	$8972.00	$9399.00
$28.00	$34.00	$46.00
$472.00	$966.00	$1190.00
$75.00	$29.00	$27.00
$2057.00	$1708.00	$1857.00
$635.00	$860.00	$715.00
$83.00	$121.00	$88.00
$2149.00	$1549.00	$1645.00
$884.00	$496.00	$558.00
$760.00	$1213.00	$1646.00
$263.00	$119.00	$110.00
$1062.00	$870.00	$966.00

Spending Breakdown by Claim

0.07%	0.09%
0.01%	0.01%
0.1%	0.04%
0.28%	0.19%
0.01%	0.01%
0.06%	0.05%
0.93%	0.83%
0.1%	0.07%
0.07%	0.13%
57.97%	52.22%
0.13%	0.2%
2.25%	5.62%
0.36%	0.17%
9.82%	9.94%
3.03%	5.01%
0.4%	0.7%
10.26%	9.02%
4.22%	2.89%
3.63%	7.06%
1.26%	0.69%
5.07%	5.07%

Spending Breakdown by Claim



Spending Breakdown by Claim

UNIVERSITY OF ALABAMA HOSPITAL	010033	AL
COMMUNITY HOSPITAL INC	010034	AL
COMMUNITY HOSPITAL INC	010034	AL
COMMUNITY HOSPITAL INC	010034	AL
COMMUNITY HOSPITAL INC	010034	AL
COMMUNITY HOSPITAL INC	010034	AL
COMMUNITY HOSPITAL INC	010034	AL
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COMMUNITY HOSPITAL INC	010034	AL
COMMUNITY HOSPITAL INC	010034	AL
COMMUNITY HOSPITAL INC	010034	AL
COMMUNITY HOSPITAL INC	010034	AL
COMMUNITY HOSPITAL INC	010034	AL
COMMUNITY HOSPITAL INC	010034	AL

Spending Breakdown by Claim

Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment

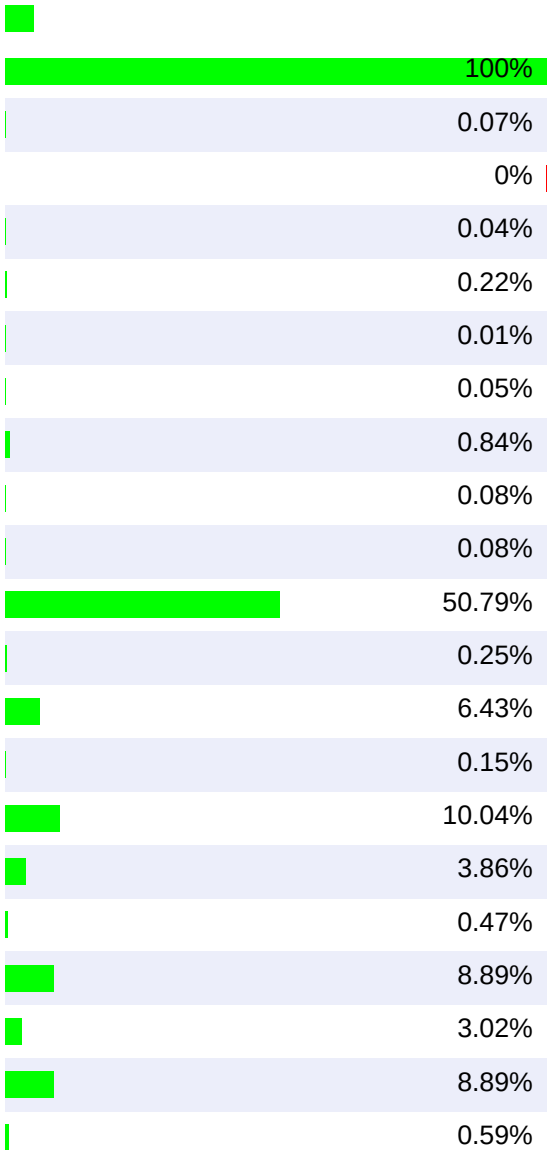
Spending Breakdown by Claim

$20950.00	$17179.00	$18506.00
$12.00	$15.00	$14.00
$1.00	$2.00	$1.00
$45.00	$6.00	$7.00
$7.00	$33.00	$40.00
$0.00	$1.00	$3.00
$5.00	$9.00	$9.00
$70.00	$143.00	$155.00
$9.00	$12.00	$14.00
$25.00	$22.00	$16.00
$6447.00	$8972.00	$9399.00
$18.00	$34.00	$46.00
$1299.00	$966.00	$1190.00
$20.00	$29.00	$27.00
$1157.00	$1708.00	$1857.00
$384.00	$860.00	$715.00
$161.00	$121.00	$88.00
$1370.00	$1549.00	$1645.00
$326.00	$496.00	$558.00
$1921.00	$1213.00	$1646.00
$68.00	$119.00	$110.00

Spending Breakdown by Claim

100%	100%
0.08%	0.09%
0.01%	0.01%
0.32%	0.04%
0.05%	0.19%
0%	0.01%
0.03%	0.05%
0.5%	0.83%
0.06%	0.07%
0.18%	0.13%
45.69%	52.22%
0.13%	0.2%
9.21%	5.62%
0.14%	0.17%
8.2%	9.94%
2.72%	5.01%
1.14%	0.7%
9.71%	9.02%
2.31%	2.89%
13.61%	7.06%
0.48%	0.69%

Spending Breakdown by Claim



Spending Breakdown by Claim

COMMUNITY HOSPITAL INC	010034	AL
COMMUNITY HOSPITAL INC	010034	AL
CULLMAN REGIONAL MEDICAL CENTER	010035	AL
CULLMAN REGIONAL MEDICAL CENTER	010035	AL
CULLMAN REGIONAL MEDICAL CENTER	010035	AL
CULLMAN REGIONAL MEDICAL CENTER	010035	AL
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CULLMAN REGIONAL MEDICAL CENTER	010035	AL
CULLMAN REGIONAL MEDICAL CENTER	010035	AL
CULLMAN REGIONAL MEDICAL CENTER	010035	AL
CULLMAN REGIONAL MEDICAL CENTER	010035	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility

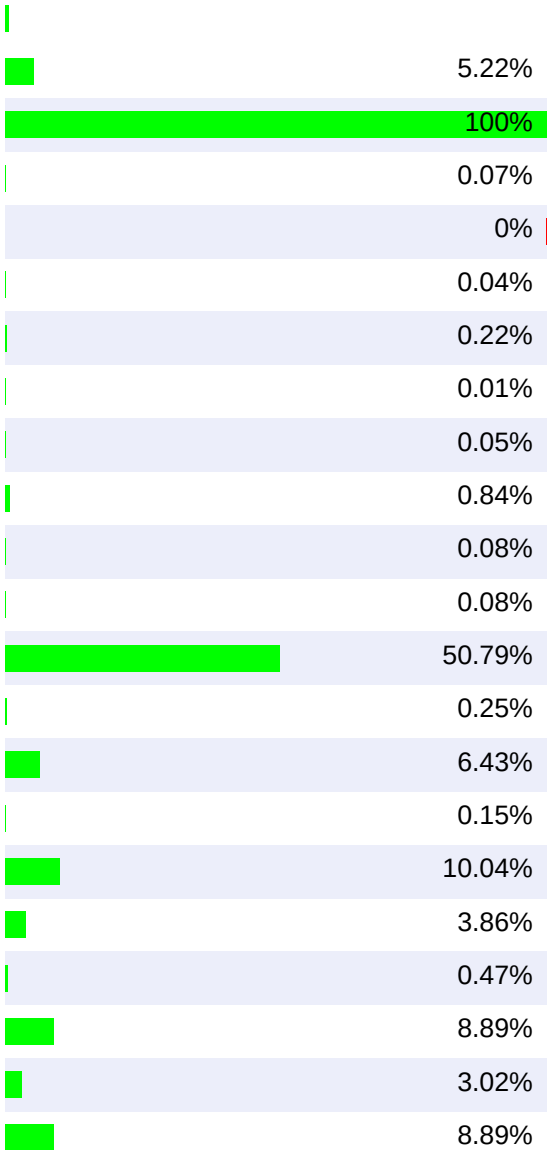
Spending Breakdown by Claim

$766.00	$870.00	$966.00
$14112.00	$17179.00	$18506.00
$20.00	$15.00	$14.00
$1.00	$2.00	$1.00
$32.00	$6.00	$7.00
$23.00	$33.00	$40.00
$4.00	$1.00	$3.00
$13.00	$9.00	$9.00
$192.00	$143.00	$155.00
$13.00	$12.00	$14.00
$24.00	$22.00	$16.00
$8666.00	$8972.00	$9399.00
$22.00	$34.00	$46.00
$1760.00	$966.00	$1190.00
$28.00	$29.00	$27.00
$1529.00	$1708.00	$1857.00
$1043.00	$860.00	$715.00
$153.00	$121.00	$88.00
$1523.00	$1549.00	$1645.00
$387.00	$496.00	$558.00
$2102.00	$1213.00	$1646.00

Spending Breakdown by Claim

5.43%	5.07%
100%	100%
0.11%	0.09%
0%	0.01%
0.17%	0.04%
0.12%	0.19%
0.02%	0.01%
0.07%	0.05%
1.04%	0.83%
0.07%	0.07%
0.13%	0.13%
46.78%	52.22%
0.12%	0.2%
9.5%	5.62%
0.15%	0.17%
8.25%	9.94%
5.63%	5.01%
0.83%	0.7%
8.22%	9.02%
2.09%	2.89%
11.35%	7.06%

Spending Breakdown by Claim



Spending Breakdown by Claim

CULLMAN REGIONAL MEDICAL CENTER	010035	AL
CULLMAN REGIONAL MEDICAL CENTER	010035	AL
CULLMAN REGIONAL MEDICAL CENTER	010035	AL
ANDALUSIA REGIONAL HOSPITAL	010036	AL
ANDALUSIA REGIONAL HOSPITAL	010036	AL
ANDALUSIA REGIONAL HOSPITAL	010036	AL
ANDALUSIA REGIONAL HOSPITAL	010036	AL
ANDALUSIA REGIONAL HOSPITAL	010036	AL
ANDALUSIA REGIONAL HOSPITAL	010036	AL
ANDALUSIA REGIONAL HOSPITAL	010036	AL
ANDALUSIA REGIONAL HOSPITAL	010036	AL
ANDALUSIA REGIONAL HOSPITAL	010036	AL
ANDALUSIA REGIONAL HOSPITAL	010036	AL
ANDALUSIA REGIONAL HOSPITAL	010036	AL
ANDALUSIA REGIONAL HOSPITAL	010036	AL
ANDALUSIA REGIONAL HOSPITAL	010036	AL
ANDALUSIA REGIONAL HOSPITAL	010036	AL
ANDALUSIA REGIONAL HOSPITAL	010036	AL
ANDALUSIA REGIONAL HOSPITAL	010036	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient

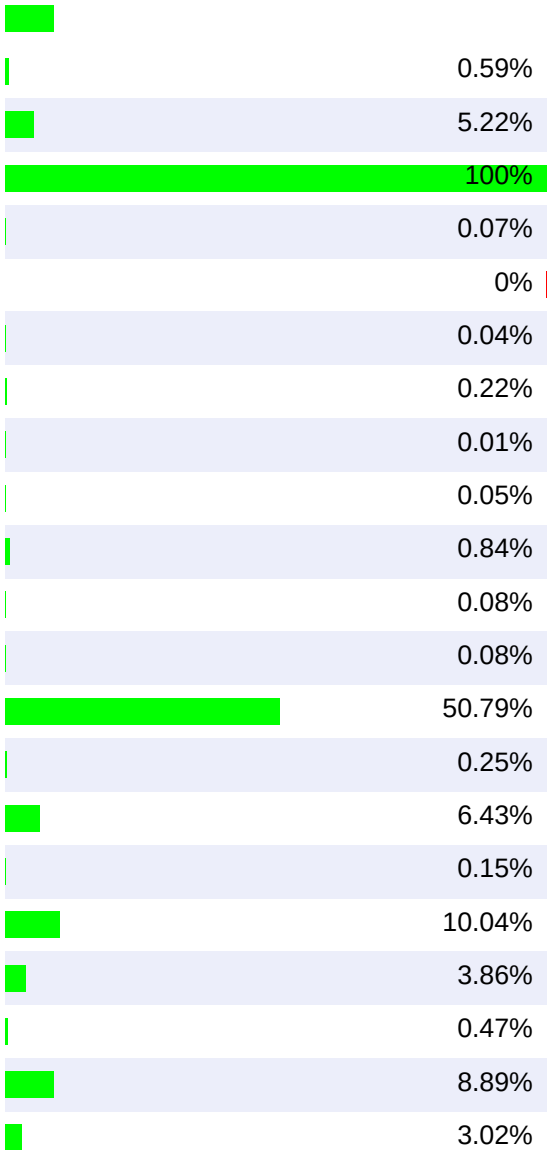
Spending Breakdown by Claim

$106.00	$119.00	$110.00
$886.00	$870.00	$966.00
$18525.00	$17179.00	$18506.00
$7.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$16.00	$33.00	$40.00
$2.00	$1.00	$3.00
$4.00	$9.00	$9.00
$98.00	$143.00	$155.00
$13.00	$12.00	$14.00
$16.00	$22.00	$16.00
$6667.00	$8972.00	$9399.00
$6.00	$34.00	$46.00
$645.00	$966.00	$1190.00
$10.00	$29.00	$27.00
$1009.00	$1708.00	$1857.00
$1111.00	$860.00	$715.00
$75.00	$121.00	$88.00
$1338.00	$1549.00	$1645.00
$327.00	$496.00	$558.00

Spending Breakdown by Claim

0.57%	0.69%
4.78%	5.07%
100%	100%
0.06%	0.09%
0%	0.01%
0%	0.04%
0.12%	0.19%
0.01%	0.01%
0.03%	0.05%
0.74%	0.83%
0.1%	0.07%
0.12%	0.13%
50.18%	52.22%
0.05%	0.2%
4.86%	5.62%
0.08%	0.17%
7.59%	9.94%
8.36%	5.01%
0.57%	0.7%
10.07%	9.02%
2.46%	2.89%

Spending Breakdown by Claim



Spending Breakdown by Claim

ANDALUSIA REGIONAL HOSPITAL	010036	AL
ANDALUSIA REGIONAL HOSPITAL	010036	AL
ANDALUSIA REGIONAL HOSPITAL	010036	AL
ANDALUSIA REGIONAL HOSPITAL	010036	AL
STRINGFELLOW MEMORIAL HOSPITAL	010038	AL
STRINGFELLOW MEMORIAL HOSPITAL	010038	AL
STRINGFELLOW MEMORIAL HOSPITAL	010038	AL
STRINGFELLOW MEMORIAL HOSPITAL	010038	AL
STRINGFELLOW MEMORIAL HOSPITAL	010038	AL
STRINGFELLOW MEMORIAL HOSPITAL	010038	AL
STRINGFELLOW MEMORIAL HOSPITAL	010038	AL
STRINGFELLOW MEMORIAL HOSPITAL	010038	AL
STRINGFELLOW MEMORIAL HOSPITAL	010038	AL
STRINGFELLOW MEMORIAL HOSPITAL	010038	AL
STRINGFELLOW MEMORIAL HOSPITAL	010038	AL
STRINGFELLOW MEMORIAL HOSPITAL	010038	AL
STRINGFELLOW MEMORIAL HOSPITAL	010038	AL
STRINGFELLOW MEMORIAL HOSPITAL	010038	AL
STRINGFELLOW MEMORIAL HOSPITAL	010038	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient

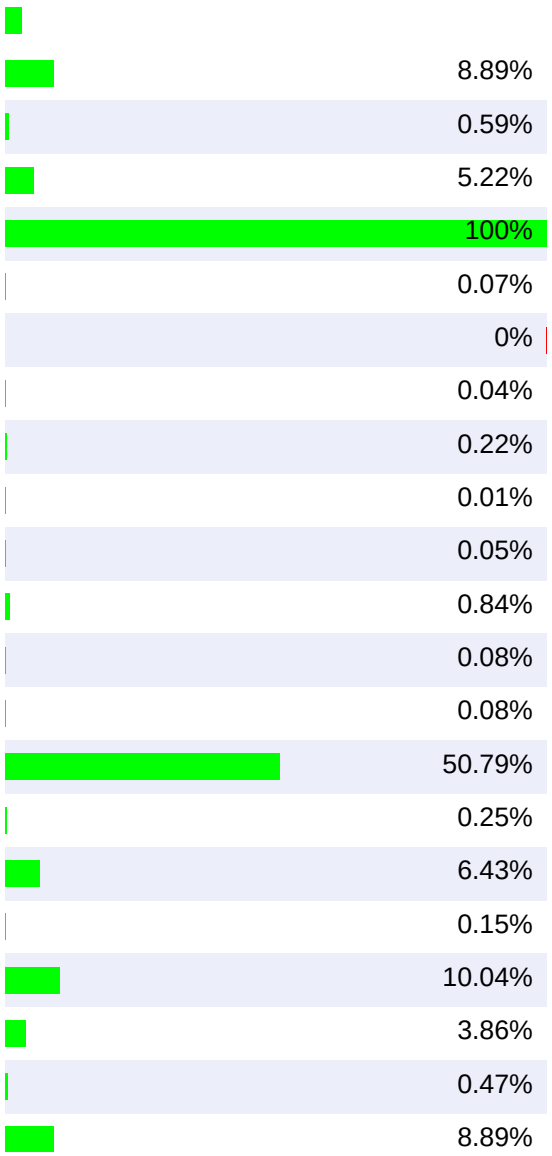
Spending Breakdown by Claim

$1187.00	$1213.00	$1646.00
$70.00	$119.00	$110.00
$685.00	$870.00	$966.00
$13286.00	$17179.00	$18506.00
$11.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$29.00	$33.00	$40.00
$0.00	$1.00	$3.00
$5.00	$9.00	$9.00
$59.00	$143.00	$155.00
$17.00	$12.00	$14.00
$3.00	$22.00	$16.00
$7437.00	$8972.00	$9399.00
$16.00	$34.00	$46.00
$611.00	$966.00	$1190.00
$20.00	$29.00	$27.00
$1309.00	$1708.00	$1857.00
$794.00	$860.00	$715.00
$60.00	$121.00	$88.00
$1691.00	$1549.00	$1645.00

Spending Breakdown by Claim

8.94%	7.06%
0.53%	0.69%
5.16%	5.07%
100%	100%
0.07%	0.09%
0%	0.01%
0%	0.04%
0.2%	0.19%
0%	0.01%
0.04%	0.05%
0.41%	0.83%
0.12%	0.07%
0.02%	0.13%
52.34%	52.22%
0.11%	0.2%
4.3%	5.62%
0.14%	0.17%
9.21%	9.94%
5.59%	5.01%
0.42%	0.7%
11.9%	9.02%

Spending Breakdown by Claim



Spending Breakdown by Claim

STRINGFELLOW MEMORIAL HOSPITAL	010038	AL
STRINGFELLOW MEMORIAL HOSPITAL	010038	AL
STRINGFELLOW MEMORIAL HOSPITAL	010038	AL
STRINGFELLOW MEMORIAL HOSPITAL	010038	AL
STRINGFELLOW MEMORIAL HOSPITAL	010038	AL
HUNTSVILLE HOSPITAL	010039	AL
HUNTSVILLE HOSPITAL	010039	AL
HUNTSVILLE HOSPITAL	010039	AL
HUNTSVILLE HOSPITAL	010039	AL
HUNTSVILLE HOSPITAL	010039	AL
HUNTSVILLE HOSPITAL	010039	AL
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HUNTSVILLE HOSPITAL	010039	AL
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HUNTSVILLE HOSPITAL	010039	AL
HUNTSVILLE HOSPITAL	010039	AL
HUNTSVILLE HOSPITAL	010039	AL
HUNTSVILLE HOSPITAL	010039	AL
HUNTSVILLE HOSPITAL	010039	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice

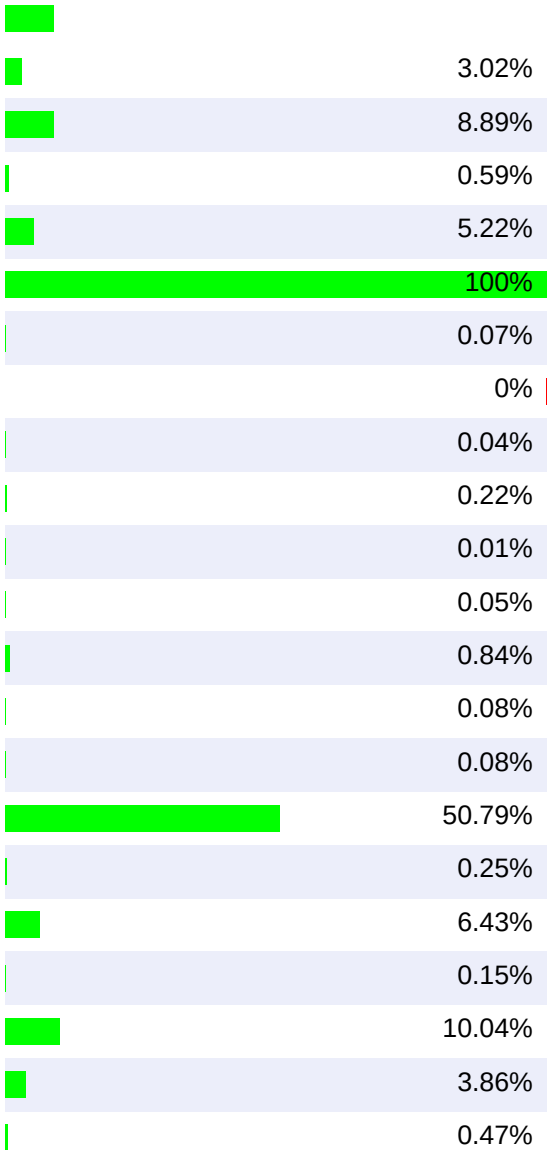
Spending Breakdown by Claim

$341.00	$496.00	$558.00
$877.00	$1213.00	$1646.00
$103.00	$119.00	$110.00
$826.00	$870.00	$966.00
$14208.00	$17179.00	$18506.00
$11.00	$15.00	$14.00
$2.00	$2.00	$1.00
$6.00	$6.00	$7.00
$46.00	$33.00	$40.00
$2.00	$1.00	$3.00
$9.00	$9.00	$9.00
$131.00	$143.00	$155.00
$10.00	$12.00	$14.00
$19.00	$22.00	$16.00
$11406.00	$8972.00	$9399.00
$57.00	$34.00	$46.00
$1080.00	$966.00	$1190.00
$24.00	$29.00	$27.00
$2285.00	$1708.00	$1857.00
$815.00	$860.00	$715.00
$109.00	$121.00	$88.00

Spending Breakdown by Claim

2.4%	2.89%
6.17%	7.06%
0.73%	0.69%
5.81%	5.07%
100%	100%
0.05%	0.09%
0.01%	0.01%
0.03%	0.04%
0.22%	0.19%
0.01%	0.01%
0.04%	0.05%
0.63%	0.83%
0.05%	0.07%
0.09%	0.13%
54.65%	52.22%
0.28%	0.2%
5.18%	5.62%
0.12%	0.17%
10.95%	9.94%
3.9%	5.01%
0.52%	0.7%

Spending Breakdown by Claim



Spending Breakdown by Claim

HUNTSVILLE HOSPITAL	010039	AL
HUNTSVILLE HOSPITAL	010039	AL
HUNTSVILLE HOSPITAL	010039	AL
HUNTSVILLE HOSPITAL	010039	AL
HUNTSVILLE HOSPITAL	010039	AL
HUNTSVILLE HOSPITAL	010039	AL
GADSDEN REGIONAL MEDICAL CENTER	010040	AL
GADSDEN REGIONAL MEDICAL CENTER	010040	AL
GADSDEN REGIONAL MEDICAL CENTER	010040	AL
GADSDEN REGIONAL MEDICAL CENTER	010040	AL
GADSDEN REGIONAL MEDICAL CENTER	010040	AL
GADSDEN REGIONAL MEDICAL CENTER	010040	AL
GADSDEN REGIONAL MEDICAL CENTER	010040	AL
GADSDEN REGIONAL MEDICAL CENTER	010040	AL
GADSDEN REGIONAL MEDICAL CENTER	010040	AL
GADSDEN REGIONAL MEDICAL CENTER	010040	AL
GADSDEN REGIONAL MEDICAL CENTER	010040	AL
GADSDEN REGIONAL MEDICAL CENTER	010040	AL
GADSDEN REGIONAL MEDICAL CENTER	010040	AL
GADSDEN REGIONAL MEDICAL CENTER	010040	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency

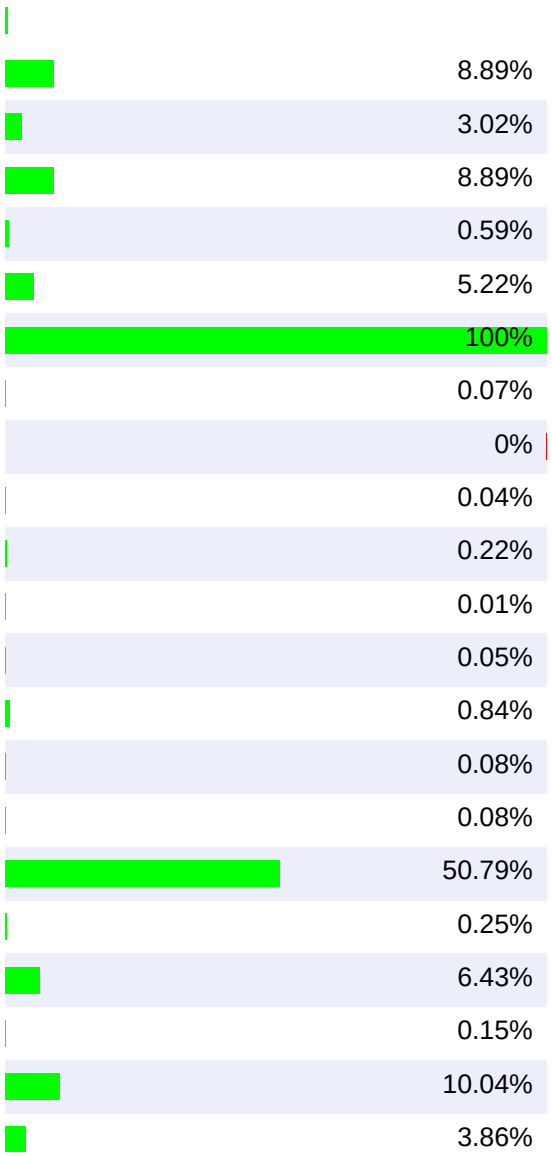
Spending Breakdown by Claim

$1698.00	$1549.00	$1645.00
$550.00	$496.00	$558.00
$1448.00	$1213.00	$1646.00
$134.00	$119.00	$110.00
$1028.00	$870.00	$966.00
$20870.00	$17179.00	$18506.00
$10.00	$15.00	$14.00
$2.00	$2.00	$1.00
$8.00	$6.00	$7.00
$20.00	$33.00	$40.00
$1.00	$1.00	$3.00
$16.00	$9.00	$9.00
$269.00	$143.00	$155.00
$11.00	$12.00	$14.00
$19.00	$22.00	$16.00
$10211.00	$8972.00	$9399.00
$16.00	$34.00	$46.00
$1117.00	$966.00	$1190.00
$14.00	$29.00	$27.00
$1861.00	$1708.00	$1857.00
$961.00	$860.00	$715.00

Spending Breakdown by Claim

8.14%	9.02%
2.64%	2.89%
6.94%	7.06%
0.64%	0.69%
4.93%	5.07%
100%	100%
0.05%	0.09%
0.01%	0.01%
0.04%	0.04%
0.1%	0.19%
0.01%	0.01%
0.08%	0.05%
1.39%	0.83%
0.06%	0.07%
0.1%	0.13%
53%	52.22%
0.08%	0.2%
5.8%	5.62%
0.08%	0.17%
9.66%	9.94%
4.99%	5.01%

Spending Breakdown by Claim



Spending Breakdown by Claim

GADSDEN REGIONAL MEDICAL CENTER	010040	AL
GADSDEN REGIONAL MEDICAL CENTER	010040	AL
GADSDEN REGIONAL MEDICAL CENTER	010040	AL
GADSDEN REGIONAL MEDICAL CENTER	010040	AL
GADSDEN REGIONAL MEDICAL CENTER	010040	AL
GADSDEN REGIONAL MEDICAL CENTER	010040	AL
GADSDEN REGIONAL MEDICAL CENTER	010040	AL
CHILTON MEDICAL CENTER	010043	AL
CHILTON MEDICAL CENTER	010043	AL
CHILTON MEDICAL CENTER	010043	AL
CHILTON MEDICAL CENTER	010043	AL
CHILTON MEDICAL CENTER	010043	AL
CHILTON MEDICAL CENTER	010043	AL
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CHILTON MEDICAL CENTER	010043	AL
CHILTON MEDICAL CENTER	010043	AL
CHILTON MEDICAL CENTER	010043	AL
CHILTON MEDICAL CENTER	010043	AL
CHILTON MEDICAL CENTER	010043	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier

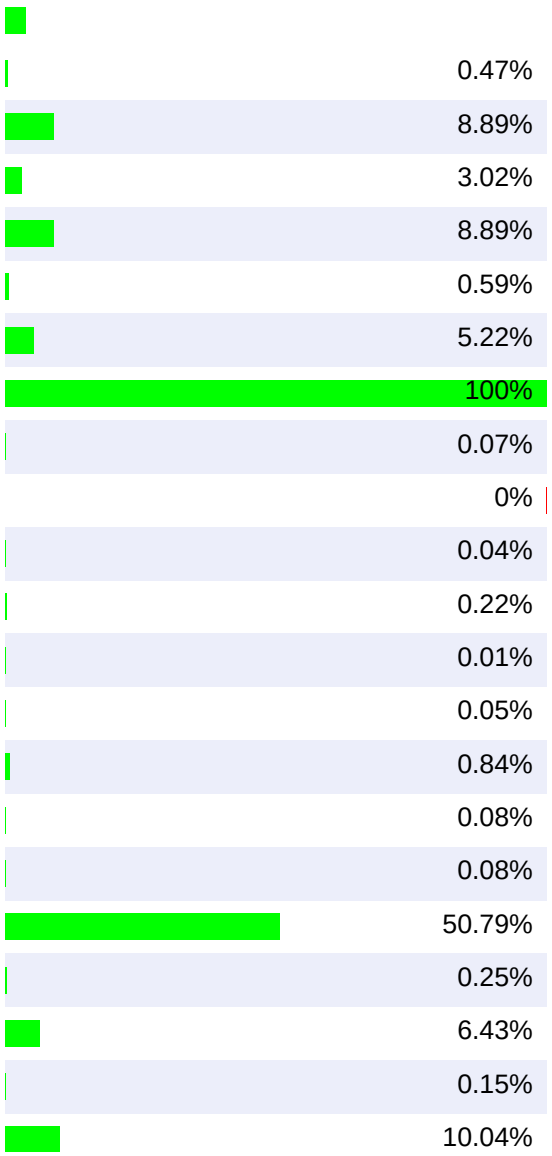
Spending Breakdown by Claim

$162.00	$121.00	$88.00
$1904.00	$1549.00	$1645.00
$393.00	$496.00	$558.00
$1224.00	$1213.00	$1646.00
$106.00	$119.00	$110.00
$942.00	$870.00	$966.00
$19267.00	$17179.00	$18506.00
$0.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$34.00	$33.00	$40.00
$0.00	$1.00	$3.00
$9.00	$9.00	$9.00
$158.00	$143.00	$155.00
$0.00	$12.00	$14.00
$3.00	$22.00	$16.00
$5810.00	$8972.00	$9399.00
$4.00	$34.00	$46.00
$1240.00	$966.00	$1190.00
$9.00	$29.00	$27.00
$880.00	$1708.00	$1857.00

Spending Breakdown by Claim

0.84%	0.7%
9.88%	9.02%
2.04%	2.89%
6.35%	7.06%
0.55%	0.69%
4.89%	5.07%
100%	100%
0%	0.09%
0%	0.01%
0%	0.04%
0.28%	0.19%
0%	0.01%
0.07%	0.05%
1.28%	0.83%
0%	0.07%
0.02%	0.13%
47.21%	52.22%
0.03%	0.2%
10.07%	5.62%
0.07%	0.17%
7.15%	9.94%

Spending Breakdown by Claim



Spending Breakdown by Claim

CHILTON MEDICAL CENTER	010043	AL
CHILTON MEDICAL CENTER	010043	AL
CHILTON MEDICAL CENTER	010043	AL
CHILTON MEDICAL CENTER	010043	AL
CHILTON MEDICAL CENTER	010043	AL
CHILTON MEDICAL CENTER	010043	AL
CHILTON MEDICAL CENTER	010043	AL
CHILTON MEDICAL CENTER	010043	AL
NORTH MISSISSIPPI MEDICAL CENTER - HAMILTON	010044	AL
NORTH MISSISSIPPI MEDICAL CENTER - HAMILTON	010044	AL
NORTH MISSISSIPPI MEDICAL CENTER - HAMILTON	010044	AL
NORTH MISSISSIPPI MEDICAL CENTER - HAMILTON	010044	AL
NORTH MISSISSIPPI MEDICAL CENTER - HAMILTON	010044	AL
NORTH MISSISSIPPI MEDICAL CENTER - HAMILTON	010044	AL
NORTH MISSISSIPPI MEDICAL CENTER - HAMILTON	010044	AL
NORTH MISSISSIPPI MEDICAL CENTER -	010044	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency

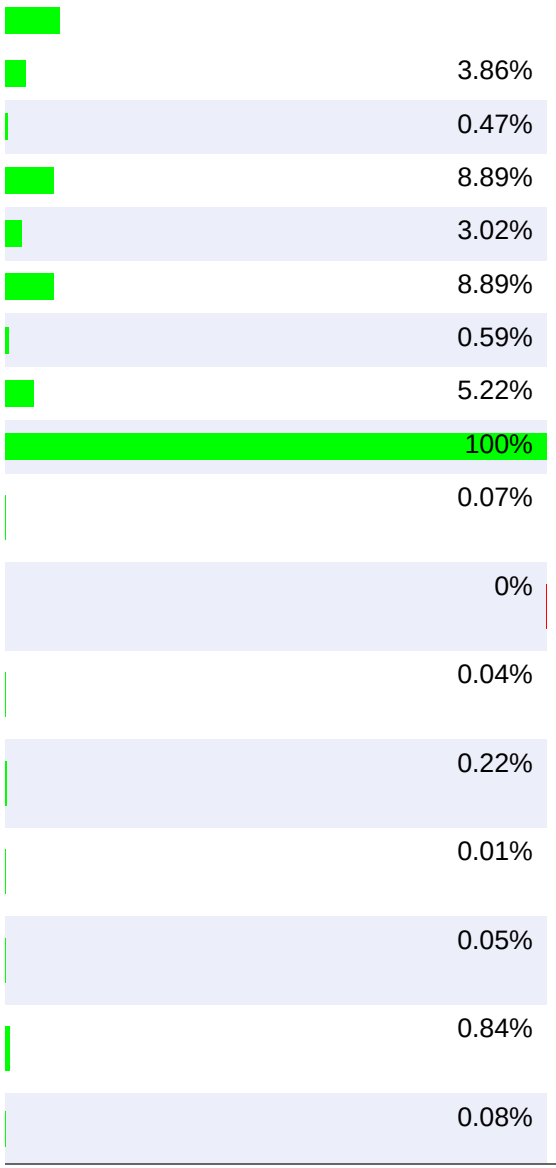
Spending Breakdown by Claim

$972.00	$860.00	$715.00
$290.00	$121.00	$88.00
$730.00	$1549.00	$1645.00
$251.00	$496.00	$558.00
$1171.00	$1213.00	$1646.00
$84.00	$119.00	$110.00
$663.00	$870.00	$966.00
$12306.00	$17179.00	$18506.00
$10.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$12.00	$33.00	$40.00
$0.00	$1.00	$3.00
$11.00	$9.00	$9.00
$111.00	$143.00	$155.00
$0.00	$12.00	$14.00

Spending Breakdown by Claim

7.9%	5.01%
2.35%	0.7%
5.93%	9.02%
2.04%	2.89%
9.51%	7.06%
0.68%	0.69%
5.39%	5.07%
100%	100%
0.09%	0.09%
0%	0.01%
0%	0.04%
0.11%	0.19%
0%	0.01%
0.1%	0.05%
1%	0.83%
0%	0.07%

Spending Breakdown by Claim



Spending Breakdown by Claim

HAMILTON		
NORTH MISSISSIPPI MEDICAL CENTER - HAMILTON	010044	AL
NORTH MISSISSIPPI MEDICAL CENTER - HAMILTON	010044	AL
NORTH MISSISSIPPI MEDICAL CENTER - HAMILTON	010044	AL
NORTH MISSISSIPPI MEDICAL CENTER - HAMILTON	010044	AL
NORTH MISSISSIPPI MEDICAL CENTER - HAMILTON	010044	AL
NORTH MISSISSIPPI MEDICAL CENTER - HAMILTON	010044	AL
NORTH MISSISSIPPI MEDICAL CENTER - HAMILTON	010044	AL
NORTH MISSISSIPPI MEDICAL CENTER - HAMILTON	010044	AL
NORTH MISSISSIPPI MEDICAL CENTER - HAMILTON	010044	AL
NORTH MISSISSIPPI MEDICAL CENTER - HAMILTON	010044	AL
NORTH MISSISSIPPI MEDICAL CENTER - HAMILTON	010044	AL
NORTH MISSISSIPPI MEDICAL CENTER - HAMILTON	010044	AL
NORTH MISSISSIPPI MEDICAL CENTER -	010044	AL

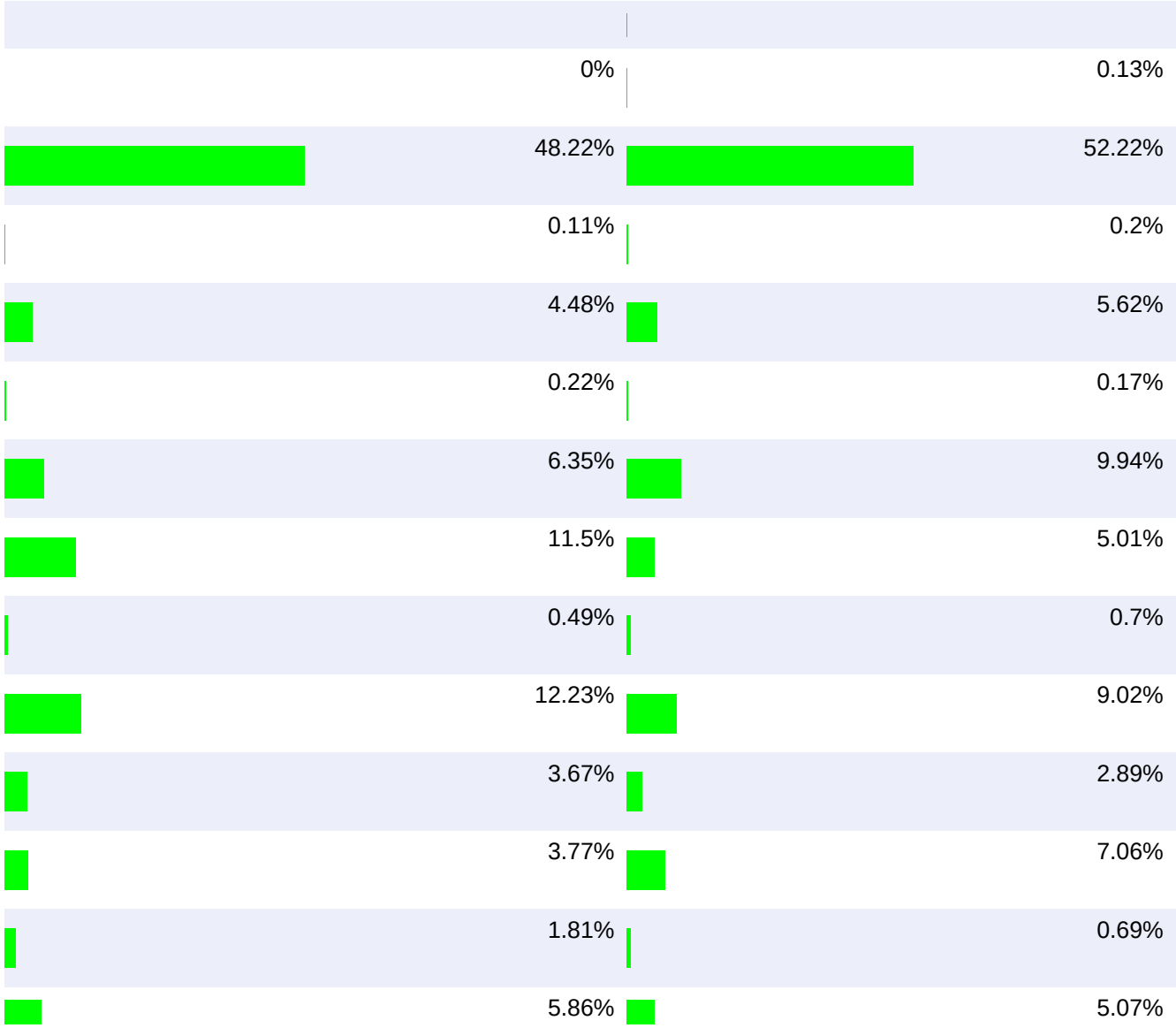
Spending Breakdown by Claim

During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier

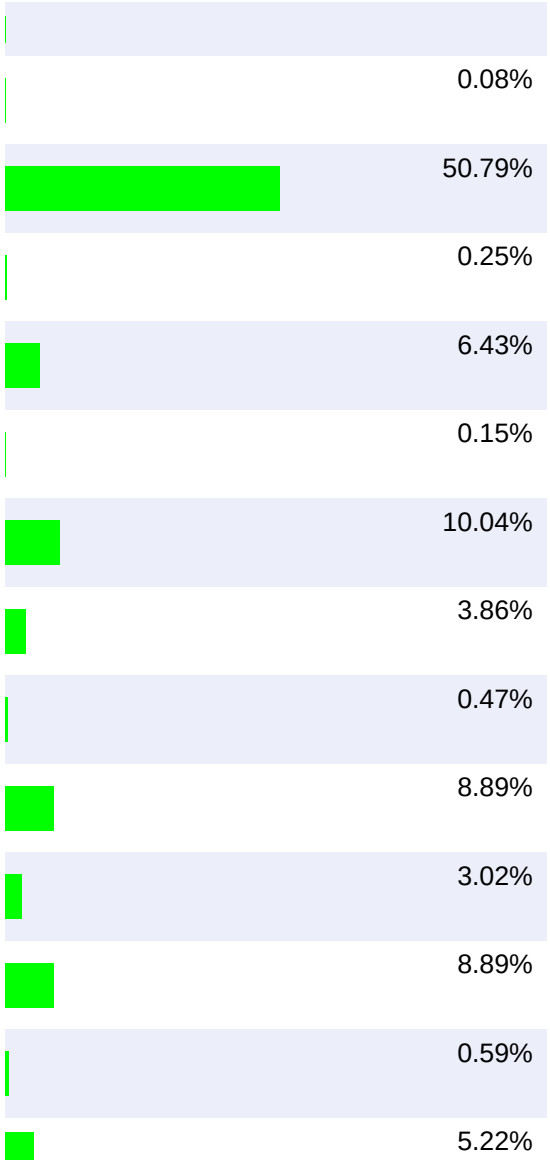
Spending Breakdown by Claim

$0.00	$22.00	$16.00
$5339.00	$8972.00	$9399.00
$12.00	$34.00	$46.00
$496.00	$966.00	$1190.00
$24.00	$29.00	$27.00
$703.00	$1708.00	$1857.00
$1273.00	$860.00	$715.00
$55.00	$121.00	$88.00
$1354.00	$1549.00	$1645.00
$406.00	$496.00	$558.00
$417.00	$1213.00	$1646.00
$201.00	$119.00	$110.00
$649.00	$870.00	$966.00

Spending Breakdown by Claim



Spending Breakdown by Claim



Spending Breakdown by Claim

HAMILTON		
NORTH MISSISSIPPI MEDICAL CENTER - HAMILTON	010044	AL
FAYETTE MEDICAL CENTER	010045	AL
FAYETTE MEDICAL CENTER	010045	AL
FAYETTE MEDICAL CENTER	010045	AL
FAYETTE MEDICAL CENTER	010045	AL
FAYETTE MEDICAL CENTER	010045	AL
FAYETTE MEDICAL CENTER	010045	AL
FAYETTE MEDICAL CENTER	010045	AL
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FAYETTE MEDICAL CENTER	010045	AL
FAYETTE MEDICAL CENTER	010045	AL
FAYETTE MEDICAL CENTER	010045	AL
FAYETTE MEDICAL CENTER	010045	AL
FAYETTE MEDICAL CENTER	010045	AL
FAYETTE MEDICAL CENTER	010045	AL

Spending Breakdown by Claim

Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility

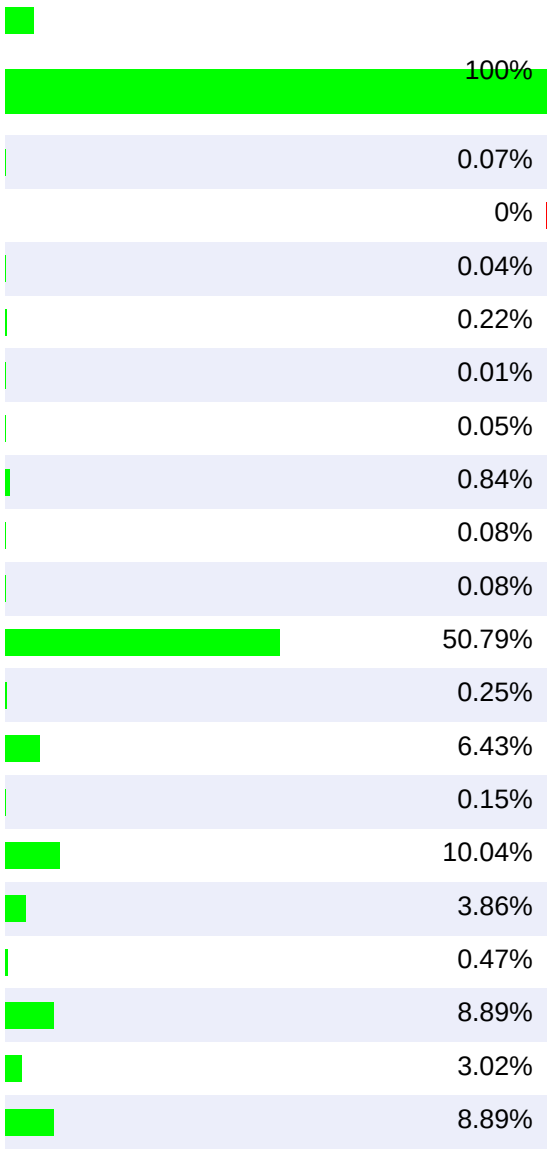
Spending Breakdown by Claim

$11071.00	$17179.00	$18506.00
$30.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$10.00	$33.00	$40.00
$2.00	$1.00	$3.00
$12.00	$9.00	$9.00
$76.00	$143.00	$155.00
$0.00	$12.00	$14.00
$11.00	$22.00	$16.00
$6037.00	$8972.00	$9399.00
$28.00	$34.00	$46.00
$1636.00	$966.00	$1190.00
$15.00	$29.00	$27.00
$893.00	$1708.00	$1857.00
$759.00	$860.00	$715.00
$103.00	$121.00	$88.00
$1906.00	$1549.00	$1645.00
$645.00	$496.00	$558.00
$1346.00	$1213.00	$1646.00

Spending Breakdown by Claim

100%	100%
0.21%	0.09%
0%	0.01%
0%	0.04%
0.07%	0.19%
0.02%	0.01%
0.08%	0.05%
0.53%	0.83%
0%	0.07%
0.07%	0.13%
42.26%	52.22%
0.2%	0.2%
11.45%	5.62%
0.11%	0.17%
6.25%	9.94%
5.32%	5.01%
0.72%	0.7%
13.34%	9.02%
4.52%	2.89%
9.42%	7.06%

Spending Breakdown by Claim



Spending Breakdown by Claim

FAYETTE MEDICAL CENTER	010045	AL
FAYETTE MEDICAL CENTER	010045	AL
FAYETTE MEDICAL CENTER	010045	AL
RIVERVIEW REGIONAL MEDICAL CENTER	010046	AL
RIVERVIEW REGIONAL MEDICAL CENTER	010046	AL
RIVERVIEW REGIONAL MEDICAL CENTER	010046	AL
RIVERVIEW REGIONAL MEDICAL CENTER	010046	AL
RIVERVIEW REGIONAL MEDICAL CENTER	010046	AL
RIVERVIEW REGIONAL MEDICAL CENTER	010046	AL
RIVERVIEW REGIONAL MEDICAL CENTER	010046	AL
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RIVERVIEW REGIONAL MEDICAL CENTER	010046	AL
RIVERVIEW REGIONAL MEDICAL CENTER	010046	AL
RIVERVIEW REGIONAL MEDICAL CENTER	010046	AL
RIVERVIEW REGIONAL MEDICAL CENTER	010046	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility

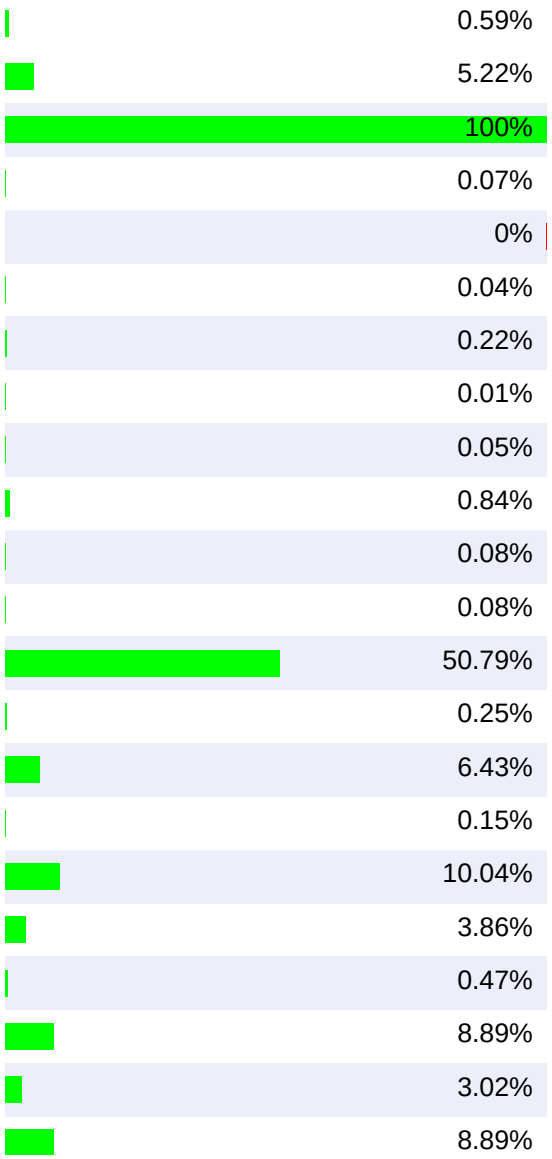
Spending Breakdown by Claim

$119.00	$119.00	$110.00
$659.00	$870.00	$966.00
$14287.00	$17179.00	$18506.00
$19.00	$15.00	$14.00
$4.00	$2.00	$1.00
$0.00	$6.00	$7.00
$25.00	$33.00	$40.00
$1.00	$1.00	$3.00
$11.00	$9.00	$9.00
$79.00	$143.00	$155.00
$19.00	$12.00	$14.00
$43.00	$22.00	$16.00
$8743.00	$8972.00	$9399.00
$17.00	$34.00	$46.00
$1029.00	$966.00	$1190.00
$22.00	$29.00	$27.00
$1819.00	$1708.00	$1857.00
$833.00	$860.00	$715.00
$184.00	$121.00	$88.00
$2207.00	$1549.00	$1645.00
$428.00	$496.00	$558.00
$1105.00	$1213.00	$1646.00

Spending Breakdown by Claim

0.83%	0.69%
4.61%	5.07%
100%	100%
0.11%	0.09%
0.02%	0.01%
0%	0.04%
0.14%	0.19%
0.01%	0.01%
0.06%	0.05%
0.44%	0.83%
0.11%	0.07%
0.24%	0.13%
49.18%	52.22%
0.1%	0.2%
5.79%	5.62%
0.12%	0.17%
10.23%	9.94%
4.69%	5.01%
1.04%	0.7%
12.41%	9.02%
2.41%	2.89%
6.22%	7.06%

Spending Breakdown by Claim



Spending Breakdown by Claim

RIVERVIEW REGIONAL MEDICAL CENTER	010046	AL
RIVERVIEW REGIONAL MEDICAL CENTER	010046	AL
RIVERVIEW REGIONAL MEDICAL CENTER	010046	AL
GEORGIANA HOSPITAL	010047	AL
GEORGIANA HOSPITAL	010047	AL
GEORGIANA HOSPITAL	010047	AL
GEORGIANA HOSPITAL	010047	AL
GEORGIANA HOSPITAL	010047	AL
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GEORGIANA HOSPITAL	010047	AL
GEORGIANA HOSPITAL	010047	AL
GEORGIANA HOSPITAL	010047	AL
GEORGIANA HOSPITAL	010047	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient

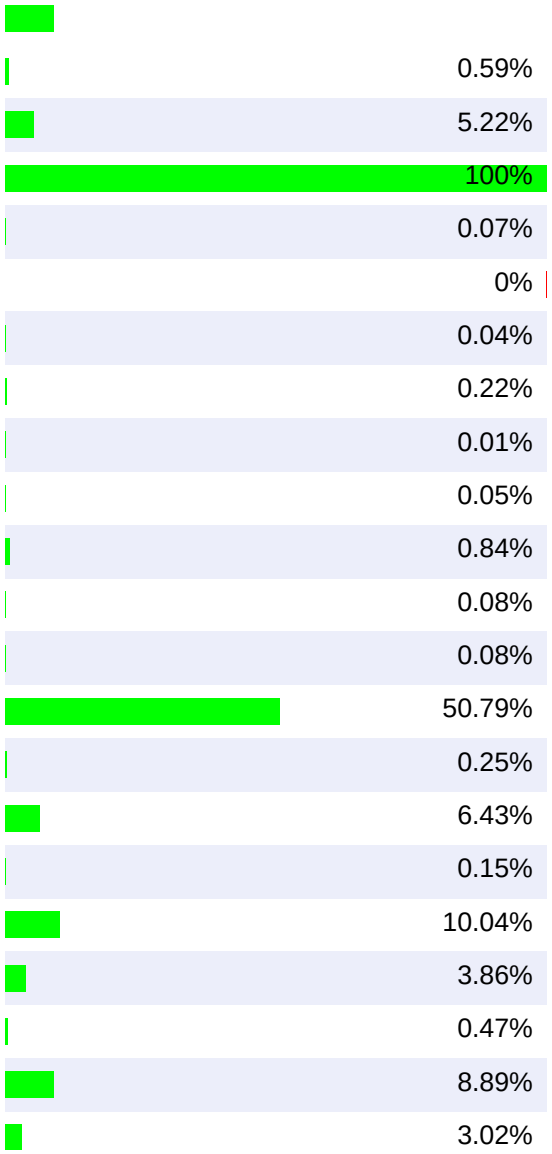
Spending Breakdown by Claim

$103.00	$119.00	$110.00
$1084.00	$870.00	$966.00
$17777.00	$17179.00	$18506.00
$8.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$29.00	$33.00	$40.00
$0.00	$1.00	$3.00
$5.00	$9.00	$9.00
$22.00	$143.00	$155.00
$0.00	$12.00	$14.00
$42.00	$22.00	$16.00
$4588.00	$8972.00	$9399.00
$21.00	$34.00	$46.00
$629.00	$966.00	$1190.00
$9.00	$29.00	$27.00
$392.00	$1708.00	$1857.00
$364.00	$860.00	$715.00
$219.00	$121.00	$88.00
$1595.00	$1549.00	$1645.00
$445.00	$496.00	$558.00

Spending Breakdown by Claim

0.58%	0.69%
6.1%	5.07%
100%	100%
0.09%	0.09%
0%	0.01%
0%	0.04%
0.3%	0.19%
0%	0.01%
0.05%	0.05%
0.22%	0.83%
0%	0.07%
0.43%	0.13%
47.24%	52.22%
0.22%	0.2%
6.47%	5.62%
0.1%	0.17%
4.03%	9.94%
3.75%	5.01%
2.26%	0.7%
16.42%	9.02%
4.58%	2.89%

Spending Breakdown by Claim



Spending Breakdown by Claim

GEORGIANA HOSPITAL	010047	AL
GEORGIANA HOSPITAL	010047	AL
GEORGIANA HOSPITAL	010047	AL
GEORGIANA HOSPITAL	010047	AL
MEDICAL CENTER ENTERPRISE	010049	AL
MEDICAL CENTER ENTERPRISE	010049	AL
MEDICAL CENTER ENTERPRISE	010049	AL
MEDICAL CENTER ENTERPRISE	010049	AL
MEDICAL CENTER ENTERPRISE	010049	AL
MEDICAL CENTER ENTERPRISE	010049	AL
MEDICAL CENTER ENTERPRISE	010049	AL
MEDICAL CENTER ENTERPRISE	010049	AL
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MEDICAL CENTER ENTERPRISE	010049	AL
MEDICAL CENTER ENTERPRISE	010049	AL
MEDICAL CENTER ENTERPRISE	010049	AL
MEDICAL CENTER ENTERPRISE	010049	AL
MEDICAL CENTER ENTERPRISE	010049	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient

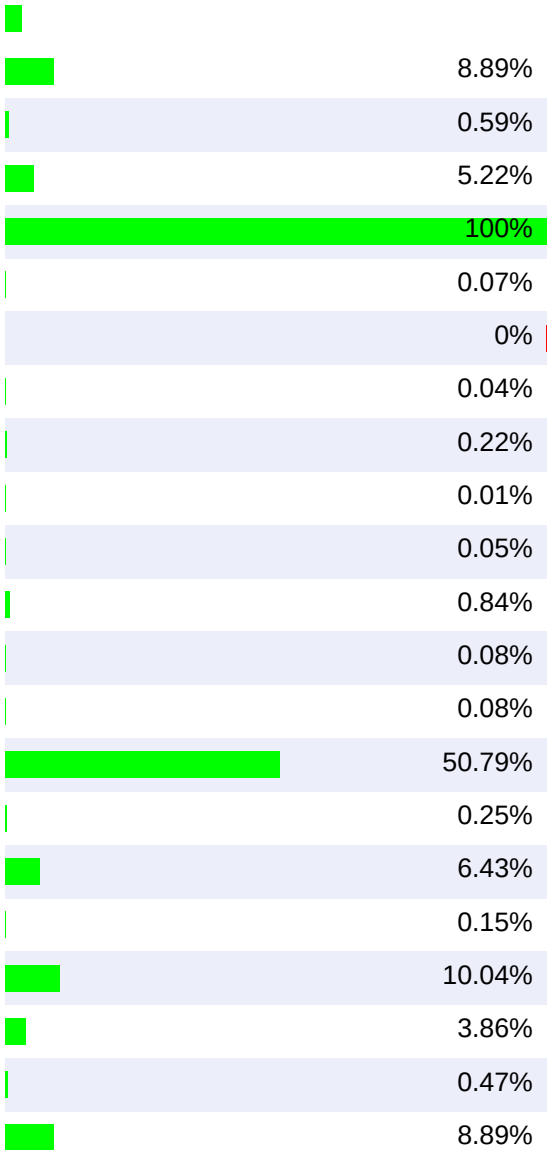
Spending Breakdown by Claim

$802.00	$1213.00	$1646.00
$65.00	$119.00	$110.00
$476.00	$870.00	$966.00
$9711.00	$17179.00	$18506.00
$31.00	$15.00	$14.00
$6.00	$2.00	$1.00
$0.00	$6.00	$7.00
$23.00	$33.00	$40.00
$0.00	$1.00	$3.00
$8.00	$9.00	$9.00
$84.00	$143.00	$155.00
$19.00	$12.00	$14.00
$33.00	$22.00	$16.00
$5910.00	$8972.00	$9399.00
$18.00	$34.00	$46.00
$1057.00	$966.00	$1190.00
$12.00	$29.00	$27.00
$1057.00	$1708.00	$1857.00
$1097.00	$860.00	$715.00
$208.00	$121.00	$88.00
$1148.00	$1549.00	$1645.00

Spending Breakdown by Claim

8.26%	7.06%
0.67%	0.69%
4.9%	5.07%
100%	100%
0.25%	0.09%
0.05%	0.01%
0%	0.04%
0.19%	0.19%
0%	0.01%
0.06%	0.05%
0.67%	0.83%
0.16%	0.07%
0.27%	0.13%
47.47%	52.22%
0.14%	0.2%
8.49%	5.62%
0.1%	0.17%
8.49%	9.94%
8.81%	5.01%
1.67%	0.7%
9.22%	9.02%

Spending Breakdown by Claim



Spending Breakdown by Claim

MEDICAL CENTER ENTERPRISE	010049	AL
MEDICAL CENTER ENTERPRISE	010049	AL
MEDICAL CENTER ENTERPRISE	010049	AL
MEDICAL CENTER ENTERPRISE	010049	AL
MEDICAL CENTER ENTERPRISE	010049	AL
ST VINCENTS BLOUNT	010050	AL
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ST VINCENTS BLOUNT	010050	AL
ST VINCENTS BLOUNT	010050	AL
ST VINCENTS BLOUNT	010050	AL
ST VINCENTS BLOUNT	010050	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice

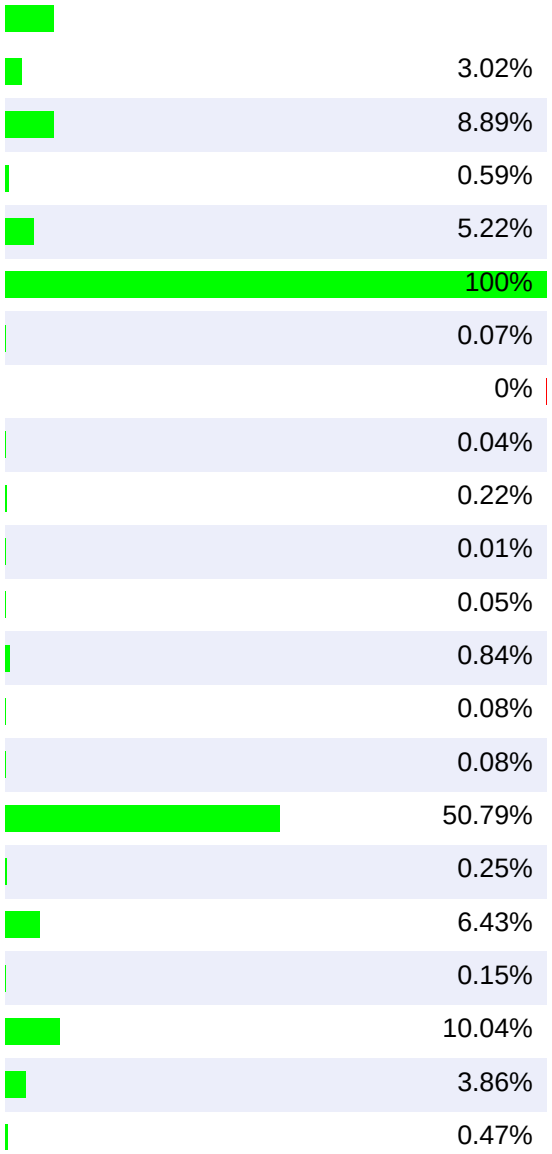
Spending Breakdown by Claim

$256.00	$496.00	$558.00
$800.00	$1213.00	$1646.00
$81.00	$119.00	$110.00
$601.00	$870.00	$966.00
$12450.00	$17179.00	$18506.00
$13.00	$15.00	$14.00
$2.00	$2.00	$1.00
$0.00	$6.00	$7.00
$11.00	$33.00	$40.00
$6.00	$1.00	$3.00
$5.00	$9.00	$9.00
$105.00	$143.00	$155.00
$12.00	$12.00	$14.00
$24.00	$22.00	$16.00
$5896.00	$8972.00	$9399.00
$20.00	$34.00	$46.00
$1339.00	$966.00	$1190.00
$12.00	$29.00	$27.00
$1160.00	$1708.00	$1857.00
$804.00	$860.00	$715.00
$206.00	$121.00	$88.00

Spending Breakdown by Claim

2.06%	2.89%
6.42%	7.06%
0.65%	0.69%
4.83%	5.07%
100%	100%
0.09%	0.09%
0.01%	0.01%
0%	0.04%
0.08%	0.19%
0.04%	0.01%
0.03%	0.05%
0.76%	0.83%
0.09%	0.07%
0.17%	0.13%
42.56%	52.22%
0.14%	0.2%
9.67%	5.62%
0.09%	0.17%
8.38%	9.94%
5.81%	5.01%
1.48%	0.7%

Spending Breakdown by Claim



Spending Breakdown by Claim

ST VINCENTS BLOUNT	010050	AL
ST VINCENTS BLOUNT	010050	AL
ST VINCENTS BLOUNT	010050	AL
ST VINCENTS BLOUNT	010050	AL
ST VINCENTS BLOUNT	010050	AL
ST VINCENTS BLOUNT	010050	AL
GREENE COUNTY HOSPITAL	010051	AL
GREENE COUNTY HOSPITAL	010051	AL
GREENE COUNTY HOSPITAL	010051	AL
GREENE COUNTY HOSPITAL	010051	AL
GREENE COUNTY HOSPITAL	010051	AL
GREENE COUNTY HOSPITAL	010051	AL
GREENE COUNTY HOSPITAL	010051	AL
GREENE COUNTY HOSPITAL	010051	AL
GREENE COUNTY HOSPITAL	010051	AL
GREENE COUNTY HOSPITAL	010051	AL
GREENE COUNTY HOSPITAL	010051	AL
GREENE COUNTY HOSPITAL	010051	AL
GREENE COUNTY HOSPITAL	010051	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency

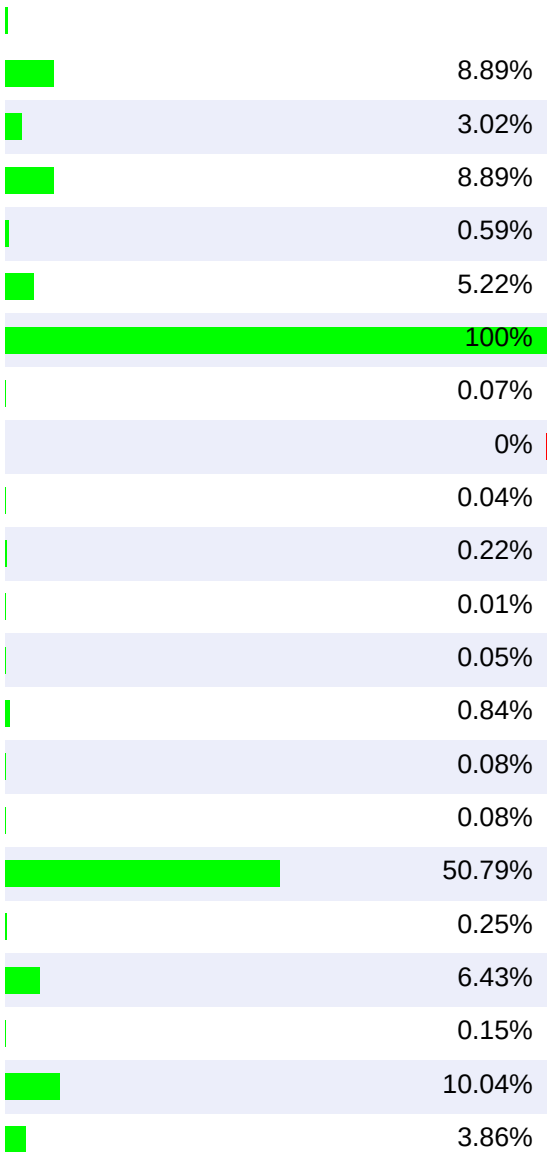
Spending Breakdown by Claim

$1348.00	$1549.00	$1645.00
$255.00	$496.00	$558.00
$1880.00	$1213.00	$1646.00
$113.00	$119.00	$110.00
$641.00	$870.00	$966.00
$13851.00	$17179.00	$18506.00
$0.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$34.00	$33.00	$40.00
$11.00	$1.00	$3.00
$4.00	$9.00	$9.00
$41.00	$143.00	$155.00
$0.00	$12.00	$14.00
$11.00	$22.00	$16.00
$4874.00	$8972.00	$9399.00
$11.00	$34.00	$46.00
$882.00	$966.00	$1190.00
$4.00	$29.00	$27.00
$580.00	$1708.00	$1857.00
$399.00	$860.00	$715.00

Spending Breakdown by Claim

9.73%	9.02%
1.84%	2.89%
13.57%	7.06%
0.81%	0.69%
4.63%	5.07%
100%	100%
0%	0.09%
0%	0.01%
0%	0.04%
0.33%	0.19%
0.11%	0.01%
0.04%	0.05%
0.39%	0.83%
0%	0.07%
0.1%	0.13%
46.42%	52.22%
0.11%	0.2%
8.4%	5.62%
0.04%	0.17%
5.53%	9.94%
3.8%	5.01%

Spending Breakdown by Claim



Spending Breakdown by Claim

GREENE COUNTY HOSPITAL	010051	AL
GREENE COUNTY HOSPITAL	010051	AL
GREENE COUNTY HOSPITAL	010051	AL
GREENE COUNTY HOSPITAL	010051	AL
GREENE COUNTY HOSPITAL	010051	AL
GREENE COUNTY HOSPITAL	010051	AL
GREENE COUNTY HOSPITAL	010051	AL
PARKWAY MEDICAL CENTER HOSPITAL	010054	AL
PARKWAY MEDICAL CENTER HOSPITAL	010054	AL
PARKWAY MEDICAL CENTER HOSPITAL	010054	AL
PARKWAY MEDICAL CENTER HOSPITAL	010054	AL
PARKWAY MEDICAL CENTER HOSPITAL	010054	AL
PARKWAY MEDICAL CENTER HOSPITAL	010054	AL
PARKWAY MEDICAL CENTER HOSPITAL	010054	AL
PARKWAY MEDICAL CENTER HOSPITAL	010054	AL
PARKWAY MEDICAL CENTER HOSPITAL	010054	AL
PARKWAY MEDICAL CENTER HOSPITAL	010054	AL
PARKWAY MEDICAL CENTER HOSPITAL	010054	AL
PARKWAY MEDICAL CENTER HOSPITAL	010054	AL
PARKWAY MEDICAL CENTER HOSPITAL	010054	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier

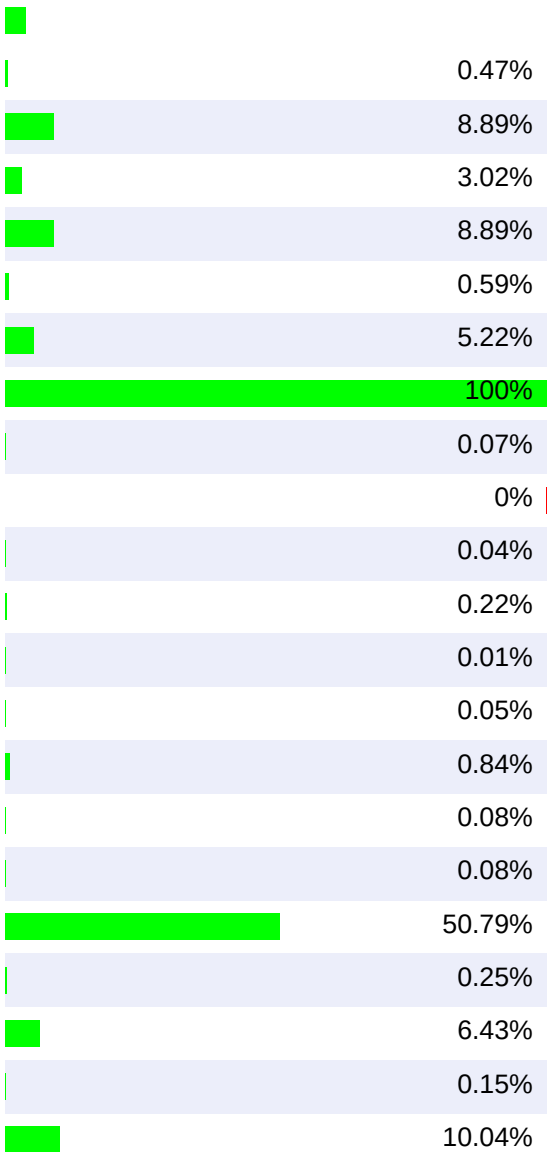
Spending Breakdown by Claim

$132.00	$121.00	$88.00
$1558.00	$1549.00	$1645.00
$371.00	$496.00	$558.00
$926.00	$1213.00	$1646.00
$87.00	$119.00	$110.00
$573.00	$870.00	$966.00
$10499.00	$17179.00	$18506.00
$0.00	$15.00	$14.00
$1.00	$2.00	$1.00
$0.00	$6.00	$7.00
$20.00	$33.00	$40.00
$0.00	$1.00	$3.00
$10.00	$9.00	$9.00
$62.00	$143.00	$155.00
$0.00	$12.00	$14.00
$25.00	$22.00	$16.00
$5988.00	$8972.00	$9399.00
$14.00	$34.00	$46.00
$1083.00	$966.00	$1190.00
$23.00	$29.00	$27.00
$1292.00	$1708.00	$1857.00

Spending Breakdown by Claim

1.26%	0.7%
14.83%	9.02%
3.54%	2.89%
8.82%	7.06%
0.83%	0.69%
5.46%	5.07%
100%	100%
0%	0.09%
0.01%	0.01%
0%	0.04%
0.15%	0.19%
0%	0.01%
0.08%	0.05%
0.46%	0.83%
0%	0.07%
0.19%	0.13%
44.94%	52.22%
0.11%	0.2%
8.13%	5.62%
0.17%	0.17%
9.7%	9.94%

Spending Breakdown by Claim



Spending Breakdown by Claim

PARKWAY MEDICAL CENTER HOSPITAL	010054	AL
PARKWAY MEDICAL CENTER HOSPITAL	010054	AL
PARKWAY MEDICAL CENTER HOSPITAL	010054	AL
PARKWAY MEDICAL CENTER HOSPITAL	010054	AL
PARKWAY MEDICAL CENTER HOSPITAL	010054	AL
PARKWAY MEDICAL CENTER HOSPITAL	010054	AL
PARKWAY MEDICAL CENTER HOSPITAL	010054	AL
PARKWAY MEDICAL CENTER HOSPITAL	010054	AL
FLOWERS HOSPITAL	010055	AL
FLOWERS HOSPITAL	010055	AL
FLOWERS HOSPITAL	010055	AL
FLOWERS HOSPITAL	010055	AL
FLOWERS HOSPITAL	010055	AL
FLOWERS HOSPITAL	010055	AL
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FLOWERS HOSPITAL	010055	AL
FLOWERS HOSPITAL	010055	AL
FLOWERS HOSPITAL	010055	AL
FLOWERS HOSPITAL	010055	AL
FLOWERS HOSPITAL	010055	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment

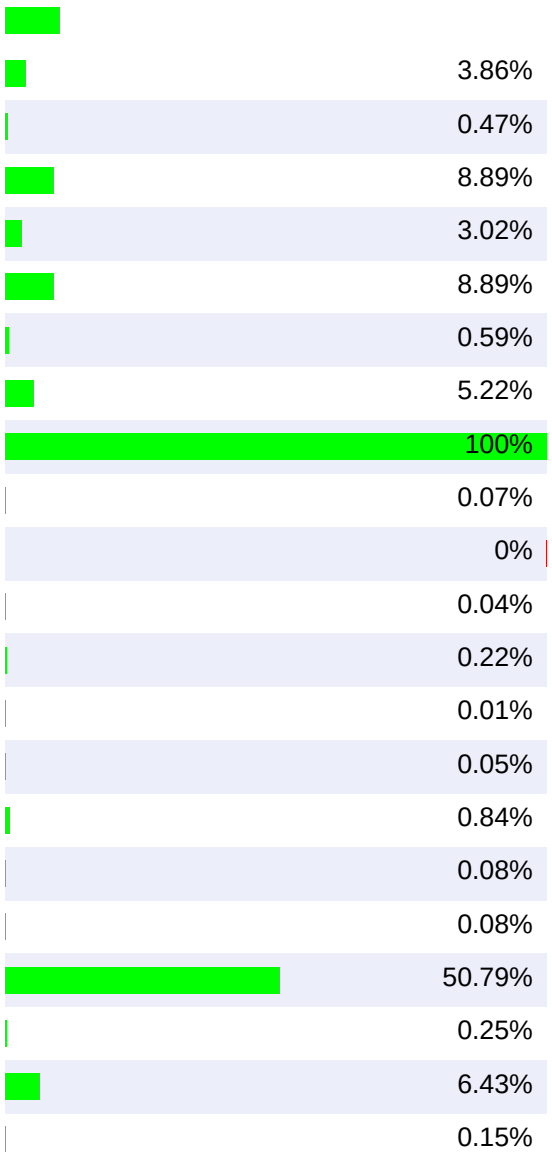
Spending Breakdown by Claim

$786.00	$860.00	$715.00
$78.00	$121.00	$88.00
$1331.00	$1549.00	$1645.00
$312.00	$496.00	$558.00
$1312.00	$1213.00	$1646.00
$104.00	$119.00	$110.00
$882.00	$870.00	$966.00
$13324.00	$17179.00	$18506.00
$12.00	$15.00	$14.00
$0.00	$2.00	$1.00
$8.00	$6.00	$7.00
$28.00	$33.00	$40.00
$1.00	$1.00	$3.00
$5.00	$9.00	$9.00
$92.00	$143.00	$155.00
$12.00	$12.00	$14.00
$17.00	$22.00	$16.00
$9613.00	$8972.00	$9399.00
$49.00	$34.00	$46.00
$1017.00	$966.00	$1190.00
$22.00	$29.00	$27.00

Spending Breakdown by Claim

5.9%	5.01%
0.59%	0.7%
9.99%	9.02%
2.34%	2.89%
9.85%	7.06%
0.78%	0.69%
6.62%	5.07%
100%	100%
0.07%	0.09%
0%	0.01%
0.05%	0.04%
0.16%	0.19%
0%	0.01%
0.03%	0.05%
0.52%	0.83%
0.07%	0.07%
0.09%	0.13%
54.51%	52.22%
0.28%	0.2%
5.77%	5.62%
0.12%	0.17%

Spending Breakdown by Claim



Spending Breakdown by Claim

FLOWERS HOSPITAL	010055	AL
FLOWERS HOSPITAL	010055	AL
FLOWERS HOSPITAL	010055	AL
FLOWERS HOSPITAL	010055	AL
FLOWERS HOSPITAL	010055	AL
FLOWERS HOSPITAL	010055	AL
FLOWERS HOSPITAL	010055	AL
FLOWERS HOSPITAL	010055	AL
FLOWERS HOSPITAL	010055	AL
ST. VINCENT'S BIRMINGHAM	010056	AL
ST. VINCENT'S BIRMINGHAM	010056	AL
ST. VINCENT'S BIRMINGHAM	010056	AL
ST. VINCENT'S BIRMINGHAM	010056	AL
ST. VINCENT'S BIRMINGHAM	010056	AL
ST. VINCENT'S BIRMINGHAM	010056	AL
ST. VINCENT'S BIRMINGHAM	010056	AL
ST. VINCENT'S BIRMINGHAM	010056	AL
ST. VINCENT'S BIRMINGHAM	010056	AL
ST. VINCENT'S BIRMINGHAM	010056	AL
ST. VINCENT'S BIRMINGHAM	010056	AL
ST. VINCENT'S BIRMINGHAM	010056	AL

Spending Breakdown by Claim

During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility

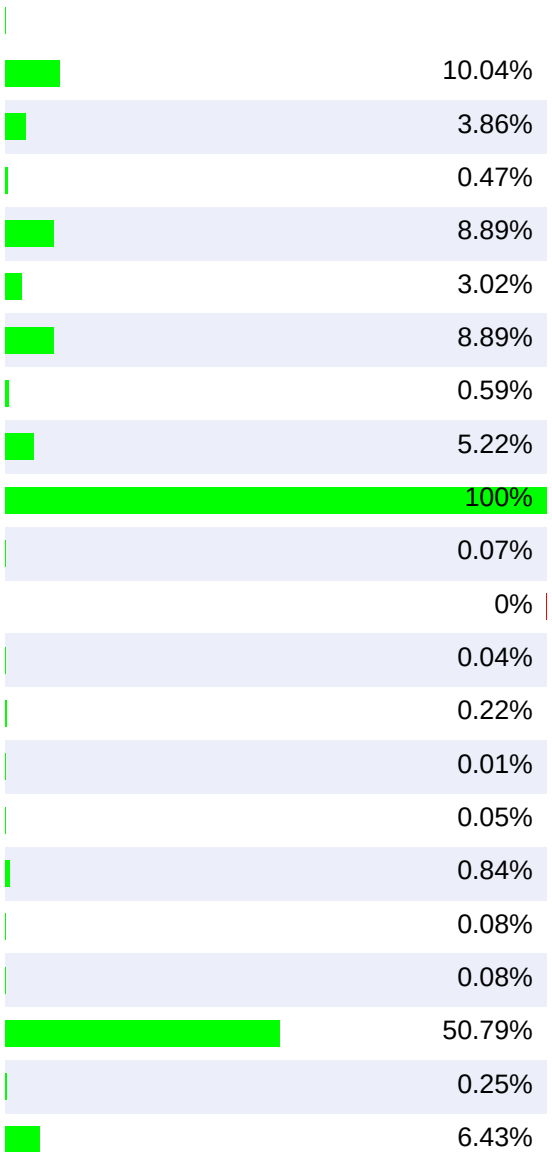
Spending Breakdown by Claim

$1860.00	$1708.00	$1857.00
$1100.00	$860.00	$715.00
$98.00	$121.00	$88.00
$1334.00	$1549.00	$1645.00
$397.00	$496.00	$558.00
$1095.00	$1213.00	$1646.00
$97.00	$119.00	$110.00
$776.00	$870.00	$966.00
$17635.00	$17179.00	$18506.00
$8.00	$15.00	$14.00
$0.00	$2.00	$1.00
$2.00	$6.00	$7.00
$34.00	$33.00	$40.00
$2.00	$1.00	$3.00
$6.00	$9.00	$9.00
$141.00	$143.00	$155.00
$9.00	$12.00	$14.00
$20.00	$22.00	$16.00
$10639.00	$8972.00	$9399.00
$24.00	$34.00	$46.00
$759.00	$966.00	$1190.00

Spending Breakdown by Claim

10.55%	9.94%
6.24%	5.01%
0.56%	0.7%
7.56%	9.02%
2.25%	2.89%
6.21%	7.06%
0.55%	0.69%
4.4%	5.07%
100%	100%
0.04%	0.09%
0%	0.01%
0.01%	0.04%
0.18%	0.19%
0.01%	0.01%
0.03%	0.05%
0.75%	0.83%
0.05%	0.07%
0.1%	0.13%
56.76%	52.22%
0.13%	0.2%
4.05%	5.62%

Spending Breakdown by Claim



Spending Breakdown by Claim

ST. VINCENT'S BIRMINGHAM	010056	AL
ST. VINCENT'S BIRMINGHAM	010056	AL
ST. VINCENT'S BIRMINGHAM	010056	AL
ST. VINCENT'S BIRMINGHAM	010056	AL
ST. VINCENT'S BIRMINGHAM	010056	AL
ST. VINCENT'S BIRMINGHAM	010056	AL
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ST. VINCENT'S BIRMINGHAM	010056	AL
ST. VINCENT'S BIRMINGHAM	010056	AL
ST. VINCENT'S BIRMINGHAM	010056	AL
BIBB MEDICAL CENTER	010058	AL
BIBB MEDICAL CENTER	010058	AL
BIBB MEDICAL CENTER	010058	AL
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BIBB MEDICAL CENTER	010058	AL
BIBB MEDICAL CENTER	010058	AL
BIBB MEDICAL CENTER	010058	AL
BIBB MEDICAL CENTER	010058	AL
BIBB MEDICAL CENTER	010058	AL
BIBB MEDICAL CENTER	010058	AL
BIBB MEDICAL CENTER	010058	AL

Spending Breakdown by Claim

During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient

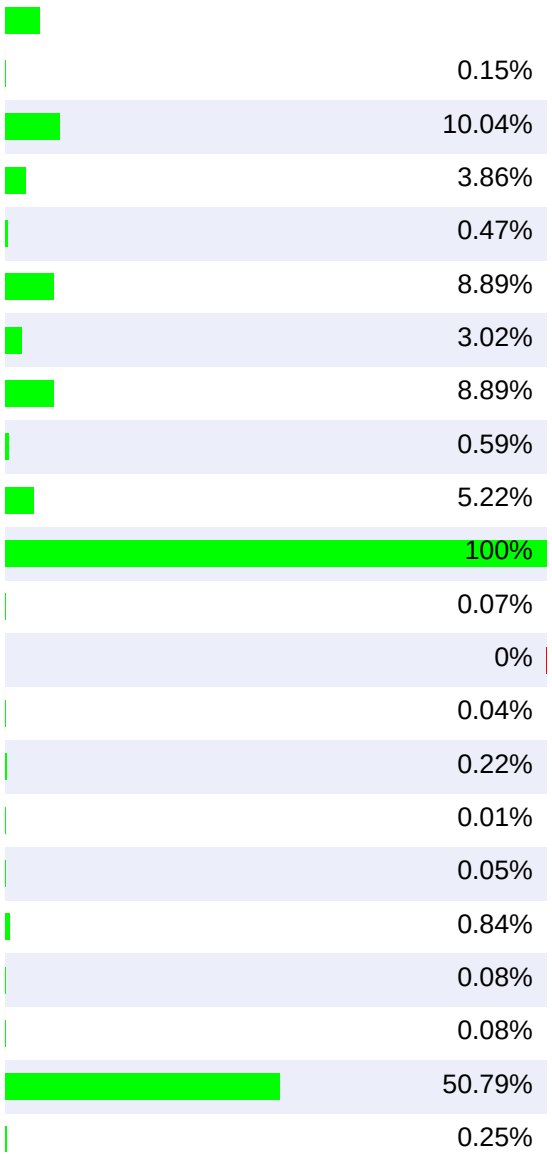
Spending Breakdown by Claim

$52.00	$29.00	$27.00
$2223.00	$1708.00	$1857.00
$1017.00	$860.00	$715.00
$94.00	$121.00	$88.00
$1272.00	$1549.00	$1645.00
$386.00	$496.00	$558.00
$1069.00	$1213.00	$1646.00
$117.00	$119.00	$110.00
$871.00	$870.00	$966.00
$18746.00	$17179.00	$18506.00
$44.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$65.00	$33.00	$40.00
$33.00	$1.00	$3.00
$0.00	$9.00	$9.00
$157.00	$143.00	$155.00
$0.00	$12.00	$14.00
$17.00	$22.00	$16.00
$4407.00	$8972.00	$9399.00
$15.00	$34.00	$46.00

Spending Breakdown by Claim

0.28%	0.17%
11.86%	9.94%
5.42%	5.01%
0.5%	0.7%
6.79%	9.02%
2.06%	2.89%
5.7%	7.06%
0.63%	0.69%
4.65%	5.07%
100%	100%
0.32%	0.09%
0%	0.01%
0%	0.04%
0.48%	0.19%
0.25%	0.01%
0%	0.05%
1.16%	0.83%
0%	0.07%
0.13%	0.13%
32.7%	52.22%
0.11%	0.2%

Spending Breakdown by Claim



Spending Breakdown by Claim

BIBB MEDICAL CENTER	010058	AL
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BIBB MEDICAL CENTER	010058	AL
BIBB MEDICAL CENTER	010058	AL
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BIBB MEDICAL CENTER	010058	AL
BIBB MEDICAL CENTER	010058	AL
BIBB MEDICAL CENTER	010058	AL
BIBB MEDICAL CENTER	010058	AL
BIBB MEDICAL CENTER	010058	AL
LAWRENCE MEDICAL CENTER	010059	AL
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LAWRENCE MEDICAL CENTER	010059	AL
LAWRENCE MEDICAL CENTER	010059	AL
LAWRENCE MEDICAL CENTER	010059	AL
LAWRENCE MEDICAL CENTER	010059	AL
LAWRENCE MEDICAL CENTER	010059	AL
LAWRENCE MEDICAL CENTER	010059	AL

Spending Breakdown by Claim

During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient

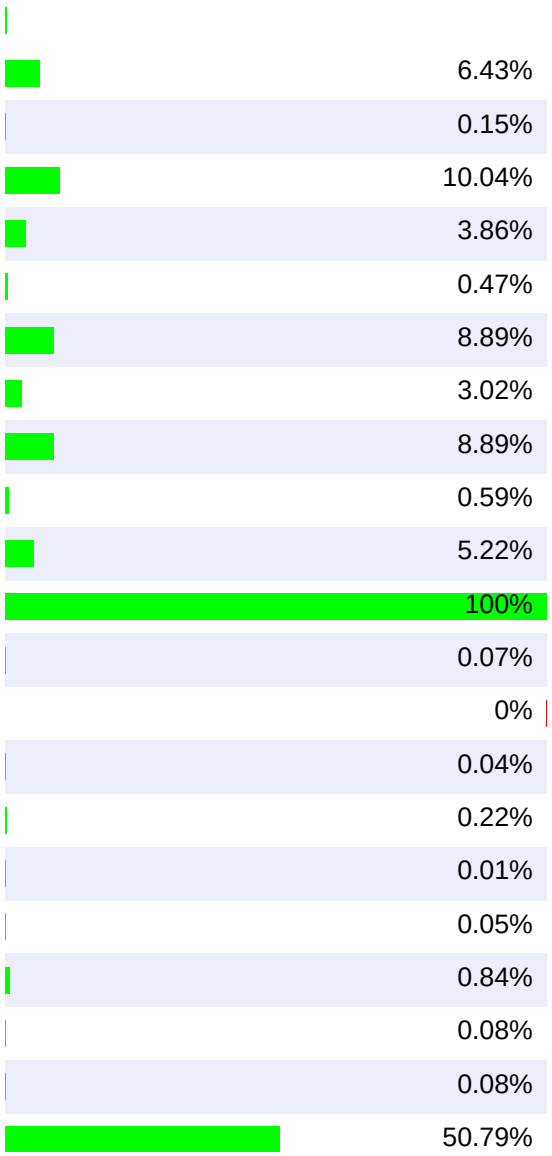
Spending Breakdown by Claim

$2509.00	$966.00	$1190.00
$8.00	$29.00	$27.00
$611.00	$1708.00	$1857.00
$363.00	$860.00	$715.00
$265.00	$121.00	$88.00
$1167.00	$1549.00	$1645.00
$228.00	$496.00	$558.00
$2838.00	$1213.00	$1646.00
$22.00	$119.00	$110.00
$728.00	$870.00	$966.00
$13478.00	$17179.00	$18506.00
$28.00	$15.00	$14.00
$1.00	$2.00	$1.00
$8.00	$6.00	$7.00
$7.00	$33.00	$40.00
$3.00	$1.00	$3.00
$5.00	$9.00	$9.00
$72.00	$143.00	$155.00
$19.00	$12.00	$14.00
$11.00	$22.00	$16.00
$6125.00	$8972.00	$9399.00

Spending Breakdown by Claim

18.62%	5.62%
0.06%	0.17%
4.54%	9.94%
2.69%	5.01%
1.96%	0.7%
8.66%	9.02%
1.69%	2.89%
21.06%	7.06%
0.16%	0.69%
5.4%	5.07%
100%	100%
0.22%	0.09%
0.01%	0.01%
0.06%	0.04%
0.05%	0.19%
0.03%	0.01%
0.04%	0.05%
0.57%	0.83%
0.15%	0.07%
0.09%	0.13%
48.5%	52.22%

Spending Breakdown by Claim



Spending Breakdown by Claim

LAWRENCE MEDICAL CENTER	010059	AL
LAWRENCE MEDICAL CENTER	010059	AL
LAWRENCE MEDICAL CENTER	010059	AL
LAWRENCE MEDICAL CENTER	010059	AL
LAWRENCE MEDICAL CENTER	010059	AL
LAWRENCE MEDICAL CENTER	010059	AL
LAWRENCE MEDICAL CENTER	010059	AL
LAWRENCE MEDICAL CENTER	010059	AL
LAWRENCE MEDICAL CENTER	010059	AL
LAWRENCE MEDICAL CENTER	010059	AL
LAWRENCE MEDICAL CENTER	010059	AL
LAWRENCE MEDICAL CENTER	010059	AL
HIGHLANDS MEDICAL CENTER	010061	AL
HIGHLANDS MEDICAL CENTER	010061	AL
HIGHLANDS MEDICAL CENTER	010061	AL
HIGHLANDS MEDICAL CENTER	010061	AL
HIGHLANDS MEDICAL CENTER	010061	AL
HIGHLANDS MEDICAL CENTER	010061	AL
HIGHLANDS MEDICAL CENTER	010061	AL
HIGHLANDS MEDICAL CENTER	010061	AL

Spending Breakdown by Claim

During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice

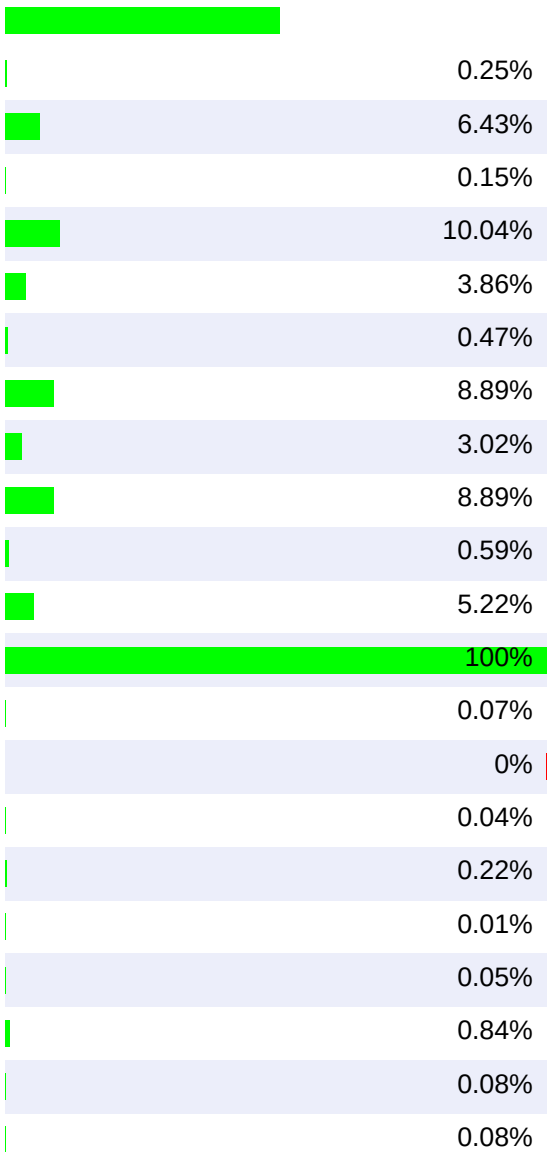
Spending Breakdown by Claim

$2.00	$34.00	$46.00
$806.00	$966.00	$1190.00
$9.00	$29.00	$27.00
$974.00	$1708.00	$1857.00
$667.00	$860.00	$715.00
$138.00	$121.00	$88.00
$1607.00	$1549.00	$1645.00
$295.00	$496.00	$558.00
$1064.00	$1213.00	$1646.00
$86.00	$119.00	$110.00
$701.00	$870.00	$966.00
$12628.00	$17179.00	$18506.00
$1.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$35.00	$33.00	$40.00
$2.00	$1.00	$3.00
$13.00	$9.00	$9.00
$72.00	$143.00	$155.00
$5.00	$12.00	$14.00
$41.00	$22.00	$16.00

Spending Breakdown by Claim

0.02%	0.2%
6.38%	5.62%
0.07%	0.17%
7.71%	9.94%
5.28%	5.01%
1.09%	0.7%
12.73%	9.02%
2.34%	2.89%
8.43%	7.06%
0.68%	0.69%
5.55%	5.07%
100%	100%
0.01%	0.09%
0%	0.01%
0%	0.04%
0.31%	0.19%
0.02%	0.01%
0.11%	0.05%
0.63%	0.83%
0.05%	0.07%
0.36%	0.13%

Spending Breakdown by Claim



Spending Breakdown by Claim

HIGHLANDS MEDICAL CENTER	010061	AL
HIGHLANDS MEDICAL CENTER	010061	AL
HIGHLANDS MEDICAL CENTER	010061	AL
HIGHLANDS MEDICAL CENTER	010061	AL
HIGHLANDS MEDICAL CENTER	010061	AL
HIGHLANDS MEDICAL CENTER	010061	AL
HIGHLANDS MEDICAL CENTER	010061	AL
HIGHLANDS MEDICAL CENTER	010061	AL
HIGHLANDS MEDICAL CENTER	010061	AL
HIGHLANDS MEDICAL CENTER	010061	AL
HIGHLANDS MEDICAL CENTER	010061	AL
HIGHLANDS MEDICAL CENTER	010061	AL
HIGHLANDS MEDICAL CENTER	010061	AL
WIREGRASS MEDICAL CENTER	010062	AL
WIREGRASS MEDICAL CENTER	010062	AL
WIREGRASS MEDICAL CENTER	010062	AL
WIREGRASS MEDICAL CENTER	010062	AL
WIREGRASS MEDICAL CENTER	010062	AL
WIREGRASS MEDICAL CENTER	010062	AL
WIREGRASS MEDICAL CENTER	010062	AL
WIREGRASS MEDICAL CENTER	010062	AL

Spending Breakdown by Claim

During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency

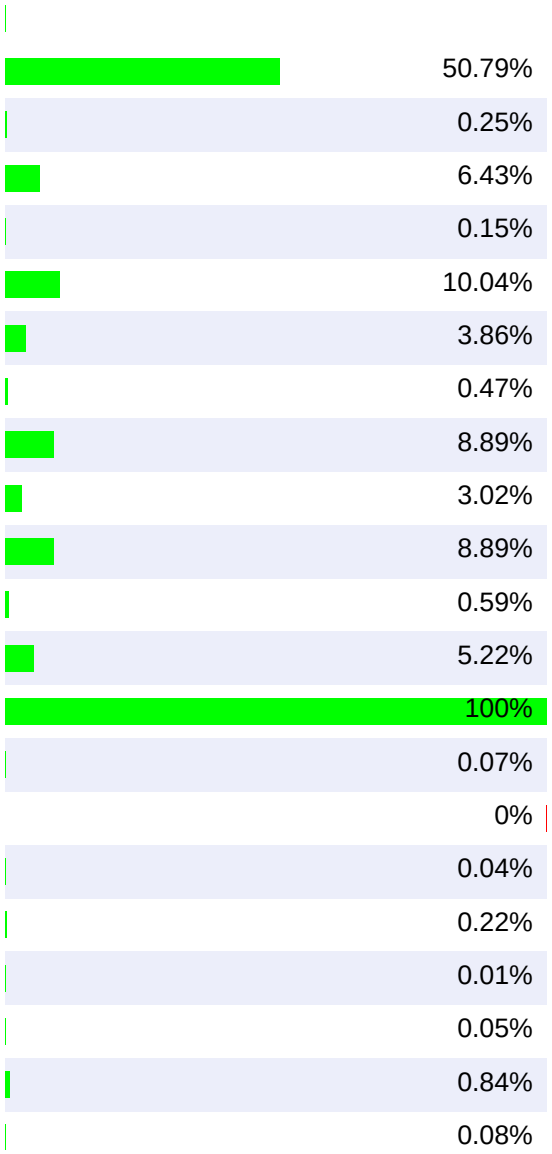
Spending Breakdown by Claim

$5385.00	$8972.00	$9399.00
$145.00	$34.00	$46.00
$746.00	$966.00	$1190.00
$18.00	$29.00	$27.00
$740.00	$1708.00	$1857.00
$637.00	$860.00	$715.00
$140.00	$121.00	$88.00
$1368.00	$1549.00	$1645.00
$398.00	$496.00	$558.00
$943.00	$1213.00	$1646.00
$102.00	$119.00	$110.00
$600.00	$870.00	$966.00
$11390.00	$17179.00	$18506.00
$21.00	$15.00	$14.00
$13.00	$2.00	$1.00
$3.00	$6.00	$7.00
$9.00	$33.00	$40.00
$0.00	$1.00	$3.00
$7.00	$9.00	$9.00
$103.00	$143.00	$155.00
$0.00	$12.00	$14.00

Spending Breakdown by Claim

47.28%	52.22%
1.27%	0.2%
6.55%	5.62%
0.16%	0.17%
6.5%	9.94%
5.59%	5.01%
1.23%	0.7%
12.01%	9.02%
3.49%	2.89%
8.28%	7.06%
0.89%	0.69%
5.27%	5.07%
100%	100%
0.17%	0.09%
0.1%	0.01%
0.02%	0.04%
0.07%	0.19%
0%	0.01%
0.05%	0.05%
0.79%	0.83%
0%	0.07%

Spending Breakdown by Claim



Spending Breakdown by Claim

WIREGRASS MEDICAL CENTER	010062	AL
WIREGRASS MEDICAL CENTER	010062	AL
WIREGRASS MEDICAL CENTER	010062	AL
WIREGRASS MEDICAL CENTER	010062	AL
WIREGRASS MEDICAL CENTER	010062	AL
WIREGRASS MEDICAL CENTER	010062	AL
WIREGRASS MEDICAL CENTER	010062	AL
WIREGRASS MEDICAL CENTER	010062	AL
WIREGRASS MEDICAL CENTER	010062	AL
WIREGRASS MEDICAL CENTER	010062	AL
WIREGRASS MEDICAL CENTER	010062	AL
WIREGRASS MEDICAL CENTER	010062	AL
WIREGRASS MEDICAL CENTER	010062	AL
WIREGRASS MEDICAL CENTER	010062	AL
RUSSELL MEDICAL CENTER	010065	AL
RUSSELL MEDICAL CENTER	010065	AL
RUSSELL MEDICAL CENTER	010065	AL
RUSSELL MEDICAL CENTER	010065	AL
RUSSELL MEDICAL CENTER	010065	AL
RUSSELL MEDICAL CENTER	010065	AL
RUSSELL MEDICAL CENTER	010065	AL

Spending Breakdown by Claim

During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier

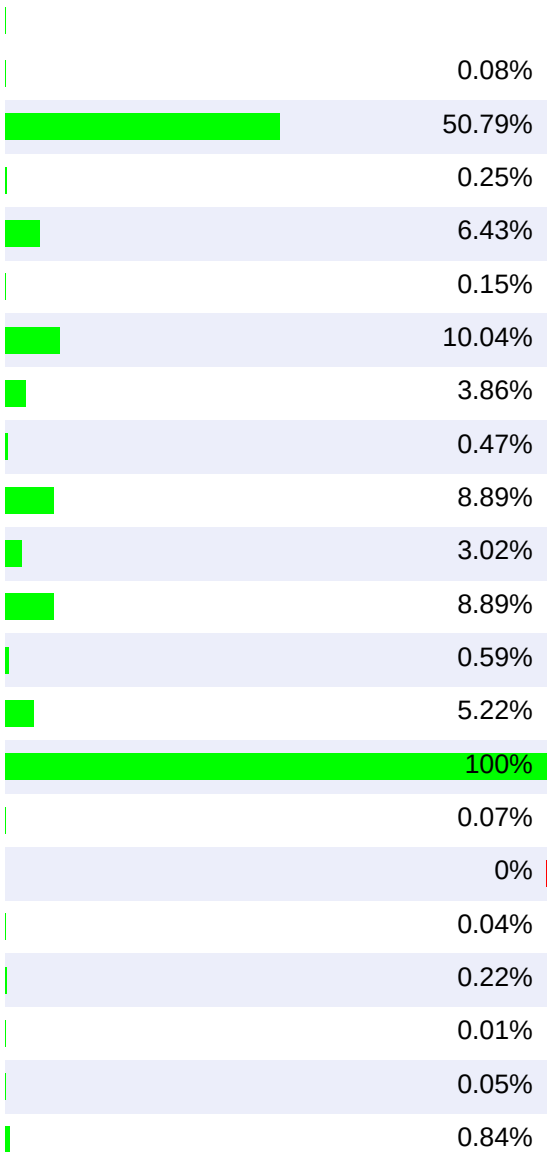
Spending Breakdown by Claim

$32.00	$22.00	$16.00
$6307.00	$8972.00	$9399.00
$9.00	$34.00	$46.00
$906.00	$966.00	$1190.00
$11.00	$29.00	$27.00
$739.00	$1708.00	$1857.00
$946.00	$860.00	$715.00
$98.00	$121.00	$88.00
$1349.00	$1549.00	$1645.00
$240.00	$496.00	$558.00
$1506.00	$1213.00	$1646.00
$87.00	$119.00	$110.00
$588.00	$870.00	$966.00
$12973.00	$17179.00	$18506.00
$21.00	$15.00	$14.00
$1.00	$2.00	$1.00
$0.00	$6.00	$7.00
$27.00	$33.00	$40.00
$1.00	$1.00	$3.00
$10.00	$9.00	$9.00
$197.00	$143.00	$155.00

Spending Breakdown by Claim

0.25%	0.13%
48.62%	52.22%
0.07%	0.2%
6.99%	5.62%
0.08%	0.17%
5.69%	9.94%
7.29%	5.01%
0.75%	0.7%
10.4%	9.02%
1.85%	2.89%
11.61%	7.06%
0.67%	0.69%
4.53%	5.07%
100%	100%
0.13%	0.09%
0.01%	0.01%
0%	0.04%
0.17%	0.19%
0%	0.01%
0.06%	0.05%
1.22%	0.83%

Spending Breakdown by Claim



Spending Breakdown by Claim

RUSSELL MEDICAL CENTER	010065	AL
RUSSELL MEDICAL CENTER	010065	AL
RUSSELL MEDICAL CENTER	010065	AL
RUSSELL MEDICAL CENTER	010065	AL
RUSSELL MEDICAL CENTER	010065	AL
RUSSELL MEDICAL CENTER	010065	AL
RUSSELL MEDICAL CENTER	010065	AL
RUSSELL MEDICAL CENTER	010065	AL
RUSSELL MEDICAL CENTER	010065	AL
RUSSELL MEDICAL CENTER	010065	AL
RUSSELL MEDICAL CENTER	010065	AL
RUSSELL MEDICAL CENTER	010065	AL
RUSSELL MEDICAL CENTER	010065	AL
RUSSELL MEDICAL CENTER	010065	AL
RUSSELL MEDICAL CENTER	010065	AL
FLORALA MEMORIAL HOSPITAL	010066	AL
FLORALA MEMORIAL HOSPITAL	010066	AL
FLORALA MEMORIAL HOSPITAL	010066	AL
FLORALA MEMORIAL HOSPITAL	010066	AL
FLORALA MEMORIAL HOSPITAL	010066	AL
FLORALA MEMORIAL HOSPITAL	010066	AL

Spending Breakdown by Claim

During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment

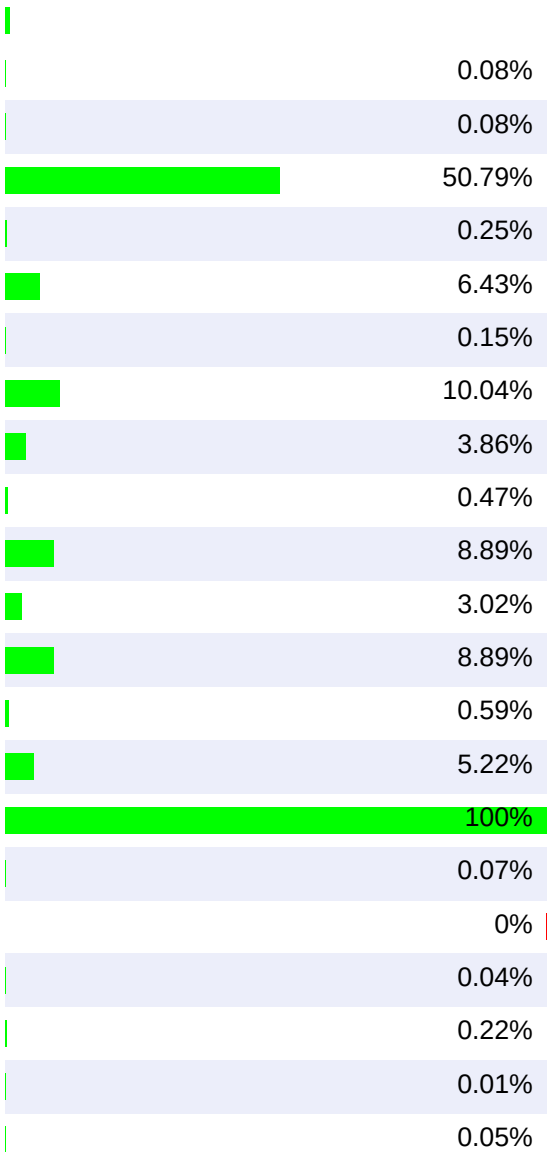
Spending Breakdown by Claim

$2.00	$12.00	$14.00
$39.00	$22.00	$16.00
$7250.00	$8972.00	$9399.00
$27.00	$34.00	$46.00
$1405.00	$966.00	$1190.00
$21.00	$29.00	$27.00
$1317.00	$1708.00	$1857.00
$742.00	$860.00	$715.00
$181.00	$121.00	$88.00
$1541.00	$1549.00	$1645.00
$831.00	$496.00	$558.00
$1607.00	$1213.00	$1646.00
$91.00	$119.00	$110.00
$903.00	$870.00	$966.00
$16215.00	$17179.00	$18506.00
$0.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$33.00	$33.00	$40.00
$0.00	$1.00	$3.00
$3.00	$9.00	$9.00

Spending Breakdown by Claim

0.01%	0.07%
0.24%	0.13%
44.71%	52.22%
0.17%	0.2%
8.67%	5.62%
0.13%	0.17%
8.12%	9.94%
4.57%	5.01%
1.11%	0.7%
9.5%	9.02%
5.13%	2.89%
9.91%	7.06%
0.56%	0.69%
5.57%	5.07%
100%	100%
0%	0.09%
0%	0.01%
0%	0.04%
0.31%	0.19%
0%	0.01%
0.03%	0.05%

Spending Breakdown by Claim



Spending Breakdown by Claim

FLORALA MEMORIAL HOSPITAL	010066	AL
FLORALA MEMORIAL HOSPITAL	010066	AL
FLORALA MEMORIAL HOSPITAL	010066	AL
FLORALA MEMORIAL HOSPITAL	010066	AL
FLORALA MEMORIAL HOSPITAL	010066	AL
FLORALA MEMORIAL HOSPITAL	010066	AL
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FLORALA MEMORIAL HOSPITAL	010066	AL
FLORALA MEMORIAL HOSPITAL	010066	AL
FLORALA MEMORIAL HOSPITAL	010066	AL
FLORALA MEMORIAL HOSPITAL	010066	AL
MEDICAL CENTER BARBOUR	010069	AL
MEDICAL CENTER BARBOUR	010069	AL
MEDICAL CENTER BARBOUR	010069	AL
MEDICAL CENTER BARBOUR	010069	AL
MEDICAL CENTER BARBOUR	010069	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility

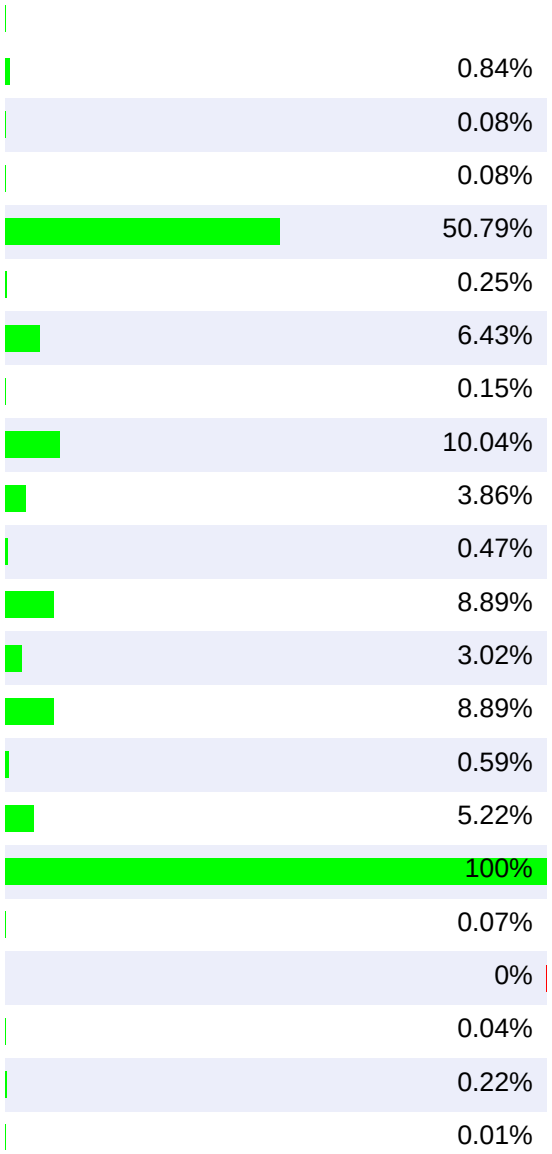
Spending Breakdown by Claim

$61.00	$143.00	$155.00
$0.00	$12.00	$14.00
$2.00	$22.00	$16.00
$4497.00	$8972.00	$9399.00
$12.00	$34.00	$46.00
$1145.00	$966.00	$1190.00
$8.00	$29.00	$27.00
$592.00	$1708.00	$1857.00
$342.00	$860.00	$715.00
$50.00	$121.00	$88.00
$1087.00	$1549.00	$1645.00
$219.00	$496.00	$558.00
$1810.00	$1213.00	$1646.00
$31.00	$119.00	$110.00
$793.00	$870.00	$966.00
$10685.00	$17179.00	$18506.00
$15.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$7.00	$33.00	$40.00
$0.00	$1.00	$3.00

Spending Breakdown by Claim

0.57%	0.83%
0%	0.07%
0.02%	0.13%
42.09%	52.22%
0.11%	0.2%
10.72%	5.62%
0.08%	0.17%
5.54%	9.94%
3.2%	5.01%
0.47%	0.7%
10.17%	9.02%
2.05%	2.89%
16.94%	7.06%
0.29%	0.69%
7.42%	5.07%
100%	100%
0.12%	0.09%
0%	0.01%
0%	0.04%
0.05%	0.19%
0%	0.01%

Spending Breakdown by Claim



Spending Breakdown by Claim

MEDICAL CENTER BARBOUR	010069	AL
MEDICAL CENTER BARBOUR	010069	AL
MEDICAL CENTER BARBOUR	010069	AL
MEDICAL CENTER BARBOUR	010069	AL
MEDICAL CENTER BARBOUR	010069	AL
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MEDICAL CENTER BARBOUR	010069	AL
MEDICAL CENTER BARBOUR	010069	AL
MEDICAL CENTER BARBOUR	010069	AL
MEDICAL CENTER BARBOUR	010069	AL
MEDICAL CENTER BARBOUR	010069	AL
CLAY COUNTY HOSPITAL	010073	AL
CLAY COUNTY HOSPITAL	010073	AL
CLAY COUNTY HOSPITAL	010073	AL
CLAY COUNTY HOSPITAL	010073	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient

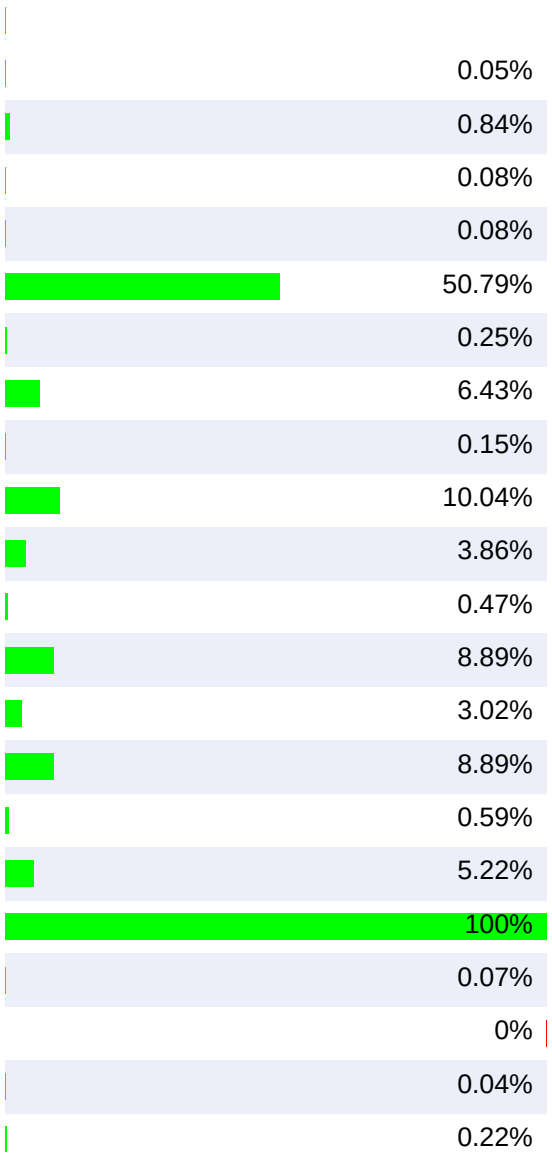
Spending Breakdown by Claim

$7.00	$9.00	$9.00
$43.00	$143.00	$155.00
$12.00	$12.00	$14.00
$5.00	$22.00	$16.00
$5250.00	$8972.00	$9399.00
$17.00	$34.00	$46.00
$1229.00	$966.00	$1190.00
$6.00	$29.00	$27.00
$825.00	$1708.00	$1857.00
$891.00	$860.00	$715.00
$122.00	$121.00	$88.00
$1106.00	$1549.00	$1645.00
$420.00	$496.00	$558.00
$2193.00	$1213.00	$1646.00
$42.00	$119.00	$110.00
$760.00	$870.00	$966.00
$12951.00	$17179.00	$18506.00
$6.00	$15.00	$14.00
$18.00	$2.00	$1.00
$0.00	$6.00	$7.00
$16.00	$33.00	$40.00

Spending Breakdown by Claim

0.06%	0.05%
0.33%	0.83%
0.09%	0.07%
0.04%	0.13%
40.54%	52.22%
0.13%	0.2%
9.49%	5.62%
0.05%	0.17%
6.37%	9.94%
6.88%	5.01%
0.94%	0.7%
8.54%	9.02%
3.24%	2.89%
16.93%	7.06%
0.32%	0.69%
5.87%	5.07%
100%	100%
0.05%	0.09%
0.14%	0.01%
0%	0.04%
0.12%	0.19%

Spending Breakdown by Claim



Spending Breakdown by Claim

CLAY COUNTY HOSPITAL	010073	AL
CLAY COUNTY HOSPITAL	010073	AL
CLAY COUNTY HOSPITAL	010073	AL
CLAY COUNTY HOSPITAL	010073	AL
CLAY COUNTY HOSPITAL	010073	AL
CLAY COUNTY HOSPITAL	010073	AL
CLAY COUNTY HOSPITAL	010073	AL
CLAY COUNTY HOSPITAL	010073	AL
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CLAY COUNTY HOSPITAL	010073	AL
CLAY COUNTY HOSPITAL	010073	AL
CLAY COUNTY HOSPITAL	010073	AL
CLAY COUNTY HOSPITAL	010073	AL
CLAY COUNTY HOSPITAL	010073	AL
CLAY COUNTY HOSPITAL	010073	AL
CLAY COUNTY HOSPITAL	010073	AL
NORTHEAST ALABAMA REGIONAL MED CENTER	010078	AL
NORTHEAST ALABAMA REGIONAL MED CENTER	010078	AL
NORTHEAST ALABAMA REGIONAL MED CENTER	010078	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient

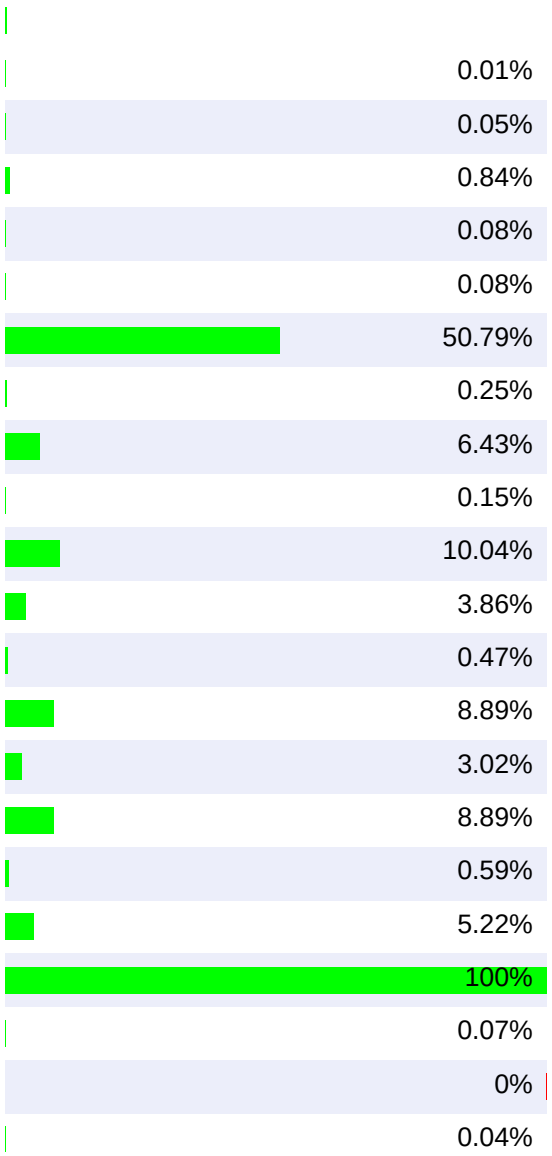
Spending Breakdown by Claim

$0.00	$1.00	$3.00
$4.00	$9.00	$9.00
$141.00	$143.00	$155.00
$7.00	$12.00	$14.00
$0.00	$22.00	$16.00
$5209.00	$8972.00	$9399.00
$13.00	$34.00	$46.00
$1267.00	$966.00	$1190.00
$18.00	$29.00	$27.00
$714.00	$1708.00	$1857.00
$787.00	$860.00	$715.00
$118.00	$121.00	$88.00
$1705.00	$1549.00	$1645.00
$322.00	$496.00	$558.00
$1771.00	$1213.00	$1646.00
$91.00	$119.00	$110.00
$804.00	$870.00	$966.00
$13011.00	$17179.00	$18506.00
$20.00	$15.00	$14.00
$1.00	$2.00	$1.00
$5.00	$6.00	$7.00

Spending Breakdown by Claim

0%	0.01%
0.03%	0.05%
1.08%	0.83%
0.05%	0.07%
0%	0.13%
40.03%	52.22%
0.1%	0.2%
9.74%	5.62%
0.14%	0.17%
5.49%	9.94%
6.05%	5.01%
0.91%	0.7%
13.11%	9.02%
2.47%	2.89%
13.61%	7.06%
0.7%	0.69%
6.18%	5.07%
100%	100%
0.11%	0.09%
0%	0.01%
0.03%	0.04%

Spending Breakdown by Claim



Spending Breakdown by Claim

NORTHEAST ALABAMA REGIONAL MED CENTER	010078	AL
NORTHEAST ALABAMA REGIONAL MED CENTER	010078	AL
NORTHEAST ALABAMA REGIONAL MED CENTER	010078	AL
NORTHEAST ALABAMA REGIONAL MED CENTER	010078	AL
NORTHEAST ALABAMA REGIONAL MED CENTER	010078	AL
NORTHEAST ALABAMA REGIONAL MED CENTER	010078	AL
NORTHEAST ALABAMA REGIONAL MED CENTER	010078	AL
NORTHEAST ALABAMA REGIONAL MED CENTER	010078	AL
NORTHEAST ALABAMA REGIONAL MED CENTER	010078	AL
NORTHEAST ALABAMA REGIONAL MED CENTER	010078	AL
NORTHEAST ALABAMA REGIONAL MED CENTER	010078	AL
NORTHEAST ALABAMA REGIONAL MED CENTER	010078	AL
NORTHEAST ALABAMA REGIONAL MED CENTER	010078	AL
NORTHEAST ALABAMA REGIONAL MED CENTER	010078	AL
NORTHEAST ALABAMA REGIONAL MED CENTER	010078	AL
NORTHEAST ALABAMA REGIONAL MED CENTER	010078	AL
NORTHEAST ALABAMA REGIONAL MED CENTER	010078	AL
NORTHEAST ALABAMA REGIONAL MED CENTER	010078	AL
NORTHEAST ALABAMA REGIONAL MED CENTER	010078	AL
ATHENS-LIMESTONE HOSPITAL	010079	AL
ATHENS-LIMESTONE HOSPITAL	010079	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice

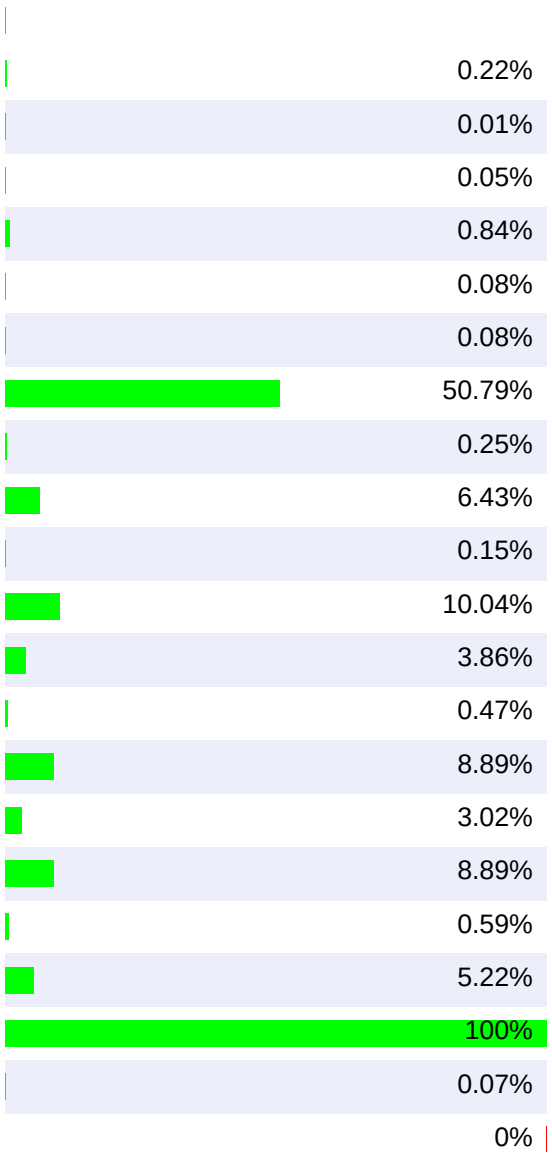
Spending Breakdown by Claim

$16.00	$33.00	$40.00
$2.00	$1.00	$3.00
$7.00	$9.00	$9.00
$157.00	$143.00	$155.00
$11.00	$12.00	$14.00
$8.00	$22.00	$16.00
$9424.00	$8972.00	$9399.00
$13.00	$34.00	$46.00
$1122.00	$966.00	$1190.00
$29.00	$29.00	$27.00
$1791.00	$1708.00	$1857.00
$928.00	$860.00	$715.00
$132.00	$121.00	$88.00
$1898.00	$1549.00	$1645.00
$498.00	$496.00	$558.00
$1418.00	$1213.00	$1646.00
$81.00	$119.00	$110.00
$1019.00	$870.00	$966.00
$18579.00	$17179.00	$18506.00
$10.00	$15.00	$14.00
$0.00	$2.00	$1.00

Spending Breakdown by Claim

0.08%	0.19%
0.01%	0.01%
0.04%	0.05%
0.85%	0.83%
0.06%	0.07%
0.04%	0.13%
50.73%	52.22%
0.07%	0.2%
6.04%	5.62%
0.16%	0.17%
9.64%	9.94%
4.99%	5.01%
0.71%	0.7%
10.22%	9.02%
2.68%	2.89%
7.63%	7.06%
0.44%	0.69%
5.49%	5.07%
100%	100%
0.06%	0.09%
0%	0.01%

Spending Breakdown by Claim



Spending Breakdown by Claim

ATHENS-LIMESTONE HOSPITAL	010079	AL
ATHENS-LIMESTONE HOSPITAL	010079	AL
ATHENS-LIMESTONE HOSPITAL	010079	AL
ATHENS-LIMESTONE HOSPITAL	010079	AL
ATHENS-LIMESTONE HOSPITAL	010079	AL
ATHENS-LIMESTONE HOSPITAL	010079	AL
ATHENS-LIMESTONE HOSPITAL	010079	AL
ATHENS-LIMESTONE HOSPITAL	010079	AL
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ATHENS-LIMESTONE HOSPITAL	010079	AL
ATHENS-LIMESTONE HOSPITAL	010079	AL
ATHENS-LIMESTONE HOSPITAL	010079	AL
ATHENS-LIMESTONE HOSPITAL	010079	AL
SOUTH BALDWIN REGIONAL MEDICAL CENTER	010083	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency

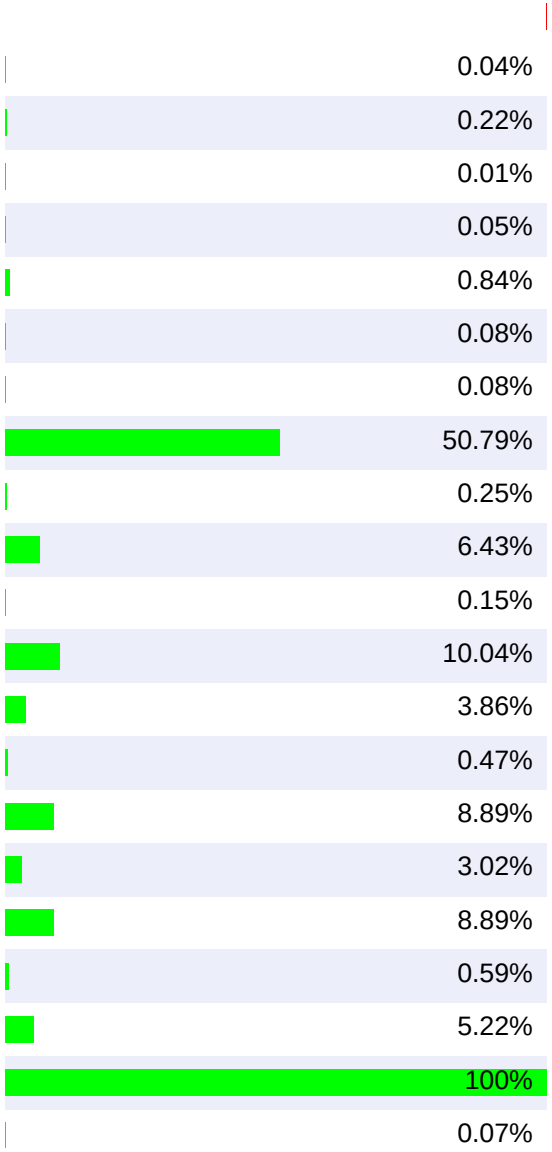
Spending Breakdown by Claim

$0.00	$6.00	$7.00
$34.00	$33.00	$40.00
$3.00	$1.00	$3.00
$7.00	$9.00	$9.00
$159.00	$143.00	$155.00
$7.00	$12.00	$14.00
$2.00	$22.00	$16.00
$7169.00	$8972.00	$9399.00
$33.00	$34.00	$46.00
$1218.00	$966.00	$1190.00
$23.00	$29.00	$27.00
$1328.00	$1708.00	$1857.00
$889.00	$860.00	$715.00
$39.00	$121.00	$88.00
$1745.00	$1549.00	$1645.00
$413.00	$496.00	$558.00
$1770.00	$1213.00	$1646.00
$124.00	$119.00	$110.00
$907.00	$870.00	$966.00
$15880.00	$17179.00	$18506.00
$17.00	$15.00	$14.00

Spending Breakdown by Claim

0%	0.04%
0.22%	0.19%
0.02%	0.01%
0.04%	0.05%
1%	0.83%
0.05%	0.07%
0.01%	0.13%
45.15%	52.22%
0.21%	0.2%
7.67%	5.62%
0.15%	0.17%
8.36%	9.94%
5.6%	5.01%
0.24%	0.7%
10.99%	9.02%
2.6%	2.89%
11.15%	7.06%
0.78%	0.69%
5.71%	5.07%
100%	100%
0.11%	0.09%

Spending Breakdown by Claim



Spending Breakdown by Claim

SOUTH BALDWIN REGIONAL MEDICAL CENTER	010083	AL
SOUTH BALDWIN REGIONAL MEDICAL CENTER	010083	AL
SOUTH BALDWIN REGIONAL MEDICAL CENTER	010083	AL
SOUTH BALDWIN REGIONAL MEDICAL CENTER	010083	AL
SOUTH BALDWIN REGIONAL MEDICAL CENTER	010083	AL
SOUTH BALDWIN REGIONAL MEDICAL CENTER	010083	AL
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SOUTH BALDWIN REGIONAL MEDICAL CENTER	010083	AL
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SOUTH BALDWIN REGIONAL MEDICAL CENTER	010083	AL
SOUTH BALDWIN REGIONAL MEDICAL CENTER	010083	AL
SOUTH BALDWIN REGIONAL MEDICAL CENTER	010083	AL
SOUTH BALDWIN REGIONAL MEDICAL CENTER	010083	AL
SOUTH BALDWIN REGIONAL MEDICAL CENTER	010083	AL
SOUTH BALDWIN REGIONAL MEDICAL CENTER	010083	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total

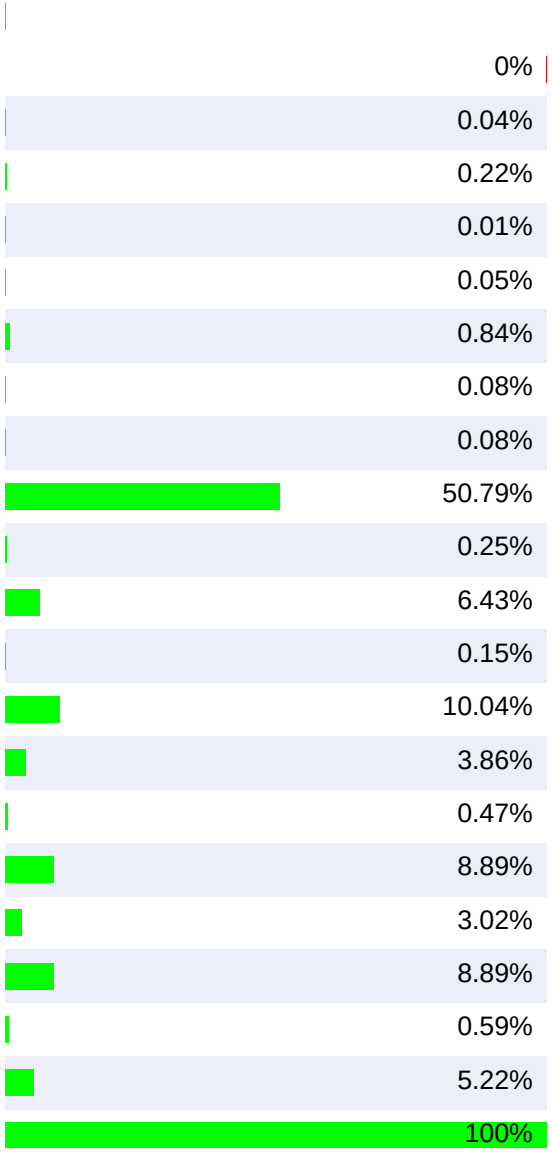
Spending Breakdown by Claim

$0.00	$2.00	$1.00
$4.00	$6.00	$7.00
$25.00	$33.00	$40.00
$1.00	$1.00	$3.00
$9.00	$9.00	$9.00
$134.00	$143.00	$155.00
$7.00	$12.00	$14.00
$42.00	$22.00	$16.00
$6666.00	$8972.00	$9399.00
$7.00	$34.00	$46.00
$967.00	$966.00	$1190.00
$29.00	$29.00	$27.00
$1728.00	$1708.00	$1857.00
$889.00	$860.00	$715.00
$150.00	$121.00	$88.00
$1171.00	$1549.00	$1645.00
$575.00	$496.00	$558.00
$1220.00	$1213.00	$1646.00
$86.00	$119.00	$110.00
$830.00	$870.00	$966.00
$14558.00	$17179.00	$18506.00

Spending Breakdown by Claim

0%	0.01%
0.03%	0.04%
0.17%	0.19%
0.01%	0.01%
0.06%	0.05%
0.92%	0.83%
0.05%	0.07%
0.29%	0.13%
45.79%	52.22%
0.05%	0.2%
6.64%	5.62%
0.2%	0.17%
11.87%	9.94%
6.11%	5.01%
1.03%	0.7%
8.04%	9.02%
3.95%	2.89%
8.38%	7.06%
0.59%	0.69%
5.7%	5.07%
100%	100%

Spending Breakdown by Claim



Spending Breakdown by Claim

DECATUR GENERAL HOSPITAL	010085	AL
DECATUR GENERAL HOSPITAL	010085	AL
DECATUR GENERAL HOSPITAL	010085	AL
DECATUR GENERAL HOSPITAL	010085	AL
DECATUR GENERAL HOSPITAL	010085	AL
DECATUR GENERAL HOSPITAL	010085	AL
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DECATUR GENERAL HOSPITAL	010085	AL
DECATUR GENERAL HOSPITAL	010085	AL
DECATUR GENERAL HOSPITAL	010085	AL
DECATUR GENERAL HOSPITAL	010085	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier

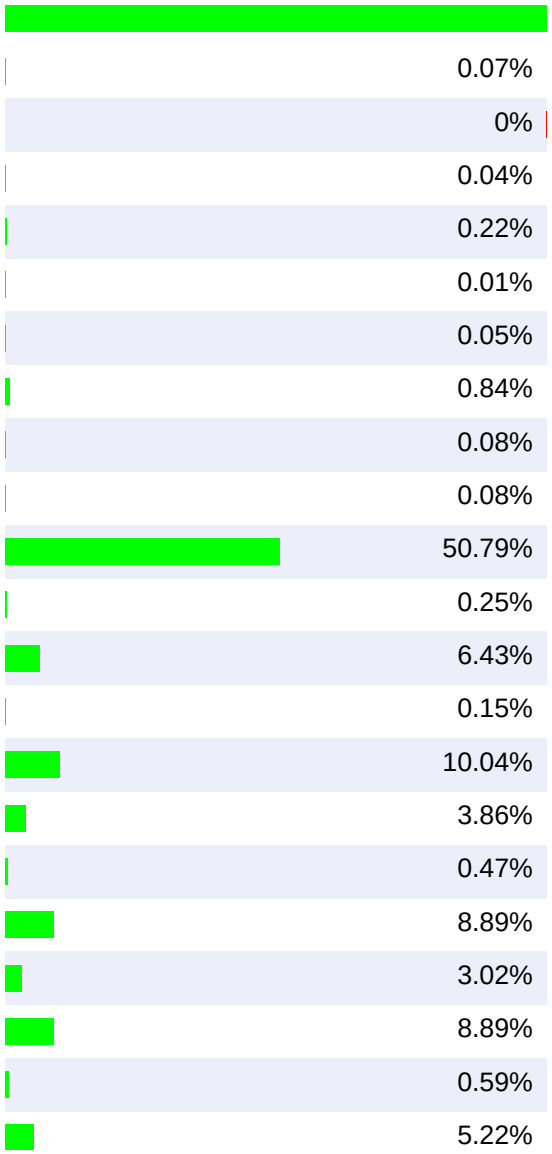
Spending Breakdown by Claim

$15.00	$15.00	$14.00
$3.00	$2.00	$1.00
$8.00	$6.00	$7.00
$34.00	$33.00	$40.00
$2.00	$1.00	$3.00
$12.00	$9.00	$9.00
$169.00	$143.00	$155.00
$11.00	$12.00	$14.00
$29.00	$22.00	$16.00
$8235.00	$8972.00	$9399.00
$19.00	$34.00	$46.00
$1436.00	$966.00	$1190.00
$34.00	$29.00	$27.00
$1581.00	$1708.00	$1857.00
$935.00	$860.00	$715.00
$138.00	$121.00	$88.00
$1566.00	$1549.00	$1645.00
$428.00	$496.00	$558.00
$1473.00	$1213.00	$1646.00
$111.00	$119.00	$110.00
$1191.00	$870.00	$966.00

Spending Breakdown by Claim

0.09%	0.09%
0.02%	0.01%
0.04%	0.04%
0.2%	0.19%
0.01%	0.01%
0.07%	0.05%
0.97%	0.83%
0.06%	0.07%
0.17%	0.13%
47.25%	52.22%
0.11%	0.2%
8.24%	5.62%
0.19%	0.17%
9.07%	9.94%
5.36%	5.01%
0.79%	0.7%
8.98%	9.02%
2.46%	2.89%
8.45%	7.06%
0.64%	0.69%
6.83%	5.07%

Spending Breakdown by Claim



Spending Breakdown by Claim

DECATUR GENERAL HOSPITAL	010085	AL
NORTHWEST MEDICAL CENTER	010086	AL
NORTHWEST MEDICAL CENTER	010086	AL
NORTHWEST MEDICAL CENTER	010086	AL
NORTHWEST MEDICAL CENTER	010086	AL
NORTHWEST MEDICAL CENTER	010086	AL
NORTHWEST MEDICAL CENTER	010086	AL
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NORTHWEST MEDICAL CENTER	010086	AL
NORTHWEST MEDICAL CENTER	010086	AL
NORTHWEST MEDICAL CENTER	010086	AL
NORTHWEST MEDICAL CENTER	010086	AL
NORTHWEST MEDICAL CENTER	010086	AL

Spending Breakdown by Claim

Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment

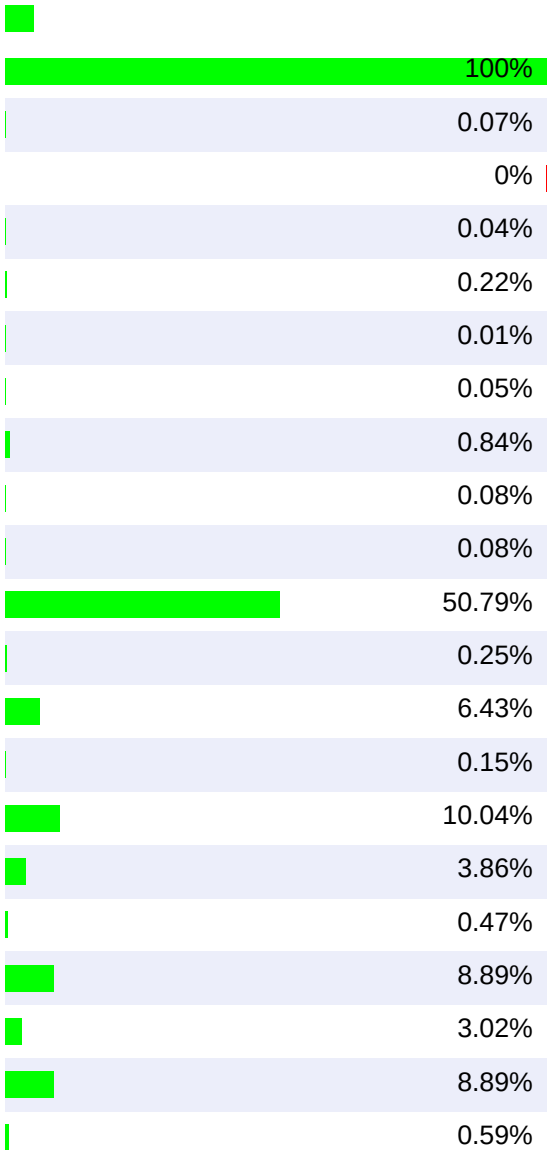
Spending Breakdown by Claim

$17429.00	$17179.00	$18506.00
$5.00	$15.00	$14.00
$0.00	$2.00	$1.00
$9.00	$6.00	$7.00
$9.00	$33.00	$40.00
$3.00	$1.00	$3.00
$5.00	$9.00	$9.00
$139.00	$143.00	$155.00
$41.00	$12.00	$14.00
$6.00	$22.00	$16.00
$6884.00	$8972.00	$9399.00
$7.00	$34.00	$46.00
$1242.00	$966.00	$1190.00
$23.00	$29.00	$27.00
$1027.00	$1708.00	$1857.00
$776.00	$860.00	$715.00
$73.00	$121.00	$88.00
$1312.00	$1549.00	$1645.00
$338.00	$496.00	$558.00
$1836.00	$1213.00	$1646.00
$121.00	$119.00	$110.00

Spending Breakdown by Claim

100%	100%
0.04%	0.09%
0%	0.01%
0.06%	0.04%
0.06%	0.19%
0.02%	0.01%
0.04%	0.05%
0.95%	0.83%
0.28%	0.07%
0.04%	0.13%
47.16%	52.22%
0.05%	0.2%
8.51%	5.62%
0.15%	0.17%
7.04%	9.94%
5.32%	5.01%
0.5%	0.7%
8.99%	9.02%
2.32%	2.89%
12.58%	7.06%
0.83%	0.69%

Spending Breakdown by Claim



Spending Breakdown by Claim

NORTHWEST MEDICAL CENTER	010086	AL
NORTHWEST MEDICAL CENTER	010086	AL
UNIV OF SOUTH ALABAMA MEDICAL CENTER	010087	AL
UNIV OF SOUTH ALABAMA MEDICAL CENTER	010087	AL
UNIV OF SOUTH ALABAMA MEDICAL CENTER	010087	AL
UNIV OF SOUTH ALABAMA MEDICAL CENTER	010087	AL
UNIV OF SOUTH ALABAMA MEDICAL CENTER	010087	AL
UNIV OF SOUTH ALABAMA MEDICAL CENTER	010087	AL
UNIV OF SOUTH ALABAMA MEDICAL CENTER	010087	AL
UNIV OF SOUTH ALABAMA MEDICAL CENTER	010087	AL
UNIV OF SOUTH ALABAMA MEDICAL CENTER	010087	AL
UNIV OF SOUTH ALABAMA MEDICAL CENTER	010087	AL
UNIV OF SOUTH ALABAMA MEDICAL CENTER	010087	AL
UNIV OF SOUTH ALABAMA MEDICAL CENTER	010087	AL
UNIV OF SOUTH ALABAMA MEDICAL CENTER	010087	AL
UNIV OF SOUTH ALABAMA MEDICAL CENTER	010087	AL
UNIV OF SOUTH ALABAMA MEDICAL CENTER	010087	AL
UNIV OF SOUTH ALABAMA MEDICAL CENTER	010087	AL
UNIV OF SOUTH ALABAMA MEDICAL CENTER	010087	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility

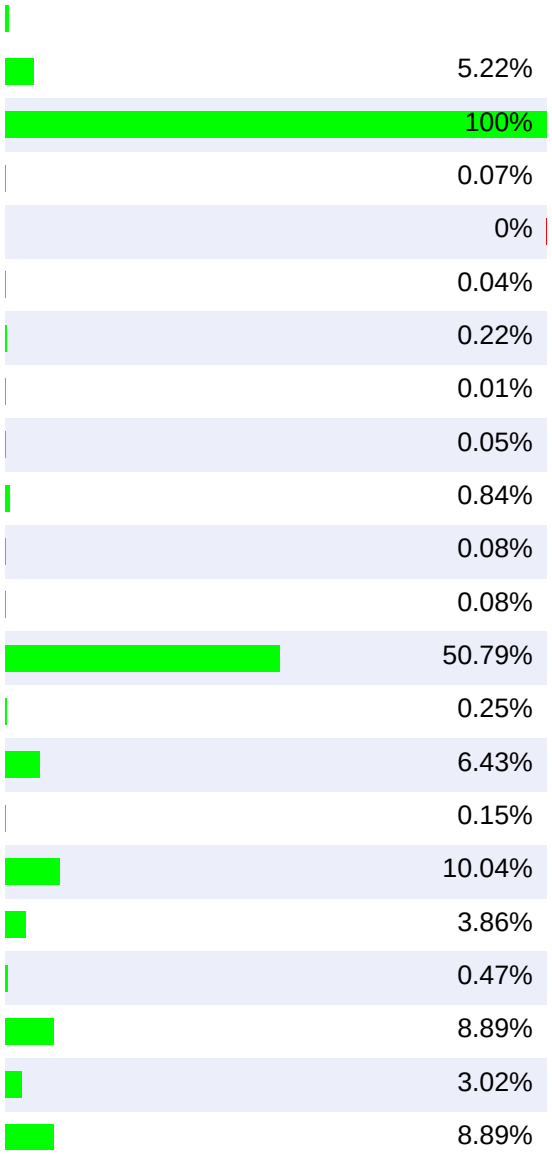
Spending Breakdown by Claim

$739.00	$870.00	$966.00
$14597.00	$17179.00	$18506.00
$29.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$150.00	$33.00	$40.00
$0.00	$1.00	$3.00
$10.00	$9.00	$9.00
$164.00	$143.00	$155.00
$1.00	$12.00	$14.00
$32.00	$22.00	$16.00
$12454.00	$8972.00	$9399.00
$278.00	$34.00	$46.00
$555.00	$966.00	$1190.00
$57.00	$29.00	$27.00
$1970.00	$1708.00	$1857.00
$514.00	$860.00	$715.00
$84.00	$121.00	$88.00
$2401.00	$1549.00	$1645.00
$1085.00	$496.00	$558.00
$945.00	$1213.00	$1646.00

Spending Breakdown by Claim

5.06%	5.07%
100%	100%
0.13%	0.09%
0%	0.01%
0%	0.04%
0.69%	0.19%
0%	0.01%
0.05%	0.05%
0.75%	0.83%
0%	0.07%
0.15%	0.13%
56.98%	52.22%
1.27%	0.2%
2.54%	5.62%
0.26%	0.17%
9.01%	9.94%
2.35%	5.01%
0.39%	0.7%
10.98%	9.02%
4.96%	2.89%
4.32%	7.06%

Spending Breakdown by Claim



Spending Breakdown by Claim

UNIV OF SOUTH ALABAMA MEDICAL CENTER	010087	AL
UNIV OF SOUTH ALABAMA MEDICAL CENTER	010087	AL
UNIV OF SOUTH ALABAMA MEDICAL CENTER	010087	AL
WALKER BAPTIST MEDICAL CENTER	010089	AL
WALKER BAPTIST MEDICAL CENTER	010089	AL
WALKER BAPTIST MEDICAL CENTER	010089	AL
WALKER BAPTIST MEDICAL CENTER	010089	AL
WALKER BAPTIST MEDICAL CENTER	010089	AL
WALKER BAPTIST MEDICAL CENTER	010089	AL
WALKER BAPTIST MEDICAL CENTER	010089	AL
WALKER BAPTIST MEDICAL CENTER	010089	AL
WALKER BAPTIST MEDICAL CENTER	010089	AL
WALKER BAPTIST MEDICAL CENTER	010089	AL
WALKER BAPTIST MEDICAL CENTER	010089	AL
WALKER BAPTIST MEDICAL CENTER	010089	AL
WALKER BAPTIST MEDICAL CENTER	010089	AL
WALKER BAPTIST MEDICAL CENTER	010089	AL
WALKER BAPTIST MEDICAL CENTER	010089	AL
WALKER BAPTIST MEDICAL CENTER	010089	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient

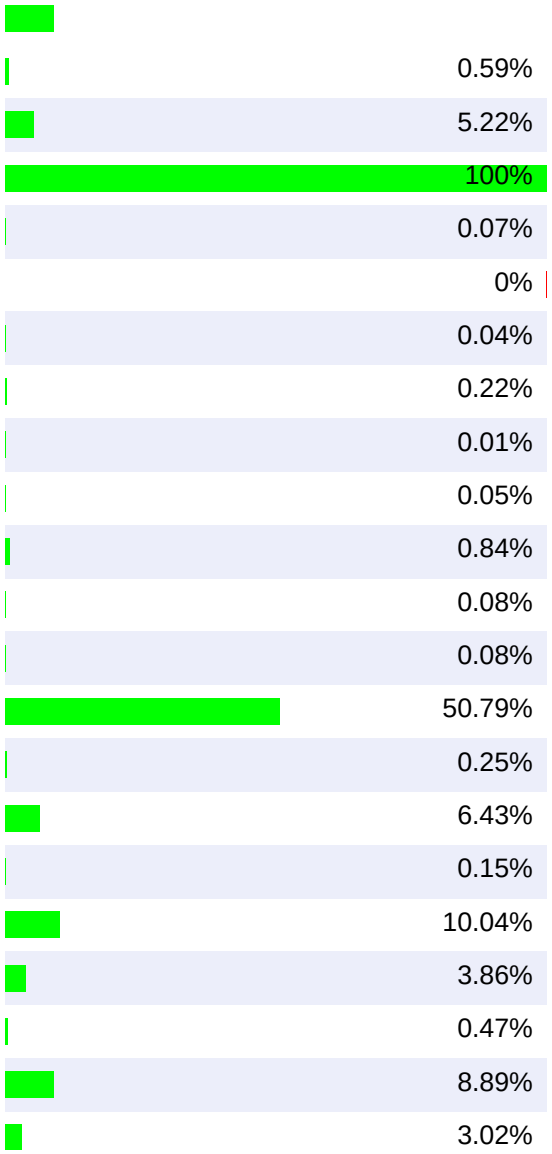
Spending Breakdown by Claim

$136.00	$119.00	$110.00
$992.00	$870.00	$966.00
$21858.00	$17179.00	$18506.00
$13.00	$15.00	$14.00
$1.00	$2.00	$1.00
$7.00	$6.00	$7.00
$16.00	$33.00	$40.00
$0.00	$1.00	$3.00
$10.00	$9.00	$9.00
$190.00	$143.00	$155.00
$13.00	$12.00	$14.00
$20.00	$22.00	$16.00
$8170.00	$8972.00	$9399.00
$12.00	$34.00	$46.00
$1445.00	$966.00	$1190.00
$60.00	$29.00	$27.00
$1614.00	$1708.00	$1857.00
$1126.00	$860.00	$715.00
$126.00	$121.00	$88.00
$1236.00	$1549.00	$1645.00
$302.00	$496.00	$558.00

Spending Breakdown by Claim

0.62%	0.69%
4.54%	5.07%
100%	100%
0.08%	0.09%
0.01%	0.01%
0.04%	0.04%
0.1%	0.19%
0%	0.01%
0.06%	0.05%
1.13%	0.83%
0.08%	0.07%
0.12%	0.13%
48.48%	52.22%
0.07%	0.2%
8.57%	5.62%
0.35%	0.17%
9.58%	9.94%
6.68%	5.01%
0.75%	0.7%
7.33%	9.02%
1.79%	2.89%

Spending Breakdown by Claim



Spending Breakdown by Claim

WALKER BAPTIST MEDICAL CENTER	010089	AL
WALKER BAPTIST MEDICAL CENTER	010089	AL
WALKER BAPTIST MEDICAL CENTER	010089	AL
WALKER BAPTIST MEDICAL CENTER	010089	AL
PROVIDENCE HOSPITAL	010090	AL
PROVIDENCE HOSPITAL	010090	AL
PROVIDENCE HOSPITAL	010090	AL
PROVIDENCE HOSPITAL	010090	AL
PROVIDENCE HOSPITAL	010090	AL
PROVIDENCE HOSPITAL	010090	AL
PROVIDENCE HOSPITAL	010090	AL
PROVIDENCE HOSPITAL	010090	AL
PROVIDENCE HOSPITAL	010090	AL
PROVIDENCE HOSPITAL	010090	AL
PROVIDENCE HOSPITAL	010090	AL
PROVIDENCE HOSPITAL	010090	AL
PROVIDENCE HOSPITAL	010090	AL
PROVIDENCE HOSPITAL	010090	AL
PROVIDENCE HOSPITAL	010090	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient

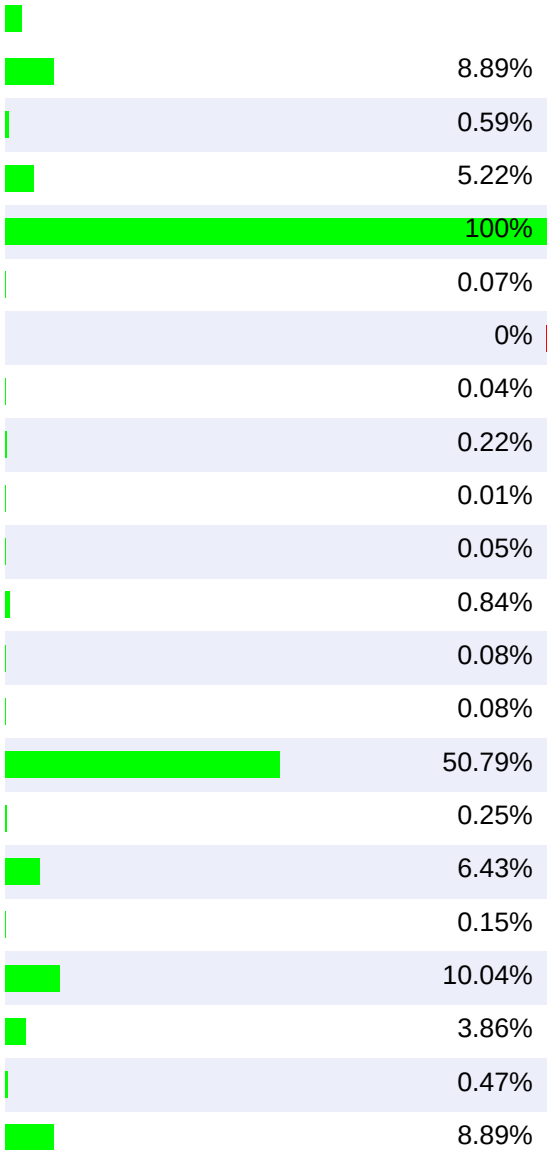
Spending Breakdown by Claim

$1691.00	$1213.00	$1646.00
$119.00	$119.00	$110.00
$679.00	$870.00	$966.00
$16851.00	$17179.00	$18506.00
$15.00	$15.00	$14.00
$2.00	$2.00	$1.00
$11.00	$6.00	$7.00
$42.00	$33.00	$40.00
$1.00	$1.00	$3.00
$10.00	$9.00	$9.00
$187.00	$143.00	$155.00
$9.00	$12.00	$14.00
$25.00	$22.00	$16.00
$10398.00	$8972.00	$9399.00
$50.00	$34.00	$46.00
$1116.00	$966.00	$1190.00
$38.00	$29.00	$27.00
$2359.00	$1708.00	$1857.00
$1064.00	$860.00	$715.00
$131.00	$121.00	$88.00
$1525.00	$1549.00	$1645.00

Spending Breakdown by Claim

10.03%	7.06%
0.71%	0.69%
4.03%	5.07%
100%	100%
0.07%	0.09%
0.01%	0.01%
0.06%	0.04%
0.21%	0.19%
0.01%	0.01%
0.05%	0.05%
0.94%	0.83%
0.05%	0.07%
0.13%	0.13%
52.5%	52.22%
0.25%	0.2%
5.63%	5.62%
0.19%	0.17%
11.91%	9.94%
5.37%	5.01%
0.66%	0.7%
7.7%	9.02%

Spending Breakdown by Claim



Spending Breakdown by Claim

PROVIDENCE HOSPITAL	010090	AL
PROVIDENCE HOSPITAL	010090	AL
PROVIDENCE HOSPITAL	010090	AL
PROVIDENCE HOSPITAL	010090	AL
PROVIDENCE HOSPITAL	010090	AL
GROVE HILL MEMORIAL HOSPITAL	010091	AL
GROVE HILL MEMORIAL HOSPITAL	010091	AL
GROVE HILL MEMORIAL HOSPITAL	010091	AL
GROVE HILL MEMORIAL HOSPITAL	010091	AL
GROVE HILL MEMORIAL HOSPITAL	010091	AL
GROVE HILL MEMORIAL HOSPITAL	010091	AL
GROVE HILL MEMORIAL HOSPITAL	010091	AL
GROVE HILL MEMORIAL HOSPITAL	010091	AL
GROVE HILL MEMORIAL HOSPITAL	010091	AL
GROVE HILL MEMORIAL HOSPITAL	010091	AL
GROVE HILL MEMORIAL HOSPITAL	010091	AL
GROVE HILL MEMORIAL HOSPITAL	010091	AL
GROVE HILL MEMORIAL HOSPITAL	010091	AL
GROVE HILL MEMORIAL HOSPITAL	010091	AL
GROVE HILL MEMORIAL HOSPITAL	010091	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice

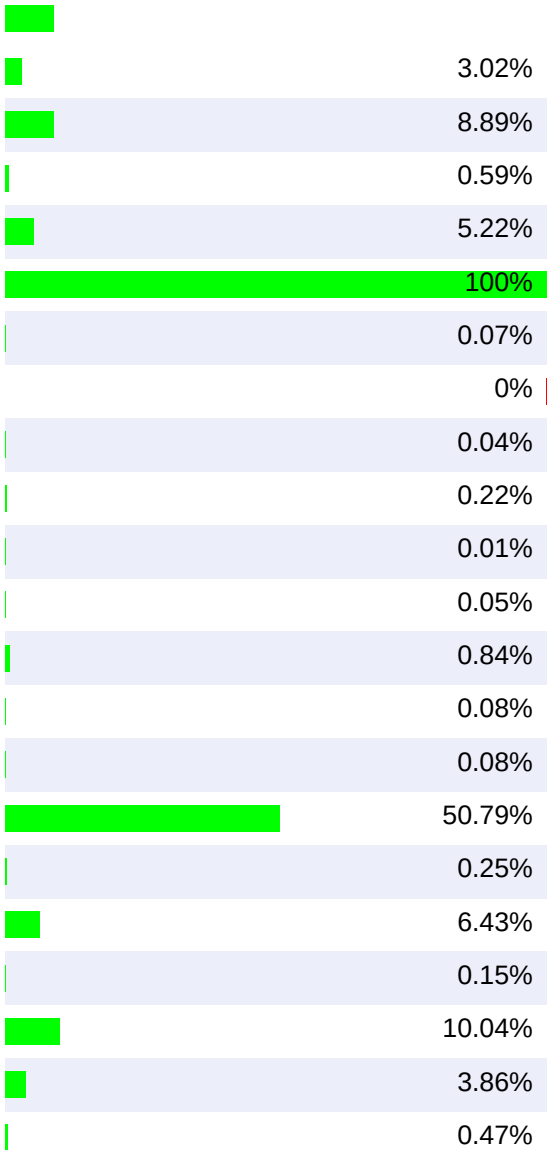
Spending Breakdown by Claim

$457.00	$496.00	$558.00
$1271.00	$1213.00	$1646.00
$132.00	$119.00	$110.00
$962.00	$870.00	$966.00
$19804.00	$17179.00	$18506.00
$35.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$18.00	$33.00	$40.00
$0.00	$1.00	$3.00
$6.00	$9.00	$9.00
$37.00	$143.00	$155.00
$0.00	$12.00	$14.00
$15.00	$22.00	$16.00
$5050.00	$8972.00	$9399.00
$26.00	$34.00	$46.00
$741.00	$966.00	$1190.00
$8.00	$29.00	$27.00
$602.00	$1708.00	$1857.00
$556.00	$860.00	$715.00
$227.00	$121.00	$88.00

Spending Breakdown by Claim

2.31%	2.89%
6.42%	7.06%
0.66%	0.69%
4.86%	5.07%
100%	100%
0.32%	0.09%
0%	0.01%
0%	0.04%
0.16%	0.19%
0%	0.01%
0.05%	0.05%
0.34%	0.83%
0%	0.07%
0.14%	0.13%
46.07%	52.22%
0.24%	0.2%
6.76%	5.62%
0.07%	0.17%
5.49%	9.94%
5.08%	5.01%
2.07%	0.7%

Spending Breakdown by Claim



Spending Breakdown by Claim

GROVE HILL MEMORIAL HOSPITAL	010091	AL
GROVE HILL MEMORIAL HOSPITAL	010091	AL
GROVE HILL MEMORIAL HOSPITAL	010091	AL
GROVE HILL MEMORIAL HOSPITAL	010091	AL
GROVE HILL MEMORIAL HOSPITAL	010091	AL
GROVE HILL MEMORIAL HOSPITAL	010091	AL
D C H REGIONAL MEDICAL CENTER	010092	AL
D C H REGIONAL MEDICAL CENTER	010092	AL
D C H REGIONAL MEDICAL CENTER	010092	AL
D C H REGIONAL MEDICAL CENTER	010092	AL
D C H REGIONAL MEDICAL CENTER	010092	AL
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D C H REGIONAL MEDICAL CENTER	010092	AL
D C H REGIONAL MEDICAL CENTER	010092	AL
D C H REGIONAL MEDICAL CENTER	010092	AL
D C H REGIONAL MEDICAL CENTER	010092	AL
D C H REGIONAL MEDICAL CENTER	010092	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency

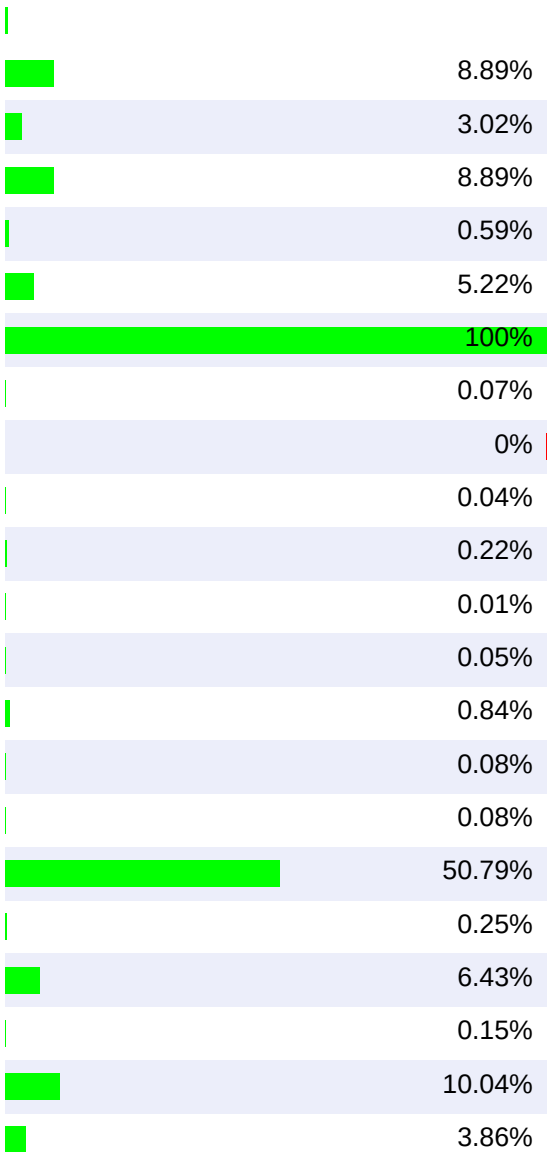
Spending Breakdown by Claim

$1289.00	$1549.00	$1645.00
$450.00	$496.00	$558.00
$1311.00	$1213.00	$1646.00
$65.00	$119.00	$110.00
$528.00	$870.00	$966.00
$10963.00	$17179.00	$18506.00
$24.00	$15.00	$14.00
$1.00	$2.00	$1.00
$3.00	$6.00	$7.00
$39.00	$33.00	$40.00
$1.00	$1.00	$3.00
$7.00	$9.00	$9.00
$165.00	$143.00	$155.00
$7.00	$12.00	$14.00
$23.00	$22.00	$16.00
$9174.00	$8972.00	$9399.00
$29.00	$34.00	$46.00
$842.00	$966.00	$1190.00
$14.00	$29.00	$27.00
$1893.00	$1708.00	$1857.00
$937.00	$860.00	$715.00

Spending Breakdown by Claim

11.76%	9.02%
4.1%	2.89%
11.96%	7.06%
0.59%	0.69%
4.81%	5.07%
100%	100%
0.13%	0.09%
0.01%	0.01%
0.02%	0.04%
0.22%	0.19%
0%	0.01%
0.04%	0.05%
0.94%	0.83%
0.04%	0.07%
0.13%	0.13%
52.07%	52.22%
0.16%	0.2%
4.78%	5.62%
0.08%	0.17%
10.74%	9.94%
5.32%	5.01%

Spending Breakdown by Claim



Spending Breakdown by Claim

D C H REGIONAL MEDICAL CENTER	010092	AL
D C H REGIONAL MEDICAL CENTER	010092	AL
D C H REGIONAL MEDICAL CENTER	010092	AL
D C H REGIONAL MEDICAL CENTER	010092	AL
D C H REGIONAL MEDICAL CENTER	010092	AL
D C H REGIONAL MEDICAL CENTER	010092	AL
D C H REGIONAL MEDICAL CENTER	010092	AL
HALE COUNTY HOSPITAL	010095	AL
HALE COUNTY HOSPITAL	010095	AL
HALE COUNTY HOSPITAL	010095	AL
HALE COUNTY HOSPITAL	010095	AL
HALE COUNTY HOSPITAL	010095	AL
HALE COUNTY HOSPITAL	010095	AL
HALE COUNTY HOSPITAL	010095	AL
HALE COUNTY HOSPITAL	010095	AL
HALE COUNTY HOSPITAL	010095	AL
HALE COUNTY HOSPITAL	010095	AL
HALE COUNTY HOSPITAL	010095	AL
HALE COUNTY HOSPITAL	010095	AL
HALE COUNTY HOSPITAL	010095	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier

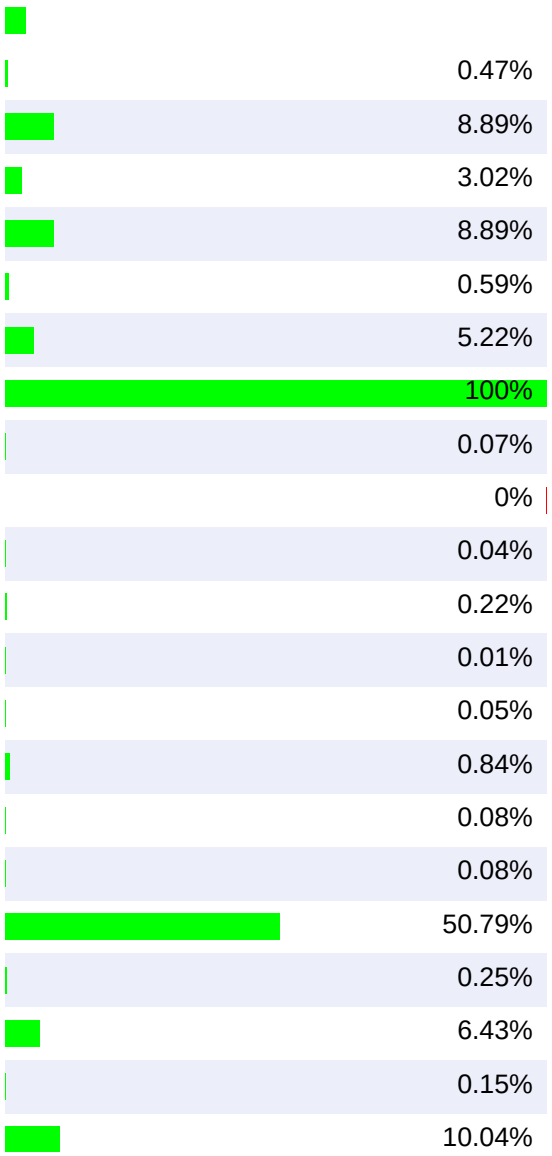
Spending Breakdown by Claim

$109.00	$121.00	$88.00
$1701.00	$1549.00	$1645.00
$620.00	$496.00	$558.00
$1007.00	$1213.00	$1646.00
$107.00	$119.00	$110.00
$914.00	$870.00	$966.00
$17618.00	$17179.00	$18506.00
$87.00	$15.00	$14.00
$10.00	$2.00	$1.00
$0.00	$6.00	$7.00
$10.00	$33.00	$40.00
$0.00	$1.00	$3.00
$36.00	$9.00	$9.00
$37.00	$143.00	$155.00
$0.00	$12.00	$14.00
$85.00	$22.00	$16.00
$4629.00	$8972.00	$9399.00
$16.00	$34.00	$46.00
$1334.00	$966.00	$1190.00
$20.00	$29.00	$27.00
$470.00	$1708.00	$1857.00

Spending Breakdown by Claim

0.62%	0.7%
9.66%	9.02%
3.52%	2.89%
5.72%	7.06%
0.61%	0.69%
5.19%	5.07%
100%	100%
0.72%	0.09%
0.08%	0.01%
0%	0.04%
0.08%	0.19%
0%	0.01%
0.3%	0.05%
0.31%	0.83%
0%	0.07%
0.7%	0.13%
38.52%	52.22%
0.13%	0.2%
11.1%	5.62%
0.16%	0.17%
3.91%	9.94%

Spending Breakdown by Claim



Spending Breakdown by Claim

HALE COUNTY HOSPITAL	010095	AL
HALE COUNTY HOSPITAL	010095	AL
HALE COUNTY HOSPITAL	010095	AL
HALE COUNTY HOSPITAL	010095	AL
HALE COUNTY HOSPITAL	010095	AL
HALE COUNTY HOSPITAL	010095	AL
HALE COUNTY HOSPITAL	010095	AL
HALE COUNTY HOSPITAL	010095	AL
ELMORE COMMUNITY HOSPITAL	010097	AL
ELMORE COMMUNITY HOSPITAL	010097	AL
ELMORE COMMUNITY HOSPITAL	010097	AL
ELMORE COMMUNITY HOSPITAL	010097	AL
ELMORE COMMUNITY HOSPITAL	010097	AL
ELMORE COMMUNITY HOSPITAL	010097	AL
ELMORE COMMUNITY HOSPITAL	010097	AL
ELMORE COMMUNITY HOSPITAL	010097	AL
ELMORE COMMUNITY HOSPITAL	010097	AL
ELMORE COMMUNITY HOSPITAL	010097	AL
ELMORE COMMUNITY HOSPITAL	010097	AL
ELMORE COMMUNITY HOSPITAL	010097	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment

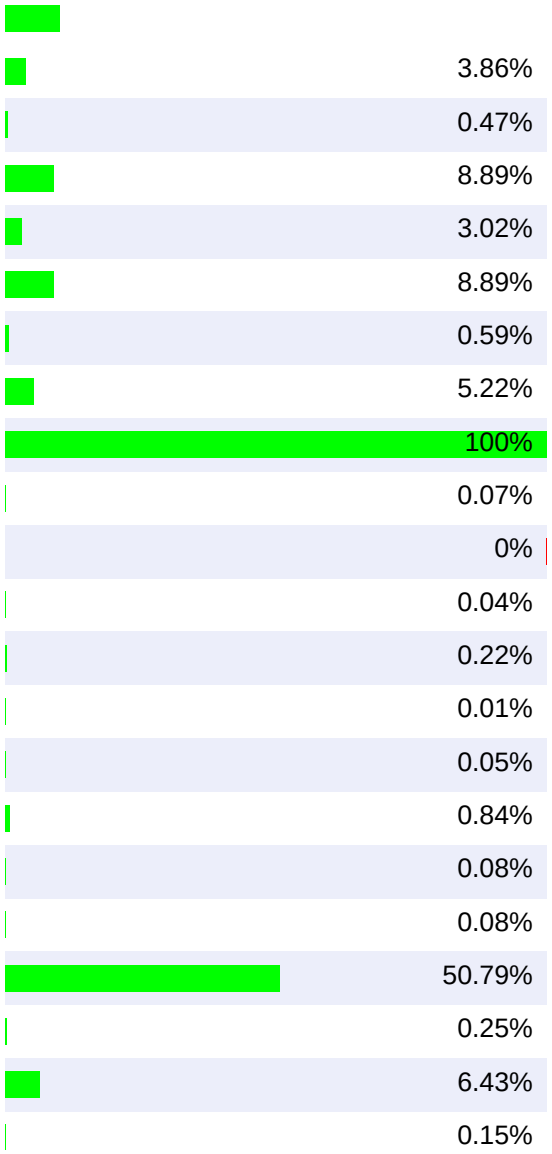
Spending Breakdown by Claim

$817.00	$860.00	$715.00
$206.00	$121.00	$88.00
$1501.00	$1549.00	$1645.00
$458.00	$496.00	$558.00
$1638.00	$1213.00	$1646.00
$61.00	$119.00	$110.00
$605.00	$870.00	$966.00
$12018.00	$17179.00	$18506.00
$13.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$33.00	$33.00	$40.00
$0.00	$1.00	$3.00
$6.00	$9.00	$9.00
$55.00	$143.00	$155.00
$0.00	$12.00	$14.00
$13.00	$22.00	$16.00
$4507.00	$8972.00	$9399.00
$6.00	$34.00	$46.00
$948.00	$966.00	$1190.00
$8.00	$29.00	$27.00

Spending Breakdown by Claim

6.79%	5.01%
1.71%	0.7%
12.49%	9.02%
3.81%	2.89%
13.63%	7.06%
0.5%	0.69%
5.03%	5.07%
100%	100%
0.1%	0.09%
0%	0.01%
0%	0.04%
0.28%	0.19%
0%	0.01%
0.05%	0.05%
0.45%	0.83%
0%	0.07%
0.11%	0.13%
37.42%	52.22%
0.05%	0.2%
7.87%	5.62%
0.07%	0.17%

Spending Breakdown by Claim



Spending Breakdown by Claim

ELMORE COMMUNITY HOSPITAL	010097	AL
ELMORE COMMUNITY HOSPITAL	010097	AL
ELMORE COMMUNITY HOSPITAL	010097	AL
ELMORE COMMUNITY HOSPITAL	010097	AL
ELMORE COMMUNITY HOSPITAL	010097	AL
ELMORE COMMUNITY HOSPITAL	010097	AL
ELMORE COMMUNITY HOSPITAL	010097	AL
ELMORE COMMUNITY HOSPITAL	010097	AL
ELMORE COMMUNITY HOSPITAL	010097	AL
D W MCMILLAN MEMORIAL HOSPITAL	010099	AL
D W MCMILLAN MEMORIAL HOSPITAL	010099	AL
D W MCMILLAN MEMORIAL HOSPITAL	010099	AL
D W MCMILLAN MEMORIAL HOSPITAL	010099	AL
D W MCMILLAN MEMORIAL HOSPITAL	010099	AL
D W MCMILLAN MEMORIAL HOSPITAL	010099	AL
D W MCMILLAN MEMORIAL HOSPITAL	010099	AL
D W MCMILLAN MEMORIAL HOSPITAL	010099	AL
D W MCMILLAN MEMORIAL HOSPITAL	010099	AL
D W MCMILLAN MEMORIAL HOSPITAL	010099	AL
D W MCMILLAN MEMORIAL HOSPITAL	010099	AL

Spending Breakdown by Claim

During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility

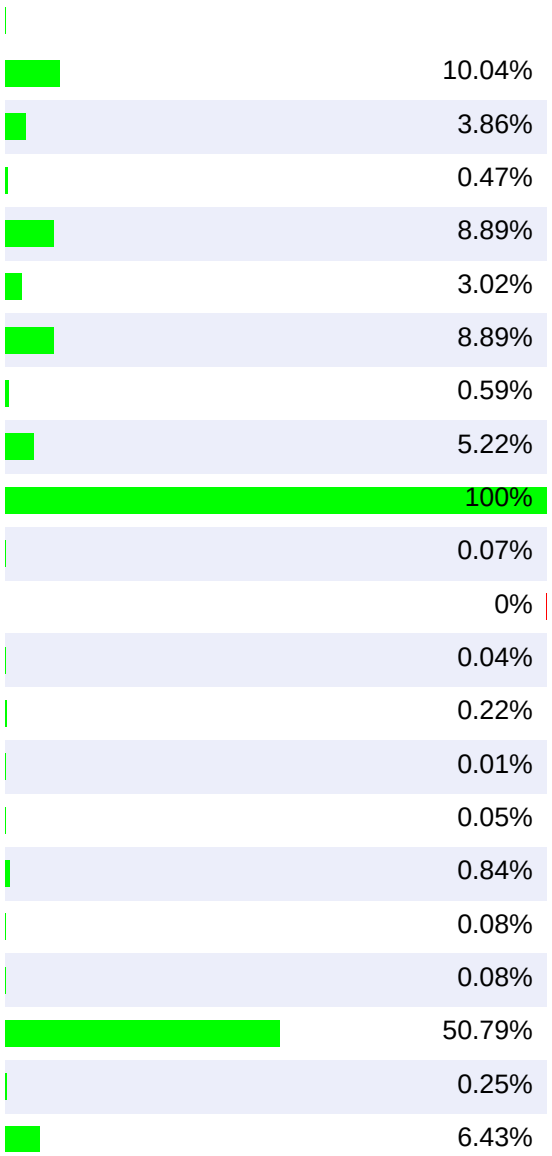
Spending Breakdown by Claim

$622.00	$1708.00	$1857.00
$647.00	$860.00	$715.00
$123.00	$121.00	$88.00
$2713.00	$1549.00	$1645.00
$323.00	$496.00	$558.00
$1288.00	$1213.00	$1646.00
$51.00	$119.00	$110.00
$688.00	$870.00	$966.00
$12045.00	$17179.00	$18506.00
$53.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$35.00	$33.00	$40.00
$0.00	$1.00	$3.00
$10.00	$9.00	$9.00
$48.00	$143.00	$155.00
$4.00	$12.00	$14.00
$12.00	$22.00	$16.00
$4996.00	$8972.00	$9399.00
$106.00	$34.00	$46.00
$1074.00	$966.00	$1190.00

Spending Breakdown by Claim

5.16%	9.94%
5.38%	5.01%
1.02%	0.7%
22.53%	9.02%
2.69%	2.89%
10.7%	7.06%
0.42%	0.69%
5.71%	5.07%
100%	100%
0.46%	0.09%
0%	0.01%
0%	0.04%
0.31%	0.19%
0%	0.01%
0.09%	0.05%
0.42%	0.83%
0.03%	0.07%
0.1%	0.13%
43.41%	52.22%
0.92%	0.2%
9.34%	5.62%

Spending Breakdown by Claim



Spending Breakdown by Claim

D W MCMILLAN MEMORIAL HOSPITAL	010099	AL
D W MCMILLAN MEMORIAL HOSPITAL	010099	AL
D W MCMILLAN MEMORIAL HOSPITAL	010099	AL
D W MCMILLAN MEMORIAL HOSPITAL	010099	AL
D W MCMILLAN MEMORIAL HOSPITAL	010099	AL
D W MCMILLAN MEMORIAL HOSPITAL	010099	AL
D W MCMILLAN MEMORIAL HOSPITAL	010099	AL
D W MCMILLAN MEMORIAL HOSPITAL	010099	AL
D W MCMILLAN MEMORIAL HOSPITAL	010099	AL
D W MCMILLAN MEMORIAL HOSPITAL	010099	AL
THOMAS HOSPITAL	010100	AL
THOMAS HOSPITAL	010100	AL
THOMAS HOSPITAL	010100	AL
THOMAS HOSPITAL	010100	AL
THOMAS HOSPITAL	010100	AL
THOMAS HOSPITAL	010100	AL
THOMAS HOSPITAL	010100	AL
THOMAS HOSPITAL	010100	AL
THOMAS HOSPITAL	010100	AL
THOMAS HOSPITAL	010100	AL

Spending Breakdown by Claim

During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient

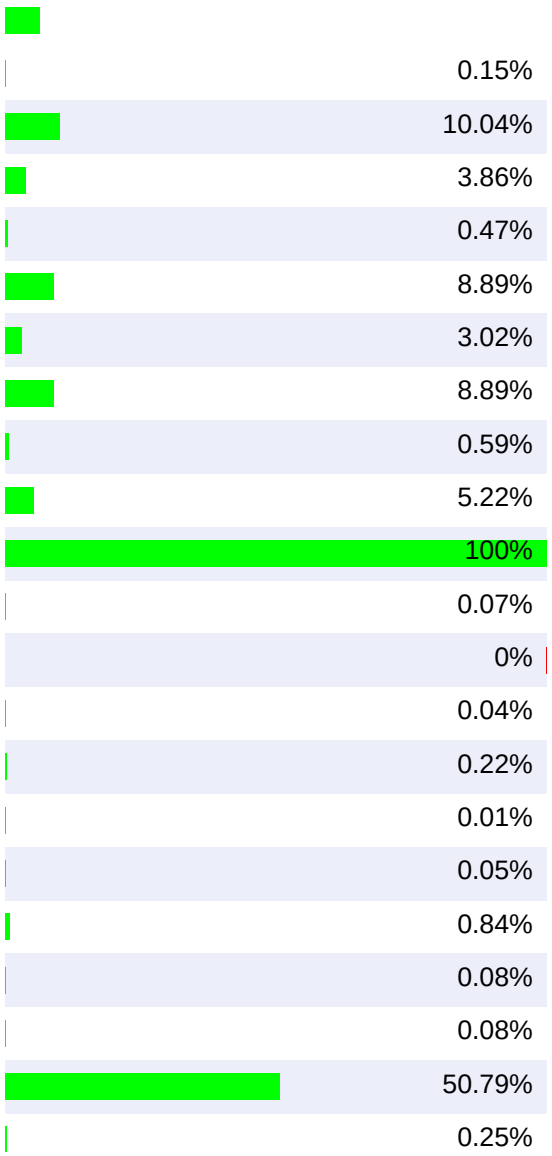
Spending Breakdown by Claim

$10.00	$29.00	$27.00
$822.00	$1708.00	$1857.00
$847.00	$860.00	$715.00
$87.00	$121.00	$88.00
$1086.00	$1549.00	$1645.00
$506.00	$496.00	$558.00
$1254.00	$1213.00	$1646.00
$80.00	$119.00	$110.00
$477.00	$870.00	$966.00
$11508.00	$17179.00	$18506.00
$12.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$32.00	$33.00	$40.00
$1.00	$1.00	$3.00
$7.00	$9.00	$9.00
$129.00	$143.00	$155.00
$20.00	$12.00	$14.00
$26.00	$22.00	$16.00
$10260.00	$8972.00	$9399.00
$12.00	$34.00	$46.00

Spending Breakdown by Claim

0.09%	0.17%
7.15%	9.94%
7.36%	5.01%
0.76%	0.7%
9.44%	9.02%
4.4%	2.89%
10.89%	7.06%
0.7%	0.69%
4.14%	5.07%
100%	100%
0.06%	0.09%
0%	0.01%
0%	0.04%
0.18%	0.19%
0%	0.01%
0.04%	0.05%
0.71%	0.83%
0.11%	0.07%
0.14%	0.13%
56.17%	52.22%
0.07%	0.2%

Spending Breakdown by Claim



Spending Breakdown by Claim

THOMAS HOSPITAL	010100	AL
THOMAS HOSPITAL	010100	AL
THOMAS HOSPITAL	010100	AL
THOMAS HOSPITAL	010100	AL
THOMAS HOSPITAL	010100	AL
THOMAS HOSPITAL	010100	AL
THOMAS HOSPITAL	010100	AL
THOMAS HOSPITAL	010100	AL
THOMAS HOSPITAL	010100	AL
THOMAS HOSPITAL	010100	AL
THOMAS HOSPITAL	010100	AL
CITIZENS BMC	010101	AL
CITIZENS BMC	010101	AL
CITIZENS BMC	010101	AL
CITIZENS BMC	010101	AL
CITIZENS BMC	010101	AL
CITIZENS BMC	010101	AL
CITIZENS BMC	010101	AL
CITIZENS BMC	010101	AL
CITIZENS BMC	010101	AL
CITIZENS BMC	010101	AL

Spending Breakdown by Claim

During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient

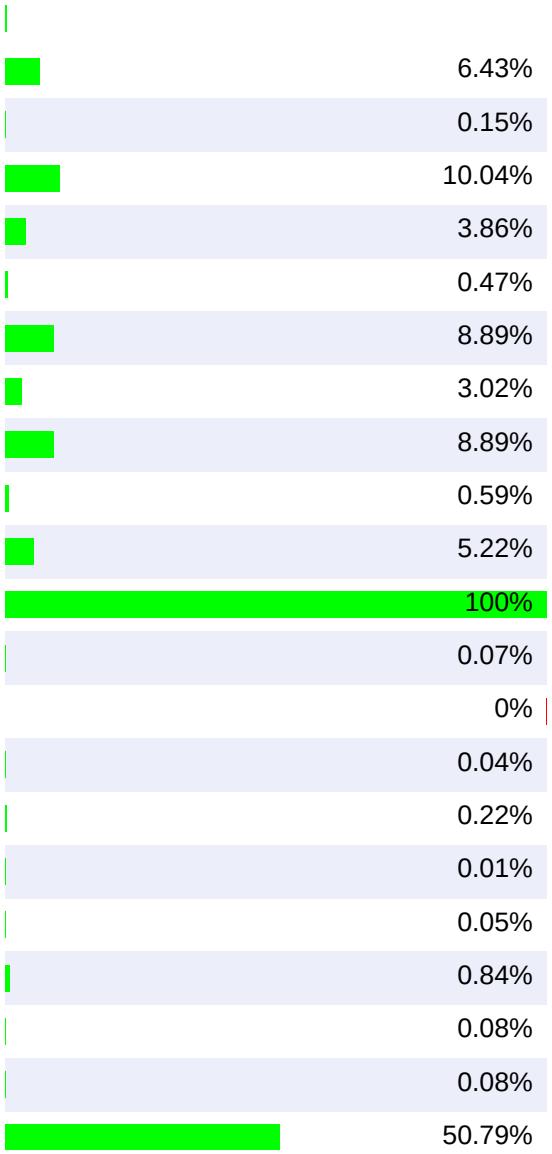
Spending Breakdown by Claim

$810.00	$966.00	$1190.00
$22.00	$29.00	$27.00
$1994.00	$1708.00	$1857.00
$1124.00	$860.00	$715.00
$148.00	$121.00	$88.00
$1187.00	$1549.00	$1645.00
$459.00	$496.00	$558.00
$1072.00	$1213.00	$1646.00
$107.00	$119.00	$110.00
$843.00	$870.00	$966.00
$18265.00	$17179.00	$18506.00
$9.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$27.00	$33.00	$40.00
$0.00	$1.00	$3.00
$30.00	$9.00	$9.00
$110.00	$143.00	$155.00
$10.00	$12.00	$14.00
$31.00	$22.00	$16.00
$6389.00	$8972.00	$9399.00

Spending Breakdown by Claim

4.43%	5.62%
0.12%	0.17%
10.92%	9.94%
6.15%	5.01%
0.81%	0.7%
6.5%	9.02%
2.51%	2.89%
5.87%	7.06%
0.59%	0.69%
4.61%	5.07%
100%	100%
0.06%	0.09%
0%	0.01%
0%	0.04%
0.19%	0.19%
0%	0.01%
0.21%	0.05%
0.76%	0.83%
0.07%	0.07%
0.22%	0.13%
44.11%	52.22%

Spending Breakdown by Claim



Spending Breakdown by Claim

CITIZENS BMC	010101	AL
CITIZENS BMC	010101	AL
CITIZENS BMC	010101	AL
CITIZENS BMC	010101	AL
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CITIZENS BMC	010101	AL
CITIZENS BMC	010101	AL
CITIZENS BMC	010101	AL
CITIZENS BMC	010101	AL
CITIZENS BMC	010101	AL
CITIZENS BMC	010101	AL
CITIZENS BMC	010101	AL
J PAUL JONES HOSPITAL	010102	AL
J PAUL JONES HOSPITAL	010102	AL
J PAUL JONES HOSPITAL	010102	AL
J PAUL JONES HOSPITAL	010102	AL
J PAUL JONES HOSPITAL	010102	AL
J PAUL JONES HOSPITAL	010102	AL
J PAUL JONES HOSPITAL	010102	AL
J PAUL JONES HOSPITAL	010102	AL
J PAUL JONES HOSPITAL	010102	AL

Spending Breakdown by Claim

During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice

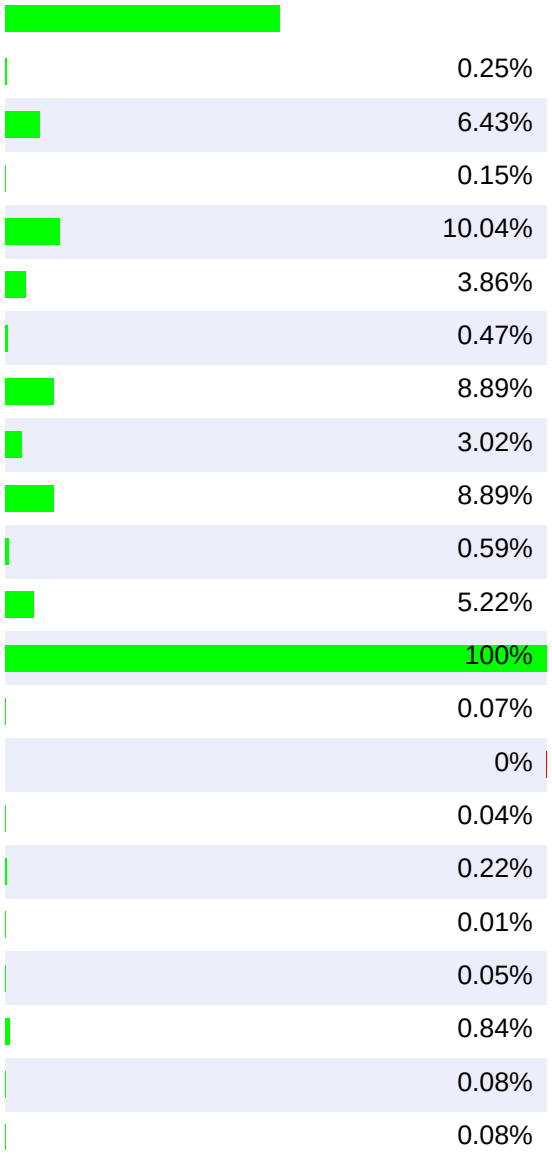
Spending Breakdown by Claim

$16.00	$34.00	$46.00
$1193.00	$966.00	$1190.00
$24.00	$29.00	$27.00
$1052.00	$1708.00	$1857.00
$775.00	$860.00	$715.00
$103.00	$121.00	$88.00
$1743.00	$1549.00	$1645.00
$743.00	$496.00	$558.00
$1263.00	$1213.00	$1646.00
$121.00	$119.00	$110.00
$845.00	$870.00	$966.00
$14485.00	$17179.00	$18506.00
$0.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$4.00	$33.00	$40.00
$0.00	$1.00	$3.00
$1.00	$9.00	$9.00
$41.00	$143.00	$155.00
$0.00	$12.00	$14.00
$119.00	$22.00	$16.00

Spending Breakdown by Claim

0.11%	0.2%
8.24%	5.62%
0.16%	0.17%
7.27%	9.94%
5.35%	5.01%
0.71%	0.7%
12.03%	9.02%
5.13%	2.89%
8.72%	7.06%
0.84%	0.69%
5.83%	5.07%
100%	100%
0%	0.09%
0%	0.01%
0%	0.04%
0.03%	0.19%
0%	0.01%
0.01%	0.05%
0.38%	0.83%
0%	0.07%
1.12%	0.13%

Spending Breakdown by Claim



Spending Breakdown by Claim

J PAUL JONES HOSPITAL	010102	AL
J PAUL JONES HOSPITAL	010102	AL
J PAUL JONES HOSPITAL	010102	AL
J PAUL JONES HOSPITAL	010102	AL
J PAUL JONES HOSPITAL	010102	AL
J PAUL JONES HOSPITAL	010102	AL
J PAUL JONES HOSPITAL	010102	AL
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J PAUL JONES HOSPITAL	010102	AL
J PAUL JONES HOSPITAL	010102	AL
J PAUL JONES HOSPITAL	010102	AL
J PAUL JONES HOSPITAL	010102	AL
BAPTIST MEDICAL CENTER-PRINCETON	010103	AL
BAPTIST MEDICAL CENTER-PRINCETON	010103	AL
BAPTIST MEDICAL CENTER-PRINCETON	010103	AL
BAPTIST MEDICAL CENTER-PRINCETON	010103	AL
BAPTIST MEDICAL CENTER-PRINCETON	010103	AL
BAPTIST MEDICAL CENTER-PRINCETON	010103	AL
BAPTIST MEDICAL CENTER-PRINCETON	010103	AL
BAPTIST MEDICAL CENTER-PRINCETON	010103	AL

Spending Breakdown by Claim

During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency

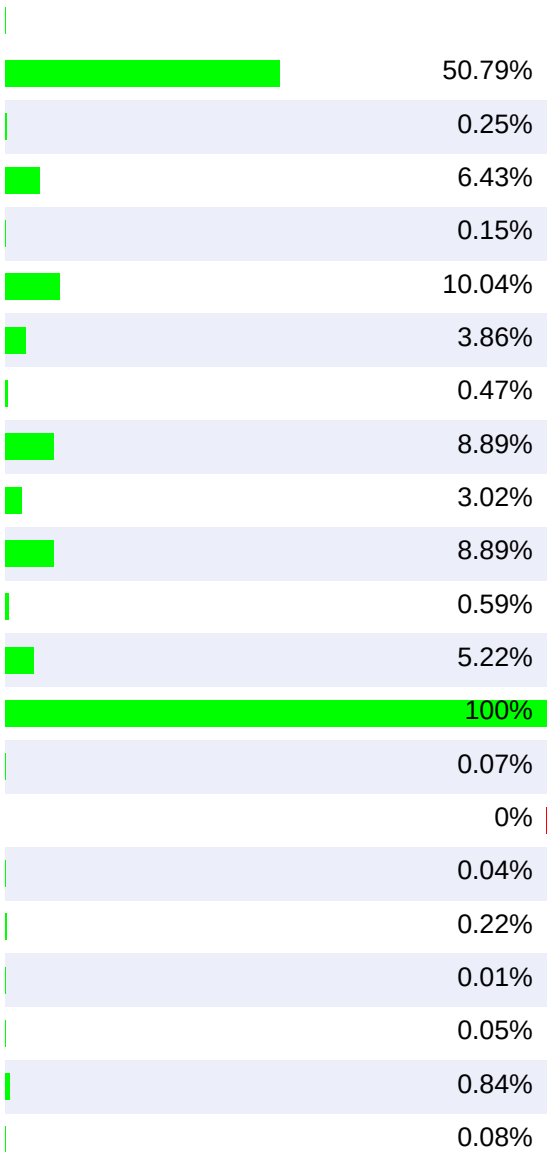
Spending Breakdown by Claim

$4609.00	$8972.00	$9399.00
$11.00	$34.00	$46.00
$950.00	$966.00	$1190.00
$26.00	$29.00	$27.00
$467.00	$1708.00	$1857.00
$788.00	$860.00	$715.00
$460.00	$121.00	$88.00
$855.00	$1549.00	$1645.00
$219.00	$496.00	$558.00
$1721.00	$1213.00	$1646.00
$33.00	$119.00	$110.00
$340.00	$870.00	$966.00
$10644.00	$17179.00	$18506.00
$18.00	$15.00	$14.00
$2.00	$2.00	$1.00
$11.00	$6.00	$7.00
$28.00	$33.00	$40.00
$1.00	$1.00	$3.00
$10.00	$9.00	$9.00
$198.00	$143.00	$155.00
$15.00	$12.00	$14.00

Spending Breakdown by Claim

43.3%	52.22%
0.11%	0.2%
8.93%	5.62%
0.25%	0.17%
4.39%	9.94%
7.41%	5.01%
4.32%	0.7%
8.03%	9.02%
2.06%	2.89%
16.17%	7.06%
0.31%	0.69%
3.2%	5.07%
100%	100%
0.09%	0.09%
0.01%	0.01%
0.06%	0.04%
0.14%	0.19%
0%	0.01%
0.05%	0.05%
1.02%	0.83%
0.08%	0.07%

Spending Breakdown by Claim



Spending Breakdown by Claim

BAPTIST MEDICAL CENTER-PRINCETON	010103	AL
BAPTIST MEDICAL CENTER-PRINCETON	010103	AL
BAPTIST MEDICAL CENTER-PRINCETON	010103	AL
BAPTIST MEDICAL CENTER-PRINCETON	010103	AL
BAPTIST MEDICAL CENTER-PRINCETON	010103	AL
BAPTIST MEDICAL CENTER-PRINCETON	010103	AL
BAPTIST MEDICAL CENTER-PRINCETON	010103	AL
BAPTIST MEDICAL CENTER-PRINCETON	010103	AL
BAPTIST MEDICAL CENTER-PRINCETON	010103	AL
BAPTIST MEDICAL CENTER-PRINCETON	010103	AL
BAPTIST MEDICAL CENTER-PRINCETON	010103	AL
BAPTIST MEDICAL CENTER-PRINCETON	010103	AL
BAPTIST MEDICAL CENTER-PRINCETON	010103	AL
BAPTIST MEDICAL CENTER-PRINCETON	010103	AL
TRINITY MEDICAL CENTER	010104	AL
TRINITY MEDICAL CENTER	010104	AL
TRINITY MEDICAL CENTER	010104	AL
TRINITY MEDICAL CENTER	010104	AL
TRINITY MEDICAL CENTER	010104	AL
TRINITY MEDICAL CENTER	010104	AL
TRINITY MEDICAL CENTER	010104	AL

Spending Breakdown by Claim

During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier

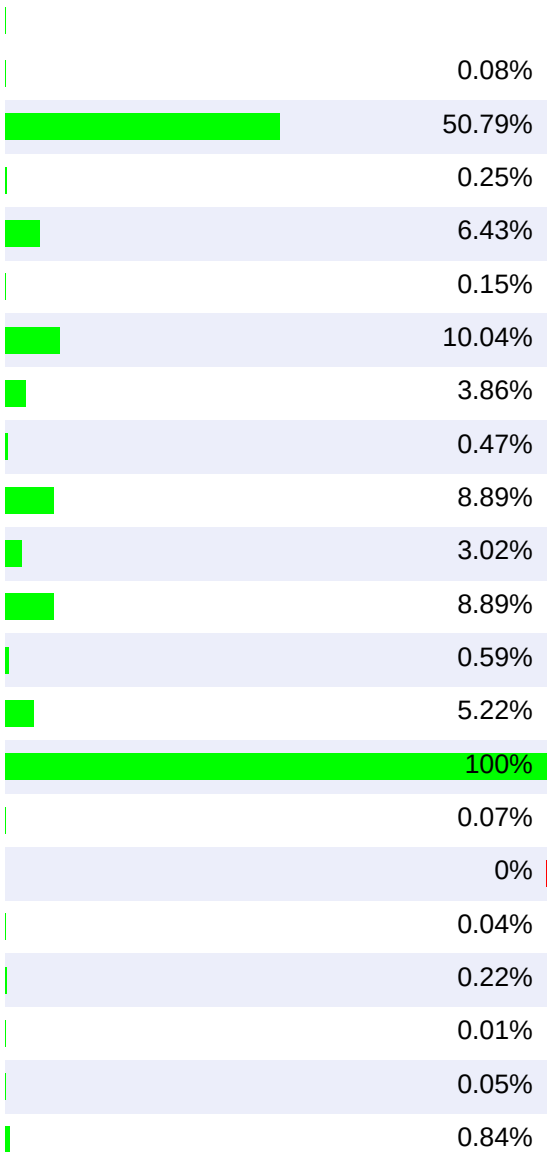
Spending Breakdown by Claim

$22.00	$22.00	$16.00
$10600.00	$8972.00	$9399.00
$30.00	$34.00	$46.00
$828.00	$966.00	$1190.00
$34.00	$29.00	$27.00
$2171.00	$1708.00	$1857.00
$809.00	$860.00	$715.00
$148.00	$121.00	$88.00
$1656.00	$1549.00	$1645.00
$616.00	$496.00	$558.00
$1079.00	$1213.00	$1646.00
$96.00	$119.00	$110.00
$1014.00	$870.00	$966.00
$19387.00	$17179.00	$18506.00
$7.00	$15.00	$14.00
$0.00	$2.00	$1.00
$3.00	$6.00	$7.00
$22.00	$33.00	$40.00
$1.00	$1.00	$3.00
$11.00	$9.00	$9.00
$88.00	$143.00	$155.00

Spending Breakdown by Claim

0.12%	0.13%
54.68%	52.22%
0.16%	0.2%
4.27%	5.62%
0.18%	0.17%
11.2%	9.94%
4.17%	5.01%
0.76%	0.7%
8.54%	9.02%
3.18%	2.89%
5.56%	7.06%
0.5%	0.69%
5.23%	5.07%
100%	100%
0.04%	0.09%
0%	0.01%
0.01%	0.04%
0.12%	0.19%
0.01%	0.01%
0.06%	0.05%
0.46%	0.83%

Spending Breakdown by Claim



Spending Breakdown by Claim

TRINITY MEDICAL CENTER	010104	AL
TRINITY MEDICAL CENTER	010104	AL
TRINITY MEDICAL CENTER	010104	AL
TRINITY MEDICAL CENTER	010104	AL
TRINITY MEDICAL CENTER	010104	AL
TRINITY MEDICAL CENTER	010104	AL
TRINITY MEDICAL CENTER	010104	AL
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TRINITY MEDICAL CENTER	010104	AL
TRINITY MEDICAL CENTER	010104	AL
TRINITY MEDICAL CENTER	010104	AL
TRINITY MEDICAL CENTER	010104	AL
TRINITY MEDICAL CENTER	010104	AL
PRATTVILLE BAPTIST HOSPITAL	010108	AL
PRATTVILLE BAPTIST HOSPITAL	010108	AL
PRATTVILLE BAPTIST HOSPITAL	010108	AL
PRATTVILLE BAPTIST HOSPITAL	010108	AL
PRATTVILLE BAPTIST HOSPITAL	010108	AL
PRATTVILLE BAPTIST HOSPITAL	010108	AL

Spending Breakdown by Claim

During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment

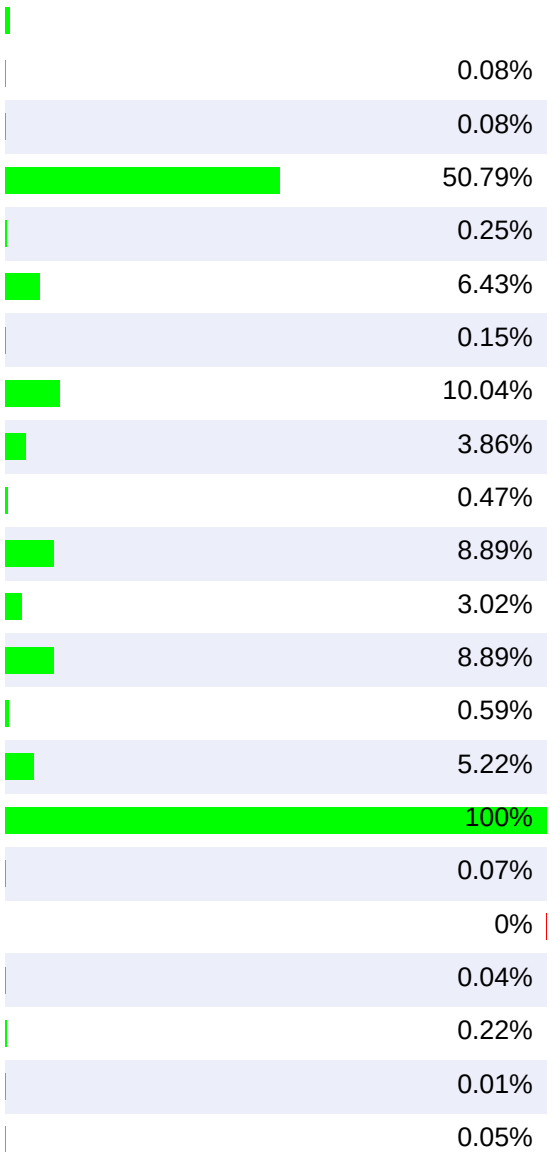
Spending Breakdown by Claim

$13.00	$12.00	$14.00
$18.00	$22.00	$16.00
$11136.00	$8972.00	$9399.00
$14.00	$34.00	$46.00
$612.00	$966.00	$1190.00
$25.00	$29.00	$27.00
$2193.00	$1708.00	$1857.00
$874.00	$860.00	$715.00
$76.00	$121.00	$88.00
$1428.00	$1549.00	$1645.00
$487.00	$496.00	$558.00
$962.00	$1213.00	$1646.00
$117.00	$119.00	$110.00
$867.00	$870.00	$966.00
$18954.00	$17179.00	$18506.00
$17.00	$15.00	$14.00
$0.00	$2.00	$1.00
$7.00	$6.00	$7.00
$16.00	$33.00	$40.00
$0.00	$1.00	$3.00
$6.00	$9.00	$9.00

Spending Breakdown by Claim

0.07%	0.07%
0.09%	0.13%
58.75%	52.22%
0.08%	0.2%
3.23%	5.62%
0.13%	0.17%
11.57%	9.94%
4.61%	5.01%
0.4%	0.7%
7.53%	9.02%
2.57%	2.89%
5.07%	7.06%
0.62%	0.69%
4.57%	5.07%
100%	100%
0.13%	0.09%
0%	0.01%
0.05%	0.04%
0.12%	0.19%
0%	0.01%
0.05%	0.05%

Spending Breakdown by Claim



Spending Breakdown by Claim

PRATTVILLE BAPTIST HOSPITAL	010108	AL
PRATTVILLE BAPTIST HOSPITAL	010108	AL
PRATTVILLE BAPTIST HOSPITAL	010108	AL
PRATTVILLE BAPTIST HOSPITAL	010108	AL
PRATTVILLE BAPTIST HOSPITAL	010108	AL
PRATTVILLE BAPTIST HOSPITAL	010108	AL
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PRATTVILLE BAPTIST HOSPITAL	010108	AL
PRATTVILLE BAPTIST HOSPITAL	010108	AL
PRATTVILLE BAPTIST HOSPITAL	010108	AL
PRATTVILLE BAPTIST HOSPITAL	010108	AL
PRATTVILLE BAPTIST HOSPITAL	010108	AL
PICKENS COUNTY MEDICAL CENTER	010109	AL
PICKENS COUNTY MEDICAL CENTER	010109	AL
PICKENS COUNTY MEDICAL CENTER	010109	AL
PICKENS COUNTY MEDICAL CENTER	010109	AL
PICKENS COUNTY MEDICAL CENTER	010109	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility

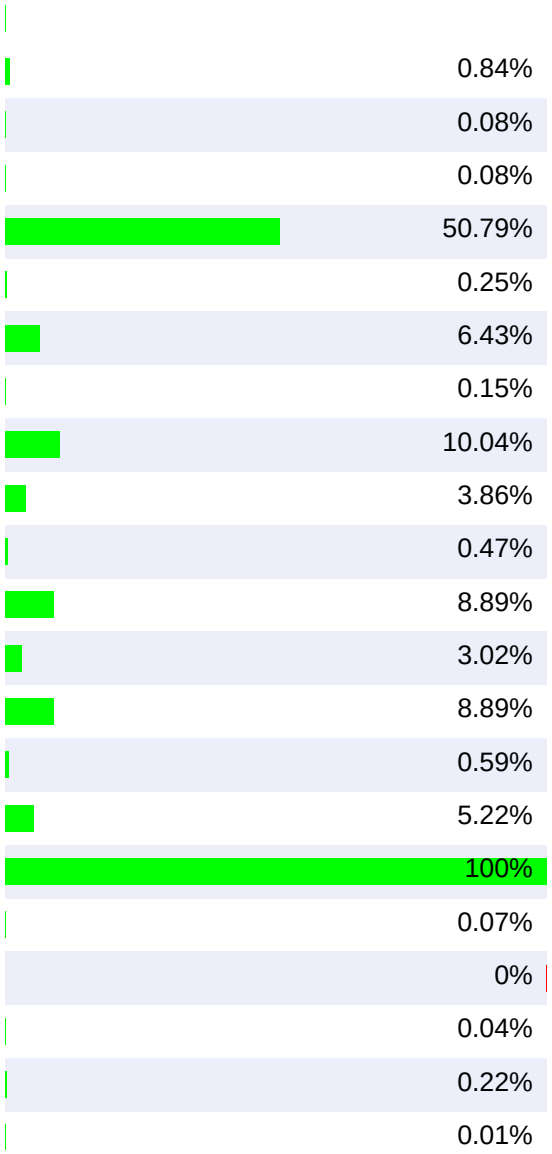
Spending Breakdown by Claim

$137.00	$143.00	$155.00
$8.00	$12.00	$14.00
$9.00	$22.00	$16.00
$5882.00	$8972.00	$9399.00
$69.00	$34.00	$46.00
$1229.00	$966.00	$1190.00
$10.00	$29.00	$27.00
$935.00	$1708.00	$1857.00
$671.00	$860.00	$715.00
$128.00	$121.00	$88.00
$1559.00	$1549.00	$1645.00
$462.00	$496.00	$558.00
$1529.00	$1213.00	$1646.00
$119.00	$119.00	$110.00
$787.00	$870.00	$966.00
$13579.00	$17179.00	$18506.00
$2.00	$15.00	$14.00
$0.00	$2.00	$1.00
$4.00	$6.00	$7.00
$10.00	$33.00	$40.00
$5.00	$1.00	$3.00

Spending Breakdown by Claim

1.01%	0.83%
0.06%	0.07%
0.07%	0.13%
43.32%	52.22%
0.51%	0.2%
9.05%	5.62%
0.07%	0.17%
6.88%	9.94%
4.94%	5.01%
0.94%	0.7%
11.48%	9.02%
3.4%	2.89%
11.26%	7.06%
0.87%	0.69%
5.8%	5.07%
100%	100%
0.01%	0.09%
0%	0.01%
0.03%	0.04%
0.07%	0.19%
0.03%	0.01%

Spending Breakdown by Claim



Spending Breakdown by Claim

PICKENS COUNTY MEDICAL CENTER	010109	AL
PICKENS COUNTY MEDICAL CENTER	010109	AL
PICKENS COUNTY MEDICAL CENTER	010109	AL
PICKENS COUNTY MEDICAL CENTER	010109	AL
PICKENS COUNTY MEDICAL CENTER	010109	AL
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PICKENS COUNTY MEDICAL CENTER	010109	AL
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PICKENS COUNTY MEDICAL CENTER	010109	AL
PICKENS COUNTY MEDICAL CENTER	010109	AL
PICKENS COUNTY MEDICAL CENTER	010109	AL
PICKENS COUNTY MEDICAL CENTER	010109	AL
PICKENS COUNTY MEDICAL CENTER	010109	AL
BULLOCK COUNTY HOSPITAL	010110	AL
BULLOCK COUNTY HOSPITAL	010110	AL
BULLOCK COUNTY HOSPITAL	010110	AL
BULLOCK COUNTY HOSPITAL	010110	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient

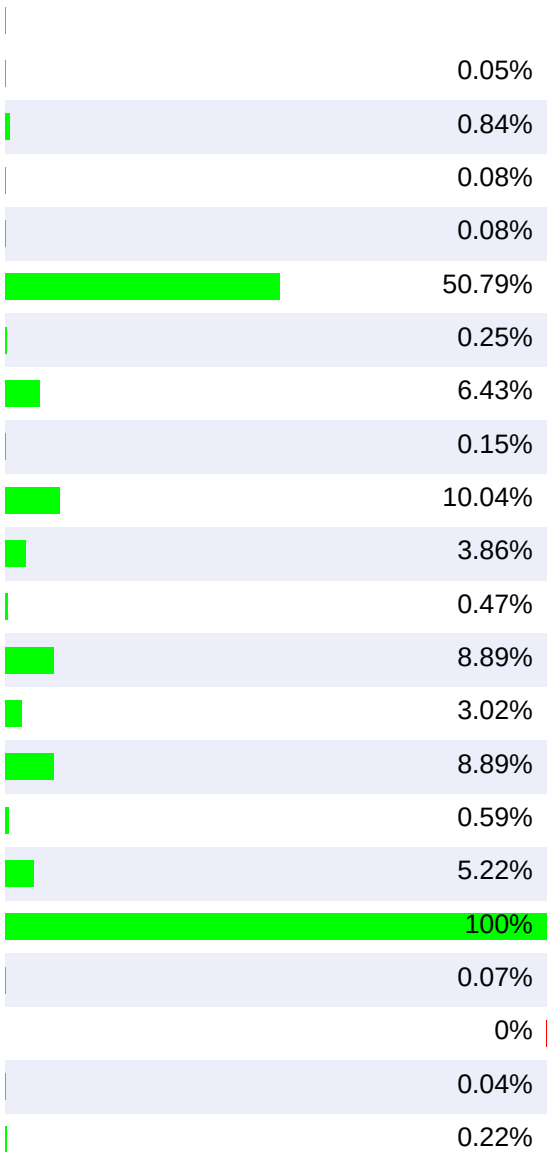
Spending Breakdown by Claim

$6.00	$9.00	$9.00
$76.00	$143.00	$155.00
$0.00	$12.00	$14.00
$18.00	$22.00	$16.00
$6761.00	$8972.00	$9399.00
$20.00	$34.00	$46.00
$1203.00	$966.00	$1190.00
$19.00	$29.00	$27.00
$1057.00	$1708.00	$1857.00
$864.00	$860.00	$715.00
$126.00	$121.00	$88.00
$1508.00	$1549.00	$1645.00
$396.00	$496.00	$558.00
$1956.00	$1213.00	$1646.00
$113.00	$119.00	$110.00
$707.00	$870.00	$966.00
$14850.00	$17179.00	$18506.00
$0.00	$15.00	$14.00
$0.00	$2.00	$1.00
$7.00	$6.00	$7.00
$59.00	$33.00	$40.00

Spending Breakdown by Claim

0.04%	0.05%
0.51%	0.83%
0%	0.07%
0.12%	0.13%
45.53%	52.22%
0.13%	0.2%
8.1%	5.62%
0.13%	0.17%
7.12%	9.94%
5.82%	5.01%
0.85%	0.7%
10.15%	9.02%
2.66%	2.89%
13.17%	7.06%
0.76%	0.69%
4.76%	5.07%
100%	100%
0%	0.09%
0%	0.01%
0.05%	0.04%
0.45%	0.19%

Spending Breakdown by Claim



Spending Breakdown by Claim

BULLOCK COUNTY HOSPITAL	010110	AL
BULLOCK COUNTY HOSPITAL	010110	AL
BULLOCK COUNTY HOSPITAL	010110	AL
BULLOCK COUNTY HOSPITAL	010110	AL
BULLOCK COUNTY HOSPITAL	010110	AL
BULLOCK COUNTY HOSPITAL	010110	AL
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BULLOCK COUNTY HOSPITAL	010110	AL
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BULLOCK COUNTY HOSPITAL	010110	AL
BULLOCK COUNTY HOSPITAL	010110	AL
BULLOCK COUNTY HOSPITAL	010110	AL
BULLOCK COUNTY HOSPITAL	010110	AL
BULLOCK COUNTY HOSPITAL	010110	AL
BRYAN W WHITFIELD MEM HOSP INC	010112	AL
BRYAN W WHITFIELD MEM HOSP INC	010112	AL
BRYAN W WHITFIELD MEM HOSP INC	010112	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient

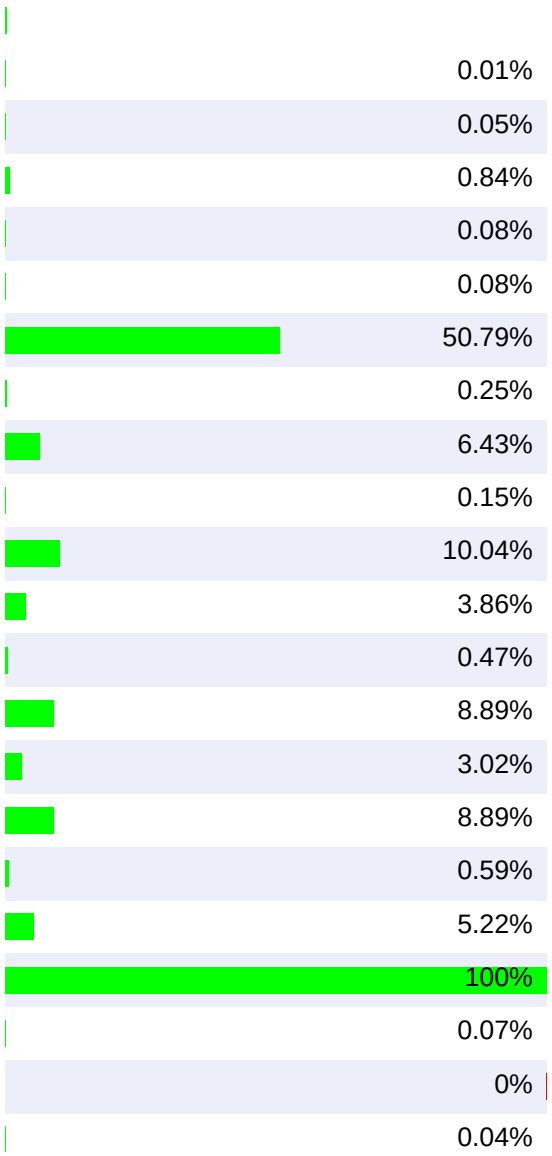
Spending Breakdown by Claim

$0.00	$1.00	$3.00
$0.00	$9.00	$9.00
$59.00	$143.00	$155.00
$0.00	$12.00	$14.00
$28.00	$22.00	$16.00
$5838.00	$8972.00	$9399.00
$25.00	$34.00	$46.00
$1277.00	$966.00	$1190.00
$5.00	$29.00	$27.00
$610.00	$1708.00	$1857.00
$85.00	$860.00	$715.00
$73.00	$121.00	$88.00
$1817.00	$1549.00	$1645.00
$883.00	$496.00	$558.00
$1639.00	$1213.00	$1646.00
$59.00	$119.00	$110.00
$591.00	$870.00	$966.00
$13055.00	$17179.00	$18506.00
$10.00	$15.00	$14.00
$12.00	$2.00	$1.00
$4.00	$6.00	$7.00

Spending Breakdown by Claim

0%	0.01%
0%	0.05%
0.45%	0.83%
0%	0.07%
0.22%	0.13%
44.72%	52.22%
0.19%	0.2%
9.78%	5.62%
0.04%	0.17%
4.67%	9.94%
0.65%	5.01%
0.56%	0.7%
13.92%	9.02%
6.76%	2.89%
12.56%	7.06%
0.45%	0.69%
4.53%	5.07%
100%	100%
0.09%	0.09%
0.11%	0.01%
0.03%	0.04%

Spending Breakdown by Claim



Spending Breakdown by Claim

BRYAN W WHITFIELD MEM HOSP INC	010112	AL
BRYAN W WHITFIELD MEM HOSP INC	010112	AL
BRYAN W WHITFIELD MEM HOSP INC	010112	AL
BRYAN W WHITFIELD MEM HOSP INC	010112	AL
BRYAN W WHITFIELD MEM HOSP INC	010112	AL
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BRYAN W WHITFIELD MEM HOSP INC	010112	AL
BRYAN W WHITFIELD MEM HOSP INC	010112	AL
MOBILE INFIRMARY	010113	AL
MOBILE INFIRMARY	010113	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice

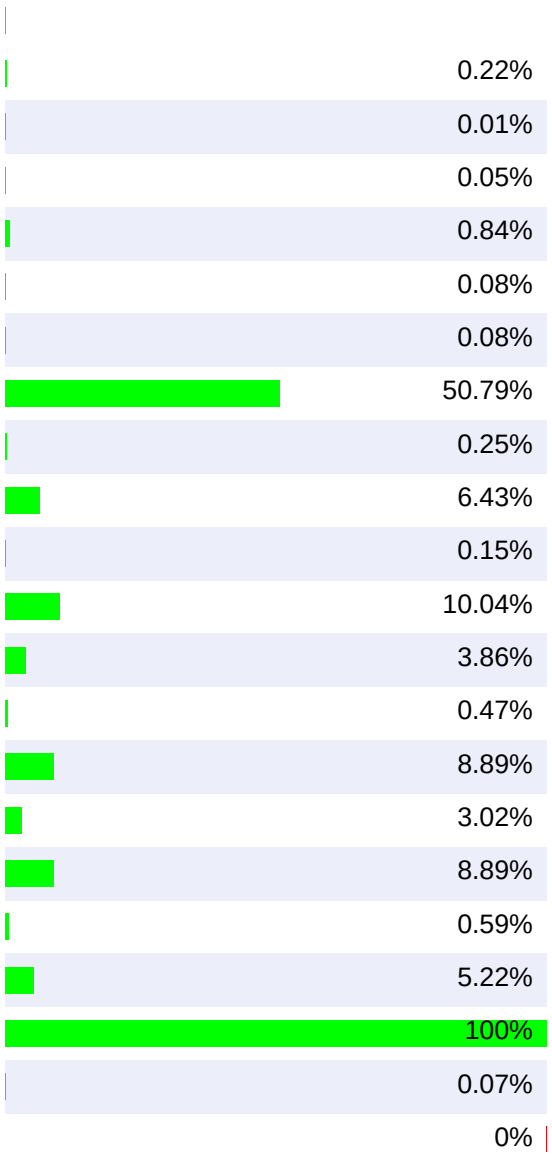
Spending Breakdown by Claim

$6.00	$33.00	$40.00
$1.00	$1.00	$3.00
$3.00	$9.00	$9.00
$63.00	$143.00	$155.00
$17.00	$12.00	$14.00
$34.00	$22.00	$16.00
$5273.00	$8972.00	$9399.00
$6.00	$34.00	$46.00
$754.00	$966.00	$1190.00
$10.00	$29.00	$27.00
$713.00	$1708.00	$1857.00
$382.00	$860.00	$715.00
$249.00	$121.00	$88.00
$1429.00	$1549.00	$1645.00
$320.00	$496.00	$558.00
$1105.00	$1213.00	$1646.00
$61.00	$119.00	$110.00
$672.00	$870.00	$966.00
$11125.00	$17179.00	$18506.00
$14.00	$15.00	$14.00
$1.00	$2.00	$1.00

Spending Breakdown by Claim

0.06%	0.19%
0.01%	0.01%
0.02%	0.05%
0.56%	0.83%
0.15%	0.07%
0.31%	0.13%
47.4%	52.22%
0.06%	0.2%
6.77%	5.62%
0.09%	0.17%
6.41%	9.94%
3.43%	5.01%
2.24%	0.7%
12.85%	9.02%
2.88%	2.89%
9.93%	7.06%
0.55%	0.69%
6.04%	5.07%
100%	100%
0.08%	0.09%
0.01%	0.01%

Spending Breakdown by Claim



Spending Breakdown by Claim

MOBILE INFIRMARY	010113	AL
MOBILE INFIRMARY	010113	AL
MOBILE INFIRMARY	010113	AL
MOBILE INFIRMARY	010113	AL
MOBILE INFIRMARY	010113	AL
MOBILE INFIRMARY	010113	AL
MOBILE INFIRMARY	010113	AL
MOBILE INFIRMARY	010113	AL
MOBILE INFIRMARY	010113	AL
MOBILE INFIRMARY	010113	AL
MOBILE INFIRMARY	010113	AL
MOBILE INFIRMARY	010113	AL
MOBILE INFIRMARY	010113	AL
MOBILE INFIRMARY	010113	AL
MOBILE INFIRMARY	010113	AL
MOBILE INFIRMARY	010113	AL
MOBILE INFIRMARY	010113	AL
MOBILE INFIRMARY	010113	AL
MOBILE INFIRMARY	010113	AL
MOBILE INFIRMARY	010113	AL
MEDICAL WEST	010114	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency

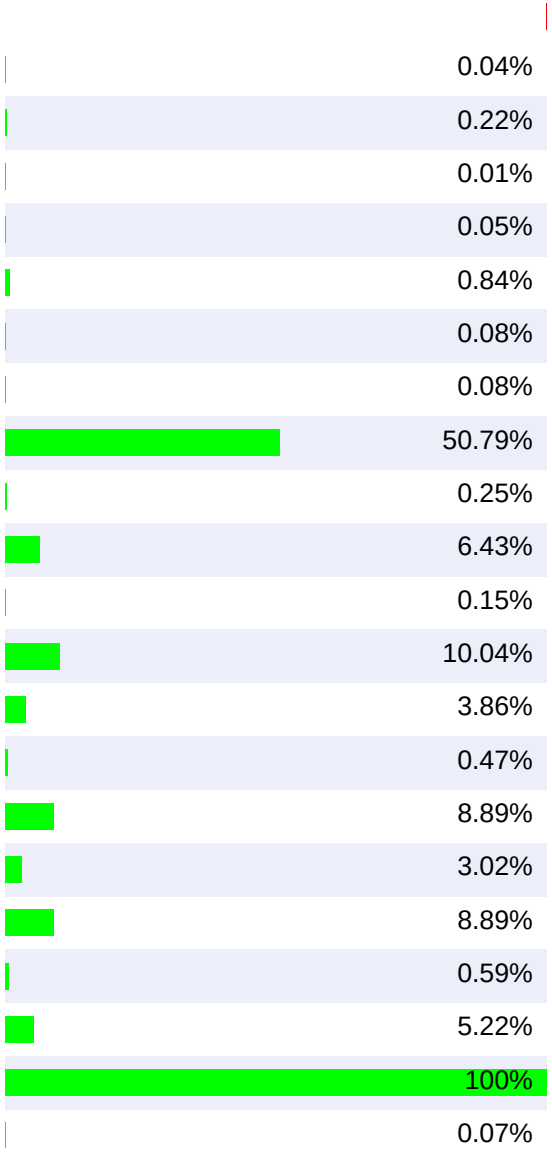
Spending Breakdown by Claim

$2.00	$6.00	$7.00
$44.00	$33.00	$40.00
$1.00	$1.00	$3.00
$9.00	$9.00	$9.00
$225.00	$143.00	$155.00
$21.00	$12.00	$14.00
$32.00	$22.00	$16.00
$9393.00	$8972.00	$9399.00
$39.00	$34.00	$46.00
$741.00	$966.00	$1190.00
$29.00	$29.00	$27.00
$1989.00	$1708.00	$1857.00
$805.00	$860.00	$715.00
$144.00	$121.00	$88.00
$1499.00	$1549.00	$1645.00
$644.00	$496.00	$558.00
$1001.00	$1213.00	$1646.00
$133.00	$119.00	$110.00
$846.00	$870.00	$966.00
$17612.00	$17179.00	$18506.00
$17.00	$15.00	$14.00

Spending Breakdown by Claim

0.01%	0.04%
0.25%	0.19%
0.01%	0.01%
0.05%	0.05%
1.28%	0.83%
0.12%	0.07%
0.18%	0.13%
53.33%	52.22%
0.22%	0.2%
4.21%	5.62%
0.16%	0.17%
11.29%	9.94%
4.57%	5.01%
0.82%	0.7%
8.51%	9.02%
3.66%	2.89%
5.69%	7.06%
0.76%	0.69%
4.8%	5.07%
100%	100%
0.11%	0.09%

Spending Breakdown by Claim



Spending Breakdown by Claim

MEDICAL WEST	010114	AL
MEDICAL WEST	010114	AL
MEDICAL WEST	010114	AL
MEDICAL WEST	010114	AL
MEDICAL WEST	010114	AL
MEDICAL WEST	010114	AL
MEDICAL WEST	010114	AL
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MEDICAL WEST	010114	AL
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MEDICAL WEST	010114	AL
MEDICAL WEST	010114	AL
MEDICAL WEST	010114	AL
MEDICAL WEST	010114	AL
MEDICAL WEST	010114	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total

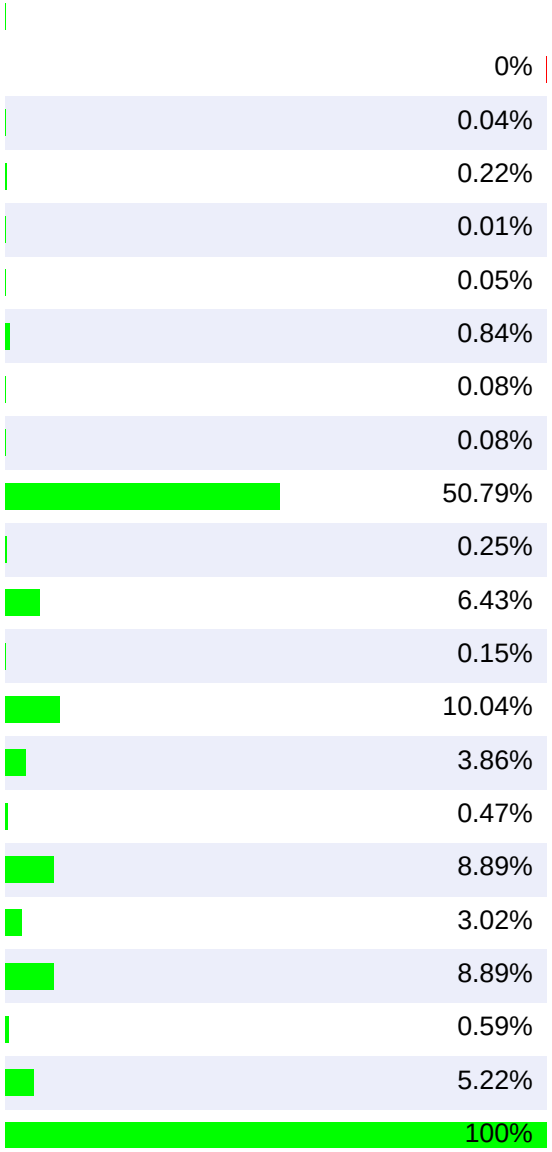
Spending Breakdown by Claim

$4.00	$2.00	$1.00
$3.00	$6.00	$7.00
$18.00	$33.00	$40.00
$2.00	$1.00	$3.00
$7.00	$9.00	$9.00
$87.00	$143.00	$155.00
$3.00	$12.00	$14.00
$9.00	$22.00	$16.00
$8575.00	$8972.00	$9399.00
$6.00	$34.00	$46.00
$823.00	$966.00	$1190.00
$22.00	$29.00	$27.00
$1693.00	$1708.00	$1857.00
$657.00	$860.00	$715.00
$114.00	$121.00	$88.00
$1790.00	$1549.00	$1645.00
$395.00	$496.00	$558.00
$1416.00	$1213.00	$1646.00
$95.00	$119.00	$110.00
$807.00	$870.00	$966.00
$16543.00	$17179.00	$18506.00

Spending Breakdown by Claim

0.02%	0.01%
0.02%	0.04%
0.11%	0.19%
0.01%	0.01%
0.04%	0.05%
0.52%	0.83%
0.02%	0.07%
0.06%	0.13%
51.84%	52.22%
0.04%	0.2%
4.98%	5.62%
0.14%	0.17%
10.23%	9.94%
3.97%	5.01%
0.69%	0.7%
10.82%	9.02%
2.39%	2.89%
8.56%	7.06%
0.57%	0.69%
4.88%	5.07%
100%	100%

Spending Breakdown by Claim



Spending Breakdown by Claim

VAUGHAN REGIONAL MEDICAL CENTER, LLC	010118	AL
VAUGHAN REGIONAL MEDICAL CENTER, LLC	010118	AL
VAUGHAN REGIONAL MEDICAL CENTER, LLC	010118	AL
VAUGHAN REGIONAL MEDICAL CENTER, LLC	010118	AL
VAUGHAN REGIONAL MEDICAL CENTER, LLC	010118	AL
VAUGHAN REGIONAL MEDICAL CENTER, LLC	010118	AL
VAUGHAN REGIONAL MEDICAL CENTER, LLC	010118	AL
VAUGHAN REGIONAL MEDICAL CENTER, LLC	010118	AL
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VAUGHAN REGIONAL MEDICAL CENTER, LLC	010118	AL
VAUGHAN REGIONAL MEDICAL CENTER, LLC	010118	AL
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VAUGHAN REGIONAL MEDICAL CENTER, LLC	010118	AL
VAUGHAN REGIONAL MEDICAL CENTER, LLC	010118	AL
VAUGHAN REGIONAL MEDICAL CENTER, LLC	010118	AL
VAUGHAN REGIONAL MEDICAL CENTER, LLC	010118	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier

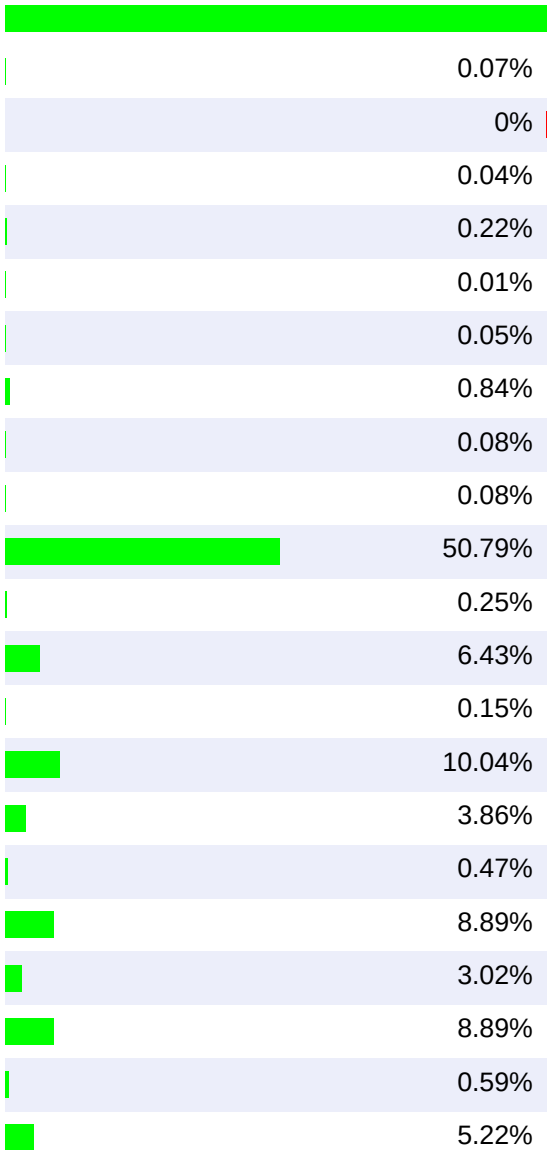
Spending Breakdown by Claim

$26.00	$15.00	$14.00
$4.00	$2.00	$1.00
$0.00	$6.00	$7.00
$37.00	$33.00	$40.00
$5.00	$1.00	$3.00
$10.00	$9.00	$9.00
$177.00	$143.00	$155.00
$5.00	$12.00	$14.00
$9.00	$22.00	$16.00
$7380.00	$8972.00	$9399.00
$21.00	$34.00	$46.00
$1083.00	$966.00	$1190.00
$14.00	$29.00	$27.00
$1294.00	$1708.00	$1857.00
$578.00	$860.00	$715.00
$101.00	$121.00	$88.00
$2158.00	$1549.00	$1645.00
$717.00	$496.00	$558.00
$1541.00	$1213.00	$1646.00
$95.00	$119.00	$110.00
$973.00	$870.00	$966.00

Spending Breakdown by Claim

0.16%	0.09%
0.03%	0.01%
0%	0.04%
0.23%	0.19%
0.03%	0.01%
0.06%	0.05%
1.09%	0.83%
0.03%	0.07%
0.06%	0.13%
45.47%	52.22%
0.13%	0.2%
6.68%	5.62%
0.09%	0.17%
7.97%	9.94%
3.56%	5.01%
0.62%	0.7%
13.3%	9.02%
4.42%	2.89%
9.5%	7.06%
0.59%	0.69%
5.99%	5.07%

Spending Breakdown by Claim



Spending Breakdown by Claim

VAUGHAN REGIONAL MEDICAL CENTER, LLC	010118	AL
MONROE COUNTY HOSPITAL	010120	AL
MONROE COUNTY HOSPITAL	010120	AL
MONROE COUNTY HOSPITAL	010120	AL
MONROE COUNTY HOSPITAL	010120	AL
MONROE COUNTY HOSPITAL	010120	AL
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MONROE COUNTY HOSPITAL	010120	AL
MONROE COUNTY HOSPITAL	010120	AL
MONROE COUNTY HOSPITAL	010120	AL
MONROE COUNTY HOSPITAL	010120	AL
MONROE COUNTY HOSPITAL	010120	AL
MONROE COUNTY HOSPITAL	010120	AL
MONROE COUNTY HOSPITAL	010120	AL

Spending Breakdown by Claim

Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment

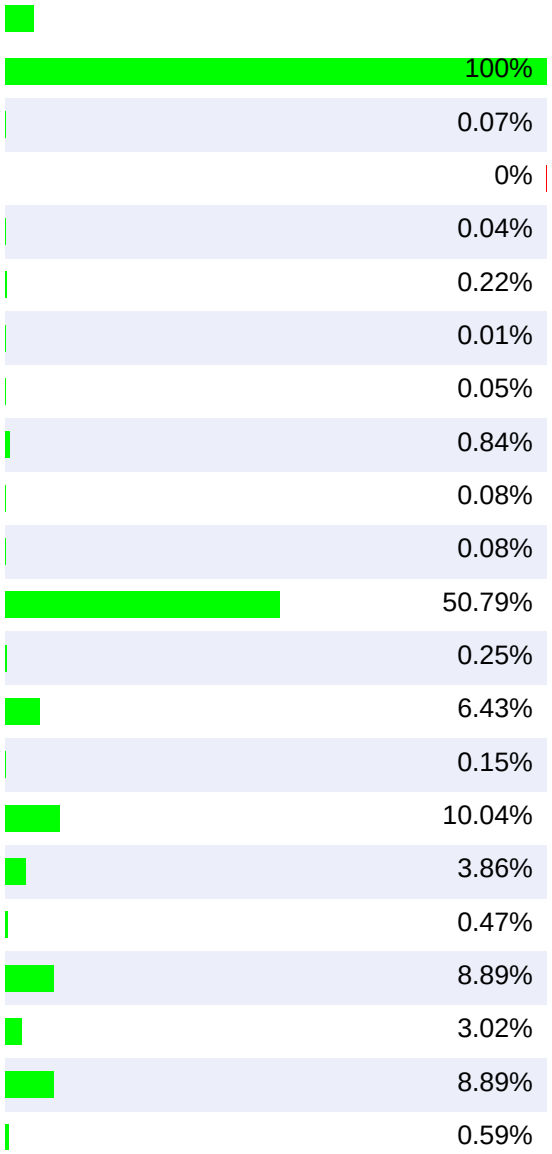
Spending Breakdown by Claim

$16229.00	$17179.00	$18506.00
$32.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$16.00	$33.00	$40.00
$0.00	$1.00	$3.00
$25.00	$9.00	$9.00
$196.00	$143.00	$155.00
$18.00	$12.00	$14.00
$82.00	$22.00	$16.00
$5627.00	$8972.00	$9399.00
$6.00	$34.00	$46.00
$1556.00	$966.00	$1190.00
$11.00	$29.00	$27.00
$765.00	$1708.00	$1857.00
$450.00	$860.00	$715.00
$255.00	$121.00	$88.00
$1559.00	$1549.00	$1645.00
$318.00	$496.00	$558.00
$2115.00	$1213.00	$1646.00
$106.00	$119.00	$110.00

Spending Breakdown by Claim

100%	100%
0.23%	0.09%
0%	0.01%
0%	0.04%
0.12%	0.19%
0%	0.01%
0.18%	0.05%
1.41%	0.83%
0.13%	0.07%
0.59%	0.13%
40.57%	52.22%
0.04%	0.2%
11.22%	5.62%
0.08%	0.17%
5.52%	9.94%
3.24%	5.01%
1.84%	0.7%
11.24%	9.02%
2.29%	2.89%
15.25%	7.06%
0.76%	0.69%

Spending Breakdown by Claim



Spending Breakdown by Claim

MONROE COUNTY HOSPITAL	010120	AL
MONROE COUNTY HOSPITAL	010120	AL
LAKELAND COMMUNITY HOSPITAL	010125	AL
LAKELAND COMMUNITY HOSPITAL	010125	AL
LAKELAND COMMUNITY HOSPITAL	010125	AL
LAKELAND COMMUNITY HOSPITAL	010125	AL
LAKELAND COMMUNITY HOSPITAL	010125	AL
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LAKELAND COMMUNITY HOSPITAL	010125	AL
LAKELAND COMMUNITY HOSPITAL	010125	AL
LAKELAND COMMUNITY HOSPITAL	010125	AL
LAKELAND COMMUNITY HOSPITAL	010125	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility

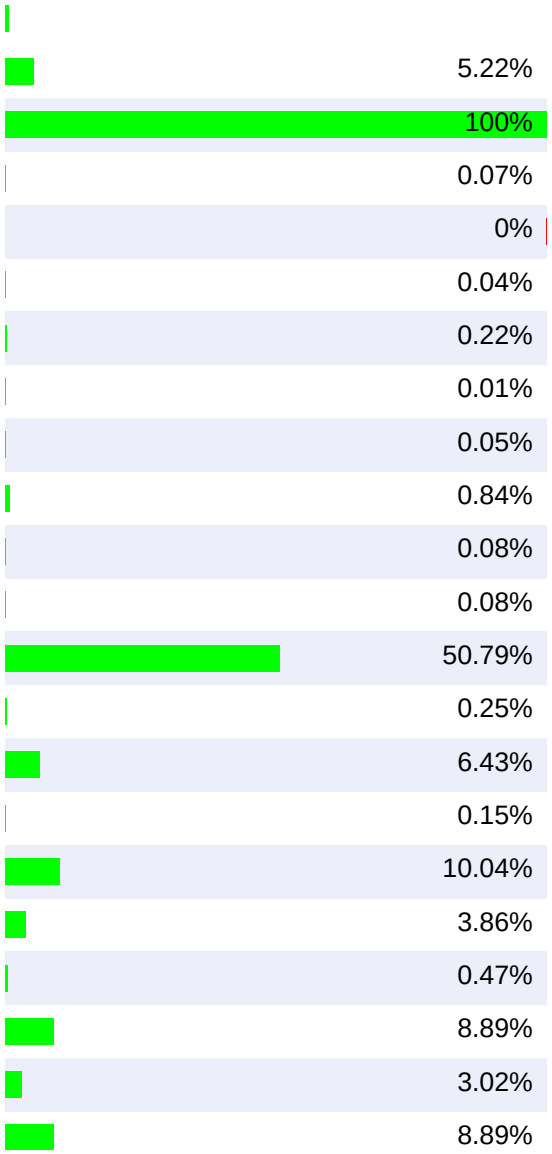
Spending Breakdown by Claim

$734.00	$870.00	$966.00
$13871.00	$17179.00	$18506.00
$18.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$11.00	$33.00	$40.00
$2.00	$1.00	$3.00
$6.00	$9.00	$9.00
$183.00	$143.00	$155.00
$0.00	$12.00	$14.00
$4.00	$22.00	$16.00
$5948.00	$8972.00	$9399.00
$28.00	$34.00	$46.00
$989.00	$966.00	$1190.00
$28.00	$29.00	$27.00
$809.00	$1708.00	$1857.00
$641.00	$860.00	$715.00
$66.00	$121.00	$88.00
$1188.00	$1549.00	$1645.00
$265.00	$496.00	$558.00
$1700.00	$1213.00	$1646.00

Spending Breakdown by Claim

5.29%	5.07%
100%	100%
0.14%	0.09%
0%	0.01%
0%	0.04%
0.09%	0.19%
0.02%	0.01%
0.05%	0.05%
1.44%	0.83%
0%	0.07%
0.03%	0.13%
46.82%	52.22%
0.22%	0.2%
7.78%	5.62%
0.22%	0.17%
6.37%	9.94%
5.04%	5.01%
0.52%	0.7%
9.36%	9.02%
2.09%	2.89%
13.38%	7.06%

Spending Breakdown by Claim



Spending Breakdown by Claim

LAKELAND COMMUNITY HOSPITAL	010125	AL
LAKELAND COMMUNITY HOSPITAL	010125	AL
LAKELAND COMMUNITY HOSPITAL	010125	AL
TROY REGIONAL MEDICAL CENTER	010126	AL
TROY REGIONAL MEDICAL CENTER	010126	AL
TROY REGIONAL MEDICAL CENTER	010126	AL
TROY REGIONAL MEDICAL CENTER	010126	AL
TROY REGIONAL MEDICAL CENTER	010126	AL
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TROY REGIONAL MEDICAL CENTER	010126	AL
TROY REGIONAL MEDICAL CENTER	010126	AL
TROY REGIONAL MEDICAL CENTER	010126	AL
TROY REGIONAL MEDICAL CENTER	010126	AL
TROY REGIONAL MEDICAL CENTER	010126	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient

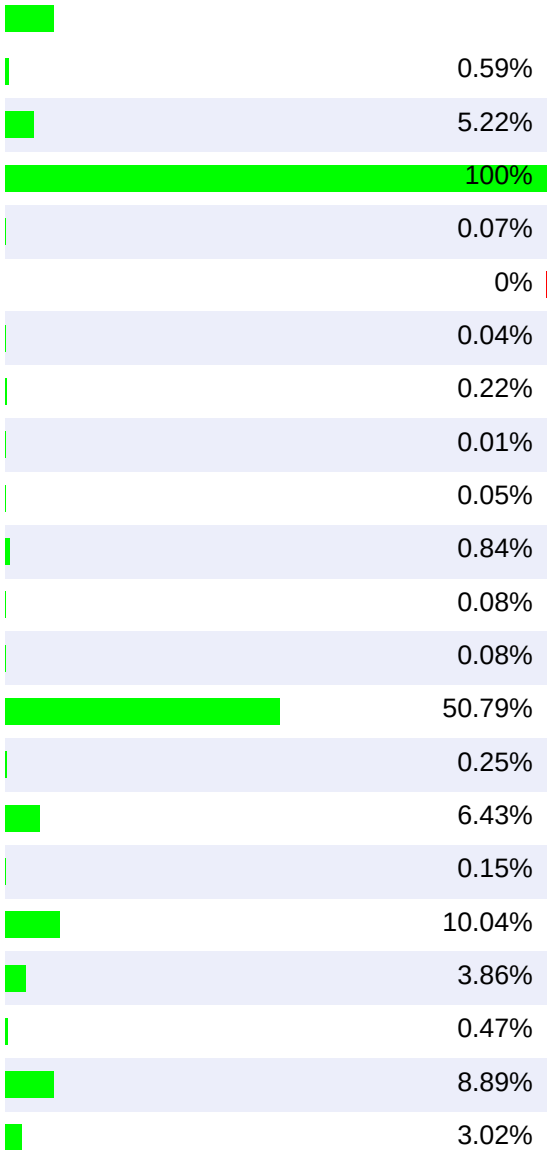
Spending Breakdown by Claim

$115.00	$119.00	$110.00
$702.00	$870.00	$966.00
$12703.00	$17179.00	$18506.00
$4.00	$15.00	$14.00
$11.00	$2.00	$1.00
$0.00	$6.00	$7.00
$22.00	$33.00	$40.00
$3.00	$1.00	$3.00
$10.00	$9.00	$9.00
$106.00	$143.00	$155.00
$4.00	$12.00	$14.00
$18.00	$22.00	$16.00
$7023.00	$8972.00	$9399.00
$24.00	$34.00	$46.00
$1227.00	$966.00	$1190.00
$11.00	$29.00	$27.00
$919.00	$1708.00	$1857.00
$635.00	$860.00	$715.00
$169.00	$121.00	$88.00
$1253.00	$1549.00	$1645.00
$421.00	$496.00	$558.00

Spending Breakdown by Claim

0.91%	0.69%
5.53%	5.07%
100%	100%
0.03%	0.09%
0.08%	0.01%
0%	0.04%
0.15%	0.19%
0.02%	0.01%
0.07%	0.05%
0.73%	0.83%
0.03%	0.07%
0.12%	0.13%
48.41%	52.22%
0.17%	0.2%
8.46%	5.62%
0.07%	0.17%
6.34%	9.94%
4.38%	5.01%
1.17%	0.7%
8.64%	9.02%
2.91%	2.89%

Spending Breakdown by Claim



Spending Breakdown by Claim

TROY REGIONAL MEDICAL CENTER	010126	AL
TROY REGIONAL MEDICAL CENTER	010126	AL
TROY REGIONAL MEDICAL CENTER	010126	AL
TROY REGIONAL MEDICAL CENTER	010126	AL
JACKSON MEDICAL CENTER	010128	AL
JACKSON MEDICAL CENTER	010128	AL
JACKSON MEDICAL CENTER	010128	AL
JACKSON MEDICAL CENTER	010128	AL
JACKSON MEDICAL CENTER	010128	AL
JACKSON MEDICAL CENTER	010128	AL
JACKSON MEDICAL CENTER	010128	AL
JACKSON MEDICAL CENTER	010128	AL
JACKSON MEDICAL CENTER	010128	AL
JACKSON MEDICAL CENTER	010128	AL
JACKSON MEDICAL CENTER	010128	AL
JACKSON MEDICAL CENTER	010128	AL
JACKSON MEDICAL CENTER	010128	AL
JACKSON MEDICAL CENTER	010128	AL
JACKSON MEDICAL CENTER	010128	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient

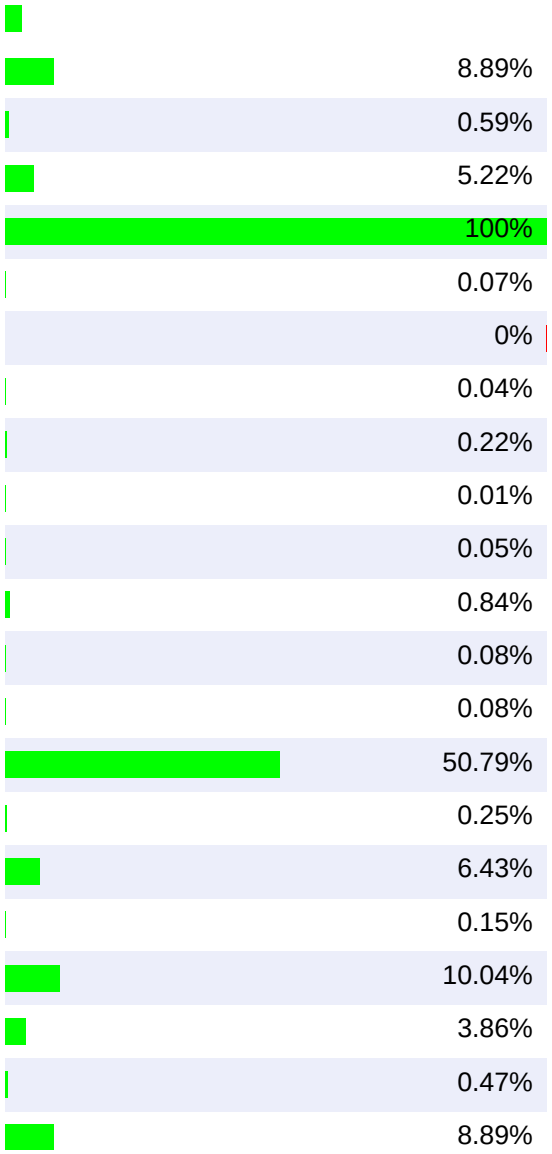
Spending Breakdown by Claim

$1802.00	$1213.00	$1646.00
$86.00	$119.00	$110.00
$756.00	$870.00	$966.00
$14505.00	$17179.00	$18506.00
$34.00	$15.00	$14.00
$4.00	$2.00	$1.00
$0.00	$6.00	$7.00
$46.00	$33.00	$40.00
$11.00	$1.00	$3.00
$17.00	$9.00	$9.00
$19.00	$143.00	$155.00
$17.00	$12.00	$14.00
$16.00	$22.00	$16.00
$4862.00	$8972.00	$9399.00
$3.00	$34.00	$46.00
$529.00	$966.00	$1190.00
$9.00	$29.00	$27.00
$585.00	$1708.00	$1857.00
$519.00	$860.00	$715.00
$371.00	$121.00	$88.00
$1526.00	$1549.00	$1645.00

Spending Breakdown by Claim

12.42%	7.06%
0.59%	0.69%
5.22%	5.07%
100%	100%
0.34%	0.09%
0.04%	0.01%
0%	0.04%
0.46%	0.19%
0.1%	0.01%
0.17%	0.05%
0.19%	0.83%
0.17%	0.07%
0.16%	0.13%
47.93%	52.22%
0.03%	0.2%
5.21%	5.62%
0.09%	0.17%
5.77%	9.94%
5.12%	5.01%
3.66%	0.7%
15.04%	9.02%

Spending Breakdown by Claim



Spending Breakdown by Claim

JACKSON MEDICAL CENTER	010128	AL
JACKSON MEDICAL CENTER	010128	AL
JACKSON MEDICAL CENTER	010128	AL
JACKSON MEDICAL CENTER	010128	AL
JACKSON MEDICAL CENTER	010128	AL
NORTH BALDWIN INFIRMARY	010129	AL
NORTH BALDWIN INFIRMARY	010129	AL
NORTH BALDWIN INFIRMARY	010129	AL
NORTH BALDWIN INFIRMARY	010129	AL
NORTH BALDWIN INFIRMARY	010129	AL
NORTH BALDWIN INFIRMARY	010129	AL
NORTH BALDWIN INFIRMARY	010129	AL
NORTH BALDWIN INFIRMARY	010129	AL
NORTH BALDWIN INFIRMARY	010129	AL
NORTH BALDWIN INFIRMARY	010129	AL
NORTH BALDWIN INFIRMARY	010129	AL
NORTH BALDWIN INFIRMARY	010129	AL
NORTH BALDWIN INFIRMARY	010129	AL
NORTH BALDWIN INFIRMARY	010129	AL
NORTH BALDWIN INFIRMARY	010129	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice

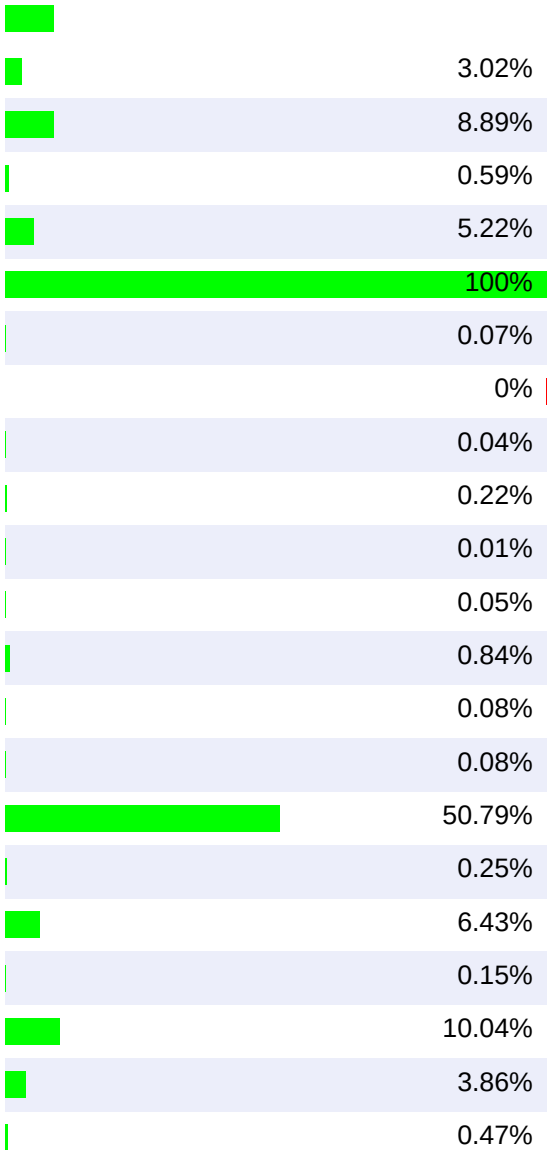
Spending Breakdown by Claim

$429.00	$496.00	$558.00
$539.00	$1213.00	$1646.00
$76.00	$119.00	$110.00
$532.00	$870.00	$966.00
$10144.00	$17179.00	$18506.00
$16.00	$15.00	$14.00
$3.00	$2.00	$1.00
$0.00	$6.00	$7.00
$10.00	$33.00	$40.00
$0.00	$1.00	$3.00
$19.00	$9.00	$9.00
$100.00	$143.00	$155.00
$25.00	$12.00	$14.00
$43.00	$22.00	$16.00
$5983.00	$8972.00	$9399.00
$5.00	$34.00	$46.00
$742.00	$966.00	$1190.00
$22.00	$29.00	$27.00
$943.00	$1708.00	$1857.00
$1313.00	$860.00	$715.00
$272.00	$121.00	$88.00

Spending Breakdown by Claim

4.23%	2.89%
5.31%	7.06%
0.75%	0.69%
5.25%	5.07%
100%	100%
0.13%	0.09%
0.02%	0.01%
0%	0.04%
0.08%	0.19%
0%	0.01%
0.15%	0.05%
0.79%	0.83%
0.2%	0.07%
0.34%	0.13%
47.27%	52.22%
0.04%	0.2%
5.86%	5.62%
0.17%	0.17%
7.45%	9.94%
10.37%	5.01%
2.15%	0.7%

Spending Breakdown by Claim



Spending Breakdown by Claim

NORTH BALDWIN INFIRMARY	010129	AL
NORTH BALDWIN INFIRMARY	010129	AL
NORTH BALDWIN INFIRMARY	010129	AL
NORTH BALDWIN INFIRMARY	010129	AL
NORTH BALDWIN INFIRMARY	010129	AL
NORTH BALDWIN INFIRMARY	010129	AL
ST VINCENT'S ST CLAIR	010130	AL
ST VINCENT'S ST CLAIR	010130	AL
ST VINCENT'S ST CLAIR	010130	AL
ST VINCENT'S ST CLAIR	010130	AL
ST VINCENT'S ST CLAIR	010130	AL
ST VINCENT'S ST CLAIR	010130	AL
ST VINCENT'S ST CLAIR	010130	AL
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ST VINCENT'S ST CLAIR	010130	AL
ST VINCENT'S ST CLAIR	010130	AL
ST VINCENT'S ST CLAIR	010130	AL
ST VINCENT'S ST CLAIR	010130	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency

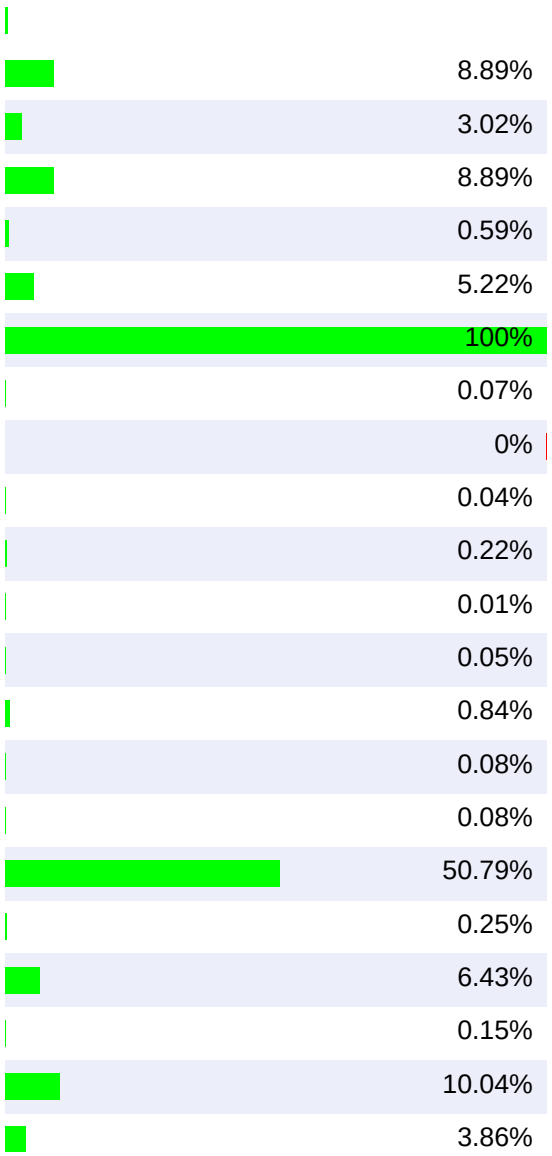
Spending Breakdown by Claim

$1105.00	$1549.00	$1645.00
$397.00	$496.00	$558.00
$813.00	$1213.00	$1646.00
$101.00	$119.00	$110.00
$744.00	$870.00	$966.00
$12655.00	$17179.00	$18506.00
$0.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$3.00	$33.00	$40.00
$0.00	$1.00	$3.00
$25.00	$9.00	$9.00
$64.00	$143.00	$155.00
$0.00	$12.00	$14.00
$0.00	$22.00	$16.00
$5265.00	$8972.00	$9399.00
$4.00	$34.00	$46.00
$1177.00	$966.00	$1190.00
$8.00	$29.00	$27.00
$905.00	$1708.00	$1857.00
$677.00	$860.00	$715.00

Spending Breakdown by Claim

8.74%	9.02%
3.13%	2.89%
6.43%	7.06%
0.8%	0.69%
5.88%	5.07%
100%	100%
0%	0.09%
0%	0.01%
0%	0.04%
0.02%	0.19%
0%	0.01%
0.21%	0.05%
0.52%	0.83%
0%	0.07%
0%	0.13%
42.87%	52.22%
0.04%	0.2%
9.58%	5.62%
0.07%	0.17%
7.37%	9.94%
5.51%	5.01%

Spending Breakdown by Claim



Spending Breakdown by Claim

ST VINCENT'S ST CLAIR	010130	AL
ST VINCENT'S ST CLAIR	010130	AL
ST VINCENT'S ST CLAIR	010130	AL
ST VINCENT'S ST CLAIR	010130	AL
ST VINCENT'S ST CLAIR	010130	AL
ST VINCENT'S ST CLAIR	010130	AL
ST VINCENT'S ST CLAIR	010130	AL
CRESTWOOD MEDICAL CENTER	010131	AL
CRESTWOOD MEDICAL CENTER	010131	AL
CRESTWOOD MEDICAL CENTER	010131	AL
CRESTWOOD MEDICAL CENTER	010131	AL
CRESTWOOD MEDICAL CENTER	010131	AL
CRESTWOOD MEDICAL CENTER	010131	AL
CRESTWOOD MEDICAL CENTER	010131	AL
CRESTWOOD MEDICAL CENTER	010131	AL
CRESTWOOD MEDICAL CENTER	010131	AL
CRESTWOOD MEDICAL CENTER	010131	AL
CRESTWOOD MEDICAL CENTER	010131	AL
CRESTWOOD MEDICAL CENTER	010131	AL
CRESTWOOD MEDICAL CENTER	010131	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier

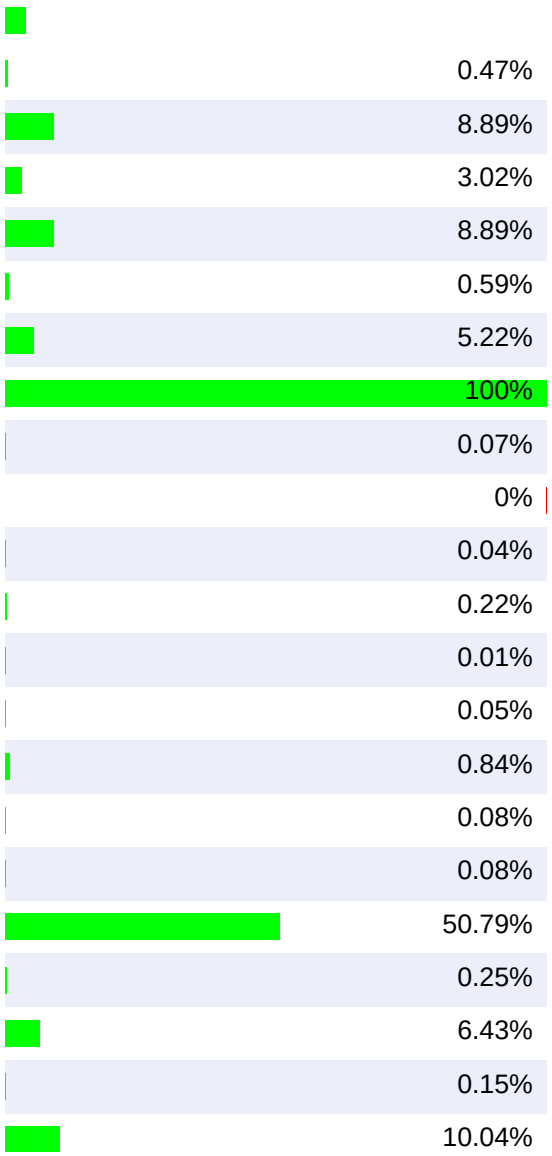
Spending Breakdown by Claim

$78.00	$121.00	$88.00
$1379.00	$1549.00	$1645.00
$296.00	$496.00	$558.00
$1610.00	$1213.00	$1646.00
$57.00	$119.00	$110.00
$734.00	$870.00	$966.00
$12281.00	$17179.00	$18506.00
$5.00	$15.00	$14.00
$0.00	$2.00	$1.00
$3.00	$6.00	$7.00
$19.00	$33.00	$40.00
$1.00	$1.00	$3.00
$13.00	$9.00	$9.00
$131.00	$143.00	$155.00
$16.00	$12.00	$14.00
$11.00	$22.00	$16.00
$8553.00	$8972.00	$9399.00
$15.00	$34.00	$46.00
$1042.00	$966.00	$1190.00
$37.00	$29.00	$27.00
$1765.00	$1708.00	$1857.00

Spending Breakdown by Claim

0.63%	0.7%
11.23%	9.02%
2.41%	2.89%
13.11%	7.06%
0.46%	0.69%
5.98%	5.07%
100%	100%
0.03%	0.09%
0%	0.01%
0.02%	0.04%
0.12%	0.19%
0.01%	0.01%
0.08%	0.05%
0.8%	0.83%
0.1%	0.07%
0.07%	0.13%
52.16%	52.22%
0.09%	0.2%
6.36%	5.62%
0.23%	0.17%
10.77%	9.94%

Spending Breakdown by Claim



Spending Breakdown by Claim

CRESTWOOD MEDICAL CENTER	010131	AL
CRESTWOOD MEDICAL CENTER	010131	AL
CRESTWOOD MEDICAL CENTER	010131	AL
CRESTWOOD MEDICAL CENTER	010131	AL
CRESTWOOD MEDICAL CENTER	010131	AL
CRESTWOOD MEDICAL CENTER	010131	AL
CRESTWOOD MEDICAL CENTER	010131	AL
CRESTWOOD MEDICAL CENTER	010131	AL
COOPER GREEN MERCY HOSPITAL	010137	AL
COOPER GREEN MERCY HOSPITAL	010137	AL
COOPER GREEN MERCY HOSPITAL	010137	AL
COOPER GREEN MERCY HOSPITAL	010137	AL
COOPER GREEN MERCY HOSPITAL	010137	AL
COOPER GREEN MERCY HOSPITAL	010137	AL
COOPER GREEN MERCY HOSPITAL	010137	AL
COOPER GREEN MERCY HOSPITAL	010137	AL
COOPER GREEN MERCY HOSPITAL	010137	AL
COOPER GREEN MERCY HOSPITAL	010137	AL
COOPER GREEN MERCY HOSPITAL	010137	AL
COOPER GREEN MERCY HOSPITAL	010137	AL

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment

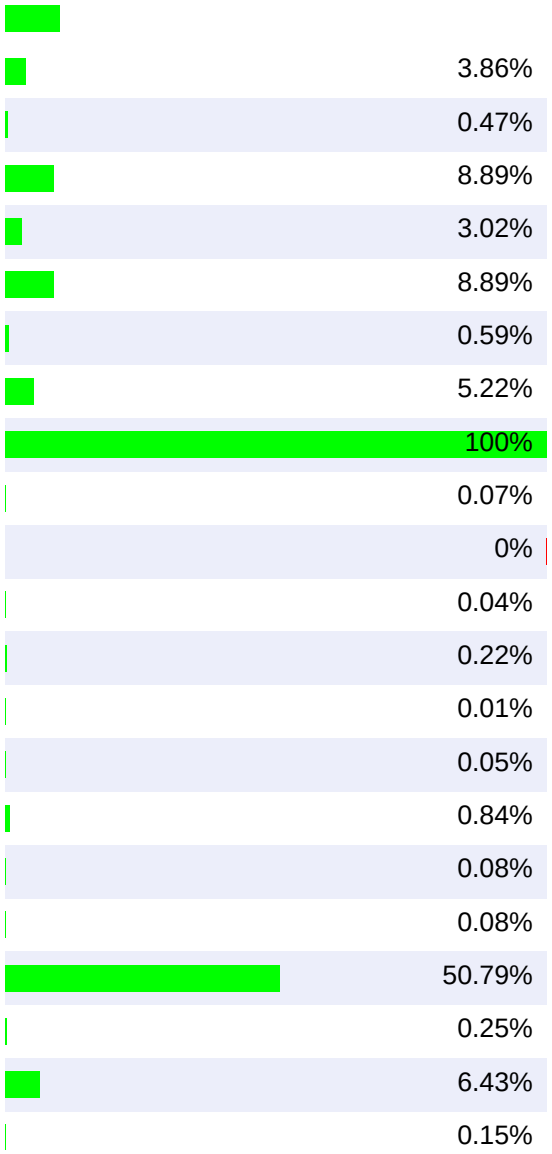
Spending Breakdown by Claim

$723.00	$860.00	$715.00
$88.00	$121.00	$88.00
$1353.00	$1549.00	$1645.00
$348.00	$496.00	$558.00
$1303.00	$1213.00	$1646.00
$100.00	$119.00	$110.00
$867.00	$870.00	$966.00
$16395.00	$17179.00	$18506.00
$0.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$11.00	$33.00	$40.00
$17.00	$1.00	$3.00
$36.00	$9.00	$9.00
$153.00	$143.00	$155.00
$0.00	$12.00	$14.00
$65.00	$22.00	$16.00
$6903.00	$8972.00	$9399.00
$8.00	$34.00	$46.00
$1113.00	$966.00	$1190.00
$1.00	$29.00	$27.00

Spending Breakdown by Claim

4.41%	5.01%
0.53%	0.7%
8.25%	9.02%
2.12%	2.89%
7.95%	7.06%
0.61%	0.69%
5.29%	5.07%
100%	100%
0%	0.09%
0%	0.01%
0%	0.04%
0.09%	0.19%
0.13%	0.01%
0.27%	0.05%
1.17%	0.83%
0%	0.07%
0.5%	0.13%
52.79%	52.22%
0.06%	0.2%
8.51%	5.62%
0.01%	0.17%

Spending Breakdown by Claim



Spending Breakdown by Claim

COOPER GREEN MERCY HOSPITAL	010137	AL
COOPER GREEN MERCY HOSPITAL	010137	AL
COOPER GREEN MERCY HOSPITAL	010137	AL
COOPER GREEN MERCY HOSPITAL	010137	AL
COOPER GREEN MERCY HOSPITAL	010137	AL
COOPER GREEN MERCY HOSPITAL	010137	AL
COOPER GREEN MERCY HOSPITAL	010137	AL
COOPER GREEN MERCY HOSPITAL	010137	AL
COOPER GREEN MERCY HOSPITAL	010137	AL
HILL HOSPITAL OF SUMTER COUNTY	010138	AL
HILL HOSPITAL OF SUMTER COUNTY	010138	AL
HILL HOSPITAL OF SUMTER COUNTY	010138	AL
HILL HOSPITAL OF SUMTER COUNTY	010138	AL
HILL HOSPITAL OF SUMTER COUNTY	010138	AL
HILL HOSPITAL OF SUMTER COUNTY	010138	AL
HILL HOSPITAL OF SUMTER COUNTY	010138	AL
HILL HOSPITAL OF SUMTER COUNTY	010138	AL
HILL HOSPITAL OF SUMTER COUNTY	010138	AL
HILL HOSPITAL OF SUMTER COUNTY	010138	AL
HILL HOSPITAL OF SUMTER COUNTY	010138	AL

Spending Breakdown by Claim

During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility

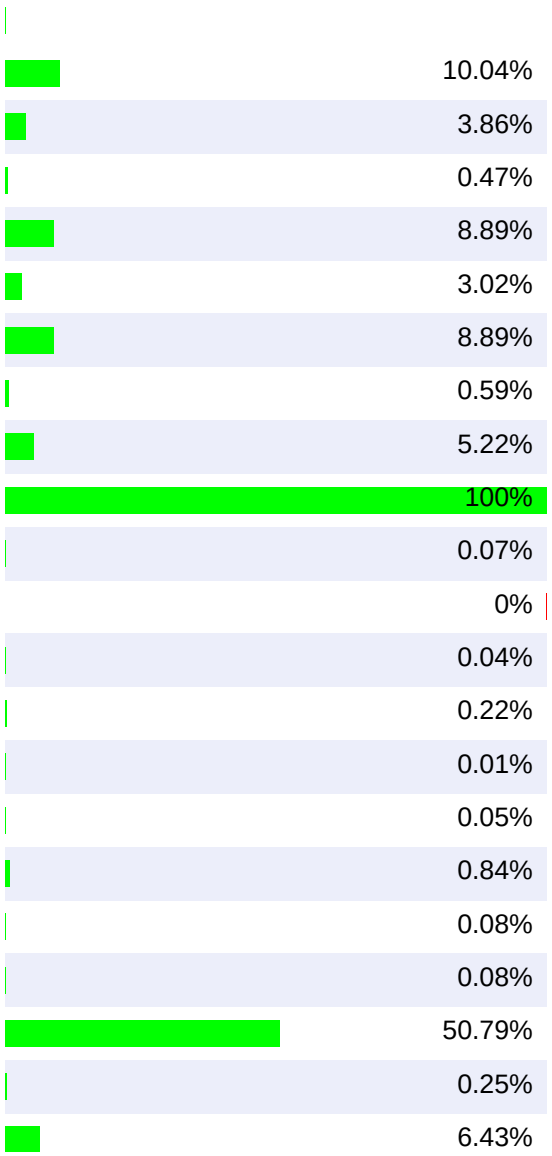
Spending Breakdown by Claim

$657.00	$1708.00	$1857.00
$476.00	$860.00	$715.00
$174.00	$121.00	$88.00
$1177.00	$1549.00	$1645.00
$563.00	$496.00	$558.00
$1166.00	$1213.00	$1646.00
$63.00	$119.00	$110.00
$492.00	$870.00	$966.00
$13075.00	$17179.00	$18506.00
$0.00	$15.00	$14.00
$0.00	$2.00	$1.00
$93.00	$6.00	$7.00
$43.00	$33.00	$40.00
$0.00	$1.00	$3.00
$0.00	$9.00	$9.00
$90.00	$143.00	$155.00
$0.00	$12.00	$14.00
$0.00	$22.00	$16.00
$4426.00	$8972.00	$9399.00
$3.00	$34.00	$46.00
$376.00	$966.00	$1190.00

Spending Breakdown by Claim

5.03%	9.94%
3.64%	5.01%
1.33%	0.7%
9%	9.02%
4.31%	2.89%
8.91%	7.06%
0.48%	0.69%
3.77%	5.07%
100%	100%
0%	0.09%
0%	0.01%
0.9%	0.04%
0.41%	0.19%
0%	0.01%
0%	0.05%
0.86%	0.83%
0%	0.07%
0%	0.13%
42.62%	52.22%
0.03%	0.2%
3.62%	5.62%

Spending Breakdown by Claim



Spending Breakdown by Claim

HILL HOSPITAL OF SUMTER COUNTY	010138	AL
HILL HOSPITAL OF SUMTER COUNTY	010138	AL
HILL HOSPITAL OF SUMTER COUNTY	010138	AL
HILL HOSPITAL OF SUMTER COUNTY	010138	AL
HILL HOSPITAL OF SUMTER COUNTY	010138	AL
HILL HOSPITAL OF SUMTER COUNTY	010138	AL
HILL HOSPITAL OF SUMTER COUNTY	010138	AL
HILL HOSPITAL OF SUMTER COUNTY	010138	AL
HILL HOSPITAL OF SUMTER COUNTY	010138	AL
HILL HOSPITAL OF SUMTER COUNTY	010138	AL
BROOKWOOD MEDICAL CENTER	010139	AL
BROOKWOOD MEDICAL CENTER	010139	AL
BROOKWOOD MEDICAL CENTER	010139	AL
BROOKWOOD MEDICAL CENTER	010139	AL
BROOKWOOD MEDICAL CENTER	010139	AL
BROOKWOOD MEDICAL CENTER	010139	AL
BROOKWOOD MEDICAL CENTER	010139	AL
BROOKWOOD MEDICAL CENTER	010139	AL
BROOKWOOD MEDICAL CENTER	010139	AL
BROOKWOOD MEDICAL CENTER	010139	AL

Spending Breakdown by Claim

During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient

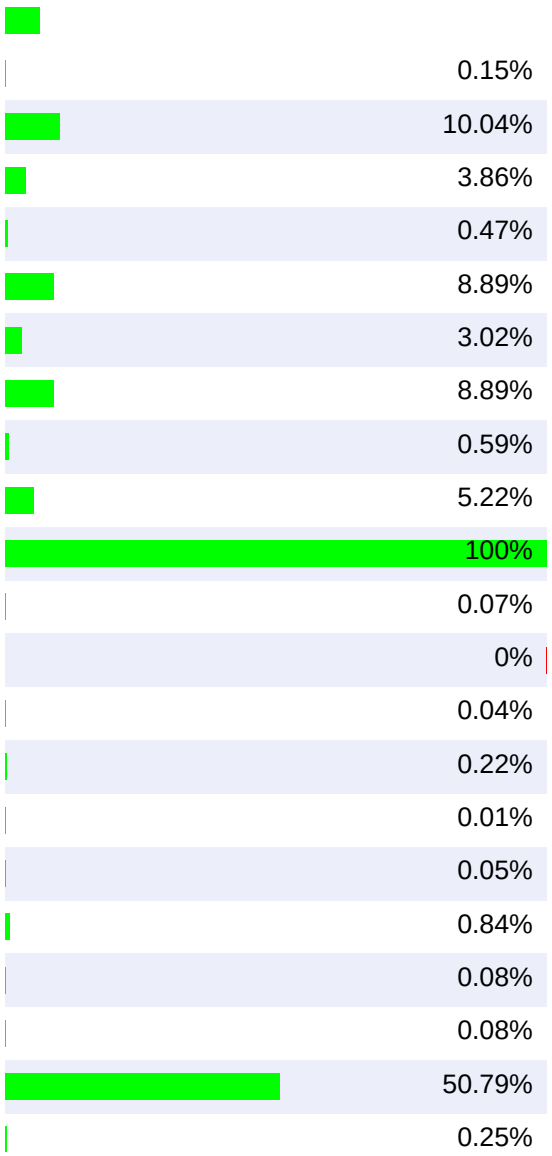
Spending Breakdown by Claim

$0.00	$29.00	$27.00
$294.00	$1708.00	$1857.00
$217.00	$860.00	$715.00
$322.00	$121.00	$88.00
$2805.00	$1549.00	$1645.00
$676.00	$496.00	$558.00
$270.00	$1213.00	$1646.00
$12.00	$119.00	$110.00
$758.00	$870.00	$966.00
$10383.00	$17179.00	$18506.00
$11.00	$15.00	$14.00
$1.00	$2.00	$1.00
$14.00	$6.00	$7.00
$34.00	$33.00	$40.00
$1.00	$1.00	$3.00
$13.00	$9.00	$9.00
$232.00	$143.00	$155.00
$19.00	$12.00	$14.00
$13.00	$22.00	$16.00
$10341.00	$8972.00	$9399.00
$71.00	$34.00	$46.00

Spending Breakdown by Claim

0%	0.17%
2.84%	9.94%
2.09%	5.01%
3.1%	0.7%
27.01%	9.02%
6.51%	2.89%
2.6%	7.06%
0.12%	0.69%
7.3%	5.07%
100%	100%
0.06%	0.09%
0%	0.01%
0.08%	0.04%
0.18%	0.19%
0.01%	0.01%
0.07%	0.05%
1.23%	0.83%
0.1%	0.07%
0.07%	0.13%
54.97%	52.22%
0.38%	0.2%

Spending Breakdown by Claim



Spending Breakdown by Claim

BROOKWOOD MEDICAL CENTER	010139	AL
BROOKWOOD MEDICAL CENTER	010139	AL
BROOKWOOD MEDICAL CENTER	010139	AL
BROOKWOOD MEDICAL CENTER	010139	AL
BROOKWOOD MEDICAL CENTER	010139	AL
BROOKWOOD MEDICAL CENTER	010139	AL
BROOKWOOD MEDICAL CENTER	010139	AL
BROOKWOOD MEDICAL CENTER	010139	AL
BROOKWOOD MEDICAL CENTER	010139	AL
BROOKWOOD MEDICAL CENTER	010139	AL
BROOKWOOD MEDICAL CENTER	010139	AL
SPRINGHILL MEDICAL CENTER	010144	AL
SPRINGHILL MEDICAL CENTER	010144	AL
SPRINGHILL MEDICAL CENTER	010144	AL
SPRINGHILL MEDICAL CENTER	010144	AL
SPRINGHILL MEDICAL CENTER	010144	AL
SPRINGHILL MEDICAL CENTER	010144	AL
SPRINGHILL MEDICAL CENTER	010144	AL
SPRINGHILL MEDICAL CENTER	010144	AL
SPRINGHILL MEDICAL CENTER	010144	AL
SPRINGHILL MEDICAL CENTER	010144	AL

Spending Breakdown by Claim

During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient

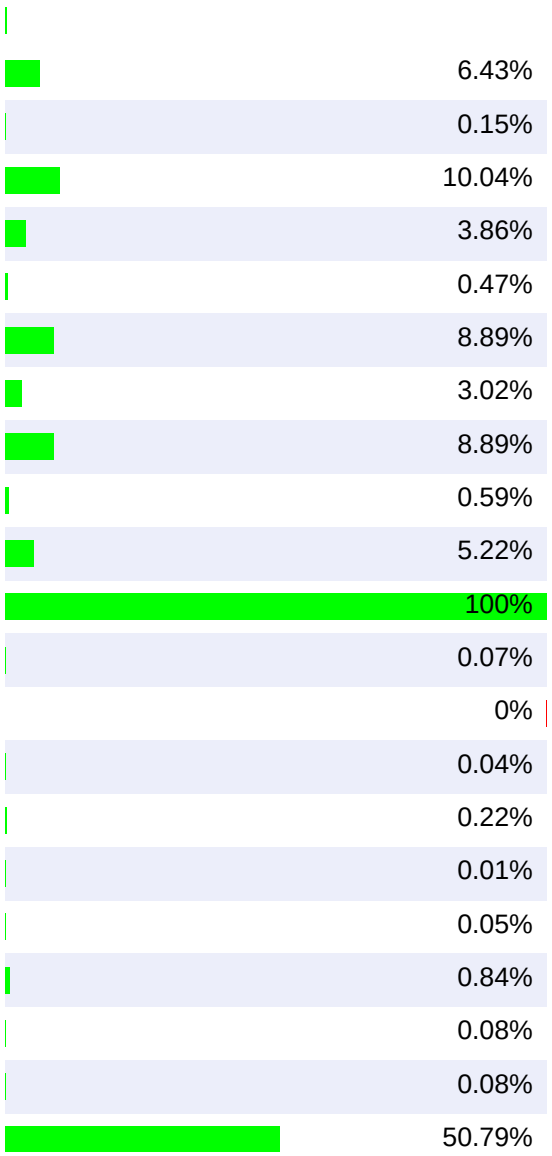
Spending Breakdown by Claim

$547.00	$966.00	$1190.00
$41.00	$29.00	$27.00
$2159.00	$1708.00	$1857.00
$924.00	$860.00	$715.00
$74.00	$121.00	$88.00
$1479.00	$1549.00	$1645.00
$450.00	$496.00	$558.00
$1048.00	$1213.00	$1646.00
$185.00	$119.00	$110.00
$1154.00	$870.00	$966.00
$18812.00	$17179.00	$18506.00
$12.00	$15.00	$14.00
$5.00	$2.00	$1.00
$1.00	$6.00	$7.00
$28.00	$33.00	$40.00
$1.00	$1.00	$3.00
$13.00	$9.00	$9.00
$64.00	$143.00	$155.00
$14.00	$12.00	$14.00
$16.00	$22.00	$16.00
$9558.00	$8972.00	$9399.00

Spending Breakdown by Claim

2.91%	5.62%
0.22%	0.17%
11.48%	9.94%
4.91%	5.01%
0.4%	0.7%
7.86%	9.02%
2.39%	2.89%
5.57%	7.06%
0.98%	0.69%
6.14%	5.07%
100%	100%
0.07%	0.09%
0.03%	0.01%
0.01%	0.04%
0.15%	0.19%
0%	0.01%
0.07%	0.05%
0.34%	0.83%
0.08%	0.07%
0.09%	0.13%
51.68%	52.22%

Spending Breakdown by Claim



Spending Breakdown by Claim

SPRINGHILL MEDICAL CENTER	010144	AL
SPRINGHILL MEDICAL CENTER	010144	AL
SPRINGHILL MEDICAL CENTER	010144	AL
SPRINGHILL MEDICAL CENTER	010144	AL
SPRINGHILL MEDICAL CENTER	010144	AL
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SPRINGHILL MEDICAL CENTER	010144	AL
SPRINGHILL MEDICAL CENTER	010144	AL
SPRINGHILL MEDICAL CENTER	010144	AL
SPRINGHILL MEDICAL CENTER	010144	AL
JACKSONVILLE MEDICAL CENTER	010146	AL
JACKSONVILLE MEDICAL CENTER	010146	AL
JACKSONVILLE MEDICAL CENTER	010146	AL
JACKSONVILLE MEDICAL CENTER	010146	AL
JACKSONVILLE MEDICAL CENTER	010146	AL
JACKSONVILLE MEDICAL CENTER	010146	AL
JACKSONVILLE MEDICAL CENTER	010146	AL
JACKSONVILLE MEDICAL CENTER	010146	AL

Spending Breakdown by Claim

During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice

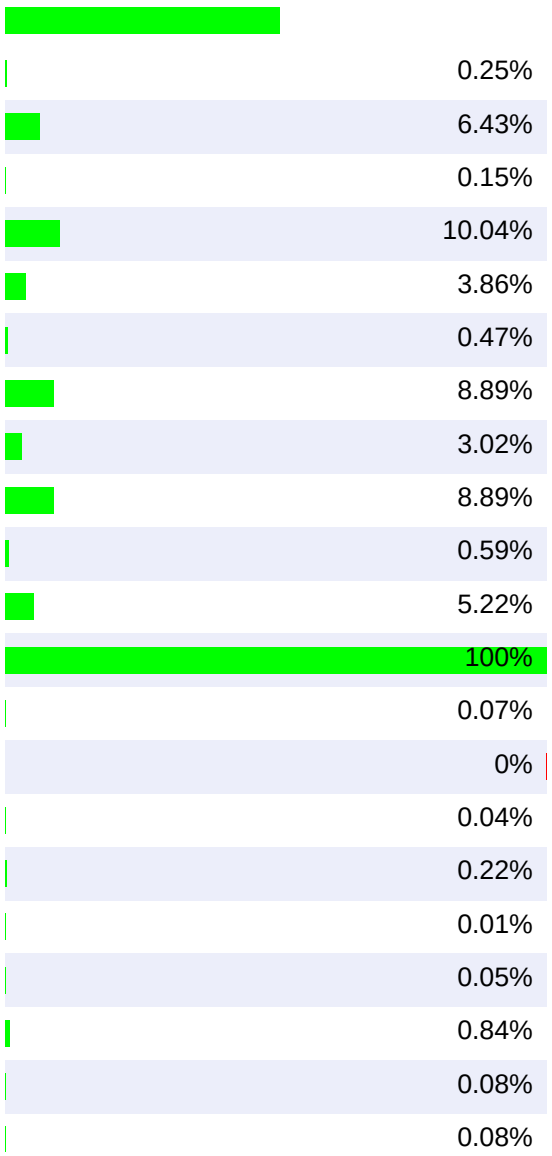
Spending Breakdown by Claim

$48.00	$34.00	$46.00
$864.00	$966.00	$1190.00
$66.00	$29.00	$27.00
$2423.00	$1708.00	$1857.00
$960.00	$860.00	$715.00
$162.00	$121.00	$88.00
$1545.00	$1549.00	$1645.00
$576.00	$496.00	$558.00
$922.00	$1213.00	$1646.00
$245.00	$119.00	$110.00
$973.00	$870.00	$966.00
$18496.00	$17179.00	$18506.00
$9.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$36.00	$33.00	$40.00
$0.00	$1.00	$3.00
$3.00	$9.00	$9.00
$74.00	$143.00	$155.00
$0.00	$12.00	$14.00
$8.00	$22.00	$16.00

Spending Breakdown by Claim

0.26%	0.2%
4.67%	5.62%
0.36%	0.17%
13.1%	9.94%
5.19%	5.01%
0.88%	0.7%
8.35%	9.02%
3.12%	2.89%
4.98%	7.06%
1.32%	0.69%
5.26%	5.07%
100%	100%
0.06%	0.09%
0%	0.01%
0%	0.04%
0.26%	0.19%
0%	0.01%
0.02%	0.05%
0.54%	0.83%
0%	0.07%
0.06%	0.13%

Spending Breakdown by Claim



Spending Breakdown by Claim

JACKSONVILLE MEDICAL CENTER	010146	AL
JACKSONVILLE MEDICAL CENTER	010146	AL
JACKSONVILLE MEDICAL CENTER	010146	AL
JACKSONVILLE MEDICAL CENTER	010146	AL
JACKSONVILLE MEDICAL CENTER	010146	AL
JACKSONVILLE MEDICAL CENTER	010146	AL
JACKSONVILLE MEDICAL CENTER	010146	AL
JACKSONVILLE MEDICAL CENTER	010146	AL
JACKSONVILLE MEDICAL CENTER	010146	AL
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JACKSONVILLE MEDICAL CENTER	010146	AL
JACKSONVILLE MEDICAL CENTER	010146	AL
JACKSONVILLE MEDICAL CENTER	010146	AL
EVERGREEN MEDICAL CENTER	010148	AL
EVERGREEN MEDICAL CENTER	010148	AL
EVERGREEN MEDICAL CENTER	010148	AL
EVERGREEN MEDICAL CENTER	010148	AL
EVERGREEN MEDICAL CENTER	010148	AL
EVERGREEN MEDICAL CENTER	010148	AL
EVERGREEN MEDICAL CENTER	010148	AL
EVERGREEN MEDICAL CENTER	010148	AL

Spending Breakdown by Claim

During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency

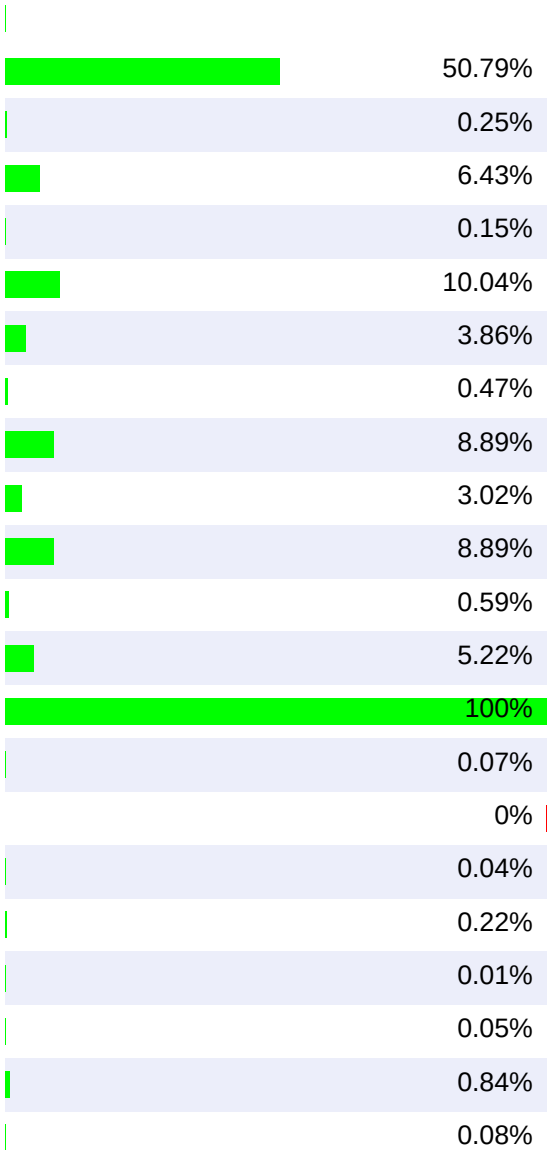
Spending Breakdown by Claim

$5928.00	$8972.00	$9399.00
$31.00	$34.00	$46.00
$1060.00	$966.00	$1190.00
$6.00	$29.00	$27.00
$777.00	$1708.00	$1857.00
$571.00	$860.00	$715.00
$15.00	$121.00	$88.00
$2221.00	$1549.00	$1645.00
$740.00	$496.00	$558.00
$1409.00	$1213.00	$1646.00
$61.00	$119.00	$110.00
$803.00	$870.00	$966.00
$13754.00	$17179.00	$18506.00
$16.00	$15.00	$14.00
$0.00	$2.00	$1.00
$0.00	$6.00	$7.00
$19.00	$33.00	$40.00
$0.00	$1.00	$3.00
$6.00	$9.00	$9.00
$50.00	$143.00	$155.00
$5.00	$12.00	$14.00

Spending Breakdown by Claim

43.1%	52.22%
0.22%	0.2%
7.71%	5.62%
0.05%	0.17%
5.65%	9.94%
4.15%	5.01%
0.11%	0.7%
16.15%	9.02%
5.38%	2.89%
10.25%	7.06%
0.44%	0.69%
5.84%	5.07%
100%	100%
0.15%	0.09%
0%	0.01%
0%	0.04%
0.19%	0.19%
0%	0.01%
0.06%	0.05%
0.5%	0.83%
0.05%	0.07%

Spending Breakdown by Claim



Spending Breakdown by Claim

EVERGREEN MEDICAL CENTER	010148	AL
EVERGREEN MEDICAL CENTER	010148	AL
EVERGREEN MEDICAL CENTER	010148	AL
EVERGREEN MEDICAL CENTER	010148	AL
EVERGREEN MEDICAL CENTER	010148	AL
EVERGREEN MEDICAL CENTER	010148	AL
EVERGREEN MEDICAL CENTER	010148	AL
EVERGREEN MEDICAL CENTER	010148	AL
EVERGREEN MEDICAL CENTER	010148	AL
EVERGREEN MEDICAL CENTER	010148	AL
EVERGREEN MEDICAL CENTER	010148	AL
EVERGREEN MEDICAL CENTER	010148	AL
EVERGREEN MEDICAL CENTER	010148	AL
EVERGREEN MEDICAL CENTER	010148	AL
BAPTIST MEDICAL CENTER EAST	010149	AL
BAPTIST MEDICAL CENTER EAST	010149	AL
BAPTIST MEDICAL CENTER EAST	010149	AL
BAPTIST MEDICAL CENTER EAST	010149	AL
BAPTIST MEDICAL CENTER EAST	010149	AL
BAPTIST MEDICAL CENTER EAST	010149	AL
BAPTIST MEDICAL CENTER EAST	010149	AL

Spending Breakdown by Claim

During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier

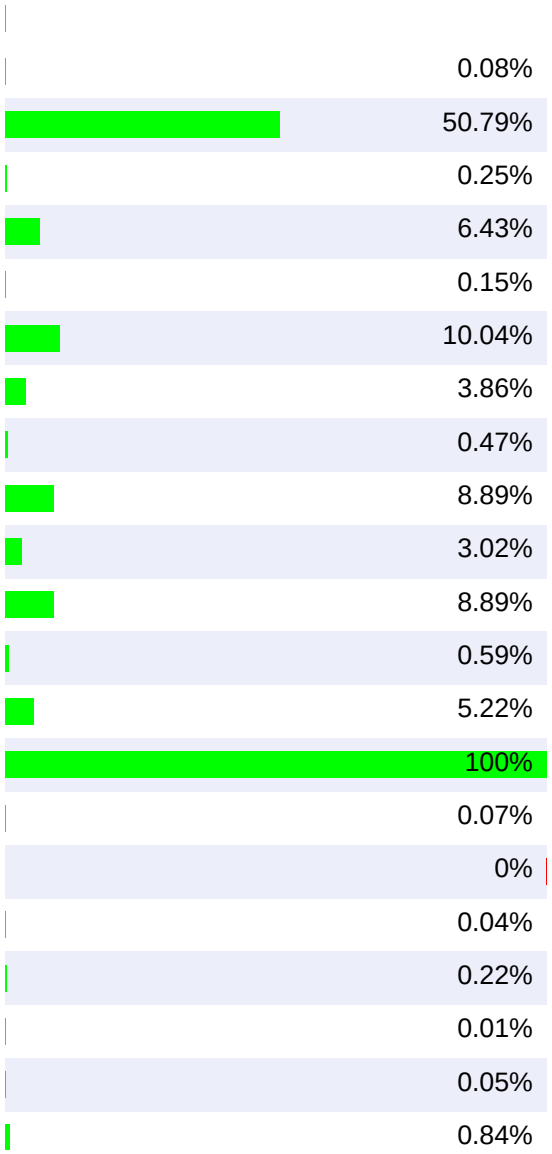
Spending Breakdown by Claim

$14.00	$22.00	$16.00
$5171.00	$8972.00	$9399.00
$29.00	$34.00	$46.00
$589.00	$966.00	$1190.00
$12.00	$29.00	$27.00
$506.00	$1708.00	$1857.00
$531.00	$860.00	$715.00
$105.00	$121.00	$88.00
$1289.00	$1549.00	$1645.00
$314.00	$496.00	$558.00
$848.00	$1213.00	$1646.00
$91.00	$119.00	$110.00
$579.00	$870.00	$966.00
$10174.00	$17179.00	$18506.00
$4.00	$15.00	$14.00
$1.00	$2.00	$1.00
$5.00	$6.00	$7.00
$31.00	$33.00	$40.00
$0.00	$1.00	$3.00
$4.00	$9.00	$9.00
$145.00	$143.00	$155.00

Spending Breakdown by Claim

0.14%	0.13%
50.83%	52.22%
0.28%	0.2%
5.79%	5.62%
0.11%	0.17%
4.97%	9.94%
5.22%	5.01%
1.03%	0.7%
12.67%	9.02%
3.09%	2.89%
8.33%	7.06%
0.89%	0.69%
5.69%	5.07%
100%	100%
0.03%	0.09%
0%	0.01%
0.03%	0.04%
0.2%	0.19%
0%	0.01%
0.03%	0.05%
0.96%	0.83%

Spending Breakdown by Claim



Spending Breakdown by Claim

BAPTIST MEDICAL CENTER EAST	010149	AL
BAPTIST MEDICAL CENTER EAST	010149	AL
BAPTIST MEDICAL CENTER EAST	010149	AL
BAPTIST MEDICAL CENTER EAST	010149	AL
BAPTIST MEDICAL CENTER EAST	010149	AL
BAPTIST MEDICAL CENTER EAST	010149	AL
BAPTIST MEDICAL CENTER EAST	010149	AL
BAPTIST MEDICAL CENTER EAST	010149	AL
BAPTIST MEDICAL CENTER EAST	010149	AL
BAPTIST MEDICAL CENTER EAST	010149	AL
BAPTIST MEDICAL CENTER EAST	010149	AL
BAPTIST MEDICAL CENTER EAST	010149	AL
BAPTIST MEDICAL CENTER EAST	010149	AL
BAPTIST MEDICAL CENTER EAST	010149	AL
BAPTIST MEDICAL CENTER EAST	010149	AL
L V STABLER MEMORIAL HOSPITAL	010150	AL
L V STABLER MEMORIAL HOSPITAL	010150	AL
L V STABLER MEMORIAL HOSPITAL	010150	AL
L V STABLER MEMORIAL HOSPITAL	010150	AL
L V STABLER MEMORIAL HOSPITAL	010150	AL
L V STABLER MEMORIAL HOSPITAL	010150	AL

Spending Breakdown by Claim

During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment

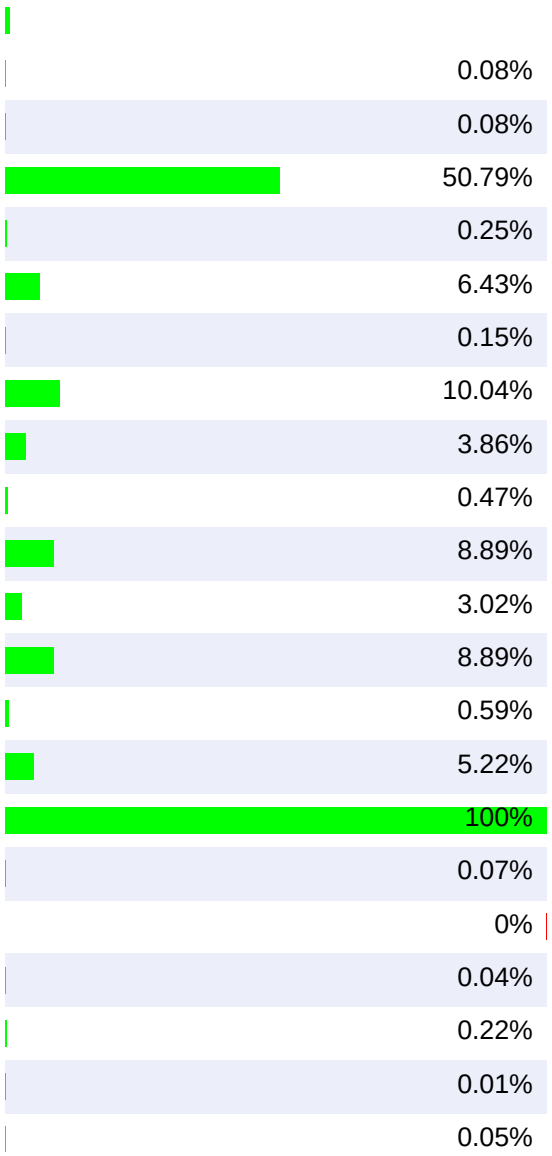
Spending Breakdown by Claim

$13.00	$12.00	$14.00
$25.00	$22.00	$16.00
$7739.00	$8972.00	$9399.00
$25.00	$34.00	$46.00
$589.00	$966.00	$1190.00
$17.00	$29.00	$27.00
$1544.00	$1708.00	$1857.00
$663.00	$860.00	$715.00
$125.00	$121.00	$88.00
$1431.00	$1549.00	$1645.00
$621.00	$496.00	$558.00
$950.00	$1213.00	$1646.00
$99.00	$119.00	$110.00
$1106.00	$870.00	$966.00
$15138.00	$17179.00	$18506.00
$14.00	$15.00	$14.00
$0.00	$2.00	$1.00
$37.00	$6.00	$7.00
$6.00	$33.00	$40.00
$0.00	$1.00	$3.00
$10.00	$9.00	$9.00

Spending Breakdown by Claim

0.08%	0.07%
0.17%	0.13%
51.13%	52.22%
0.16%	0.2%
3.89%	5.62%
0.11%	0.17%
10.2%	9.94%
4.38%	5.01%
0.82%	0.7%
9.45%	9.02%
4.1%	2.89%
6.28%	7.06%
0.66%	0.69%
7.31%	5.07%
100%	100%
0.12%	0.09%
0%	0.01%
0.3%	0.04%
0.05%	0.19%
0%	0.01%
0.08%	0.05%

Spending Breakdown by Claim



Spending Breakdown by Claim

L V STABLER MEMORIAL HOSPITAL	010150	AL
L V STABLER MEMORIAL HOSPITAL	010150	AL
L V STABLER MEMORIAL HOSPITAL	010150	AL
L V STABLER MEMORIAL HOSPITAL	010150	AL
L V STABLER MEMORIAL HOSPITAL	010150	AL
L V STABLER MEMORIAL HOSPITAL	010150	AL
L V STABLER MEMORIAL HOSPITAL	010150	AL
L V STABLER MEMORIAL HOSPITAL	010150	AL
L V STABLER MEMORIAL HOSPITAL	010150	AL
L V STABLER MEMORIAL HOSPITAL	010150	AL
L V STABLER MEMORIAL HOSPITAL	010150	AL
L V STABLER MEMORIAL HOSPITAL	010150	AL
L V STABLER MEMORIAL HOSPITAL	010150	AL
L V STABLER MEMORIAL HOSPITAL	010150	AL
L V STABLER MEMORIAL HOSPITAL	010150	AL
INFIRMARY WEST	010152	AL
INFIRMARY WEST	010152	AL
INFIRMARY WEST	010152	AL
INFIRMARY WEST	010152	AL
INFIRMARY WEST	010152	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility

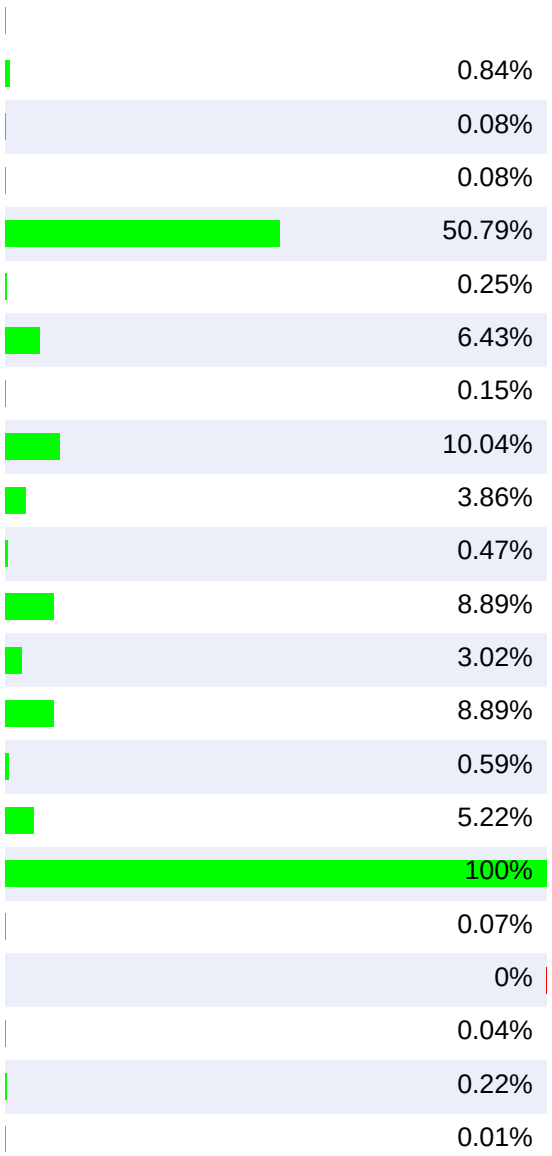
Spending Breakdown by Claim

$72.00	$143.00	$155.00
$8.00	$12.00	$14.00
$12.00	$22.00	$16.00
$5634.00	$8972.00	$9399.00
$9.00	$34.00	$46.00
$929.00	$966.00	$1190.00
$15.00	$29.00	$27.00
$959.00	$1708.00	$1857.00
$906.00	$860.00	$715.00
$129.00	$121.00	$88.00
$967.00	$1549.00	$1645.00
$355.00	$496.00	$558.00
$1437.00	$1213.00	$1646.00
$102.00	$119.00	$110.00
$644.00	$870.00	$966.00
$12243.00	$17179.00	$18506.00
$0.00	$15.00	$14.00
$2.00	$2.00	$1.00
$0.00	$6.00	$7.00
$24.00	$33.00	$40.00
$2.00	$1.00	$3.00

Spending Breakdown by Claim

0.59%	0.83%
0.07%	0.07%
0.1%	0.13%
46.02%	52.22%
0.07%	0.2%
7.59%	5.62%
0.12%	0.17%
7.83%	9.94%
7.4%	5.01%
1.06%	0.7%
7.9%	9.02%
2.9%	2.89%
11.73%	7.06%
0.83%	0.69%
5.26%	5.07%
100%	100%
0%	0.09%
0.01%	0.01%
0%	0.04%
0.12%	0.19%
0.01%	0.01%

Spending Breakdown by Claim



Spending Breakdown by Claim

INFIRMARY WEST	010152	AL
INFIRMARY WEST	010152	AL
INFIRMARY WEST	010152	AL
INFIRMARY WEST	010152	AL
INFIRMARY WEST	010152	AL
INFIRMARY WEST	010152	AL
INFIRMARY WEST	010152	AL
INFIRMARY WEST	010152	AL
INFIRMARY WEST	010152	AL
INFIRMARY WEST	010152	AL
INFIRMARY WEST	010152	AL
INFIRMARY WEST	010152	AL
INFIRMARY WEST	010152	AL
INFIRMARY WEST	010152	AL
INFIRMARY WEST	010152	AL
INFIRMARY WEST	010152	AL
INFIRMARY WEST	010152	AL
SHOALS HOSPITAL	010157	AL
SHOALS HOSPITAL	010157	AL
SHOALS HOSPITAL	010157	AL
SHOALS HOSPITAL	010157	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient

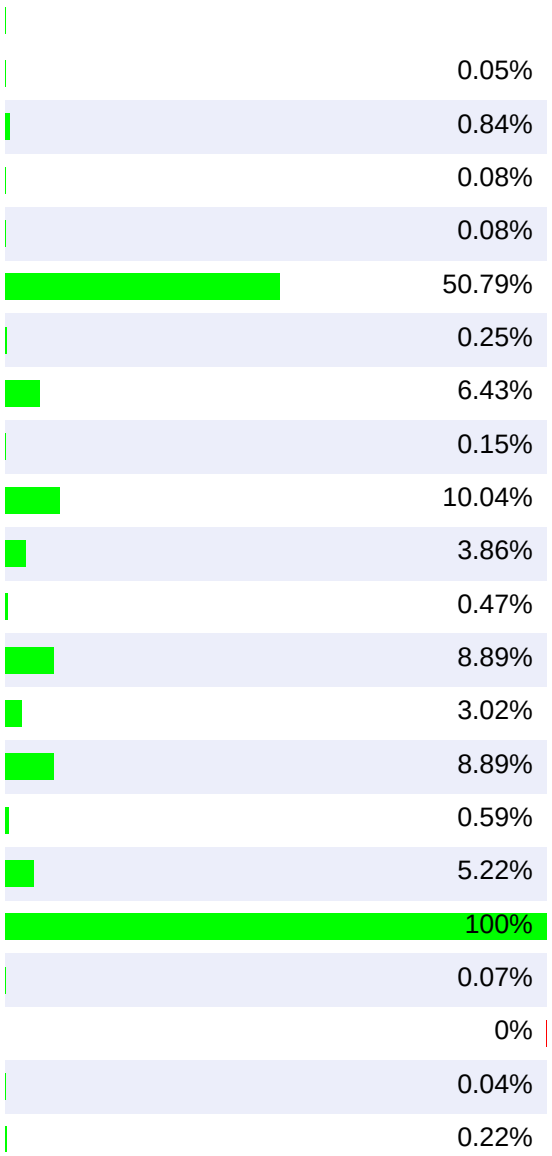
Spending Breakdown by Claim

$6.00	$9.00	$9.00
$147.00	$143.00	$155.00
$55.00	$12.00	$14.00
$88.00	$22.00	$16.00
$9520.00	$8972.00	$9399.00
$31.00	$34.00	$46.00
$1610.00	$966.00	$1190.00
$43.00	$29.00	$27.00
$1442.00	$1708.00	$1857.00
$778.00	$860.00	$715.00
$298.00	$121.00	$88.00
$1326.00	$1549.00	$1645.00
$429.00	$496.00	$558.00
$2470.00	$1213.00	$1646.00
$96.00	$119.00	$110.00
$919.00	$870.00	$966.00
$19285.00	$17179.00	$18506.00
$11.00	$15.00	$14.00
$2.00	$2.00	$1.00
$7.00	$6.00	$7.00
$25.00	$33.00	$40.00

Spending Breakdown by Claim

0.03%	0.05%
0.76%	0.83%
0.29%	0.07%
0.46%	0.13%
49.37%	52.22%
0.16%	0.2%
8.35%	5.62%
0.22%	0.17%
7.48%	9.94%
4.04%	5.01%
1.55%	0.7%
6.88%	9.02%
2.22%	2.89%
12.81%	7.06%
0.5%	0.69%
4.76%	5.07%
100%	100%
0.06%	0.09%
0.01%	0.01%
0.04%	0.04%
0.14%	0.19%

Spending Breakdown by Claim



Spending Breakdown by Claim

SHOALS HOSPITAL	010157	AL
SHOALS HOSPITAL	010157	AL
SHOALS HOSPITAL	010157	AL
SHOALS HOSPITAL	010157	AL
SHOALS HOSPITAL	010157	AL
SHOALS HOSPITAL	010157	AL
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SHOALS HOSPITAL	010157	AL
SHOALS HOSPITAL	010157	AL
SHOALS HOSPITAL	010157	AL
SHOALS HOSPITAL	010157	AL
SHOALS HOSPITAL	010157	AL
SHOALS HOSPITAL	010157	AL
SHOALS HOSPITAL	010157	AL
RUSSELLVILLE HOSPITAL	010158	AL
RUSSELLVILLE HOSPITAL	010158	AL
RUSSELLVILLE HOSPITAL	010158	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient

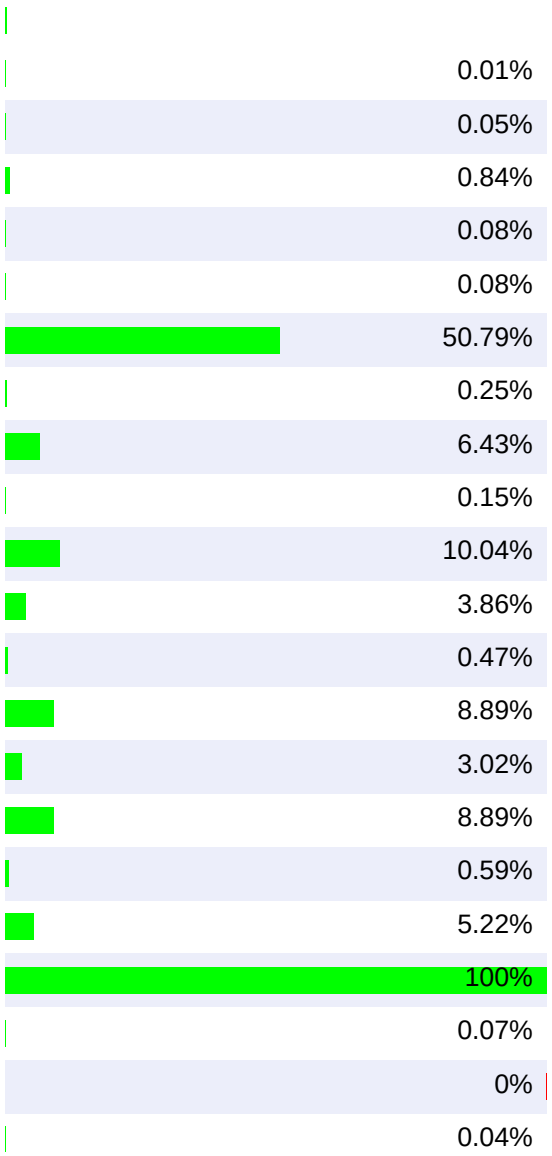
Spending Breakdown by Claim

$0.00	$1.00	$3.00
$7.00	$9.00	$9.00
$110.00	$143.00	$155.00
$1.00	$12.00	$14.00
$54.00	$22.00	$16.00
$8814.00	$8972.00	$9399.00
$39.00	$34.00	$46.00
$1051.00	$966.00	$1190.00
$29.00	$29.00	$27.00
$1472.00	$1708.00	$1857.00
$1215.00	$860.00	$715.00
$129.00	$121.00	$88.00
$1438.00	$1549.00	$1645.00
$387.00	$496.00	$558.00
$1526.00	$1213.00	$1646.00
$95.00	$119.00	$110.00
$911.00	$870.00	$966.00
$17325.00	$17179.00	$18506.00
$8.00	$15.00	$14.00
$4.00	$2.00	$1.00
$0.00	$6.00	$7.00

Spending Breakdown by Claim

0%	0.01%
0.04%	0.05%
0.63%	0.83%
0.01%	0.07%
0.31%	0.13%
50.88%	52.22%
0.23%	0.2%
6.07%	5.62%
0.17%	0.17%
8.5%	9.94%
7.02%	5.01%
0.74%	0.7%
8.3%	9.02%
2.24%	2.89%
8.81%	7.06%
0.55%	0.69%
5.26%	5.07%
100%	100%
0.05%	0.09%
0.03%	0.01%
0%	0.04%

Spending Breakdown by Claim



Spending Breakdown by Claim

RUSSELLVILLE HOSPITAL	010158	AL
RUSSELLVILLE HOSPITAL	010158	AL
RUSSELLVILLE HOSPITAL	010158	AL
RUSSELLVILLE HOSPITAL	010158	AL
RUSSELLVILLE HOSPITAL	010158	AL
RUSSELLVILLE HOSPITAL	010158	AL
RUSSELLVILLE HOSPITAL	010158	AL
RUSSELLVILLE HOSPITAL	010158	AL
RUSSELLVILLE HOSPITAL	010158	AL
RUSSELLVILLE HOSPITAL	010158	AL
RUSSELLVILLE HOSPITAL	010158	AL
RUSSELLVILLE HOSPITAL	010158	AL
RUSSELLVILLE HOSPITAL	010158	AL
RUSSELLVILLE HOSPITAL	010158	AL
RUSSELLVILLE HOSPITAL	010158	AL
RUSSELLVILLE HOSPITAL	010158	AL
RUSSELLVILLE HOSPITAL	010158	AL
RUSSELLVILLE HOSPITAL	010158	AL
COOSA VALLEY MEDICAL CENTER	010164	AL
COOSA VALLEY MEDICAL CENTER	010164	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice

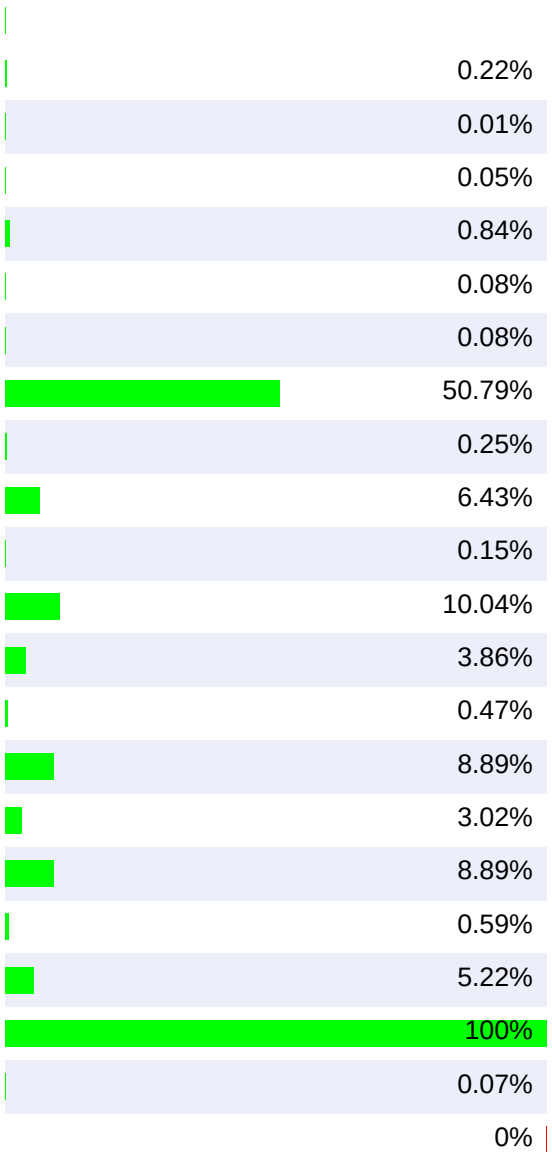
Spending Breakdown by Claim

$11.00	$33.00	$40.00
$0.00	$1.00	$3.00
$28.00	$9.00	$9.00
$132.00	$143.00	$155.00
$42.00	$12.00	$14.00
$13.00	$22.00	$16.00
$6989.00	$8972.00	$9399.00
$15.00	$34.00	$46.00
$1144.00	$966.00	$1190.00
$25.00	$29.00	$27.00
$1402.00	$1708.00	$1857.00
$1073.00	$860.00	$715.00
$90.00	$121.00	$88.00
$1593.00	$1549.00	$1645.00
$256.00	$496.00	$558.00
$1330.00	$1213.00	$1646.00
$350.00	$119.00	$110.00
$746.00	$870.00	$966.00
$15251.00	$17179.00	$18506.00
$29.00	$15.00	$14.00
$16.00	$2.00	$1.00

Spending Breakdown by Claim

0.07%	0.19%
0%	0.01%
0.18%	0.05%
0.86%	0.83%
0.28%	0.07%
0.09%	0.13%
45.82%	52.22%
0.1%	0.2%
7.5%	5.62%
0.16%	0.17%
9.19%	9.94%
7.04%	5.01%
0.59%	0.7%
10.44%	9.02%
1.68%	2.89%
8.72%	7.06%
2.29%	0.69%
4.89%	5.07%
100%	100%
0.21%	0.09%
0.11%	0.01%

Spending Breakdown by Claim



Spending Breakdown by Claim

COOSA VALLEY MEDICAL CENTER	010164	AL
COOSA VALLEY MEDICAL CENTER	010164	AL
COOSA VALLEY MEDICAL CENTER	010164	AL
COOSA VALLEY MEDICAL CENTER	010164	AL
COOSA VALLEY MEDICAL CENTER	010164	AL
COOSA VALLEY MEDICAL CENTER	010164	AL
COOSA VALLEY MEDICAL CENTER	010164	AL
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COOSA VALLEY MEDICAL CENTER	010164	AL
COOSA VALLEY MEDICAL CENTER	010164	AL
COOSA VALLEY MEDICAL CENTER	010164	AL
COOSA VALLEY MEDICAL CENTER	010164	AL
COOSA VALLEY MEDICAL CENTER	010164	AL
COOSA VALLEY MEDICAL CENTER	010164	AL
COOSA VALLEY MEDICAL CENTER	010164	AL
COOSA VALLEY MEDICAL CENTER	010164	AL
JACK HUGHSTON MEMORIAL HOSPITAL	010168	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency

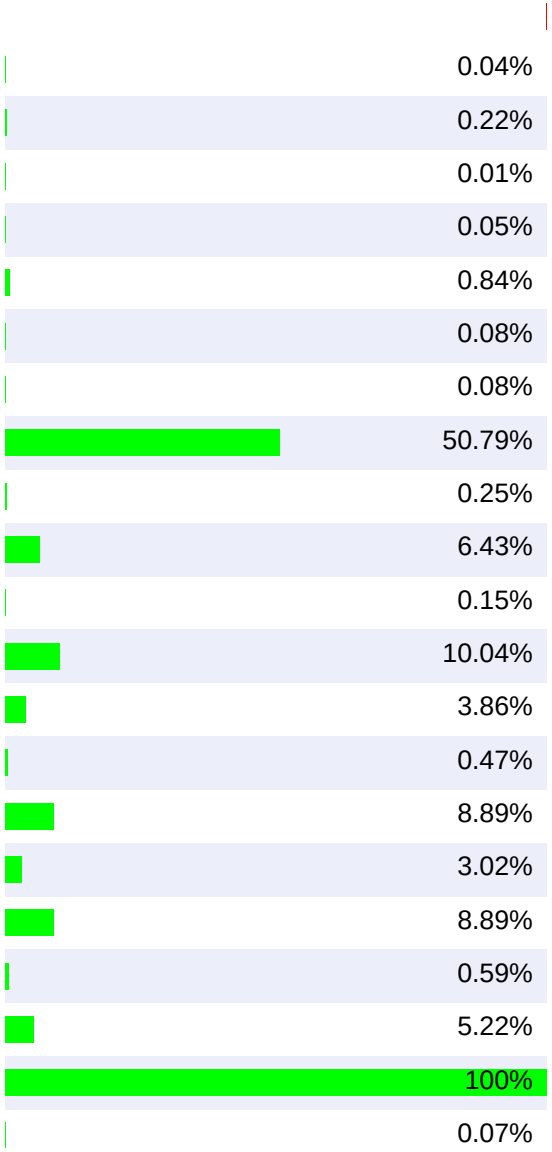
Spending Breakdown by Claim

$17.00	$6.00	$7.00
$26.00	$33.00	$40.00
$0.00	$1.00	$3.00
$7.00	$9.00	$9.00
$199.00	$143.00	$155.00
$5.00	$12.00	$14.00
$43.00	$22.00	$16.00
$6185.00	$8972.00	$9399.00
$9.00	$34.00	$46.00
$1590.00	$966.00	$1190.00
$13.00	$29.00	$27.00
$1121.00	$1708.00	$1857.00
$764.00	$860.00	$715.00
$290.00	$121.00	$88.00
$1317.00	$1549.00	$1645.00
$277.00	$496.00	$558.00
$1023.00	$1213.00	$1646.00
$136.00	$119.00	$110.00
$692.00	$870.00	$966.00
$13757.00	$17179.00	$18506.00
$3.00	$15.00	$14.00

Spending Breakdown by Claim

0.12%	0.04%
0.19%	0.19%
0%	0.01%
0.05%	0.05%
1.45%	0.83%
0.03%	0.07%
0.31%	0.13%
44.96%	52.22%
0.06%	0.2%
11.56%	5.62%
0.09%	0.17%
8.15%	9.94%
5.55%	5.01%
2.11%	0.7%
9.57%	9.02%
2.01%	2.89%
7.44%	7.06%
0.99%	0.69%
5.03%	5.07%
100%	100%
0.02%	0.09%

Spending Breakdown by Claim



Spending Breakdown by Claim

JACK HUGHSTON MEMORIAL HOSPITAL	010168	AL
JACK HUGHSTON MEMORIAL HOSPITAL	010168	AL
JACK HUGHSTON MEMORIAL HOSPITAL	010168	AL
JACK HUGHSTON MEMORIAL HOSPITAL	010168	AL
JACK HUGHSTON MEMORIAL HOSPITAL	010168	AL
JACK HUGHSTON MEMORIAL HOSPITAL	010168	AL
JACK HUGHSTON MEMORIAL HOSPITAL	010168	AL
JACK HUGHSTON MEMORIAL HOSPITAL	010168	AL
JACK HUGHSTON MEMORIAL HOSPITAL	010168	AL
JACK HUGHSTON MEMORIAL HOSPITAL	010168	AL
JACK HUGHSTON MEMORIAL HOSPITAL	010168	AL
JACK HUGHSTON MEMORIAL HOSPITAL	010168	AL
JACK HUGHSTON MEMORIAL HOSPITAL	010168	AL
JACK HUGHSTON MEMORIAL HOSPITAL	010168	AL
JACK HUGHSTON MEMORIAL HOSPITAL	010168	AL
JACK HUGHSTON MEMORIAL HOSPITAL	010168	AL
JACK HUGHSTON MEMORIAL HOSPITAL	010168	AL
JACK HUGHSTON MEMORIAL HOSPITAL	010168	AL
JACK HUGHSTON MEMORIAL HOSPITAL	010168	AL
JACK HUGHSTON MEMORIAL HOSPITAL	010168	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total

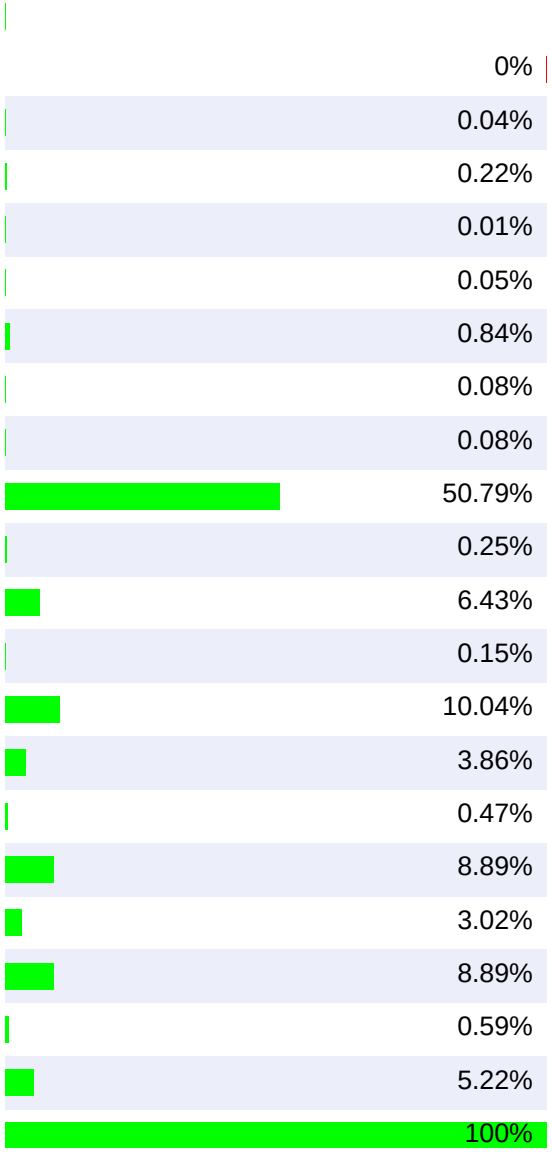
Spending Breakdown by Claim

$2.00	$2.00	$1.00
$4.00	$6.00	$7.00
$8.00	$33.00	$40.00
$0.00	$1.00	$3.00
$7.00	$9.00	$9.00
$52.00	$143.00	$155.00
$25.00	$12.00	$14.00
$9.00	$22.00	$16.00
$12257.00	$8972.00	$9399.00
$7.00	$34.00	$46.00
$628.00	$966.00	$1190.00
$228.00	$29.00	$27.00
$2416.00	$1708.00	$1857.00
$1615.00	$860.00	$715.00
$33.00	$121.00	$88.00
$496.00	$1549.00	$1645.00
$219.00	$496.00	$558.00
$568.00	$1213.00	$1646.00
$88.00	$119.00	$110.00
$501.00	$870.00	$966.00
$19167.00	$17179.00	$18506.00

Spending Breakdown by Claim

0.01%	0.01%
0.02%	0.04%
0.04%	0.19%
0%	0.01%
0.04%	0.05%
0.27%	0.83%
0.13%	0.07%
0.05%	0.13%
63.95%	52.22%
0.04%	0.2%
3.28%	5.62%
1.19%	0.17%
12.61%	9.94%
8.42%	5.01%
0.17%	0.7%
2.59%	9.02%
1.14%	2.89%
2.96%	7.06%
0.46%	0.69%
2.61%	5.07%
100%	100%

Spending Breakdown by Claim



Spending Breakdown by Claim

ATMORE COMMUNITY HOSPITAL	010169	AL
ATMORE COMMUNITY HOSPITAL	010169	AL
ATMORE COMMUNITY HOSPITAL	010169	AL
ATMORE COMMUNITY HOSPITAL	010169	AL
ATMORE COMMUNITY HOSPITAL	010169	AL
ATMORE COMMUNITY HOSPITAL	010169	AL
ATMORE COMMUNITY HOSPITAL	010169	AL
ATMORE COMMUNITY HOSPITAL	010169	AL
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ATMORE COMMUNITY HOSPITAL	010169	AL
ATMORE COMMUNITY HOSPITAL	010169	AL
ATMORE COMMUNITY HOSPITAL	010169	AL
ATMORE COMMUNITY HOSPITAL	010169	AL
ATMORE COMMUNITY HOSPITAL	010169	AL
ATMORE COMMUNITY HOSPITAL	010169	AL
ATMORE COMMUNITY HOSPITAL	010169	AL
ATMORE COMMUNITY HOSPITAL	010169	AL

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier

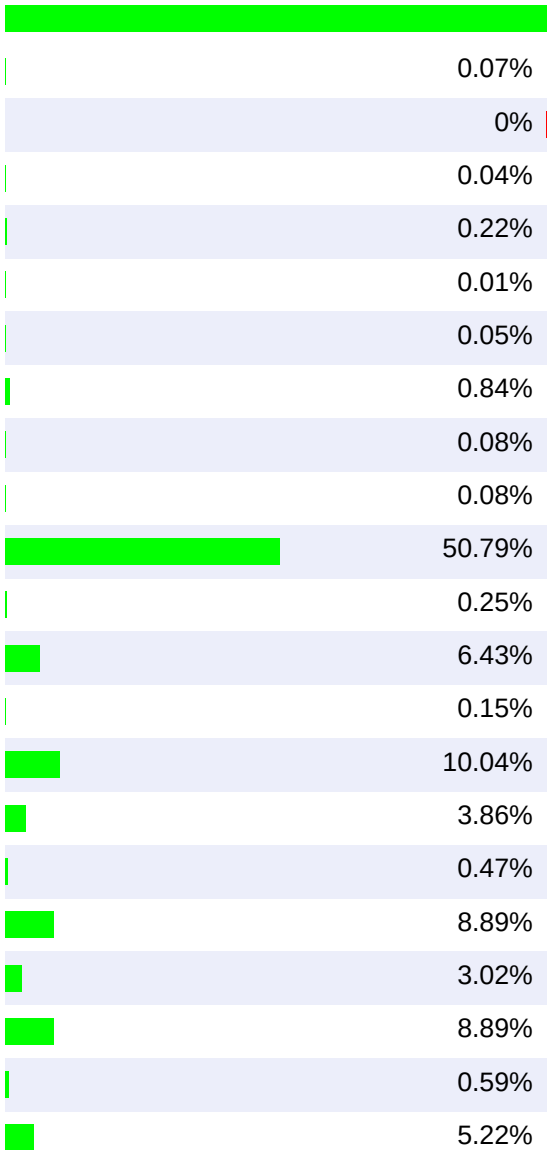
Spending Breakdown by Claim

$111.00	$15.00	$14.00
$2.00	$2.00	$1.00
$0.00	$6.00	$7.00
$50.00	$33.00	$40.00
$4.00	$1.00	$3.00
$6.00	$9.00	$9.00
$191.00	$143.00	$155.00
$7.00	$12.00	$14.00
$107.00	$22.00	$16.00
$6110.00	$8972.00	$9399.00
$35.00	$34.00	$46.00
$664.00	$966.00	$1190.00
$11.00	$29.00	$27.00
$904.00	$1708.00	$1857.00
$984.00	$860.00	$715.00
$108.00	$121.00	$88.00
$1534.00	$1549.00	$1645.00
$617.00	$496.00	$558.00
$1158.00	$1213.00	$1646.00
$182.00	$119.00	$110.00
$699.00	$870.00	$966.00

Spending Breakdown by Claim

0.82%	0.09%
0.02%	0.01%
0%	0.04%
0.37%	0.19%
0.03%	0.01%
0.05%	0.05%
1.42%	0.83%
0.06%	0.07%
0.8%	0.13%
45.31%	52.22%
0.26%	0.2%
4.92%	5.62%
0.08%	0.17%
6.71%	9.94%
7.3%	5.01%
0.8%	0.7%
11.38%	9.02%
4.58%	2.89%
8.58%	7.06%
1.35%	0.69%
5.19%	5.07%

Spending Breakdown by Claim



Spending Breakdown by Claim

ATMORE COMMUNITY HOSPITAL	010169	AL
PROVIDENCE ALASKA MEDICAL CENTER	020001	AK
PROVIDENCE ALASKA MEDICAL CENTER	020001	AK
PROVIDENCE ALASKA MEDICAL CENTER	020001	AK
PROVIDENCE ALASKA MEDICAL CENTER	020001	AK
PROVIDENCE ALASKA MEDICAL CENTER	020001	AK
PROVIDENCE ALASKA MEDICAL CENTER	020001	AK
PROVIDENCE ALASKA MEDICAL CENTER	020001	AK
PROVIDENCE ALASKA MEDICAL CENTER	020001	AK
PROVIDENCE ALASKA MEDICAL CENTER	020001	AK
PROVIDENCE ALASKA MEDICAL CENTER	020001	AK
PROVIDENCE ALASKA MEDICAL CENTER	020001	AK
PROVIDENCE ALASKA MEDICAL CENTER	020001	AK
PROVIDENCE ALASKA MEDICAL CENTER	020001	AK
PROVIDENCE ALASKA MEDICAL CENTER	020001	AK
PROVIDENCE ALASKA MEDICAL CENTER	020001	AK
PROVIDENCE ALASKA MEDICAL CENTER	020001	AK
PROVIDENCE ALASKA MEDICAL CENTER	020001	AK
PROVIDENCE ALASKA MEDICAL CENTER	020001	AK

Spending Breakdown by Claim

Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment

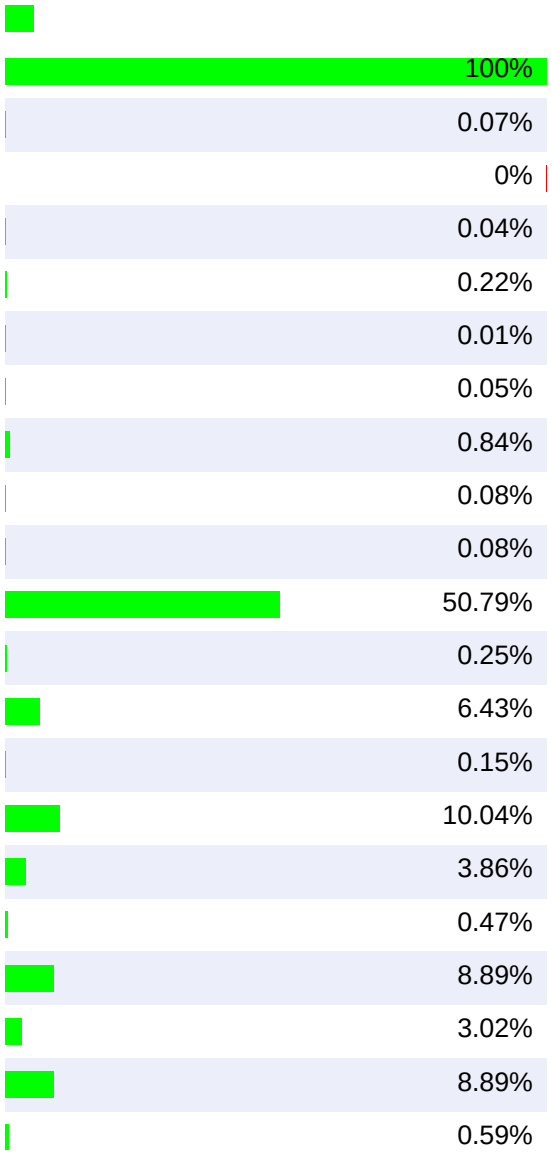
Spending Breakdown by Claim

$13484.00	$17179.00	$18506.00
$3.00	$7.00	$14.00
$0.00	$0.00	$1.00
$29.00	$11.00	$7.00
$66.00	$49.00	$40.00
$1.00	$3.00	$3.00
$5.00	$9.00	$9.00
$284.00	$141.00	$155.00
$2.00	$6.00	$14.00
$0.00	$8.00	$16.00
$11859.00	$9402.00	$9399.00
$32.00	$40.00	$46.00
$246.00	$1176.00	$1190.00
$18.00	$25.00	$27.00
$2062.00	$1738.00	$1857.00
$349.00	$474.00	$715.00
$46.00	$82.00	$88.00
$1303.00	$1393.00	$1645.00
$609.00	$605.00	$558.00
$342.00	$1560.00	$1646.00
$82.00	$91.00	$110.00

Spending Breakdown by Claim

100%	100%
0.01%	0.04%
0%	0%
0.16%	0.06%
0.37%	0.28%
0%	0.01%
0.03%	0.05%
1.57%	0.8%
0.01%	0.03%
0%	0.05%
65.45%	53.44%
0.18%	0.23%
1.36%	6.68%
0.1%	0.14%
11.38%	9.88%
1.92%	2.7%
0.26%	0.47%
7.19%	7.92%
3.36%	3.44%
1.89%	8.87%
0.45%	0.52%

Spending Breakdown by Claim



Spending Breakdown by Claim

PROVIDENCE ALASKA MEDICAL CENTER	020001	AK
PROVIDENCE ALASKA MEDICAL CENTER	020001	AK
MAT-SU REGIONAL MEDICAL CENTER	020006	AK
MAT-SU REGIONAL MEDICAL CENTER	020006	AK
MAT-SU REGIONAL MEDICAL CENTER	020006	AK
MAT-SU REGIONAL MEDICAL CENTER	020006	AK
MAT-SU REGIONAL MEDICAL CENTER	020006	AK
MAT-SU REGIONAL MEDICAL CENTER	020006	AK
MAT-SU REGIONAL MEDICAL CENTER	020006	AK
MAT-SU REGIONAL MEDICAL CENTER	020006	AK
MAT-SU REGIONAL MEDICAL CENTER	020006	AK
MAT-SU REGIONAL MEDICAL CENTER	020006	AK
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MAT-SU REGIONAL MEDICAL CENTER	020006	AK
MAT-SU REGIONAL MEDICAL CENTER	020006	AK
MAT-SU REGIONAL MEDICAL CENTER	020006	AK
MAT-SU REGIONAL MEDICAL CENTER	020006	AK
MAT-SU REGIONAL MEDICAL CENTER	020006	AK
MAT-SU REGIONAL MEDICAL CENTER	020006	AK

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility

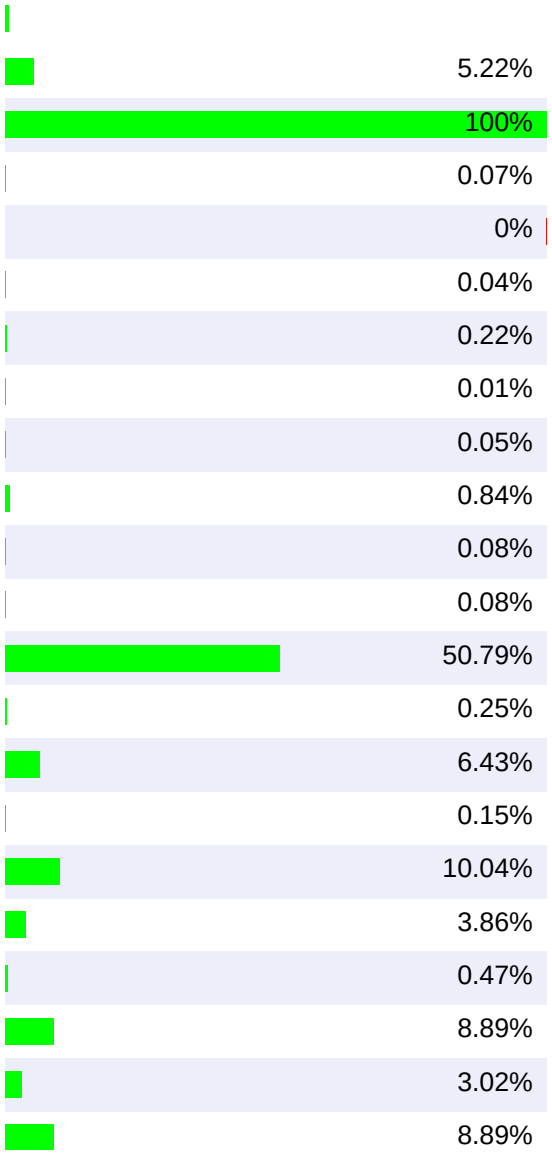
Spending Breakdown by Claim

$780.00	$772.00	$966.00
$18119.00	$17592.00	$18506.00
$13.00	$7.00	$14.00
$0.00	$0.00	$1.00
$0.00	$11.00	$7.00
$15.00	$49.00	$40.00
$0.00	$3.00	$3.00
$4.00	$9.00	$9.00
$136.00	$141.00	$155.00
$10.00	$6.00	$14.00
$0.00	$8.00	$16.00
$7675.00	$9402.00	$9399.00
$9.00	$40.00	$46.00
$0.00	$1176.00	$1190.00
$16.00	$25.00	$27.00
$1303.00	$1738.00	$1857.00
$516.00	$474.00	$715.00
$78.00	$82.00	$88.00
$1411.00	$1393.00	$1645.00
$336.00	$605.00	$558.00
$204.00	$1560.00	$1646.00

Spending Breakdown by Claim

4.31%	4.39%
100%	100%
0.1%	0.04%
0%	0%
0%	0.06%
0.12%	0.28%
0%	0.01%
0.03%	0.05%
1.07%	0.8%
0.07%	0.03%
0%	0.05%
60.44%	53.44%
0.07%	0.23%
0%	6.68%
0.13%	0.14%
10.26%	9.88%
4.06%	2.7%
0.61%	0.47%
11.11%	7.92%
2.65%	3.44%
1.61%	8.87%

Spending Breakdown by Claim



Spending Breakdown by Claim

MAT-SU REGIONAL MEDICAL CENTER	020006	AK
MAT-SU REGIONAL MEDICAL CENTER	020006	AK
MAT-SU REGIONAL MEDICAL CENTER	020006	AK
BARTLETT REGIONAL HOSPITAL	020008	AK
BARTLETT REGIONAL HOSPITAL	020008	AK
BARTLETT REGIONAL HOSPITAL	020008	AK
BARTLETT REGIONAL HOSPITAL	020008	AK
BARTLETT REGIONAL HOSPITAL	020008	AK
BARTLETT REGIONAL HOSPITAL	020008	AK
BARTLETT REGIONAL HOSPITAL	020008	AK
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BARTLETT REGIONAL HOSPITAL	020008	AK
BARTLETT REGIONAL HOSPITAL	020008	AK
BARTLETT REGIONAL HOSPITAL	020008	AK
BARTLETT REGIONAL HOSPITAL	020008	AK

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient

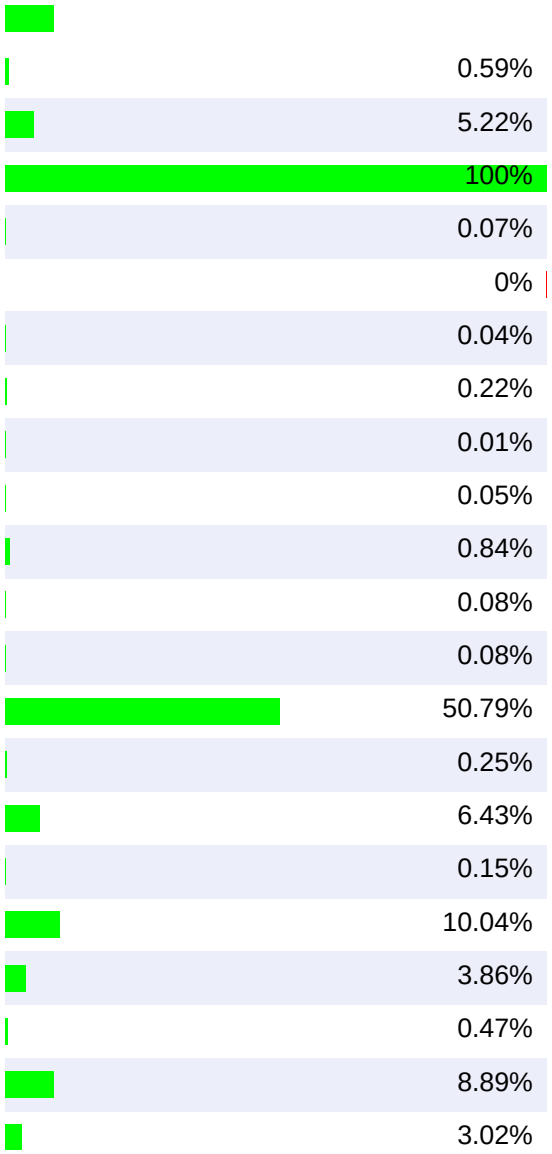
Spending Breakdown by Claim

$91.00	$91.00	$110.00
$883.00	$772.00	$966.00
$12699.00	$17592.00	$18506.00
$0.00	$7.00	$14.00
$0.00	$0.00	$1.00
$4.00	$11.00	$7.00
$23.00	$49.00	$40.00
$0.00	$3.00	$3.00
$3.00	$9.00	$9.00
$102.00	$141.00	$155.00
$0.00	$6.00	$14.00
$0.00	$8.00	$16.00
$6715.00	$9402.00	$9399.00
$28.00	$40.00	$46.00
$722.00	$1176.00	$1190.00
$5.00	$25.00	$27.00
$1421.00	$1738.00	$1857.00
$143.00	$474.00	$715.00
$34.00	$82.00	$88.00
$1082.00	$1393.00	$1645.00
$796.00	$605.00	$558.00

Spending Breakdown by Claim

0.71%	0.52%
6.96%	4.39%
100%	100%
0%	0.04%
0%	0%
0.03%	0.06%
0.18%	0.28%
0%	0.01%
0.02%	0.05%
0.82%	0.8%
0%	0.03%
0%	0.05%
53.9%	53.44%
0.22%	0.23%
5.79%	6.68%
0.04%	0.14%
11.4%	9.88%
1.15%	2.7%
0.28%	0.47%
8.69%	7.92%
6.39%	3.44%

Spending Breakdown by Claim



Spending Breakdown by Claim

BARTLETT REGIONAL HOSPITAL	020008	AK
BARTLETT REGIONAL HOSPITAL	020008	AK
BARTLETT REGIONAL HOSPITAL	020008	AK
BARTLETT REGIONAL HOSPITAL	020008	AK
FAIRBANKS MEMORIAL HOSPITAL	020012	AK
FAIRBANKS MEMORIAL HOSPITAL	020012	AK
FAIRBANKS MEMORIAL HOSPITAL	020012	AK
FAIRBANKS MEMORIAL HOSPITAL	020012	AK
FAIRBANKS MEMORIAL HOSPITAL	020012	AK
FAIRBANKS MEMORIAL HOSPITAL	020012	AK
FAIRBANKS MEMORIAL HOSPITAL	020012	AK
FAIRBANKS MEMORIAL HOSPITAL	020012	AK
FAIRBANKS MEMORIAL HOSPITAL	020012	AK
FAIRBANKS MEMORIAL HOSPITAL	020012	AK
FAIRBANKS MEMORIAL HOSPITAL	020012	AK
FAIRBANKS MEMORIAL HOSPITAL	020012	AK
FAIRBANKS MEMORIAL HOSPITAL	020012	AK
FAIRBANKS MEMORIAL HOSPITAL	020012	AK
FAIRBANKS MEMORIAL HOSPITAL	020012	AK

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient

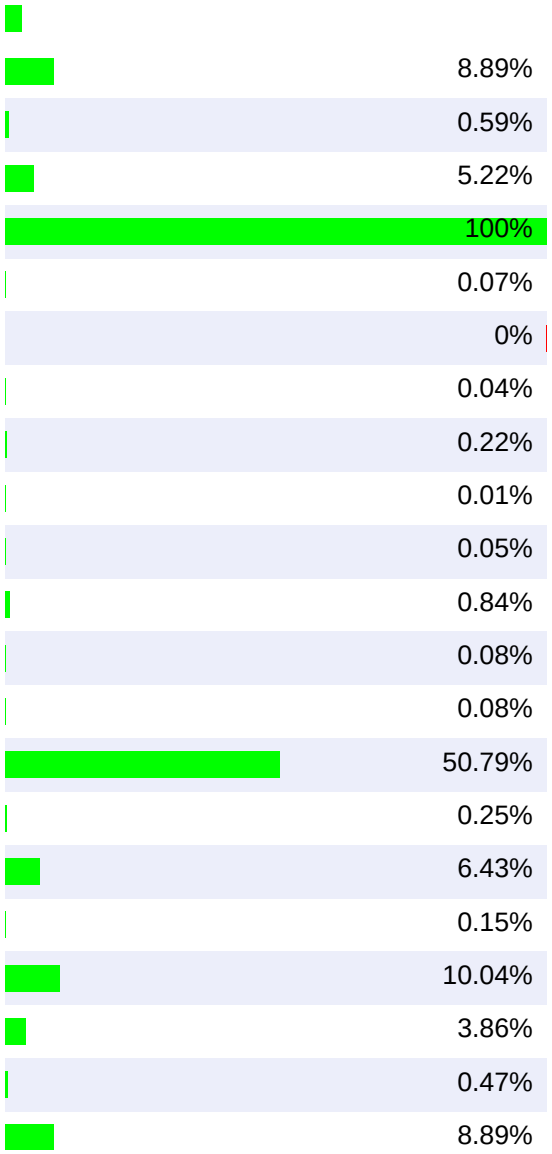
Spending Breakdown by Claim

$680.00	$1560.00	$1646.00
$54.00	$91.00	$110.00
$647.00	$772.00	$966.00
$12459.00	$17592.00	$18506.00
$7.00	$7.00	$14.00
$0.00	$0.00	$1.00
$0.00	$11.00	$7.00
$8.00	$49.00	$40.00
$0.00	$3.00	$3.00
$4.00	$9.00	$9.00
$74.00	$141.00	$155.00
$15.00	$6.00	$14.00
$0.00	$8.00	$16.00
$8249.00	$9402.00	$9399.00
$23.00	$40.00	$46.00
$232.00	$1176.00	$1190.00
$30.00	$25.00	$27.00
$1494.00	$1738.00	$1857.00
$284.00	$474.00	$715.00
$0.00	$82.00	$88.00
$1298.00	$1393.00	$1645.00

Spending Breakdown by Claim

5.46%	8.87%
0.43%	0.52%
5.2%	4.39%
100%	100%
0.05%	0.04%
0%	0%
0%	0.06%
0.06%	0.28%
0%	0.01%
0.03%	0.05%
0.56%	0.8%
0.11%	0.03%
0%	0.05%
62.67%	53.44%
0.18%	0.23%
1.76%	6.68%
0.22%	0.14%
11.35%	9.88%
2.16%	2.7%
0%	0.47%
9.86%	7.92%

Spending Breakdown by Claim



Spending Breakdown by Claim

FAIRBANKS MEMORIAL HOSPITAL	020012	AK
FAIRBANKS MEMORIAL HOSPITAL	020012	AK
FAIRBANKS MEMORIAL HOSPITAL	020012	AK
FAIRBANKS MEMORIAL HOSPITAL	020012	AK
FAIRBANKS MEMORIAL HOSPITAL	020012	AK
ALASKA REGIONAL HOSPITAL	020017	AK
ALASKA REGIONAL HOSPITAL	020017	AK
ALASKA REGIONAL HOSPITAL	020017	AK
ALASKA REGIONAL HOSPITAL	020017	AK
ALASKA REGIONAL HOSPITAL	020017	AK
ALASKA REGIONAL HOSPITAL	020017	AK
ALASKA REGIONAL HOSPITAL	020017	AK
ALASKA REGIONAL HOSPITAL	020017	AK
ALASKA REGIONAL HOSPITAL	020017	AK
ALASKA REGIONAL HOSPITAL	020017	AK
ALASKA REGIONAL HOSPITAL	020017	AK
ALASKA REGIONAL HOSPITAL	020017	AK
ALASKA REGIONAL HOSPITAL	020017	AK
ALASKA REGIONAL HOSPITAL	020017	AK

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice

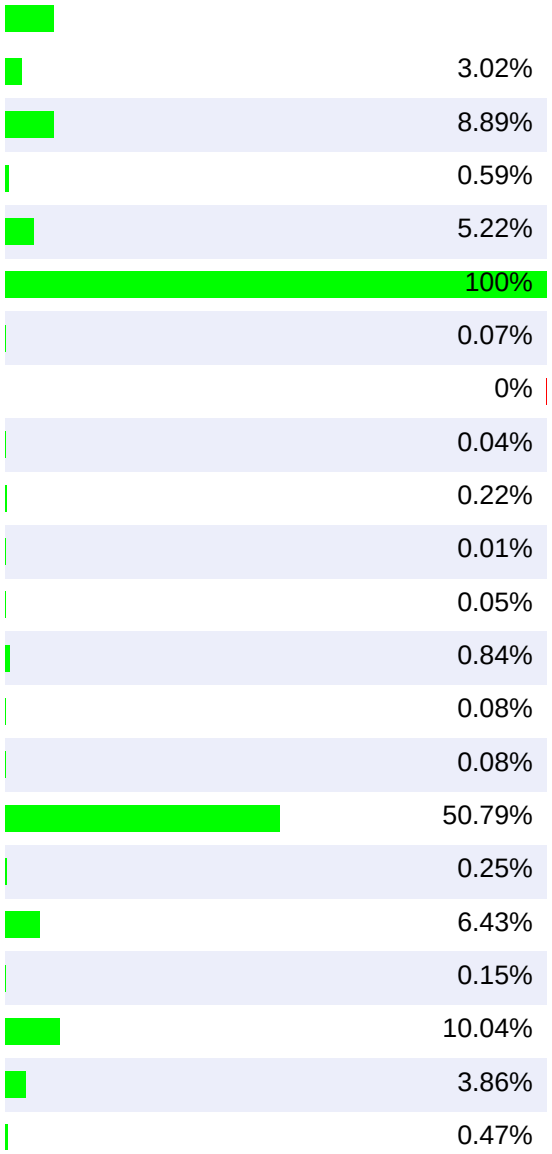
Spending Breakdown by Claim

$438.00	$605.00	$558.00
$218.00	$1560.00	$1646.00
$52.00	$91.00	$110.00
$737.00	$772.00	$966.00
$13162.00	$17592.00	$18506.00
$1.00	$7.00	$14.00
$0.00	$0.00	$1.00
$0.00	$11.00	$7.00
$96.00	$49.00	$40.00
$0.00	$3.00	$3.00
$4.00	$9.00	$9.00
$137.00	$141.00	$155.00
$4.00	$6.00	$14.00
$0.00	$8.00	$16.00
$12928.00	$9402.00	$9399.00
$105.00	$40.00	$46.00
$113.00	$1176.00	$1190.00
$55.00	$25.00	$27.00
$2394.00	$1738.00	$1857.00
$456.00	$474.00	$715.00
$11.00	$82.00	$88.00

Spending Breakdown by Claim

3.33%	3.44%
1.66%	8.87%
0.39%	0.52%
5.6%	4.39%
100%	100%
0%	0.04%
0%	0%
0%	0.06%
0.52%	0.28%
0%	0.01%
0.02%	0.05%
0.74%	0.8%
0.02%	0.03%
0%	0.05%
69.88%	53.44%
0.57%	0.23%
0.61%	6.68%
0.3%	0.14%
12.94%	9.88%
2.47%	2.7%
0.06%	0.47%

Spending Breakdown by Claim



Spending Breakdown by Claim

ALASKA REGIONAL HOSPITAL	020017	AK
ALASKA REGIONAL HOSPITAL	020017	AK
ALASKA REGIONAL HOSPITAL	020017	AK
ALASKA REGIONAL HOSPITAL	020017	AK
ALASKA REGIONAL HOSPITAL	020017	AK
ALASKA REGIONAL HOSPITAL	020017	AK
YUKON KUSKOKWIM DELTA REG HOSPITAL	020018	AK
YUKON KUSKOKWIM DELTA REG HOSPITAL	020018	AK
YUKON KUSKOKWIM DELTA REG HOSPITAL	020018	AK
YUKON KUSKOKWIM DELTA REG HOSPITAL	020018	AK
YUKON KUSKOKWIM DELTA REG HOSPITAL	020018	AK
YUKON KUSKOKWIM DELTA REG HOSPITAL	020018	AK
YUKON KUSKOKWIM DELTA REG HOSPITAL	020018	AK
YUKON KUSKOKWIM DELTA REG HOSPITAL	020018	AK
YUKON KUSKOKWIM DELTA REG HOSPITAL	020018	AK
YUKON KUSKOKWIM DELTA REG HOSPITAL	020018	AK
YUKON KUSKOKWIM DELTA REG HOSPITAL	020018	AK
YUKON KUSKOKWIM DELTA REG HOSPITAL	020018	AK
YUKON KUSKOKWIM DELTA REG HOSPITAL	020018	AK
YUKON KUSKOKWIM DELTA REG HOSPITAL	020018	AK

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency

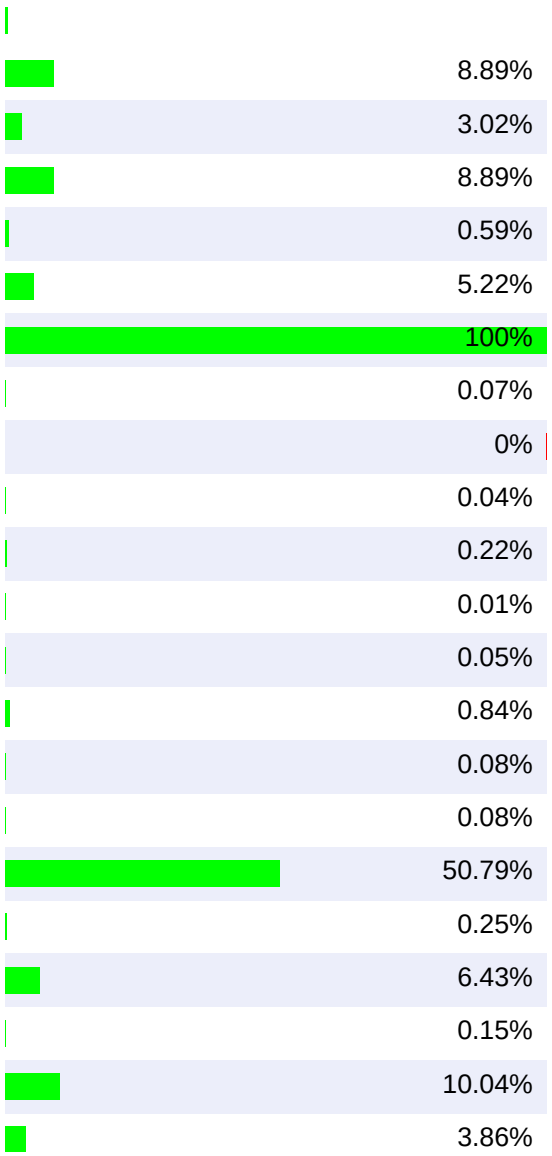
Spending Breakdown by Claim

$903.00	$1393.00	$1645.00
$553.00	$605.00	$558.00
$48.00	$1560.00	$1646.00
$59.00	$91.00	$110.00
$637.00	$772.00	$966.00
$18501.00	$17592.00	$18506.00
$0.00	$7.00	$14.00
$0.00	$0.00	$1.00
$0.00	$11.00	$7.00
$5.00	$49.00	$40.00
$0.00	$3.00	$3.00
$2.00	$9.00	$9.00
$899.00	$141.00	$155.00
$0.00	$6.00	$14.00
$0.00	$8.00	$16.00
$5260.00	$9402.00	$9399.00
$1.00	$40.00	$46.00
$0.00	$1176.00	$1190.00
$21.00	$25.00	$27.00
$1032.00	$1738.00	$1857.00
$20.00	$474.00	$715.00

Spending Breakdown by Claim

4.88%	7.92%
2.99%	3.44%
0.26%	8.87%
0.32%	0.52%
3.44%	4.39%
100%	100%
0%	0.04%
0%	0%
0%	0.06%
0.05%	0.28%
0%	0.01%
0.02%	0.05%
9.51%	0.8%
0%	0.03%
0%	0.05%
55.64%	53.44%
0.01%	0.23%
0%	6.68%
0.22%	0.14%
10.92%	9.88%
0.22%	2.7%

Spending Breakdown by Claim



Spending Breakdown by Claim

YUKON KUSKOKWIM DELTA REG HOSPITAL	020018	AK
YUKON KUSKOKWIM DELTA REG HOSPITAL	020018	AK
YUKON KUSKOKWIM DELTA REG HOSPITAL	020018	AK
YUKON KUSKOKWIM DELTA REG HOSPITAL	020018	AK
YUKON KUSKOKWIM DELTA REG HOSPITAL	020018	AK
YUKON KUSKOKWIM DELTA REG HOSPITAL	020018	AK
YUKON KUSKOKWIM DELTA REG HOSPITAL	020018	AK
CENTRAL PENINSULA GENERAL HOSPITAL	020024	AK
CENTRAL PENINSULA GENERAL HOSPITAL	020024	AK
CENTRAL PENINSULA GENERAL HOSPITAL	020024	AK
CENTRAL PENINSULA GENERAL HOSPITAL	020024	AK
CENTRAL PENINSULA GENERAL HOSPITAL	020024	AK
CENTRAL PENINSULA GENERAL HOSPITAL	020024	AK
CENTRAL PENINSULA GENERAL HOSPITAL	020024	AK
CENTRAL PENINSULA GENERAL HOSPITAL	020024	AK
CENTRAL PENINSULA GENERAL HOSPITAL	020024	AK
CENTRAL PENINSULA GENERAL HOSPITAL	020024	AK
CENTRAL PENINSULA GENERAL HOSPITAL	020024	AK
CENTRAL PENINSULA GENERAL HOSPITAL	020024	AK
CENTRAL PENINSULA GENERAL HOSPITAL	020024	AK

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier

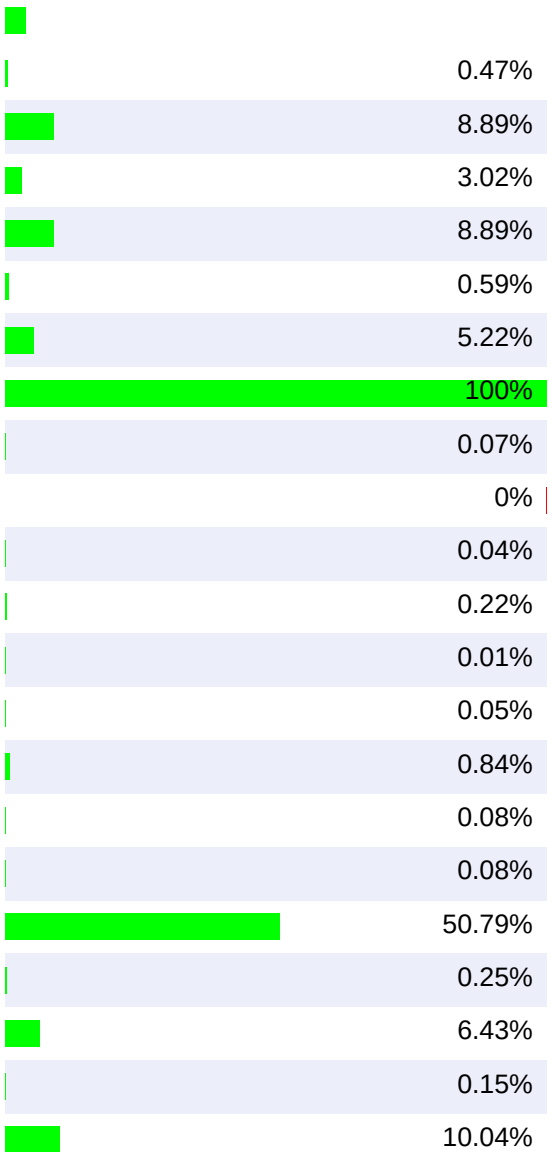
Spending Breakdown by Claim

$0.00	$82.00	$88.00
$1599.00	$1393.00	$1645.00
$86.00	$605.00	$558.00
$0.00	$1560.00	$1646.00
$39.00	$91.00	$110.00
$490.00	$772.00	$966.00
$9455.00	$17592.00	$18506.00
$11.00	$7.00	$14.00
$0.00	$0.00	$1.00
$0.00	$11.00	$7.00
$57.00	$49.00	$40.00
$0.00	$3.00	$3.00
$1.00	$9.00	$9.00
$153.00	$141.00	$155.00
$37.00	$6.00	$14.00
$0.00	$8.00	$16.00
$7547.00	$9402.00	$9399.00
$13.00	$40.00	$46.00
$345.00	$1176.00	$1190.00
$22.00	$25.00	$27.00
$1213.00	$1738.00	$1857.00

Spending Breakdown by Claim

0%	0.47%
16.92%	7.92%
0.91%	3.44%
0%	8.87%
0.42%	0.52%
5.18%	4.39%
100%	100%
0.09%	0.04%
0%	0%
0%	0.06%
0.45%	0.28%
0%	0.01%
0.01%	0.05%
1.2%	0.8%
0.29%	0.03%
0%	0.05%
59.33%	53.44%
0.1%	0.23%
2.71%	6.68%
0.17%	0.14%
9.54%	9.88%

Spending Breakdown by Claim



Spending Breakdown by Claim

CENTRAL PENINSULA GENERAL HOSPITAL	020024	AK
CENTRAL PENINSULA GENERAL HOSPITAL	020024	AK
CENTRAL PENINSULA GENERAL HOSPITAL	020024	AK
CENTRAL PENINSULA GENERAL HOSPITAL	020024	AK
CENTRAL PENINSULA GENERAL HOSPITAL	020024	AK
CENTRAL PENINSULA GENERAL HOSPITAL	020024	AK
CENTRAL PENINSULA GENERAL HOSPITAL	020024	AK
CENTRAL PENINSULA GENERAL HOSPITAL	020024	AK
ALASKA NATIVE MEDICAL CENTER	020026	AK
ALASKA NATIVE MEDICAL CENTER	020026	AK
ALASKA NATIVE MEDICAL CENTER	020026	AK
ALASKA NATIVE MEDICAL CENTER	020026	AK
ALASKA NATIVE MEDICAL CENTER	020026	AK
ALASKA NATIVE MEDICAL CENTER	020026	AK
ALASKA NATIVE MEDICAL CENTER	020026	AK
ALASKA NATIVE MEDICAL CENTER	020026	AK
ALASKA NATIVE MEDICAL CENTER	020026	AK
ALASKA NATIVE MEDICAL CENTER	020026	AK
ALASKA NATIVE MEDICAL CENTER	020026	AK
ALASKA NATIVE MEDICAL CENTER	020026	AK

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment

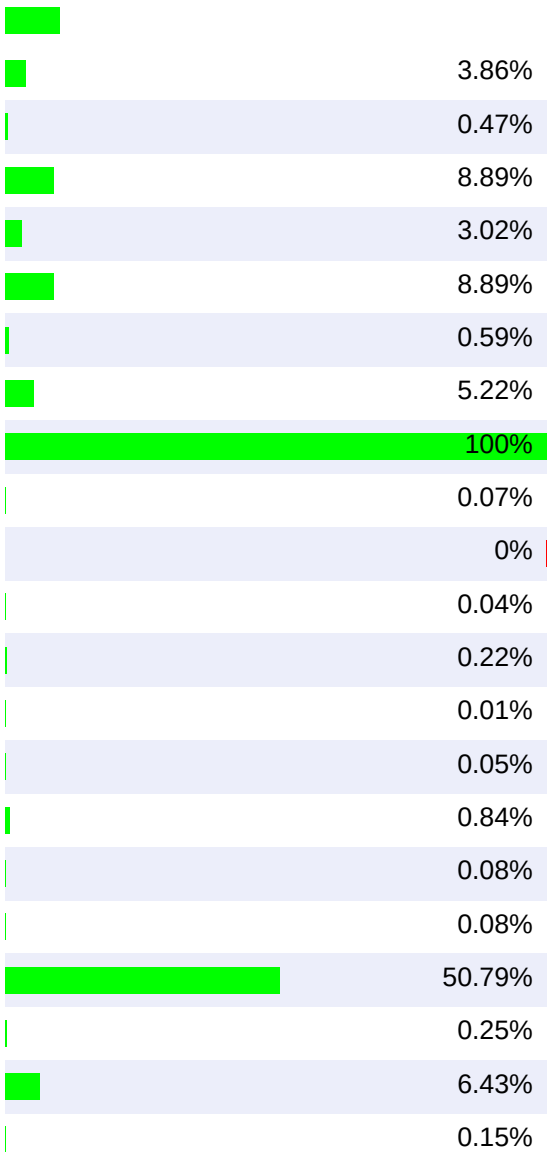
Spending Breakdown by Claim

$607.00	$474.00	$715.00
$0.00	$82.00	$88.00
$1137.00	$1393.00	$1645.00
$653.00	$605.00	$558.00
$265.00	$1560.00	$1646.00
$86.00	$91.00	$110.00
$573.00	$772.00	$966.00
$12721.00	$17592.00	$18506.00
$6.00	$7.00	$14.00
$0.00	$0.00	$1.00
$166.00	$11.00	$7.00
$286.00	$49.00	$40.00
$12.00	$3.00	$3.00
$2.00	$9.00	$9.00
$556.00	$141.00	$155.00
$16.00	$6.00	$14.00
$0.00	$8.00	$16.00
$7824.00	$9402.00	$9399.00
$210.00	$40.00	$46.00
$26.00	$1176.00	$1190.00
$41.00	$25.00	$27.00

Spending Breakdown by Claim

4.77%	2.7%
0%	0.47%
8.94%	7.92%
5.14%	3.44%
2.08%	8.87%
0.68%	0.52%
4.51%	4.39%
100%	100%
0.04%	0.04%
0%	0%
1.19%	0.06%
2.05%	0.28%
0.08%	0.01%
0.02%	0.05%
3.98%	0.8%
0.12%	0.03%
0%	0.05%
56.03%	53.44%
1.5%	0.23%
0.18%	6.68%
0.29%	0.14%

Spending Breakdown by Claim



Spending Breakdown by Claim

ALASKA NATIVE MEDICAL CENTER	020026	AK
ALASKA NATIVE MEDICAL CENTER	020026	AK
ALASKA NATIVE MEDICAL CENTER	020026	AK
ALASKA NATIVE MEDICAL CENTER	020026	AK
ALASKA NATIVE MEDICAL CENTER	020026	AK
ALASKA NATIVE MEDICAL CENTER	020026	AK
ALASKA NATIVE MEDICAL CENTER	020026	AK
ALASKA NATIVE MEDICAL CENTER	020026	AK
ALASKA NATIVE MEDICAL CENTER	020026	AK
MT EDGECUMBE HOSPITAL	020027	AK
MT EDGECUMBE HOSPITAL	020027	AK
MT EDGECUMBE HOSPITAL	020027	AK
MT EDGECUMBE HOSPITAL	020027	AK
MT EDGECUMBE HOSPITAL	020027	AK
MT EDGECUMBE HOSPITAL	020027	AK
MT EDGECUMBE HOSPITAL	020027	AK
MT EDGECUMBE HOSPITAL	020027	AK
MT EDGECUMBE HOSPITAL	020027	AK
MT EDGECUMBE HOSPITAL	020027	AK
MT EDGECUMBE HOSPITAL	020027	AK

Spending Breakdown by Claim

During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility

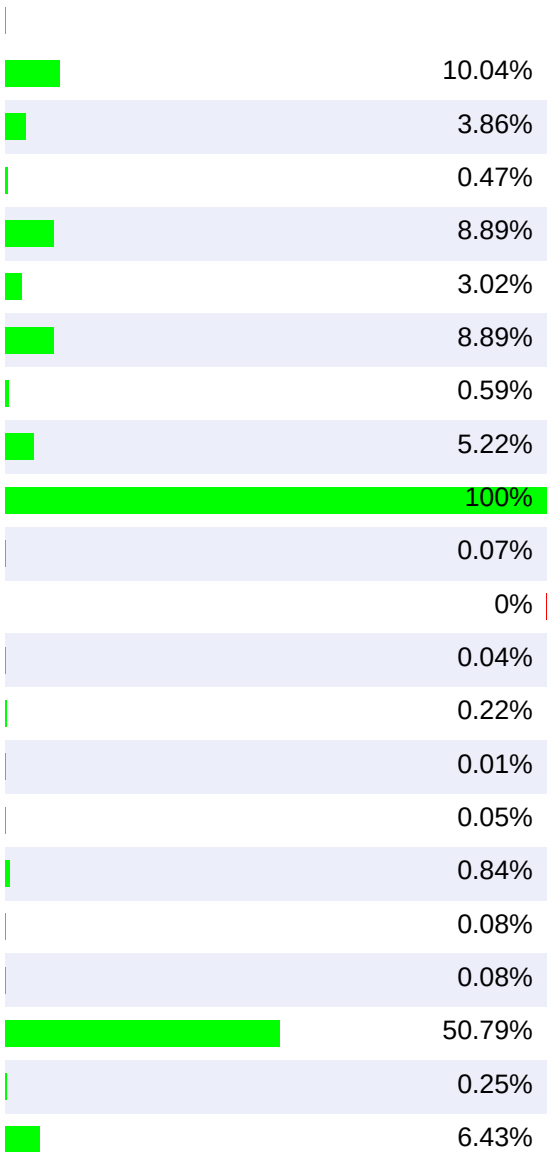
Spending Breakdown by Claim

$2124.00	$1738.00	$1857.00
$273.00	$474.00	$715.00
$25.00	$82.00	$88.00
$1373.00	$1393.00	$1645.00
$270.00	$605.00	$558.00
$132.00	$1560.00	$1646.00
$48.00	$91.00	$110.00
$574.00	$772.00	$966.00
$13964.00	$17592.00	$18506.00
$0.00	$7.00	$14.00
$0.00	$0.00	$1.00
$0.00	$11.00	$7.00
$203.00	$49.00	$40.00
$0.00	$3.00	$3.00
$5.00	$9.00	$9.00
$31.00	$141.00	$155.00
$0.00	$6.00	$14.00
$0.00	$8.00	$16.00
$5770.00	$9402.00	$9399.00
$11.00	$40.00	$46.00
$0.00	$1176.00	$1190.00

Spending Breakdown by Claim

15.21%	9.88%
1.96%	2.7%
0.18%	0.47%
9.83%	7.92%
1.93%	3.44%
0.95%	8.87%
0.35%	0.52%
4.11%	4.39%
100%	100%
0%	0.04%
0%	0%
0%	0.06%
1.73%	0.28%
0%	0.01%
0.04%	0.05%
0.26%	0.8%
0%	0.03%
0%	0.05%
49.11%	53.44%
0.1%	0.23%
0%	6.68%

Spending Breakdown by Claim



Spending Breakdown by Claim

MT EDGECUMBE HOSPITAL	020027	AK
MT EDGECUMBE HOSPITAL	020027	AK
MT EDGECUMBE HOSPITAL	020027	AK
MT EDGECUMBE HOSPITAL	020027	AK
MT EDGECUMBE HOSPITAL	020027	AK
MT EDGECUMBE HOSPITAL	020027	AK
MT EDGECUMBE HOSPITAL	020027	AK
MT EDGECUMBE HOSPITAL	020027	AK
MT EDGECUMBE HOSPITAL	020027	AK
MT EDGECUMBE HOSPITAL	020027	AK
MARYVALE HOSPITAL	030001	AZ
MARYVALE HOSPITAL	030001	AZ
MARYVALE HOSPITAL	030001	AZ
MARYVALE HOSPITAL	030001	AZ
MARYVALE HOSPITAL	030001	AZ
MARYVALE HOSPITAL	030001	AZ
MARYVALE HOSPITAL	030001	AZ
MARYVALE HOSPITAL	030001	AZ
MARYVALE HOSPITAL	030001	AZ
MARYVALE HOSPITAL	030001	AZ

Spending Breakdown by Claim

During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient

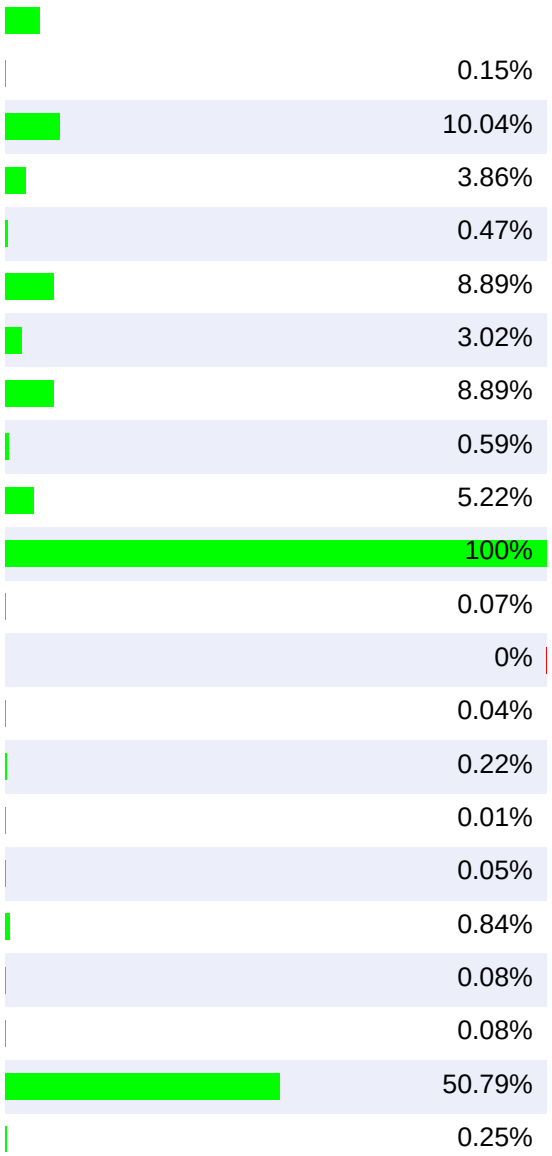
Spending Breakdown by Claim

$13.00	$25.00	$27.00
$2453.00	$1738.00	$1857.00
$160.00	$474.00	$715.00
$0.00	$82.00	$88.00
$1455.00	$1393.00	$1645.00
$591.00	$605.00	$558.00
$291.00	$1560.00	$1646.00
$69.00	$91.00	$110.00
$696.00	$772.00	$966.00
$11748.00	$17592.00	$18506.00
$1.00	$9.00	$14.00
$2.00	$2.00	$1.00
$0.00	$10.00	$7.00
$56.00	$43.00	$40.00
$0.00	$2.00	$3.00
$4.00	$8.00	$9.00
$117.00	$178.00	$155.00
$0.00	$9.00	$14.00
$24.00	$38.00	$16.00
$7360.00	$10059.00	$9399.00
$12.00	$31.00	$46.00

Spending Breakdown by Claim

0.11%	0.14%
20.88%	9.88%
1.36%	2.7%
0%	0.47%
12.38%	7.92%
5.03%	3.44%
2.48%	8.87%
0.58%	0.52%
5.93%	4.39%
100%	100%
0.01%	0.05%
0.01%	0.01%
0%	0.05%
0.35%	0.23%
0%	0.01%
0.03%	0.04%
0.73%	0.97%
0%	0.05%
0.15%	0.21%
46.07%	54.78%
0.07%	0.17%

Spending Breakdown by Claim



Spending Breakdown by Claim

MARYVALE HOSPITAL	030001	AZ
MARYVALE HOSPITAL	030001	AZ
MARYVALE HOSPITAL	030001	AZ
MARYVALE HOSPITAL	030001	AZ
MARYVALE HOSPITAL	030001	AZ
MARYVALE HOSPITAL	030001	AZ
MARYVALE HOSPITAL	030001	AZ
MARYVALE HOSPITAL	030001	AZ
MARYVALE HOSPITAL	030001	AZ
MARYVALE HOSPITAL	030001	AZ
MARYVALE HOSPITAL	030001	AZ
BANNER GOOD SAMARITAN MEDICAL CENTER	030002	AZ
BANNER GOOD SAMARITAN MEDICAL CENTER	030002	AZ
BANNER GOOD SAMARITAN MEDICAL CENTER	030002	AZ
BANNER GOOD SAMARITAN MEDICAL CENTER	030002	AZ
BANNER GOOD SAMARITAN MEDICAL CENTER	030002	AZ
BANNER GOOD SAMARITAN MEDICAL CENTER	030002	AZ
BANNER GOOD SAMARITAN MEDICAL CENTER	030002	AZ
BANNER GOOD SAMARITAN MEDICAL CENTER	030002	AZ
BANNER GOOD SAMARITAN MEDICAL CENTER	030002	AZ
BANNER GOOD SAMARITAN MEDICAL CENTER	030002	AZ

Spending Breakdown by Claim

During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient

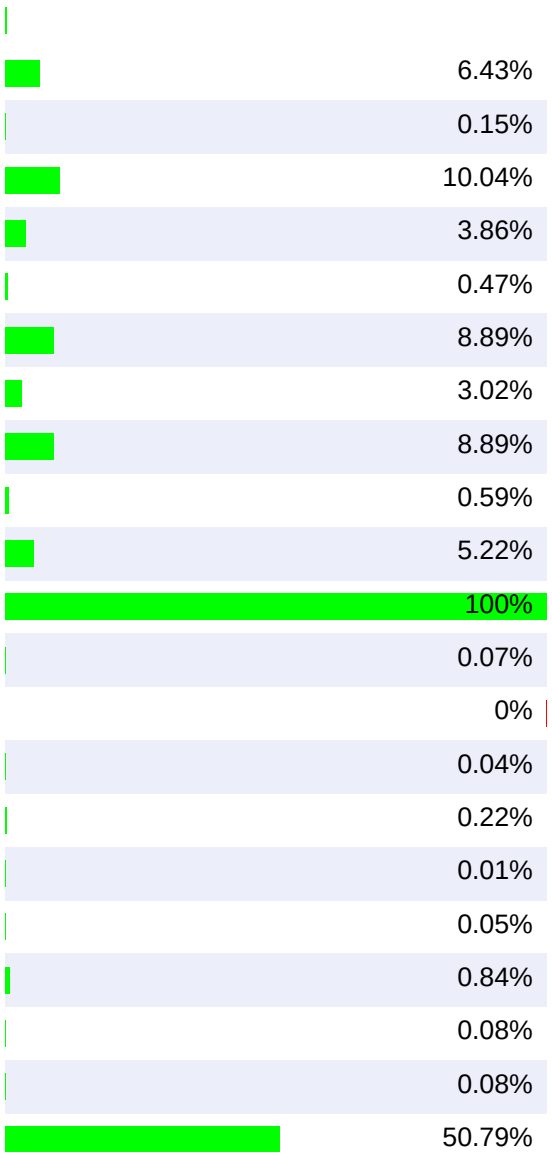
Spending Breakdown by Claim

$739.00	$757.00	$1190.00
$11.00	$29.00	$27.00
$1611.00	$2128.00	$1857.00
$234.00	$546.00	$715.00
$224.00	$135.00	$88.00
$2941.00	$1636.00	$1645.00
$582.00	$500.00	$558.00
$743.00	$993.00	$1646.00
$100.00	$101.00	$110.00
$1216.00	$1149.00	$966.00
$15974.00	$18365.00	$18506.00
$2.00	$9.00	$14.00
$3.00	$2.00	$1.00
$3.00	$10.00	$7.00
$73.00	$43.00	$40.00
$2.00	$2.00	$3.00
$7.00	$8.00	$9.00
$126.00	$178.00	$155.00
$13.00	$9.00	$14.00
$35.00	$38.00	$16.00
$11952.00	$10059.00	$9399.00

Spending Breakdown by Claim

4.63%	4.12%
0.07%	0.16%
10.08%	11.59%
1.46%	2.98%
1.4%	0.74%
18.41%	8.91%
3.64%	2.72%
4.65%	5.41%
0.62%	0.55%
7.61%	6.26%
100%	100%
0.01%	0.05%
0.01%	0.01%
0.02%	0.05%
0.34%	0.23%
0.01%	0.01%
0.03%	0.04%
0.59%	0.97%
0.06%	0.05%
0.16%	0.21%
56.33%	54.78%

Spending Breakdown by Claim



Spending Breakdown by Claim

BANNER GOOD SAMARITAN MEDICAL CENTER	030002	AZ
BANNER GOOD SAMARITAN MEDICAL CENTER	030002	AZ
BANNER GOOD SAMARITAN MEDICAL CENTER	030002	AZ
BANNER GOOD SAMARITAN MEDICAL CENTER	030002	AZ
BANNER GOOD SAMARITAN MEDICAL CENTER	030002	AZ
BANNER GOOD SAMARITAN MEDICAL CENTER	030002	AZ
BANNER GOOD SAMARITAN MEDICAL CENTER	030002	AZ
BANNER GOOD SAMARITAN MEDICAL CENTER	030002	AZ
BANNER GOOD SAMARITAN MEDICAL CENTER	030002	AZ
BANNER GOOD SAMARITAN MEDICAL CENTER	030002	AZ
BANNER GOOD SAMARITAN MEDICAL CENTER	030002	AZ
BANNER GOOD SAMARITAN MEDICAL CENTER	030002	AZ
TUCSON MEDICAL CENTER	030006	AZ
TUCSON MEDICAL CENTER	030006	AZ
TUCSON MEDICAL CENTER	030006	AZ
TUCSON MEDICAL CENTER	030006	AZ
TUCSON MEDICAL CENTER	030006	AZ
TUCSON MEDICAL CENTER	030006	AZ
TUCSON MEDICAL CENTER	030006	AZ
TUCSON MEDICAL CENTER	030006	AZ

Spending Breakdown by Claim

During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice

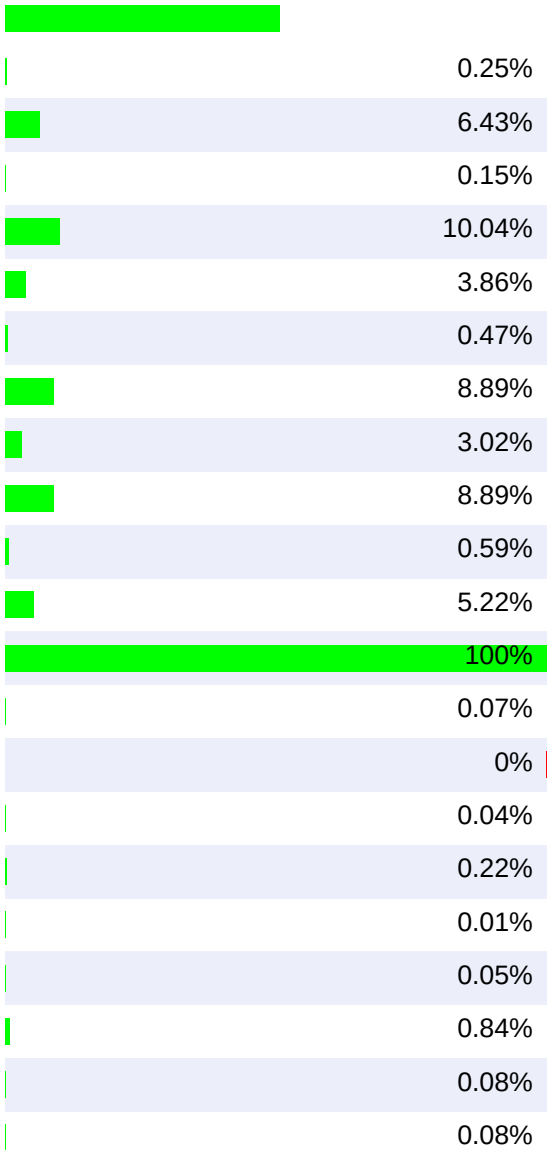
Spending Breakdown by Claim

$22.00	$31.00	$46.00
$630.00	$757.00	$1190.00
$29.00	$29.00	$27.00
$2540.00	$2128.00	$1857.00
$557.00	$546.00	$715.00
$114.00	$135.00	$88.00
$2007.00	$1636.00	$1645.00
$745.00	$500.00	$558.00
$896.00	$993.00	$1646.00
$104.00	$101.00	$110.00
$1357.00	$1149.00	$966.00
$21216.00	$18365.00	$18506.00
$9.00	$9.00	$14.00
$0.00	$2.00	$1.00
$16.00	$10.00	$7.00
$61.00	$43.00	$40.00
$2.00	$2.00	$3.00
$4.00	$8.00	$9.00
$252.00	$178.00	$155.00
$11.00	$9.00	$14.00
$17.00	$38.00	$16.00

Spending Breakdown by Claim

0.11%	0.17%
2.97%	4.12%
0.13%	0.16%
11.97%	11.59%
2.63%	2.98%
0.54%	0.74%
9.46%	8.91%
3.51%	2.72%
4.22%	5.41%
0.49%	0.55%
6.4%	6.26%
100%	100%
0.05%	0.05%
0%	0.01%
0.08%	0.05%
0.31%	0.23%
0.01%	0.01%
0.02%	0.04%
1.3%	0.97%
0.05%	0.05%
0.09%	0.21%

Spending Breakdown by Claim



Spending Breakdown by Claim

TUCSON MEDICAL CENTER	030006	AZ
TUCSON MEDICAL CENTER	030006	AZ
TUCSON MEDICAL CENTER	030006	AZ
TUCSON MEDICAL CENTER	030006	AZ
TUCSON MEDICAL CENTER	030006	AZ
TUCSON MEDICAL CENTER	030006	AZ
TUCSON MEDICAL CENTER	030006	AZ
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TUCSON MEDICAL CENTER	030006	AZ
TUCSON MEDICAL CENTER	030006	AZ
TUCSON MEDICAL CENTER	030006	AZ
TUCSON MEDICAL CENTER	030006	AZ
VERDE VALLEY MEDICAL CENTER	030007	AZ
VERDE VALLEY MEDICAL CENTER	030007	AZ
VERDE VALLEY MEDICAL CENTER	030007	AZ
VERDE VALLEY MEDICAL CENTER	030007	AZ
VERDE VALLEY MEDICAL CENTER	030007	AZ
VERDE VALLEY MEDICAL CENTER	030007	AZ
VERDE VALLEY MEDICAL CENTER	030007	AZ
VERDE VALLEY MEDICAL CENTER	030007	AZ

Spending Breakdown by Claim

During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency

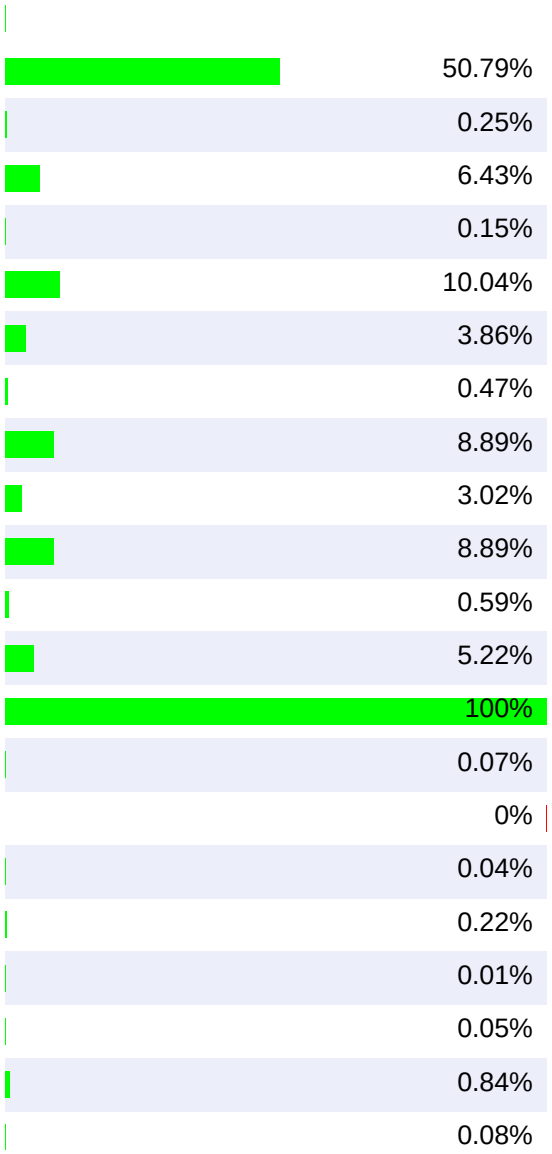
Spending Breakdown by Claim

$11265.00	$10059.00	$9399.00
$61.00	$31.00	$46.00
$503.00	$757.00	$1190.00
$29.00	$29.00	$27.00
$2469.00	$2128.00	$1857.00
$784.00	$546.00	$715.00
$95.00	$135.00	$88.00
$1375.00	$1636.00	$1645.00
$480.00	$500.00	$558.00
$730.00	$993.00	$1646.00
$82.00	$101.00	$110.00
$1152.00	$1149.00	$966.00
$19397.00	$18365.00	$18506.00
$4.00	$9.00	$14.00
$2.00	$2.00	$1.00
$0.00	$10.00	$7.00
$23.00	$43.00	$40.00
$0.00	$2.00	$3.00
$7.00	$8.00	$9.00
$191.00	$178.00	$155.00
$5.00	$9.00	$14.00

Spending Breakdown by Claim

58.08%	54.78%
0.32%	0.17%
2.59%	4.12%
0.15%	0.16%
12.73%	11.59%
4.04%	2.98%
0.49%	0.74%
7.09%	8.91%
2.47%	2.72%
3.76%	5.41%
0.42%	0.55%
5.94%	6.26%
100%	100%
0.02%	0.05%
0.01%	0.01%
0%	0.05%
0.12%	0.23%
0%	0.01%
0.04%	0.04%
1.03%	0.97%
0.03%	0.05%

Spending Breakdown by Claim



Spending Breakdown by Claim

VERDE VALLEY MEDICAL CENTER	030007	AZ
VERDE VALLEY MEDICAL CENTER	030007	AZ
VERDE VALLEY MEDICAL CENTER	030007	AZ
VERDE VALLEY MEDICAL CENTER	030007	AZ
VERDE VALLEY MEDICAL CENTER	030007	AZ
VERDE VALLEY MEDICAL CENTER	030007	AZ
VERDE VALLEY MEDICAL CENTER	030007	AZ
VERDE VALLEY MEDICAL CENTER	030007	AZ
VERDE VALLEY MEDICAL CENTER	030007	AZ
VERDE VALLEY MEDICAL CENTER	030007	AZ
VERDE VALLEY MEDICAL CENTER	030007	AZ
VERDE VALLEY MEDICAL CENTER	030007	AZ
VERDE VALLEY MEDICAL CENTER	030007	AZ
VERDE VALLEY MEDICAL CENTER	030007	AZ
CARONDELET ST MARYS HOSPITAL	030010	AZ
CARONDELET ST MARYS HOSPITAL	030010	AZ
CARONDELET ST MARYS HOSPITAL	030010	AZ
CARONDELET ST MARYS HOSPITAL	030010	AZ
CARONDELET ST MARYS HOSPITAL	030010	AZ
CARONDELET ST MARYS HOSPITAL	030010	AZ
CARONDELET ST MARYS HOSPITAL	030010	AZ

Spending Breakdown by Claim

During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier

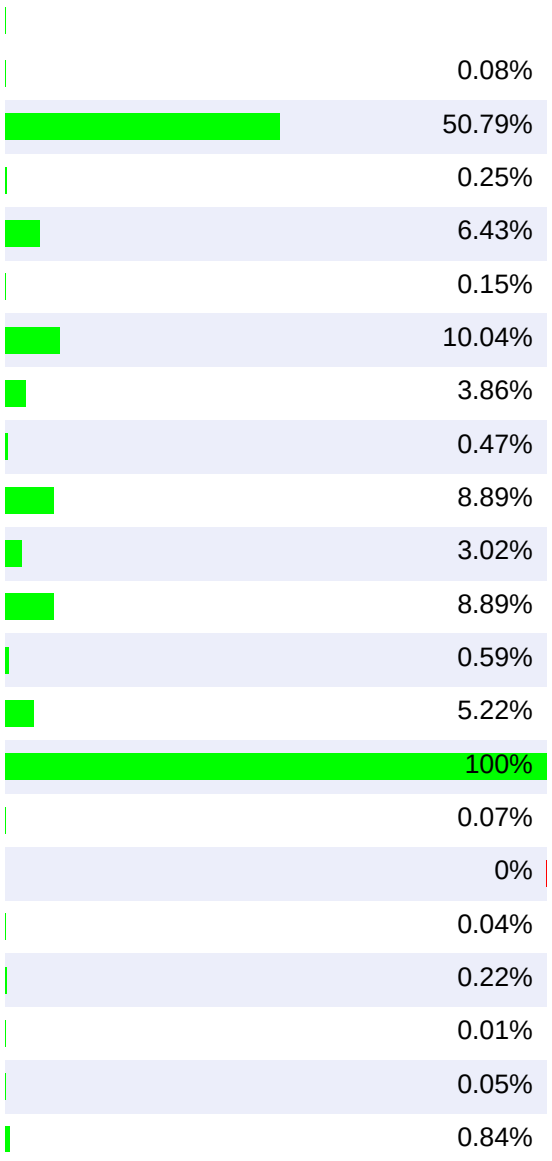
Spending Breakdown by Claim

$22.00	$38.00	$16.00
$10274.00	$10059.00	$9399.00
$28.00	$31.00	$46.00
$1317.00	$757.00	$1190.00
$16.00	$29.00	$27.00
$1741.00	$2128.00	$1857.00
$535.00	$546.00	$715.00
$85.00	$135.00	$88.00
$1031.00	$1636.00	$1645.00
$481.00	$500.00	$558.00
$1902.00	$993.00	$1646.00
$109.00	$101.00	$110.00
$810.00	$1149.00	$966.00
$18581.00	$18365.00	$18506.00
$7.00	$9.00	$14.00
$0.00	$2.00	$1.00
$22.00	$10.00	$7.00
$75.00	$43.00	$40.00
$1.00	$2.00	$3.00
$4.00	$8.00	$9.00
$314.00	$178.00	$155.00

Spending Breakdown by Claim

0.12%	0.21%
55.29%	54.78%
0.15%	0.17%
7.09%	4.12%
0.08%	0.16%
9.37%	11.59%
2.88%	2.98%
0.46%	0.74%
5.55%	8.91%
2.59%	2.72%
10.23%	5.41%
0.59%	0.55%
4.36%	6.26%
100%	100%
0.04%	0.05%
0%	0.01%
0.11%	0.05%
0.39%	0.23%
0.01%	0.01%
0.02%	0.04%
1.62%	0.97%

Spending Breakdown by Claim



Spending Breakdown by Claim

CARONDELET ST MARYS HOSPITAL	030010	AZ
CARONDELET ST MARYS HOSPITAL	030010	AZ
CARONDELET ST MARYS HOSPITAL	030010	AZ
CARONDELET ST MARYS HOSPITAL	030010	AZ
CARONDELET ST MARYS HOSPITAL	030010	AZ
CARONDELET ST MARYS HOSPITAL	030010	AZ
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CARONDELET ST MARYS HOSPITAL	030010	AZ
CARONDELET ST MARYS HOSPITAL	030010	AZ
CARONDELET ST MARYS HOSPITAL	030010	AZ
CARONDELET ST MARYS HOSPITAL	030010	AZ
CARONDELET ST JOSEPHS HOSPITAL	030011	AZ
CARONDELET ST JOSEPHS HOSPITAL	030011	AZ
CARONDELET ST JOSEPHS HOSPITAL	030011	AZ
CARONDELET ST JOSEPHS HOSPITAL	030011	AZ
CARONDELET ST JOSEPHS HOSPITAL	030011	AZ
CARONDELET ST JOSEPHS HOSPITAL	030011	AZ

Spending Breakdown by Claim

During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment

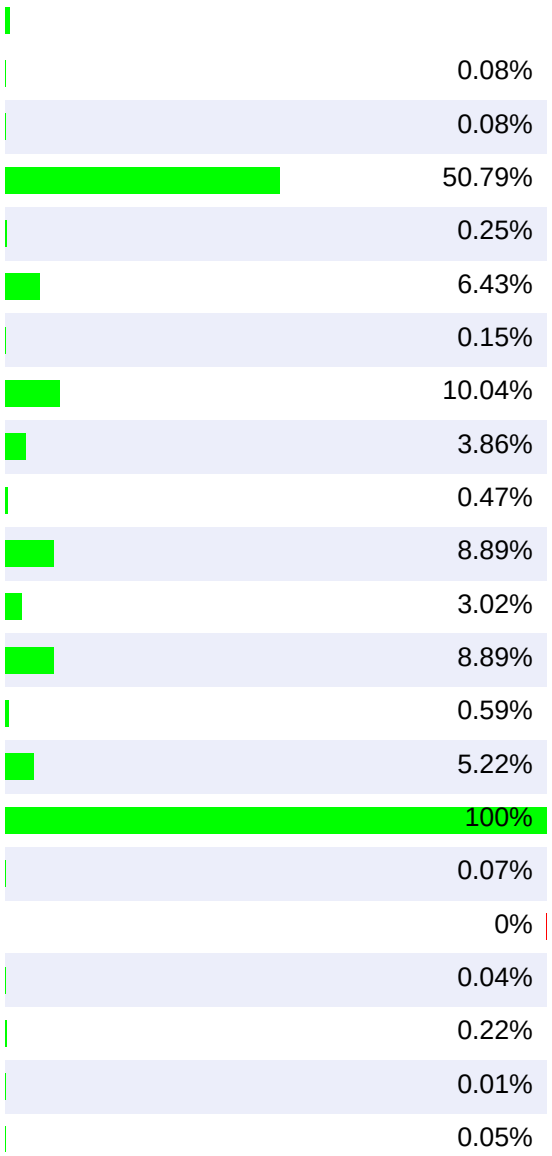
Spending Breakdown by Claim

$7.00	$9.00	$14.00
$18.00	$38.00	$16.00
$10517.00	$10059.00	$9399.00
$71.00	$31.00	$46.00
$839.00	$757.00	$1190.00
$34.00	$29.00	$27.00
$2432.00	$2128.00	$1857.00
$368.00	$546.00	$715.00
$91.00	$135.00	$88.00
$1633.00	$1636.00	$1645.00
$611.00	$500.00	$558.00
$1052.00	$993.00	$1646.00
$77.00	$101.00	$110.00
$1165.00	$1149.00	$966.00
$19337.00	$18365.00	$18506.00
$10.00	$9.00	$14.00
$0.00	$2.00	$1.00
$7.00	$10.00	$7.00
$29.00	$43.00	$40.00
$1.00	$2.00	$3.00
$5.00	$8.00	$9.00

Spending Breakdown by Claim

0.04%	0.05%
0.09%	0.21%
54.39%	54.78%
0.37%	0.17%
4.34%	4.12%
0.18%	0.16%
12.58%	11.59%
1.9%	2.98%
0.47%	0.74%
8.44%	8.91%
3.16%	2.72%
5.44%	5.41%
0.4%	0.55%
6.02%	6.26%
100%	100%
0.05%	0.05%
0%	0.01%
0.03%	0.05%
0.15%	0.23%
0.01%	0.01%
0.03%	0.04%

Spending Breakdown by Claim



Spending Breakdown by Claim

CARONDELET ST JOSEPHS HOSPITAL	030011	AZ
CARONDELET ST JOSEPHS HOSPITAL	030011	AZ
CARONDELET ST JOSEPHS HOSPITAL	030011	AZ
CARONDELET ST JOSEPHS HOSPITAL	030011	AZ
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CARONDELET ST JOSEPHS HOSPITAL	030011	AZ
CARONDELET ST JOSEPHS HOSPITAL	030011	AZ
CARONDELET ST JOSEPHS HOSPITAL	030011	AZ
CARONDELET ST JOSEPHS HOSPITAL	030011	AZ
CARONDELET ST JOSEPHS HOSPITAL	030011	AZ
CARONDELET ST JOSEPHS HOSPITAL	030011	AZ
CARONDELET ST JOSEPHS HOSPITAL	030011	AZ
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CARONDELET ST JOSEPHS HOSPITAL	030011	AZ
CARONDELET ST JOSEPHS HOSPITAL	030011	AZ
YAVAPAI REGIONAL MEDICAL CENTER	030012	AZ
YAVAPAI REGIONAL MEDICAL CENTER	030012	AZ
YAVAPAI REGIONAL MEDICAL CENTER	030012	AZ
YAVAPAI REGIONAL MEDICAL CENTER	030012	AZ
YAVAPAI REGIONAL MEDICAL CENTER	030012	AZ

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility

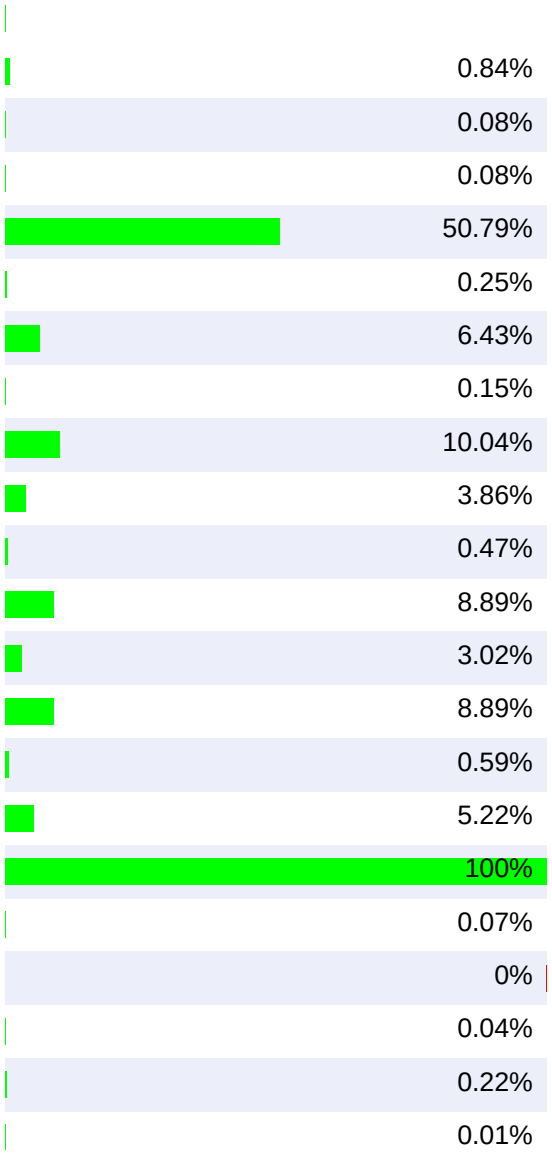
Spending Breakdown by Claim

$196.00	$178.00	$155.00
$6.00	$9.00	$14.00
$21.00	$38.00	$16.00
$10668.00	$10059.00	$9399.00
$55.00	$31.00	$46.00
$792.00	$757.00	$1190.00
$22.00	$29.00	$27.00
$2334.00	$2128.00	$1857.00
$693.00	$546.00	$715.00
$90.00	$135.00	$88.00
$1632.00	$1636.00	$1645.00
$319.00	$500.00	$558.00
$1024.00	$993.00	$1646.00
$95.00	$101.00	$110.00
$1119.00	$1149.00	$966.00
$19120.00	$18365.00	$18506.00
$11.00	$9.00	$14.00
$0.00	$2.00	$1.00
$16.00	$10.00	$7.00
$24.00	$43.00	$40.00
$1.00	$2.00	$3.00

Spending Breakdown by Claim

1.03%	0.97%
0.03%	0.05%
0.11%	0.21%
55.8%	54.78%
0.29%	0.17%
4.14%	4.12%
0.12%	0.16%
12.21%	11.59%
3.63%	2.98%
0.47%	0.74%
8.54%	8.91%
1.67%	2.72%
5.36%	5.41%
0.5%	0.55%
5.85%	6.26%
100%	100%
0.06%	0.05%
0%	0.01%
0.09%	0.05%
0.14%	0.23%
0.01%	0.01%

Spending Breakdown by Claim



Spending Breakdown by Claim

YAVAPAI REGIONAL MEDICAL CENTER	030012	AZ
YAVAPAI REGIONAL MEDICAL CENTER	030012	AZ
YAVAPAI REGIONAL MEDICAL CENTER	030012	AZ
YAVAPAI REGIONAL MEDICAL CENTER	030012	AZ
YAVAPAI REGIONAL MEDICAL CENTER	030012	AZ
YAVAPAI REGIONAL MEDICAL CENTER	030012	AZ
YAVAPAI REGIONAL MEDICAL CENTER	030012	AZ
YAVAPAI REGIONAL MEDICAL CENTER	030012	AZ
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YAVAPAI REGIONAL MEDICAL CENTER	030012	AZ
YAVAPAI REGIONAL MEDICAL CENTER	030012	AZ
YAVAPAI REGIONAL MEDICAL CENTER	030012	AZ
YAVAPAI REGIONAL MEDICAL CENTER	030012	AZ
YAVAPAI REGIONAL MEDICAL CENTER	030012	AZ
YAVAPAI REGIONAL MEDICAL CENTER	030012	AZ
YUMA REGIONAL MEDICAL CENTER	030013	AZ
YUMA REGIONAL MEDICAL CENTER	030013	AZ
YUMA REGIONAL MEDICAL CENTER	030013	AZ
YUMA REGIONAL MEDICAL CENTER	030013	AZ

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient

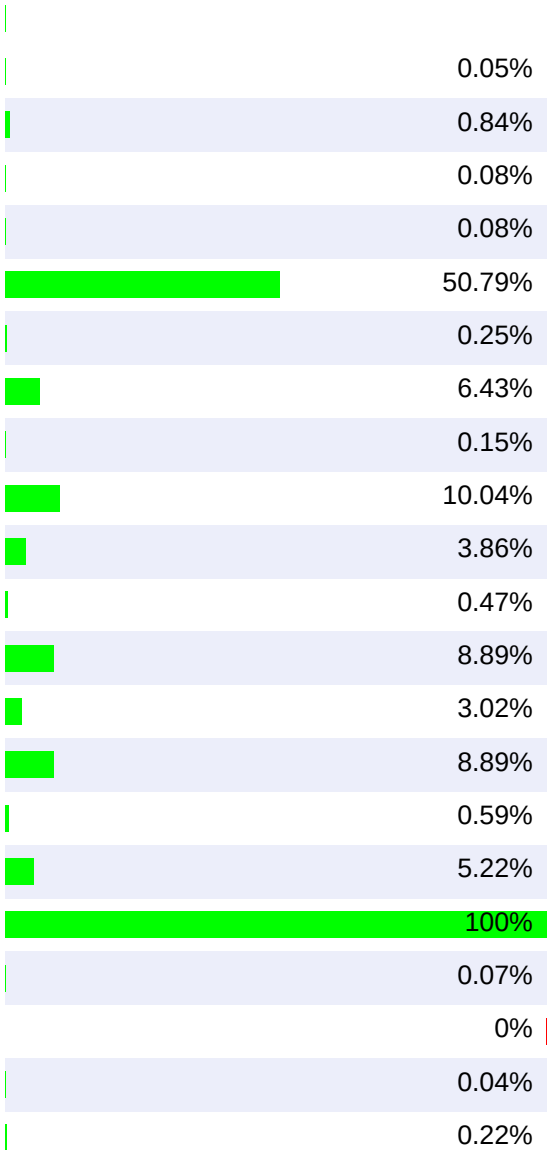
Spending Breakdown by Claim

$7.00	$8.00	$9.00
$174.00	$178.00	$155.00
$10.00	$9.00	$14.00
$14.00	$38.00	$16.00
$10504.00	$10059.00	$9399.00
$25.00	$31.00	$46.00
$747.00	$757.00	$1190.00
$31.00	$29.00	$27.00
$1803.00	$2128.00	$1857.00
$697.00	$546.00	$715.00
$116.00	$135.00	$88.00
$1245.00	$1636.00	$1645.00
$411.00	$500.00	$558.00
$857.00	$993.00	$1646.00
$82.00	$101.00	$110.00
$902.00	$1149.00	$966.00
$17676.00	$18365.00	$18506.00
$11.00	$9.00	$14.00
$0.00	$2.00	$1.00
$14.00	$10.00	$7.00
$11.00	$43.00	$40.00

Spending Breakdown by Claim

0.04%	0.04%
0.98%	0.97%
0.06%	0.05%
0.08%	0.21%
59.42%	54.78%
0.14%	0.17%
4.22%	4.12%
0.18%	0.16%
10.2%	11.59%
3.94%	2.98%
0.66%	0.74%
7.04%	8.91%
2.33%	2.72%
4.85%	5.41%
0.46%	0.55%
5.1%	6.26%
100%	100%
0.06%	0.05%
0%	0.01%
0.08%	0.05%
0.06%	0.23%

Spending Breakdown by Claim



Spending Breakdown by Claim

YUMA REGIONAL MEDICAL CENTER	030013	AZ
YUMA REGIONAL MEDICAL CENTER	030013	AZ
YUMA REGIONAL MEDICAL CENTER	030013	AZ
YUMA REGIONAL MEDICAL CENTER	030013	AZ
YUMA REGIONAL MEDICAL CENTER	030013	AZ
YUMA REGIONAL MEDICAL CENTER	030013	AZ
YUMA REGIONAL MEDICAL CENTER	030013	AZ
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YUMA REGIONAL MEDICAL CENTER	030013	AZ
YUMA REGIONAL MEDICAL CENTER	030013	AZ
YUMA REGIONAL MEDICAL CENTER	030013	AZ
YUMA REGIONAL MEDICAL CENTER	030013	AZ
YUMA REGIONAL MEDICAL CENTER	030013	AZ
JOHN C LINCOLN NORTH MOUNTAIN HOSPITAL	030014	AZ
JOHN C LINCOLN NORTH MOUNTAIN HOSPITAL	030014	AZ
JOHN C LINCOLN NORTH MOUNTAIN HOSPITAL	030014	AZ

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient

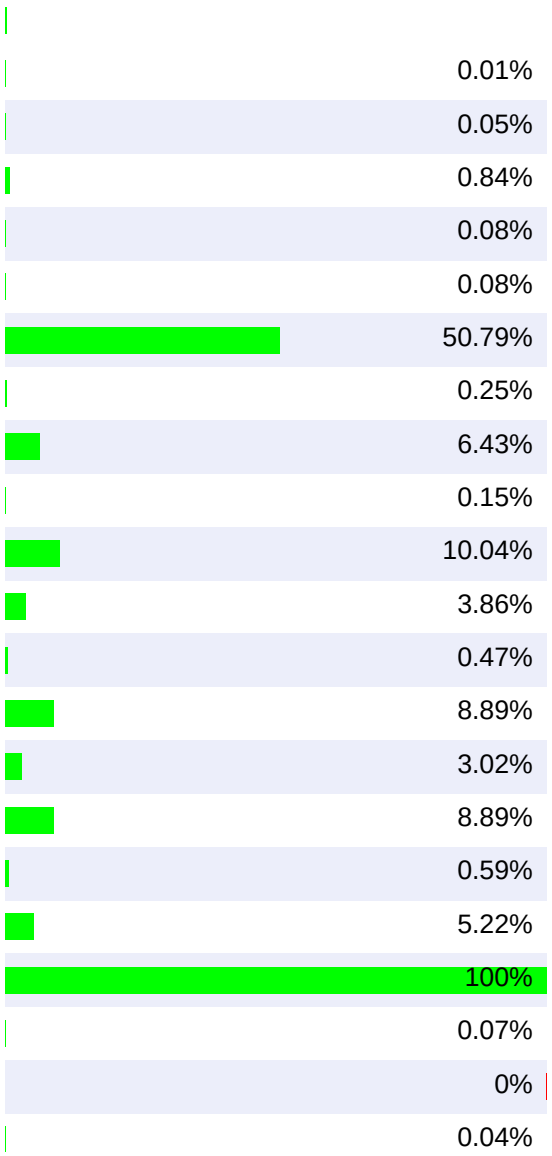
Spending Breakdown by Claim

$1.00	$2.00	$3.00
$7.00	$8.00	$9.00
$210.00	$178.00	$155.00
$1.00	$9.00	$14.00
$10.00	$38.00	$16.00
$9928.00	$10059.00	$9399.00
$10.00	$31.00	$46.00
$552.00	$757.00	$1190.00
$16.00	$29.00	$27.00
$1713.00	$2128.00	$1857.00
$487.00	$546.00	$715.00
$91.00	$135.00	$88.00
$1643.00	$1636.00	$1645.00
$572.00	$500.00	$558.00
$1133.00	$993.00	$1646.00
$78.00	$101.00	$110.00
$1064.00	$1149.00	$966.00
$17554.00	$18365.00	$18506.00
$4.00	$9.00	$14.00
$6.00	$2.00	$1.00
$0.00	$10.00	$7.00

Spending Breakdown by Claim

0.01%	0.01%
0.04%	0.04%
1.19%	0.97%
0%	0.05%
0.06%	0.21%
56.56%	54.78%
0.06%	0.17%
3.15%	4.12%
0.09%	0.16%
9.76%	11.59%
2.78%	2.98%
0.52%	0.74%
9.36%	8.91%
3.26%	2.72%
6.46%	5.41%
0.45%	0.55%
6.06%	6.26%
100%	100%
0.02%	0.05%
0.03%	0.01%
0%	0.05%

Spending Breakdown by Claim



Spending Breakdown by Claim

JOHN C LINCOLN NORTH MOUNTAIN HOSPITAL	030014	AZ
JOHN C LINCOLN NORTH MOUNTAIN HOSPITAL	030014	AZ
JOHN C LINCOLN NORTH MOUNTAIN HOSPITAL	030014	AZ
JOHN C LINCOLN NORTH MOUNTAIN HOSPITAL	030014	AZ
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JOHN C LINCOLN NORTH MOUNTAIN HOSPITAL	030014	AZ
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JOHN C LINCOLN NORTH MOUNTAIN HOSPITAL	030014	AZ
JOHN C LINCOLN NORTH MOUNTAIN HOSPITAL	030014	AZ
JOHN C LINCOLN NORTH MOUNTAIN HOSPITAL	030014	AZ
JOHN C LINCOLN NORTH MOUNTAIN HOSPITAL	030014	AZ
JOHN C LINCOLN NORTH MOUNTAIN HOSPITAL	030014	AZ
JOHN C LINCOLN NORTH MOUNTAIN HOSPITAL	030014	AZ
CASA GRANDE REGIONAL MEDICAL CENTER	030016	AZ
CASA GRANDE REGIONAL MEDICAL CENTER	030016	AZ

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice

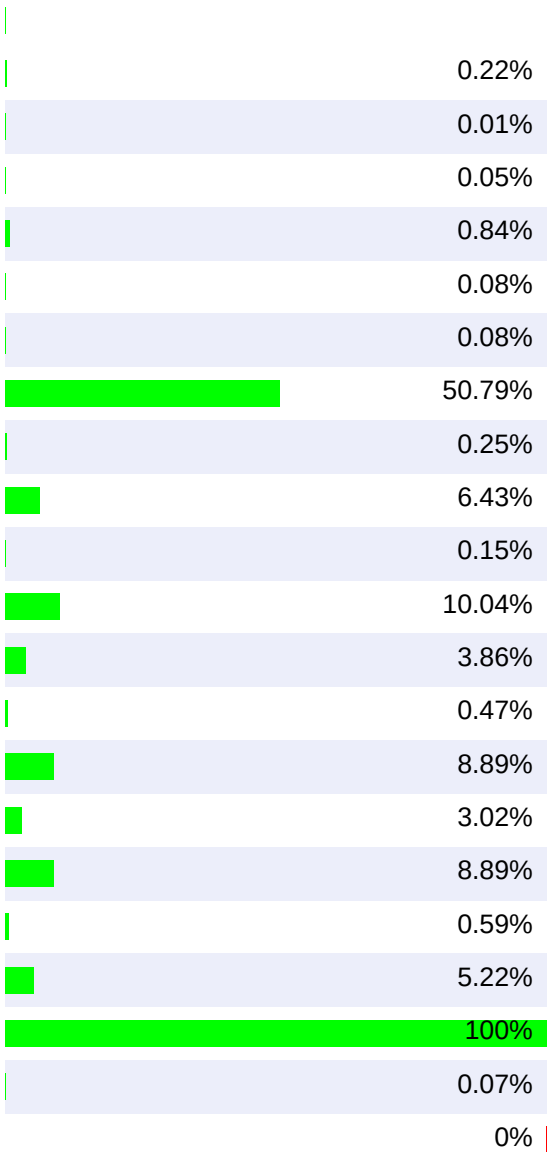
Spending Breakdown by Claim

$25.00	$43.00	$40.00
$1.00	$2.00	$3.00
$9.00	$8.00	$9.00
$115.00	$178.00	$155.00
$16.00	$9.00	$14.00
$59.00	$38.00	$16.00
$10390.00	$10059.00	$9399.00
$17.00	$31.00	$46.00
$921.00	$757.00	$1190.00
$18.00	$29.00	$27.00
$2391.00	$2128.00	$1857.00
$601.00	$546.00	$715.00
$197.00	$135.00	$88.00
$2053.00	$1636.00	$1645.00
$431.00	$500.00	$558.00
$1200.00	$993.00	$1646.00
$74.00	$101.00	$110.00
$1235.00	$1149.00	$966.00
$19764.00	$18365.00	$18506.00
$2.00	$9.00	$14.00
$0.00	$2.00	$1.00

Spending Breakdown by Claim

0.13%	0.23%
0.01%	0.01%
0.04%	0.04%
0.58%	0.97%
0.08%	0.05%
0.3%	0.21%
52.57%	54.78%
0.09%	0.17%
4.66%	4.12%
0.09%	0.16%
12.1%	11.59%
3.04%	2.98%
1%	0.74%
10.39%	8.91%
2.18%	2.72%
6.07%	5.41%
0.37%	0.55%
6.25%	6.26%
100%	100%
0.01%	0.05%
0%	0.01%

Spending Breakdown by Claim



Spending Breakdown by Claim

CASA GRANDE REGIONAL MEDICAL CENTER	030016	AZ
CASA GRANDE REGIONAL MEDICAL CENTER	030016	AZ
CASA GRANDE REGIONAL MEDICAL CENTER	030016	AZ
CASA GRANDE REGIONAL MEDICAL CENTER	030016	AZ
CASA GRANDE REGIONAL MEDICAL CENTER	030016	AZ
CASA GRANDE REGIONAL MEDICAL CENTER	030016	AZ
CASA GRANDE REGIONAL MEDICAL CENTER	030016	AZ
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CASA GRANDE REGIONAL MEDICAL CENTER	030016	AZ
CASA GRANDE REGIONAL MEDICAL CENTER	030016	AZ
CASA GRANDE REGIONAL MEDICAL CENTER	030016	AZ
CASA GRANDE REGIONAL MEDICAL CENTER	030016	AZ
CASA GRANDE REGIONAL MEDICAL CENTER	030016	AZ
MARICOPA MEDICAL CENTER	030022	AZ

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency

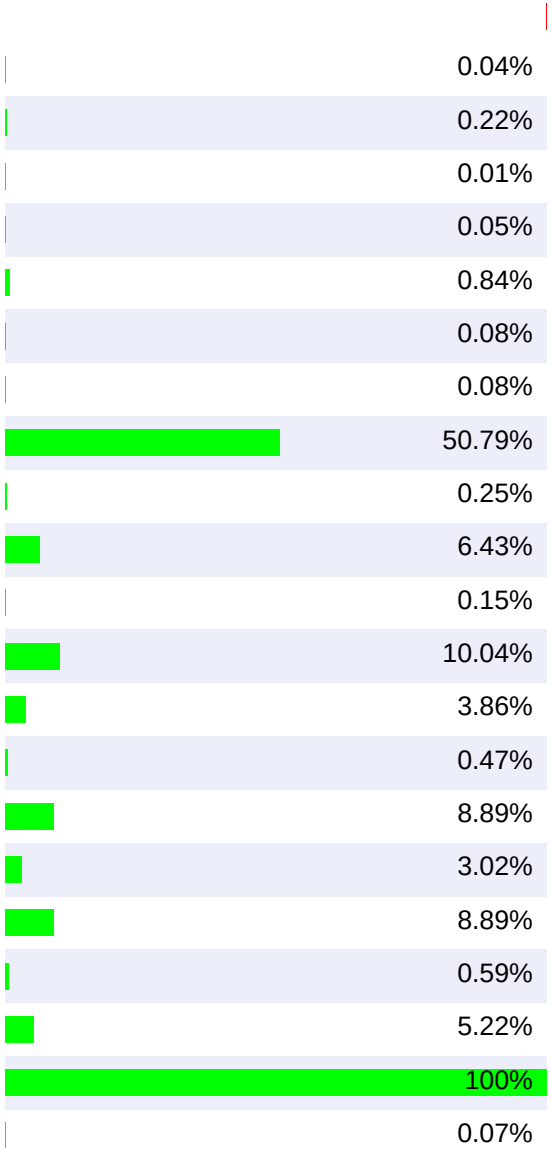
Spending Breakdown by Claim

$5.00	$10.00	$7.00
$38.00	$43.00	$40.00
$0.00	$2.00	$3.00
$20.00	$8.00	$9.00
$162.00	$178.00	$155.00
$7.00	$9.00	$14.00
$37.00	$38.00	$16.00
$7548.00	$10059.00	$9399.00
$25.00	$31.00	$46.00
$582.00	$757.00	$1190.00
$25.00	$29.00	$27.00
$1656.00	$2128.00	$1857.00
$372.00	$546.00	$715.00
$133.00	$135.00	$88.00
$1840.00	$1636.00	$1645.00
$517.00	$500.00	$558.00
$703.00	$993.00	$1646.00
$155.00	$101.00	$110.00
$1118.00	$1149.00	$966.00
$14945.00	$18365.00	$18506.00
$0.00	$9.00	$14.00

Spending Breakdown by Claim

0.03%	0.05%
0.26%	0.23%
0%	0.01%
0.14%	0.04%
1.09%	0.97%
0.05%	0.05%
0.25%	0.21%
50.51%	54.78%
0.17%	0.17%
3.89%	4.12%
0.16%	0.16%
11.08%	11.59%
2.49%	2.98%
0.89%	0.74%
12.31%	8.91%
3.46%	2.72%
4.71%	5.41%
1.04%	0.55%
7.48%	6.26%
100%	100%
0%	0.05%

Spending Breakdown by Claim



Spending Breakdown by Claim

MARICOPA MEDICAL CENTER	030022	AZ
MARICOPA MEDICAL CENTER	030022	AZ
MARICOPA MEDICAL CENTER	030022	AZ
MARICOPA MEDICAL CENTER	030022	AZ
MARICOPA MEDICAL CENTER	030022	AZ
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MARICOPA MEDICAL CENTER	030022	AZ
MARICOPA MEDICAL CENTER	030022	AZ
MARICOPA MEDICAL CENTER	030022	AZ

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total

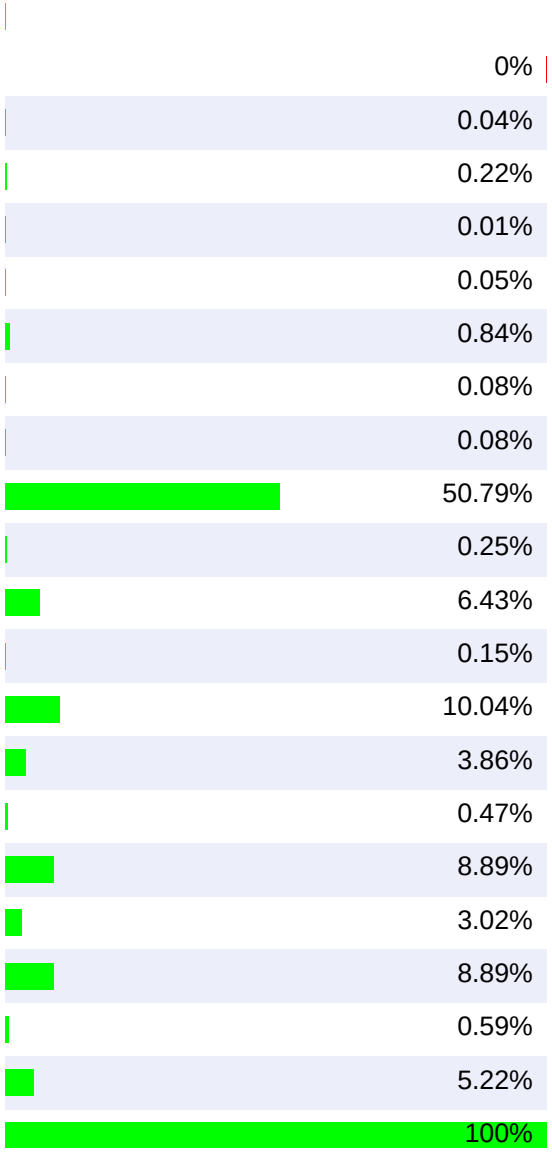
Spending Breakdown by Claim

$30.00	$2.00	$1.00
$0.00	$10.00	$7.00
$47.00	$43.00	$40.00
$0.00	$2.00	$3.00
$2.00	$8.00	$9.00
$163.00	$178.00	$155.00
$3.00	$9.00	$14.00
$122.00	$38.00	$16.00
$11086.00	$10059.00	$9399.00
$50.00	$31.00	$46.00
$978.00	$757.00	$1190.00
$33.00	$29.00	$27.00
$2064.00	$2128.00	$1857.00
$298.00	$546.00	$715.00
$175.00	$135.00	$88.00
$2302.00	$1636.00	$1645.00
$846.00	$500.00	$558.00
$1438.00	$993.00	$1646.00
$74.00	$101.00	$110.00
$1109.00	$1149.00	$966.00
$20821.00	$18365.00	$18506.00

Spending Breakdown by Claim

0.14%	0.01%
0%	0.05%
0.23%	0.23%
0%	0.01%
0.01%	0.04%
0.78%	0.97%
0.01%	0.05%
0.59%	0.21%
53.24%	54.78%
0.24%	0.17%
4.7%	4.12%
0.16%	0.16%
9.91%	11.59%
1.43%	2.98%
0.84%	0.74%
11.06%	8.91%
4.06%	2.72%
6.91%	5.41%
0.35%	0.55%
5.33%	6.26%
100%	100%

Spending Breakdown by Claim



Spending Breakdown by Claim

FLAGSTAFF MEDICAL CENTER	030023	AZ
FLAGSTAFF MEDICAL CENTER	030023	AZ
FLAGSTAFF MEDICAL CENTER	030023	AZ
FLAGSTAFF MEDICAL CENTER	030023	AZ
FLAGSTAFF MEDICAL CENTER	030023	AZ
FLAGSTAFF MEDICAL CENTER	030023	AZ
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FLAGSTAFF MEDICAL CENTER	030023	AZ
FLAGSTAFF MEDICAL CENTER	030023	AZ

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier

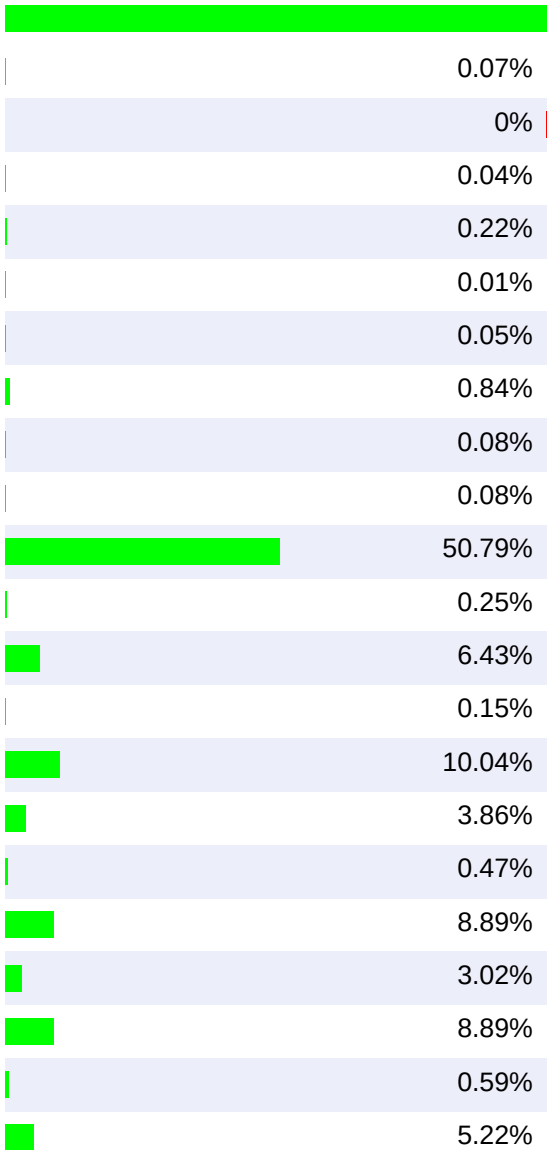
Spending Breakdown by Claim

$3.00	$9.00	$14.00
$0.00	$2.00	$1.00
$16.00	$10.00	$7.00
$92.00	$43.00	$40.00
$4.00	$2.00	$3.00
$7.00	$8.00	$9.00
$250.00	$178.00	$155.00
$8.00	$9.00	$14.00
$16.00	$38.00	$16.00
$11441.00	$10059.00	$9399.00
$214.00	$31.00	$46.00
$957.00	$757.00	$1190.00
$41.00	$29.00	$27.00
$2483.00	$2128.00	$1857.00
$343.00	$546.00	$715.00
$67.00	$135.00	$88.00
$1252.00	$1636.00	$1645.00
$554.00	$500.00	$558.00
$1135.00	$993.00	$1646.00
$82.00	$101.00	$110.00
$791.00	$1149.00	$966.00

Spending Breakdown by Claim

0.01%	0.05%
0%	0.01%
0.08%	0.05%
0.47%	0.23%
0.02%	0.01%
0.03%	0.04%
1.26%	0.97%
0.04%	0.05%
0.08%	0.21%
57.91%	54.78%
1.08%	0.17%
4.84%	4.12%
0.21%	0.16%
12.57%	11.59%
1.74%	2.98%
0.34%	0.74%
6.33%	8.91%
2.81%	2.72%
5.75%	5.41%
0.41%	0.55%
4.01%	6.26%

Spending Breakdown by Claim



Spending Breakdown by Claim

FLAGSTAFF MEDICAL CENTER	030023	AZ
ST JOSEPH'S HOSPITAL AND MEDICAL CENTER	030024	AZ
ST JOSEPH'S HOSPITAL AND MEDICAL CENTER	030024	AZ
ST JOSEPH'S HOSPITAL AND MEDICAL CENTER	030024	AZ
ST JOSEPH'S HOSPITAL AND MEDICAL CENTER	030024	AZ
ST JOSEPH'S HOSPITAL AND MEDICAL CENTER	030024	AZ
ST JOSEPH'S HOSPITAL AND MEDICAL CENTER	030024	AZ
ST JOSEPH'S HOSPITAL AND MEDICAL CENTER	030024	AZ
ST JOSEPH'S HOSPITAL AND MEDICAL CENTER	030024	AZ
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ST JOSEPH'S HOSPITAL AND MEDICAL CENTER	030024	AZ
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ST JOSEPH'S HOSPITAL AND MEDICAL CENTER	030024	AZ
ST JOSEPH'S HOSPITAL AND MEDICAL CENTER	030024	AZ
ST JOSEPH'S HOSPITAL AND MEDICAL CENTER	030024	AZ
ST JOSEPH'S HOSPITAL AND MEDICAL CENTER	030024	AZ
ST JOSEPH'S HOSPITAL AND MEDICAL CENTER	030024	AZ
ST JOSEPH'S HOSPITAL AND MEDICAL CENTER	030024	AZ
ST JOSEPH'S HOSPITAL AND MEDICAL CENTER	030024	AZ

Spending Breakdown by Claim

Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment

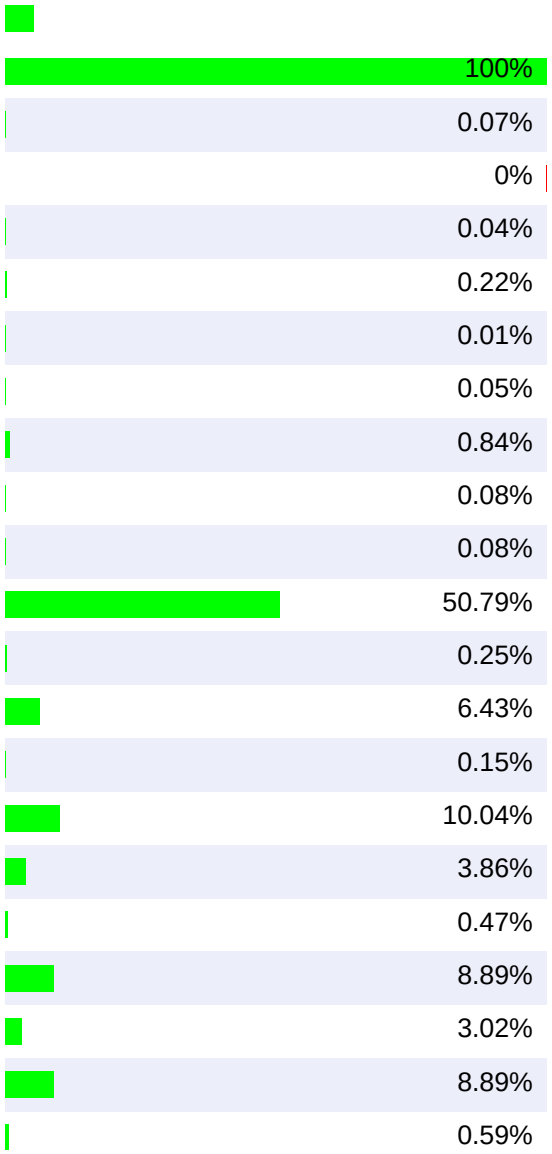
Spending Breakdown by Claim

$19756.00	$18365.00	$18506.00
$5.00	$9.00	$14.00
$2.00	$2.00	$1.00
$80.00	$10.00	$7.00
$106.00	$43.00	$40.00
$3.00	$2.00	$3.00
$24.00	$8.00	$9.00
$228.00	$178.00	$155.00
$8.00	$9.00	$14.00
$35.00	$38.00	$16.00
$15421.00	$10059.00	$9399.00
$142.00	$31.00	$46.00
$844.00	$757.00	$1190.00
$27.00	$29.00	$27.00
$3646.00	$2128.00	$1857.00
$497.00	$546.00	$715.00
$148.00	$135.00	$88.00
$2034.00	$1636.00	$1645.00
$696.00	$500.00	$558.00
$1074.00	$993.00	$1646.00
$189.00	$101.00	$110.00

Spending Breakdown by Claim

100%	100%
0.02%	0.05%
0.01%	0.01%
0.3%	0.05%
0.4%	0.23%
0.01%	0.01%
0.09%	0.04%
0.86%	0.97%
0.03%	0.05%
0.13%	0.21%
57.95%	54.78%
0.54%	0.17%
3.17%	4.12%
0.1%	0.16%
13.7%	11.59%
1.87%	2.98%
0.55%	0.74%
7.64%	8.91%
2.62%	2.72%
4.04%	5.41%
0.71%	0.55%

Spending Breakdown by Claim



Spending Breakdown by Claim

ST JOSEPH'S HOSPITAL AND MEDICAL CENTER	030024	AZ
ST JOSEPH'S HOSPITAL AND MEDICAL CENTER	030024	AZ
PHOENIX BAPTIST HOSPITAL & MEDICAL CENTER	030030	AZ
PHOENIX BAPTIST HOSPITAL & MEDICAL CENTER	030030	AZ
PHOENIX BAPTIST HOSPITAL & MEDICAL CENTER	030030	AZ
PHOENIX BAPTIST HOSPITAL & MEDICAL CENTER	030030	AZ
PHOENIX BAPTIST HOSPITAL & MEDICAL CENTER	030030	AZ
PHOENIX BAPTIST HOSPITAL & MEDICAL CENTER	030030	AZ
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PHOENIX BAPTIST HOSPITAL & MEDICAL CENTER	030030	AZ
PHOENIX BAPTIST HOSPITAL & MEDICAL CENTER	030030	AZ
PHOENIX BAPTIST HOSPITAL & MEDICAL CENTER	030030	AZ
PHOENIX BAPTIST HOSPITAL & MEDICAL CENTER	030030	AZ
PHOENIX BAPTIST HOSPITAL & MEDICAL CENTER	030030	AZ

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility

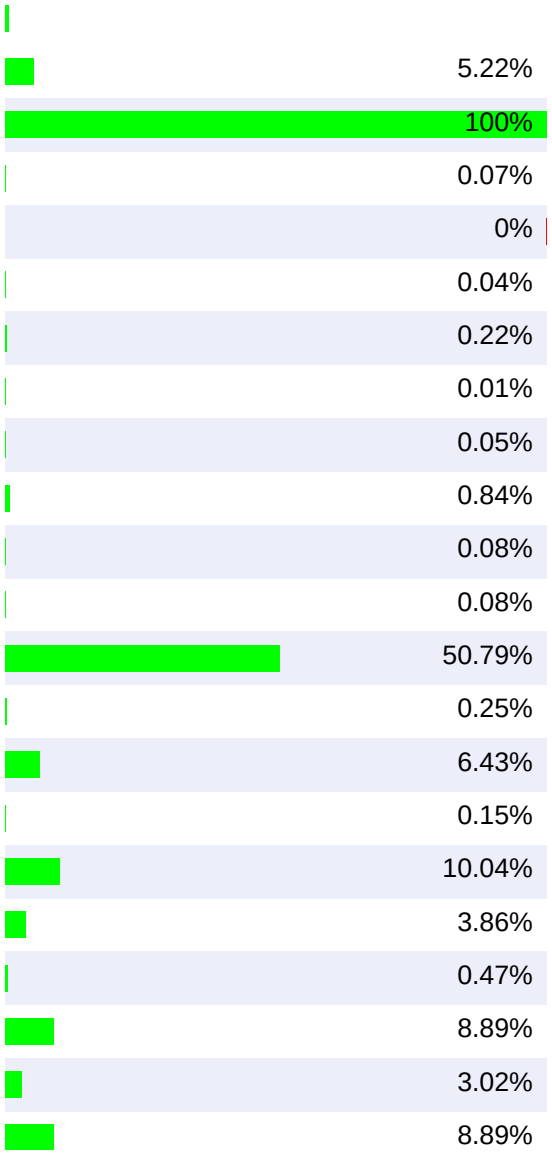
Spending Breakdown by Claim

$1402.00	$1149.00	$966.00
$26610.00	$18365.00	$18506.00
$4.00	$9.00	$14.00
$8.00	$2.00	$1.00
$0.00	$10.00	$7.00
$54.00	$43.00	$40.00
$2.00	$2.00	$3.00
$3.00	$8.00	$9.00
$214.00	$178.00	$155.00
$0.00	$9.00	$14.00
$176.00	$38.00	$16.00
$11812.00	$10059.00	$9399.00
$51.00	$31.00	$46.00
$856.00	$757.00	$1190.00
$19.00	$29.00	$27.00
$2532.00	$2128.00	$1857.00
$439.00	$546.00	$715.00
$279.00	$135.00	$88.00
$1864.00	$1636.00	$1645.00
$490.00	$500.00	$558.00
$1391.00	$993.00	$1646.00

Spending Breakdown by Claim

5.27%	6.26%
100%	100%
0.02%	0.05%
0.04%	0.01%
0%	0.05%
0.25%	0.23%
0.01%	0.01%
0.01%	0.04%
1%	0.97%
0%	0.05%
0.82%	0.21%
55.12%	54.78%
0.24%	0.17%
3.99%	4.12%
0.09%	0.16%
11.81%	11.59%
2.05%	2.98%
1.3%	0.74%
8.7%	8.91%
2.29%	2.72%
6.49%	5.41%

Spending Breakdown by Claim



Spending Breakdown by Claim

PHOENIX BAPTIST HOSPITAL & MEDICAL CENTER	030030	AZ
PHOENIX BAPTIST HOSPITAL & MEDICAL CENTER	030030	AZ
PHOENIX BAPTIST HOSPITAL & MEDICAL CENTER	030030	AZ
PAYSON REGIONAL MEDICAL CENTER	030033	AZ
PAYSON REGIONAL MEDICAL CENTER	030033	AZ
PAYSON REGIONAL MEDICAL CENTER	030033	AZ
PAYSON REGIONAL MEDICAL CENTER	030033	AZ
PAYSON REGIONAL MEDICAL CENTER	030033	AZ
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PAYSON REGIONAL MEDICAL CENTER	030033	AZ
PAYSON REGIONAL MEDICAL CENTER	030033	AZ
PAYSON REGIONAL MEDICAL CENTER	030033	AZ
PAYSON REGIONAL MEDICAL CENTER	030033	AZ

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient

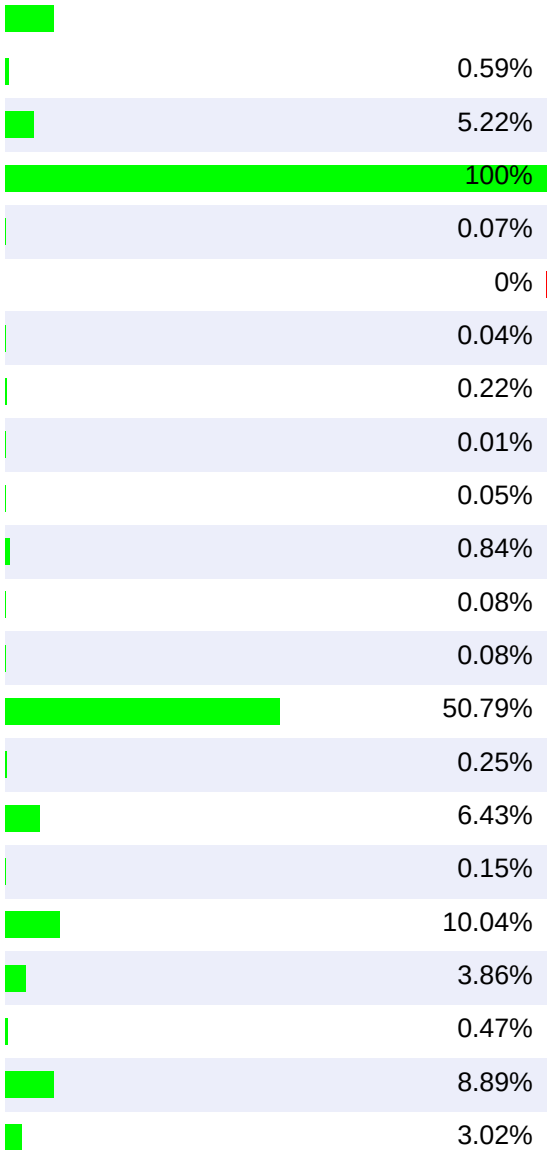
Spending Breakdown by Claim

$97.00	$101.00	$110.00
$1139.00	$1149.00	$966.00
$21431.00	$18365.00	$18506.00
$24.00	$9.00	$14.00
$0.00	$2.00	$1.00
$0.00	$10.00	$7.00
$2.00	$43.00	$40.00
$7.00	$2.00	$3.00
$5.00	$8.00	$9.00
$108.00	$178.00	$155.00
$10.00	$9.00	$14.00
$68.00	$38.00	$16.00
$7751.00	$10059.00	$9399.00
$5.00	$31.00	$46.00
$1191.00	$757.00	$1190.00
$21.00	$29.00	$27.00
$1500.00	$2128.00	$1857.00
$334.00	$546.00	$715.00
$220.00	$135.00	$88.00
$1606.00	$1636.00	$1645.00
$427.00	$500.00	$558.00

Spending Breakdown by Claim

0.45%	0.55%
5.31%	6.26%
100%	100%
0.16%	0.05%
0%	0.01%
0%	0.05%
0.01%	0.23%
0.05%	0.01%
0.03%	0.04%
0.69%	0.97%
0.06%	0.05%
0.43%	0.21%
49.39%	54.78%
0.03%	0.17%
7.59%	4.12%
0.14%	0.16%
9.56%	11.59%
2.13%	2.98%
1.4%	0.74%
10.23%	8.91%
2.72%	2.72%

Spending Breakdown by Claim



Spending Breakdown by Claim

PAYSON REGIONAL MEDICAL CENTER	030033	AZ
PAYSON REGIONAL MEDICAL CENTER	030033	AZ
PAYSON REGIONAL MEDICAL CENTER	030033	AZ
PAYSON REGIONAL MEDICAL CENTER	030033	AZ
CHANDLER REGIONAL MEDICAL CENTER	030036	AZ
CHANDLER REGIONAL MEDICAL CENTER	030036	AZ
CHANDLER REGIONAL MEDICAL CENTER	030036	AZ
CHANDLER REGIONAL MEDICAL CENTER	030036	AZ
CHANDLER REGIONAL MEDICAL CENTER	030036	AZ
CHANDLER REGIONAL MEDICAL CENTER	030036	AZ
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CHANDLER REGIONAL MEDICAL CENTER	030036	AZ
CHANDLER REGIONAL MEDICAL CENTER	030036	AZ
CHANDLER REGIONAL MEDICAL CENTER	030036	AZ
CHANDLER REGIONAL MEDICAL CENTER	030036	AZ

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient

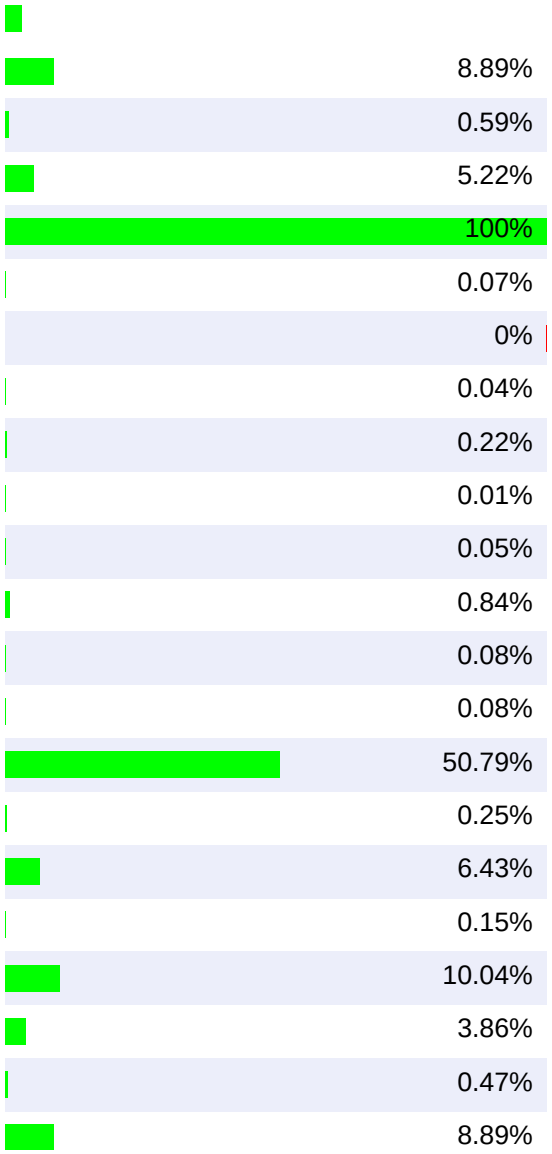
Spending Breakdown by Claim

$1432.00	$993.00	$1646.00
$89.00	$101.00	$110.00
$893.00	$1149.00	$966.00
$15695.00	$18365.00	$18506.00
$15.00	$9.00	$14.00
$2.00	$2.00	$1.00
$0.00	$10.00	$7.00
$39.00	$43.00	$40.00
$3.00	$2.00	$3.00
$6.00	$8.00	$9.00
$241.00	$178.00	$155.00
$14.00	$9.00	$14.00
$68.00	$38.00	$16.00
$9472.00	$10059.00	$9399.00
$25.00	$31.00	$46.00
$909.00	$757.00	$1190.00
$25.00	$29.00	$27.00
$2137.00	$2128.00	$1857.00
$703.00	$546.00	$715.00
$205.00	$135.00	$88.00
$1787.00	$1636.00	$1645.00

Spending Breakdown by Claim

9.13%	5.41%
0.57%	0.55%
5.69%	6.26%
100%	100%
0.08%	0.05%
0.01%	0.01%
0%	0.05%
0.21%	0.23%
0.02%	0.01%
0.03%	0.04%
1.28%	0.97%
0.07%	0.05%
0.36%	0.21%
50.37%	54.78%
0.13%	0.17%
4.83%	4.12%
0.13%	0.16%
11.36%	11.59%
3.74%	2.98%
1.09%	0.74%
9.5%	8.91%

Spending Breakdown by Claim



Spending Breakdown by Claim

CHANDLER REGIONAL MEDICAL CENTER	030036	AZ
CHANDLER REGIONAL MEDICAL CENTER	030036	AZ
CHANDLER REGIONAL MEDICAL CENTER	030036	AZ
CHANDLER REGIONAL MEDICAL CENTER	030036	AZ
CHANDLER REGIONAL MEDICAL CENTER	030036	AZ
ST LUKES MEDICAL CENTER	030037	AZ
ST LUKES MEDICAL CENTER	030037	AZ
ST LUKES MEDICAL CENTER	030037	AZ
ST LUKES MEDICAL CENTER	030037	AZ
ST LUKES MEDICAL CENTER	030037	AZ
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ST LUKES MEDICAL CENTER	030037	AZ
ST LUKES MEDICAL CENTER	030037	AZ
ST LUKES MEDICAL CENTER	030037	AZ

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice

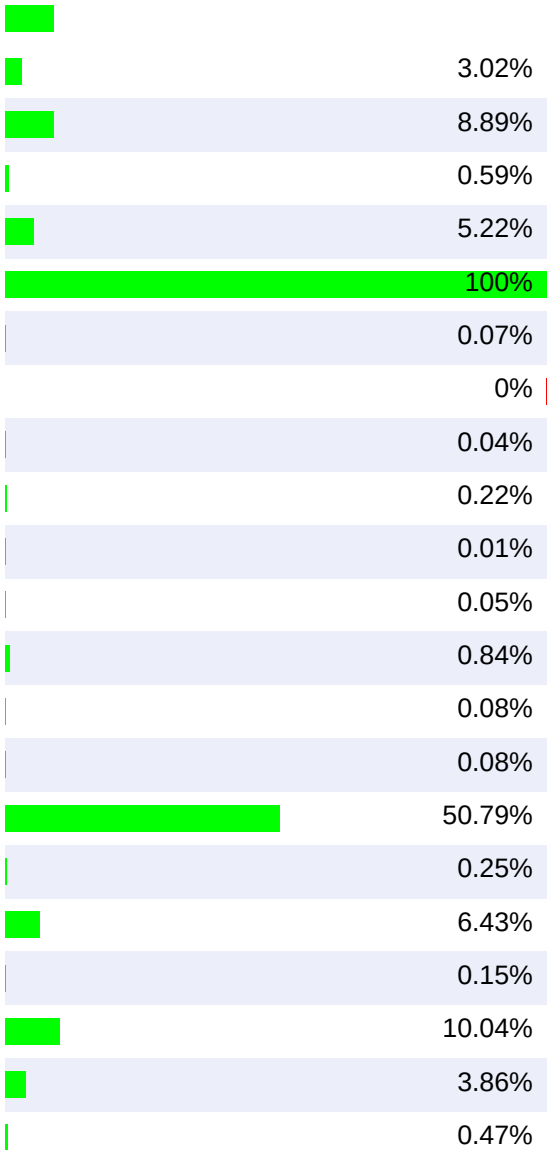
Spending Breakdown by Claim

$545.00	$500.00	$558.00
$1136.00	$993.00	$1646.00
$117.00	$101.00	$110.00
$1358.00	$1149.00	$966.00
$18807.00	$18365.00	$18506.00
$3.00	$9.00	$14.00
$1.00	$2.00	$1.00
$9.00	$10.00	$7.00
$24.00	$43.00	$40.00
$2.00	$2.00	$3.00
$4.00	$8.00	$9.00
$121.00	$178.00	$155.00
$17.00	$9.00	$14.00
$29.00	$38.00	$16.00
$11684.00	$10059.00	$9399.00
$27.00	$31.00	$46.00
$457.00	$757.00	$1190.00
$53.00	$29.00	$27.00
$2163.00	$2128.00	$1857.00
$697.00	$546.00	$715.00
$60.00	$135.00	$88.00

Spending Breakdown by Claim

2.9%	2.72%
6.04%	5.41%
0.62%	0.55%
7.22%	6.26%
100%	100%
0.02%	0.05%
0.01%	0.01%
0.05%	0.05%
0.13%	0.23%
0.01%	0.01%
0.02%	0.04%
0.64%	0.97%
0.09%	0.05%
0.15%	0.21%
61.88%	54.78%
0.14%	0.17%
2.42%	4.12%
0.28%	0.16%
11.46%	11.59%
3.69%	2.98%
0.32%	0.74%

Spending Breakdown by Claim



Spending Breakdown by Claim

ST LUKES MEDICAL CENTER	030037	AZ
ST LUKES MEDICAL CENTER	030037	AZ
ST LUKES MEDICAL CENTER	030037	AZ
ST LUKES MEDICAL CENTER	030037	AZ
ST LUKES MEDICAL CENTER	030037	AZ
ST LUKES MEDICAL CENTER	030037	AZ
SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	030038	AZ
SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	030038	AZ
SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	030038	AZ
SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	030038	AZ
SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	030038	AZ
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SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	030038	AZ
SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	030038	AZ
SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	030038	AZ

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice

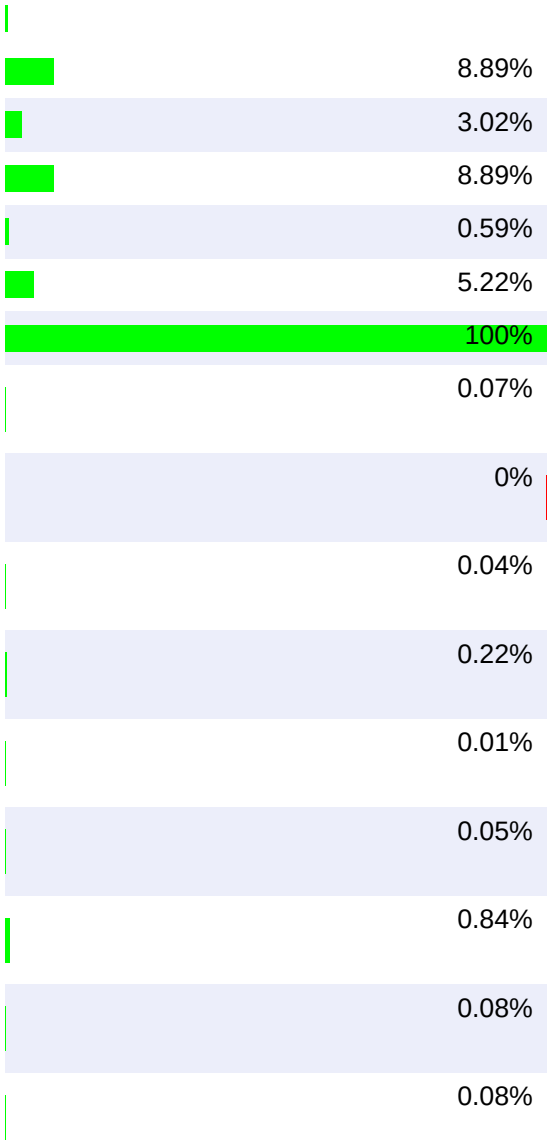
Spending Breakdown by Claim

$1465.00	$1636.00	$1645.00
$372.00	$500.00	$558.00
$713.00	$993.00	$1646.00
$81.00	$101.00	$110.00
$899.00	$1149.00	$966.00
$18881.00	$18365.00	$18506.00
$13.00	$9.00	$14.00
$0.00	$2.00	$1.00
$5.00	$10.00	$7.00
$60.00	$43.00	$40.00
$2.00	$2.00	$3.00
$7.00	$8.00	$9.00
$241.00	$178.00	$155.00
$9.00	$9.00	$14.00
$71.00	$38.00	$16.00

Spending Breakdown by Claim

7.76%	8.91%
1.97%	2.72%
3.78%	5.41%
0.43%	0.55%
4.76%	6.26%
100%	100%
0.06%	0.05%
0%	0.01%
0.02%	0.05%
0.28%	0.23%
0.01%	0.01%
0.03%	0.04%
1.13%	0.97%
0.04%	0.05%
0.33%	0.21%

Spending Breakdown by Claim



Spending Breakdown by Claim

SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	030038	AZ
SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	030038	AZ
SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	030038	AZ
SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	030038	AZ
SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	030038	AZ
SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	030038	AZ
SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	030038	AZ
SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	030038	AZ
SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	030038	AZ
SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	030038	AZ
SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	030038	AZ
SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	030038	AZ
SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	030038	AZ

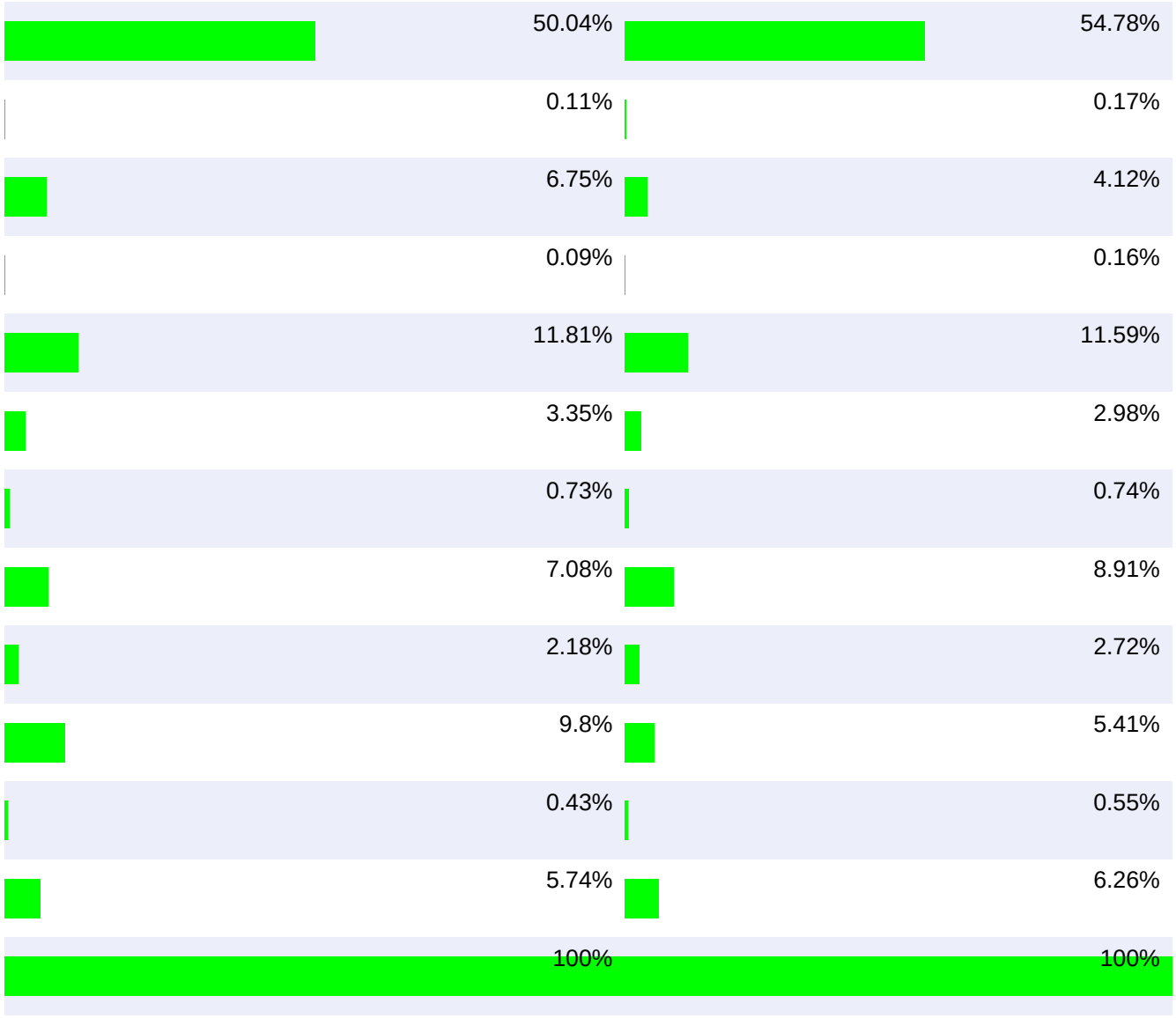
Spending Breakdown by Claim

During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total

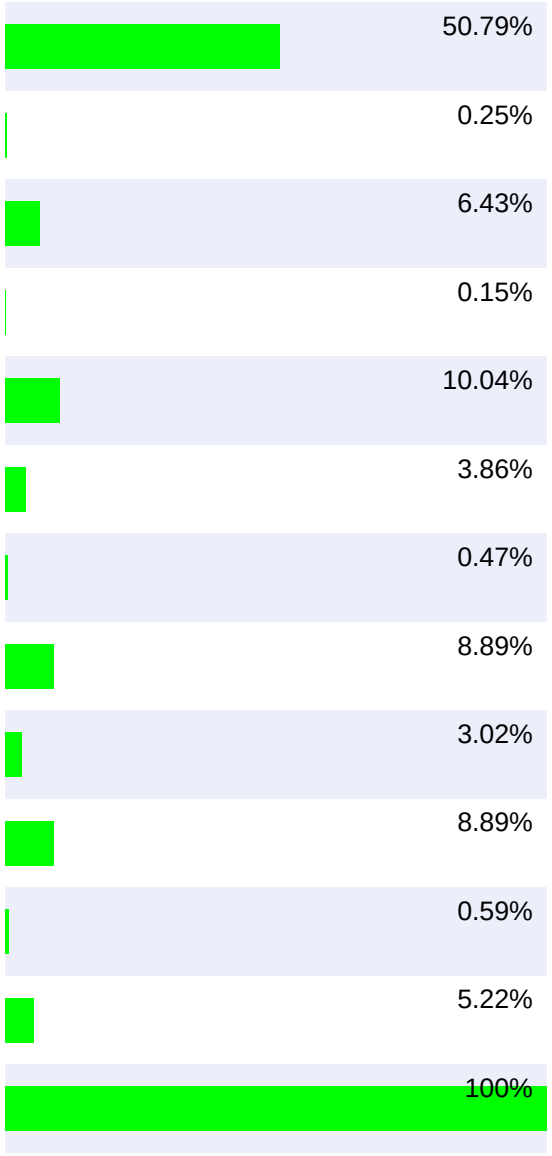
Spending Breakdown by Claim

$10653.00	$10059.00	$9399.00
$22.00	$31.00	$46.00
$1436.00	$757.00	$1190.00
$19.00	$29.00	$27.00
$2515.00	$2128.00	$1857.00
$713.00	$546.00	$715.00
$155.00	$135.00	$88.00
$1507.00	$1636.00	$1645.00
$463.00	$500.00	$558.00
$2086.00	$993.00	$1646.00
$92.00	$101.00	$110.00
$1221.00	$1149.00	$966.00
$21290.00	$18365.00	$18506.00

Spending Breakdown by Claim



Spending Breakdown by Claim



Spending Breakdown by Claim

SIERRA VISTA REGIONAL HEALTH CENTER INC	030043	AZ
SIERRA VISTA REGIONAL HEALTH CENTER INC	030043	AZ
SIERRA VISTA REGIONAL HEALTH CENTER INC	030043	AZ
SIERRA VISTA REGIONAL HEALTH CENTER INC	030043	AZ
SIERRA VISTA REGIONAL HEALTH CENTER INC	030043	AZ
SIERRA VISTA REGIONAL HEALTH CENTER INC	030043	AZ
SIERRA VISTA REGIONAL HEALTH CENTER INC	030043	AZ
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SIERRA VISTA REGIONAL HEALTH CENTER INC	030043	AZ
SIERRA VISTA REGIONAL HEALTH CENTER INC	030043	AZ
SIERRA VISTA REGIONAL HEALTH CENTER INC	030043	AZ
SIERRA VISTA REGIONAL HEALTH CENTER INC	030043	AZ
SIERRA VISTA REGIONAL HEALTH CENTER INC	030043	AZ
SIERRA VISTA REGIONAL HEALTH CENTER INC	030043	AZ
SIERRA VISTA REGIONAL HEALTH CENTER INC	030043	AZ
SIERRA VISTA REGIONAL HEALTH CENTER INC	030043	AZ
SIERRA VISTA REGIONAL HEALTH CENTER INC	030043	AZ
SIERRA VISTA REGIONAL HEALTH CENTER INC	030043	AZ
SIERRA VISTA REGIONAL HEALTH CENTER INC	030043	AZ
SIERRA VISTA REGIONAL HEALTH CENTER INC	030043	AZ

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total

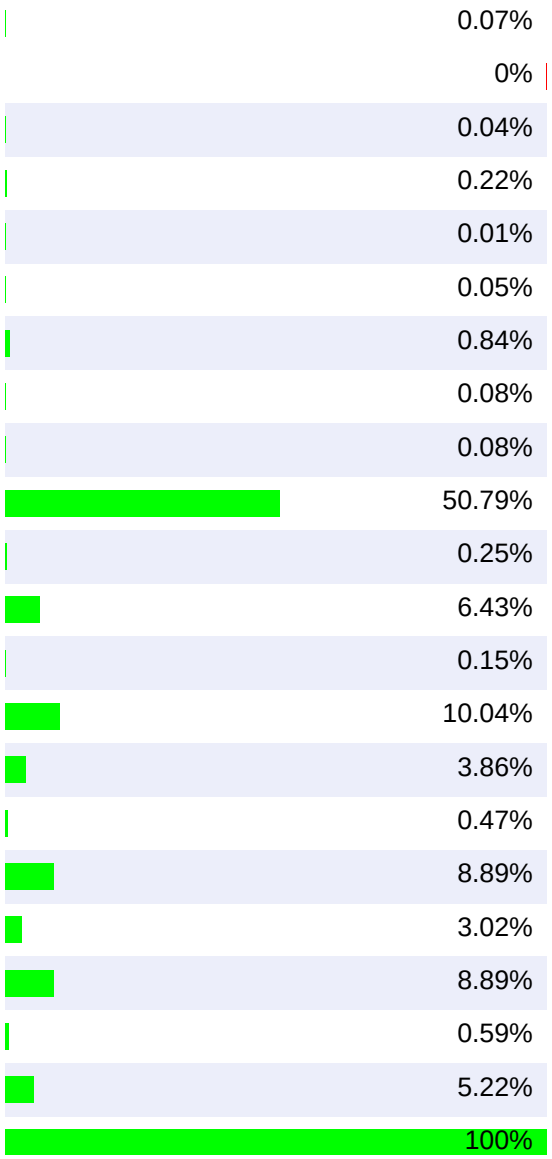
Spending Breakdown by Claim

$13.00	$9.00	$14.00
$0.00	$2.00	$1.00
$16.00	$10.00	$7.00
$31.00	$43.00	$40.00
$2.00	$2.00	$3.00
$6.00	$8.00	$9.00
$141.00	$178.00	$155.00
$5.00	$9.00	$14.00
$0.00	$38.00	$16.00
$6688.00	$10059.00	$9399.00
$12.00	$31.00	$46.00
$1352.00	$757.00	$1190.00
$7.00	$29.00	$27.00
$1527.00	$2128.00	$1857.00
$60.00	$546.00	$715.00
$53.00	$135.00	$88.00
$1435.00	$1636.00	$1645.00
$375.00	$500.00	$558.00
$1987.00	$993.00	$1646.00
$60.00	$101.00	$110.00
$907.00	$1149.00	$966.00
$14678.00	$18365.00	$18506.00

Spending Breakdown by Claim

0.09%	0.05%
0%	0.01%
0.11%	0.05%
0.21%	0.23%
0.02%	0.01%
0.04%	0.04%
0.96%	0.97%
0.03%	0.05%
0%	0.21%
45.56%	54.78%
0.08%	0.17%
9.21%	4.12%
0.05%	0.16%
10.4%	11.59%
0.41%	2.98%
0.36%	0.74%
9.78%	8.91%
2.55%	2.72%
13.54%	5.41%
0.41%	0.55%
6.18%	6.26%
100%	100%

Spending Breakdown by Claim



Spending Breakdown by Claim

KINGMAN REGIONAL MEDICAL CENTER	030055	AZ
KINGMAN REGIONAL MEDICAL CENTER	030055	AZ
KINGMAN REGIONAL MEDICAL CENTER	030055	AZ
KINGMAN REGIONAL MEDICAL CENTER	030055	AZ
KINGMAN REGIONAL MEDICAL CENTER	030055	AZ
KINGMAN REGIONAL MEDICAL CENTER	030055	AZ
KINGMAN REGIONAL MEDICAL CENTER	030055	AZ
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KINGMAN REGIONAL MEDICAL CENTER	030055	AZ
KINGMAN REGIONAL MEDICAL CENTER	030055	AZ
KINGMAN REGIONAL MEDICAL CENTER	030055	AZ
KINGMAN REGIONAL MEDICAL CENTER	030055	AZ

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier

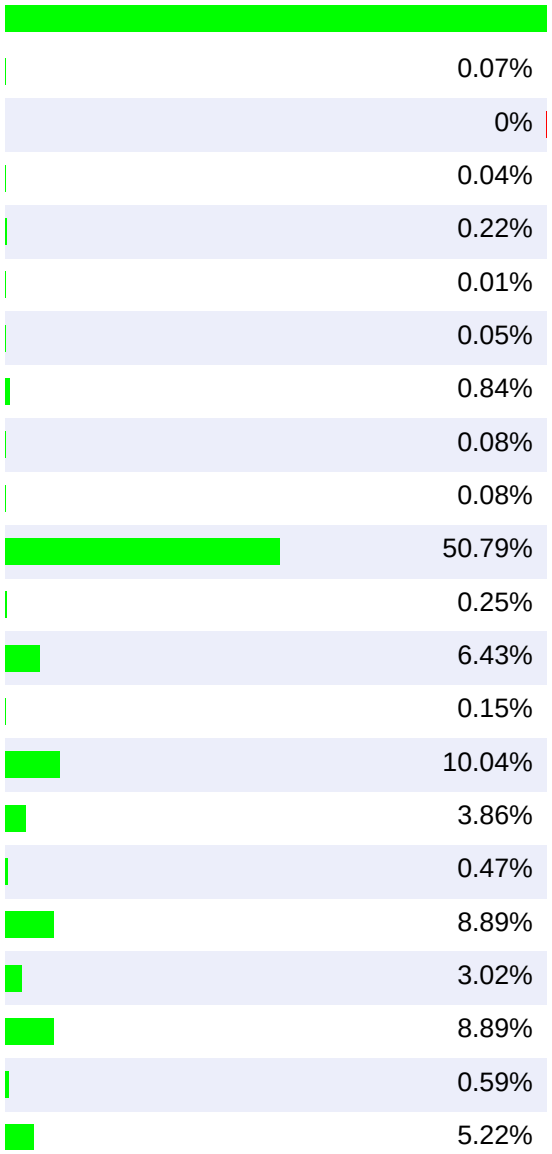
Spending Breakdown by Claim

$5.00	$9.00	$14.00
$0.00	$2.00	$1.00
$0.00	$10.00	$7.00
$24.00	$43.00	$40.00
$1.00	$2.00	$3.00
$6.00	$8.00	$9.00
$201.00	$178.00	$155.00
$2.00	$9.00	$14.00
$13.00	$38.00	$16.00
$8744.00	$10059.00	$9399.00
$15.00	$31.00	$46.00
$525.00	$757.00	$1190.00
$22.00	$29.00	$27.00
$1688.00	$2128.00	$1857.00
$309.00	$546.00	$715.00
$114.00	$135.00	$88.00
$1831.00	$1636.00	$1645.00
$569.00	$500.00	$558.00
$710.00	$993.00	$1646.00
$107.00	$101.00	$110.00
$959.00	$1149.00	$966.00

Spending Breakdown by Claim

0.03%	0.05%
0%	0.01%
0%	0.05%
0.15%	0.23%
0%	0.01%
0.04%	0.04%
1.27%	0.97%
0.01%	0.05%
0.08%	0.21%
55.18%	54.78%
0.1%	0.17%
3.31%	4.12%
0.14%	0.16%
10.65%	11.59%
1.95%	2.98%
0.72%	0.74%
11.55%	8.91%
3.59%	2.72%
4.48%	5.41%
0.67%	0.55%
6.05%	6.26%

Spending Breakdown by Claim



Spending Breakdown by Claim

KINGMAN REGIONAL MEDICAL CENTER	030055	AZ
BANNER BOSWELL MEDICAL CENTER	030061	AZ
BANNER BOSWELL MEDICAL CENTER	030061	AZ
BANNER BOSWELL MEDICAL CENTER	030061	AZ
BANNER BOSWELL MEDICAL CENTER	030061	AZ
BANNER BOSWELL MEDICAL CENTER	030061	AZ
BANNER BOSWELL MEDICAL CENTER	030061	AZ
BANNER BOSWELL MEDICAL CENTER	030061	AZ
BANNER BOSWELL MEDICAL CENTER	030061	AZ
BANNER BOSWELL MEDICAL CENTER	030061	AZ
BANNER BOSWELL MEDICAL CENTER	030061	AZ
BANNER BOSWELL MEDICAL CENTER	030061	AZ
BANNER BOSWELL MEDICAL CENTER	030061	AZ
BANNER BOSWELL MEDICAL CENTER	030061	AZ
BANNER BOSWELL MEDICAL CENTER	030061	AZ
BANNER BOSWELL MEDICAL CENTER	030061	AZ
BANNER BOSWELL MEDICAL CENTER	030061	AZ
BANNER BOSWELL MEDICAL CENTER	030061	AZ
BANNER BOSWELL MEDICAL CENTER	030061	AZ

Spending Breakdown by Claim

Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment

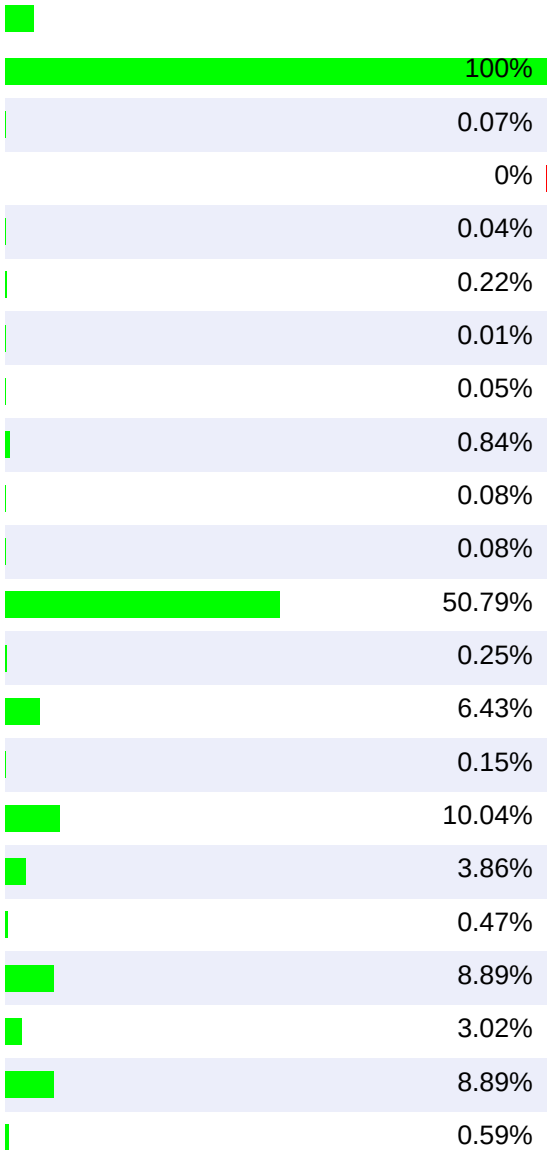
Spending Breakdown by Claim

$15846.00	$18365.00	$18506.00
$11.00	$9.00	$14.00
$3.00	$2.00	$1.00
$2.00	$10.00	$7.00
$35.00	$43.00	$40.00
$3.00	$2.00	$3.00
$4.00	$8.00	$9.00
$122.00	$178.00	$155.00
$7.00	$9.00	$14.00
$51.00	$38.00	$16.00
$9391.00	$10059.00	$9399.00
$8.00	$31.00	$46.00
$677.00	$757.00	$1190.00
$13.00	$29.00	$27.00
$2068.00	$2128.00	$1857.00
$668.00	$546.00	$715.00
$177.00	$135.00	$88.00
$1478.00	$1636.00	$1645.00
$368.00	$500.00	$558.00
$957.00	$993.00	$1646.00
$63.00	$101.00	$110.00

Spending Breakdown by Claim

100%	100%
0.06%	0.05%
0.02%	0.01%
0.01%	0.05%
0.2%	0.23%
0.02%	0.01%
0.03%	0.04%
0.71%	0.97%
0.04%	0.05%
0.29%	0.21%
54.46%	54.78%
0.05%	0.17%
3.93%	4.12%
0.07%	0.16%
11.99%	11.59%
3.88%	2.98%
1.03%	0.74%
8.57%	8.91%
2.13%	2.72%
5.55%	5.41%
0.37%	0.55%

Spending Breakdown by Claim



Spending Breakdown by Claim

BANNER BOSWELL MEDICAL CENTER	030061	AZ
BANNER BOSWELL MEDICAL CENTER	030061	AZ
SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	030062	AZ
SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	030062	AZ
SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	030062	AZ
SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	030062	AZ
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SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	030062	AZ
SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	030062	AZ
SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	030062	AZ
SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	030062	AZ
SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	030062	AZ

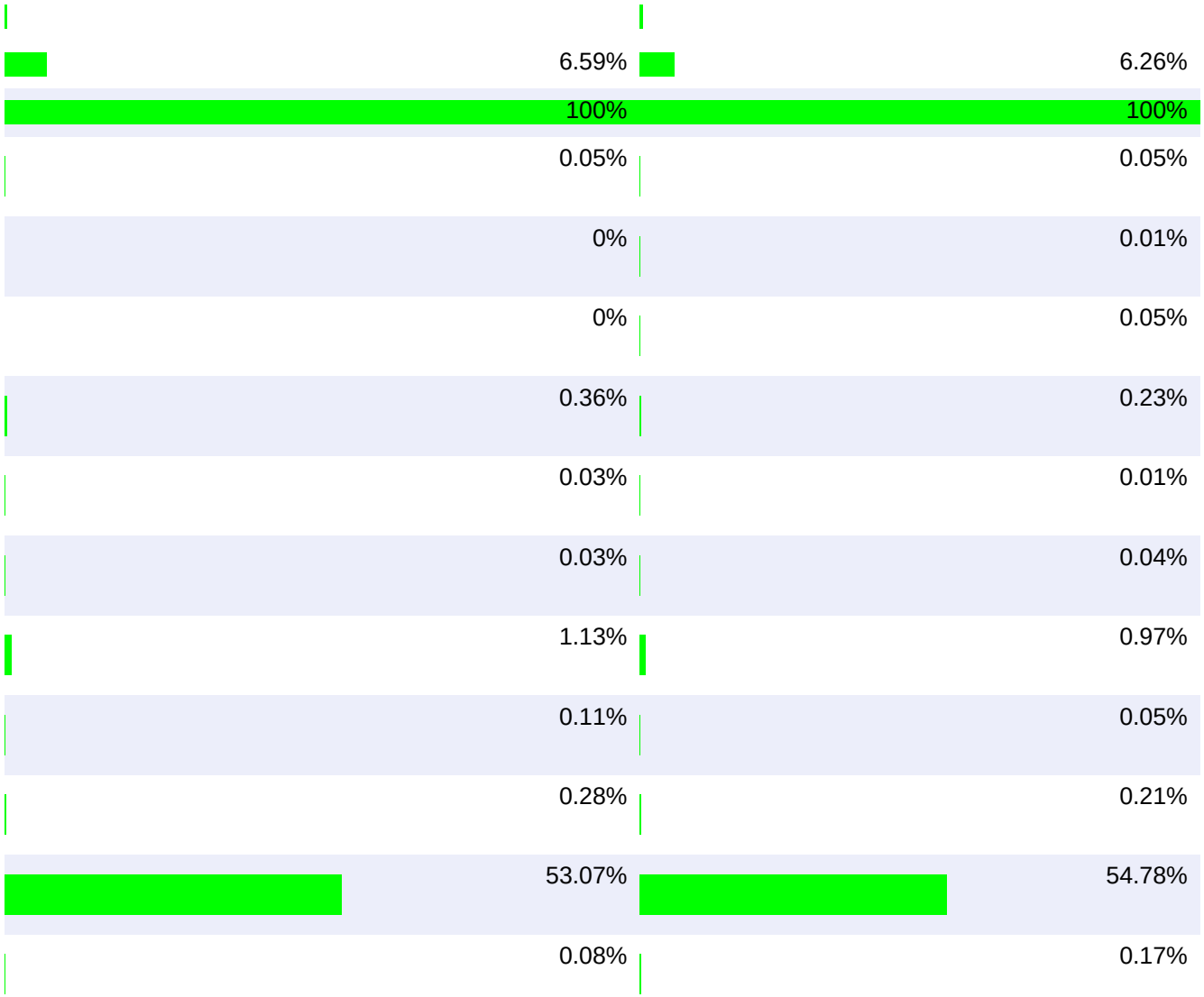
Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient

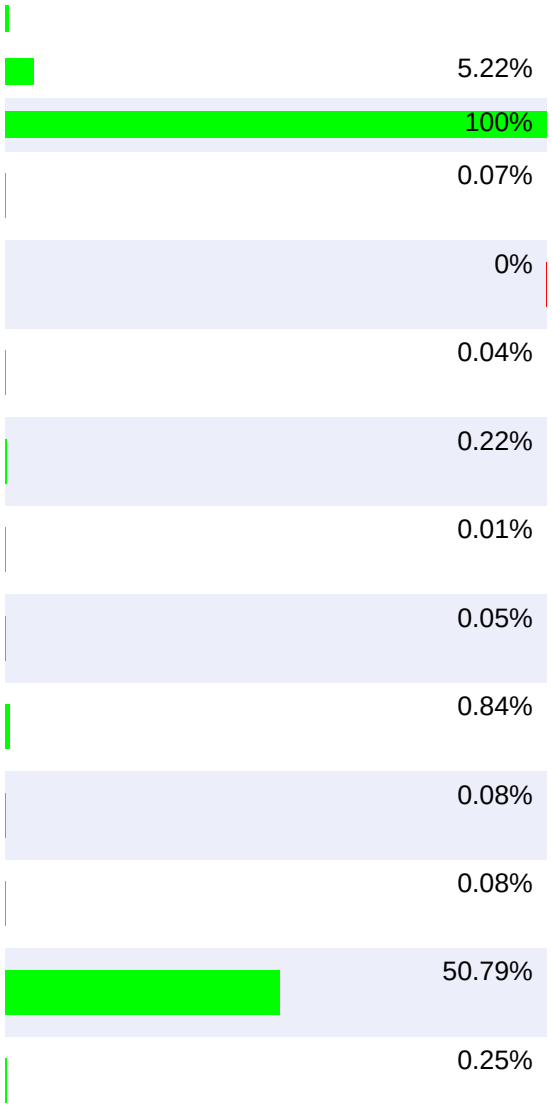
Spending Breakdown by Claim

$1137.00	$1149.00	$966.00
$17245.00	$18365.00	$18506.00
$8.00	$9.00	$14.00
$0.00	$2.00	$1.00
$0.00	$10.00	$7.00
$57.00	$43.00	$40.00
$5.00	$2.00	$3.00
$5.00	$8.00	$9.00
$179.00	$178.00	$155.00
$17.00	$9.00	$14.00
$44.00	$38.00	$16.00
$8416.00	$10059.00	$9399.00
$12.00	$31.00	$46.00

Spending Breakdown by Claim



Spending Breakdown by Claim



Spending Breakdown by Claim

SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	030062	AZ
SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	030062	AZ
SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	030062	AZ
SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	030062	AZ
SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	030062	AZ
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SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	030062	AZ
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SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	030062	AZ
SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	030062	AZ
SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	030062	AZ
SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	030062	AZ
UNIVERSITY OF ARIZONA MEDICAL CTR-UNIVERSIT, THE	030064	AZ
UNIVERSITY OF ARIZONA MEDICAL CTR-UNIVERSIT, THE	030064	AZ

Spending Breakdown by Claim

During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice

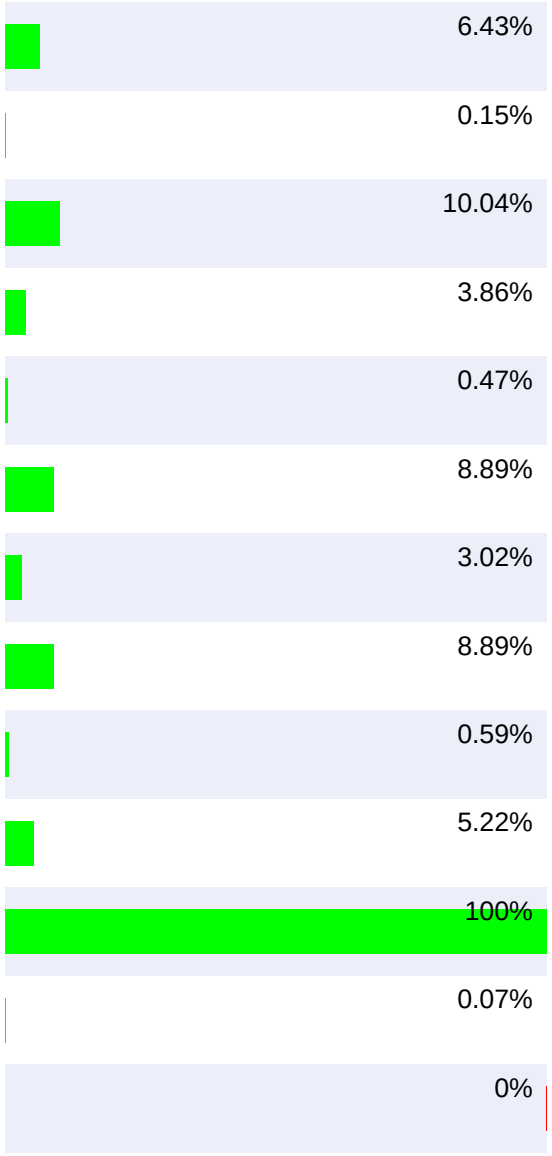
Spending Breakdown by Claim

$817.00	$757.00	$1190.00
$52.00	$29.00	$27.00
$1500.00	$2128.00	$1857.00
$264.00	$546.00	$715.00
$86.00	$135.00	$88.00
$1660.00	$1636.00	$1645.00
$731.00	$500.00	$558.00
$1063.00	$993.00	$1646.00
$106.00	$101.00	$110.00
$835.00	$1149.00	$966.00
$15858.00	$18365.00	$18506.00
$9.00	$9.00	$14.00
$1.00	$2.00	$1.00

Spending Breakdown by Claim

5.15%	4.12%
0.33%	0.16%
9.46%	11.59%
1.66%	2.98%
0.54%	0.74%
10.47%	8.91%
4.61%	2.72%
6.7%	5.41%
0.67%	0.55%
5.26%	6.26%
100%	100%
0.04%	0.05%
0%	0.01%

Spending Breakdown by Claim



Spending Breakdown by Claim

UNIVERSITY OF ARIZONA MEDICAL CTR-UNIVERSIT, THE	030064	AZ
UNIVERSITY OF ARIZONA MEDICAL CTR-UNIVERSIT, THE	030064	AZ
UNIVERSITY OF ARIZONA MEDICAL CTR-UNIVERSIT, THE	030064	AZ
UNIVERSITY OF ARIZONA MEDICAL CTR-UNIVERSIT, THE	030064	AZ
UNIVERSITY OF ARIZONA MEDICAL CTR-UNIVERSIT, THE	030064	AZ
UNIVERSITY OF ARIZONA MEDICAL CTR-UNIVERSIT, THE	030064	AZ
UNIVERSITY OF ARIZONA MEDICAL CTR-UNIVERSIT, THE	030064	AZ
UNIVERSITY OF ARIZONA MEDICAL CTR-UNIVERSIT, THE	030064	AZ
UNIVERSITY OF ARIZONA MEDICAL CTR-UNIVERSIT, THE	030064	AZ
UNIVERSITY OF ARIZONA MEDICAL CTR-UNIVERSIT, THE	030064	AZ
UNIVERSITY OF ARIZONA MEDICAL CTR-UNIVERSIT, THE	030064	AZ
UNIVERSITY OF ARIZONA MEDICAL CTR-UNIVERSIT, THE	030064	AZ
UNIVERSITY OF ARIZONA MEDICAL CTR-UNIVERSIT, THE	030064	AZ

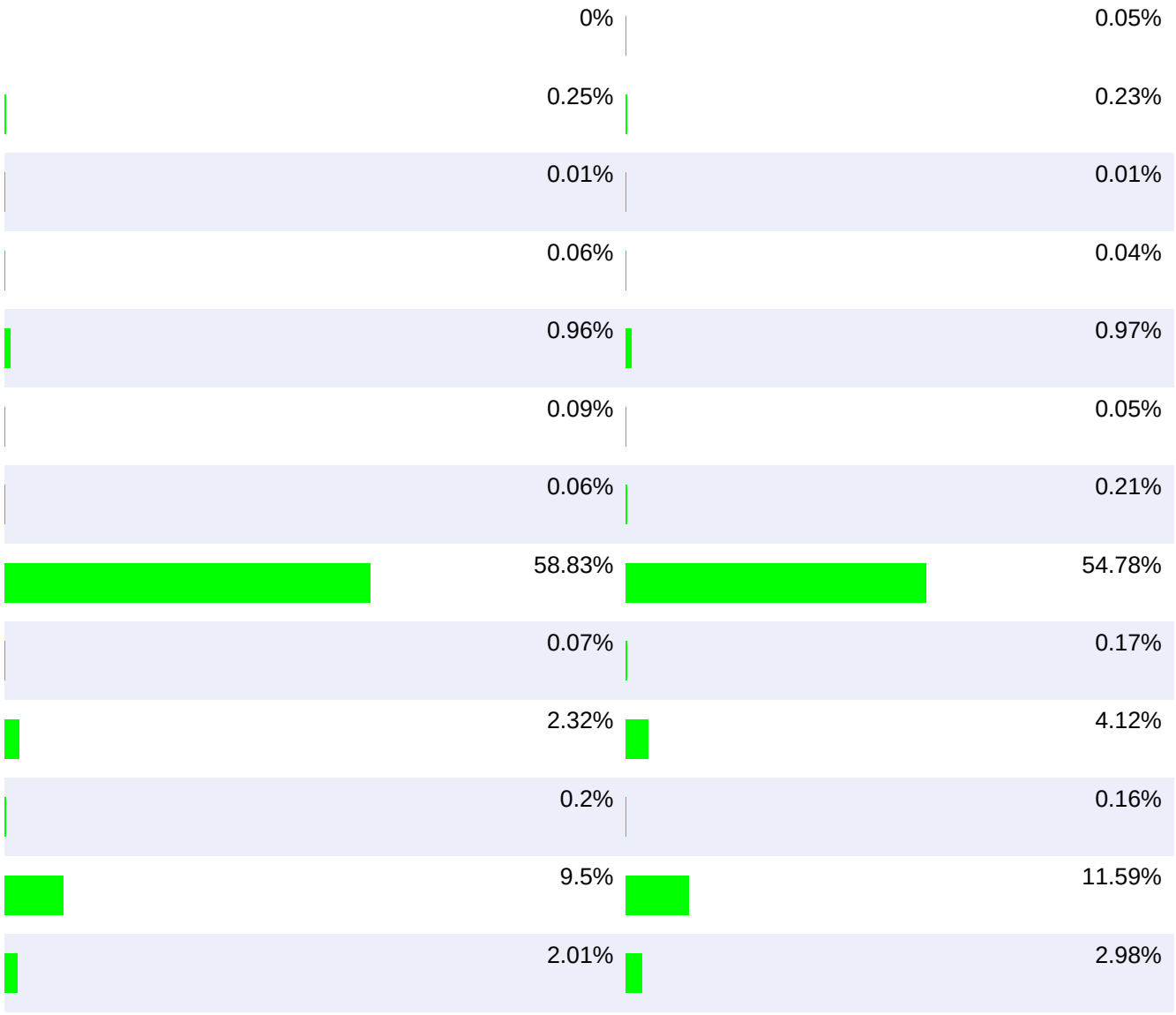
Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency

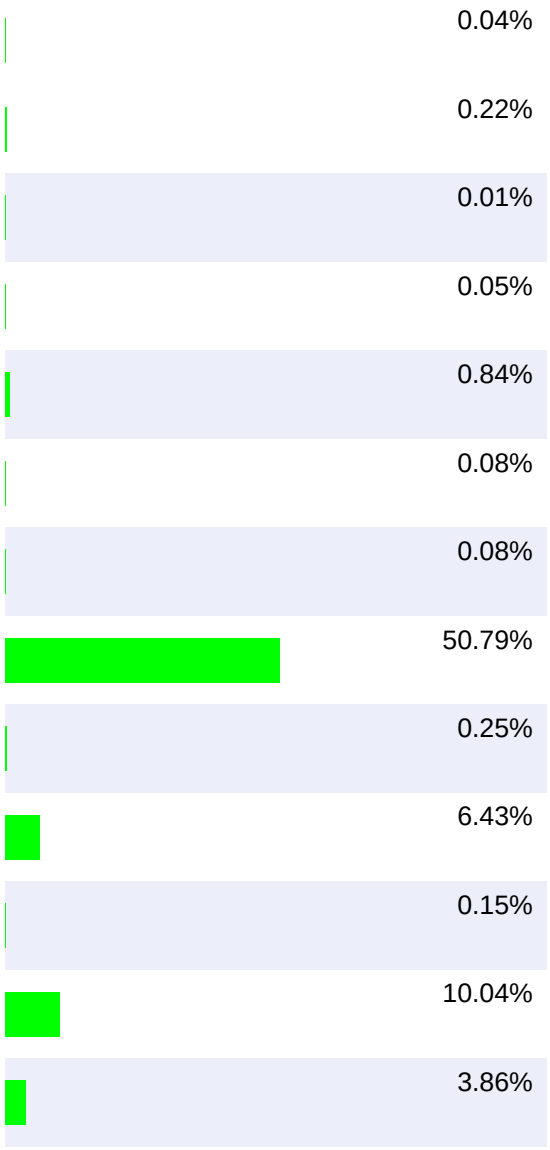
Spending Breakdown by Claim

$0.00	$10.00	$7.00
$53.00	$43.00	$40.00
$2.00	$2.00	$3.00
$13.00	$8.00	$9.00
$200.00	$178.00	$155.00
$19.00	$9.00	$14.00
$13.00	$38.00	$16.00
$12202.00	$10059.00	$9399.00
$15.00	$31.00	$46.00
$480.00	$757.00	$1190.00
$41.00	$29.00	$27.00
$1970.00	$2128.00	$1857.00
$418.00	$546.00	$715.00

Spending Breakdown by Claim



Spending Breakdown by Claim



Spending Breakdown by Claim

UNIVERSITY OF ARIZONA MEDICAL CTR-UNIVERSIT, THE	030064	AZ
UNIVERSITY OF ARIZONA MEDICAL CTR-UNIVERSIT, THE	030064	AZ
UNIVERSITY OF ARIZONA MEDICAL CTR-UNIVERSIT, THE	030064	AZ
UNIVERSITY OF ARIZONA MEDICAL CTR-UNIVERSIT, THE	030064	AZ
UNIVERSITY OF ARIZONA MEDICAL CTR-UNIVERSIT, THE	030064	AZ
UNIVERSITY OF ARIZONA MEDICAL CTR-UNIVERSIT, THE	030064	AZ
UNIVERSITY OF ARIZONA MEDICAL CTR-UNIVERSIT, THE	030064	AZ
BANNER DESERT MEDICAL CENTER	030065	AZ
BANNER DESERT MEDICAL CENTER	030065	AZ
BANNER DESERT MEDICAL CENTER	030065	AZ
BANNER DESERT MEDICAL CENTER	030065	AZ
BANNER DESERT MEDICAL CENTER	030065	AZ
BANNER DESERT MEDICAL CENTER	030065	AZ
BANNER DESERT MEDICAL CENTER	030065	AZ
BANNER DESERT MEDICAL CENTER	030065	AZ
BANNER DESERT MEDICAL CENTER	030065	AZ
BANNER DESERT MEDICAL CENTER	030065	AZ

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient

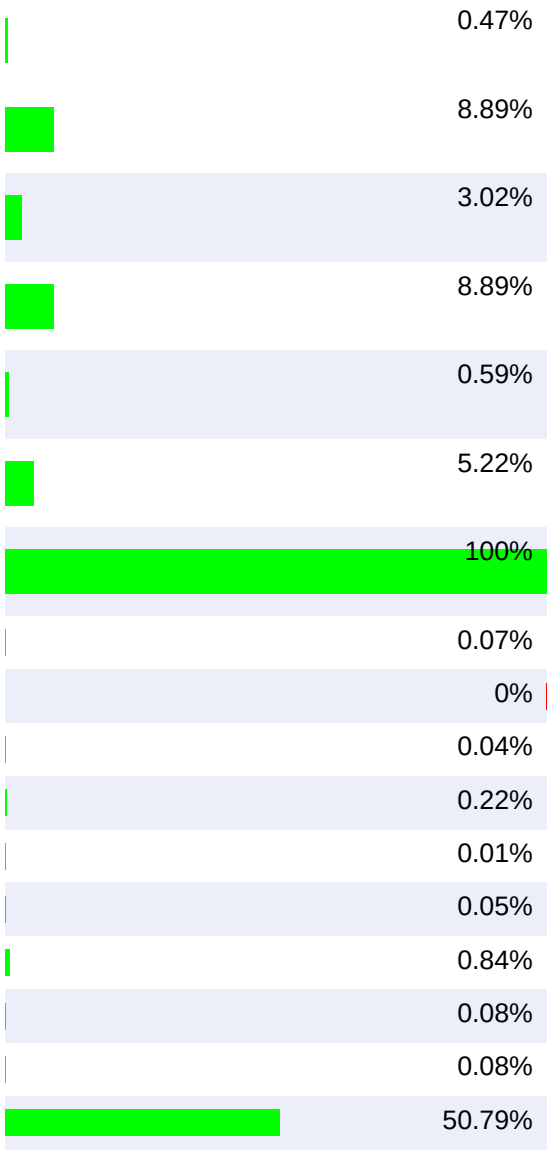
Spending Breakdown by Claim

$99.00	$135.00	$88.00
$2302.00	$1636.00	$1645.00
$930.00	$500.00	$558.00
$688.00	$993.00	$1646.00
$164.00	$101.00	$110.00
$1123.00	$1149.00	$966.00
$20742.00	$18365.00	$18506.00
$8.00	$9.00	$14.00
$0.00	$2.00	$1.00
$3.00	$10.00	$7.00
$57.00	$43.00	$40.00
$1.00	$2.00	$3.00
$6.00	$8.00	$9.00
$168.00	$178.00	$155.00
$7.00	$9.00	$14.00
$60.00	$38.00	$16.00
$9098.00	$10059.00	$9399.00

Spending Breakdown by Claim

0.48%	0.74%
11.1%	8.91%
4.49%	2.72%
3.32%	5.41%
0.79%	0.55%
5.41%	6.26%
100%	100%
0.04%	0.05%
0%	0.01%
0.01%	0.05%
0.31%	0.23%
0.01%	0.01%
0.03%	0.04%
0.92%	0.97%
0.04%	0.05%
0.33%	0.21%
49.88%	54.78%

Spending Breakdown by Claim



Spending Breakdown by Claim

BANNER DESERT MEDICAL CENTER	030065	AZ
BANNER DESERT MEDICAL CENTER	030065	AZ
BANNER DESERT MEDICAL CENTER	030065	AZ
BANNER DESERT MEDICAL CENTER	030065	AZ
BANNER DESERT MEDICAL CENTER	030065	AZ
BANNER DESERT MEDICAL CENTER	030065	AZ
BANNER DESERT MEDICAL CENTER	030065	AZ
BANNER DESERT MEDICAL CENTER	030065	AZ
BANNER DESERT MEDICAL CENTER	030065	AZ
BANNER DESERT MEDICAL CENTER	030065	AZ
BANNER DESERT MEDICAL CENTER	030065	AZ
BANNER DESERT MEDICAL CENTER	030065	AZ
LA PAZ REGIONAL HOSPITAL	030067	AZ
LA PAZ REGIONAL HOSPITAL	030067	AZ
LA PAZ REGIONAL HOSPITAL	030067	AZ
LA PAZ REGIONAL HOSPITAL	030067	AZ
LA PAZ REGIONAL HOSPITAL	030067	AZ
LA PAZ REGIONAL HOSPITAL	030067	AZ
LA PAZ REGIONAL HOSPITAL	030067	AZ
LA PAZ REGIONAL HOSPITAL	030067	AZ
LA PAZ REGIONAL HOSPITAL	030067	AZ

Spending Breakdown by Claim

During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient

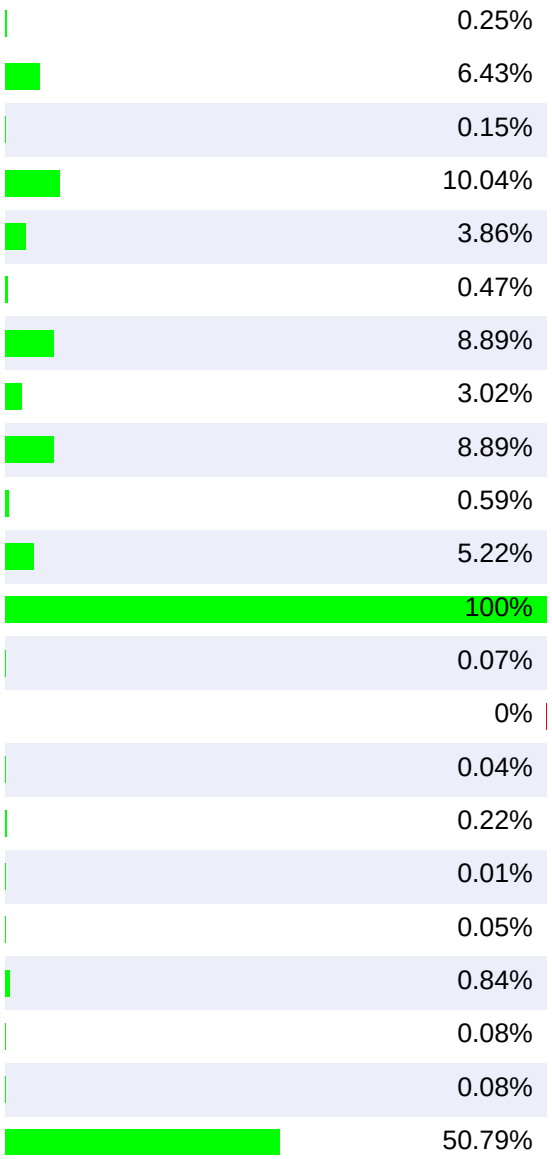
Spending Breakdown by Claim

$25.00	$31.00	$46.00
$1023.00	$757.00	$1190.00
$16.00	$29.00	$27.00
$2171.00	$2128.00	$1857.00
$606.00	$546.00	$715.00
$125.00	$135.00	$88.00
$1768.00	$1636.00	$1645.00
$582.00	$500.00	$558.00
$1153.00	$993.00	$1646.00
$102.00	$101.00	$110.00
$1262.00	$1149.00	$966.00
$18241.00	$18365.00	$18506.00
$0.00	$9.00	$14.00
$0.00	$2.00	$1.00
$0.00	$10.00	$7.00
$9.00	$43.00	$40.00
$0.00	$2.00	$3.00
$3.00	$8.00	$9.00
$176.00	$178.00	$155.00
$0.00	$9.00	$14.00
$0.00	$38.00	$16.00
$7017.00	$10059.00	$9399.00

Spending Breakdown by Claim

0.13%	0.17%
5.61%	4.12%
0.09%	0.16%
11.9%	11.59%
3.32%	2.98%
0.68%	0.74%
9.69%	8.91%
3.19%	2.72%
6.32%	5.41%
0.56%	0.55%
6.92%	6.26%
100%	100%
0%	0.05%
0%	0.01%
0%	0.05%
0.08%	0.23%
0%	0.01%
0.02%	0.04%
1.47%	0.97%
0%	0.05%
0%	0.21%
58.44%	54.78%

Spending Breakdown by Claim



Spending Breakdown by Claim

LA PAZ REGIONAL HOSPITAL	030067	AZ
LA PAZ REGIONAL HOSPITAL	030067	AZ
LA PAZ REGIONAL HOSPITAL	030067	AZ
LA PAZ REGIONAL HOSPITAL	030067	AZ
LA PAZ REGIONAL HOSPITAL	030067	AZ
LA PAZ REGIONAL HOSPITAL	030067	AZ
LA PAZ REGIONAL HOSPITAL	030067	AZ
LA PAZ REGIONAL HOSPITAL	030067	AZ
LA PAZ REGIONAL HOSPITAL	030067	AZ
LA PAZ REGIONAL HOSPITAL	030067	AZ
LA PAZ REGIONAL HOSPITAL	030067	AZ
LA PAZ REGIONAL HOSPITAL	030067	AZ
MT GRAHAM REGIONAL MEDICAL CENTER	030068	AZ
MT GRAHAM REGIONAL MEDICAL CENTER	030068	AZ
MT GRAHAM REGIONAL MEDICAL CENTER	030068	AZ
MT GRAHAM REGIONAL MEDICAL CENTER	030068	AZ
MT GRAHAM REGIONAL MEDICAL CENTER	030068	AZ
MT GRAHAM REGIONAL MEDICAL CENTER	030068	AZ
MT GRAHAM REGIONAL MEDICAL CENTER	030068	AZ
MT GRAHAM REGIONAL MEDICAL CENTER	030068	AZ
MT GRAHAM REGIONAL MEDICAL CENTER	030068	AZ

Spending Breakdown by Claim

During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice

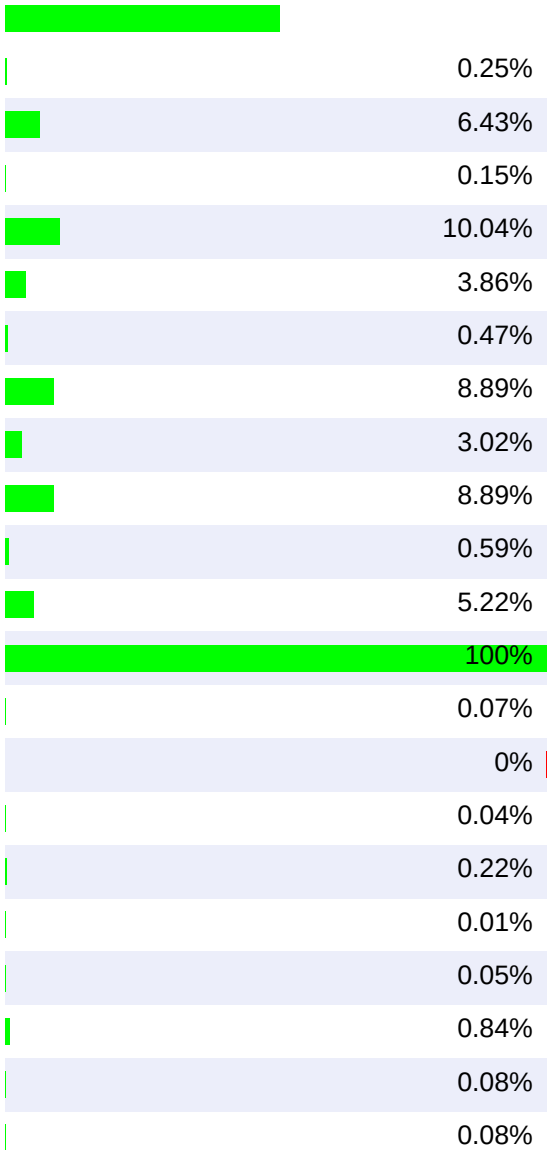
Spending Breakdown by Claim

$49.00	$31.00	$46.00
$213.00	$757.00	$1190.00
$15.00	$29.00	$27.00
$1108.00	$2128.00	$1857.00
$0.00	$546.00	$715.00
$133.00	$135.00	$88.00
$1491.00	$1636.00	$1645.00
$339.00	$500.00	$558.00
$682.00	$993.00	$1646.00
$52.00	$101.00	$110.00
$719.00	$1149.00	$966.00
$12006.00	$18365.00	$18506.00
$18.00	$9.00	$14.00
$0.00	$2.00	$1.00
$0.00	$10.00	$7.00
$7.00	$43.00	$40.00
$0.00	$2.00	$3.00
$4.00	$8.00	$9.00
$133.00	$178.00	$155.00
$10.00	$9.00	$14.00
$7.00	$38.00	$16.00

Spending Breakdown by Claim

0.41%	0.17%
1.77%	4.12%
0.12%	0.16%
9.23%	11.59%
0%	2.98%
1.11%	0.74%
12.42%	8.91%
2.82%	2.72%
5.68%	5.41%
0.43%	0.55%
5.99%	6.26%
100%	100%
0.15%	0.05%
0%	0.01%
0%	0.05%
0.06%	0.23%
0%	0.01%
0.03%	0.04%
1.07%	0.97%
0.08%	0.05%
0.06%	0.21%

Spending Breakdown by Claim



Spending Breakdown by Claim

MT GRAHAM REGIONAL MEDICAL CENTER	030068	AZ
MT GRAHAM REGIONAL MEDICAL CENTER	030068	AZ
MT GRAHAM REGIONAL MEDICAL CENTER	030068	AZ
MT GRAHAM REGIONAL MEDICAL CENTER	030068	AZ
MT GRAHAM REGIONAL MEDICAL CENTER	030068	AZ
MT GRAHAM REGIONAL MEDICAL CENTER	030068	AZ
MT GRAHAM REGIONAL MEDICAL CENTER	030068	AZ
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MT GRAHAM REGIONAL MEDICAL CENTER	030068	AZ
MT GRAHAM REGIONAL MEDICAL CENTER	030068	AZ
MT GRAHAM REGIONAL MEDICAL CENTER	030068	AZ
MT GRAHAM REGIONAL MEDICAL CENTER	030068	AZ
HAVASU REGIONAL MEDICAL CENTER	030069	AZ
HAVASU REGIONAL MEDICAL CENTER	030069	AZ
HAVASU REGIONAL MEDICAL CENTER	030069	AZ
HAVASU REGIONAL MEDICAL CENTER	030069	AZ
HAVASU REGIONAL MEDICAL CENTER	030069	AZ
HAVASU REGIONAL MEDICAL CENTER	030069	AZ
HAVASU REGIONAL MEDICAL CENTER	030069	AZ

Spending Breakdown by Claim

During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency

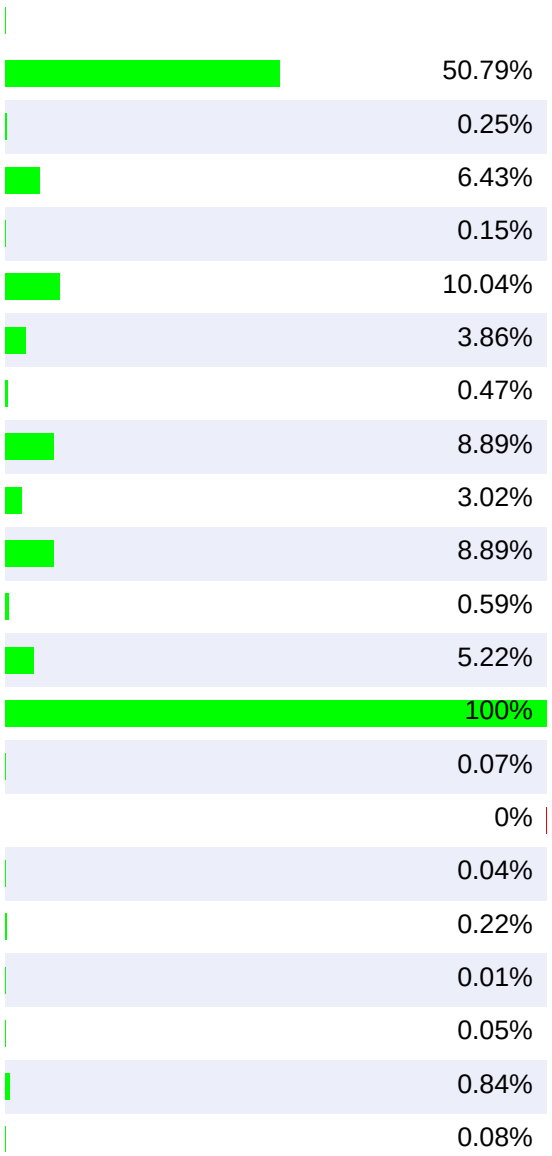
Spending Breakdown by Claim

$6048.00	$10059.00	$9399.00
$3.00	$31.00	$46.00
$588.00	$757.00	$1190.00
$30.00	$29.00	$27.00
$1033.00	$2128.00	$1857.00
$347.00	$546.00	$715.00
$77.00	$135.00	$88.00
$1584.00	$1636.00	$1645.00
$407.00	$500.00	$558.00
$1129.00	$993.00	$1646.00
$125.00	$101.00	$110.00
$796.00	$1149.00	$966.00
$12346.00	$18365.00	$18506.00
$3.00	$9.00	$14.00
$0.00	$2.00	$1.00
$0.00	$10.00	$7.00
$32.00	$43.00	$40.00
$1.00	$2.00	$3.00
$11.00	$8.00	$9.00
$143.00	$178.00	$155.00
$0.00	$9.00	$14.00

Spending Breakdown by Claim

48.99%	54.78%
0.02%	0.17%
4.76%	4.12%
0.24%	0.16%
8.37%	11.59%
2.81%	2.98%
0.63%	0.74%
12.83%	8.91%
3.3%	2.72%
9.14%	5.41%
1.01%	0.55%
6.45%	6.26%
100%	100%
0.02%	0.05%
0%	0.01%
0%	0.05%
0.2%	0.23%
0.01%	0.01%
0.07%	0.04%
0.91%	0.97%
0%	0.05%

Spending Breakdown by Claim



Spending Breakdown by Claim

HAVASU REGIONAL MEDICAL CENTER	030069	AZ
HAVASU REGIONAL MEDICAL CENTER	030069	AZ
HAVASU REGIONAL MEDICAL CENTER	030069	AZ
HAVASU REGIONAL MEDICAL CENTER	030069	AZ
HAVASU REGIONAL MEDICAL CENTER	030069	AZ
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HAVASU REGIONAL MEDICAL CENTER	030069	AZ
HAVASU REGIONAL MEDICAL CENTER	030069	AZ
HAVASU REGIONAL MEDICAL CENTER	030069	AZ
HAVASU REGIONAL MEDICAL CENTER	030069	AZ
HAVASU REGIONAL MEDICAL CENTER	030069	AZ
FORT DEFIANCE INDIAN HOSPITAL	030071	AZ
FORT DEFIANCE INDIAN HOSPITAL	030071	AZ
FORT DEFIANCE INDIAN HOSPITAL	030071	AZ
FORT DEFIANCE INDIAN HOSPITAL	030071	AZ
FORT DEFIANCE INDIAN HOSPITAL	030071	AZ
FORT DEFIANCE INDIAN HOSPITAL	030071	AZ
FORT DEFIANCE INDIAN HOSPITAL	030071	AZ

Spending Breakdown by Claim

During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier

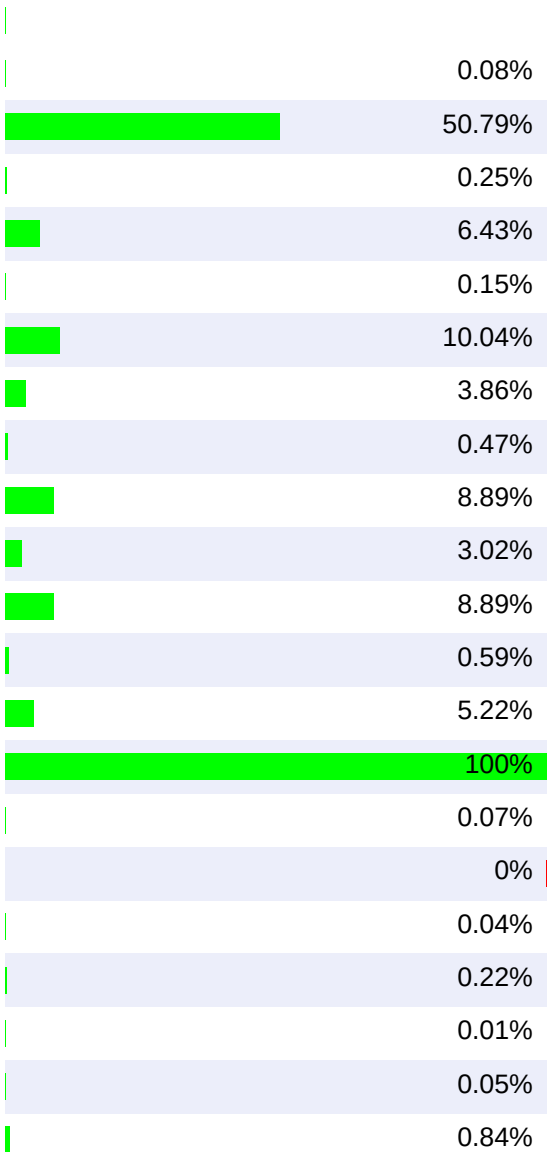
Spending Breakdown by Claim

$19.00	$38.00	$16.00
$9405.00	$10059.00	$9399.00
$21.00	$31.00	$46.00
$519.00	$757.00	$1190.00
$43.00	$29.00	$27.00
$1892.00	$2128.00	$1857.00
$263.00	$546.00	$715.00
$144.00	$135.00	$88.00
$1233.00	$1636.00	$1645.00
$479.00	$500.00	$558.00
$600.00	$993.00	$1646.00
$81.00	$101.00	$110.00
$778.00	$1149.00	$966.00
$15668.00	$18365.00	$18506.00
$0.00	$9.00	$14.00
$0.00	$2.00	$1.00
$0.00	$10.00	$7.00
$22.00	$43.00	$40.00
$0.00	$2.00	$3.00
$10.00	$8.00	$9.00
$17.00	$178.00	$155.00

Spending Breakdown by Claim

0.12%	0.21%
60.03%	54.78%
0.13%	0.17%
3.32%	4.12%
0.27%	0.16%
12.08%	11.59%
1.68%	2.98%
0.92%	0.74%
7.87%	8.91%
3.06%	2.72%
3.83%	5.41%
0.52%	0.55%
4.97%	6.26%
100%	100%
0%	0.05%
0%	0.01%
0%	0.05%
0.28%	0.23%
0%	0.01%
0.12%	0.04%
0.21%	0.97%

Spending Breakdown by Claim



Spending Breakdown by Claim

FORT DEFIANCE INDIAN HOSPITAL	030071	AZ
FORT DEFIANCE INDIAN HOSPITAL	030071	AZ
FORT DEFIANCE INDIAN HOSPITAL	030071	AZ
FORT DEFIANCE INDIAN HOSPITAL	030071	AZ
FORT DEFIANCE INDIAN HOSPITAL	030071	AZ
FORT DEFIANCE INDIAN HOSPITAL	030071	AZ
FORT DEFIANCE INDIAN HOSPITAL	030071	AZ
FORT DEFIANCE INDIAN HOSPITAL	030071	AZ
FORT DEFIANCE INDIAN HOSPITAL	030071	AZ
FORT DEFIANCE INDIAN HOSPITAL	030071	AZ
FORT DEFIANCE INDIAN HOSPITAL	030071	AZ
FORT DEFIANCE INDIAN HOSPITAL	030071	AZ
FORT DEFIANCE INDIAN HOSPITAL	030071	AZ
FORT DEFIANCE INDIAN HOSPITAL	030071	AZ
TUBA CITY REGIONAL HEALTH CARE CORPORATION	030073	AZ
TUBA CITY REGIONAL HEALTH CARE CORPORATION	030073	AZ
TUBA CITY REGIONAL HEALTH CARE CORPORATION	030073	AZ
TUBA CITY REGIONAL HEALTH CARE	030073	AZ

Spending Breakdown by Claim

During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient

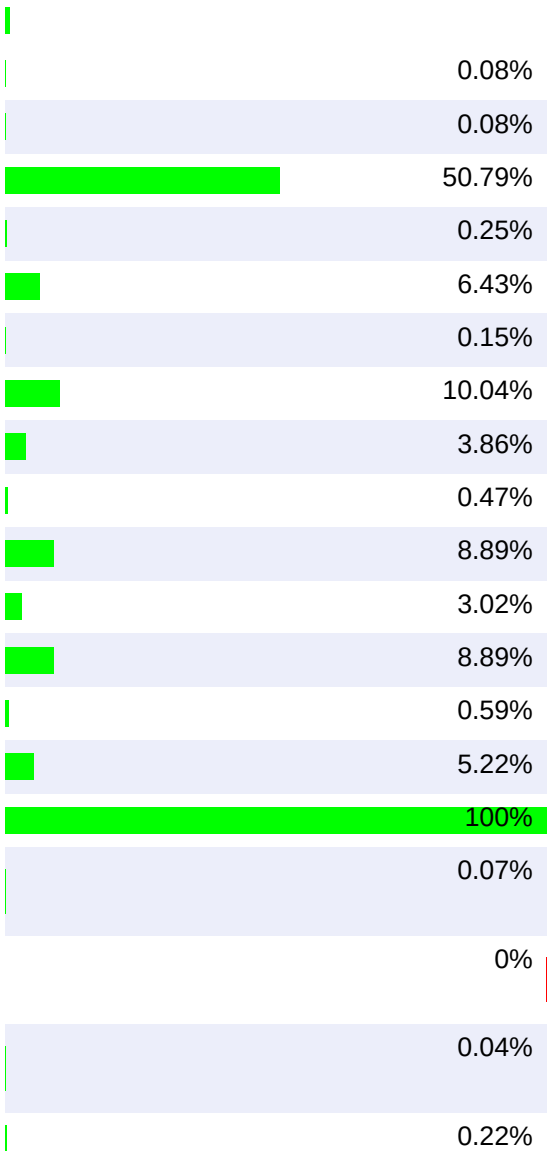
Spending Breakdown by Claim

$0.00	$9.00	$14.00
$0.00	$38.00	$16.00
$5240.00	$10059.00	$9399.00
$10.00	$31.00	$46.00
$418.00	$757.00	$1190.00
$17.00	$29.00	$27.00
$482.00	$2128.00	$1857.00
$0.00	$546.00	$715.00
$0.00	$135.00	$88.00
$659.00	$1636.00	$1645.00
$143.00	$500.00	$558.00
$550.00	$993.00	$1646.00
$20.00	$101.00	$110.00
$255.00	$1149.00	$966.00
$7842.00	$18365.00	$18506.00
$0.00	$9.00	$14.00
$0.00	$2.00	$1.00
$34.00	$10.00	$7.00
$44.00	$43.00	$40.00

Spending Breakdown by Claim

0%	0.05%
0%	0.21%
66.82%	54.78%
0.13%	0.17%
5.32%	4.12%
0.22%	0.16%
6.15%	11.59%
0%	2.98%
0%	0.74%
8.4%	8.91%
1.82%	2.72%
7.02%	5.41%
0.26%	0.55%
3.26%	6.26%
100%	100%
0%	0.05%
0%	0.01%
0.32%	0.05%
0.41%	0.23%

Spending Breakdown by Claim



Spending Breakdown by Claim

CORPORATION		
TUBA CITY REGIONAL HEALTH CARE CORPORATION	030073	AZ
TUBA CITY REGIONAL HEALTH CARE CORPORATION	030073	AZ
TUBA CITY REGIONAL HEALTH CARE CORPORATION	030073	AZ
TUBA CITY REGIONAL HEALTH CARE CORPORATION	030073	AZ
TUBA CITY REGIONAL HEALTH CARE CORPORATION	030073	AZ
TUBA CITY REGIONAL HEALTH CARE CORPORATION	030073	AZ
TUBA CITY REGIONAL HEALTH CARE CORPORATION	030073	AZ
TUBA CITY REGIONAL HEALTH CARE CORPORATION	030073	AZ
TUBA CITY REGIONAL HEALTH CARE CORPORATION	030073	AZ
TUBA CITY REGIONAL HEALTH CARE CORPORATION	030073	AZ
TUBA CITY REGIONAL HEALTH CARE CORPORATION	030073	AZ
TUBA CITY REGIONAL HEALTH CARE CORPORATION	030073	AZ
TUBA CITY REGIONAL HEALTH CARE	030073	AZ

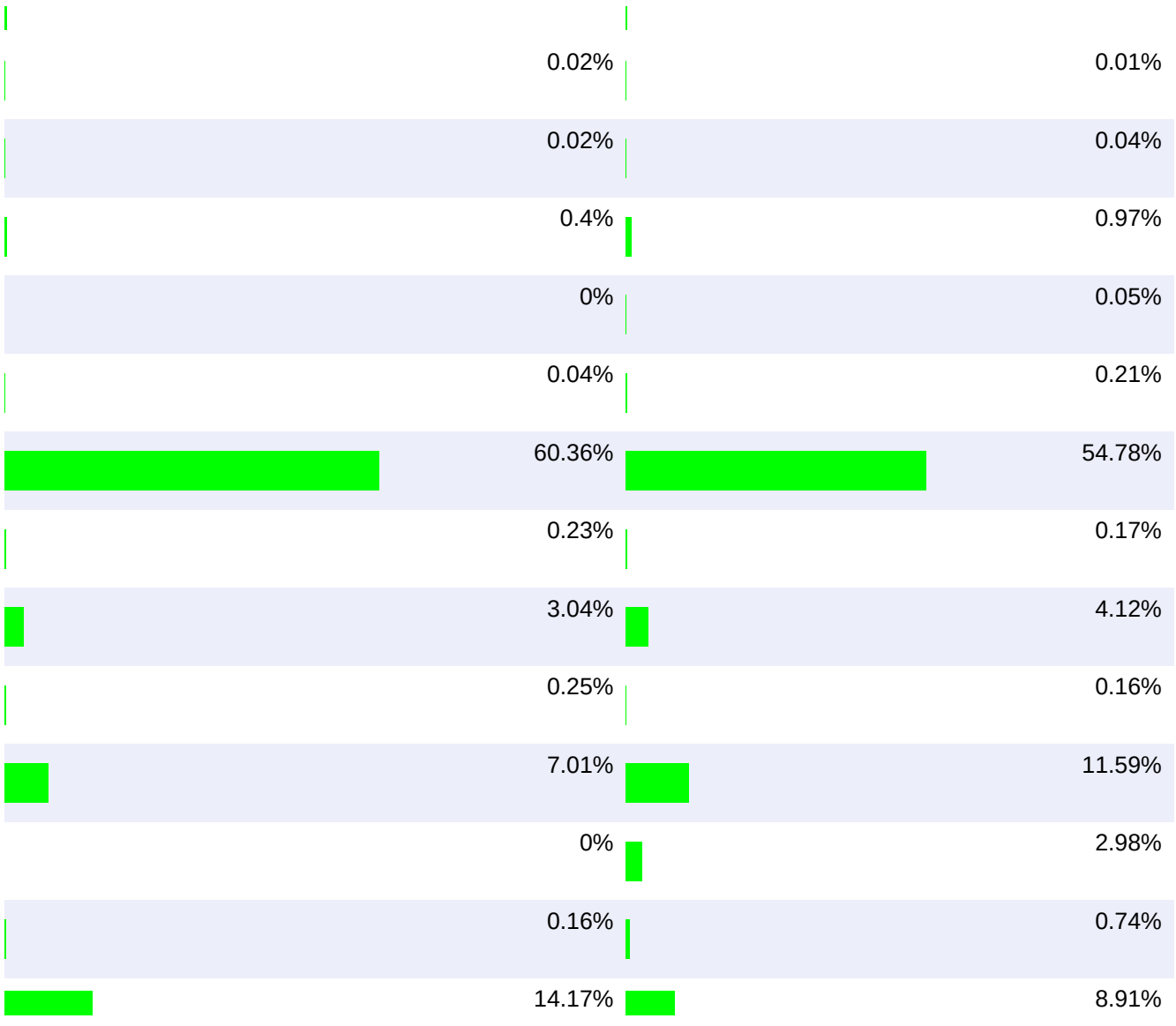
Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient

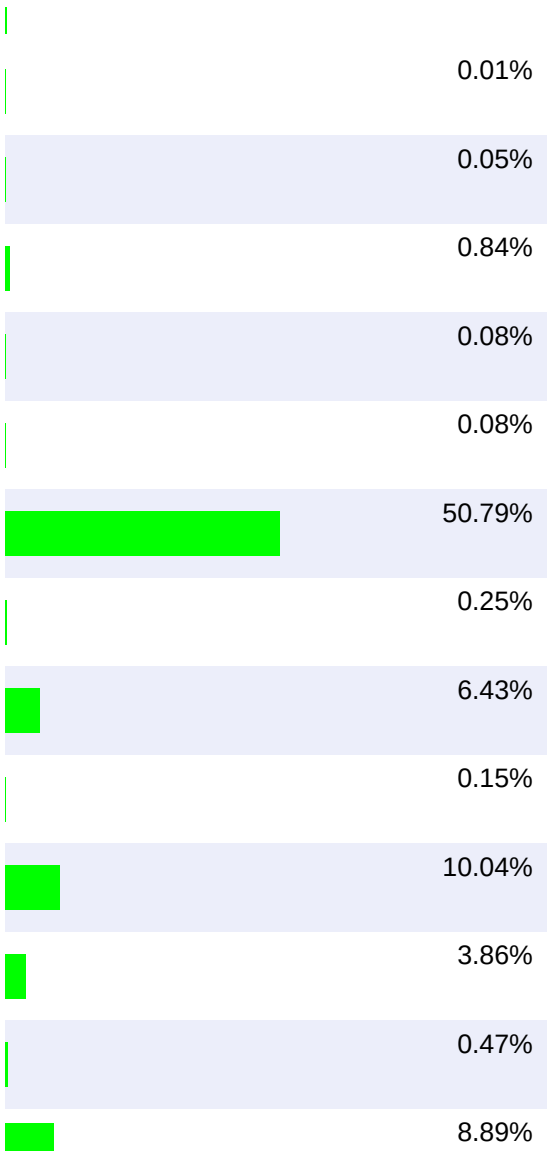
Spending Breakdown by Claim

$2.00	$2.00	$3.00
$3.00	$8.00	$9.00
$43.00	$178.00	$155.00
$0.00	$9.00	$14.00
$5.00	$38.00	$16.00
$6471.00	$10059.00	$9399.00
$25.00	$31.00	$46.00
$326.00	$757.00	$1190.00
$27.00	$29.00	$27.00
$752.00	$2128.00	$1857.00
$0.00	$546.00	$715.00
$17.00	$135.00	$88.00
$1519.00	$1636.00	$1645.00

Spending Breakdown by Claim



Spending Breakdown by Claim



Spending Breakdown by Claim

CORPORATION		
TUBA CITY REGIONAL HEALTH CARE CORPORATION	030073	AZ
TUBA CITY REGIONAL HEALTH CARE CORPORATION	030073	AZ
TUBA CITY REGIONAL HEALTH CARE CORPORATION	030073	AZ
TUBA CITY REGIONAL HEALTH CARE CORPORATION	030073	AZ
TUBA CITY REGIONAL HEALTH CARE CORPORATION	030073	AZ
SELLS INDIAN HEALTH SERVICE HOSPITAL	030074	AZ
SELLS INDIAN HEALTH SERVICE HOSPITAL	030074	AZ
SELLS INDIAN HEALTH SERVICE HOSPITAL	030074	AZ
SELLS INDIAN HEALTH SERVICE HOSPITAL	030074	AZ
SELLS INDIAN HEALTH SERVICE HOSPITAL	030074	AZ
SELLS INDIAN HEALTH SERVICE HOSPITAL	030074	AZ
SELLS INDIAN HEALTH SERVICE HOSPITAL	030074	AZ
SELLS INDIAN HEALTH SERVICE HOSPITAL	030074	AZ
SELLS INDIAN HEALTH SERVICE HOSPITAL	030074	AZ
SELLS INDIAN HEALTH SERVICE HOSPITAL	030074	AZ
SELLS INDIAN HEALTH SERVICE HOSPITAL	030074	AZ

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility

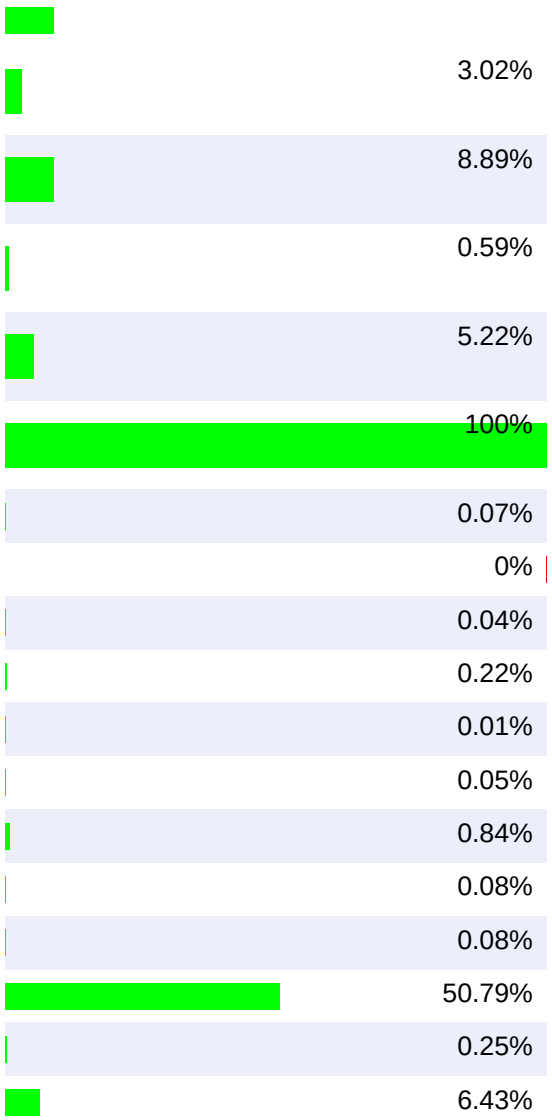
Spending Breakdown by Claim

$430.00	$500.00	$558.00
$315.00	$993.00	$1646.00
$49.00	$101.00	$110.00
$660.00	$1149.00	$966.00
$10721.00	$18365.00	$18506.00
$0.00	$9.00	$14.00
$0.00	$2.00	$1.00
$0.00	$10.00	$7.00
$2.00	$43.00	$40.00
$0.00	$2.00	$3.00
$57.00	$8.00	$9.00
$170.00	$178.00	$155.00
$0.00	$9.00	$14.00
$0.00	$38.00	$16.00
$4667.00	$10059.00	$9399.00
$8.00	$31.00	$46.00
$0.00	$757.00	$1190.00

Spending Breakdown by Claim

4.01%	2.72%
2.94%	5.41%
0.45%	0.55%
6.16%	6.26%
100%	100%
0%	0.05%
0%	0.01%
0%	0.05%
0.03%	0.23%
0%	0.01%
0.85%	0.04%
2.54%	0.97%
0%	0.05%
0%	0.21%
69.71%	54.78%
0.12%	0.17%
0%	4.12%

Spending Breakdown by Claim



Spending Breakdown by Claim

SELLS INDIAN HEALTH SERVICE HOSPITAL	030074	AZ
SELLS INDIAN HEALTH SERVICE HOSPITAL	030074	AZ
SELLS INDIAN HEALTH SERVICE HOSPITAL	030074	AZ
SELLS INDIAN HEALTH SERVICE HOSPITAL	030074	AZ
SELLS INDIAN HEALTH SERVICE HOSPITAL	030074	AZ
SELLS INDIAN HEALTH SERVICE HOSPITAL	030074	AZ
SELLS INDIAN HEALTH SERVICE HOSPITAL	030074	AZ
SELLS INDIAN HEALTH SERVICE HOSPITAL	030074	AZ
SELLS INDIAN HEALTH SERVICE HOSPITAL	030074	AZ
SELLS INDIAN HEALTH SERVICE HOSPITAL	030074	AZ
PHS INDIAN HOSPITAL-SAN CARLOS	030077	AZ
PHS INDIAN HOSPITAL-SAN CARLOS	030077	AZ
PHS INDIAN HOSPITAL-SAN CARLOS	030077	AZ
PHS INDIAN HOSPITAL-SAN CARLOS	030077	AZ
PHS INDIAN HOSPITAL-SAN CARLOS	030077	AZ
PHS INDIAN HOSPITAL-SAN CARLOS	030077	AZ
PHS INDIAN HOSPITAL-SAN CARLOS	030077	AZ
PHS INDIAN HOSPITAL-SAN CARLOS	030077	AZ
PHS INDIAN HOSPITAL-SAN CARLOS	030077	AZ
PHS INDIAN HOSPITAL-SAN CARLOS	030077	AZ
PHS INDIAN HOSPITAL-SAN CARLOS	030077	AZ
PHS INDIAN HOSPITAL-SAN CARLOS	030077	AZ

Spending Breakdown by Claim

During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility

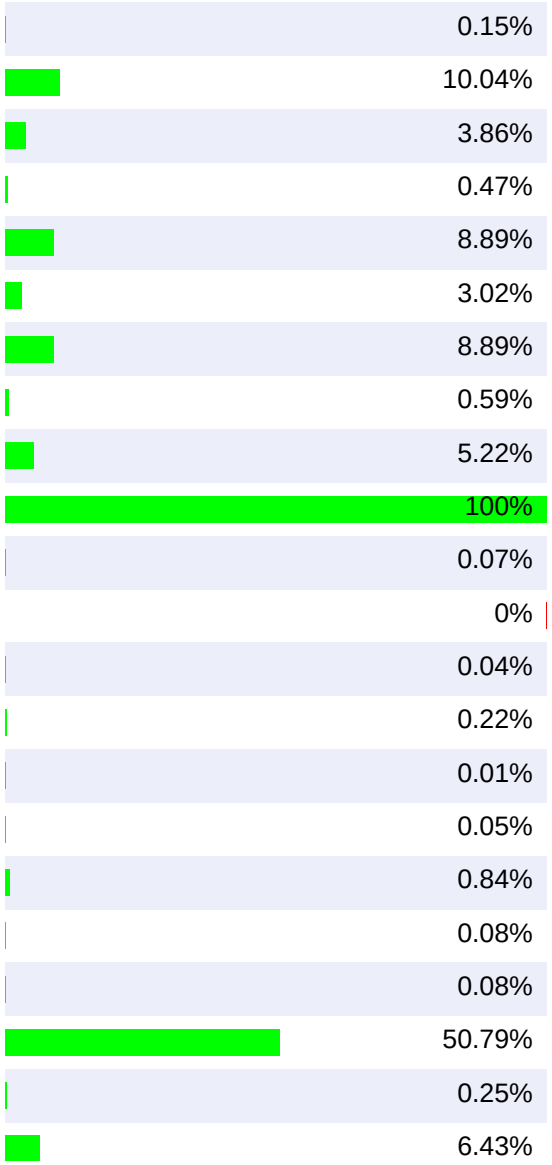
Spending Breakdown by Claim

$0.00	$29.00	$27.00
$425.00	$2128.00	$1857.00
$0.00	$546.00	$715.00
$0.00	$135.00	$88.00
$756.00	$1636.00	$1645.00
$130.00	$500.00	$558.00
$0.00	$993.00	$1646.00
$4.00	$101.00	$110.00
$476.00	$1149.00	$966.00
$6696.00	$18365.00	$18506.00
$0.00	$9.00	$14.00
$0.00	$2.00	$1.00
$0.00	$10.00	$7.00
$0.00	$43.00	$40.00
$0.00	$2.00	$3.00
$0.00	$8.00	$9.00
$196.00	$178.00	$155.00
$0.00	$9.00	$14.00
$0.00	$38.00	$16.00
$4003.00	$10059.00	$9399.00
$5.00	$31.00	$46.00
$0.00	$757.00	$1190.00

Spending Breakdown by Claim

0%	0.16%
6.34%	11.59%
0%	2.98%
0%	0.74%
11.3%	8.91%
1.95%	2.72%
0%	5.41%
0.06%	0.55%
7.11%	6.26%
100%	100%
0%	0.05%
0%	0.01%
0%	0.05%
0%	0.23%
0%	0.01%
0%	0.04%
4.2%	0.97%
0%	0.05%
0%	0.21%
85.97%	54.78%
0.1%	0.17%
0%	4.12%

Spending Breakdown by Claim



Spending Breakdown by Claim

PHS INDIAN HOSPITAL-SAN CARLOS	030077	AZ
PHS INDIAN HOSPITAL-SAN CARLOS	030077	AZ
PHS INDIAN HOSPITAL-SAN CARLOS	030077	AZ
PHS INDIAN HOSPITAL-SAN CARLOS	030077	AZ
PHS INDIAN HOSPITAL-SAN CARLOS	030077	AZ
PHS INDIAN HOSPITAL-SAN CARLOS	030077	AZ
PHS INDIAN HOSPITAL-SAN CARLOS	030077	AZ
PHS INDIAN HOSPITAL-SAN CARLOS	030077	AZ
PHS INDIAN HOSPITAL-SAN CARLOS	030077	AZ
PHS INDIAN HOSPITAL-SAN CARLOS	030077	AZ
PHOENIX INDIAN MEDICAL CENTER	030078	AZ
PHOENIX INDIAN MEDICAL CENTER	030078	AZ
PHOENIX INDIAN MEDICAL CENTER	030078	AZ
PHOENIX INDIAN MEDICAL CENTER	030078	AZ
PHOENIX INDIAN MEDICAL CENTER	030078	AZ
PHOENIX INDIAN MEDICAL CENTER	030078	AZ
PHOENIX INDIAN MEDICAL CENTER	030078	AZ
PHOENIX INDIAN MEDICAL CENTER	030078	AZ
PHOENIX INDIAN MEDICAL CENTER	030078	AZ
PHOENIX INDIAN MEDICAL CENTER	030078	AZ

Spending Breakdown by Claim

During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient

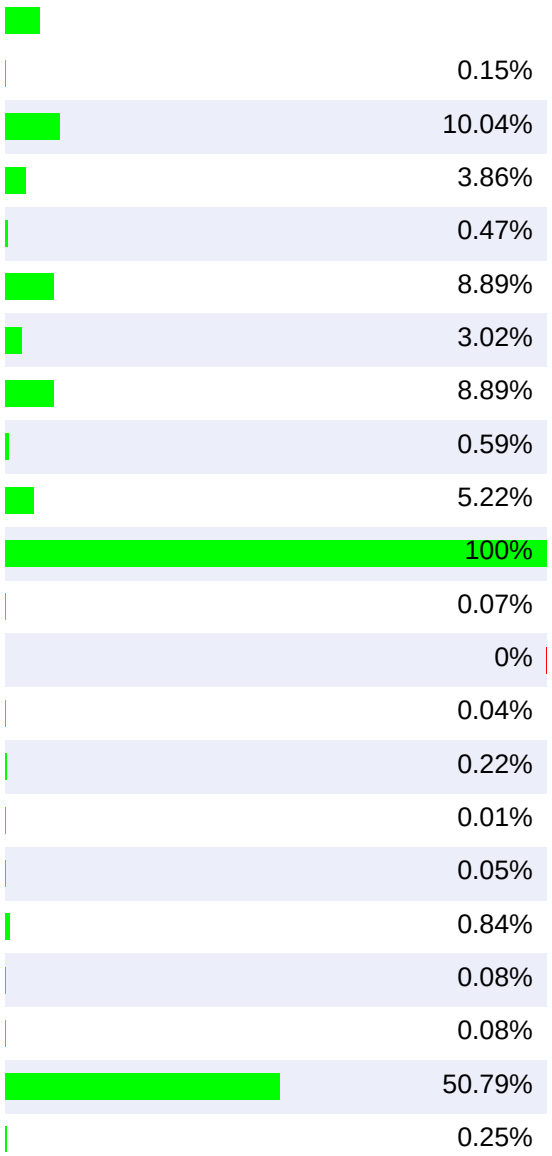
Spending Breakdown by Claim

$0.00	$29.00	$27.00
$327.00	$2128.00	$1857.00
$0.00	$546.00	$715.00
$0.00	$135.00	$88.00
$0.00	$1636.00	$1645.00
$29.00	$500.00	$558.00
$0.00	$993.00	$1646.00
$0.00	$101.00	$110.00
$97.00	$1149.00	$966.00
$4656.00	$18365.00	$18506.00
$32.00	$9.00	$14.00
$0.00	$2.00	$1.00
$0.00	$10.00	$7.00
$10.00	$43.00	$40.00
$0.00	$2.00	$3.00
$0.00	$8.00	$9.00
$170.00	$178.00	$155.00
$0.00	$9.00	$14.00
$0.00	$38.00	$16.00
$6734.00	$10059.00	$9399.00
$26.00	$31.00	$46.00

Spending Breakdown by Claim

0%	0.16%
7.03%	11.59%
0%	2.98%
0%	0.74%
0%	8.91%
0.62%	2.72%
0%	5.41%
0%	0.55%
2.08%	6.26%
100%	100%
0.27%	0.05%
0%	0.01%
0%	0.05%
0.08%	0.23%
0%	0.01%
0%	0.04%
1.45%	0.97%
0%	0.05%
0%	0.21%
57.3%	54.78%
0.22%	0.17%

Spending Breakdown by Claim



Spending Breakdown by Claim

PHOENIX INDIAN MEDICAL CENTER	030078	AZ
PHOENIX INDIAN MEDICAL CENTER	030078	AZ
PHOENIX INDIAN MEDICAL CENTER	030078	AZ
PHOENIX INDIAN MEDICAL CENTER	030078	AZ
PHOENIX INDIAN MEDICAL CENTER	030078	AZ
PHOENIX INDIAN MEDICAL CENTER	030078	AZ
PHOENIX INDIAN MEDICAL CENTER	030078	AZ
PHOENIX INDIAN MEDICAL CENTER	030078	AZ
PHOENIX INDIAN MEDICAL CENTER	030078	AZ
PHOENIX INDIAN MEDICAL CENTER	030078	AZ
PHOENIX INDIAN MEDICAL CENTER	030078	AZ
PARADISE VALLEY HOSPITAL	030083	AZ
PARADISE VALLEY HOSPITAL	030083	AZ
PARADISE VALLEY HOSPITAL	030083	AZ
PARADISE VALLEY HOSPITAL	030083	AZ
PARADISE VALLEY HOSPITAL	030083	AZ
PARADISE VALLEY HOSPITAL	030083	AZ
PARADISE VALLEY HOSPITAL	030083	AZ
PARADISE VALLEY HOSPITAL	030083	AZ
PARADISE VALLEY HOSPITAL	030083	AZ

Spending Breakdown by Claim

During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient

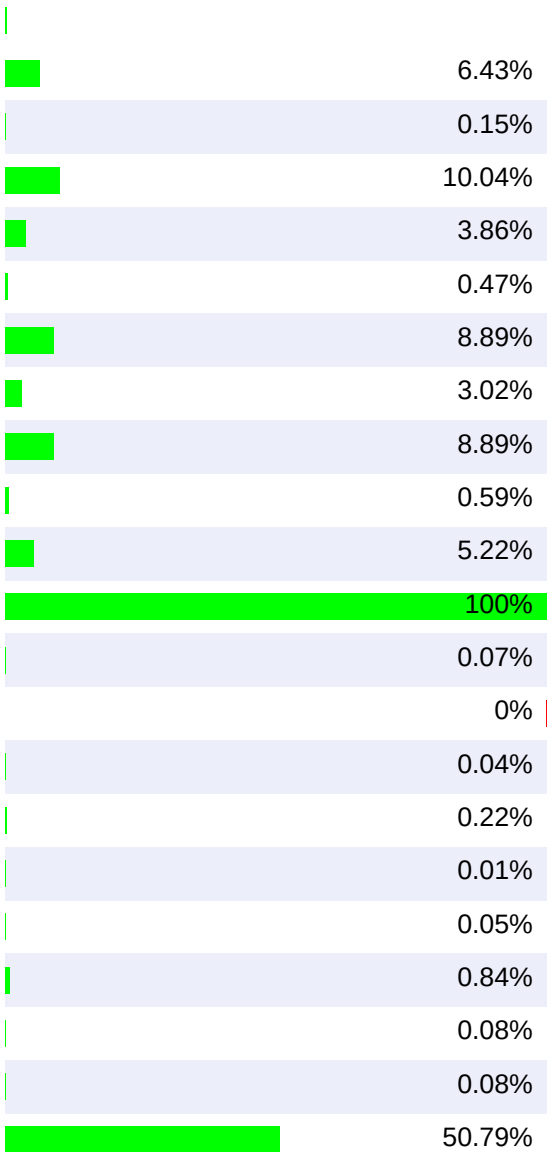
Spending Breakdown by Claim

$96.00	$757.00	$1190.00
$24.00	$29.00	$27.00
$994.00	$2128.00	$1857.00
$250.00	$546.00	$715.00
$42.00	$135.00	$88.00
$2309.00	$1636.00	$1645.00
$120.00	$500.00	$558.00
$156.00	$993.00	$1646.00
$130.00	$101.00	$110.00
$658.00	$1149.00	$966.00
$11752.00	$18365.00	$18506.00
$4.00	$9.00	$14.00
$0.00	$2.00	$1.00
$0.00	$10.00	$7.00
$34.00	$43.00	$40.00
$1.00	$2.00	$3.00
$9.00	$8.00	$9.00
$207.00	$178.00	$155.00
$1.00	$9.00	$14.00
$56.00	$38.00	$16.00
$9290.00	$10059.00	$9399.00

Spending Breakdown by Claim

0.82%	4.12%
0.21%	0.16%
8.46%	11.59%
2.12%	2.98%
0.36%	0.74%
19.65%	8.91%
1.02%	2.72%
1.33%	5.41%
1.11%	0.55%
5.6%	6.26%
100%	100%
0.02%	0.05%
0%	0.01%
0%	0.05%
0.19%	0.23%
0.01%	0.01%
0.05%	0.04%
1.14%	0.97%
0.01%	0.05%
0.31%	0.21%
50.97%	54.78%

Spending Breakdown by Claim



Spending Breakdown by Claim

PARADISE VALLEY HOSPITAL	030083	AZ
PARADISE VALLEY HOSPITAL	030083	AZ
PARADISE VALLEY HOSPITAL	030083	AZ
PARADISE VALLEY HOSPITAL	030083	AZ
PARADISE VALLEY HOSPITAL	030083	AZ
PARADISE VALLEY HOSPITAL	030083	AZ
PARADISE VALLEY HOSPITAL	030083	AZ
PARADISE VALLEY HOSPITAL	030083	AZ
PARADISE VALLEY HOSPITAL	030083	AZ
PARADISE VALLEY HOSPITAL	030083	AZ
PARADISE VALLEY HOSPITAL	030083	AZ
PARADISE VALLEY HOSPITAL	030083	AZ
CHINLE COMPREHENSIVE HEALTH CARE FACILITY	030084	AZ
CHINLE COMPREHENSIVE HEALTH CARE FACILITY	030084	AZ
CHINLE COMPREHENSIVE HEALTH CARE FACILITY	030084	AZ
CHINLE COMPREHENSIVE HEALTH CARE FACILITY	030084	AZ
CHINLE COMPREHENSIVE HEALTH CARE FACILITY	030084	AZ

Spending Breakdown by Claim

During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility

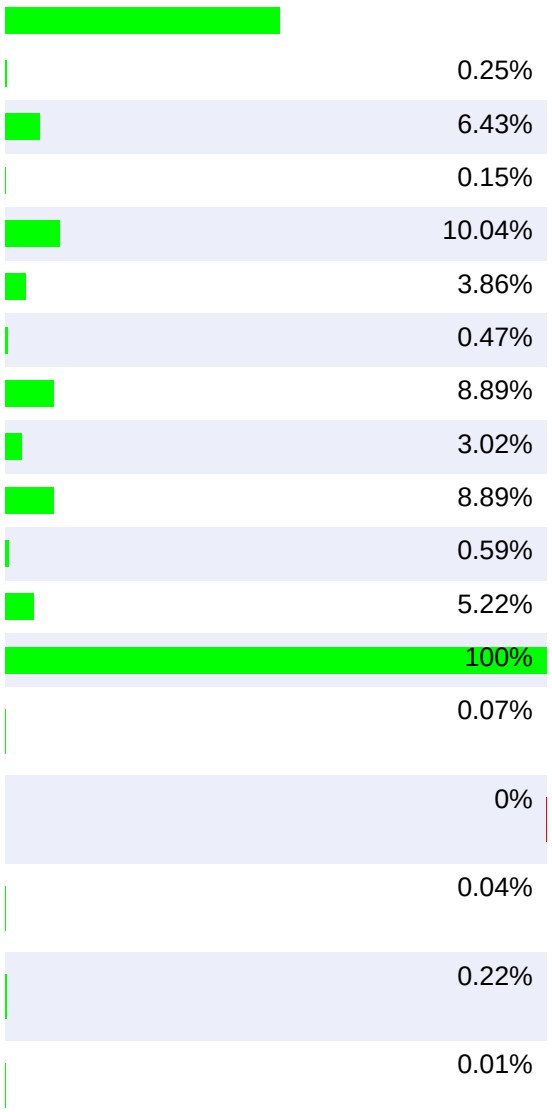
Spending Breakdown by Claim

$1.00	$31.00	$46.00
$896.00	$757.00	$1190.00
$32.00	$29.00	$27.00
$1803.00	$2128.00	$1857.00
$505.00	$546.00	$715.00
$280.00	$135.00	$88.00
$1888.00	$1636.00	$1645.00
$502.00	$500.00	$558.00
$1500.00	$993.00	$1646.00
$88.00	$101.00	$110.00
$1127.00	$1149.00	$966.00
$18225.00	$18365.00	$18506.00
$0.00	$9.00	$14.00
$0.00	$2.00	$1.00
$0.00	$10.00	$7.00
$21.00	$43.00	$40.00
$0.00	$2.00	$3.00

Spending Breakdown by Claim

0.01%	0.17%
4.92%	4.12%
0.17%	0.16%
9.9%	11.59%
2.77%	2.98%
1.54%	0.74%
10.36%	8.91%
2.76%	2.72%
8.23%	5.41%
0.48%	0.55%
6.18%	6.26%
100%	100%
0%	0.05%
0%	0.01%
0%	0.05%
0.25%	0.23%
0%	0.01%

Spending Breakdown by Claim



Spending Breakdown by Claim

CHINLE COMPREHENSIVE HEALTH CARE FACILITY	030084	AZ
CHINLE COMPREHENSIVE HEALTH CARE FACILITY	030084	AZ
CHINLE COMPREHENSIVE HEALTH CARE FACILITY	030084	AZ
CHINLE COMPREHENSIVE HEALTH CARE FACILITY	030084	AZ
CHINLE COMPREHENSIVE HEALTH CARE FACILITY	030084	AZ
CHINLE COMPREHENSIVE HEALTH CARE FACILITY	030084	AZ
CHINLE COMPREHENSIVE HEALTH CARE FACILITY	030084	AZ
CHINLE COMPREHENSIVE HEALTH CARE FACILITY	030084	AZ
CHINLE COMPREHENSIVE HEALTH CARE FACILITY	030084	AZ
CHINLE COMPREHENSIVE HEALTH CARE FACILITY	030084	AZ
CHINLE COMPREHENSIVE HEALTH CARE FACILITY	030084	AZ
CHINLE COMPREHENSIVE HEALTH CARE FACILITY	030084	AZ
CHINLE COMPREHENSIVE HEALTH CARE FACILITY	030084	AZ

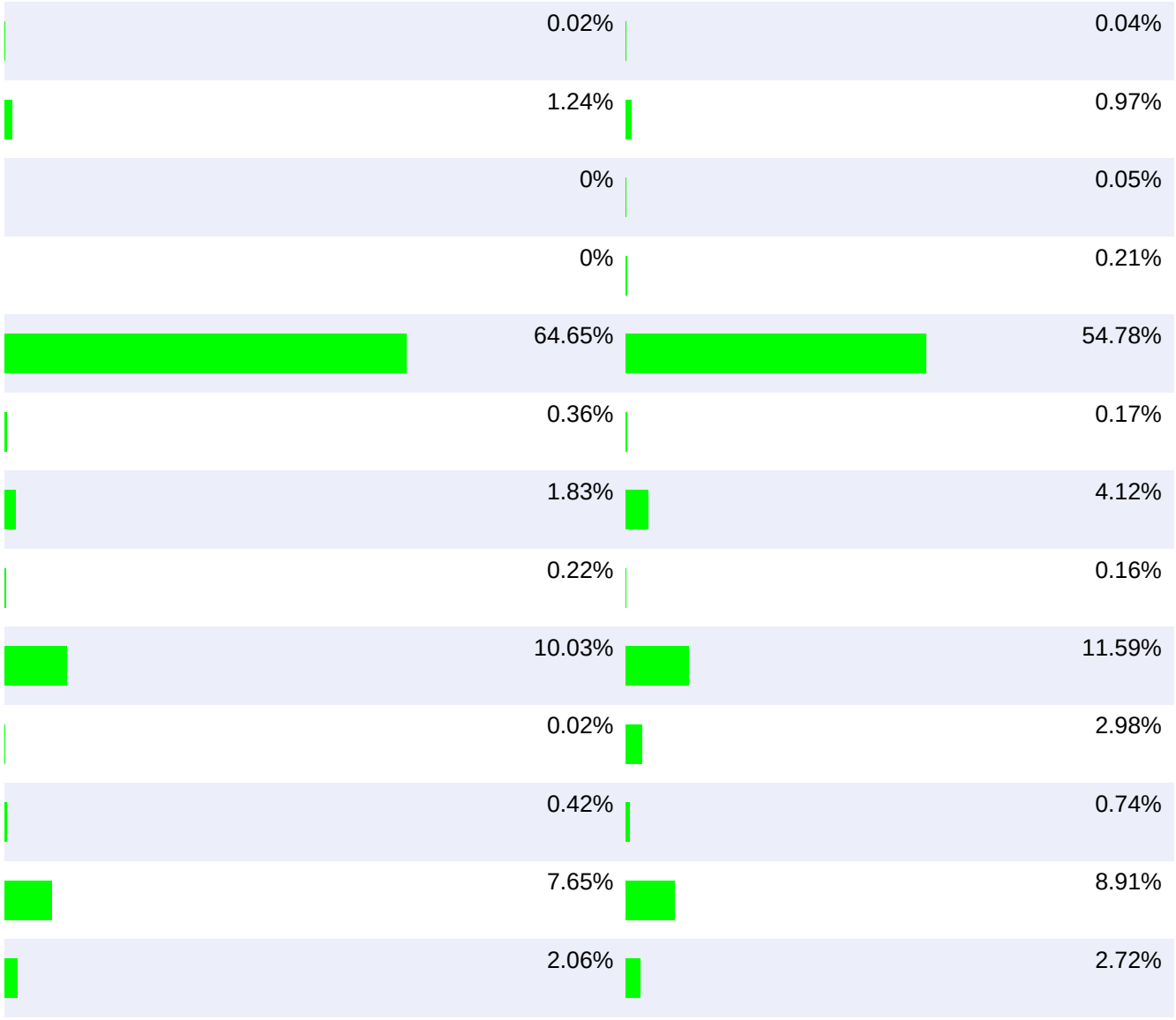
Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient

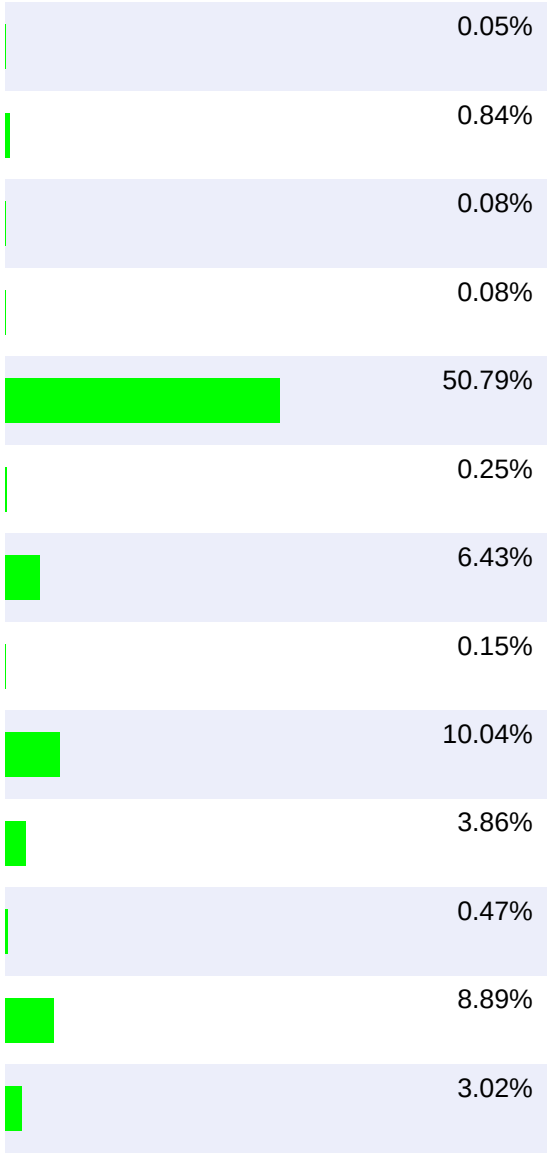
Spending Breakdown by Claim

$2.00	$8.00	$9.00
$103.00	$178.00	$155.00
$0.00	$9.00	$14.00
$0.00	$38.00	$16.00
$5357.00	$10059.00	$9399.00
$30.00	$31.00	$46.00
$152.00	$757.00	$1190.00
$19.00	$29.00	$27.00
$831.00	$2128.00	$1857.00
$2.00	$546.00	$715.00
$35.00	$135.00	$88.00
$634.00	$1636.00	$1645.00
$171.00	$500.00	$558.00

Spending Breakdown by Claim



Spending Breakdown by Claim



Spending Breakdown by Claim

CHINLE COMPREHENSIVE HEALTH CARE FACILITY	030084	AZ
CHINLE COMPREHENSIVE HEALTH CARE FACILITY	030084	AZ
CHINLE COMPREHENSIVE HEALTH CARE FACILITY	030084	AZ
CHINLE COMPREHENSIVE HEALTH CARE FACILITY	030084	AZ
NORTHWEST MEDICAL CENTER	030085	AZ
NORTHWEST MEDICAL CENTER	030085	AZ
NORTHWEST MEDICAL CENTER	030085	AZ
NORTHWEST MEDICAL CENTER	030085	AZ
NORTHWEST MEDICAL CENTER	030085	AZ
NORTHWEST MEDICAL CENTER	030085	AZ
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NORTHWEST MEDICAL CENTER	030085	AZ
NORTHWEST MEDICAL CENTER	030085	AZ
NORTHWEST MEDICAL CENTER	030085	AZ
NORTHWEST MEDICAL CENTER	030085	AZ

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency

Spending Breakdown by Claim

$383.00	$993.00	$1646.00
$85.00	$101.00	$110.00
$463.00	$1149.00	$966.00
$8287.00	$18365.00	$18506.00
$14.00	$9.00	$14.00
$1.00	$2.00	$1.00
$14.00	$10.00	$7.00
$17.00	$43.00	$40.00
$2.00	$2.00	$3.00
$4.00	$8.00	$9.00
$133.00	$178.00	$155.00
$18.00	$9.00	$14.00
$51.00	$38.00	$16.00
$11324.00	$10059.00	$9399.00
$17.00	$31.00	$46.00
$478.00	$757.00	$1190.00
$72.00	$29.00	$27.00
$2215.00	$2128.00	$1857.00
$729.00	$546.00	$715.00

Spending Breakdown by Claim

	4.62%	5.41%
	1.02%	0.55%
	5.59%	6.26%
	100%	100%
	0.08%	0.05%
	0%	0.01%
	0.07%	0.05%
	0.09%	0.23%
	0.01%	0.01%
	0.02%	0.04%
	0.69%	0.97%
	0.09%	0.05%
	0.26%	0.21%
	58.87%	54.78%
	0.09%	0.17%
	2.49%	4.12%
	0.37%	0.16%
	11.52%	11.59%
	3.79%	2.98%

Spending Breakdown by Claim

Spending Breakdown by Claim

NORTHWEST MEDICAL CENTER	030085	AZ
NORTHWEST MEDICAL CENTER	030085	AZ
NORTHWEST MEDICAL CENTER	030085	AZ
NORTHWEST MEDICAL CENTER	030085	AZ
NORTHWEST MEDICAL CENTER	030085	AZ
NORTHWEST MEDICAL CENTER	030085	AZ
NORTHWEST MEDICAL CENTER	030085	AZ
SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	030087	AZ
SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	030087	AZ
SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	030087	AZ
SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	030087	AZ
SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	030087	AZ
SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	030087	AZ
SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	030087	AZ
SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	030087	AZ
SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	030087	AZ

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice

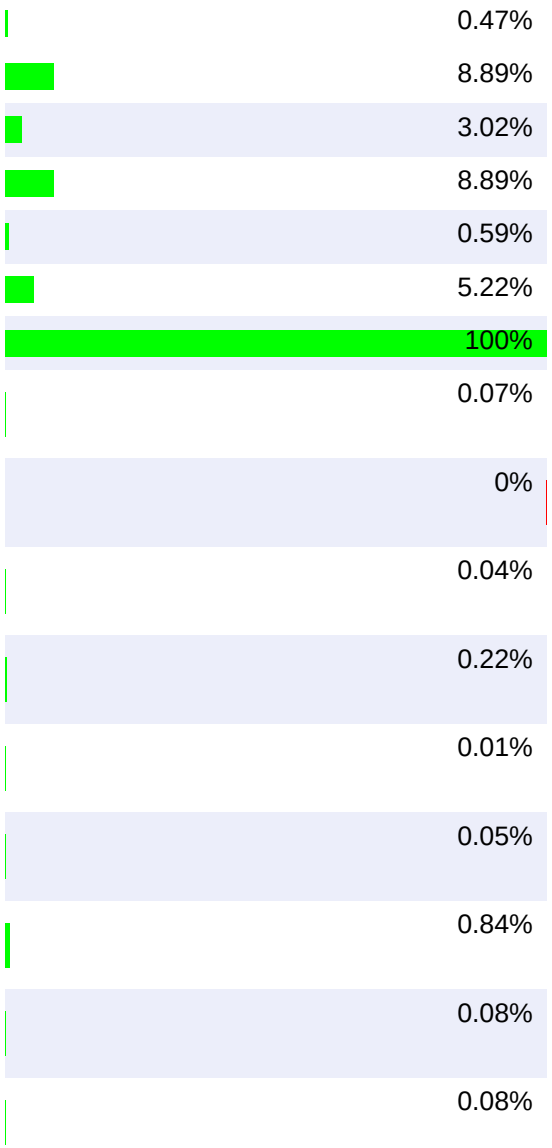
Spending Breakdown by Claim

$173.00	$135.00	$88.00
$1477.00	$1636.00	$1645.00
$354.00	$500.00	$558.00
$823.00	$993.00	$1646.00
$116.00	$101.00	$110.00
$1202.00	$1149.00	$966.00
$19235.00	$18365.00	$18506.00
$5.00	$9.00	$14.00
$1.00	$2.00	$1.00
$5.00	$10.00	$7.00
$26.00	$43.00	$40.00
$2.00	$2.00	$3.00
$16.00	$8.00	$9.00
$247.00	$178.00	$155.00
$8.00	$9.00	$14.00
$49.00	$38.00	$16.00

Spending Breakdown by Claim

0.9%	0.74%
7.68%	8.91%
1.84%	2.72%
4.28%	5.41%
0.6%	0.55%
6.25%	6.26%
100%	100%
0.02%	0.05%
0%	0.01%
0.02%	0.05%
0.12%	0.23%
0.01%	0.01%
0.07%	0.04%
1.13%	0.97%
0.04%	0.05%
0.22%	0.21%

Spending Breakdown by Claim



Spending Breakdown by Claim

SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	030087	AZ
SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	030087	AZ
SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	030087	AZ
SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	030087	AZ
SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	030087	AZ
SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	030087	AZ
SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	030087	AZ
SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	030087	AZ
SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	030087	AZ
SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	030087	AZ
SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	030087	AZ
SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	030087	AZ
SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	030087	AZ

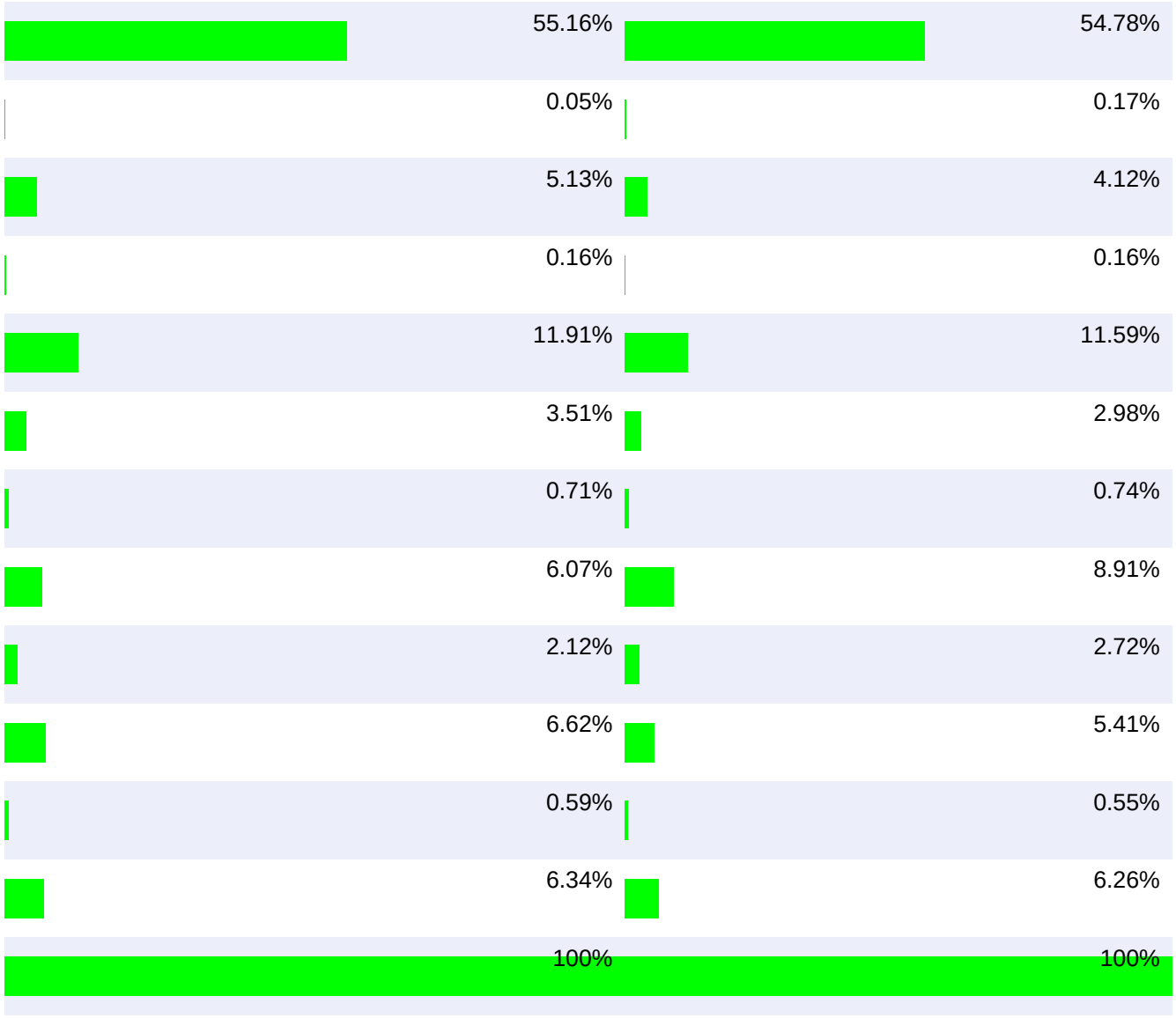
Spending Breakdown by Claim

During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total

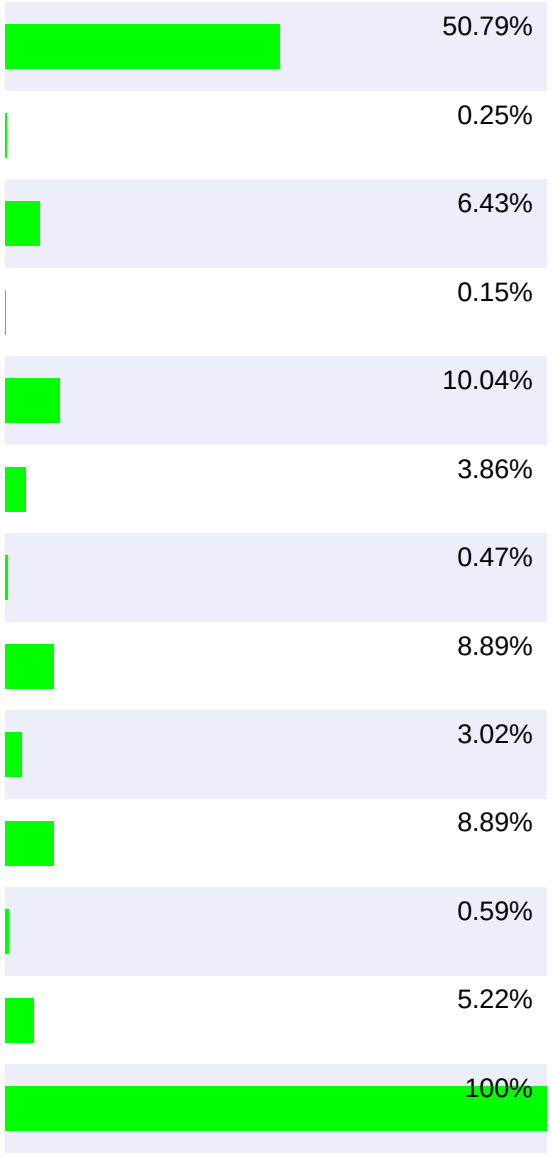
Spending Breakdown by Claim

$12035.00	$10059.00	$9399.00
$12.00	$31.00	$46.00
$1119.00	$757.00	$1190.00
$34.00	$29.00	$27.00
$2599.00	$2128.00	$1857.00
$766.00	$546.00	$715.00
$154.00	$135.00	$88.00
$1325.00	$1636.00	$1645.00
$463.00	$500.00	$558.00
$1444.00	$993.00	$1646.00
$128.00	$101.00	$110.00
$1383.00	$1149.00	$966.00
$21818.00	$18365.00	$18506.00

Spending Breakdown by Claim



Spending Breakdown by Claim



Spending Breakdown by Claim

BANNER BAYWOOD MEDICAL CENTER	030088	AZ
BANNER BAYWOOD MEDICAL CENTER	030088	AZ
BANNER BAYWOOD MEDICAL CENTER	030088	AZ
BANNER BAYWOOD MEDICAL CENTER	030088	AZ
BANNER BAYWOOD MEDICAL CENTER	030088	AZ
BANNER BAYWOOD MEDICAL CENTER	030088	AZ
BANNER BAYWOOD MEDICAL CENTER	030088	AZ
BANNER BAYWOOD MEDICAL CENTER	030088	AZ
BANNER BAYWOOD MEDICAL CENTER	030088	AZ
BANNER BAYWOOD MEDICAL CENTER	030088	AZ
BANNER BAYWOOD MEDICAL CENTER	030088	AZ
BANNER BAYWOOD MEDICAL CENTER	030088	AZ
BANNER BAYWOOD MEDICAL CENTER	030088	AZ
BANNER BAYWOOD MEDICAL CENTER	030088	AZ
BANNER BAYWOOD MEDICAL CENTER	030088	AZ
BANNER BAYWOOD MEDICAL CENTER	030088	AZ
BANNER BAYWOOD MEDICAL CENTER	030088	AZ
BANNER BAYWOOD MEDICAL CENTER	030088	AZ
BANNER BAYWOOD MEDICAL CENTER	030088	AZ
BANNER BAYWOOD MEDICAL CENTER	030088	AZ

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total

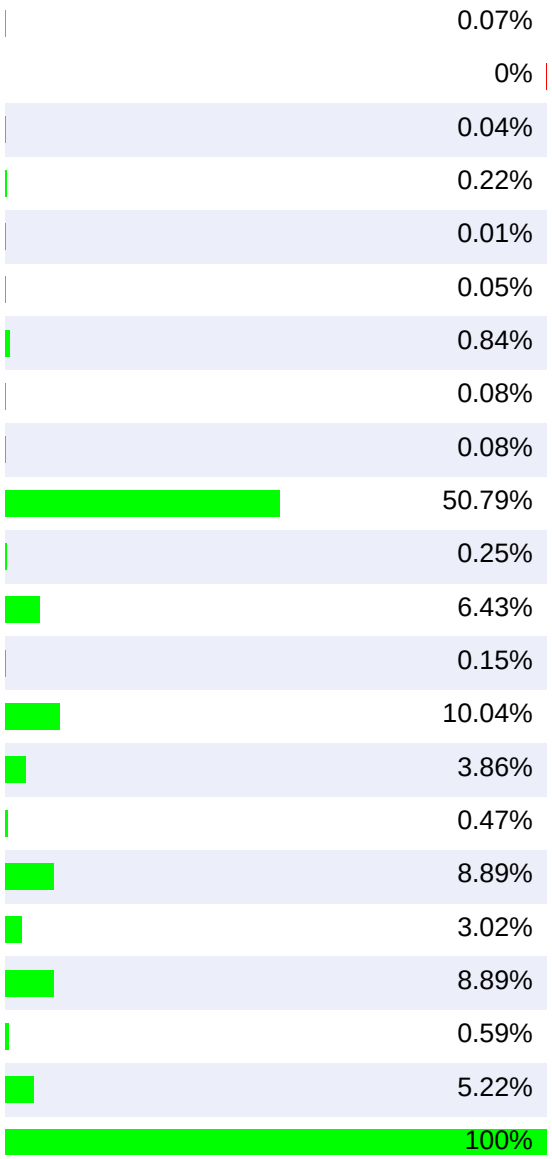
Spending Breakdown by Claim

$16.00	$9.00	$14.00
$4.00	$2.00	$1.00
$19.00	$10.00	$7.00
$51.00	$43.00	$40.00
$3.00	$2.00	$3.00
$5.00	$8.00	$9.00
$165.00	$178.00	$155.00
$6.00	$9.00	$14.00
$54.00	$38.00	$16.00
$8214.00	$10059.00	$9399.00
$34.00	$31.00	$46.00
$1124.00	$757.00	$1190.00
$24.00	$29.00	$27.00
$1932.00	$2128.00	$1857.00
$592.00	$546.00	$715.00
$200.00	$135.00	$88.00
$1609.00	$1636.00	$1645.00
$455.00	$500.00	$558.00
$1369.00	$993.00	$1646.00
$87.00	$101.00	$110.00
$1286.00	$1149.00	$966.00
$17247.00	$18365.00	$18506.00

Spending Breakdown by Claim

0.09%	0.05%
0.02%	0.01%
0.11%	0.05%
0.3%	0.23%
0.02%	0.01%
0.03%	0.04%
0.96%	0.97%
0.04%	0.05%
0.31%	0.21%
47.62%	54.78%
0.2%	0.17%
6.51%	4.12%
0.14%	0.16%
11.2%	11.59%
3.43%	2.98%
1.16%	0.74%
9.33%	8.91%
2.64%	2.72%
7.94%	5.41%
0.5%	0.55%
7.45%	6.26%
100%	100%

Spending Breakdown by Claim



Spending Breakdown by Claim

BANNER THUNDERBIRD MEDICAL CENTER	030089	AZ
BANNER THUNDERBIRD MEDICAL CENTER	030089	AZ
BANNER THUNDERBIRD MEDICAL CENTER	030089	AZ
BANNER THUNDERBIRD MEDICAL CENTER	030089	AZ
BANNER THUNDERBIRD MEDICAL CENTER	030089	AZ
BANNER THUNDERBIRD MEDICAL CENTER	030089	AZ
BANNER THUNDERBIRD MEDICAL CENTER	030089	AZ
BANNER THUNDERBIRD MEDICAL CENTER	030089	AZ
BANNER THUNDERBIRD MEDICAL CENTER	030089	AZ
BANNER THUNDERBIRD MEDICAL CENTER	030089	AZ
BANNER THUNDERBIRD MEDICAL CENTER	030089	AZ
BANNER THUNDERBIRD MEDICAL CENTER	030089	AZ
BANNER THUNDERBIRD MEDICAL CENTER	030089	AZ
BANNER THUNDERBIRD MEDICAL CENTER	030089	AZ
BANNER THUNDERBIRD MEDICAL CENTER	030089	AZ
BANNER THUNDERBIRD MEDICAL CENTER	030089	AZ
BANNER THUNDERBIRD MEDICAL CENTER	030089	AZ
BANNER THUNDERBIRD MEDICAL CENTER	030089	AZ
BANNER THUNDERBIRD MEDICAL CENTER	030089	AZ

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier

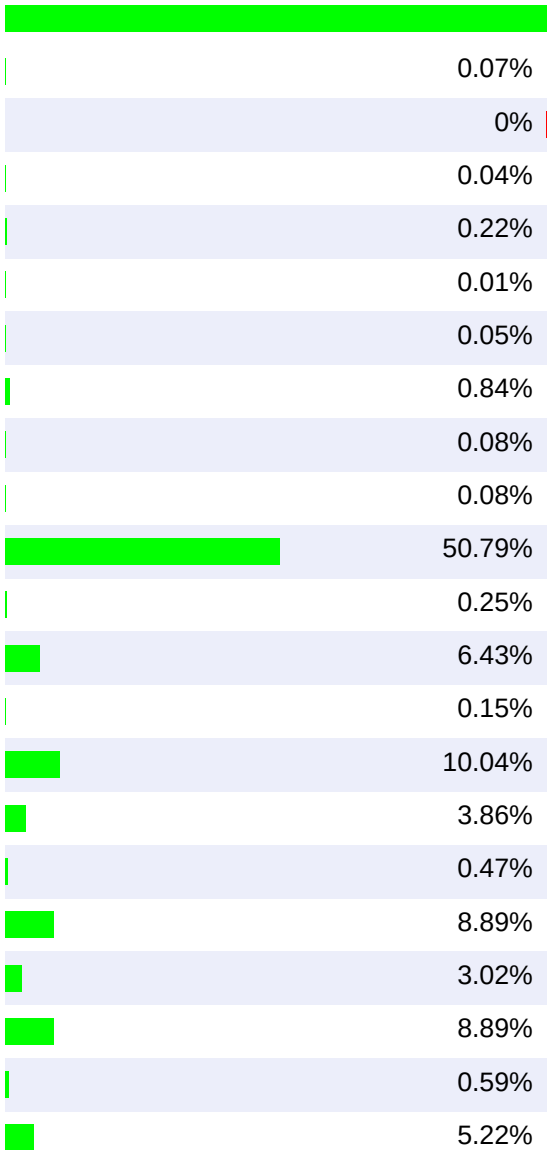
Spending Breakdown by Claim

$10.00	$9.00	$14.00
$6.00	$2.00	$1.00
$7.00	$10.00	$7.00
$47.00	$43.00	$40.00
$1.00	$2.00	$3.00
$7.00	$8.00	$9.00
$193.00	$178.00	$155.00
$8.00	$9.00	$14.00
$52.00	$38.00	$16.00
$9511.00	$10059.00	$9399.00
$13.00	$31.00	$46.00
$574.00	$757.00	$1190.00
$25.00	$29.00	$27.00
$2335.00	$2128.00	$1857.00
$483.00	$546.00	$715.00
$186.00	$135.00	$88.00
$2246.00	$1636.00	$1645.00
$557.00	$500.00	$558.00
$712.00	$993.00	$1646.00
$83.00	$101.00	$110.00
$1559.00	$1149.00	$966.00

Spending Breakdown by Claim

0.05%	0.05%
0.03%	0.01%
0.04%	0.05%
0.25%	0.23%
0.01%	0.01%
0.04%	0.04%
1.04%	0.97%
0.04%	0.05%
0.28%	0.21%
51.1%	54.78%
0.07%	0.17%
3.08%	4.12%
0.13%	0.16%
12.55%	11.59%
2.6%	2.98%
1%	0.74%
12.07%	8.91%
2.99%	2.72%
3.82%	5.41%
0.44%	0.55%
8.37%	6.26%

Spending Breakdown by Claim



Spending Breakdown by Claim

BANNER THUNDERBIRD MEDICAL CENTER	030089	AZ
JOHN C LINCOLN DEER VALLEY HOSPITAL	030092	AZ
JOHN C LINCOLN DEER VALLEY HOSPITAL	030092	AZ
JOHN C LINCOLN DEER VALLEY HOSPITAL	030092	AZ
JOHN C LINCOLN DEER VALLEY HOSPITAL	030092	AZ
JOHN C LINCOLN DEER VALLEY HOSPITAL	030092	AZ
JOHN C LINCOLN DEER VALLEY HOSPITAL	030092	AZ
JOHN C LINCOLN DEER VALLEY HOSPITAL	030092	AZ
JOHN C LINCOLN DEER VALLEY HOSPITAL	030092	AZ
JOHN C LINCOLN DEER VALLEY HOSPITAL	030092	AZ
JOHN C LINCOLN DEER VALLEY HOSPITAL	030092	AZ
JOHN C LINCOLN DEER VALLEY HOSPITAL	030092	AZ
JOHN C LINCOLN DEER VALLEY HOSPITAL	030092	AZ
JOHN C LINCOLN DEER VALLEY HOSPITAL	030092	AZ
JOHN C LINCOLN DEER VALLEY HOSPITAL	030092	AZ
JOHN C LINCOLN DEER VALLEY HOSPITAL	030092	AZ
JOHN C LINCOLN DEER VALLEY HOSPITAL	030092	AZ
JOHN C LINCOLN DEER VALLEY HOSPITAL	030092	AZ
JOHN C LINCOLN DEER VALLEY HOSPITAL	030092	AZ

Spending Breakdown by Claim

Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment

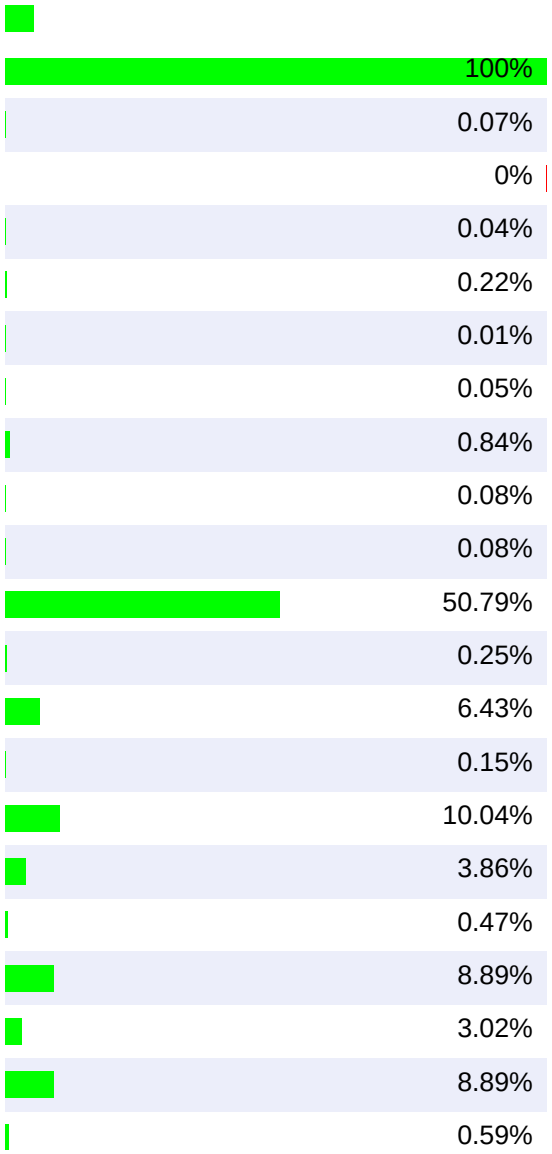
Spending Breakdown by Claim

$18613.00	$18365.00	$18506.00
$5.00	$9.00	$14.00
$0.00	$2.00	$1.00
$0.00	$10.00	$7.00
$25.00	$43.00	$40.00
$1.00	$2.00	$3.00
$6.00	$8.00	$9.00
$121.00	$178.00	$155.00
$12.00	$9.00	$14.00
$78.00	$38.00	$16.00
$10320.00	$10059.00	$9399.00
$5.00	$31.00	$46.00
$879.00	$757.00	$1190.00
$21.00	$29.00	$27.00
$2366.00	$2128.00	$1857.00
$619.00	$546.00	$715.00
$217.00	$135.00	$88.00
$1771.00	$1636.00	$1645.00
$429.00	$500.00	$558.00
$940.00	$993.00	$1646.00
$71.00	$101.00	$110.00

Spending Breakdown by Claim

100%	100%
0.02%	0.05%
0%	0.01%
0%	0.05%
0.13%	0.23%
0%	0.01%
0.03%	0.04%
0.64%	0.97%
0.06%	0.05%
0.41%	0.21%
54.08%	54.78%
0.03%	0.17%
4.6%	4.12%
0.11%	0.16%
12.4%	11.59%
3.25%	2.98%
1.14%	0.74%
9.28%	8.91%
2.25%	2.72%
4.93%	5.41%
0.37%	0.55%

Spending Breakdown by Claim



Spending Breakdown by Claim

JOHN C LINCOLN DEER VALLEY HOSPITAL	030092	AZ
JOHN C LINCOLN DEER VALLEY HOSPITAL	030092	AZ
BANNER DEL E WEBB MEDICAL CENTER	030093	AZ
BANNER DEL E WEBB MEDICAL CENTER	030093	AZ
BANNER DEL E WEBB MEDICAL CENTER	030093	AZ
BANNER DEL E WEBB MEDICAL CENTER	030093	AZ
BANNER DEL E WEBB MEDICAL CENTER	030093	AZ
BANNER DEL E WEBB MEDICAL CENTER	030093	AZ
BANNER DEL E WEBB MEDICAL CENTER	030093	AZ
BANNER DEL E WEBB MEDICAL CENTER	030093	AZ
BANNER DEL E WEBB MEDICAL CENTER	030093	AZ
BANNER DEL E WEBB MEDICAL CENTER	030093	AZ
BANNER DEL E WEBB MEDICAL CENTER	030093	AZ
BANNER DEL E WEBB MEDICAL CENTER	030093	AZ
BANNER DEL E WEBB MEDICAL CENTER	030093	AZ
BANNER DEL E WEBB MEDICAL CENTER	030093	AZ
BANNER DEL E WEBB MEDICAL CENTER	030093	AZ
BANNER DEL E WEBB MEDICAL CENTER	030093	AZ
BANNER DEL E WEBB MEDICAL CENTER	030093	AZ

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility

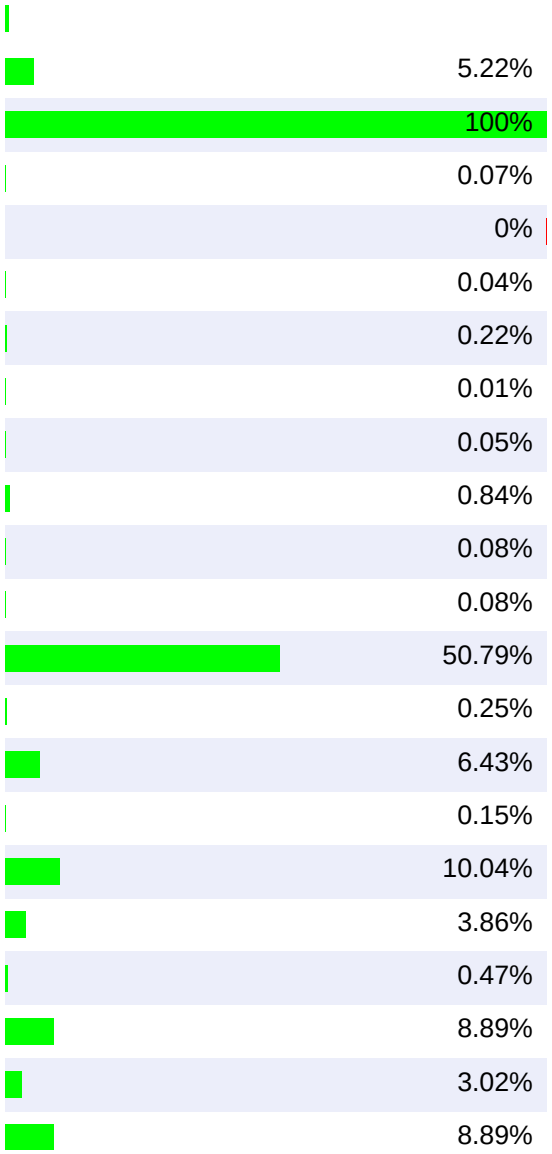
Spending Breakdown by Claim

$1198.00	$1149.00	$966.00
$19084.00	$18365.00	$18506.00
$7.00	$9.00	$14.00
$0.00	$2.00	$1.00
$14.00	$10.00	$7.00
$45.00	$43.00	$40.00
$1.00	$2.00	$3.00
$6.00	$8.00	$9.00
$141.00	$178.00	$155.00
$4.00	$9.00	$14.00
$45.00	$38.00	$16.00
$8282.00	$10059.00	$9399.00
$20.00	$31.00	$46.00
$579.00	$757.00	$1190.00
$10.00	$29.00	$27.00
$1884.00	$2128.00	$1857.00
$692.00	$546.00	$715.00
$148.00	$135.00	$88.00
$1533.00	$1636.00	$1645.00
$359.00	$500.00	$558.00
$605.00	$993.00	$1646.00

Spending Breakdown by Claim

6.28%	6.26%
100%	100%
0.04%	0.05%
0%	0.01%
0.09%	0.05%
0.28%	0.23%
0%	0.01%
0.04%	0.04%
0.9%	0.97%
0.03%	0.05%
0.29%	0.21%
52.91%	54.78%
0.13%	0.17%
3.7%	4.12%
0.07%	0.16%
12.03%	11.59%
4.42%	2.98%
0.95%	0.74%
9.79%	8.91%
2.29%	2.72%
3.86%	5.41%

Spending Breakdown by Claim



Spending Breakdown by Claim

BANNER DEL E WEBB MEDICAL CENTER	030093	AZ
BANNER DEL E WEBB MEDICAL CENTER	030093	AZ
BANNER DEL E WEBB MEDICAL CENTER	030093	AZ
ARROWHEAD HOSPITAL	030094	AZ
ARROWHEAD HOSPITAL	030094	AZ
ARROWHEAD HOSPITAL	030094	AZ
ARROWHEAD HOSPITAL	030094	AZ
ARROWHEAD HOSPITAL	030094	AZ
ARROWHEAD HOSPITAL	030094	AZ
ARROWHEAD HOSPITAL	030094	AZ
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ARROWHEAD HOSPITAL	030094	AZ
ARROWHEAD HOSPITAL	030094	AZ
ARROWHEAD HOSPITAL	030094	AZ
ARROWHEAD HOSPITAL	030094	AZ
ARROWHEAD HOSPITAL	030094	AZ
ARROWHEAD HOSPITAL	030094	AZ

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient

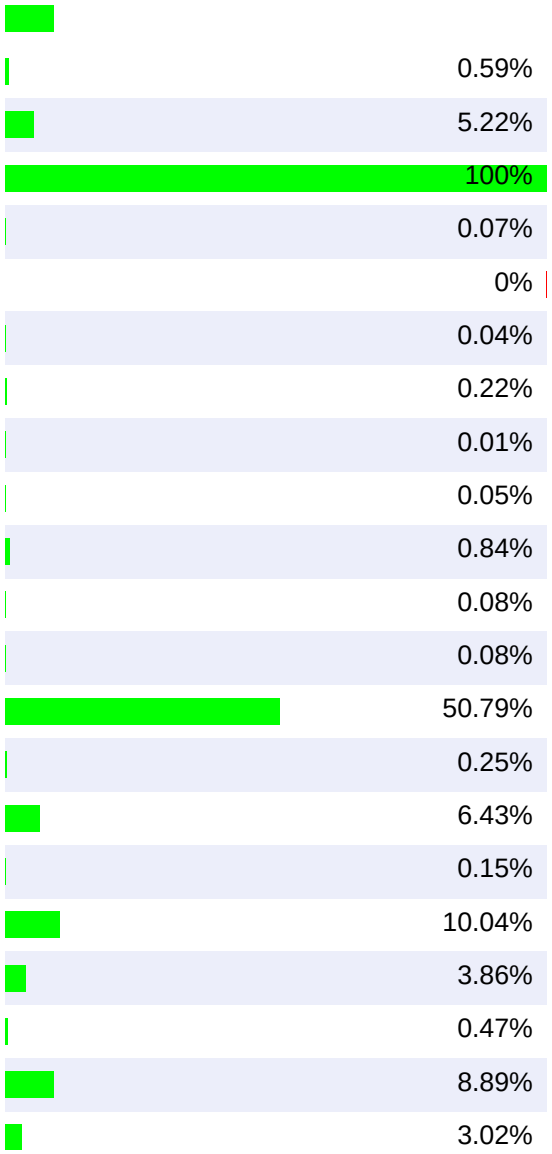
Spending Breakdown by Claim

$77.00	$101.00	$110.00
$1200.00	$1149.00	$966.00
$15652.00	$18365.00	$18506.00
$15.00	$9.00	$14.00
$9.00	$2.00	$1.00
$7.00	$10.00	$7.00
$27.00	$43.00	$40.00
$3.00	$2.00	$3.00
$6.00	$8.00	$9.00
$132.00	$178.00	$155.00
$8.00	$9.00	$14.00
$105.00	$38.00	$16.00
$9758.00	$10059.00	$9399.00
$14.00	$31.00	$46.00
$826.00	$757.00	$1190.00
$25.00	$29.00	$27.00
$2088.00	$2128.00	$1857.00
$732.00	$546.00	$715.00
$217.00	$135.00	$88.00
$1431.00	$1636.00	$1645.00
$336.00	$500.00	$558.00

Spending Breakdown by Claim

0.49%	0.55%
7.67%	6.26%
100%	100%
0.08%	0.05%
0.05%	0.01%
0.04%	0.05%
0.15%	0.23%
0.02%	0.01%
0.04%	0.04%
0.74%	0.97%
0.04%	0.05%
0.59%	0.21%
54.7%	54.78%
0.08%	0.17%
4.63%	4.12%
0.14%	0.16%
11.7%	11.59%
4.1%	2.98%
1.22%	0.74%
8.02%	8.91%
1.88%	2.72%

Spending Breakdown by Claim



Spending Breakdown by Claim

ARROWHEAD HOSPITAL	030094	AZ
ARROWHEAD HOSPITAL	030094	AZ
ARROWHEAD HOSPITAL	030094	AZ
ARROWHEAD HOSPITAL	030094	AZ
CARONDELET HEART AND VASCULAR INSTITUTE	030100	AZ
CARONDELET HEART AND VASCULAR INSTITUTE	030100	AZ
CARONDELET HEART AND VASCULAR INSTITUTE	030100	AZ
CARONDELET HEART AND VASCULAR INSTITUTE	030100	AZ
CARONDELET HEART AND VASCULAR INSTITUTE	030100	AZ
CARONDELET HEART AND VASCULAR INSTITUTE	030100	AZ
CARONDELET HEART AND VASCULAR INSTITUTE	030100	AZ
CARONDELET HEART AND VASCULAR INSTITUTE	030100	AZ
CARONDELET HEART AND VASCULAR INSTITUTE	030100	AZ
CARONDELET HEART AND VASCULAR INSTITUTE	030100	AZ
CARONDELET HEART AND VASCULAR INSTITUTE	030100	AZ
CARONDELET HEART AND VASCULAR INSTITUTE	030100	AZ
CARONDELET HEART AND VASCULAR INSTITUTE	030100	AZ
CARONDELET HEART AND VASCULAR INSTITUTE	030100	AZ
CARONDELET HEART AND VASCULAR INSTITUTE	030100	AZ

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient

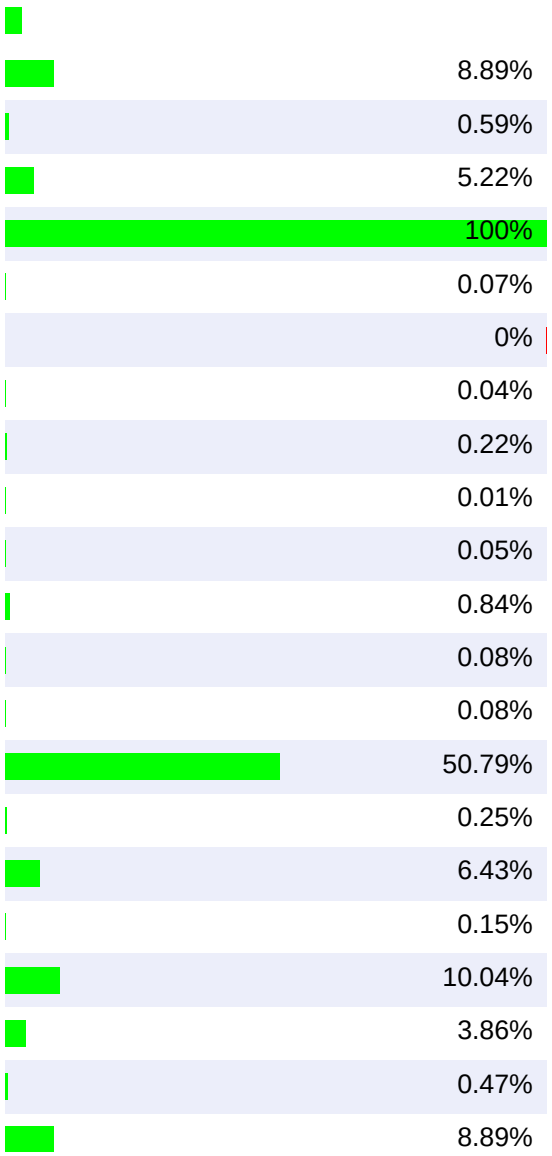
Spending Breakdown by Claim

$849.00	$993.00	$1646.00
$91.00	$101.00	$110.00
$1163.00	$1149.00	$966.00
$17839.00	$18365.00	$18506.00
$5.00	$9.00	$14.00
$0.00	$2.00	$1.00
$34.00	$10.00	$7.00
$132.00	$43.00	$40.00
$0.00	$2.00	$3.00
$3.00	$8.00	$9.00
$468.00	$178.00	$155.00
$12.00	$9.00	$14.00
$3.00	$38.00	$16.00
$11868.00	$10059.00	$9399.00
$99.00	$31.00	$46.00
$176.00	$757.00	$1190.00
$19.00	$29.00	$27.00
$2164.00	$2128.00	$1857.00
$454.00	$546.00	$715.00
$73.00	$135.00	$88.00
$1365.00	$1636.00	$1645.00

Spending Breakdown by Claim

4.76%	5.41%
0.51%	0.55%
6.52%	6.26%
100%	100%
0.03%	0.05%
0%	0.01%
0.18%	0.05%
0.72%	0.23%
0%	0.01%
0.01%	0.04%
2.53%	0.97%
0.07%	0.05%
0.02%	0.21%
64.19%	54.78%
0.54%	0.17%
0.95%	4.12%
0.1%	0.16%
11.71%	11.59%
2.45%	2.98%
0.4%	0.74%
7.39%	8.91%

Spending Breakdown by Claim



Spending Breakdown by Claim

CARONDELET HEART AND VASCULAR INSTITUTE	030100	AZ
CARONDELET HEART AND VASCULAR INSTITUTE	030100	AZ
CARONDELET HEART AND VASCULAR INSTITUTE	030100	AZ
CARONDELET HEART AND VASCULAR INSTITUTE	030100	AZ
CARONDELET HEART AND VASCULAR INSTITUTE	030100	AZ
WESTERN ARIZONA REGIONAL MEDICAL CTR	030101	AZ
WESTERN ARIZONA REGIONAL MEDICAL CTR	030101	AZ
WESTERN ARIZONA REGIONAL MEDICAL CTR	030101	AZ
WESTERN ARIZONA REGIONAL MEDICAL CTR	030101	AZ
WESTERN ARIZONA REGIONAL MEDICAL CTR	030101	AZ
WESTERN ARIZONA REGIONAL MEDICAL CTR	030101	AZ
WESTERN ARIZONA REGIONAL MEDICAL CTR	030101	AZ
WESTERN ARIZONA REGIONAL MEDICAL CTR	030101	AZ
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WESTERN ARIZONA REGIONAL MEDICAL CTR	030101	AZ
WESTERN ARIZONA REGIONAL MEDICAL CTR	030101	AZ
WESTERN ARIZONA REGIONAL MEDICAL CTR	030101	AZ
WESTERN ARIZONA REGIONAL MEDICAL CTR	030101	AZ
WESTERN ARIZONA REGIONAL MEDICAL CTR	030101	AZ
WESTERN ARIZONA REGIONAL MEDICAL CTR	030101	AZ

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice

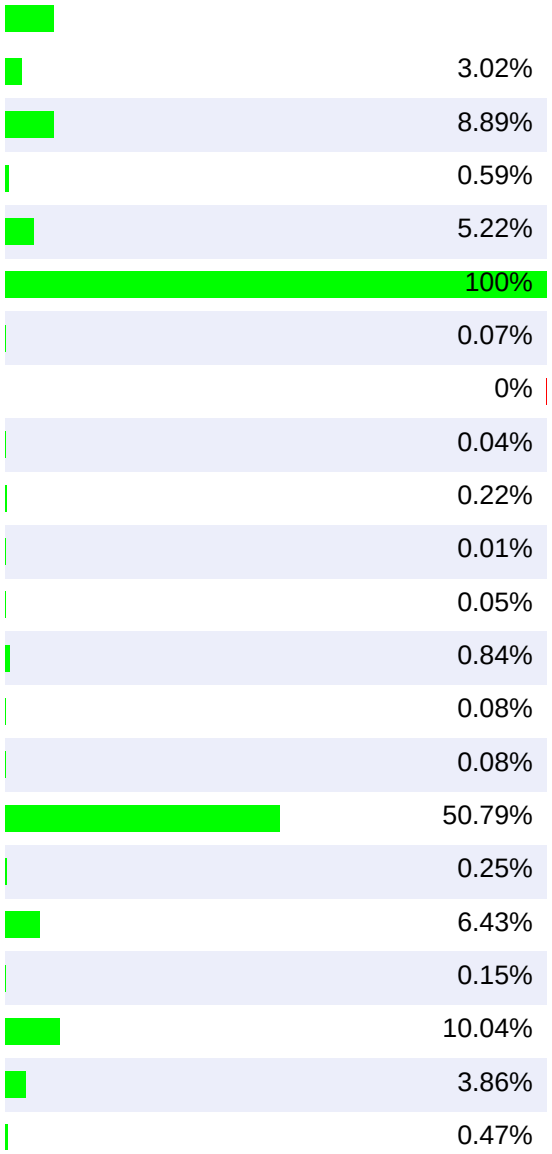
Spending Breakdown by Claim

$353.00	$500.00	$558.00
$297.00	$993.00	$1646.00
$53.00	$101.00	$110.00
$908.00	$1149.00	$966.00
$18488.00	$18365.00	$18506.00
$0.00	$9.00	$14.00
$0.00	$2.00	$1.00
$2.00	$10.00	$7.00
$26.00	$43.00	$40.00
$0.00	$2.00	$3.00
$5.00	$8.00	$9.00
$162.00	$178.00	$155.00
$0.00	$9.00	$14.00
$6.00	$38.00	$16.00
$7920.00	$10059.00	$9399.00
$22.00	$31.00	$46.00
$598.00	$757.00	$1190.00
$17.00	$29.00	$27.00
$1918.00	$2128.00	$1857.00
$195.00	$546.00	$715.00
$66.00	$135.00	$88.00

Spending Breakdown by Claim

1.91%	2.72%
1.61%	5.41%
0.28%	0.55%
4.91%	6.26%
100%	100%
0%	0.05%
0%	0.01%
0.01%	0.05%
0.17%	0.23%
0%	0.01%
0.03%	0.04%
1.09%	0.97%
0%	0.05%
0.04%	0.21%
53.19%	54.78%
0.15%	0.17%
4.01%	4.12%
0.11%	0.16%
12.88%	11.59%
1.31%	2.98%
0.44%	0.74%

Spending Breakdown by Claim



Spending Breakdown by Claim

WESTERN ARIZONA REGIONAL MEDICAL CTR	030101	AZ
WESTERN ARIZONA REGIONAL MEDICAL CTR	030101	AZ
WESTERN ARIZONA REGIONAL MEDICAL CTR	030101	AZ
WESTERN ARIZONA REGIONAL MEDICAL CTR	030101	AZ
WESTERN ARIZONA REGIONAL MEDICAL CTR	030101	AZ
WESTERN ARIZONA REGIONAL MEDICAL CTR	030101	AZ
MAYO CLINIC HOSPITAL	030103	AZ
MAYO CLINIC HOSPITAL	030103	AZ
MAYO CLINIC HOSPITAL	030103	AZ
MAYO CLINIC HOSPITAL	030103	AZ
MAYO CLINIC HOSPITAL	030103	AZ
MAYO CLINIC HOSPITAL	030103	AZ
MAYO CLINIC HOSPITAL	030103	AZ
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MAYO CLINIC HOSPITAL	030103	AZ
MAYO CLINIC HOSPITAL	030103	AZ
MAYO CLINIC HOSPITAL	030103	AZ
MAYO CLINIC HOSPITAL	030103	AZ
MAYO CLINIC HOSPITAL	030103	AZ
MAYO CLINIC HOSPITAL	030103	AZ

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency

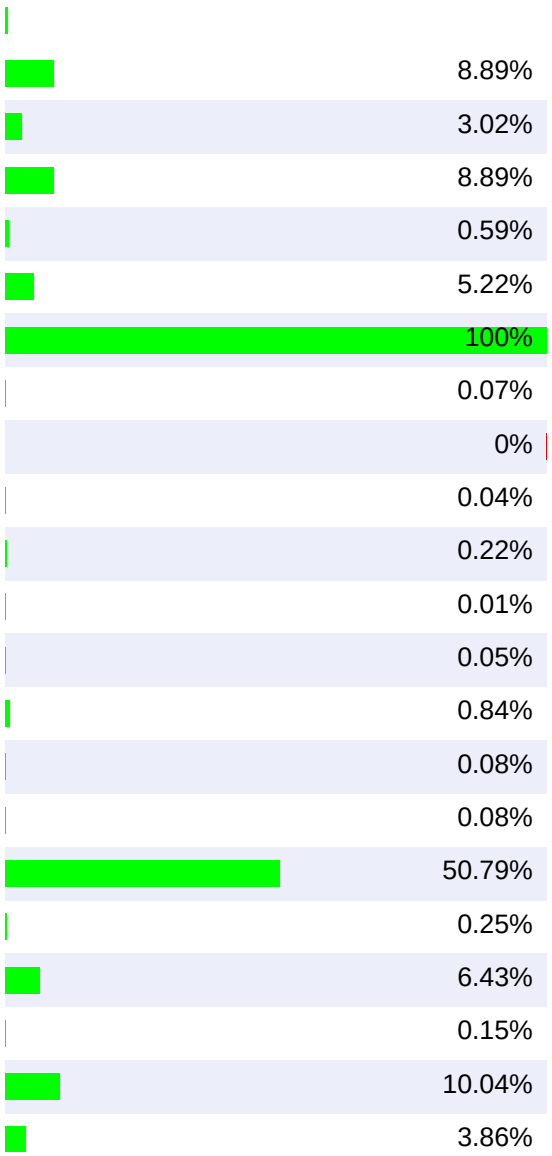
Spending Breakdown by Claim

$1534.00	$1636.00	$1645.00
$399.00	$500.00	$558.00
$943.00	$993.00	$1646.00
$91.00	$101.00	$110.00
$985.00	$1149.00	$966.00
$14889.00	$18365.00	$18506.00
$10.00	$9.00	$14.00
$2.00	$2.00	$1.00
$7.00	$10.00	$7.00
$56.00	$43.00	$40.00
$2.00	$2.00	$3.00
$7.00	$8.00	$9.00
$194.00	$178.00	$155.00
$19.00	$9.00	$14.00
$39.00	$38.00	$16.00
$10746.00	$10059.00	$9399.00
$8.00	$31.00	$46.00
$657.00	$757.00	$1190.00
$56.00	$29.00	$27.00
$1999.00	$2128.00	$1857.00
$495.00	$546.00	$715.00

Spending Breakdown by Claim

10.3%	8.91%
2.68%	2.72%
6.33%	5.41%
0.61%	0.55%
6.62%	6.26%
100%	100%
0.05%	0.05%
0.01%	0.01%
0.04%	0.05%
0.3%	0.23%
0.01%	0.01%
0.04%	0.04%
1.03%	0.97%
0.1%	0.05%
0.21%	0.21%
56.88%	54.78%
0.04%	0.17%
3.48%	4.12%
0.29%	0.16%
10.58%	11.59%
2.62%	2.98%

Spending Breakdown by Claim



Spending Breakdown by Claim

MAYO CLINIC HOSPITAL	030103	AZ
MAYO CLINIC HOSPITAL	030103	AZ
MAYO CLINIC HOSPITAL	030103	AZ
MAYO CLINIC HOSPITAL	030103	AZ
MAYO CLINIC HOSPITAL	030103	AZ
MAYO CLINIC HOSPITAL	030103	AZ
MAYO CLINIC HOSPITAL	030103	AZ
BANNER HEART HOSPITAL	030105	AZ
BANNER HEART HOSPITAL	030105	AZ
BANNER HEART HOSPITAL	030105	AZ
BANNER HEART HOSPITAL	030105	AZ
BANNER HEART HOSPITAL	030105	AZ
BANNER HEART HOSPITAL	030105	AZ
BANNER HEART HOSPITAL	030105	AZ
BANNER HEART HOSPITAL	030105	AZ
BANNER HEART HOSPITAL	030105	AZ
BANNER HEART HOSPITAL	030105	AZ
BANNER HEART HOSPITAL	030105	AZ
BANNER HEART HOSPITAL	030105	AZ
BANNER HEART HOSPITAL	030105	AZ

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier

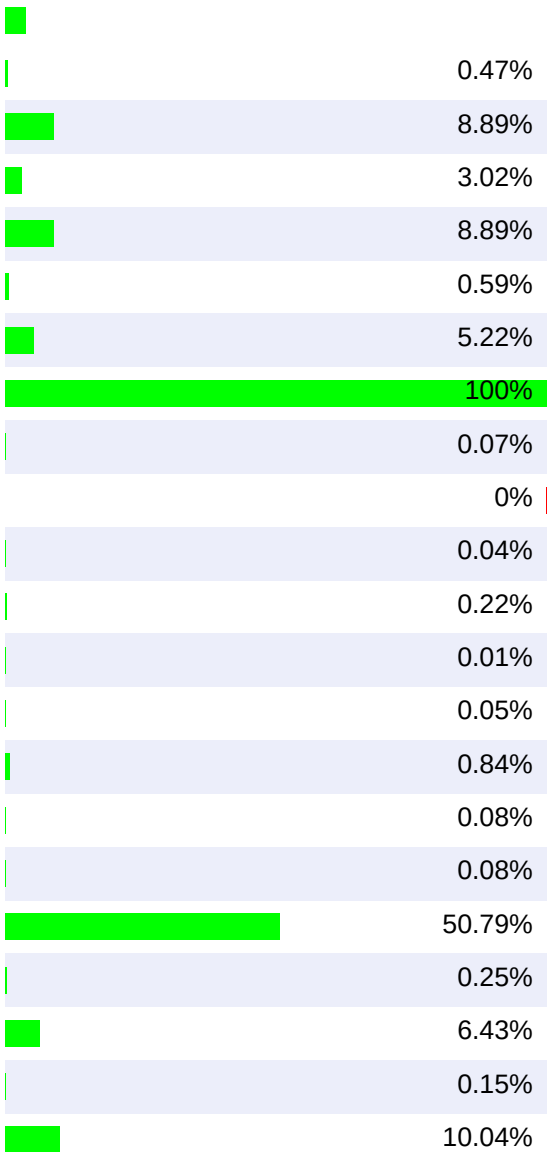
Spending Breakdown by Claim

$104.00	$135.00	$88.00
$1633.00	$1636.00	$1645.00
$635.00	$500.00	$558.00
$820.00	$993.00	$1646.00
$193.00	$101.00	$110.00
$1209.00	$1149.00	$966.00
$18893.00	$18365.00	$18506.00
$0.00	$9.00	$14.00
$0.00	$2.00	$1.00
$0.00	$10.00	$7.00
$49.00	$43.00	$40.00
$8.00	$2.00	$3.00
$2.00	$8.00	$9.00
$139.00	$178.00	$155.00
$0.00	$9.00	$14.00
$0.00	$38.00	$16.00
$16189.00	$10059.00	$9399.00
$51.00	$31.00	$46.00
$478.00	$757.00	$1190.00
$47.00	$29.00	$27.00
$3276.00	$2128.00	$1857.00

Spending Breakdown by Claim

0.55%	0.74%
8.64%	8.91%
3.36%	2.72%
4.34%	5.41%
1.02%	0.55%
6.4%	6.26%
100%	100%
0%	0.05%
0%	0.01%
0%	0.05%
0.2%	0.23%
0.03%	0.01%
0.01%	0.04%
0.57%	0.97%
0%	0.05%
0%	0.21%
66.2%	54.78%
0.21%	0.17%
1.95%	4.12%
0.19%	0.16%
13.4%	11.59%

Spending Breakdown by Claim



Spending Breakdown by Claim

BANNER HEART HOSPITAL	030105	AZ
BANNER HEART HOSPITAL	030105	AZ
BANNER HEART HOSPITAL	030105	AZ
BANNER HEART HOSPITAL	030105	AZ
BANNER HEART HOSPITAL	030105	AZ
BANNER HEART HOSPITAL	030105	AZ
BANNER HEART HOSPITAL	030105	AZ
BANNER HEART HOSPITAL	030105	AZ
ARIZONA SPINE AND JOINT HOSPITAL	030107	AZ
ARIZONA SPINE AND JOINT HOSPITAL	030107	AZ
ARIZONA SPINE AND JOINT HOSPITAL	030107	AZ
ARIZONA SPINE AND JOINT HOSPITAL	030107	AZ
ARIZONA SPINE AND JOINT HOSPITAL	030107	AZ
ARIZONA SPINE AND JOINT HOSPITAL	030107	AZ
ARIZONA SPINE AND JOINT HOSPITAL	030107	AZ
ARIZONA SPINE AND JOINT HOSPITAL	030107	AZ
ARIZONA SPINE AND JOINT HOSPITAL	030107	AZ
ARIZONA SPINE AND JOINT HOSPITAL	030107	AZ
ARIZONA SPINE AND JOINT HOSPITAL	030107	AZ
ARIZONA SPINE AND JOINT HOSPITAL	030107	AZ
ARIZONA SPINE AND JOINT HOSPITAL	030107	AZ

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment

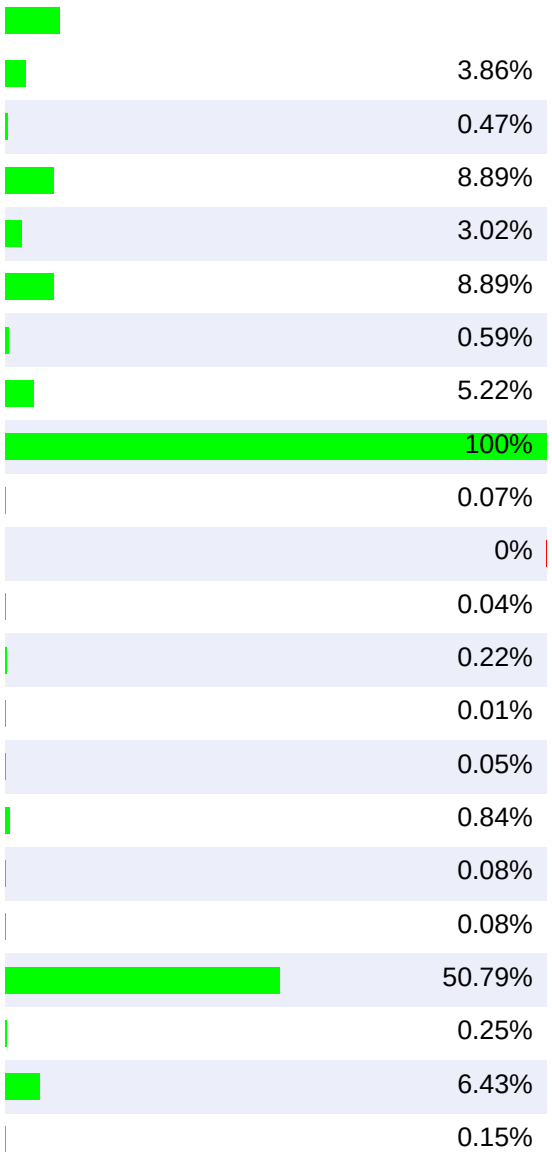
Spending Breakdown by Claim

$406.00	$546.00	$715.00
$22.00	$135.00	$88.00
$1854.00	$1636.00	$1645.00
$485.00	$500.00	$558.00
$276.00	$993.00	$1646.00
$82.00	$101.00	$110.00
$1091.00	$1149.00	$966.00
$24454.00	$18365.00	$18506.00
$0.00	$9.00	$14.00
$0.00	$2.00	$1.00
$0.00	$10.00	$7.00
$12.00	$43.00	$40.00
$0.00	$2.00	$3.00
$1.00	$8.00	$9.00
$21.00	$178.00	$155.00
$16.00	$9.00	$14.00
$0.00	$38.00	$16.00
$12648.00	$10059.00	$9399.00
$4.00	$31.00	$46.00
$1110.00	$757.00	$1190.00
$99.00	$29.00	$27.00

Spending Breakdown by Claim

1.66%	2.98%
0.09%	0.74%
7.58%	8.91%
1.98%	2.72%
1.13%	5.41%
0.34%	0.55%
4.46%	6.26%
100%	100%
0%	0.05%
0%	0.01%
0%	0.05%
0.06%	0.23%
0%	0.01%
0%	0.04%
0.1%	0.97%
0.08%	0.05%
0%	0.21%
62.22%	54.78%
0.02%	0.17%
5.46%	4.12%
0.49%	0.16%

Spending Breakdown by Claim



Spending Breakdown by Claim

ARIZONA SPINE AND JOINT HOSPITAL	030107	AZ
ARIZONA SPINE AND JOINT HOSPITAL	030107	AZ
ARIZONA SPINE AND JOINT HOSPITAL	030107	AZ
ARIZONA SPINE AND JOINT HOSPITAL	030107	AZ
ARIZONA SPINE AND JOINT HOSPITAL	030107	AZ
ARIZONA SPINE AND JOINT HOSPITAL	030107	AZ
ARIZONA SPINE AND JOINT HOSPITAL	030107	AZ
ARIZONA SPINE AND JOINT HOSPITAL	030107	AZ
ARIZONA SPINE AND JOINT HOSPITAL	030107	AZ
SURGICAL SPECIALTY HOSPITAL OF ARIZONA, LLC.	030108	AZ
SURGICAL SPECIALTY HOSPITAL OF ARIZONA, LLC.	030108	AZ
SURGICAL SPECIALTY HOSPITAL OF ARIZONA, LLC.	030108	AZ
SURGICAL SPECIALTY HOSPITAL OF ARIZONA, LLC.	030108	AZ
SURGICAL SPECIALTY HOSPITAL OF ARIZONA, LLC.	030108	AZ
SURGICAL SPECIALTY HOSPITAL OF ARIZONA, LLC.	030108	AZ
SURGICAL SPECIALTY HOSPITAL OF ARIZONA, LLC.	030108	AZ

Spending Breakdown by Claim

During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier

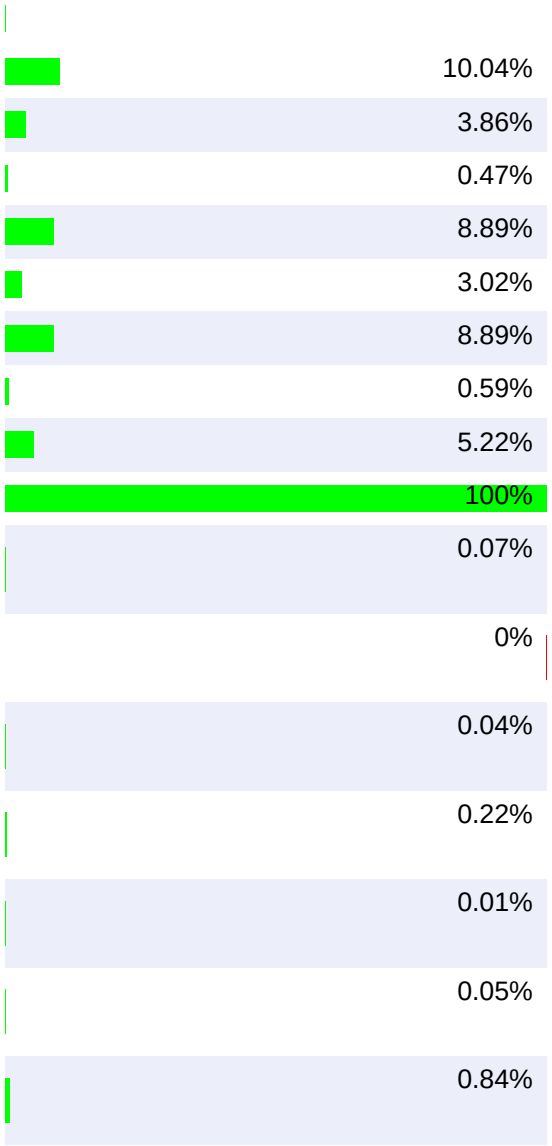
Spending Breakdown by Claim

$2859.00	$2128.00	$1857.00
$1263.00	$546.00	$715.00
$0.00	$135.00	$88.00
$398.00	$1636.00	$1645.00
$105.00	$500.00	$558.00
$963.00	$993.00	$1646.00
$149.00	$101.00	$110.00
$679.00	$1149.00	$966.00
$20327.00	$18365.00	$18506.00
$0.00	$9.00	$14.00
$0.00	$2.00	$1.00
$0.00	$10.00	$7.00
$22.00	$43.00	$40.00
$0.00	$2.00	$3.00
$86.00	$8.00	$9.00
$116.00	$178.00	$155.00

Spending Breakdown by Claim

14.06%	11.59%
6.22%	2.98%
0%	0.74%
1.96%	8.91%
0.52%	2.72%
4.74%	5.41%
0.74%	0.55%
3.34%	6.26%
100%	100%
0%	0.05%
0%	0.01%
0%	0.05%
0.11%	0.23%
0%	0.01%
0.44%	0.04%
0.59%	0.97%

Spending Breakdown by Claim



Spending Breakdown by Claim

SURGICAL SPECIALTY HOSPITAL OF ARIZONA, LLC.	030108	AZ
SURGICAL SPECIALTY HOSPITAL OF ARIZONA, LLC.	030108	AZ
SURGICAL SPECIALTY HOSPITAL OF ARIZONA, LLC.	030108	AZ
SURGICAL SPECIALTY HOSPITAL OF ARIZONA, LLC.	030108	AZ
SURGICAL SPECIALTY HOSPITAL OF ARIZONA, LLC.	030108	AZ
SURGICAL SPECIALTY HOSPITAL OF ARIZONA, LLC.	030108	AZ
SURGICAL SPECIALTY HOSPITAL OF ARIZONA, LLC.	030108	AZ
SURGICAL SPECIALTY HOSPITAL OF ARIZONA, LLC.	030108	AZ
SURGICAL SPECIALTY HOSPITAL OF ARIZONA, LLC.	030108	AZ
SURGICAL SPECIALTY HOSPITAL OF ARIZONA, LLC.	030108	AZ
SURGICAL SPECIALTY HOSPITAL OF ARIZONA, LLC.	030108	AZ
SURGICAL SPECIALTY HOSPITAL OF ARIZONA, LLC.	030108	AZ
SURGICAL SPECIALTY HOSPITAL OF ARIZONA, LLC.	030108	AZ

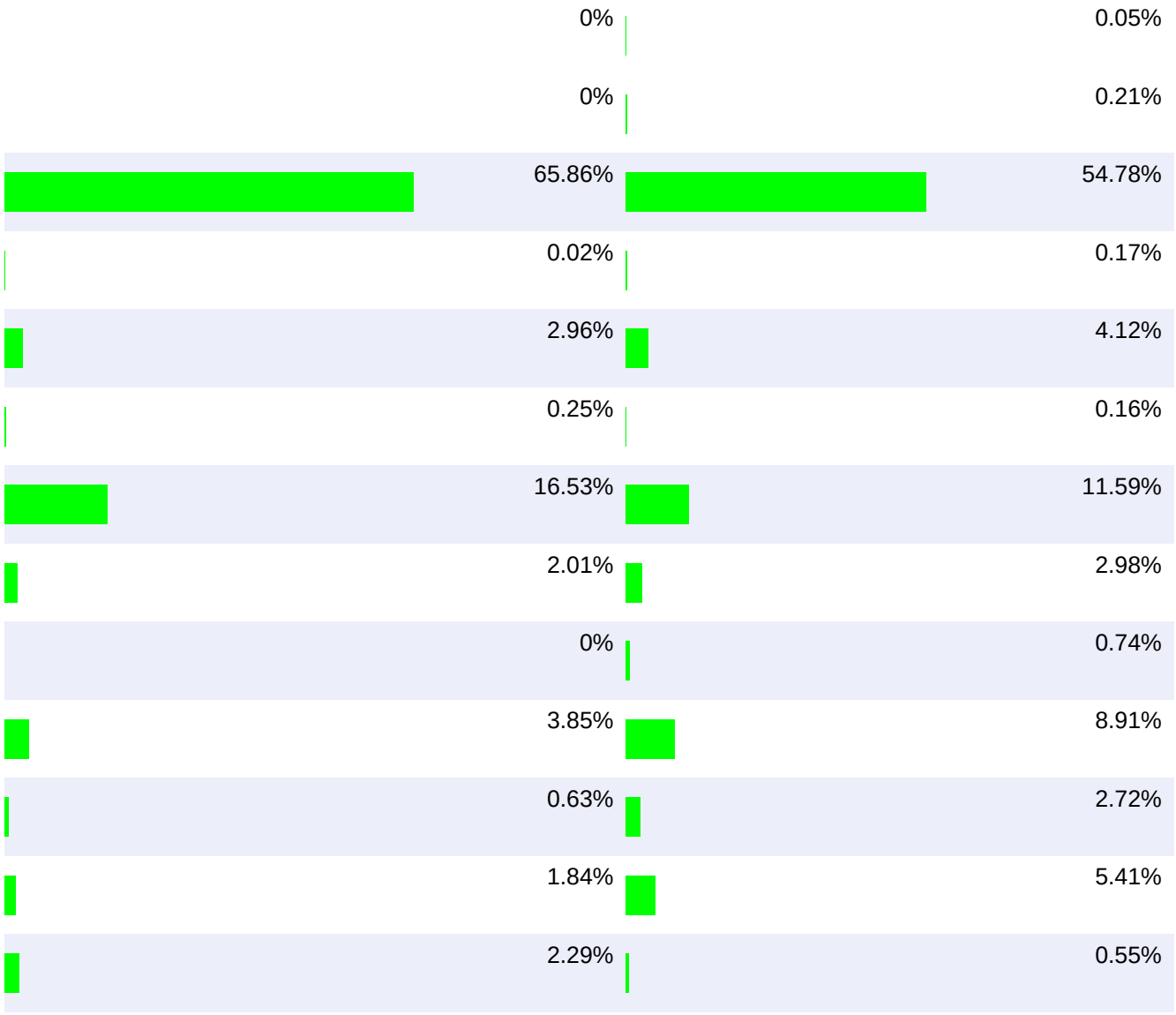
Spending Breakdown by Claim

During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment

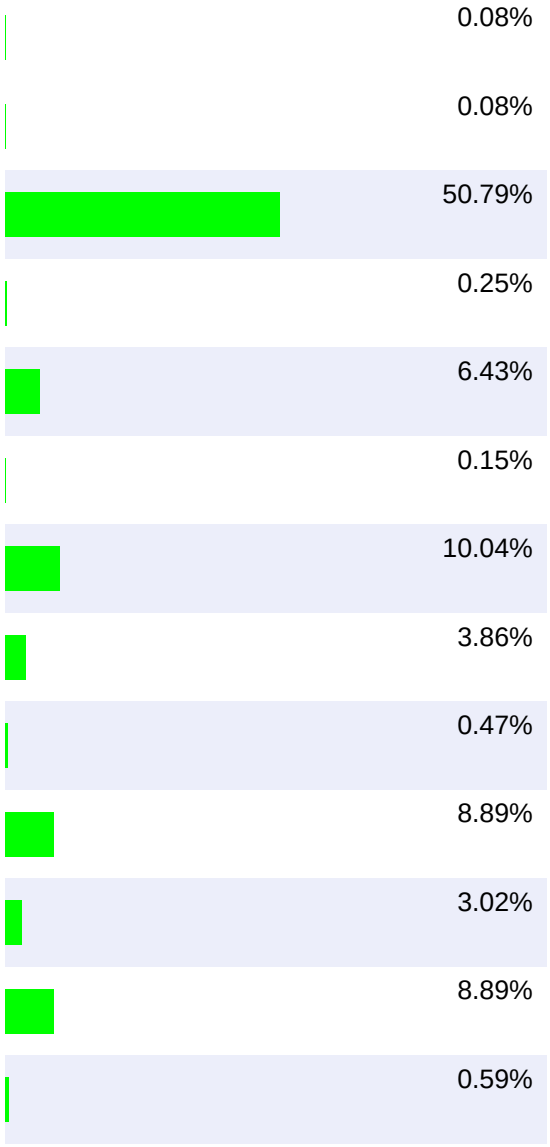
Spending Breakdown by Claim

$0.00	$9.00	$14.00
$0.00	$38.00	$16.00
$12853.00	$10059.00	$9399.00
$5.00	$31.00	$46.00
$578.00	$757.00	$1190.00
$49.00	$29.00	$27.00
$3226.00	$2128.00	$1857.00
$393.00	$546.00	$715.00
$0.00	$135.00	$88.00
$750.00	$1636.00	$1645.00
$123.00	$500.00	$558.00
$360.00	$993.00	$1646.00
$448.00	$101.00	$110.00

Spending Breakdown by Claim



Spending Breakdown by Claim



Spending Breakdown by Claim

SURGICAL SPECIALTY HOSPITAL OF ARIZONA, LLC.	030108	AZ
SURGICAL SPECIALTY HOSPITAL OF ARIZONA, LLC.	030108	AZ
WEST VALLEY HOSPITAL	030110	AZ
WEST VALLEY HOSPITAL	030110	AZ
WEST VALLEY HOSPITAL	030110	AZ
WEST VALLEY HOSPITAL	030110	AZ
WEST VALLEY HOSPITAL	030110	AZ
WEST VALLEY HOSPITAL	030110	AZ
WEST VALLEY HOSPITAL	030110	AZ
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WEST VALLEY HOSPITAL	030110	AZ
WEST VALLEY HOSPITAL	030110	AZ
WEST VALLEY HOSPITAL	030110	AZ
WEST VALLEY HOSPITAL	030110	AZ
WEST VALLEY HOSPITAL	030110	AZ

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Carrier

Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient

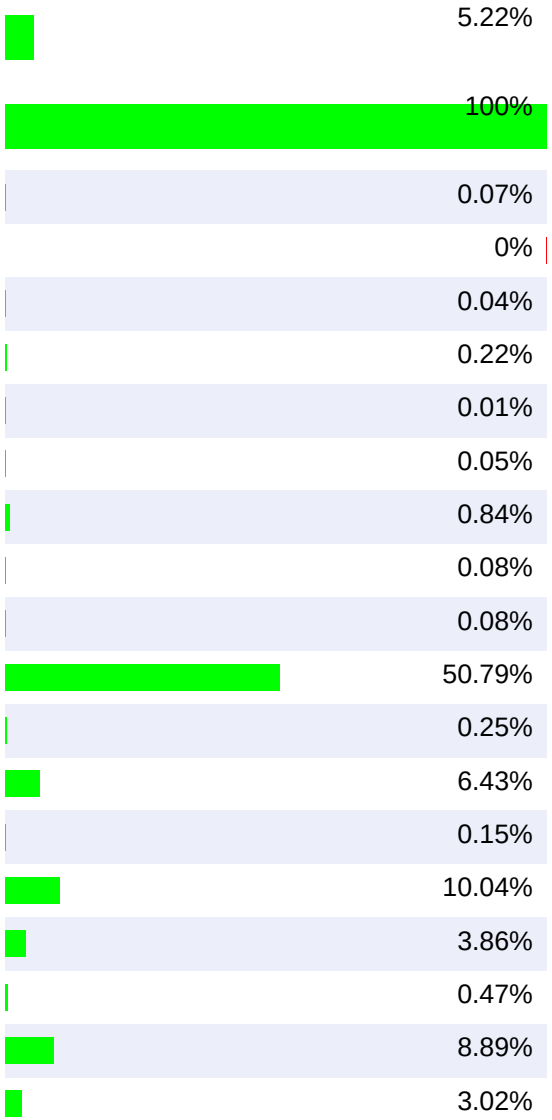
Spending Breakdown by Claim

$505.00	$1149.00	$966.00
$19514.00	$18365.00	$18506.00
$6.00	$9.00	$14.00
$0.00	$2.00	$1.00
$0.00	$10.00	$7.00
$38.00	$43.00	$40.00
$0.00	$2.00	$3.00
$9.00	$8.00	$9.00
$102.00	$178.00	$155.00
$10.00	$9.00	$14.00
$14.00	$38.00	$16.00
$9167.00	$10059.00	$9399.00
$6.00	$31.00	$46.00
$877.00	$757.00	$1190.00
$14.00	$29.00	$27.00
$2136.00	$2128.00	$1857.00
$379.00	$546.00	$715.00
$123.00	$135.00	$88.00
$1849.00	$1636.00	$1645.00
$389.00	$500.00	$558.00

Spending Breakdown by Claim

2.59%	6.26%
100%	100%
0.04%	0.05%
0%	0.01%
0%	0.05%
0.22%	0.23%
0%	0.01%
0.05%	0.04%
0.59%	0.97%
0.06%	0.05%
0.08%	0.21%
53.23%	54.78%
0.03%	0.17%
5.09%	4.12%
0.08%	0.16%
12.4%	11.59%
2.2%	2.98%
0.71%	0.74%
10.73%	8.91%
2.26%	2.72%

Spending Breakdown by Claim



Spending Breakdown by Claim

WEST VALLEY HOSPITAL	030110	AZ
WEST VALLEY HOSPITAL	030110	AZ
WEST VALLEY HOSPITAL	030110	AZ
WEST VALLEY HOSPITAL	030110	AZ
UNIVERSITY PHYSICIANS HEALTHCARE-HOSPITAL AT KINO	030111	AZ
UNIVERSITY PHYSICIANS HEALTHCARE-HOSPITAL AT KINO	030111	AZ
UNIVERSITY PHYSICIANS HEALTHCARE-HOSPITAL AT KINO	030111	AZ
UNIVERSITY PHYSICIANS HEALTHCARE-HOSPITAL AT KINO	030111	AZ
UNIVERSITY PHYSICIANS HEALTHCARE-HOSPITAL AT KINO	030111	AZ
UNIVERSITY PHYSICIANS HEALTHCARE-HOSPITAL AT KINO	030111	AZ
UNIVERSITY PHYSICIANS HEALTHCARE-HOSPITAL AT KINO	030111	AZ
UNIVERSITY PHYSICIANS HEALTHCARE-HOSPITAL AT KINO	030111	AZ
UNIVERSITY PHYSICIANS HEALTHCARE-HOSPITAL AT KINO	030111	AZ
UNIVERSITY PHYSICIANS HEALTHCARE-HOSPITAL AT KINO	030111	AZ
UNIVERSITY PHYSICIANS HEALTHCARE-	030111	AZ

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient

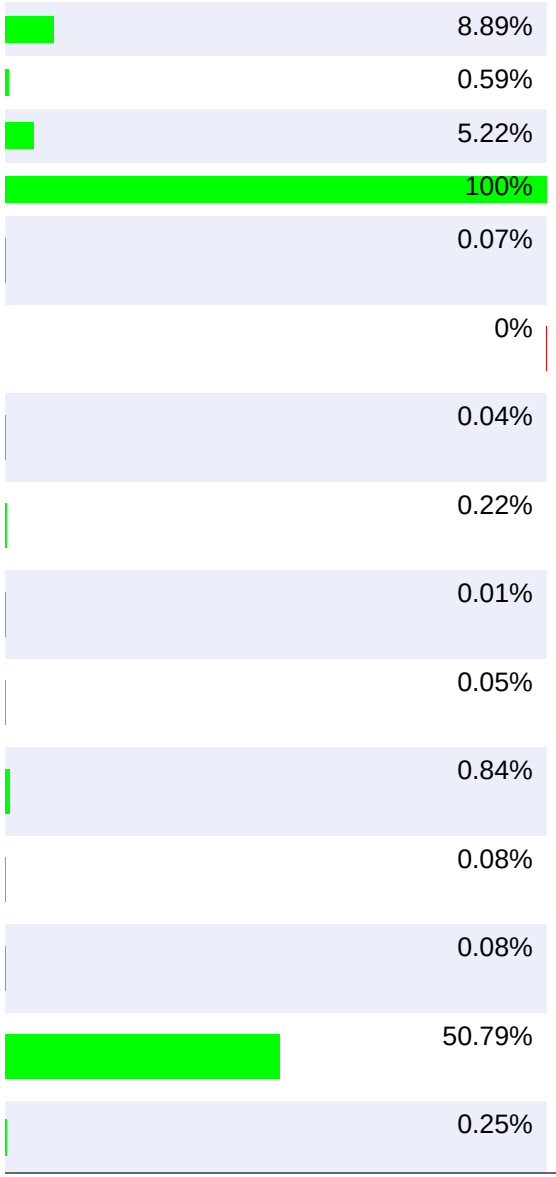
Spending Breakdown by Claim

$833.00	$993.00	$1646.00
$96.00	$101.00	$110.00
$1176.00	$1149.00	$966.00
$17222.00	$18365.00	$18506.00
$11.00	$9.00	$14.00
$0.00	$2.00	$1.00
$0.00	$10.00	$7.00
$27.00	$43.00	$40.00
$0.00	$2.00	$3.00
$7.00	$8.00	$9.00
$204.00	$178.00	$155.00
$0.00	$9.00	$14.00
$30.00	$38.00	$16.00
$7485.00	$10059.00	$9399.00
$6.00	$31.00	$46.00

Spending Breakdown by Claim

4.84%	5.41%
0.56%	0.55%
6.83%	6.26%
100%	100%
0.07%	0.05%
0%	0.01%
0%	0.05%
0.18%	0.23%
0%	0.01%
0.05%	0.04%
1.36%	0.97%
0%	0.05%
0.2%	0.21%
49.95%	54.78%
0.04%	0.17%

Spending Breakdown by Claim



Spending Breakdown by Claim

HOSPITAL AT KINO		
UNIVERSITY PHYSICIANS HEALTHCARE-HOSPITAL AT KINO	030111	AZ
UNIVERSITY PHYSICIANS HEALTHCARE-HOSPITAL AT KINO	030111	AZ
UNIVERSITY PHYSICIANS HEALTHCARE-HOSPITAL AT KINO	030111	AZ
UNIVERSITY PHYSICIANS HEALTHCARE-HOSPITAL AT KINO	030111	AZ
UNIVERSITY PHYSICIANS HEALTHCARE-HOSPITAL AT KINO	030111	AZ
UNIVERSITY PHYSICIANS HEALTHCARE-HOSPITAL AT KINO	030111	AZ
UNIVERSITY PHYSICIANS HEALTHCARE-HOSPITAL AT KINO	030111	AZ
UNIVERSITY PHYSICIANS HEALTHCARE-HOSPITAL AT KINO	030111	AZ
UNIVERSITY PHYSICIANS HEALTHCARE-HOSPITAL AT KINO	030111	AZ
UNIVERSITY PHYSICIANS HEALTHCARE-HOSPITAL AT KINO	030111	AZ
UNIVERSITY PHYSICIANS HEALTHCARE-HOSPITAL AT KINO	030111	AZ
UNIVERSITY PHYSICIANS HEALTHCARE-HOSPITAL AT KINO	030111	AZ
ARIZONA ORTHOPEDIC SURGICAL HOSPITAL	030112	AZ
ARIZONA ORTHOPEDIC SURGICAL HOSPITAL	030112	AZ

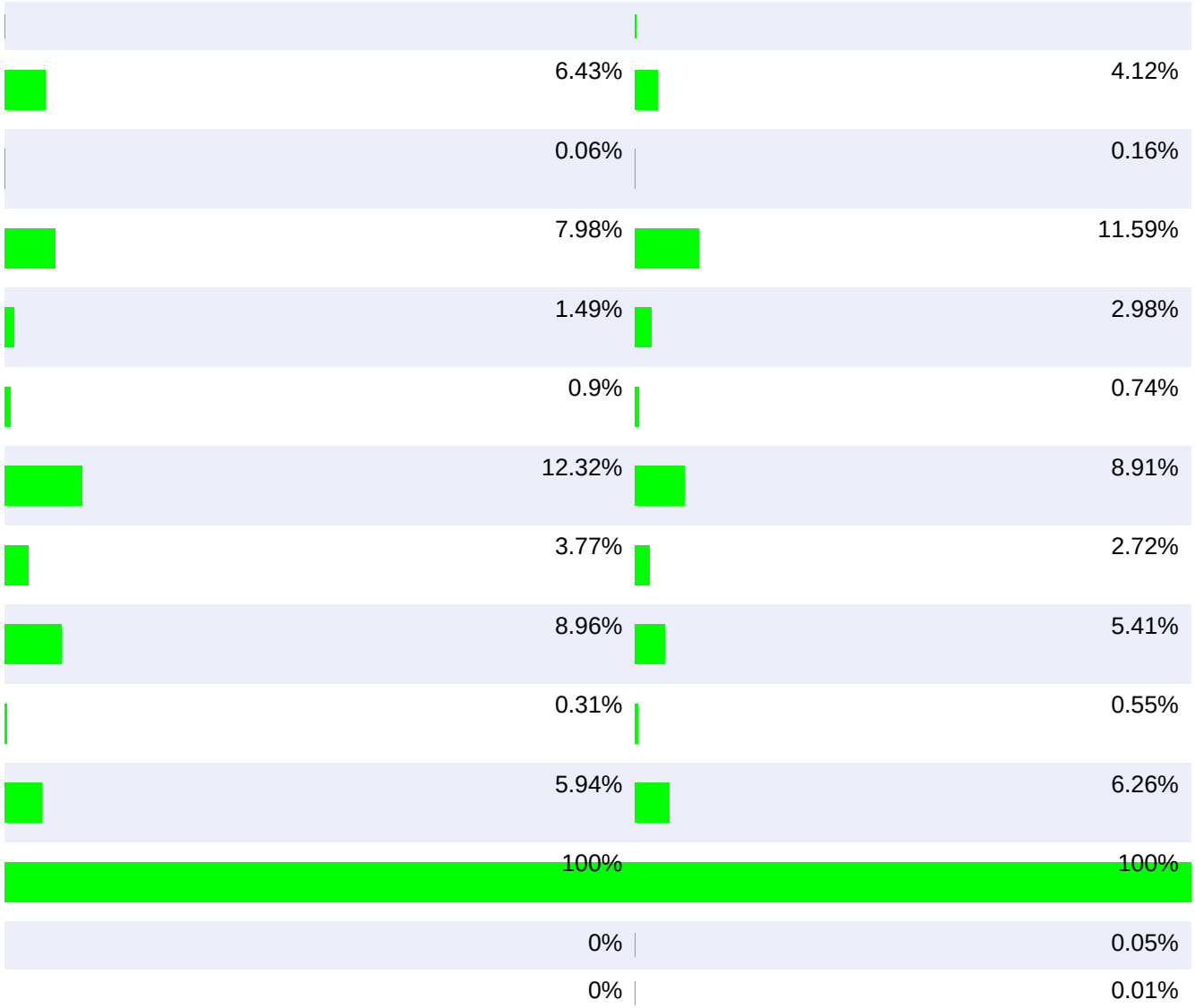
Spending Breakdown by Claim

During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice

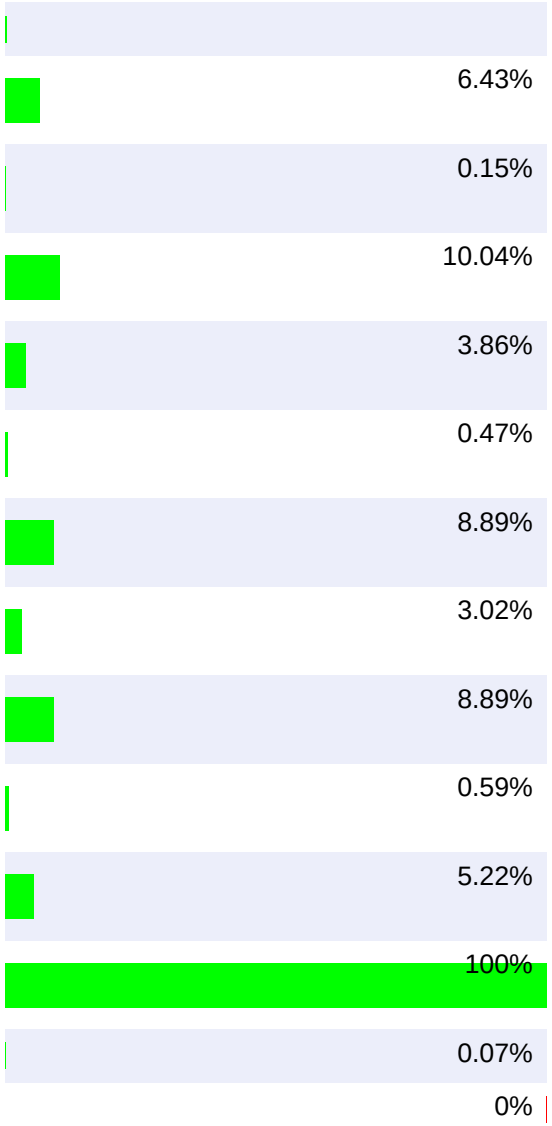
Spending Breakdown by Claim

$963.00	$757.00	$1190.00
$9.00	$29.00	$27.00
$1196.00	$2128.00	$1857.00
$224.00	$546.00	$715.00
$134.00	$135.00	$88.00
$1846.00	$1636.00	$1645.00
$565.00	$500.00	$558.00
$1343.00	$993.00	$1646.00
$47.00	$101.00	$110.00
$890.00	$1149.00	$966.00
$14986.00	$18365.00	$18506.00
$0.00	$9.00	$14.00
$0.00	$2.00	$1.00

Spending Breakdown by Claim



Spending Breakdown by Claim



Spending Breakdown by Claim

ARIZONA ORTHOPEDIC SURGICAL HOSPITAL	030112	AZ
ARIZONA ORTHOPEDIC SURGICAL HOSPITAL	030112	AZ
ARIZONA ORTHOPEDIC SURGICAL HOSPITAL	030112	AZ
ARIZONA ORTHOPEDIC SURGICAL HOSPITAL	030112	AZ
ARIZONA ORTHOPEDIC SURGICAL HOSPITAL	030112	AZ
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ARIZONA ORTHOPEDIC SURGICAL HOSPITAL	030112	AZ
ARIZONA ORTHOPEDIC SURGICAL HOSPITAL	030112	AZ
ARIZONA ORTHOPEDIC SURGICAL HOSPITAL	030112	AZ
ORO VALLEY HOSPITAL	030114	AZ
ORO VALLEY HOSPITAL	030114	AZ

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice

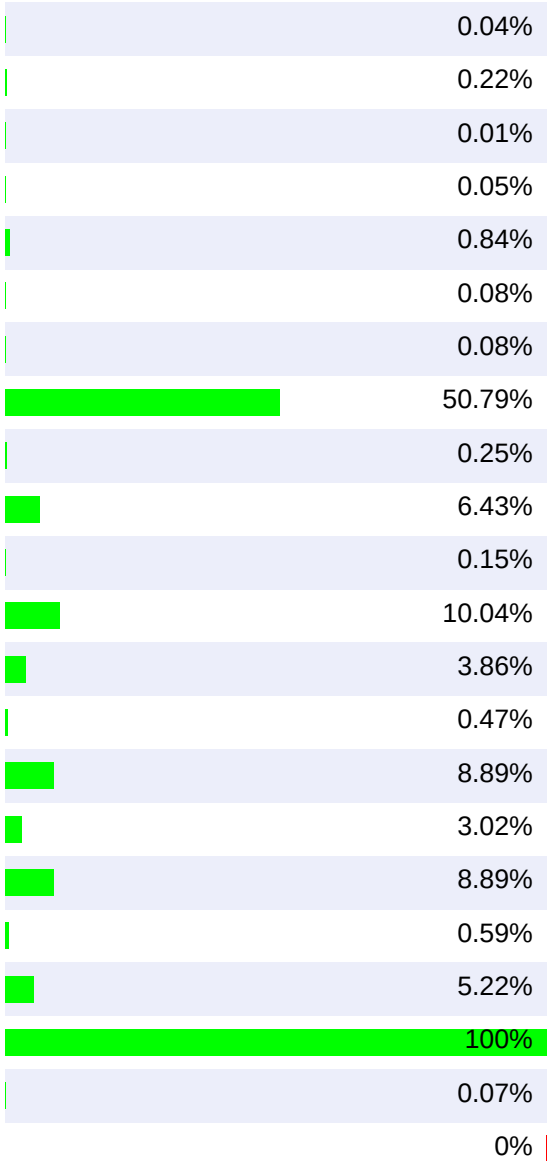
Spending Breakdown by Claim

$0.00	$10.00	$7.00
$8.00	$43.00	$40.00
$0.00	$2.00	$3.00
$12.00	$8.00	$9.00
$15.00	$178.00	$155.00
$49.00	$9.00	$14.00
$0.00	$38.00	$16.00
$11988.00	$10059.00	$9399.00
$8.00	$31.00	$46.00
$2099.00	$757.00	$1190.00
$152.00	$29.00	$27.00
$2343.00	$2128.00	$1857.00
$2198.00	$546.00	$715.00
$0.00	$135.00	$88.00
$758.00	$1636.00	$1645.00
$146.00	$500.00	$558.00
$1267.00	$993.00	$1646.00
$146.00	$101.00	$110.00
$732.00	$1149.00	$966.00
$21918.00	$18365.00	$18506.00
$4.00	$9.00	$14.00
$1.00	$2.00	$1.00

Spending Breakdown by Claim

0%	0.05%
0.03%	0.23%
0%	0.01%
0.05%	0.04%
0.07%	0.97%
0.22%	0.05%
0%	0.21%
54.7%	54.78%
0.04%	0.17%
9.57%	4.12%
0.69%	0.16%
10.69%	11.59%
10.03%	2.98%
0%	0.74%
3.46%	8.91%
0.67%	2.72%
5.78%	5.41%
0.67%	0.55%
3.34%	6.26%
100%	100%
0.03%	0.05%
0%	0.01%

Spending Breakdown by Claim



Spending Breakdown by Claim

ORO VALLEY HOSPITAL	030114	AZ
ORO VALLEY HOSPITAL	030114	AZ
ORO VALLEY HOSPITAL	030114	AZ
ORO VALLEY HOSPITAL	030114	AZ
ORO VALLEY HOSPITAL	030114	AZ
ORO VALLEY HOSPITAL	030114	AZ
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ORO VALLEY HOSPITAL	030114	AZ
ORO VALLEY HOSPITAL	030114	AZ
ORO VALLEY HOSPITAL	030114	AZ
BANNER ESTRELLA MEDICAL CENTER	030115	AZ

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency

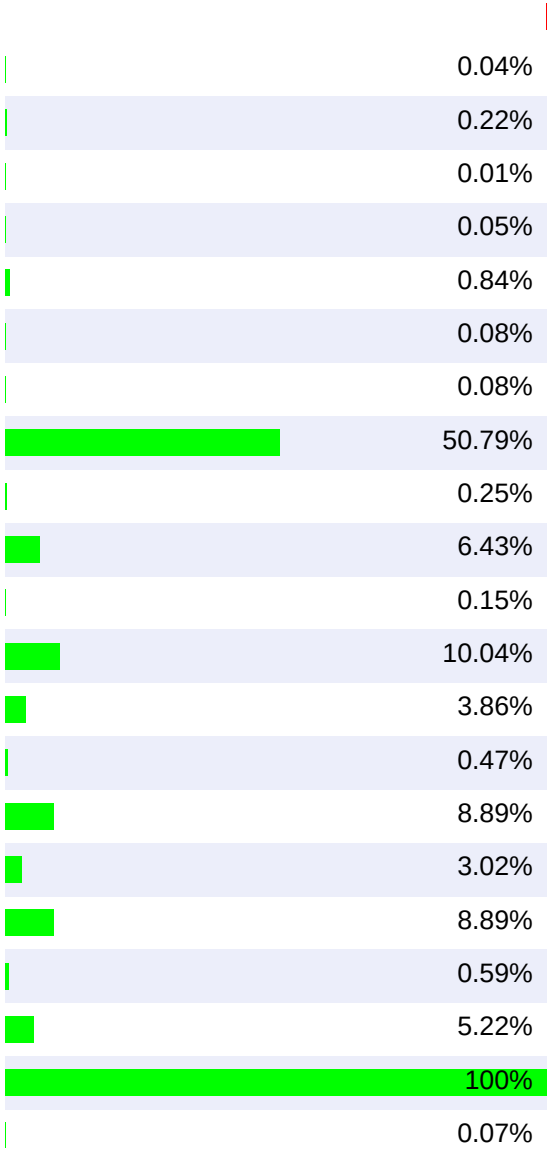
Spending Breakdown by Claim

$26.00	$10.00	$7.00
$15.00	$43.00	$40.00
$1.00	$2.00	$3.00
$4.00	$8.00	$9.00
$123.00	$178.00	$155.00
$17.00	$9.00	$14.00
$22.00	$38.00	$16.00
$9471.00	$10059.00	$9399.00
$8.00	$31.00	$46.00
$428.00	$757.00	$1190.00
$37.00	$29.00	$27.00
$1695.00	$2128.00	$1857.00
$639.00	$546.00	$715.00
$118.00	$135.00	$88.00
$1469.00	$1636.00	$1645.00
$349.00	$500.00	$558.00
$723.00	$993.00	$1646.00
$83.00	$101.00	$110.00
$1014.00	$1149.00	$966.00
$16248.00	$18365.00	$18506.00
$2.00	$9.00	$14.00

Spending Breakdown by Claim

0.16%	0.05%
0.09%	0.23%
0.01%	0.01%
0.03%	0.04%
0.76%	0.97%
0.1%	0.05%
0.13%	0.21%
58.29%	54.78%
0.05%	0.17%
2.63%	4.12%
0.23%	0.16%
10.43%	11.59%
3.93%	2.98%
0.73%	0.74%
9.04%	8.91%
2.15%	2.72%
4.45%	5.41%
0.51%	0.55%
6.24%	6.26%
100%	100%
0.01%	0.05%

Spending Breakdown by Claim



Spending Breakdown by Claim

BANNER ESTRELLA MEDICAL CENTER	030115	AZ
BANNER ESTRELLA MEDICAL CENTER	030115	AZ
BANNER ESTRELLA MEDICAL CENTER	030115	AZ
BANNER ESTRELLA MEDICAL CENTER	030115	AZ
BANNER ESTRELLA MEDICAL CENTER	030115	AZ
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BANNER ESTRELLA MEDICAL CENTER	030115	AZ
BANNER ESTRELLA MEDICAL CENTER	030115	AZ
BANNER ESTRELLA MEDICAL CENTER	030115	AZ

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total

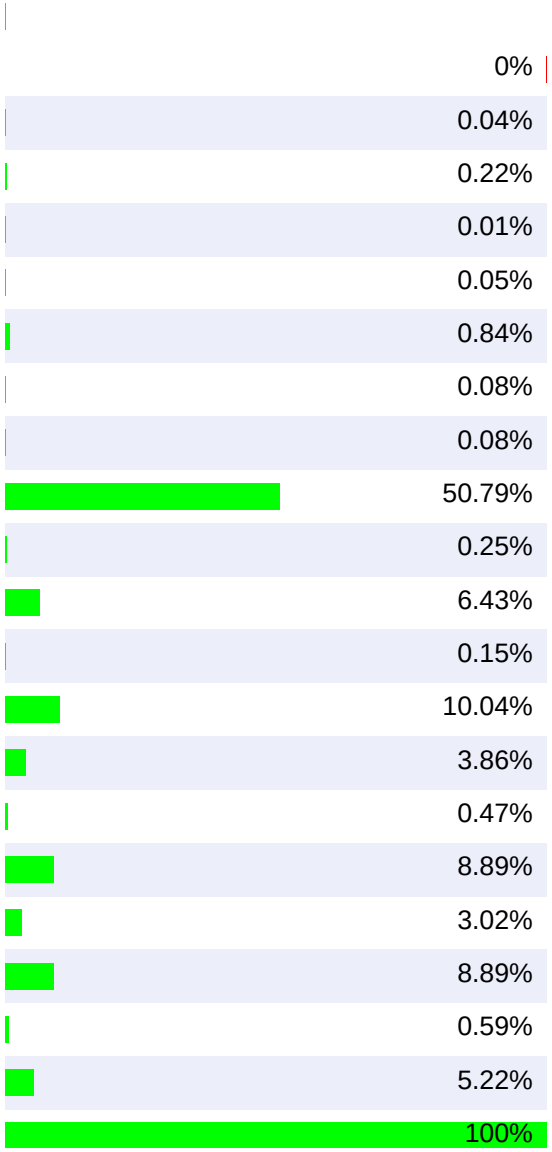
Spending Breakdown by Claim

$5.00	$2.00	$1.00
$0.00	$10.00	$7.00
$46.00	$43.00	$40.00
$1.00	$2.00	$3.00
$8.00	$8.00	$9.00
$121.00	$178.00	$155.00
$9.00	$9.00	$14.00
$8.00	$38.00	$16.00
$8448.00	$10059.00	$9399.00
$21.00	$31.00	$46.00
$688.00	$757.00	$1190.00
$24.00	$29.00	$27.00
$1964.00	$2128.00	$1857.00
$476.00	$546.00	$715.00
$93.00	$135.00	$88.00
$1960.00	$1636.00	$1645.00
$635.00	$500.00	$558.00
$775.00	$993.00	$1646.00
$131.00	$101.00	$110.00
$1306.00	$1149.00	$966.00
$16721.00	$18365.00	$18506.00

Spending Breakdown by Claim

0.03%	0.01%
0%	0.05%
0.27%	0.23%
0%	0.01%
0.05%	0.04%
0.72%	0.97%
0.06%	0.05%
0.05%	0.21%
50.52%	54.78%
0.12%	0.17%
4.11%	4.12%
0.14%	0.16%
11.74%	11.59%
2.85%	2.98%
0.56%	0.74%
11.72%	8.91%
3.8%	2.72%
4.64%	5.41%
0.79%	0.55%
7.81%	6.26%
100%	100%

Spending Breakdown by Claim



Spending Breakdown by Claim

VALLEY VIEW MEDICAL CENTER	030117	AZ
VALLEY VIEW MEDICAL CENTER	030117	AZ
VALLEY VIEW MEDICAL CENTER	030117	AZ
VALLEY VIEW MEDICAL CENTER	030117	AZ
VALLEY VIEW MEDICAL CENTER	030117	AZ
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VALLEY VIEW MEDICAL CENTER	030117	AZ
VALLEY VIEW MEDICAL CENTER	030117	AZ
VALLEY VIEW MEDICAL CENTER	030117	AZ

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier

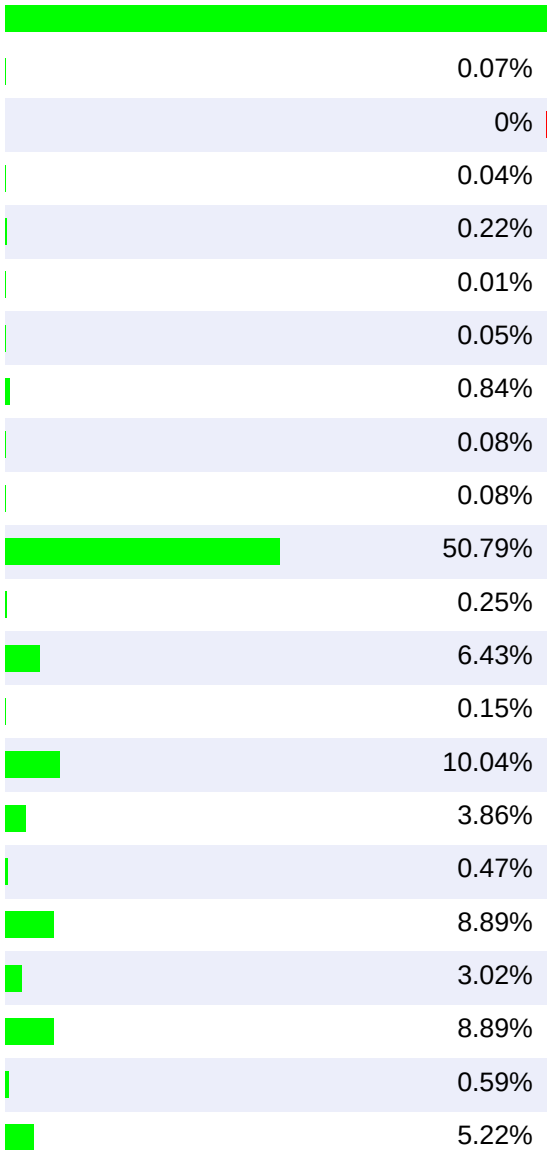
Spending Breakdown by Claim

$0.00	$9.00	$14.00
$1.00	$2.00	$1.00
$14.00	$10.00	$7.00
$20.00	$43.00	$40.00
$0.00	$2.00	$3.00
$13.00	$8.00	$9.00
$173.00	$178.00	$155.00
$5.00	$9.00	$14.00
$27.00	$38.00	$16.00
$7263.00	$10059.00	$9399.00
$13.00	$31.00	$46.00
$331.00	$757.00	$1190.00
$22.00	$29.00	$27.00
$1803.00	$2128.00	$1857.00
$234.00	$546.00	$715.00
$103.00	$135.00	$88.00
$1632.00	$1636.00	$1645.00
$311.00	$500.00	$558.00
$476.00	$993.00	$1646.00
$104.00	$101.00	$110.00
$1053.00	$1149.00	$966.00

Spending Breakdown by Claim

0%	0.05%
0.01%	0.01%
0.11%	0.05%
0.15%	0.23%
0%	0.01%
0.1%	0.04%
1.27%	0.97%
0.03%	0.05%
0.2%	0.21%
53.42%	54.78%
0.09%	0.17%
2.43%	4.12%
0.16%	0.16%
13.26%	11.59%
1.72%	2.98%
0.76%	0.74%
12%	8.91%
2.29%	2.72%
3.5%	5.41%
0.77%	0.55%
7.74%	6.26%

Spending Breakdown by Claim



Spending Breakdown by Claim

VALLEY VIEW MEDICAL CENTER	030117	AZ
YAVAPAI REGIONAL MEDICAL CENTER-EAST	030118	AZ
YAVAPAI REGIONAL MEDICAL CENTER-EAST	030118	AZ
YAVAPAI REGIONAL MEDICAL CENTER-EAST	030118	AZ
YAVAPAI REGIONAL MEDICAL CENTER-EAST	030118	AZ
YAVAPAI REGIONAL MEDICAL CENTER-EAST	030118	AZ
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YAVAPAI REGIONAL MEDICAL CENTER-EAST	030118	AZ
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YAVAPAI REGIONAL MEDICAL CENTER-EAST	030118	AZ
YAVAPAI REGIONAL MEDICAL CENTER-EAST	030118	AZ
YAVAPAI REGIONAL MEDICAL CENTER-EAST	030118	AZ
YAVAPAI REGIONAL MEDICAL CENTER-EAST	030118	AZ

Spending Breakdown by Claim

Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment

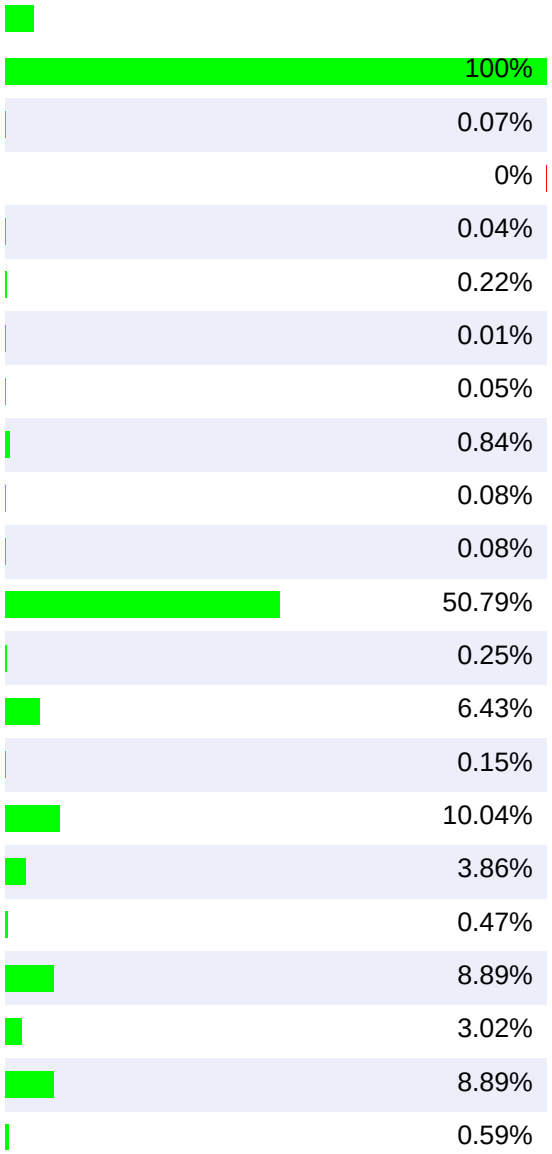
Spending Breakdown by Claim

$13597.00	$18365.00	$18506.00
$27.00	$9.00	$14.00
$1.00	$2.00	$1.00
$0.00	$10.00	$7.00
$33.00	$43.00	$40.00
$0.00	$2.00	$3.00
$8.00	$8.00	$9.00
$110.00	$178.00	$155.00
$3.00	$9.00	$14.00
$34.00	$38.00	$16.00
$9251.00	$10059.00	$9399.00
$31.00	$31.00	$46.00
$712.00	$757.00	$1190.00
$39.00	$29.00	$27.00
$1333.00	$2128.00	$1857.00
$851.00	$546.00	$715.00
$120.00	$135.00	$88.00
$1216.00	$1636.00	$1645.00
$277.00	$500.00	$558.00
$794.00	$993.00	$1646.00
$74.00	$101.00	$110.00

Spending Breakdown by Claim

100%	100%
0.17%	0.05%
0%	0.01%
0%	0.05%
0.21%	0.23%
0%	0.01%
0.05%	0.04%
0.7%	0.97%
0.02%	0.05%
0.21%	0.21%
58.27%	54.78%
0.2%	0.17%
4.48%	4.12%
0.25%	0.16%
8.4%	11.59%
5.36%	2.98%
0.76%	0.74%
7.66%	8.91%
1.74%	2.72%
5%	5.41%
0.47%	0.55%

Spending Breakdown by Claim



Spending Breakdown by Claim

YAVAPAI REGIONAL MEDICAL CENTER-EAST	030118	AZ
YAVAPAI REGIONAL MEDICAL CENTER-EAST	030118	AZ
MERCY GILBERT MEDICAL CENTER	030119	AZ
MERCY GILBERT MEDICAL CENTER	030119	AZ
MERCY GILBERT MEDICAL CENTER	030119	AZ
MERCY GILBERT MEDICAL CENTER	030119	AZ
MERCY GILBERT MEDICAL CENTER	030119	AZ
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MERCY GILBERT MEDICAL CENTER	030119	AZ
MERCY GILBERT MEDICAL CENTER	030119	AZ
MERCY GILBERT MEDICAL CENTER	030119	AZ
MERCY GILBERT MEDICAL CENTER	030119	AZ
MERCY GILBERT MEDICAL CENTER	030119	AZ
MERCY GILBERT MEDICAL CENTER	030119	AZ
MERCY GILBERT MEDICAL CENTER	030119	AZ

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility

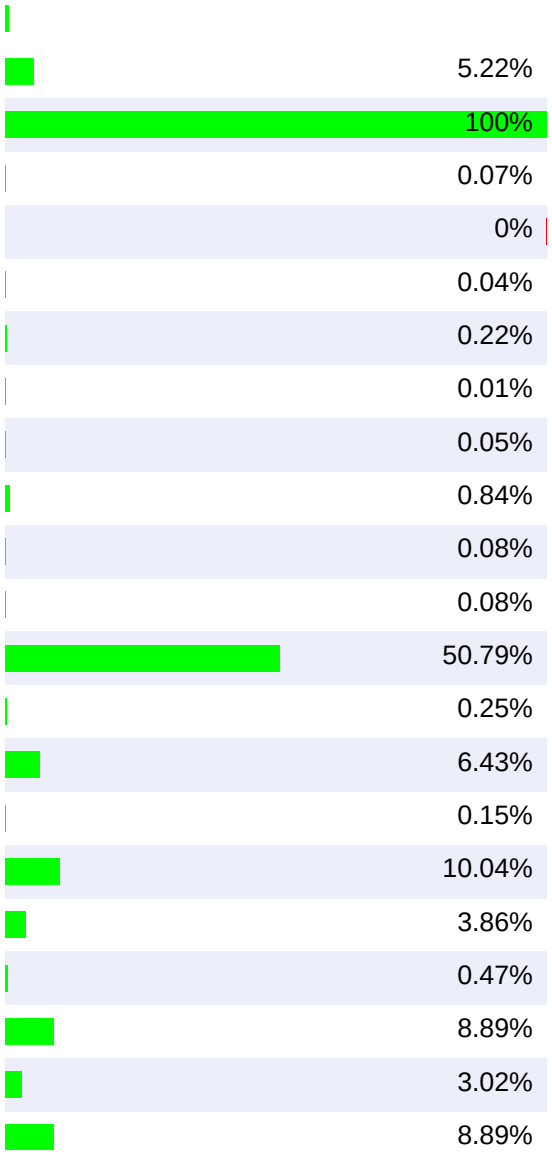
Spending Breakdown by Claim

$961.00	$1149.00	$966.00
$15876.00	$18365.00	$18506.00
$23.00	$9.00	$14.00
$4.00	$2.00	$1.00
$6.00	$10.00	$7.00
$57.00	$43.00	$40.00
$0.00	$2.00	$3.00
$6.00	$8.00	$9.00
$236.00	$178.00	$155.00
$16.00	$9.00	$14.00
$58.00	$38.00	$16.00
$9291.00	$10059.00	$9399.00
$43.00	$31.00	$46.00
$603.00	$757.00	$1190.00
$29.00	$29.00	$27.00
$2075.00	$2128.00	$1857.00
$629.00	$546.00	$715.00
$180.00	$135.00	$88.00
$1587.00	$1636.00	$1645.00
$727.00	$500.00	$558.00
$763.00	$993.00	$1646.00

Spending Breakdown by Claim

6.06%	6.26%
100%	100%
0.13%	0.05%
0.02%	0.01%
0.03%	0.05%
0.32%	0.23%
0%	0.01%
0.03%	0.04%
1.33%	0.97%
0.09%	0.05%
0.33%	0.21%
52.47%	54.78%
0.24%	0.17%
3.4%	4.12%
0.16%	0.16%
11.72%	11.59%
3.55%	2.98%
1.01%	0.74%
8.96%	8.91%
4.11%	2.72%
4.31%	5.41%

Spending Breakdown by Claim



Spending Breakdown by Claim

MERCY GILBERT MEDICAL CENTER	030119	AZ
MERCY GILBERT MEDICAL CENTER	030119	AZ
MERCY GILBERT MEDICAL CENTER	030119	AZ
GILBERT HOSPITAL	030120	AZ
GILBERT HOSPITAL	030120	AZ
GILBERT HOSPITAL	030120	AZ
GILBERT HOSPITAL	030120	AZ
GILBERT HOSPITAL	030120	AZ
GILBERT HOSPITAL	030120	AZ
GILBERT HOSPITAL	030120	AZ
GILBERT HOSPITAL	030120	AZ
GILBERT HOSPITAL	030120	AZ
GILBERT HOSPITAL	030120	AZ
GILBERT HOSPITAL	030120	AZ
GILBERT HOSPITAL	030120	AZ
GILBERT HOSPITAL	030120	AZ
GILBERT HOSPITAL	030120	AZ
GILBERT HOSPITAL	030120	AZ
GILBERT HOSPITAL	030120	AZ

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient

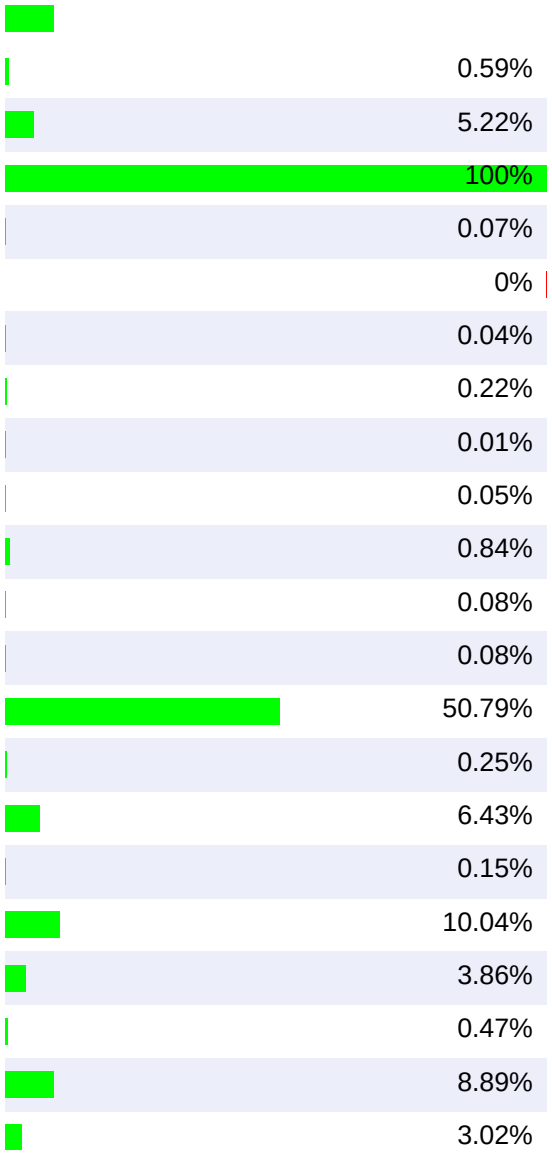
Spending Breakdown by Claim

$85.00	$101.00	$110.00
$1293.00	$1149.00	$966.00
$17708.00	$18365.00	$18506.00
$0.00	$9.00	$14.00
$0.00	$2.00	$1.00
$13.00	$10.00	$7.00
$11.00	$43.00	$40.00
$0.00	$2.00	$3.00
$4.00	$8.00	$9.00
$76.00	$178.00	$155.00
$19.00	$9.00	$14.00
$21.00	$38.00	$16.00
$5905.00	$10059.00	$9399.00
$4.00	$31.00	$46.00
$337.00	$757.00	$1190.00
$8.00	$29.00	$27.00
$1148.00	$2128.00	$1857.00
$258.00	$546.00	$715.00
$189.00	$135.00	$88.00
$893.00	$1636.00	$1645.00
$309.00	$500.00	$558.00

Spending Breakdown by Claim

0.48%	0.55%
7.3%	6.26%
100%	100%
0%	0.05%
0%	0.01%
0.12%	0.05%
0.1%	0.23%
0%	0.01%
0.03%	0.04%
0.7%	0.97%
0.18%	0.05%
0.19%	0.21%
54.75%	54.78%
0.04%	0.17%
3.12%	4.12%
0.07%	0.16%
10.65%	11.59%
2.4%	2.98%
1.76%	0.74%
8.28%	8.91%
2.87%	2.72%

Spending Breakdown by Claim



Spending Breakdown by Claim

GILBERT HOSPITAL	030120	AZ
GILBERT HOSPITAL	030120	AZ
GILBERT HOSPITAL	030120	AZ
GILBERT HOSPITAL	030120	AZ
MOUNTAIN VISTA MEDICAL CENTER, LP	030121	AZ
MOUNTAIN VISTA MEDICAL CENTER, LP	030121	AZ
MOUNTAIN VISTA MEDICAL CENTER, LP	030121	AZ
MOUNTAIN VISTA MEDICAL CENTER, LP	030121	AZ
MOUNTAIN VISTA MEDICAL CENTER, LP	030121	AZ
MOUNTAIN VISTA MEDICAL CENTER, LP	030121	AZ
MOUNTAIN VISTA MEDICAL CENTER, LP	030121	AZ
MOUNTAIN VISTA MEDICAL CENTER, LP	030121	AZ
MOUNTAIN VISTA MEDICAL CENTER, LP	030121	AZ
MOUNTAIN VISTA MEDICAL CENTER, LP	030121	AZ
MOUNTAIN VISTA MEDICAL CENTER, LP	030121	AZ
MOUNTAIN VISTA MEDICAL CENTER, LP	030121	AZ
MOUNTAIN VISTA MEDICAL CENTER, LP	030121	AZ
MOUNTAIN VISTA MEDICAL CENTER, LP	030121	AZ
MOUNTAIN VISTA MEDICAL CENTER, LP	030121	AZ

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient

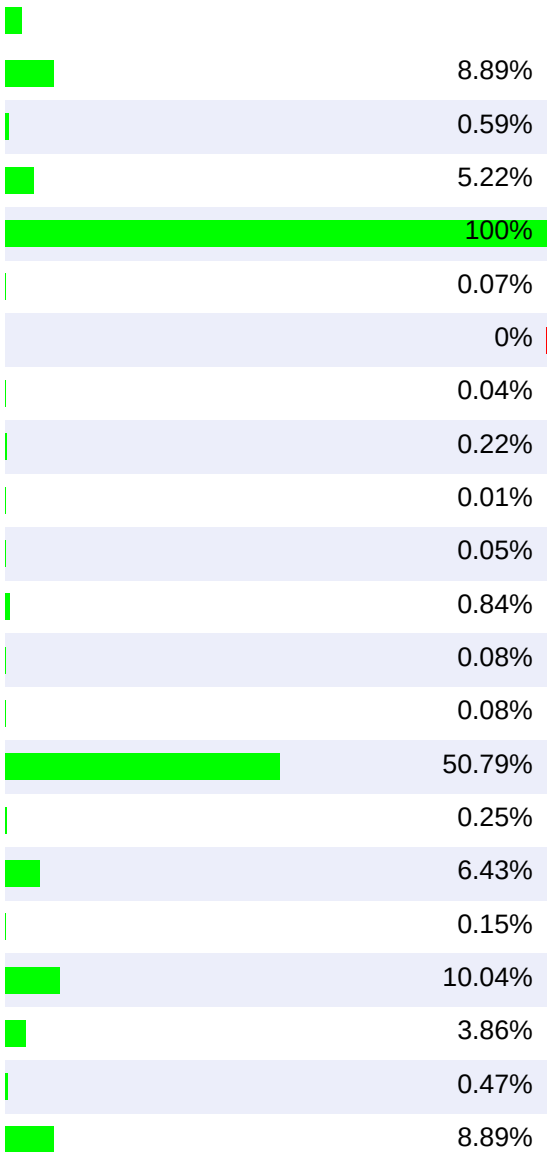
Spending Breakdown by Claim

$544.00	$993.00	$1646.00
$65.00	$101.00	$110.00
$982.00	$1149.00	$966.00
$10785.00	$18365.00	$18506.00
$18.00	$9.00	$14.00
$0.00	$2.00	$1.00
$10.00	$10.00	$7.00
$59.00	$43.00	$40.00
$1.00	$2.00	$3.00
$44.00	$8.00	$9.00
$141.00	$178.00	$155.00
$6.00	$9.00	$14.00
$35.00	$38.00	$16.00
$10708.00	$10059.00	$9399.00
$81.00	$31.00	$46.00
$1123.00	$757.00	$1190.00
$28.00	$29.00	$27.00
$2687.00	$2128.00	$1857.00
$622.00	$546.00	$715.00
$101.00	$135.00	$88.00
$1475.00	$1636.00	$1645.00

Spending Breakdown by Claim

5.04%	5.41%
0.6%	0.55%
9.1%	6.26%
100%	100%
0.09%	0.05%
0%	0.01%
0.05%	0.05%
0.3%	0.23%
0%	0.01%
0.22%	0.04%
0.7%	0.97%
0.03%	0.05%
0.17%	0.21%
53.45%	54.78%
0.4%	0.17%
5.6%	4.12%
0.14%	0.16%
13.41%	11.59%
3.11%	2.98%
0.5%	0.74%
7.36%	8.91%

Spending Breakdown by Claim



Spending Breakdown by Claim

MOUNTAIN VISTA MEDICAL CENTER, LP	030121	AZ
MOUNTAIN VISTA MEDICAL CENTER, LP	030121	AZ
MOUNTAIN VISTA MEDICAL CENTER, LP	030121	AZ
MOUNTAIN VISTA MEDICAL CENTER, LP	030121	AZ
MOUNTAIN VISTA MEDICAL CENTER, LP	030121	AZ
BANNER GATEWAY MEDICAL CENTER	030122	AZ
BANNER GATEWAY MEDICAL CENTER	030122	AZ
BANNER GATEWAY MEDICAL CENTER	030122	AZ
BANNER GATEWAY MEDICAL CENTER	030122	AZ
BANNER GATEWAY MEDICAL CENTER	030122	AZ
BANNER GATEWAY MEDICAL CENTER	030122	AZ
BANNER GATEWAY MEDICAL CENTER	030122	AZ
BANNER GATEWAY MEDICAL CENTER	030122	AZ
BANNER GATEWAY MEDICAL CENTER	030122	AZ
BANNER GATEWAY MEDICAL CENTER	030122	AZ
BANNER GATEWAY MEDICAL CENTER	030122	AZ
BANNER GATEWAY MEDICAL CENTER	030122	AZ
BANNER GATEWAY MEDICAL CENTER	030122	AZ
BANNER GATEWAY MEDICAL CENTER	030122	AZ
BANNER GATEWAY MEDICAL CENTER	030122	AZ

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice

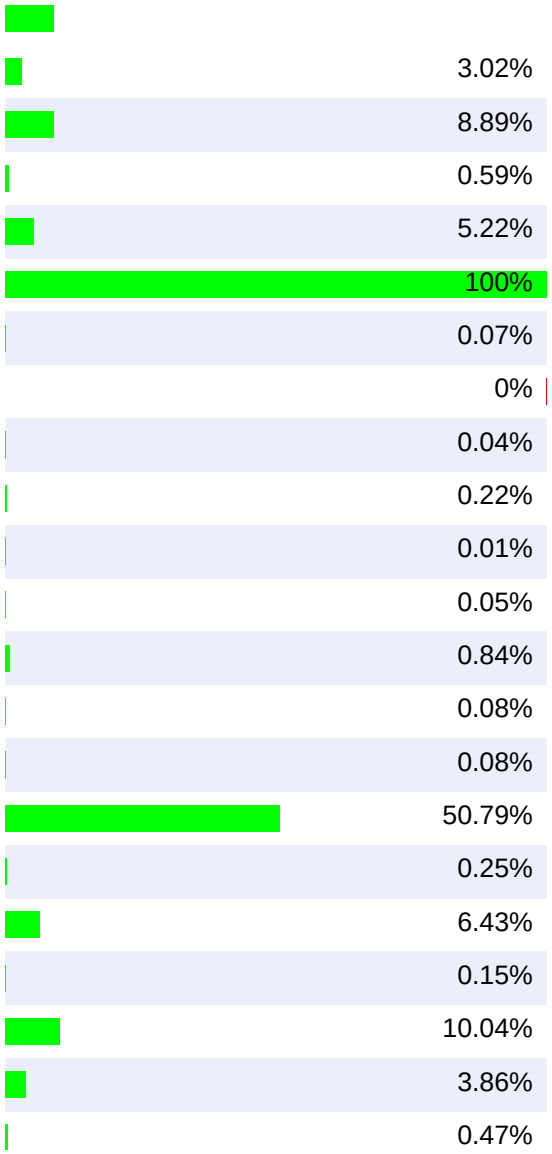
Spending Breakdown by Claim

$527.00	$500.00	$558.00
$1093.00	$993.00	$1646.00
$103.00	$101.00	$110.00
$1172.00	$1149.00	$966.00
$20033.00	$18365.00	$18506.00
$7.00	$9.00	$14.00
$1.00	$2.00	$1.00
$0.00	$10.00	$7.00
$49.00	$43.00	$40.00
$5.00	$2.00	$3.00
$9.00	$8.00	$9.00
$114.00	$178.00	$155.00
$14.00	$9.00	$14.00
$62.00	$38.00	$16.00
$8290.00	$10059.00	$9399.00
$10.00	$31.00	$46.00
$847.00	$757.00	$1190.00
$22.00	$29.00	$27.00
$1758.00	$2128.00	$1857.00
$495.00	$546.00	$715.00
$201.00	$135.00	$88.00

Spending Breakdown by Claim

2.63%	2.72%
5.45%	5.41%
0.51%	0.55%
5.85%	6.26%
100%	100%
0.04%	0.05%
0.01%	0.01%
0%	0.05%
0.29%	0.23%
0.03%	0.01%
0.05%	0.04%
0.68%	0.97%
0.08%	0.05%
0.37%	0.21%
49.55%	54.78%
0.06%	0.17%
5.06%	4.12%
0.13%	0.16%
10.51%	11.59%
2.96%	2.98%
1.2%	0.74%

Spending Breakdown by Claim



Spending Breakdown by Claim

BANNER GATEWAY MEDICAL CENTER	030122	AZ
BANNER GATEWAY MEDICAL CENTER	030122	AZ
BANNER GATEWAY MEDICAL CENTER	030122	AZ
BANNER GATEWAY MEDICAL CENTER	030122	AZ
BANNER GATEWAY MEDICAL CENTER	030122	AZ
BANNER GATEWAY MEDICAL CENTER	030122	AZ
SCOTTSDALE HEALTHCARE-THOMPSON PEAK HOSPITAL	030123	AZ
SCOTTSDALE HEALTHCARE-THOMPSON PEAK HOSPITAL	030123	AZ
SCOTTSDALE HEALTHCARE-THOMPSON PEAK HOSPITAL	030123	AZ
SCOTTSDALE HEALTHCARE-THOMPSON PEAK HOSPITAL	030123	AZ
SCOTTSDALE HEALTHCARE-THOMPSON PEAK HOSPITAL	030123	AZ
SCOTTSDALE HEALTHCARE-THOMPSON PEAK HOSPITAL	030123	AZ
SCOTTSDALE HEALTHCARE-THOMPSON PEAK HOSPITAL	030123	AZ
SCOTTSDALE HEALTHCARE-THOMPSON PEAK HOSPITAL	030123	AZ
SCOTTSDALE HEALTHCARE-THOMPSON PEAK HOSPITAL	030123	AZ

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice

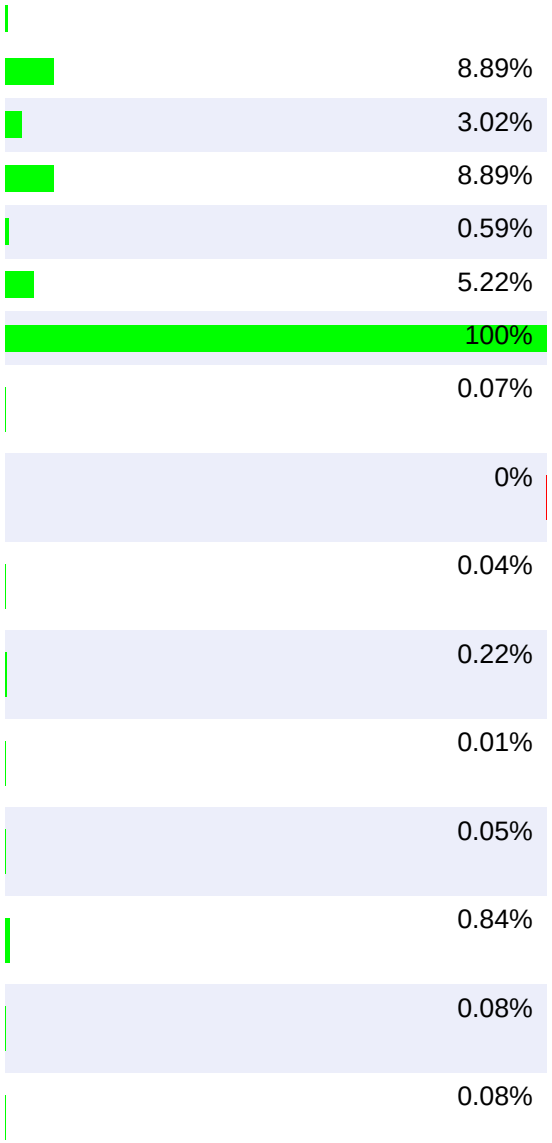
Spending Breakdown by Claim

$1534.00	$1636.00	$1645.00
$624.00	$500.00	$558.00
$1390.00	$993.00	$1646.00
$92.00	$101.00	$110.00
$1207.00	$1149.00	$966.00
$16731.00	$18365.00	$18506.00
$28.00	$9.00	$14.00
$0.00	$2.00	$1.00
$0.00	$10.00	$7.00
$17.00	$43.00	$40.00
$0.00	$2.00	$3.00
$23.00	$8.00	$9.00
$150.00	$178.00	$155.00
$5.00	$9.00	$14.00
$18.00	$38.00	$16.00

Spending Breakdown by Claim

9.17%	8.91%
3.73%	2.72%
8.31%	5.41%
0.55%	0.55%
7.21%	6.26%
100%	100%
0.15%	0.05%
0%	0.01%
0%	0.05%
0.09%	0.23%
0%	0.01%
0.12%	0.04%
0.79%	0.97%
0.03%	0.05%
0.09%	0.21%

Spending Breakdown by Claim



Spending Breakdown by Claim

SCOTTSDALE HEALTHCARE-THOMPSON PEAK HOSPITAL	030123	AZ
SCOTTSDALE HEALTHCARE-THOMPSON PEAK HOSPITAL	030123	AZ
SCOTTSDALE HEALTHCARE-THOMPSON PEAK HOSPITAL	030123	AZ
SCOTTSDALE HEALTHCARE-THOMPSON PEAK HOSPITAL	030123	AZ
SCOTTSDALE HEALTHCARE-THOMPSON PEAK HOSPITAL	030123	AZ
SCOTTSDALE HEALTHCARE-THOMPSON PEAK HOSPITAL	030123	AZ
SCOTTSDALE HEALTHCARE-THOMPSON PEAK HOSPITAL	030123	AZ
SCOTTSDALE HEALTHCARE-THOMPSON PEAK HOSPITAL	030123	AZ
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SCOTTSDALE HEALTHCARE-THOMPSON PEAK HOSPITAL	030123	AZ
SCOTTSDALE HEALTHCARE-THOMPSON PEAK HOSPITAL	030123	AZ

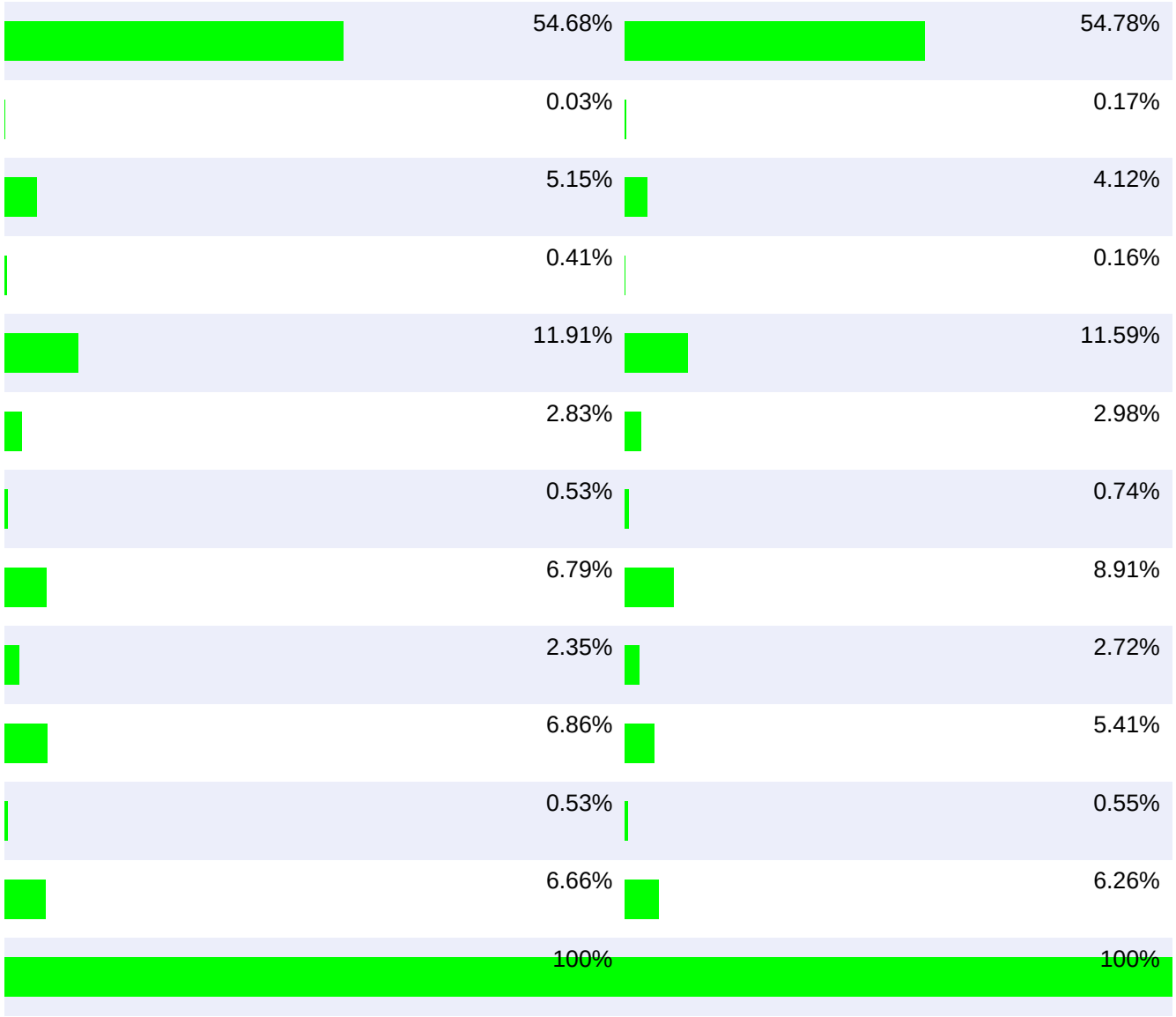
Spending Breakdown by Claim

During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total

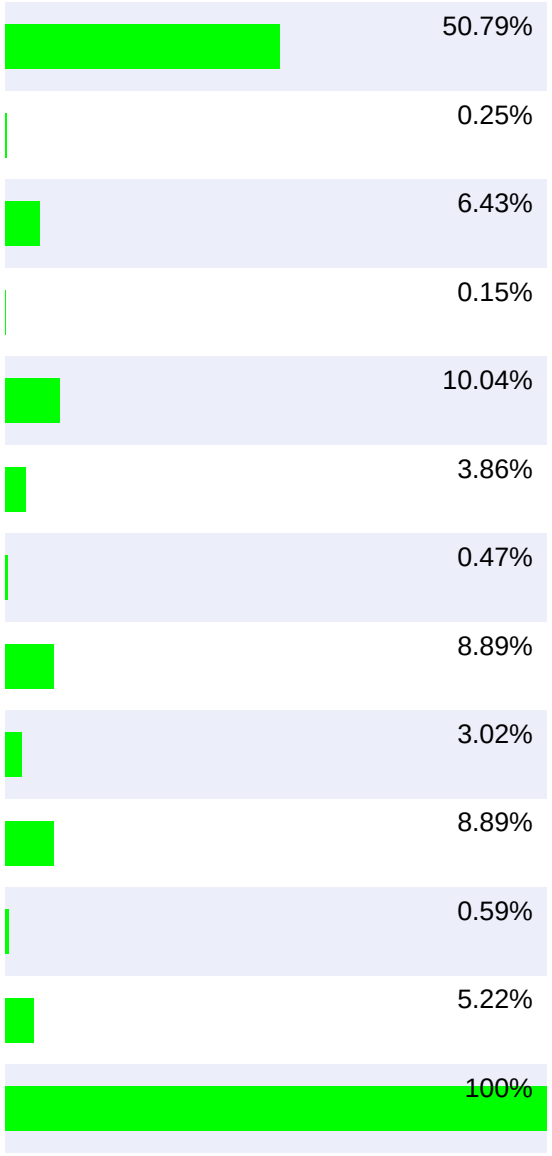
Spending Breakdown by Claim

$10362.00	$10059.00	$9399.00
$5.00	$31.00	$46.00
$975.00	$757.00	$1190.00
$78.00	$29.00	$27.00
$2257.00	$2128.00	$1857.00
$536.00	$546.00	$715.00
$101.00	$135.00	$88.00
$1288.00	$1636.00	$1645.00
$446.00	$500.00	$558.00
$1299.00	$993.00	$1646.00
$100.00	$101.00	$110.00
$1262.00	$1149.00	$966.00
$18952.00	$18365.00	$18506.00

Spending Breakdown by Claim



Spending Breakdown by Claim



Spending Breakdown by Claim

ARIZONA REGIONAL MEDICAL CENTER	030126	AZ
ARIZONA REGIONAL MEDICAL CENTER	030126	AZ
ARIZONA REGIONAL MEDICAL CENTER	030126	AZ
ARIZONA REGIONAL MEDICAL CENTER	030126	AZ
ARIZONA REGIONAL MEDICAL CENTER	030126	AZ
ARIZONA REGIONAL MEDICAL CENTER	030126	AZ
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ARIZONA REGIONAL MEDICAL CENTER	030126	AZ
ARIZONA REGIONAL MEDICAL CENTER	030126	AZ
ARIZONA REGIONAL MEDICAL CENTER	030126	AZ
ARIZONA REGIONAL MEDICAL CENTER	030126	AZ
ARIZONA REGIONAL MEDICAL CENTER	030126	AZ
ARIZONA REGIONAL MEDICAL CENTER	030126	AZ

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total

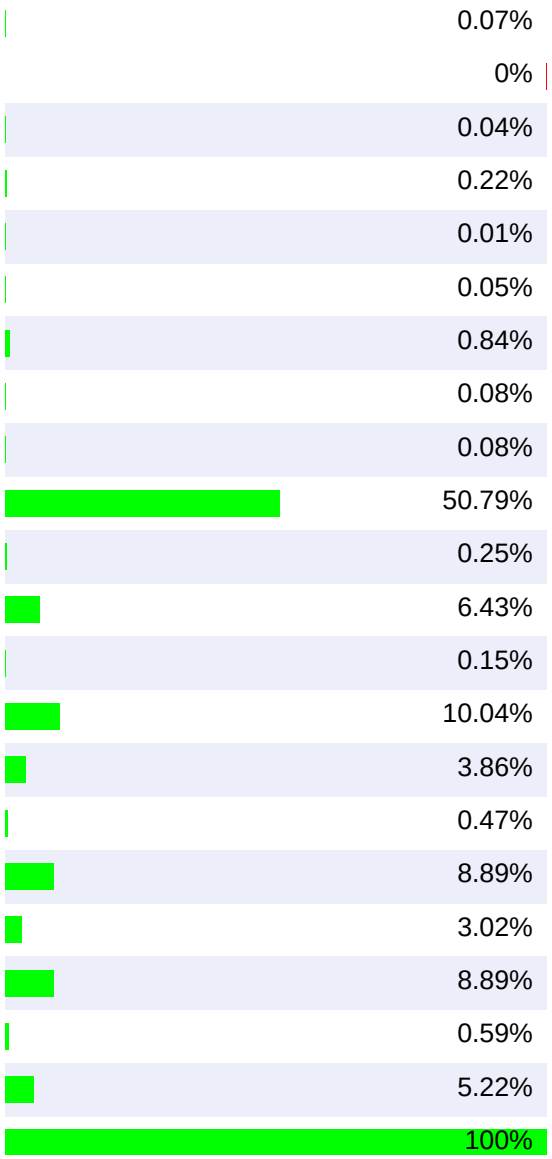
Spending Breakdown by Claim

$0.00	$9.00	$14.00
$0.00	$2.00	$1.00
$0.00	$10.00	$7.00
$22.00	$43.00	$40.00
$0.00	$2.00	$3.00
$7.00	$8.00	$9.00
$186.00	$178.00	$155.00
$0.00	$9.00	$14.00
$46.00	$38.00	$16.00
$11069.00	$10059.00	$9399.00
$14.00	$31.00	$46.00
$715.00	$757.00	$1190.00
$26.00	$29.00	$27.00
$1857.00	$2128.00	$1857.00
$330.00	$546.00	$715.00
$165.00	$135.00	$88.00
$2815.00	$1636.00	$1645.00
$451.00	$500.00	$558.00
$822.00	$993.00	$1646.00
$102.00	$101.00	$110.00
$1228.00	$1149.00	$966.00
$19854.00	$18365.00	$18506.00

Spending Breakdown by Claim

0%	0.05%
0%	0.01%
0%	0.05%
0.11%	0.23%
0%	0.01%
0.03%	0.04%
0.94%	0.97%
0%	0.05%
0.23%	0.21%
55.75%	54.78%
0.07%	0.17%
3.6%	4.12%
0.13%	0.16%
9.35%	11.59%
1.66%	2.98%
0.83%	0.74%
14.18%	8.91%
2.27%	2.72%
4.14%	5.41%
0.51%	0.55%
6.19%	6.26%
100%	100%

Spending Breakdown by Claim



Spending Breakdown by Claim

HUALAPAI MOUNTAIN MEDICAL CENTER	030128	AZ
HUALAPAI MOUNTAIN MEDICAL CENTER	030128	AZ
HUALAPAI MOUNTAIN MEDICAL CENTER	030128	AZ
HUALAPAI MOUNTAIN MEDICAL CENTER	030128	AZ
HUALAPAI MOUNTAIN MEDICAL CENTER	030128	AZ
HUALAPAI MOUNTAIN MEDICAL CENTER	030128	AZ
HUALAPAI MOUNTAIN MEDICAL CENTER	030128	AZ
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HUALAPAI MOUNTAIN MEDICAL CENTER	030128	AZ
HUALAPAI MOUNTAIN MEDICAL CENTER	030128	AZ
HUALAPAI MOUNTAIN MEDICAL CENTER	030128	AZ
HUALAPAI MOUNTAIN MEDICAL CENTER	030128	AZ
HUALAPAI MOUNTAIN MEDICAL CENTER	030128	AZ

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier

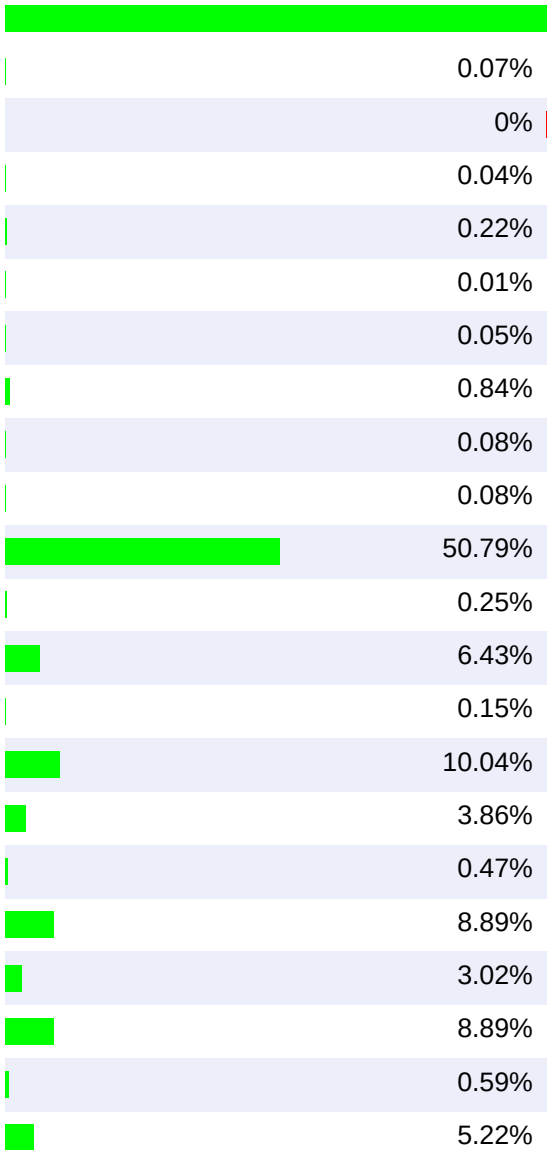
Spending Breakdown by Claim

$0.00	$9.00	$14.00
$0.00	$2.00	$1.00
$0.00	$10.00	$7.00
$15.00	$43.00	$40.00
$0.00	$2.00	$3.00
$12.00	$8.00	$9.00
$119.00	$178.00	$155.00
$4.00	$9.00	$14.00
$20.00	$38.00	$16.00
$7531.00	$10059.00	$9399.00
$15.00	$31.00	$46.00
$513.00	$757.00	$1190.00
$31.00	$29.00	$27.00
$1352.00	$2128.00	$1857.00
$214.00	$546.00	$715.00
$91.00	$135.00	$88.00
$1374.00	$1636.00	$1645.00
$492.00	$500.00	$558.00
$559.00	$993.00	$1646.00
$118.00	$101.00	$110.00
$721.00	$1149.00	$966.00

Spending Breakdown by Claim

0%	0.05%
0%	0.01%
0%	0.05%
0.11%	0.23%
0%	0.01%
0.09%	0.04%
0.9%	0.97%
0.03%	0.05%
0.15%	0.21%
57.13%	54.78%
0.11%	0.17%
3.9%	4.12%
0.23%	0.16%
10.26%	11.59%
1.63%	2.98%
0.69%	0.74%
10.43%	8.91%
3.73%	2.72%
4.24%	5.41%
0.9%	0.55%
5.47%	6.26%

Spending Breakdown by Claim



Spending Breakdown by Claim

HUALAPAI MOUNTAIN MEDICAL CENTER	030128	AZ
BANNER IRONWOOD MEDICAL CENTER	030130	AZ
BANNER IRONWOOD MEDICAL CENTER	030130	AZ
BANNER IRONWOOD MEDICAL CENTER	030130	AZ
BANNER IRONWOOD MEDICAL CENTER	030130	AZ
BANNER IRONWOOD MEDICAL CENTER	030130	AZ
BANNER IRONWOOD MEDICAL CENTER	030130	AZ
BANNER IRONWOOD MEDICAL CENTER	030130	AZ
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BANNER IRONWOOD MEDICAL CENTER	030130	AZ
BANNER IRONWOOD MEDICAL CENTER	030130	AZ
BANNER IRONWOOD MEDICAL CENTER	030130	AZ
BANNER IRONWOOD MEDICAL CENTER	030130	AZ
BANNER IRONWOOD MEDICAL CENTER	030130	AZ
BANNER IRONWOOD MEDICAL CENTER	030130	AZ
BANNER IRONWOOD MEDICAL CENTER	030130	AZ

Spending Breakdown by Claim

Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment

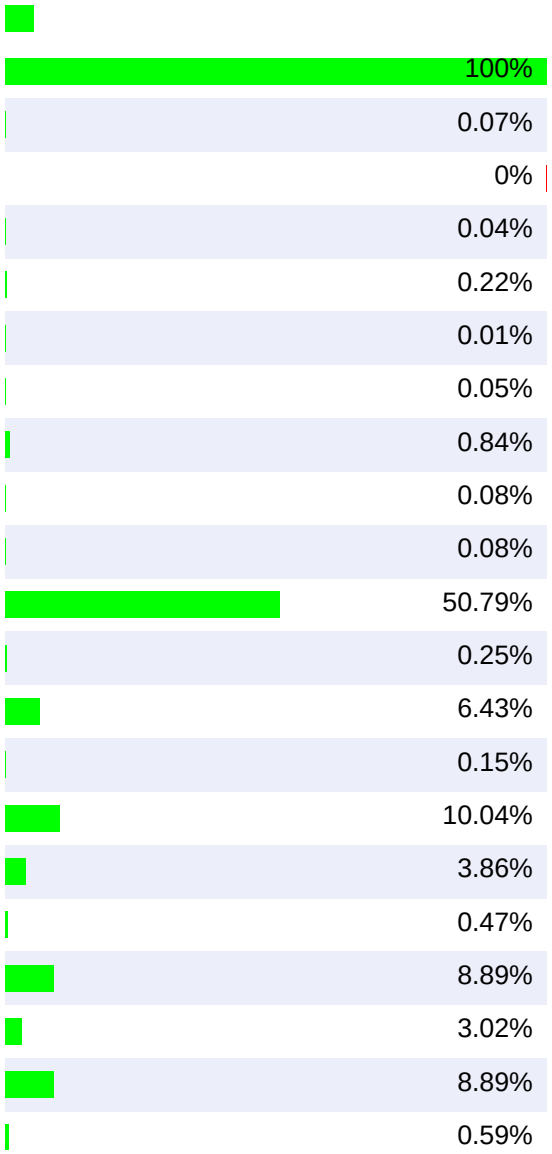
Spending Breakdown by Claim

$13182.00	$18365.00	$18506.00
$0.00	$9.00	$14.00
$0.00	$2.00	$1.00
$0.00	$10.00	$7.00
$0.00	$43.00	$40.00
$0.00	$2.00	$3.00
$14.00	$8.00	$9.00
$66.00	$178.00	$155.00
$0.00	$9.00	$14.00
$0.00	$38.00	$16.00
$5753.00	$10059.00	$9399.00
$0.00	$31.00	$46.00
$0.00	$757.00	$1190.00
$9.00	$29.00	$27.00
$916.00	$2128.00	$1857.00
$416.00	$546.00	$715.00
$213.00	$135.00	$88.00
$1038.00	$1636.00	$1645.00
$537.00	$500.00	$558.00
$474.00	$993.00	$1646.00
$102.00	$101.00	$110.00

Spending Breakdown by Claim

100%	100%
0%	0.05%
0%	0.01%
0%	0.05%
0%	0.23%
0%	0.01%
0.13%	0.04%
0.61%	0.97%
0%	0.05%
0%	0.21%
53.15%	54.78%
0%	0.17%
0%	4.12%
0.08%	0.16%
8.46%	11.59%
3.84%	2.98%
1.97%	0.74%
9.59%	8.91%
4.96%	2.72%
4.37%	5.41%
0.94%	0.55%

Spending Breakdown by Claim



Spending Breakdown by Claim

BANNER IRONWOOD MEDICAL CENTER	030130	AZ
BANNER IRONWOOD MEDICAL CENTER	030130	AZ
SILOAM SPRINGS MEMORIAL HOSPITAL	040001	AR
SILOAM SPRINGS MEMORIAL HOSPITAL	040001	AR
SILOAM SPRINGS MEMORIAL HOSPITAL	040001	AR
SILOAM SPRINGS MEMORIAL HOSPITAL	040001	AR
SILOAM SPRINGS MEMORIAL HOSPITAL	040001	AR
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SILOAM SPRINGS MEMORIAL HOSPITAL	040001	AR
SILOAM SPRINGS MEMORIAL HOSPITAL	040001	AR
SILOAM SPRINGS MEMORIAL HOSPITAL	040001	AR
SILOAM SPRINGS MEMORIAL HOSPITAL	040001	AR
SILOAM SPRINGS MEMORIAL HOSPITAL	040001	AR

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility

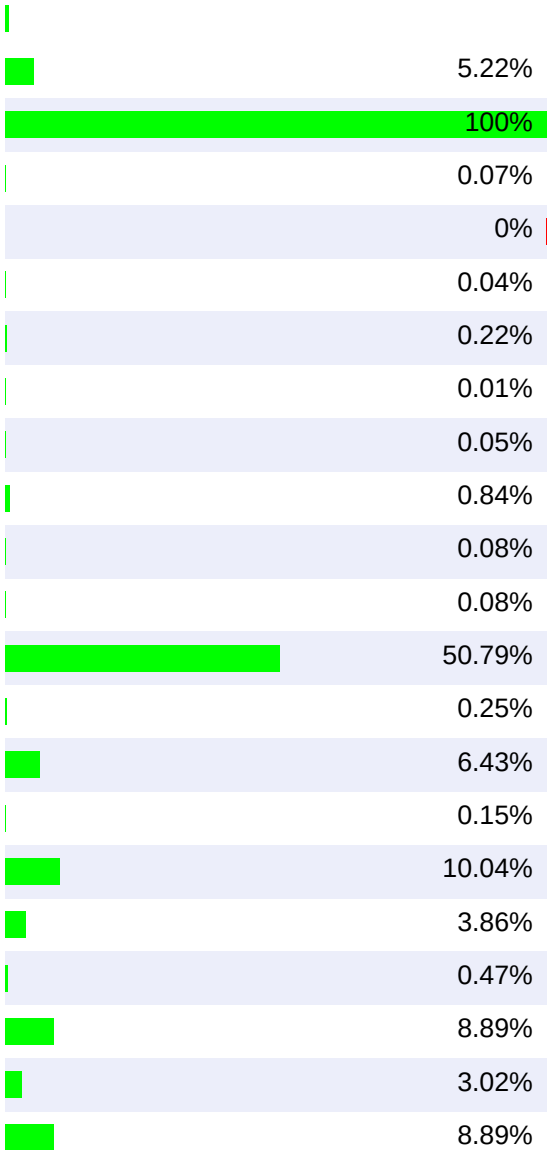
Spending Breakdown by Claim

$1287.00	$1149.00	$966.00
$10825.00	$18365.00	$18506.00
$50.00	$11.00	$14.00
$5.00	$1.00	$1.00
$11.00	$11.00	$7.00
$43.00	$44.00	$40.00
$1.00	$2.00	$3.00
$4.00	$12.00	$9.00
$94.00	$160.00	$155.00
$0.00	$10.00	$14.00
$17.00	$19.00	$16.00
$5818.00	$9773.00	$9399.00
$4.00	$49.00	$46.00
$806.00	$755.00	$1190.00
$14.00	$39.00	$27.00
$794.00	$1563.00	$1857.00
$564.00	$632.00	$715.00
$109.00	$88.00	$88.00
$1325.00	$1667.00	$1645.00
$356.00	$484.00	$558.00
$1551.00	$1239.00	$1646.00

Spending Breakdown by Claim

11.88%	6.26%
100%	100%
0.41%	0.06%
0.04%	0.01%
0.09%	0.06%
0.35%	0.25%
0.01%	0.01%
0.03%	0.07%
0.77%	0.92%
0%	0.06%
0.14%	0.11%
47.76%	55.9%
0.04%	0.28%
6.62%	4.32%
0.11%	0.22%
6.51%	8.94%
4.63%	3.62%
0.9%	0.5%
10.87%	9.54%
2.92%	2.77%
12.73%	7.08%

Spending Breakdown by Claim



Spending Breakdown by Claim

SILOAM SPRINGS MEMORIAL HOSPITAL	040001	AR
SILOAM SPRINGS MEMORIAL HOSPITAL	040001	AR
SILOAM SPRINGS MEMORIAL HOSPITAL	040001	AR
JOHNSON REGIONAL MEDICAL CENTER	040002	AR
JOHNSON REGIONAL MEDICAL CENTER	040002	AR
JOHNSON REGIONAL MEDICAL CENTER	040002	AR
JOHNSON REGIONAL MEDICAL CENTER	040002	AR
JOHNSON REGIONAL MEDICAL CENTER	040002	AR
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JOHNSON REGIONAL MEDICAL CENTER	040002	AR
JOHNSON REGIONAL MEDICAL CENTER	040002	AR
JOHNSON REGIONAL MEDICAL CENTER	040002	AR
JOHNSON REGIONAL MEDICAL CENTER	040002	AR

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient

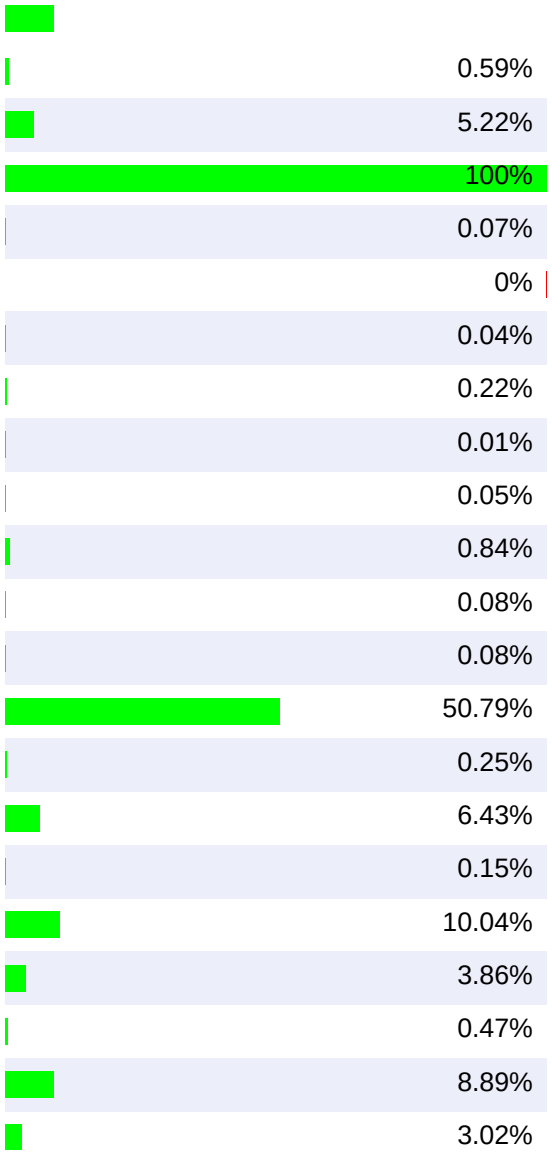
Spending Breakdown by Claim

$84.00	$118.00	$110.00
$533.00	$806.00	$966.00
$12184.00	$17485.00	$18506.00
$13.00	$11.00	$14.00
$0.00	$1.00	$1.00
$17.00	$11.00	$7.00
$70.00	$44.00	$40.00
$3.00	$2.00	$3.00
$6.00	$12.00	$9.00
$159.00	$160.00	$155.00
$13.00	$10.00	$14.00
$0.00	$19.00	$16.00
$7555.00	$9773.00	$9399.00
$72.00	$49.00	$46.00
$472.00	$755.00	$1190.00
$23.00	$39.00	$27.00
$761.00	$1563.00	$1857.00
$511.00	$632.00	$715.00
$89.00	$88.00	$88.00
$1264.00	$1667.00	$1645.00
$403.00	$484.00	$558.00

Spending Breakdown by Claim

0.69%	0.68%
4.38%	4.61%
100%	100%
0.1%	0.06%
0%	0.01%
0.12%	0.06%
0.52%	0.25%
0.02%	0.01%
0.04%	0.07%
1.18%	0.92%
0.1%	0.06%
0%	0.11%
56.18%	55.9%
0.54%	0.28%
3.51%	4.32%
0.17%	0.22%
5.66%	8.94%
3.8%	3.62%
0.67%	0.5%
9.4%	9.54%
3%	2.77%

Spending Breakdown by Claim



Spending Breakdown by Claim

JOHNSON REGIONAL MEDICAL CENTER	040002	AR
JOHNSON REGIONAL MEDICAL CENTER	040002	AR
JOHNSON REGIONAL MEDICAL CENTER	040002	AR
JOHNSON REGIONAL MEDICAL CENTER	040002	AR
WASHINGTON REGIONAL MEDICAL CENTER	040004	AR
WASHINGTON REGIONAL MEDICAL CENTER	040004	AR
WASHINGTON REGIONAL MEDICAL CENTER	040004	AR
WASHINGTON REGIONAL MEDICAL CENTER	040004	AR
WASHINGTON REGIONAL MEDICAL CENTER	040004	AR
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WASHINGTON REGIONAL MEDICAL CENTER	040004	AR
WASHINGTON REGIONAL MEDICAL CENTER	040004	AR
WASHINGTON REGIONAL MEDICAL CENTER	040004	AR

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient

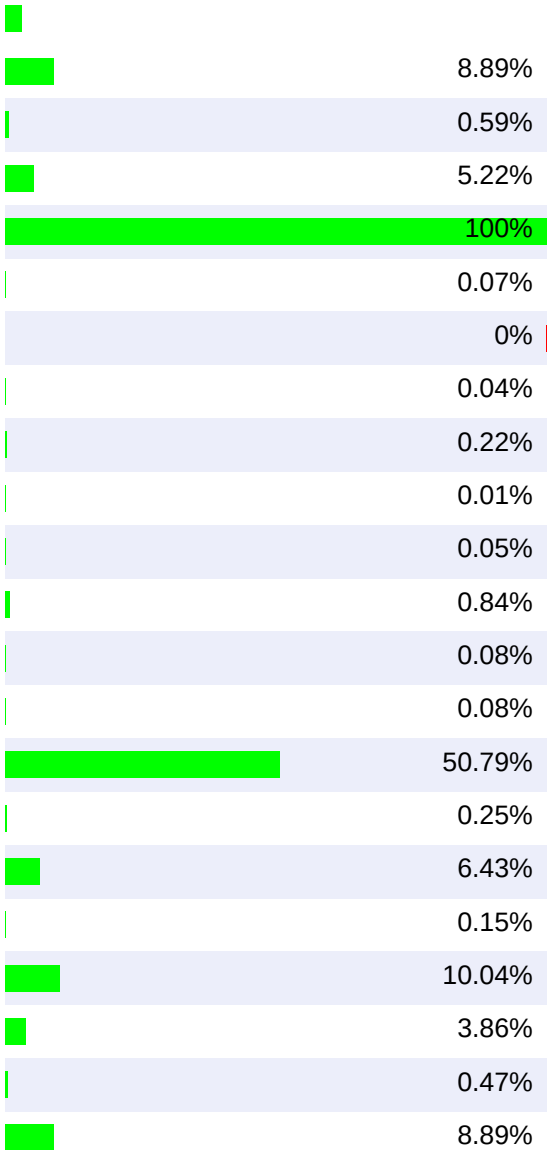
Spending Breakdown by Claim

$1426.00	$1239.00	$1646.00
$122.00	$118.00	$110.00
$469.00	$806.00	$966.00
$13448.00	$17485.00	$18506.00
$12.00	$11.00	$14.00
$3.00	$1.00	$1.00
$6.00	$11.00	$7.00
$31.00	$44.00	$40.00
$0.00	$2.00	$3.00
$8.00	$12.00	$9.00
$251.00	$160.00	$155.00
$2.00	$10.00	$14.00
$37.00	$19.00	$16.00
$11766.00	$9773.00	$9399.00
$26.00	$49.00	$46.00
$720.00	$755.00	$1190.00
$33.00	$39.00	$27.00
$1802.00	$1563.00	$1857.00
$669.00	$632.00	$715.00
$80.00	$88.00	$88.00
$1310.00	$1667.00	$1645.00

Spending Breakdown by Claim

10.6%	7.08%
0.91%	0.68%
3.49%	4.61%
100%	100%
0.06%	0.06%
0.01%	0.01%
0.03%	0.06%
0.16%	0.25%
0%	0.01%
0.04%	0.07%
1.29%	0.92%
0.01%	0.06%
0.19%	0.11%
60.27%	55.9%
0.14%	0.28%
3.69%	4.32%
0.17%	0.22%
9.23%	8.94%
3.43%	3.62%
0.41%	0.5%
6.71%	9.54%

Spending Breakdown by Claim



Spending Breakdown by Claim

WASHINGTON REGIONAL MEDICAL CENTER	040004	AR
WASHINGTON REGIONAL MEDICAL CENTER	040004	AR
WASHINGTON REGIONAL MEDICAL CENTER	040004	AR
WASHINGTON REGIONAL MEDICAL CENTER	040004	AR
WASHINGTON REGIONAL MEDICAL CENTER	040004	AR
ST VINCENT INFIRMARY MED CTR	040007	AR
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ST VINCENT INFIRMARY MED CTR	040007	AR
ST VINCENT INFIRMARY MED CTR	040007	AR

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice

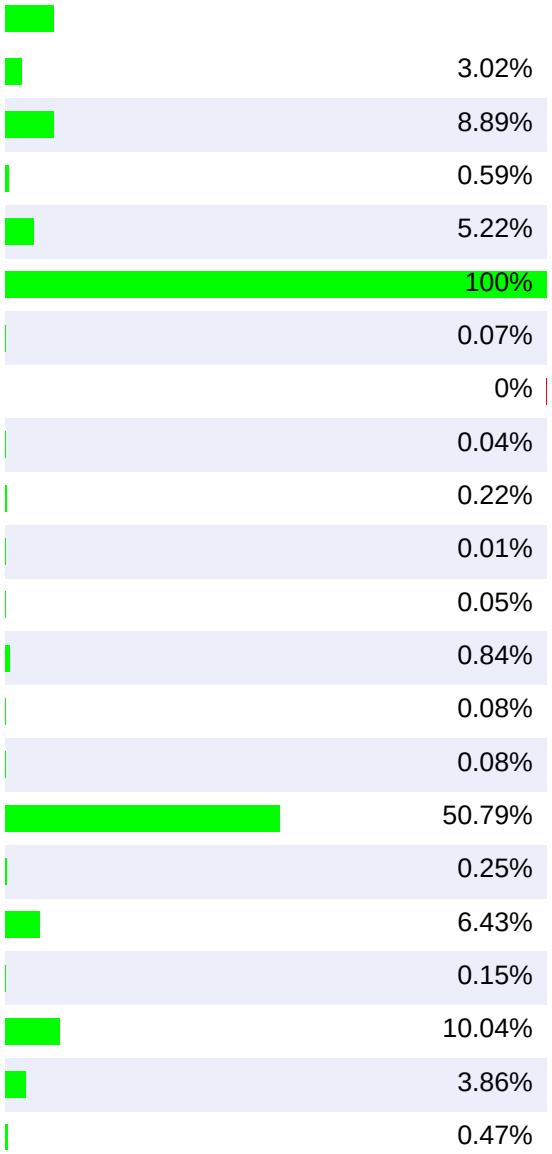
Spending Breakdown by Claim

$406.00	$484.00	$558.00
$1412.00	$1239.00	$1646.00
$98.00	$118.00	$110.00
$849.00	$806.00	$966.00
$19522.00	$17485.00	$18506.00
$6.00	$11.00	$14.00
$3.00	$1.00	$1.00
$8.00	$11.00	$7.00
$38.00	$44.00	$40.00
$3.00	$2.00	$3.00
$9.00	$12.00	$9.00
$101.00	$160.00	$155.00
$6.00	$10.00	$14.00
$25.00	$19.00	$16.00
$11520.00	$9773.00	$9399.00
$31.00	$49.00	$46.00
$569.00	$755.00	$1190.00
$38.00	$39.00	$27.00
$2189.00	$1563.00	$1857.00
$511.00	$632.00	$715.00
$70.00	$88.00	$88.00

Spending Breakdown by Claim

2.08%	2.77%
7.23%	7.08%
0.5%	0.68%
4.35%	4.61%
100%	100%
0.03%	0.06%
0.02%	0.01%
0.04%	0.06%
0.2%	0.25%
0.01%	0.01%
0.04%	0.07%
0.53%	0.92%
0.03%	0.06%
0.13%	0.11%
60.16%	55.9%
0.16%	0.28%
2.97%	4.32%
0.2%	0.22%
11.43%	8.94%
2.67%	3.62%
0.36%	0.5%

Spending Breakdown by Claim



Spending Breakdown by Claim

ST VINCENT INFIRMARY MED CTR	040007	AR
ST VINCENT INFIRMARY MED CTR	040007	AR
ST VINCENT INFIRMARY MED CTR	040007	AR
ST VINCENT INFIRMARY MED CTR	040007	AR
ST VINCENT INFIRMARY MED CTR	040007	AR
ST VINCENT INFIRMARY MED CTR	040007	AR
MERCY MEDICAL CENTER	040010	AR
MERCY MEDICAL CENTER	040010	AR
MERCY MEDICAL CENTER	040010	AR
MERCY MEDICAL CENTER	040010	AR
MERCY MEDICAL CENTER	040010	AR
MERCY MEDICAL CENTER	040010	AR
MERCY MEDICAL CENTER	040010	AR
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MERCY MEDICAL CENTER	040010	AR
MERCY MEDICAL CENTER	040010	AR
MERCY MEDICAL CENTER	040010	AR
MERCY MEDICAL CENTER	040010	AR
MERCY MEDICAL CENTER	040010	AR
MERCY MEDICAL CENTER	040010	AR

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency

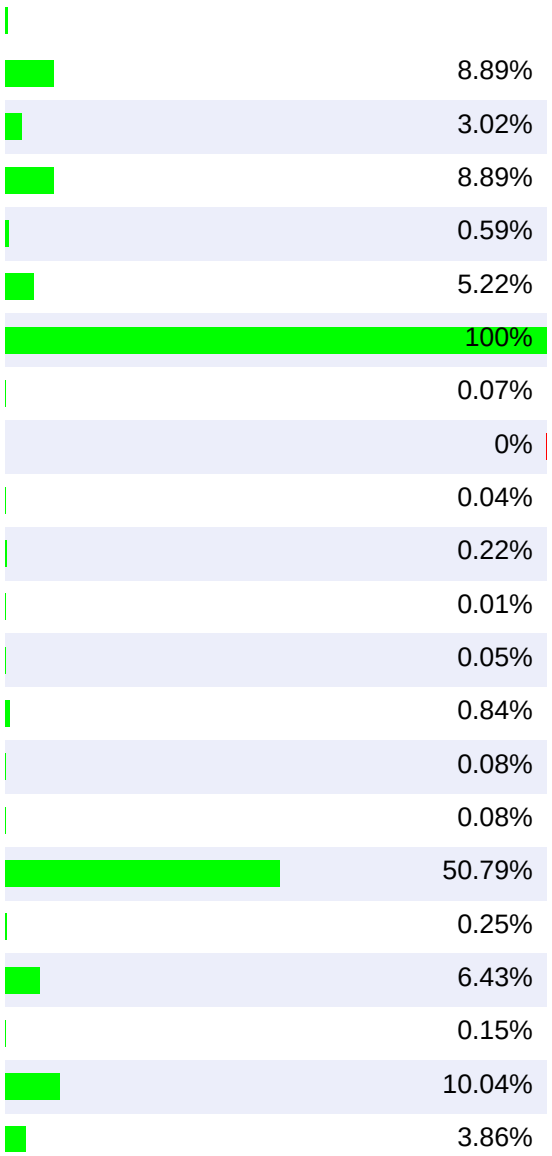
Spending Breakdown by Claim

$1695.00	$1667.00	$1645.00
$360.00	$484.00	$558.00
$946.00	$1239.00	$1646.00
$111.00	$118.00	$110.00
$911.00	$806.00	$966.00
$19150.00	$17485.00	$18506.00
$10.00	$11.00	$14.00
$0.00	$1.00	$1.00
$11.00	$11.00	$7.00
$29.00	$44.00	$40.00
$1.00	$2.00	$3.00
$10.00	$12.00	$9.00
$155.00	$160.00	$155.00
$12.00	$10.00	$14.00
$42.00	$19.00	$16.00
$9936.00	$9773.00	$9399.00
$19.00	$49.00	$46.00
$1269.00	$755.00	$1190.00
$30.00	$39.00	$27.00
$1704.00	$1563.00	$1857.00
$638.00	$632.00	$715.00

Spending Breakdown by Claim

8.85%	9.54%
1.88%	2.77%
4.94%	7.08%
0.58%	0.68%
4.76%	4.61%
100%	100%
0.05%	0.06%
0%	0.01%
0.06%	0.06%
0.15%	0.25%
0.01%	0.01%
0.06%	0.07%
0.84%	0.92%
0.06%	0.06%
0.23%	0.11%
53.59%	55.9%
0.11%	0.28%
6.85%	4.32%
0.16%	0.22%
9.19%	8.94%
3.44%	3.62%

Spending Breakdown by Claim



Spending Breakdown by Claim

MERCY MEDICAL CENTER	040010	AR
MERCY MEDICAL CENTER	040010	AR
MERCY MEDICAL CENTER	040010	AR
MERCY MEDICAL CENTER	040010	AR
MERCY MEDICAL CENTER	040010	AR
MERCY MEDICAL CENTER	040010	AR
MERCY MEDICAL CENTER	040010	AR
CHAMBERS MEMORIAL HOSPITAL	040011	AR
CHAMBERS MEMORIAL HOSPITAL	040011	AR
CHAMBERS MEMORIAL HOSPITAL	040011	AR
CHAMBERS MEMORIAL HOSPITAL	040011	AR
CHAMBERS MEMORIAL HOSPITAL	040011	AR
CHAMBERS MEMORIAL HOSPITAL	040011	AR
CHAMBERS MEMORIAL HOSPITAL	040011	AR
CHAMBERS MEMORIAL HOSPITAL	040011	AR
CHAMBERS MEMORIAL HOSPITAL	040011	AR
CHAMBERS MEMORIAL HOSPITAL	040011	AR
CHAMBERS MEMORIAL HOSPITAL	040011	AR
CHAMBERS MEMORIAL HOSPITAL	040011	AR
CHAMBERS MEMORIAL HOSPITAL	040011	AR

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier

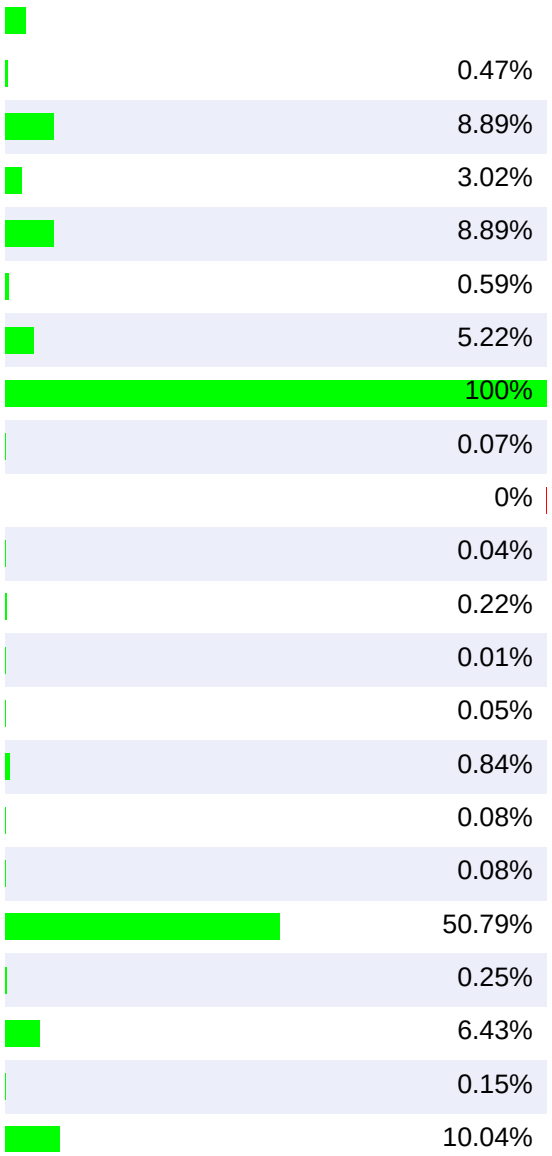
Spending Breakdown by Claim

$199.00	$88.00	$88.00
$1458.00	$1667.00	$1645.00
$345.00	$484.00	$558.00
$1599.00	$1239.00	$1646.00
$120.00	$118.00	$110.00
$953.00	$806.00	$966.00
$18541.00	$17485.00	$18506.00
$11.00	$11.00	$14.00
$0.00	$1.00	$1.00
$65.00	$11.00	$7.00
$13.00	$44.00	$40.00
$4.00	$2.00	$3.00
$6.00	$12.00	$9.00
$80.00	$160.00	$155.00
$11.00	$10.00	$14.00
$2.00	$19.00	$16.00
$5498.00	$9773.00	$9399.00
$22.00	$49.00	$46.00
$543.00	$755.00	$1190.00
$9.00	$39.00	$27.00
$542.00	$1563.00	$1857.00

Spending Breakdown by Claim

1.07%	0.5%
7.87%	9.54%
1.86%	2.77%
8.62%	7.08%
0.65%	0.68%
5.14%	4.61%
100%	100%
0.09%	0.06%
0%	0.01%
0.57%	0.06%
0.12%	0.25%
0.03%	0.01%
0.06%	0.07%
0.7%	0.92%
0.1%	0.06%
0.01%	0.11%
47.84%	55.9%
0.19%	0.28%
4.73%	4.32%
0.08%	0.22%
4.71%	8.94%

Spending Breakdown by Claim



Spending Breakdown by Claim

CHAMBERS MEMORIAL HOSPITAL	040011	AR
CHAMBERS MEMORIAL HOSPITAL	040011	AR
CHAMBERS MEMORIAL HOSPITAL	040011	AR
CHAMBERS MEMORIAL HOSPITAL	040011	AR
CHAMBERS MEMORIAL HOSPITAL	040011	AR
CHAMBERS MEMORIAL HOSPITAL	040011	AR
CHAMBERS MEMORIAL HOSPITAL	040011	AR
CHAMBERS MEMORIAL HOSPITAL	040011	AR
WHITE COUNTY MEDICAL CENTER	040014	AR
WHITE COUNTY MEDICAL CENTER	040014	AR
WHITE COUNTY MEDICAL CENTER	040014	AR
WHITE COUNTY MEDICAL CENTER	040014	AR
WHITE COUNTY MEDICAL CENTER	040014	AR
WHITE COUNTY MEDICAL CENTER	040014	AR
WHITE COUNTY MEDICAL CENTER	040014	AR
WHITE COUNTY MEDICAL CENTER	040014	AR
WHITE COUNTY MEDICAL CENTER	040014	AR
WHITE COUNTY MEDICAL CENTER	040014	AR
WHITE COUNTY MEDICAL CENTER	040014	AR
WHITE COUNTY MEDICAL CENTER	040014	AR

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment

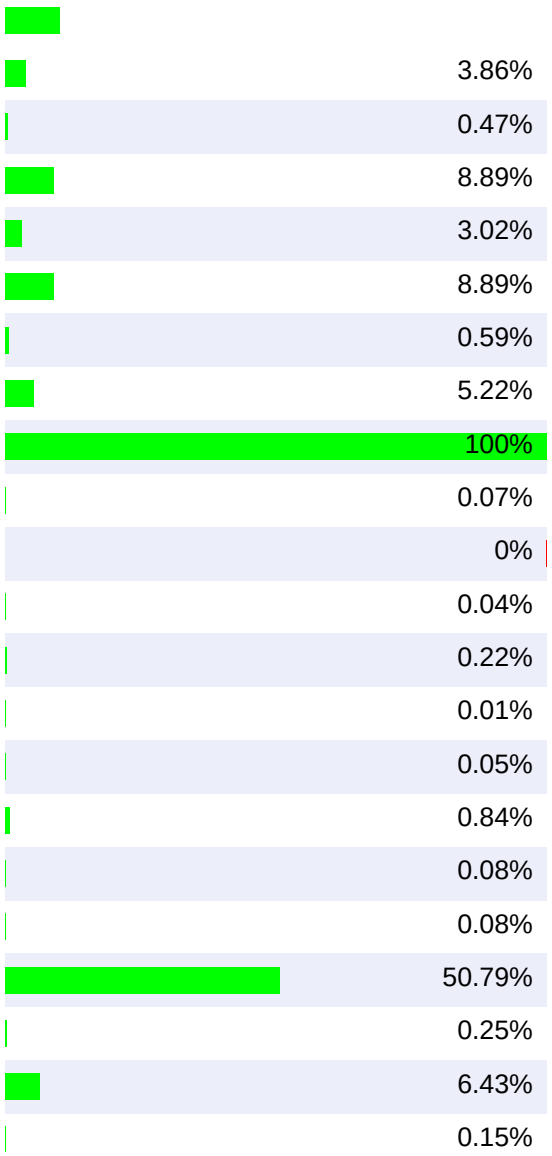
Spending Breakdown by Claim

$261.00	$632.00	$715.00
$15.00	$88.00	$88.00
$2731.00	$1667.00	$1645.00
$282.00	$484.00	$558.00
$614.00	$1239.00	$1646.00
$77.00	$118.00	$110.00
$707.00	$806.00	$966.00
$11492.00	$17485.00	$18506.00
$7.00	$11.00	$14.00
$1.00	$1.00	$1.00
$8.00	$11.00	$7.00
$26.00	$44.00	$40.00
$2.00	$2.00	$3.00
$9.00	$12.00	$9.00
$192.00	$160.00	$155.00
$3.00	$10.00	$14.00
$5.00	$19.00	$16.00
$8155.00	$9773.00	$9399.00
$16.00	$49.00	$46.00
$884.00	$755.00	$1190.00
$20.00	$39.00	$27.00

Spending Breakdown by Claim

2.27%	3.62%
0.13%	0.5%
23.76%	9.54%
2.45%	2.77%
5.35%	7.08%
0.67%	0.68%
6.15%	4.61%
100%	100%
0.05%	0.06%
0.01%	0.01%
0.05%	0.06%
0.17%	0.25%
0.01%	0.01%
0.06%	0.07%
1.24%	0.92%
0.02%	0.06%
0.03%	0.11%
52.49%	55.9%
0.1%	0.28%
5.69%	4.32%
0.13%	0.22%

Spending Breakdown by Claim



Spending Breakdown by Claim

WHITE COUNTY MEDICAL CENTER	040014	AR
WHITE COUNTY MEDICAL CENTER	040014	AR
WHITE COUNTY MEDICAL CENTER	040014	AR
WHITE COUNTY MEDICAL CENTER	040014	AR
WHITE COUNTY MEDICAL CENTER	040014	AR
WHITE COUNTY MEDICAL CENTER	040014	AR
WHITE COUNTY MEDICAL CENTER	040014	AR
WHITE COUNTY MEDICAL CENTER	040014	AR
WHITE COUNTY MEDICAL CENTER	040014	AR
MENA REGIONAL HEALTH SYSTEM	040015	AR
MENA REGIONAL HEALTH SYSTEM	040015	AR
MENA REGIONAL HEALTH SYSTEM	040015	AR
MENA REGIONAL HEALTH SYSTEM	040015	AR
MENA REGIONAL HEALTH SYSTEM	040015	AR
MENA REGIONAL HEALTH SYSTEM	040015	AR
MENA REGIONAL HEALTH SYSTEM	040015	AR
MENA REGIONAL HEALTH SYSTEM	040015	AR
MENA REGIONAL HEALTH SYSTEM	040015	AR
MENA REGIONAL HEALTH SYSTEM	040015	AR
MENA REGIONAL HEALTH SYSTEM	040015	AR

Spending Breakdown by Claim

During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility

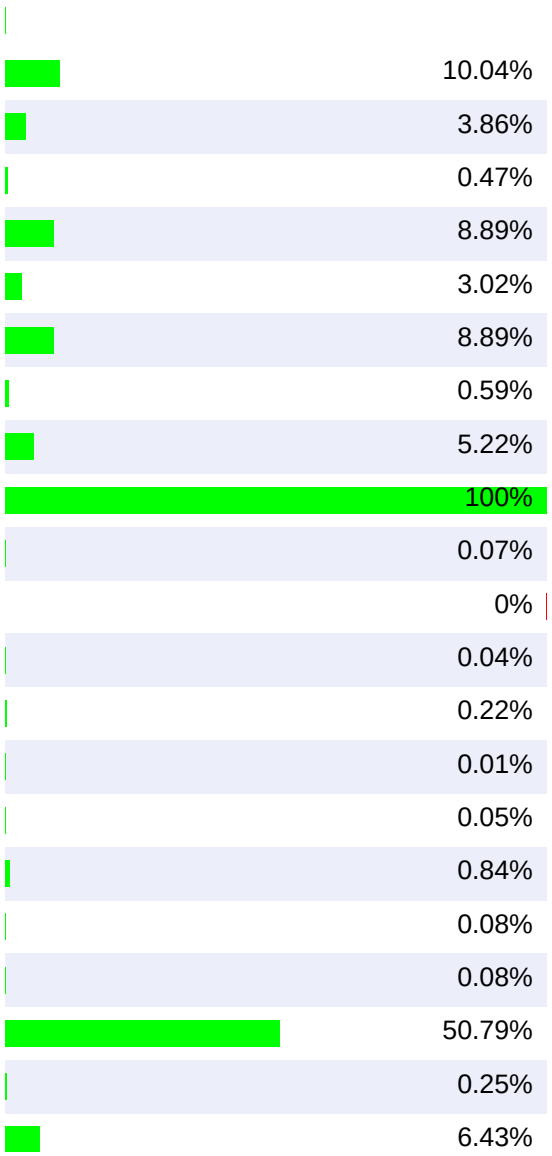
Spending Breakdown by Claim

$1148.00	$1563.00	$1857.00
$612.00	$632.00	$715.00
$40.00	$88.00	$88.00
$1705.00	$1667.00	$1645.00
$393.00	$484.00	$558.00
$1526.00	$1239.00	$1646.00
$116.00	$118.00	$110.00
$667.00	$806.00	$966.00
$15537.00	$17485.00	$18506.00
$0.00	$11.00	$14.00
$0.00	$1.00	$1.00
$0.00	$11.00	$7.00
$19.00	$44.00	$40.00
$16.00	$2.00	$3.00
$7.00	$12.00	$9.00
$125.00	$160.00	$155.00
$34.00	$10.00	$14.00
$5.00	$19.00	$16.00
$6999.00	$9773.00	$9399.00
$4.00	$49.00	$46.00
$1040.00	$755.00	$1190.00

Spending Breakdown by Claim

7.39%	8.94%
3.94%	3.62%
0.26%	0.5%
10.97%	9.54%
2.53%	2.77%
9.82%	7.08%
0.75%	0.68%
4.29%	4.61%
100%	100%
0%	0.06%
0%	0.01%
0%	0.06%
0.13%	0.25%
0.11%	0.01%
0.05%	0.07%
0.85%	0.92%
0.23%	0.06%
0.04%	0.11%
47.7%	55.9%
0.03%	0.28%
7.09%	4.32%

Spending Breakdown by Claim



Spending Breakdown by Claim

MENA REGIONAL HEALTH SYSTEM	040015	AR
MENA REGIONAL HEALTH SYSTEM	040015	AR
MENA REGIONAL HEALTH SYSTEM	040015	AR
MENA REGIONAL HEALTH SYSTEM	040015	AR
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MENA REGIONAL HEALTH SYSTEM	040015	AR
UAMS MEDICAL CENTER	040016	AR
UAMS MEDICAL CENTER	040016	AR
UAMS MEDICAL CENTER	040016	AR
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UAMS MEDICAL CENTER	040016	AR
UAMS MEDICAL CENTER	040016	AR
UAMS MEDICAL CENTER	040016	AR
UAMS MEDICAL CENTER	040016	AR
UAMS MEDICAL CENTER	040016	AR
UAMS MEDICAL CENTER	040016	AR

Spending Breakdown by Claim

During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient

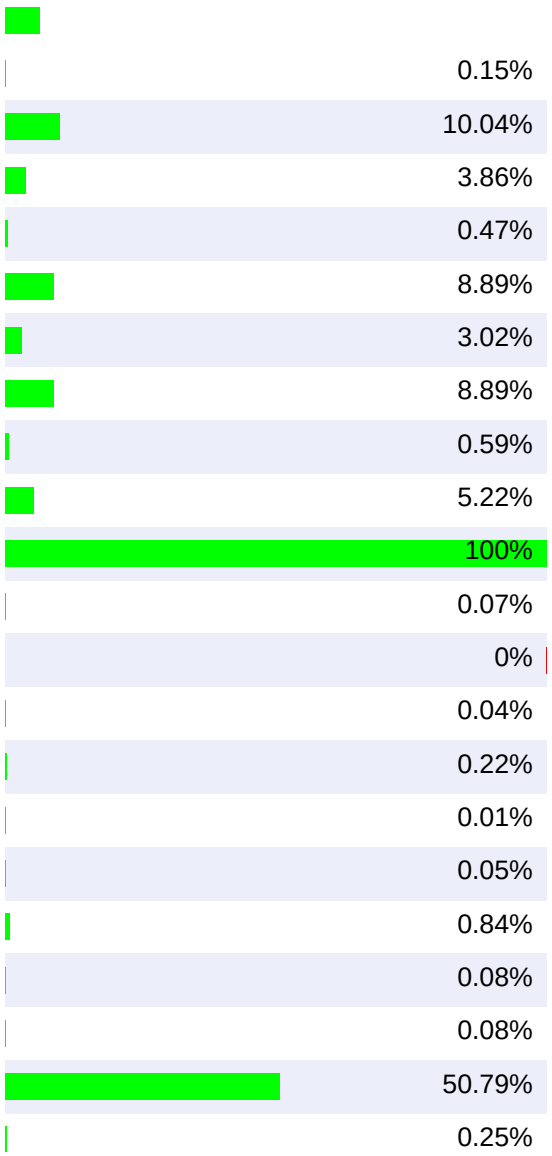
Spending Breakdown by Claim

$17.00	$39.00	$27.00
$709.00	$1563.00	$1857.00
$661.00	$632.00	$715.00
$113.00	$88.00	$88.00
$1524.00	$1667.00	$1645.00
$298.00	$484.00	$558.00
$2284.00	$1239.00	$1646.00
$111.00	$118.00	$110.00
$706.00	$806.00	$966.00
$14672.00	$17485.00	$18506.00
$8.00	$11.00	$14.00
$0.00	$1.00	$1.00
$11.00	$11.00	$7.00
$78.00	$44.00	$40.00
$2.00	$2.00	$3.00
$11.00	$12.00	$9.00
$161.00	$160.00	$155.00
$10.00	$10.00	$14.00
$27.00	$19.00	$16.00
$10960.00	$9773.00	$9399.00
$43.00	$49.00	$46.00

Spending Breakdown by Claim

0.12%	0.22%
4.83%	8.94%
4.5%	3.62%
0.77%	0.5%
10.38%	9.54%
2.03%	2.77%
15.57%	7.08%
0.75%	0.68%
4.81%	4.61%
100%	100%
0.04%	0.06%
0%	0.01%
0.06%	0.06%
0.4%	0.25%
0.01%	0.01%
0.06%	0.07%
0.82%	0.92%
0.05%	0.06%
0.14%	0.11%
55.95%	55.9%
0.22%	0.28%

Spending Breakdown by Claim



Spending Breakdown by Claim

UAMS MEDICAL CENTER	040016	AR
UAMS MEDICAL CENTER	040016	AR
UAMS MEDICAL CENTER	040016	AR
UAMS MEDICAL CENTER	040016	AR
UAMS MEDICAL CENTER	040016	AR
UAMS MEDICAL CENTER	040016	AR
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UAMS MEDICAL CENTER	040016	AR
UAMS MEDICAL CENTER	040016	AR
UAMS MEDICAL CENTER	040016	AR
UAMS MEDICAL CENTER	040016	AR
NORTH ARKANSAS REG MED CTR	040017	AR
NORTH ARKANSAS REG MED CTR	040017	AR
NORTH ARKANSAS REG MED CTR	040017	AR
NORTH ARKANSAS REG MED CTR	040017	AR
NORTH ARKANSAS REG MED CTR	040017	AR
NORTH ARKANSAS REG MED CTR	040017	AR
NORTH ARKANSAS REG MED CTR	040017	AR
NORTH ARKANSAS REG MED CTR	040017	AR
NORTH ARKANSAS REG MED CTR	040017	AR
NORTH ARKANSAS REG MED CTR	040017	AR

Spending Breakdown by Claim

During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient

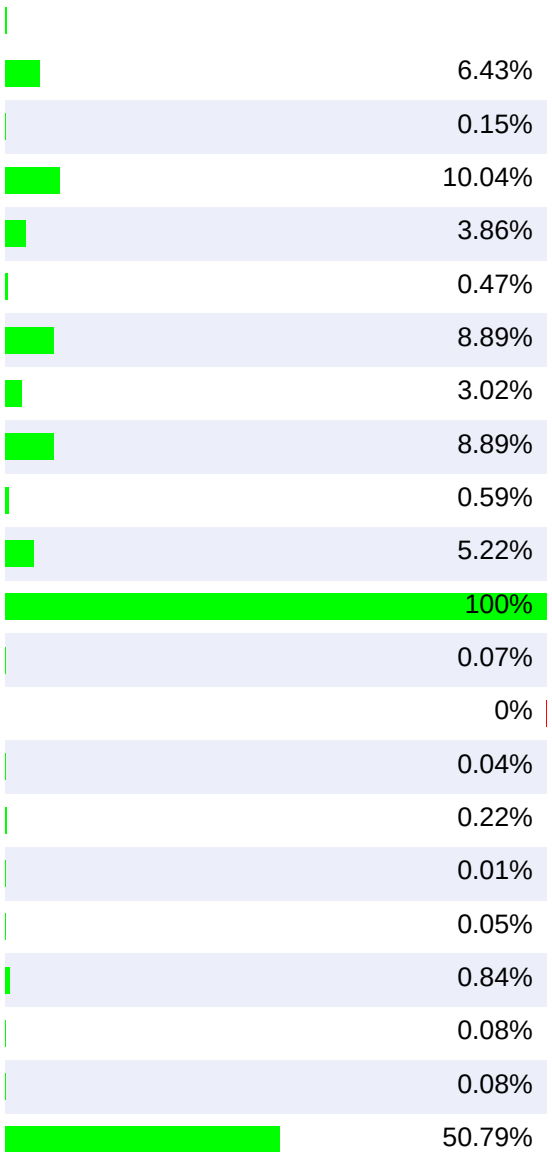
Spending Breakdown by Claim

$360.00	$755.00	$1190.00
$52.00	$39.00	$27.00
$1673.00	$1563.00	$1857.00
$518.00	$632.00	$715.00
$93.00	$88.00	$88.00
$2389.00	$1667.00	$1645.00
$1292.00	$484.00	$558.00
$758.00	$1239.00	$1646.00
$208.00	$118.00	$110.00
$936.00	$806.00	$966.00
$19589.00	$17485.00	$18506.00
$17.00	$11.00	$14.00
$0.00	$1.00	$1.00
$7.00	$11.00	$7.00
$50.00	$44.00	$40.00
$6.00	$2.00	$3.00
$7.00	$12.00	$9.00
$107.00	$160.00	$155.00
$8.00	$10.00	$14.00
$11.00	$19.00	$16.00
$6915.00	$9773.00	$9399.00

Spending Breakdown by Claim

1.84%	4.32%
0.27%	0.22%
8.54%	8.94%
2.64%	3.62%
0.47%	0.5%
12.2%	9.54%
6.59%	2.77%
3.87%	7.08%
1.06%	0.68%
4.78%	4.61%
100%	100%
0.12%	0.06%
0%	0.01%
0.05%	0.06%
0.34%	0.25%
0.04%	0.01%
0.05%	0.07%
0.73%	0.92%
0.05%	0.06%
0.07%	0.11%
47.21%	55.9%

Spending Breakdown by Claim



Spending Breakdown by Claim

NORTH ARKANSAS REG MED CTR	040017	AR
NORTH ARKANSAS REG MED CTR	040017	AR
NORTH ARKANSAS REG MED CTR	040017	AR
NORTH ARKANSAS REG MED CTR	040017	AR
NORTH ARKANSAS REG MED CTR	040017	AR
NORTH ARKANSAS REG MED CTR	040017	AR
NORTH ARKANSAS REG MED CTR	040017	AR
NORTH ARKANSAS REG MED CTR	040017	AR
NORTH ARKANSAS REG MED CTR	040017	AR
NORTH ARKANSAS REG MED CTR	040017	AR
NORTH ARKANSAS REG MED CTR	040017	AR
NORTH ARKANSAS REG MED CTR	040017	AR
SUMMIT MEDICAL CENTER	040018	AR
SUMMIT MEDICAL CENTER	040018	AR
SUMMIT MEDICAL CENTER	040018	AR
SUMMIT MEDICAL CENTER	040018	AR
SUMMIT MEDICAL CENTER	040018	AR
SUMMIT MEDICAL CENTER	040018	AR
SUMMIT MEDICAL CENTER	040018	AR
SUMMIT MEDICAL CENTER	040018	AR

Spending Breakdown by Claim

During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice

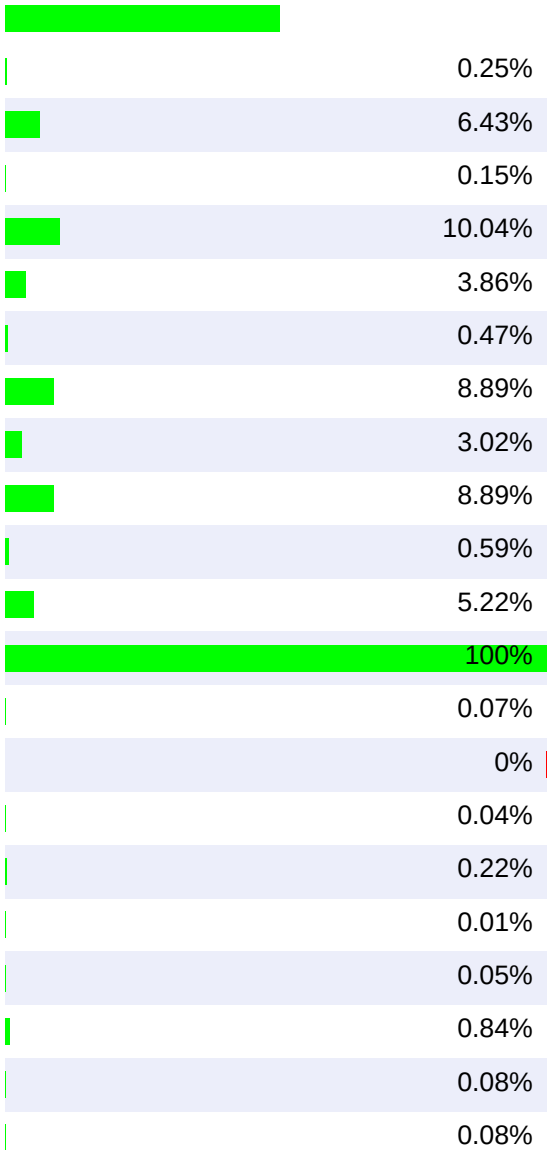
Spending Breakdown by Claim

$156.00	$49.00	$46.00
$1175.00	$755.00	$1190.00
$44.00	$39.00	$27.00
$1078.00	$1563.00	$1857.00
$601.00	$632.00	$715.00
$73.00	$88.00	$88.00
$1166.00	$1667.00	$1645.00
$554.00	$484.00	$558.00
$1981.00	$1239.00	$1646.00
$87.00	$118.00	$110.00
$602.00	$806.00	$966.00
$14646.00	$17485.00	$18506.00
$0.00	$11.00	$14.00
$0.00	$1.00	$1.00
$0.00	$11.00	$7.00
$14.00	$44.00	$40.00
$2.00	$2.00	$3.00
$9.00	$12.00	$9.00
$86.00	$160.00	$155.00
$35.00	$10.00	$14.00
$17.00	$19.00	$16.00

Spending Breakdown by Claim

1.06%	0.28%
8.02%	4.32%
0.3%	0.22%
7.36%	8.94%
4.11%	3.62%
0.5%	0.5%
7.96%	9.54%
3.78%	2.77%
13.52%	7.08%
0.6%	0.68%
4.11%	4.61%
100%	100%
0%	0.06%
0%	0.01%
0%	0.06%
0.1%	0.25%
0.02%	0.01%
0.06%	0.07%
0.61%	0.92%
0.25%	0.06%
0.12%	0.11%

Spending Breakdown by Claim



Spending Breakdown by Claim

SUMMIT MEDICAL CENTER	040018	AR
SUMMIT MEDICAL CENTER	040018	AR
SUMMIT MEDICAL CENTER	040018	AR
SUMMIT MEDICAL CENTER	040018	AR
SUMMIT MEDICAL CENTER	040018	AR
SUMMIT MEDICAL CENTER	040018	AR
SUMMIT MEDICAL CENTER	040018	AR
SUMMIT MEDICAL CENTER	040018	AR
SUMMIT MEDICAL CENTER	040018	AR
SUMMIT MEDICAL CENTER	040018	AR
SUMMIT MEDICAL CENTER	040018	AR
SUMMIT MEDICAL CENTER	040018	AR
SUMMIT MEDICAL CENTER	040018	AR
FORREST CITY MEDICAL CENTER	040019	AR
FORREST CITY MEDICAL CENTER	040019	AR
FORREST CITY MEDICAL CENTER	040019	AR
FORREST CITY MEDICAL CENTER	040019	AR
FORREST CITY MEDICAL CENTER	040019	AR
FORREST CITY MEDICAL CENTER	040019	AR
FORREST CITY MEDICAL CENTER	040019	AR
FORREST CITY MEDICAL CENTER	040019	AR

Spending Breakdown by Claim

During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency

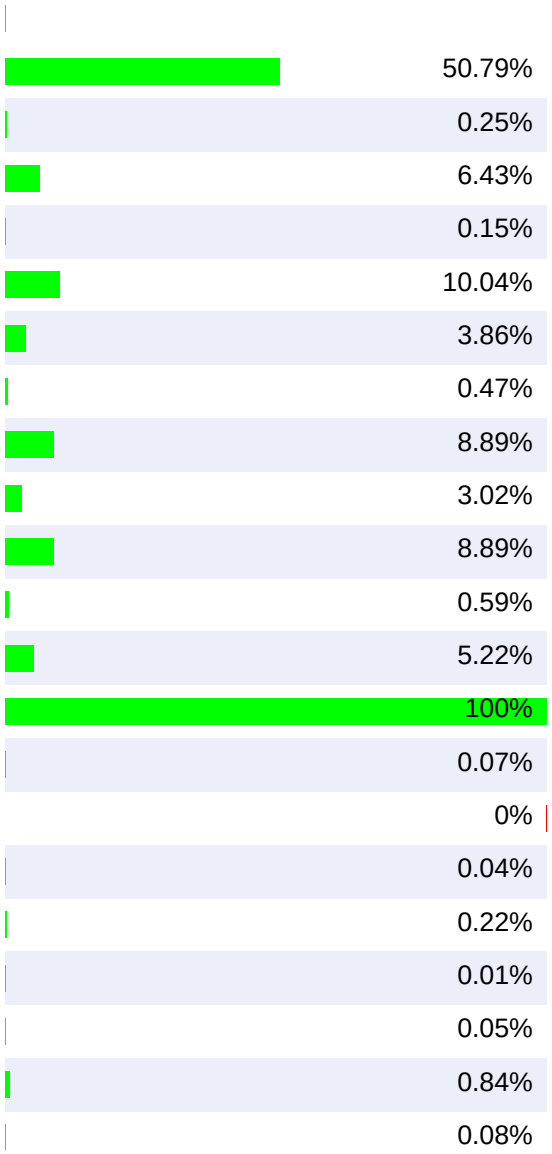
Spending Breakdown by Claim

$6914.00	$9773.00	$9399.00
$12.00	$49.00	$46.00
$988.00	$755.00	$1190.00
$23.00	$39.00	$27.00
$1018.00	$1563.00	$1857.00
$848.00	$632.00	$715.00
$150.00	$88.00	$88.00
$1840.00	$1667.00	$1645.00
$369.00	$484.00	$558.00
$1099.00	$1239.00	$1646.00
$78.00	$118.00	$110.00
$578.00	$806.00	$966.00
$14081.00	$17485.00	$18506.00
$10.00	$11.00	$14.00
$8.00	$1.00	$1.00
$28.00	$11.00	$7.00
$13.00	$44.00	$40.00
$0.00	$2.00	$3.00
$4.00	$12.00	$9.00
$78.00	$160.00	$155.00
$17.00	$10.00	$14.00

Spending Breakdown by Claim

49.1%	55.9%
0.09%	0.28%
7.02%	4.32%
0.16%	0.22%
7.23%	8.94%
6.03%	3.62%
1.07%	0.5%
13.07%	9.54%
2.62%	2.77%
7.81%	7.08%
0.55%	0.68%
4.1%	4.61%
100%	100%
0.09%	0.06%
0.07%	0.01%
0.25%	0.06%
0.12%	0.25%
0%	0.01%
0.03%	0.07%
0.7%	0.92%
0.15%	0.06%

Spending Breakdown by Claim



Spending Breakdown by Claim

FORREST CITY MEDICAL CENTER	040019	AR
FORREST CITY MEDICAL CENTER	040019	AR
FORREST CITY MEDICAL CENTER	040019	AR
FORREST CITY MEDICAL CENTER	040019	AR
FORREST CITY MEDICAL CENTER	040019	AR
FORREST CITY MEDICAL CENTER	040019	AR
FORREST CITY MEDICAL CENTER	040019	AR
FORREST CITY MEDICAL CENTER	040019	AR
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FORREST CITY MEDICAL CENTER	040019	AR
FORREST CITY MEDICAL CENTER	040019	AR
FORREST CITY MEDICAL CENTER	040019	AR
ST BERNARDS MEDICAL CENTER	040020	AR
ST BERNARDS MEDICAL CENTER	040020	AR
ST BERNARDS MEDICAL CENTER	040020	AR
ST BERNARDS MEDICAL CENTER	040020	AR
ST BERNARDS MEDICAL CENTER	040020	AR
ST BERNARDS MEDICAL CENTER	040020	AR
ST BERNARDS MEDICAL CENTER	040020	AR

Spending Breakdown by Claim

During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier

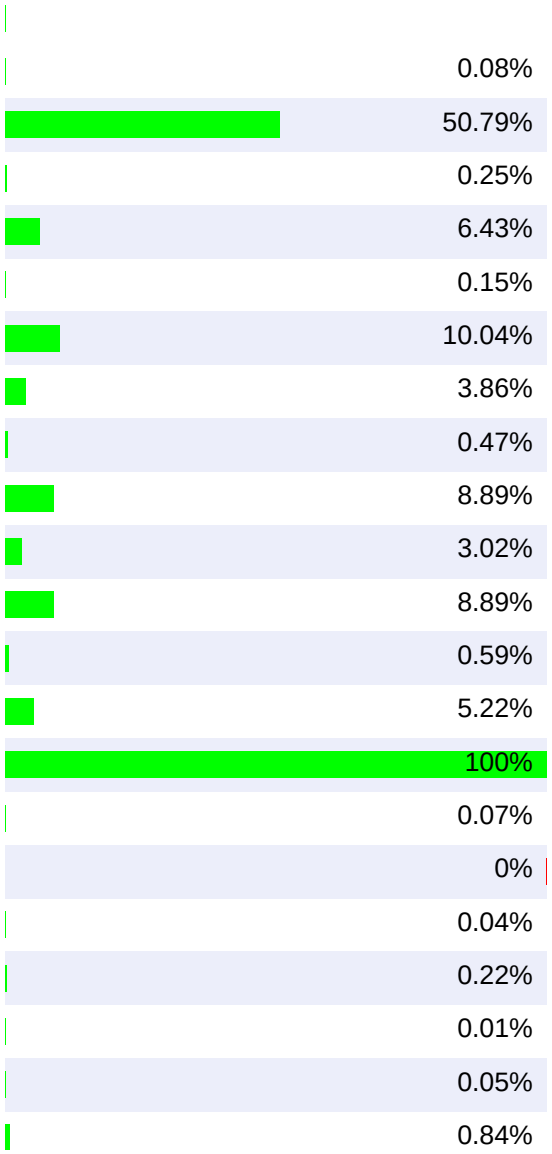
Spending Breakdown by Claim

$3.00	$19.00	$16.00
$5685.00	$9773.00	$9399.00
$12.00	$49.00	$46.00
$199.00	$755.00	$1190.00
$17.00	$39.00	$27.00
$887.00	$1563.00	$1857.00
$674.00	$632.00	$715.00
$61.00	$88.00	$88.00
$1952.00	$1667.00	$1645.00
$259.00	$484.00	$558.00
$335.00	$1239.00	$1646.00
$137.00	$118.00	$110.00
$749.00	$806.00	$966.00
$11129.00	$17485.00	$18506.00
$11.00	$11.00	$14.00
$0.00	$1.00	$1.00
$12.00	$11.00	$7.00
$32.00	$44.00	$40.00
$3.00	$2.00	$3.00
$7.00	$12.00	$9.00
$201.00	$160.00	$155.00

Spending Breakdown by Claim

0.02%	0.11%
51.09%	55.9%
0.11%	0.28%
1.79%	4.32%
0.16%	0.22%
7.97%	8.94%
6.06%	3.62%
0.55%	0.5%
17.54%	9.54%
2.33%	2.77%
3.01%	7.08%
1.23%	0.68%
6.73%	4.61%
100%	100%
0.06%	0.06%
0%	0.01%
0.07%	0.06%
0.19%	0.25%
0.02%	0.01%
0.04%	0.07%
1.16%	0.92%

Spending Breakdown by Claim



Spending Breakdown by Claim

ST BERNARDS MEDICAL CENTER	040020	AR
ST BERNARDS MEDICAL CENTER	040020	AR
ST BERNARDS MEDICAL CENTER	040020	AR
ST BERNARDS MEDICAL CENTER	040020	AR
ST BERNARDS MEDICAL CENTER	040020	AR
ST BERNARDS MEDICAL CENTER	040020	AR
ST BERNARDS MEDICAL CENTER	040020	AR
ST BERNARDS MEDICAL CENTER	040020	AR
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ST BERNARDS MEDICAL CENTER	040020	AR
ST BERNARDS MEDICAL CENTER	040020	AR
ST BERNARDS MEDICAL CENTER	040020	AR
ST BERNARDS MEDICAL CENTER	040020	AR
ST BERNARDS MEDICAL CENTER	040020	AR
NW ARKANSAS HOSPITALS, LLC	040022	AR
NW ARKANSAS HOSPITALS, LLC	040022	AR
NW ARKANSAS HOSPITALS, LLC	040022	AR
NW ARKANSAS HOSPITALS, LLC	040022	AR
NW ARKANSAS HOSPITALS, LLC	040022	AR
NW ARKANSAS HOSPITALS, LLC	040022	AR

Spending Breakdown by Claim

During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment

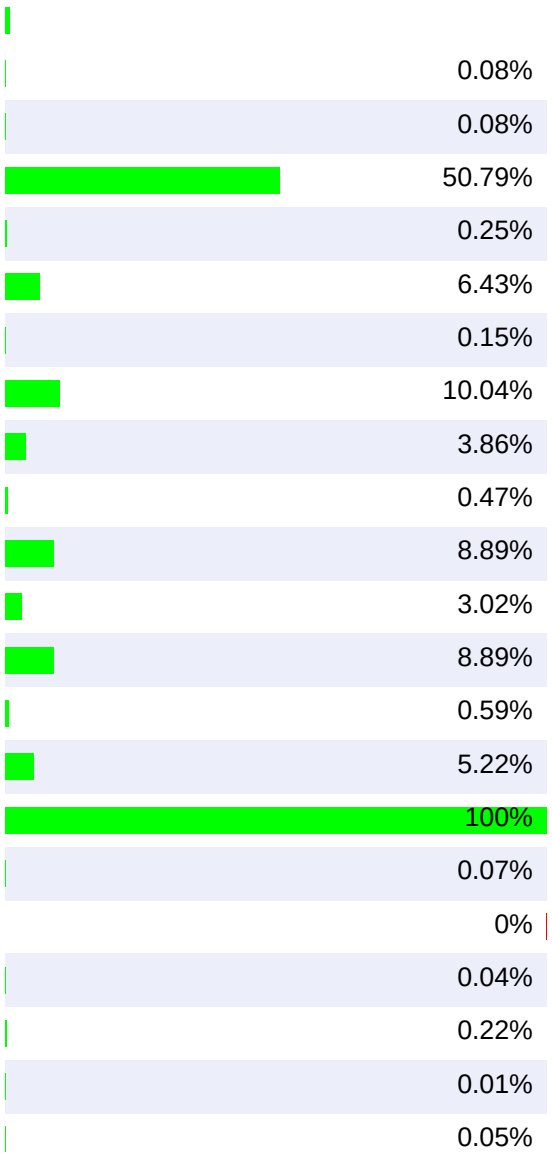
Spending Breakdown by Claim

$4.00	$10.00	$14.00
$6.00	$19.00	$16.00
$9478.00	$9773.00	$9399.00
$54.00	$49.00	$46.00
$830.00	$755.00	$1190.00
$48.00	$39.00	$27.00
$1618.00	$1563.00	$1857.00
$504.00	$632.00	$715.00
$54.00	$88.00	$88.00
$1707.00	$1667.00	$1645.00
$470.00	$484.00	$558.00
$1259.00	$1239.00	$1646.00
$139.00	$118.00	$110.00
$814.00	$806.00	$966.00
$17250.00	$17485.00	$18506.00
$10.00	$11.00	$14.00
$0.00	$1.00	$1.00
$10.00	$11.00	$7.00
$18.00	$44.00	$40.00
$2.00	$2.00	$3.00
$8.00	$12.00	$9.00

Spending Breakdown by Claim

0.03%	0.06%
0.04%	0.11%
54.94%	55.9%
0.31%	0.28%
4.81%	4.32%
0.28%	0.22%
9.38%	8.94%
2.92%	3.62%
0.31%	0.5%
9.9%	9.54%
2.72%	2.77%
7.3%	7.08%
0.8%	0.68%
4.72%	4.61%
100%	100%
0.06%	0.06%
0%	0.01%
0.06%	0.06%
0.1%	0.25%
0.01%	0.01%
0.05%	0.07%

Spending Breakdown by Claim



Spending Breakdown by Claim

NW ARKANSAS HOSPITALS, LLC	040022	AR
NW ARKANSAS HOSPITALS, LLC	040022	AR
NW ARKANSAS HOSPITALS, LLC	040022	AR
NW ARKANSAS HOSPITALS, LLC	040022	AR
NW ARKANSAS HOSPITALS, LLC	040022	AR
NW ARKANSAS HOSPITALS, LLC	040022	AR
NW ARKANSAS HOSPITALS, LLC	040022	AR
NW ARKANSAS HOSPITALS, LLC	040022	AR
NW ARKANSAS HOSPITALS, LLC	040022	AR
NW ARKANSAS HOSPITALS, LLC	040022	AR
NW ARKANSAS HOSPITALS, LLC	040022	AR
NW ARKANSAS HOSPITALS, LLC	040022	AR
NW ARKANSAS HOSPITALS, LLC	040022	AR
NW ARKANSAS HOSPITALS, LLC	040022	AR
NW ARKANSAS HOSPITALS, LLC	040022	AR
ST JOSEPHS MERCY HEALTH CENTER	040026	AR
ST JOSEPHS MERCY HEALTH CENTER	040026	AR
ST JOSEPHS MERCY HEALTH CENTER	040026	AR
ST JOSEPHS MERCY HEALTH CENTER	040026	AR
ST JOSEPHS MERCY HEALTH CENTER	040026	AR

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility

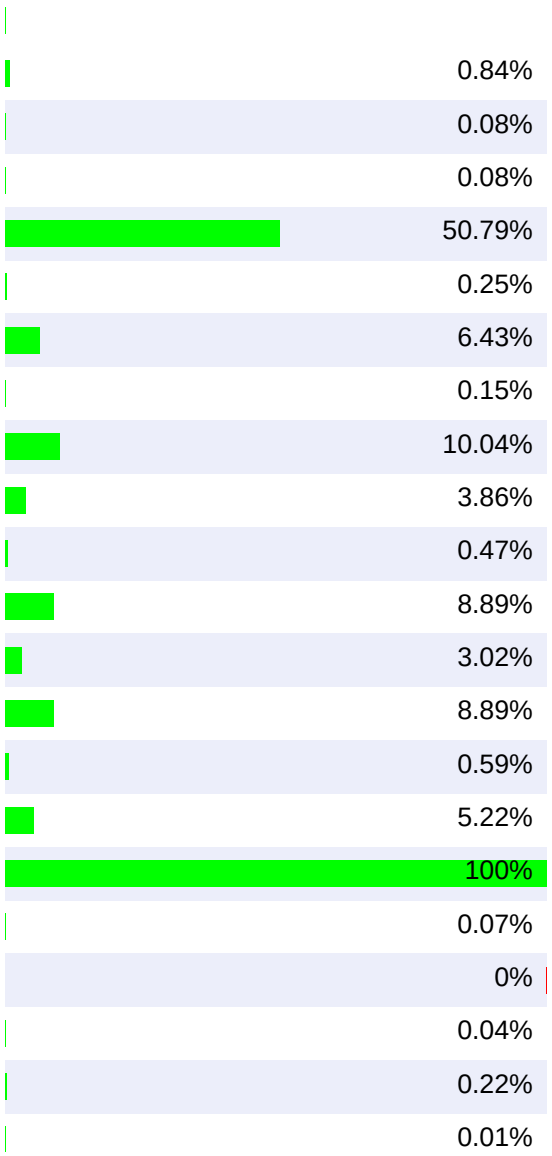
Spending Breakdown by Claim

$138.00	$160.00	$155.00
$6.00	$10.00	$14.00
$31.00	$19.00	$16.00
$9011.00	$9773.00	$9399.00
$13.00	$49.00	$46.00
$953.00	$755.00	$1190.00
$22.00	$39.00	$27.00
$1485.00	$1563.00	$1857.00
$612.00	$632.00	$715.00
$141.00	$88.00	$88.00
$1799.00	$1667.00	$1645.00
$426.00	$484.00	$558.00
$1513.00	$1239.00	$1646.00
$98.00	$118.00	$110.00
$918.00	$806.00	$966.00
$17215.00	$17485.00	$18506.00
$5.00	$11.00	$14.00
$1.00	$1.00	$1.00
$7.00	$11.00	$7.00
$48.00	$44.00	$40.00
$1.00	$2.00	$3.00

Spending Breakdown by Claim

0.8%	0.92%
0.04%	0.06%
0.18%	0.11%
52.34%	55.9%
0.07%	0.28%
5.54%	4.32%
0.13%	0.22%
8.62%	8.94%
3.55%	3.62%
0.82%	0.5%
10.45%	9.54%
2.48%	2.77%
8.79%	7.08%
0.57%	0.68%
5.33%	4.61%
100%	100%
0.03%	0.06%
0.01%	0.01%
0.04%	0.06%
0.26%	0.25%
0.01%	0.01%

Spending Breakdown by Claim



Spending Breakdown by Claim

ST JOSEPHS MERCY HEALTH CENTER	040026	AR
ST JOSEPHS MERCY HEALTH CENTER	040026	AR
ST JOSEPHS MERCY HEALTH CENTER	040026	AR
ST JOSEPHS MERCY HEALTH CENTER	040026	AR
ST JOSEPHS MERCY HEALTH CENTER	040026	AR
ST JOSEPHS MERCY HEALTH CENTER	040026	AR
ST JOSEPHS MERCY HEALTH CENTER	040026	AR
ST JOSEPHS MERCY HEALTH CENTER	040026	AR
ST JOSEPHS MERCY HEALTH CENTER	040026	AR
ST JOSEPHS MERCY HEALTH CENTER	040026	AR
ST JOSEPHS MERCY HEALTH CENTER	040026	AR
ST JOSEPHS MERCY HEALTH CENTER	040026	AR
ST JOSEPHS MERCY HEALTH CENTER	040026	AR
ST JOSEPHS MERCY HEALTH CENTER	040026	AR
ST JOSEPHS MERCY HEALTH CENTER	040026	AR
ST JOSEPHS MERCY HEALTH CENTER	040026	AR
BAXTER REGIONAL MEDICAL CENTER	040027	AR
BAXTER REGIONAL MEDICAL CENTER	040027	AR
BAXTER REGIONAL MEDICAL CENTER	040027	AR
BAXTER REGIONAL MEDICAL CENTER	040027	AR

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient

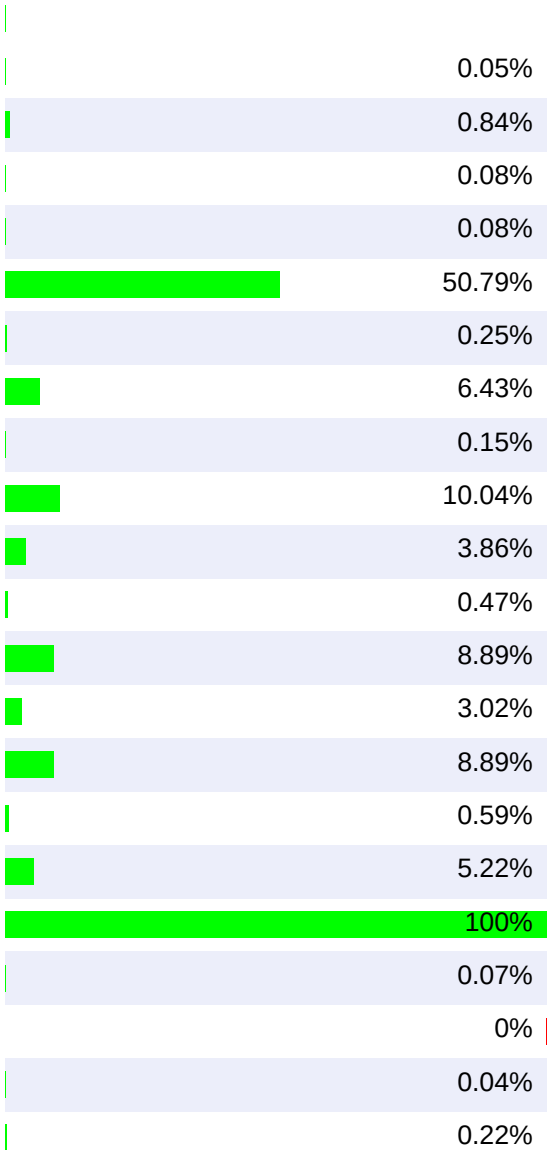
Spending Breakdown by Claim

$7.00	$12.00	$9.00
$170.00	$160.00	$155.00
$7.00	$10.00	$14.00
$40.00	$19.00	$16.00
$10172.00	$9773.00	$9399.00
$68.00	$49.00	$46.00
$936.00	$755.00	$1190.00
$35.00	$39.00	$27.00
$1770.00	$1563.00	$1857.00
$763.00	$632.00	$715.00
$129.00	$88.00	$88.00
$1368.00	$1667.00	$1645.00
$442.00	$484.00	$558.00
$1337.00	$1239.00	$1646.00
$125.00	$118.00	$110.00
$800.00	$806.00	$966.00
$18232.00	$17485.00	$18506.00
$15.00	$11.00	$14.00
$2.00	$1.00	$1.00
$14.00	$11.00	$7.00
$66.00	$44.00	$40.00

Spending Breakdown by Claim

0.04%	0.07%
0.93%	0.92%
0.04%	0.06%
0.22%	0.11%
55.79%	55.9%
0.37%	0.28%
5.14%	4.32%
0.19%	0.22%
9.71%	8.94%
4.18%	3.62%
0.71%	0.5%
7.5%	9.54%
2.42%	2.77%
7.33%	7.08%
0.69%	0.68%
4.39%	4.61%
100%	100%
0.09%	0.06%
0.01%	0.01%
0.09%	0.06%
0.41%	0.25%

Spending Breakdown by Claim



Spending Breakdown by Claim

BAXTER REGIONAL MEDICAL CENTER	040027	AR
BAXTER REGIONAL MEDICAL CENTER	040027	AR
BAXTER REGIONAL MEDICAL CENTER	040027	AR
BAXTER REGIONAL MEDICAL CENTER	040027	AR
BAXTER REGIONAL MEDICAL CENTER	040027	AR
BAXTER REGIONAL MEDICAL CENTER	040027	AR
BAXTER REGIONAL MEDICAL CENTER	040027	AR
BAXTER REGIONAL MEDICAL CENTER	040027	AR
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BAXTER REGIONAL MEDICAL CENTER	040027	AR
BAXTER REGIONAL MEDICAL CENTER	040027	AR
BAXTER REGIONAL MEDICAL CENTER	040027	AR
BAXTER REGIONAL MEDICAL CENTER	040027	AR
CONWAY REGIONAL MEDICAL CENTER	040029	AR
CONWAY REGIONAL MEDICAL CENTER	040029	AR
CONWAY REGIONAL MEDICAL CENTER	040029	AR

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient

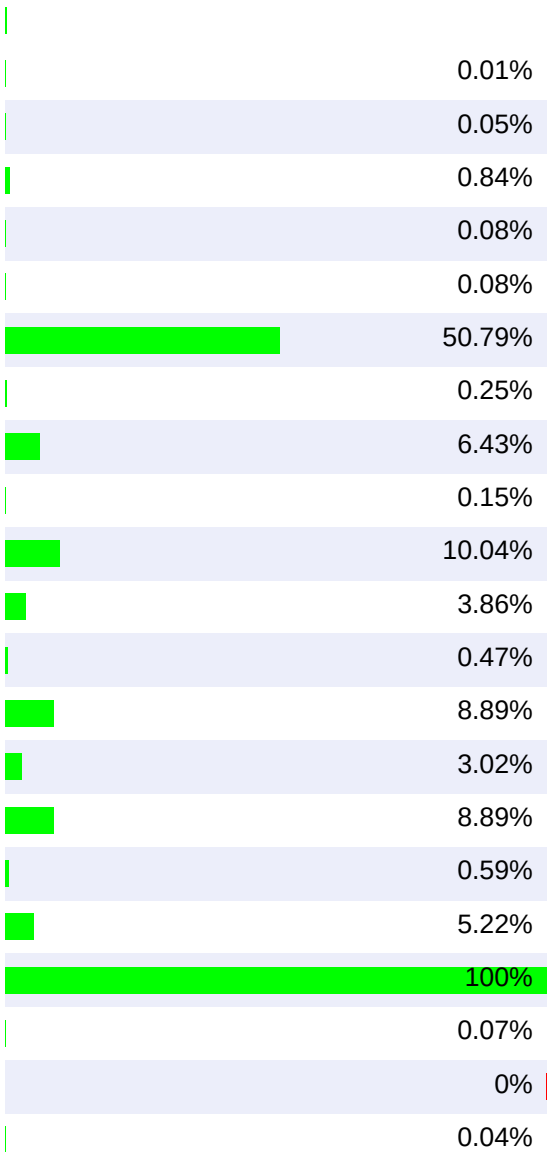
Spending Breakdown by Claim

$4.00	$2.00	$3.00
$9.00	$12.00	$9.00
$113.00	$160.00	$155.00
$14.00	$10.00	$14.00
$12.00	$19.00	$16.00
$8894.00	$9773.00	$9399.00
$158.00	$49.00	$46.00
$892.00	$755.00	$1190.00
$27.00	$39.00	$27.00
$1324.00	$1563.00	$1857.00
$755.00	$632.00	$715.00
$88.00	$88.00	$88.00
$1459.00	$1667.00	$1645.00
$468.00	$484.00	$558.00
$1175.00	$1239.00	$1646.00
$112.00	$118.00	$110.00
$633.00	$806.00	$966.00
$16235.00	$17485.00	$18506.00
$9.00	$11.00	$14.00
$2.00	$1.00	$1.00
$8.00	$11.00	$7.00

Spending Breakdown by Claim

0.03%	0.01%
0.05%	0.07%
0.7%	0.92%
0.08%	0.06%
0.07%	0.11%
54.78%	55.9%
0.97%	0.28%
5.49%	4.32%
0.17%	0.22%
8.16%	8.94%
4.65%	3.62%
0.54%	0.5%
8.99%	9.54%
2.88%	2.77%
7.24%	7.08%
0.69%	0.68%
3.9%	4.61%
100%	100%
0.05%	0.06%
0.01%	0.01%
0.05%	0.06%

Spending Breakdown by Claim



Spending Breakdown by Claim

CONWAY REGIONAL MEDICAL CENTER	040029	AR
CONWAY REGIONAL MEDICAL CENTER	040029	AR
CONWAY REGIONAL MEDICAL CENTER	040029	AR
CONWAY REGIONAL MEDICAL CENTER	040029	AR
CONWAY REGIONAL MEDICAL CENTER	040029	AR
CONWAY REGIONAL MEDICAL CENTER	040029	AR
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CONWAY REGIONAL MEDICAL CENTER	040029	AR
CONWAY REGIONAL MEDICAL CENTER	040029	AR
CONWAY REGIONAL MEDICAL CENTER	040029	AR
CONWAY REGIONAL MEDICAL CENTER	040029	AR
CONWAY REGIONAL MEDICAL CENTER	040029	AR
CONWAY REGIONAL MEDICAL CENTER	040029	AR
BAPTIST HEALTH MED CTR NLR	040036	AR
BAPTIST HEALTH MED CTR NLR	040036	AR

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice

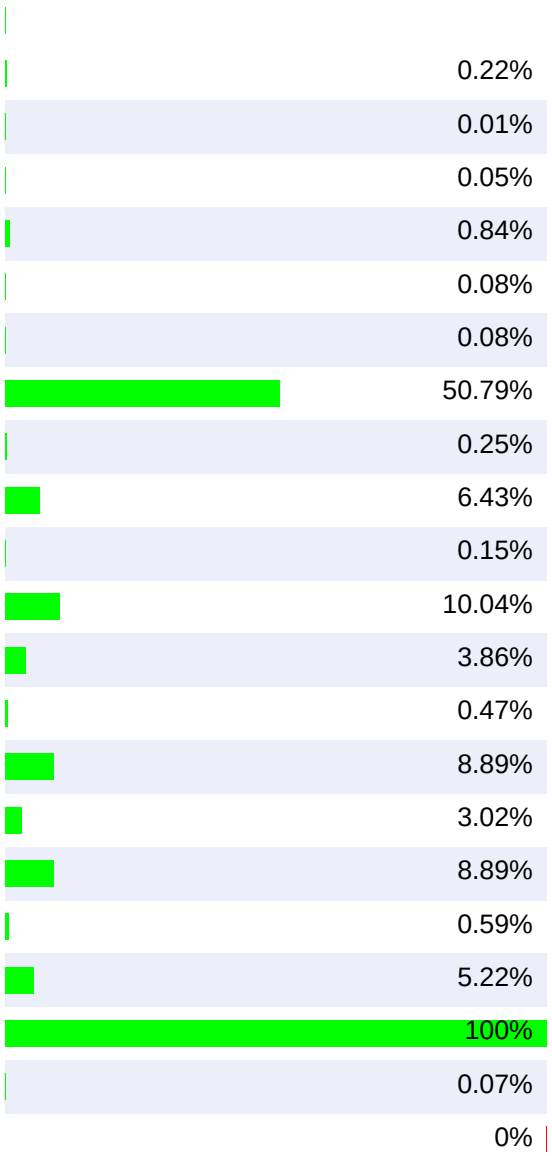
Spending Breakdown by Claim

$50.00	$44.00	$40.00
$3.00	$2.00	$3.00
$7.00	$12.00	$9.00
$144.00	$160.00	$155.00
$7.00	$10.00	$14.00
$20.00	$19.00	$16.00
$9661.00	$9773.00	$9399.00
$29.00	$49.00	$46.00
$985.00	$755.00	$1190.00
$25.00	$39.00	$27.00
$1448.00	$1563.00	$1857.00
$665.00	$632.00	$715.00
$108.00	$88.00	$88.00
$1449.00	$1667.00	$1645.00
$578.00	$484.00	$558.00
$1650.00	$1239.00	$1646.00
$114.00	$118.00	$110.00
$862.00	$806.00	$966.00
$17823.00	$17485.00	$18506.00
$2.00	$11.00	$14.00
$4.00	$1.00	$1.00

Spending Breakdown by Claim

0.28%	0.25%
0.02%	0.01%
0.04%	0.07%
0.81%	0.92%
0.04%	0.06%
0.11%	0.11%
54.2%	55.9%
0.16%	0.28%
5.53%	4.32%
0.14%	0.22%
8.13%	8.94%
3.73%	3.62%
0.61%	0.5%
8.13%	9.54%
3.24%	2.77%
9.26%	7.08%
0.64%	0.68%
4.84%	4.61%
100%	100%
0.01%	0.06%
0.02%	0.01%

Spending Breakdown by Claim



Spending Breakdown by Claim

BAPTIST HEALTH MED CTR NLR	040036	AR
BAPTIST HEALTH MED CTR NLR	040036	AR
BAPTIST HEALTH MED CTR NLR	040036	AR
BAPTIST HEALTH MED CTR NLR	040036	AR
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BAPTIST HEALTH MED CTR NLR	040036	AR
BAPTIST HEALTH MED CTR NLR	040036	AR
BAPTIST HEALTH MED CTR NLR	040036	AR
ARKANSAS METHODIST MEDICAL CENTER	040039	AR

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency

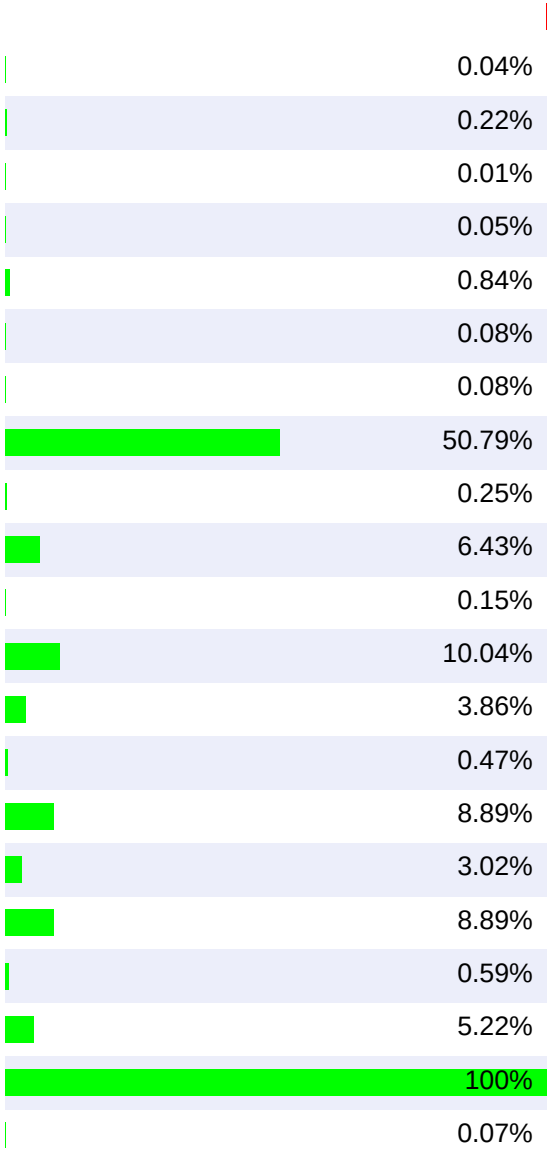
Spending Breakdown by Claim

$1.00	$11.00	$7.00
$29.00	$44.00	$40.00
$2.00	$2.00	$3.00
$8.00	$12.00	$9.00
$174.00	$160.00	$155.00
$6.00	$10.00	$14.00
$35.00	$19.00	$16.00
$10472.00	$9773.00	$9399.00
$29.00	$49.00	$46.00
$676.00	$755.00	$1190.00
$34.00	$39.00	$27.00
$1703.00	$1563.00	$1857.00
$685.00	$632.00	$715.00
$97.00	$88.00	$88.00
$2058.00	$1667.00	$1645.00
$517.00	$484.00	$558.00
$1190.00	$1239.00	$1646.00
$120.00	$118.00	$110.00
$971.00	$806.00	$966.00
$18813.00	$17485.00	$18506.00
$13.00	$11.00	$14.00

Spending Breakdown by Claim

0.01%	0.06%
0.15%	0.25%
0.01%	0.01%
0.04%	0.07%
0.92%	0.92%
0.03%	0.06%
0.18%	0.11%
55.67%	55.9%
0.15%	0.28%
3.6%	4.32%
0.18%	0.22%
9.05%	8.94%
3.64%	3.62%
0.52%	0.5%
10.94%	9.54%
2.75%	2.77%
6.32%	7.08%
0.64%	0.68%
5.16%	4.61%
100%	100%
0.08%	0.06%

Spending Breakdown by Claim



Spending Breakdown by Claim

ARKANSAS METHODIST MEDICAL CENTER	040039	AR
ARKANSAS METHODIST MEDICAL CENTER	040039	AR
ARKANSAS METHODIST MEDICAL CENTER	040039	AR
ARKANSAS METHODIST MEDICAL CENTER	040039	AR
ARKANSAS METHODIST MEDICAL CENTER	040039	AR
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ARKANSAS METHODIST MEDICAL CENTER	040039	AR
ARKANSAS METHODIST MEDICAL CENTER	040039	AR
ARKANSAS METHODIST MEDICAL CENTER	040039	AR
ARKANSAS METHODIST MEDICAL CENTER	040039	AR
ARKANSAS METHODIST MEDICAL CENTER	040039	AR

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total

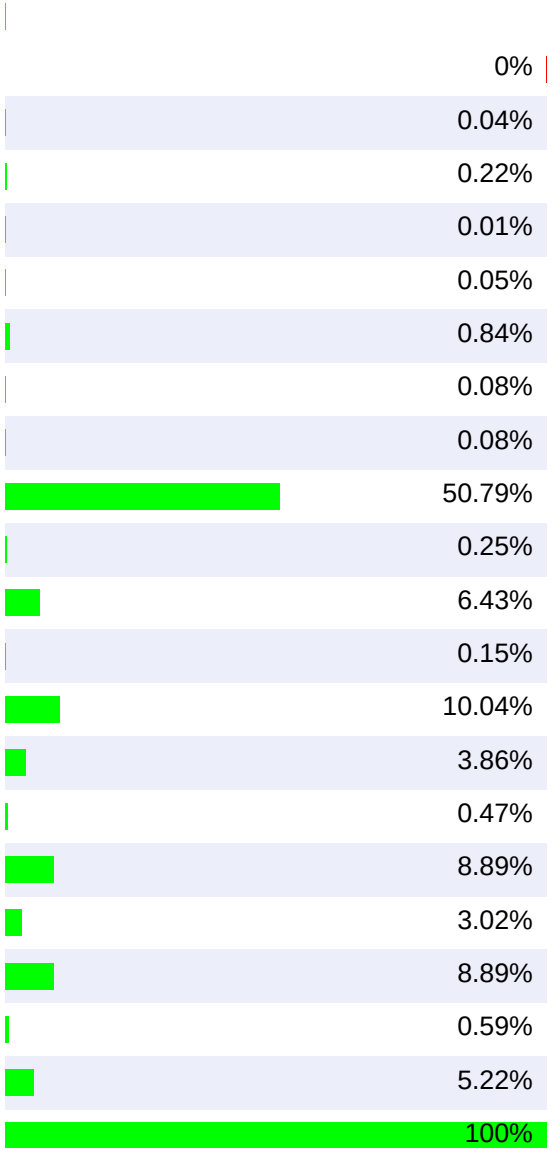
Spending Breakdown by Claim

$0.00	$1.00	$1.00
$8.00	$11.00	$7.00
$16.00	$44.00	$40.00
$1.00	$2.00	$3.00
$13.00	$12.00	$9.00
$128.00	$160.00	$155.00
$4.00	$10.00	$14.00
$4.00	$19.00	$16.00
$8117.00	$9773.00	$9399.00
$21.00	$49.00	$46.00
$752.00	$755.00	$1190.00
$14.00	$39.00	$27.00
$1097.00	$1563.00	$1857.00
$467.00	$632.00	$715.00
$102.00	$88.00	$88.00
$1919.00	$1667.00	$1645.00
$333.00	$484.00	$558.00
$1782.00	$1239.00	$1646.00
$130.00	$118.00	$110.00
$650.00	$806.00	$966.00
$15570.00	$17485.00	$18506.00

Spending Breakdown by Claim

0%	0.01%
0.05%	0.06%
0.1%	0.25%
0.01%	0.01%
0.08%	0.07%
0.82%	0.92%
0.02%	0.06%
0.03%	0.11%
52.13%	55.9%
0.14%	0.28%
4.83%	4.32%
0.09%	0.22%
7.05%	8.94%
3%	3.62%
0.65%	0.5%
12.32%	9.54%
2.14%	2.77%
11.45%	7.08%
0.83%	0.68%
4.17%	4.61%
100%	100%

Spending Breakdown by Claim



Spending Breakdown by Claim

ST MARYS RMC RUSSELLVILLE	040041	AR
ST MARYS RMC RUSSELLVILLE	040041	AR
ST MARYS RMC RUSSELLVILLE	040041	AR
ST MARYS RMC RUSSELLVILLE	040041	AR
ST MARYS RMC RUSSELLVILLE	040041	AR
ST MARYS RMC RUSSELLVILLE	040041	AR
ST MARYS RMC RUSSELLVILLE	040041	AR
ST MARYS RMC RUSSELLVILLE	040041	AR
ST MARYS RMC RUSSELLVILLE	040041	AR
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ST MARYS RMC RUSSELLVILLE	040041	AR
ST MARYS RMC RUSSELLVILLE	040041	AR
ST MARYS RMC RUSSELLVILLE	040041	AR
ST MARYS RMC RUSSELLVILLE	040041	AR
ST MARYS RMC RUSSELLVILLE	040041	AR
ST MARYS RMC RUSSELLVILLE	040041	AR
ST MARYS RMC RUSSELLVILLE	040041	AR
ST MARYS RMC RUSSELLVILLE	040041	AR
ST MARYS RMC RUSSELLVILLE	040041	AR

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier

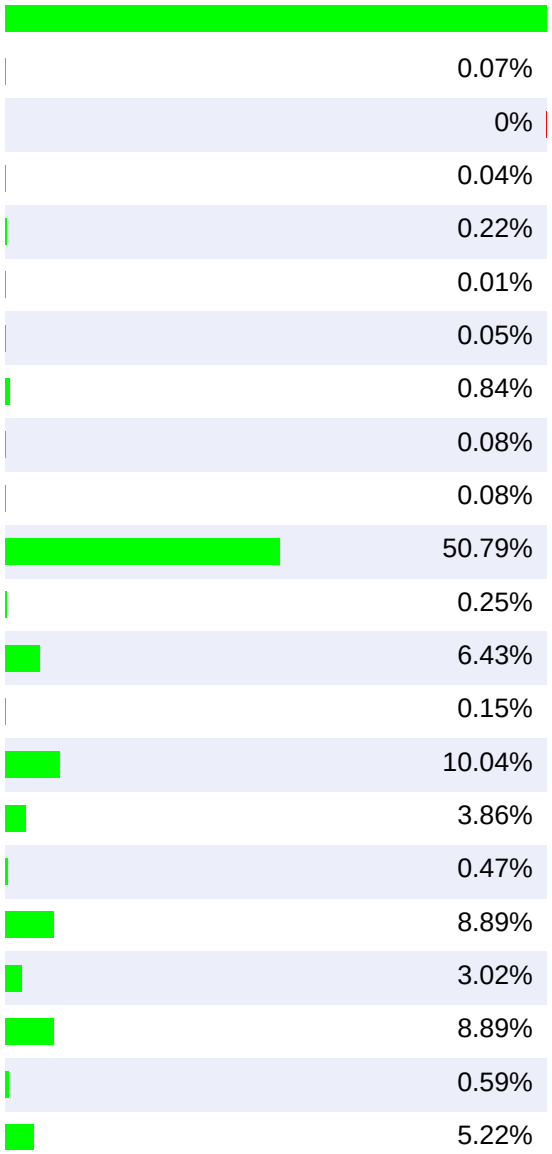
Spending Breakdown by Claim

$2.00	$11.00	$14.00
$0.00	$1.00	$1.00
$3.00	$11.00	$7.00
$19.00	$44.00	$40.00
$1.00	$2.00	$3.00
$15.00	$12.00	$9.00
$142.00	$160.00	$155.00
$8.00	$10.00	$14.00
$13.00	$19.00	$16.00
$8254.00	$9773.00	$9399.00
$39.00	$49.00	$46.00
$988.00	$755.00	$1190.00
$26.00	$39.00	$27.00
$1209.00	$1563.00	$1857.00
$287.00	$632.00	$715.00
$80.00	$88.00	$88.00
$1494.00	$1667.00	$1645.00
$388.00	$484.00	$558.00
$1380.00	$1239.00	$1646.00
$107.00	$118.00	$110.00
$640.00	$806.00	$966.00

Spending Breakdown by Claim

0.02%	0.06%
0%	0.01%
0.02%	0.06%
0.12%	0.25%
0%	0.01%
0.1%	0.07%
0.94%	0.92%
0.05%	0.06%
0.09%	0.11%
54.68%	55.9%
0.26%	0.28%
6.54%	4.32%
0.17%	0.22%
8.01%	8.94%
1.9%	3.62%
0.53%	0.5%
9.9%	9.54%
2.57%	2.77%
9.14%	7.08%
0.71%	0.68%
4.24%	4.61%

Spending Breakdown by Claim



Spending Breakdown by Claim

ST MARYS RMC RUSSELLVILLE	040041	AR
CRITTENDEN REGIONAL HOSPITAL	040042	AR
CRITTENDEN REGIONAL HOSPITAL	040042	AR
CRITTENDEN REGIONAL HOSPITAL	040042	AR
CRITTENDEN REGIONAL HOSPITAL	040042	AR
CRITTENDEN REGIONAL HOSPITAL	040042	AR
CRITTENDEN REGIONAL HOSPITAL	040042	AR
CRITTENDEN REGIONAL HOSPITAL	040042	AR
CRITTENDEN REGIONAL HOSPITAL	040042	AR
CRITTENDEN REGIONAL HOSPITAL	040042	AR
CRITTENDEN REGIONAL HOSPITAL	040042	AR
CRITTENDEN REGIONAL HOSPITAL	040042	AR
CRITTENDEN REGIONAL HOSPITAL	040042	AR
CRITTENDEN REGIONAL HOSPITAL	040042	AR
CRITTENDEN REGIONAL HOSPITAL	040042	AR
CRITTENDEN REGIONAL HOSPITAL	040042	AR
CRITTENDEN REGIONAL HOSPITAL	040042	AR
CRITTENDEN REGIONAL HOSPITAL	040042	AR
CRITTENDEN REGIONAL HOSPITAL	040042	AR

Spending Breakdown by Claim

Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment

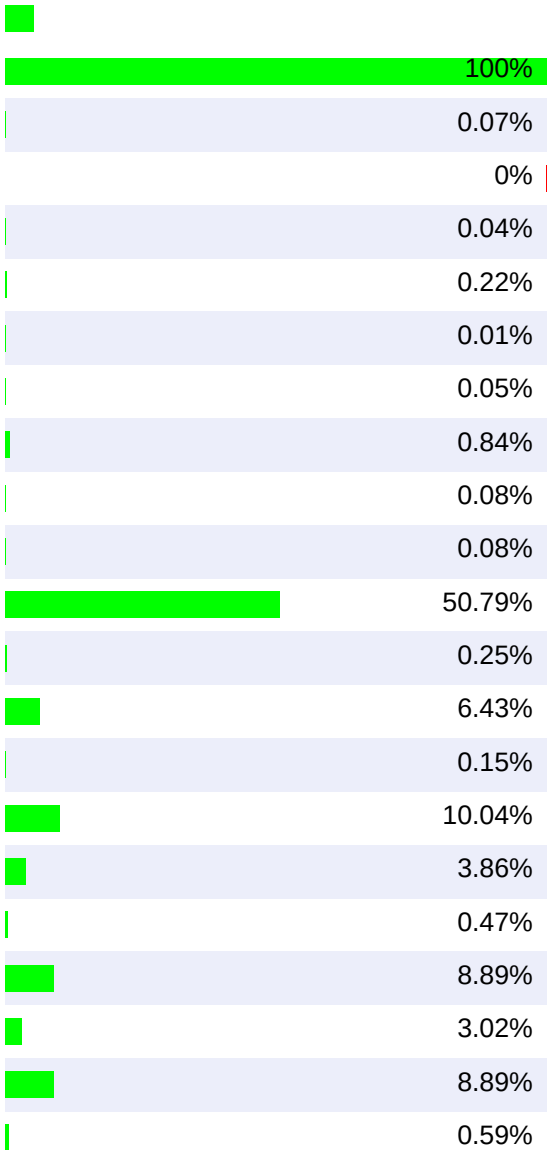
Spending Breakdown by Claim

$15095.00	$17485.00	$18506.00
$14.00	$11.00	$14.00
$0.00	$1.00	$1.00
$8.00	$11.00	$7.00
$52.00	$44.00	$40.00
$4.00	$2.00	$3.00
$11.00	$12.00	$9.00
$141.00	$160.00	$155.00
$16.00	$10.00	$14.00
$1.00	$19.00	$16.00
$7448.00	$9773.00	$9399.00
$26.00	$49.00	$46.00
$890.00	$755.00	$1190.00
$24.00	$39.00	$27.00
$1392.00	$1563.00	$1857.00
$620.00	$632.00	$715.00
$68.00	$88.00	$88.00
$2211.00	$1667.00	$1645.00
$691.00	$484.00	$558.00
$1439.00	$1239.00	$1646.00
$139.00	$118.00	$110.00

Spending Breakdown by Claim

100%	100%
0.08%	0.06%
0%	0.01%
0.05%	0.06%
0.32%	0.25%
0.03%	0.01%
0.07%	0.07%
0.87%	0.92%
0.1%	0.06%
0%	0.11%
46.1%	55.9%
0.16%	0.28%
5.51%	4.32%
0.15%	0.22%
8.62%	8.94%
3.83%	3.62%
0.42%	0.5%
13.68%	9.54%
4.28%	2.77%
8.9%	7.08%
0.86%	0.68%

Spending Breakdown by Claim



Spending Breakdown by Claim

CRITTENDEN REGIONAL HOSPITAL	040042	AR
CRITTENDEN REGIONAL HOSPITAL	040042	AR
FIVE RIVERS MEDICAL CENTER	040047	AR
FIVE RIVERS MEDICAL CENTER	040047	AR
FIVE RIVERS MEDICAL CENTER	040047	AR
FIVE RIVERS MEDICAL CENTER	040047	AR
FIVE RIVERS MEDICAL CENTER	040047	AR
FIVE RIVERS MEDICAL CENTER	040047	AR
FIVE RIVERS MEDICAL CENTER	040047	AR
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FIVE RIVERS MEDICAL CENTER	040047	AR
FIVE RIVERS MEDICAL CENTER	040047	AR
FIVE RIVERS MEDICAL CENTER	040047	AR
FIVE RIVERS MEDICAL CENTER	040047	AR
FIVE RIVERS MEDICAL CENTER	040047	AR

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility

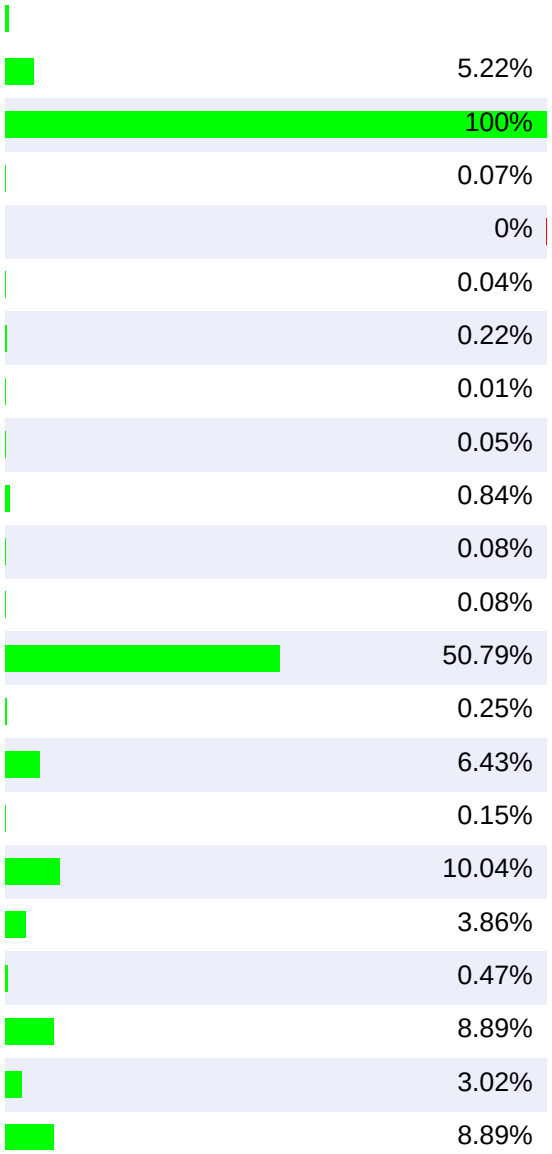
Spending Breakdown by Claim

$964.00	$806.00	$966.00
$16158.00	$17485.00	$18506.00
$72.00	$11.00	$14.00
$0.00	$1.00	$1.00
$0.00	$11.00	$7.00
$24.00	$44.00	$40.00
$0.00	$2.00	$3.00
$5.00	$12.00	$9.00
$213.00	$160.00	$155.00
$0.00	$10.00	$14.00
$4.00	$19.00	$16.00
$5463.00	$9773.00	$9399.00
$14.00	$49.00	$46.00
$1206.00	$755.00	$1190.00
$17.00	$39.00	$27.00
$742.00	$1563.00	$1857.00
$707.00	$632.00	$715.00
$76.00	$88.00	$88.00
$1525.00	$1667.00	$1645.00
$538.00	$484.00	$558.00
$1906.00	$1239.00	$1646.00

Spending Breakdown by Claim

5.96%	4.61%
100%	100%
0.55%	0.06%
0%	0.01%
0%	0.06%
0.18%	0.25%
0%	0.01%
0.04%	0.07%
1.61%	0.92%
0%	0.06%
0.03%	0.11%
41.37%	55.9%
0.11%	0.28%
9.14%	4.32%
0.13%	0.22%
5.62%	8.94%
5.35%	3.62%
0.57%	0.5%
11.55%	9.54%
4.08%	2.77%
14.43%	7.08%

Spending Breakdown by Claim



Spending Breakdown by Claim

FIVE RIVERS MEDICAL CENTER	040047	AR
FIVE RIVERS MEDICAL CENTER	040047	AR
FIVE RIVERS MEDICAL CENTER	040047	AR
OUACHITA COUNTY MEDICAL CENTER	040050	AR
OUACHITA COUNTY MEDICAL CENTER	040050	AR
OUACHITA COUNTY MEDICAL CENTER	040050	AR
OUACHITA COUNTY MEDICAL CENTER	040050	AR
OUACHITA COUNTY MEDICAL CENTER	040050	AR
OUACHITA COUNTY MEDICAL CENTER	040050	AR
OUACHITA COUNTY MEDICAL CENTER	040050	AR
OUACHITA COUNTY MEDICAL CENTER	040050	AR
OUACHITA COUNTY MEDICAL CENTER	040050	AR
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OUACHITA COUNTY MEDICAL CENTER	040050	AR
OUACHITA COUNTY MEDICAL CENTER	040050	AR
OUACHITA COUNTY MEDICAL CENTER	040050	AR
OUACHITA COUNTY MEDICAL CENTER	040050	AR
OUACHITA COUNTY MEDICAL CENTER	040050	AR
OUACHITA COUNTY MEDICAL CENTER	040050	AR

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient

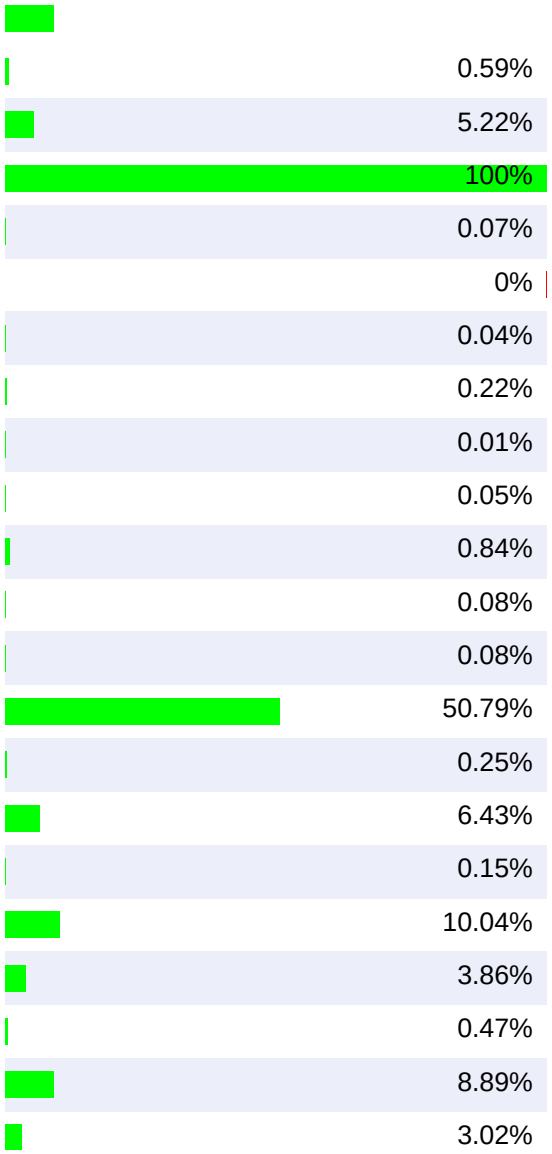
Spending Breakdown by Claim

$83.00	$118.00	$110.00
$610.00	$806.00	$966.00
$13205.00	$17485.00	$18506.00
$0.00	$11.00	$14.00
$0.00	$1.00	$1.00
$0.00	$11.00	$7.00
$73.00	$44.00	$40.00
$0.00	$2.00	$3.00
$9.00	$12.00	$9.00
$83.00	$160.00	$155.00
$7.00	$10.00	$14.00
$21.00	$19.00	$16.00
$6322.00	$9773.00	$9399.00
$104.00	$49.00	$46.00
$1888.00	$755.00	$1190.00
$13.00	$39.00	$27.00
$755.00	$1563.00	$1857.00
$371.00	$632.00	$715.00
$160.00	$88.00	$88.00
$1256.00	$1667.00	$1645.00
$377.00	$484.00	$558.00

Spending Breakdown by Claim

0.63%	0.68%
4.62%	4.61%
100%	100%
0%	0.06%
0%	0.01%
0%	0.06%
0.5%	0.25%
0%	0.01%
0.06%	0.07%
0.57%	0.92%
0.05%	0.06%
0.14%	0.11%
43.43%	55.9%
0.71%	0.28%
12.97%	4.32%
0.09%	0.22%
5.19%	8.94%
2.55%	3.62%
1.1%	0.5%
8.63%	9.54%
2.59%	2.77%

Spending Breakdown by Claim



Spending Breakdown by Claim

OUACHITA COUNTY MEDICAL CENTER	040050	AR
OUACHITA COUNTY MEDICAL CENTER	040050	AR
OUACHITA COUNTY MEDICAL CENTER	040050	AR
OUACHITA COUNTY MEDICAL CENTER	040050	AR
DREW MEMORIAL HOSPITAL	040051	AR
DREW MEMORIAL HOSPITAL	040051	AR
DREW MEMORIAL HOSPITAL	040051	AR
DREW MEMORIAL HOSPITAL	040051	AR
DREW MEMORIAL HOSPITAL	040051	AR
DREW MEMORIAL HOSPITAL	040051	AR
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DREW MEMORIAL HOSPITAL	040051	AR
DREW MEMORIAL HOSPITAL	040051	AR
DREW MEMORIAL HOSPITAL	040051	AR
DREW MEMORIAL HOSPITAL	040051	AR
DREW MEMORIAL HOSPITAL	040051	AR
DREW MEMORIAL HOSPITAL	040051	AR
DREW MEMORIAL HOSPITAL	040051	AR
DREW MEMORIAL HOSPITAL	040051	AR

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient

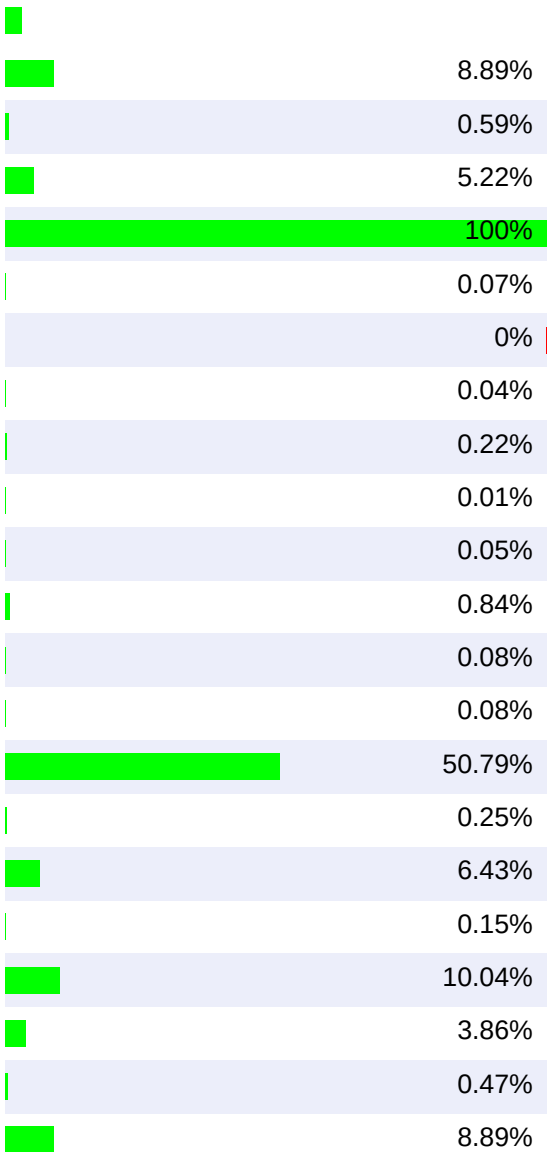
Spending Breakdown by Claim

$2663.00	$1239.00	$1646.00
$64.00	$118.00	$110.00
$391.00	$806.00	$966.00
$14555.00	$17485.00	$18506.00
$52.00	$11.00	$14.00
$1.00	$1.00	$1.00
$0.00	$11.00	$7.00
$36.00	$44.00	$40.00
$1.00	$2.00	$3.00
$12.00	$12.00	$9.00
$157.00	$160.00	$155.00
$18.00	$10.00	$14.00
$22.00	$19.00	$16.00
$5510.00	$9773.00	$9399.00
$23.00	$49.00	$46.00
$1362.00	$755.00	$1190.00
$25.00	$39.00	$27.00
$733.00	$1563.00	$1857.00
$678.00	$632.00	$715.00
$78.00	$88.00	$88.00
$1587.00	$1667.00	$1645.00

Spending Breakdown by Claim

18.3%	7.08%
0.44%	0.68%
2.68%	4.61%
100%	100%
0.4%	0.06%
0.01%	0.01%
0%	0.06%
0.28%	0.25%
0.01%	0.01%
0.09%	0.07%
1.19%	0.92%
0.14%	0.06%
0.16%	0.11%
42.06%	55.9%
0.17%	0.28%
10.39%	4.32%
0.19%	0.22%
5.6%	8.94%
5.18%	3.62%
0.6%	0.5%
12.11%	9.54%

Spending Breakdown by Claim



Spending Breakdown by Claim

DREW MEMORIAL HOSPITAL	040051	AR
DREW MEMORIAL HOSPITAL	040051	AR
DREW MEMORIAL HOSPITAL	040051	AR
DREW MEMORIAL HOSPITAL	040051	AR
DREW MEMORIAL HOSPITAL	040051	AR
SPARKS REGIONAL MEDICAL CENTER	040055	AR
SPARKS REGIONAL MEDICAL CENTER	040055	AR
SPARKS REGIONAL MEDICAL CENTER	040055	AR
SPARKS REGIONAL MEDICAL CENTER	040055	AR
SPARKS REGIONAL MEDICAL CENTER	040055	AR
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SPARKS REGIONAL MEDICAL CENTER	040055	AR
SPARKS REGIONAL MEDICAL CENTER	040055	AR
SPARKS REGIONAL MEDICAL CENTER	040055	AR

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice

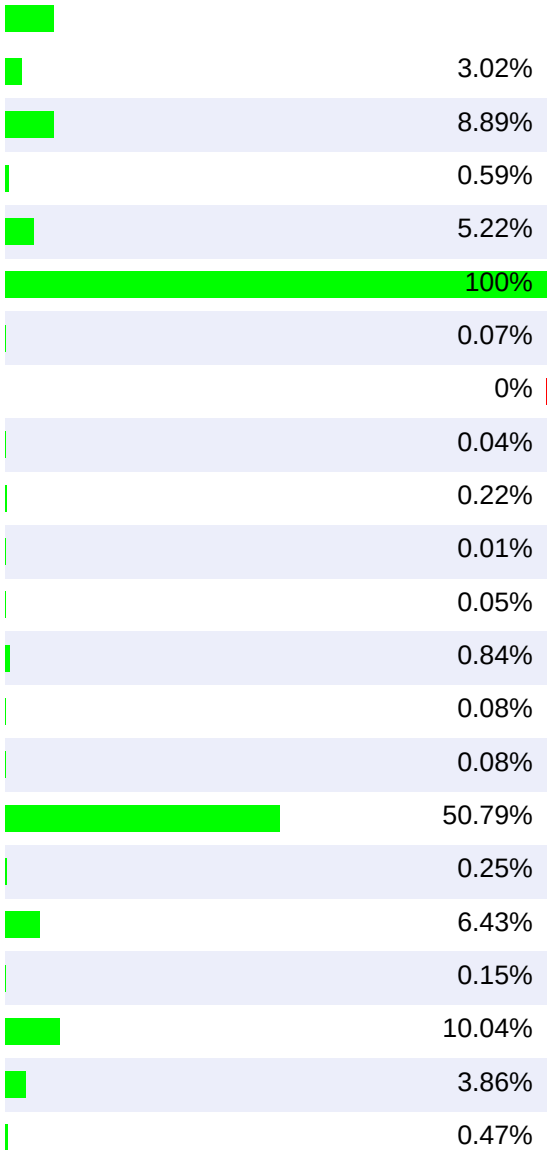
Spending Breakdown by Claim

$371.00	$484.00	$558.00
$1435.00	$1239.00	$1646.00
$157.00	$118.00	$110.00
$844.00	$806.00	$966.00
$13101.00	$17485.00	$18506.00
$21.00	$11.00	$14.00
$2.00	$1.00	$1.00
$1.00	$11.00	$7.00
$48.00	$44.00	$40.00
$4.00	$2.00	$3.00
$8.00	$12.00	$9.00
$124.00	$160.00	$155.00
$13.00	$10.00	$14.00
$26.00	$19.00	$16.00
$11091.00	$9773.00	$9399.00
$36.00	$49.00	$46.00
$665.00	$755.00	$1190.00
$18.00	$39.00	$27.00
$1637.00	$1563.00	$1857.00
$909.00	$632.00	$715.00
$131.00	$88.00	$88.00

Spending Breakdown by Claim

2.83%	2.77%
10.95%	7.08%
1.2%	0.68%
6.44%	4.61%
100%	100%
0.11%	0.06%
0.01%	0.01%
0%	0.06%
0.25%	0.25%
0.02%	0.01%
0.04%	0.07%
0.65%	0.92%
0.07%	0.06%
0.14%	0.11%
57.81%	55.9%
0.19%	0.28%
3.46%	4.32%
0.09%	0.22%
8.53%	8.94%
4.74%	3.62%
0.68%	0.5%

Spending Breakdown by Claim



Spending Breakdown by Claim

SPARKS REGIONAL MEDICAL CENTER	040055	AR
SPARKS REGIONAL MEDICAL CENTER	040055	AR
SPARKS REGIONAL MEDICAL CENTER	040055	AR
SPARKS REGIONAL MEDICAL CENTER	040055	AR
SPARKS REGIONAL MEDICAL CENTER	040055	AR
SPARKS REGIONAL MEDICAL CENTER	040055	AR
ST EDWARD MERCY MEDICAL CENTER	040062	AR
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ST EDWARD MERCY MEDICAL CENTER	040062	AR
ST EDWARD MERCY MEDICAL CENTER	040062	AR
ST EDWARD MERCY MEDICAL CENTER	040062	AR
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ST EDWARD MERCY MEDICAL CENTER	040062	AR
ST EDWARD MERCY MEDICAL CENTER	040062	AR
ST EDWARD MERCY MEDICAL CENTER	040062	AR

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency

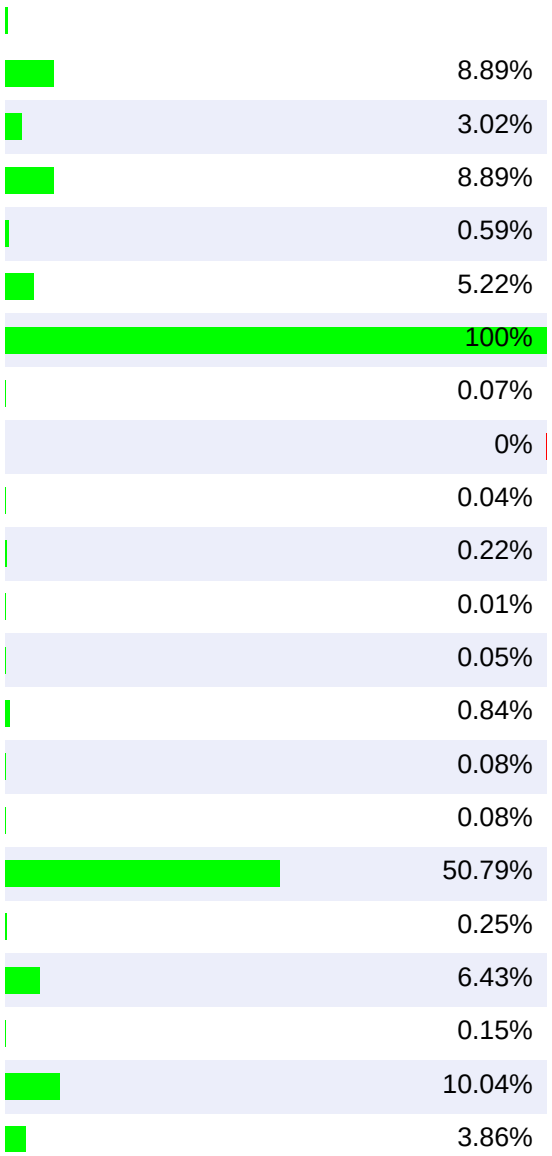
Spending Breakdown by Claim

$1775.00	$1667.00	$1645.00
$646.00	$484.00	$558.00
$1228.00	$1239.00	$1646.00
$105.00	$118.00	$110.00
$698.00	$806.00	$966.00
$19187.00	$17485.00	$18506.00
$5.00	$11.00	$14.00
$0.00	$1.00	$1.00
$8.00	$11.00	$7.00
$47.00	$44.00	$40.00
$2.00	$2.00	$3.00
$8.00	$12.00	$9.00
$190.00	$160.00	$155.00
$8.00	$10.00	$14.00
$32.00	$19.00	$16.00
$11839.00	$9773.00	$9399.00
$48.00	$49.00	$46.00
$712.00	$755.00	$1190.00
$32.00	$39.00	$27.00
$1826.00	$1563.00	$1857.00
$893.00	$632.00	$715.00

Spending Breakdown by Claim

9.25%	9.54%
3.37%	2.77%
6.4%	7.08%
0.55%	0.68%
3.64%	4.61%
100%	100%
0.03%	0.06%
0%	0.01%
0.04%	0.06%
0.23%	0.25%
0.01%	0.01%
0.04%	0.07%
0.95%	0.92%
0.04%	0.06%
0.16%	0.11%
59.27%	55.9%
0.24%	0.28%
3.57%	4.32%
0.16%	0.22%
9.14%	8.94%
4.47%	3.62%

Spending Breakdown by Claim



Spending Breakdown by Claim

ST EDWARD MERCY MEDICAL CENTER	040062	AR
ST EDWARD MERCY MEDICAL CENTER	040062	AR
ST EDWARD MERCY MEDICAL CENTER	040062	AR
ST EDWARD MERCY MEDICAL CENTER	040062	AR
ST EDWARD MERCY MEDICAL CENTER	040062	AR
ST EDWARD MERCY MEDICAL CENTER	040062	AR
ST EDWARD MERCY MEDICAL CENTER	040062	AR
MAGNOLIA REGIONAL MEDICAL CENTER	040067	AR
MAGNOLIA REGIONAL MEDICAL CENTER	040067	AR
MAGNOLIA REGIONAL MEDICAL CENTER	040067	AR
MAGNOLIA REGIONAL MEDICAL CENTER	040067	AR
MAGNOLIA REGIONAL MEDICAL CENTER	040067	AR
MAGNOLIA REGIONAL MEDICAL CENTER	040067	AR
MAGNOLIA REGIONAL MEDICAL CENTER	040067	AR
MAGNOLIA REGIONAL MEDICAL CENTER	040067	AR
MAGNOLIA REGIONAL MEDICAL CENTER	040067	AR
MAGNOLIA REGIONAL MEDICAL CENTER	040067	AR
MAGNOLIA REGIONAL MEDICAL CENTER	040067	AR
MAGNOLIA REGIONAL MEDICAL CENTER	040067	AR
MAGNOLIA REGIONAL MEDICAL CENTER	040067	AR

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier

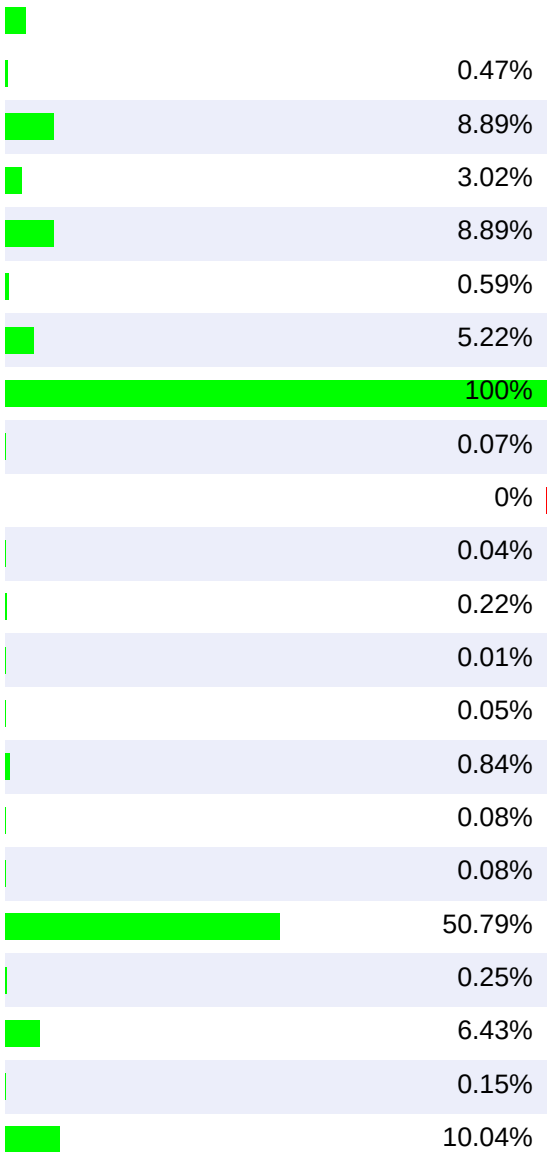
Spending Breakdown by Claim

$149.00	$88.00	$88.00
$1559.00	$1667.00	$1645.00
$440.00	$484.00	$558.00
$1340.00	$1239.00	$1646.00
$107.00	$118.00	$110.00
$729.00	$806.00	$966.00
$19974.00	$17485.00	$18506.00
$6.00	$11.00	$14.00
$0.00	$1.00	$1.00
$0.00	$11.00	$7.00
$14.00	$44.00	$40.00
$5.00	$2.00	$3.00
$7.00	$12.00	$9.00
$120.00	$160.00	$155.00
$0.00	$10.00	$14.00
$21.00	$19.00	$16.00
$7303.00	$9773.00	$9399.00
$12.00	$49.00	$46.00
$1110.00	$755.00	$1190.00
$39.00	$39.00	$27.00
$831.00	$1563.00	$1857.00

Spending Breakdown by Claim

0.75%	0.5%
7.8%	9.54%
2.2%	2.77%
6.71%	7.08%
0.53%	0.68%
3.65%	4.61%
100%	100%
0.04%	0.06%
0%	0.01%
0%	0.06%
0.09%	0.25%
0.03%	0.01%
0.04%	0.07%
0.77%	0.92%
0%	0.06%
0.14%	0.11%
46.4%	55.9%
0.08%	0.28%
7.05%	4.32%
0.25%	0.22%
5.28%	8.94%

Spending Breakdown by Claim



Spending Breakdown by Claim

MAGNOLIA REGIONAL MEDICAL CENTER	040067	AR
MAGNOLIA REGIONAL MEDICAL CENTER	040067	AR
MAGNOLIA REGIONAL MEDICAL CENTER	040067	AR
MAGNOLIA REGIONAL MEDICAL CENTER	040067	AR
MAGNOLIA REGIONAL MEDICAL CENTER	040067	AR
MAGNOLIA REGIONAL MEDICAL CENTER	040067	AR
MAGNOLIA REGIONAL MEDICAL CENTER	040067	AR
MAGNOLIA REGIONAL MEDICAL CENTER	040067	AR
GREAT RIVER MEDICAL CENTER	040069	AR
GREAT RIVER MEDICAL CENTER	040069	AR
GREAT RIVER MEDICAL CENTER	040069	AR
GREAT RIVER MEDICAL CENTER	040069	AR
GREAT RIVER MEDICAL CENTER	040069	AR
GREAT RIVER MEDICAL CENTER	040069	AR
GREAT RIVER MEDICAL CENTER	040069	AR
GREAT RIVER MEDICAL CENTER	040069	AR
GREAT RIVER MEDICAL CENTER	040069	AR
GREAT RIVER MEDICAL CENTER	040069	AR
GREAT RIVER MEDICAL CENTER	040069	AR
GREAT RIVER MEDICAL CENTER	040069	AR

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment

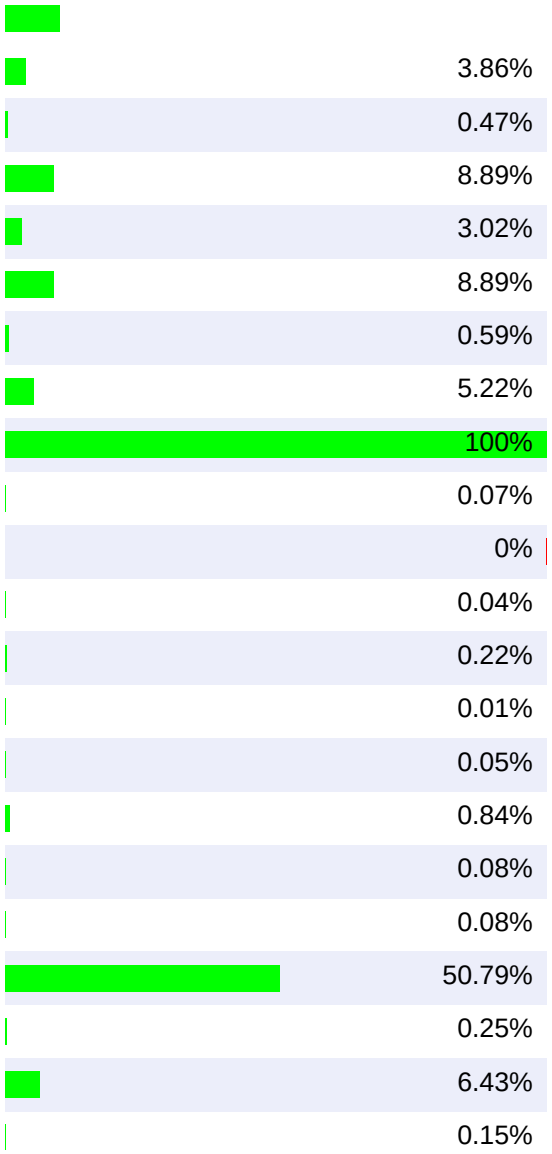
Spending Breakdown by Claim

$408.00	$632.00	$715.00
$174.00	$88.00	$88.00
$2544.00	$1667.00	$1645.00
$280.00	$484.00	$558.00
$1857.00	$1239.00	$1646.00
$167.00	$118.00	$110.00
$839.00	$806.00	$966.00
$15739.00	$17485.00	$18506.00
$0.00	$11.00	$14.00
$0.00	$1.00	$1.00
$0.00	$11.00	$7.00
$5.00	$44.00	$40.00
$0.00	$2.00	$3.00
$21.00	$12.00	$9.00
$109.00	$160.00	$155.00
$26.00	$10.00	$14.00
$11.00	$19.00	$16.00
$5420.00	$9773.00	$9399.00
$17.00	$49.00	$46.00
$693.00	$755.00	$1190.00
$14.00	$39.00	$27.00

Spending Breakdown by Claim

2.59%	3.62%
1.11%	0.5%
16.16%	9.54%
1.78%	2.77%
11.8%	7.08%
1.06%	0.68%
5.33%	4.61%
100%	100%
0%	0.06%
0%	0.01%
0%	0.06%
0.04%	0.25%
0%	0.01%
0.18%	0.07%
0.94%	0.92%
0.23%	0.06%
0.09%	0.11%
46.7%	55.9%
0.14%	0.28%
5.97%	4.32%
0.12%	0.22%

Spending Breakdown by Claim



Spending Breakdown by Claim

GREAT RIVER MEDICAL CENTER	040069	AR
GREAT RIVER MEDICAL CENTER	040069	AR
GREAT RIVER MEDICAL CENTER	040069	AR
GREAT RIVER MEDICAL CENTER	040069	AR
GREAT RIVER MEDICAL CENTER	040069	AR
GREAT RIVER MEDICAL CENTER	040069	AR
GREAT RIVER MEDICAL CENTER	040069	AR
GREAT RIVER MEDICAL CENTER	040069	AR
GREAT RIVER MEDICAL CENTER	040069	AR
JEFFERSON REGIONAL MEDICAL CENTER	040071	AR
JEFFERSON REGIONAL MEDICAL CENTER	040071	AR
JEFFERSON REGIONAL MEDICAL CENTER	040071	AR
JEFFERSON REGIONAL MEDICAL CENTER	040071	AR
JEFFERSON REGIONAL MEDICAL CENTER	040071	AR
JEFFERSON REGIONAL MEDICAL CENTER	040071	AR
JEFFERSON REGIONAL MEDICAL CENTER	040071	AR
JEFFERSON REGIONAL MEDICAL CENTER	040071	AR
JEFFERSON REGIONAL MEDICAL CENTER	040071	AR
JEFFERSON REGIONAL MEDICAL CENTER	040071	AR
JEFFERSON REGIONAL MEDICAL CENTER	040071	AR

Spending Breakdown by Claim

During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility

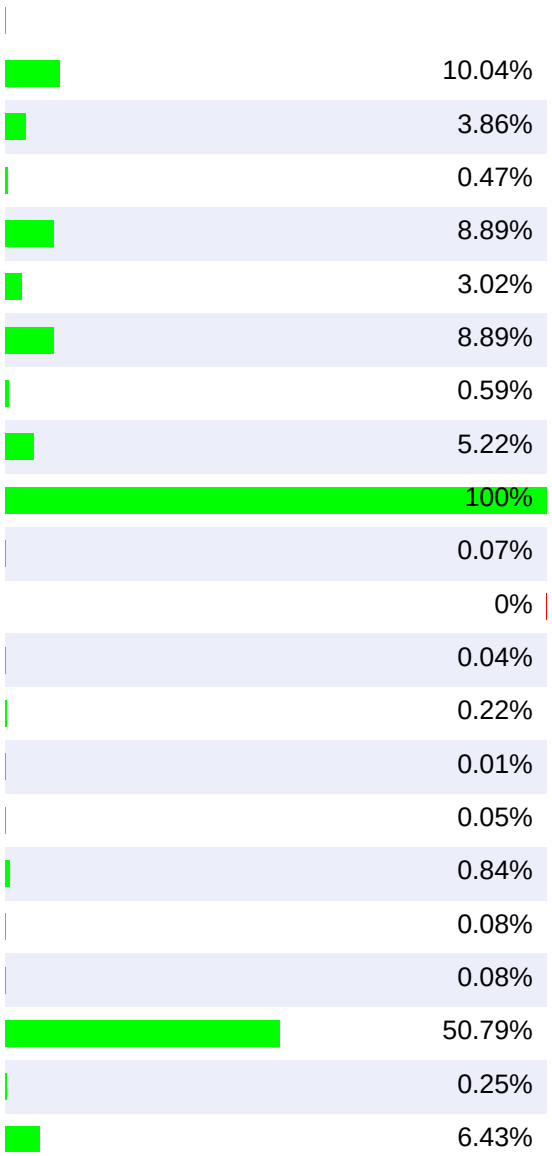
Spending Breakdown by Claim

$716.00	$1563.00	$1857.00
$237.00	$632.00	$715.00
$52.00	$88.00	$88.00
$1596.00	$1667.00	$1645.00
$362.00	$484.00	$558.00
$1321.00	$1239.00	$1646.00
$139.00	$118.00	$110.00
$865.00	$806.00	$966.00
$11604.00	$17485.00	$18506.00
$12.00	$11.00	$14.00
$3.00	$1.00	$1.00
$17.00	$11.00	$7.00
$70.00	$44.00	$40.00
$3.00	$2.00	$3.00
$12.00	$12.00	$9.00
$336.00	$160.00	$155.00
$12.00	$10.00	$14.00
$12.00	$19.00	$16.00
$10586.00	$9773.00	$9399.00
$23.00	$49.00	$46.00
$823.00	$755.00	$1190.00

Spending Breakdown by Claim

6.17%	8.94%
2.04%	3.62%
0.45%	0.5%
13.76%	9.54%
3.12%	2.77%
11.39%	7.08%
1.2%	0.68%
7.46%	4.61%
100%	100%
0.06%	0.06%
0.02%	0.01%
0.09%	0.06%
0.37%	0.25%
0.02%	0.01%
0.06%	0.07%
1.77%	0.92%
0.06%	0.06%
0.06%	0.11%
55.99%	55.9%
0.12%	0.28%
4.35%	4.32%

Spending Breakdown by Claim



Spending Breakdown by Claim

JEFFERSON REGIONAL MEDICAL CENTER	040071	AR
JEFFERSON REGIONAL MEDICAL CENTER	040071	AR
JEFFERSON REGIONAL MEDICAL CENTER	040071	AR
JEFFERSON REGIONAL MEDICAL CENTER	040071	AR
JEFFERSON REGIONAL MEDICAL CENTER	040071	AR
JEFFERSON REGIONAL MEDICAL CENTER	040071	AR
JEFFERSON REGIONAL MEDICAL CENTER	040071	AR
JEFFERSON REGIONAL MEDICAL CENTER	040071	AR
JEFFERSON REGIONAL MEDICAL CENTER	040071	AR
JEFFERSON REGIONAL MEDICAL CENTER	040071	AR
BAPTIST HEALTH MEDICAL CENTER-STUTTGART	040072	AR
BAPTIST HEALTH MEDICAL CENTER-STUTTGART	040072	AR
BAPTIST HEALTH MEDICAL CENTER-STUTTGART	040072	AR
BAPTIST HEALTH MEDICAL CENTER-STUTTGART	040072	AR
BAPTIST HEALTH MEDICAL CENTER-STUTTGART	040072	AR
BAPTIST HEALTH MEDICAL CENTER-STUTTGART	040072	AR
BAPTIST HEALTH MEDICAL CENTER-STUTTGART	040072	AR
BAPTIST HEALTH MEDICAL CENTER-STUTTGART	040072	AR
BAPTIST HEALTH MEDICAL CENTER-STUTTGART	040072	AR
BAPTIST HEALTH MEDICAL CENTER-STUTTGART	040072	AR

Spending Breakdown by Claim

During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient

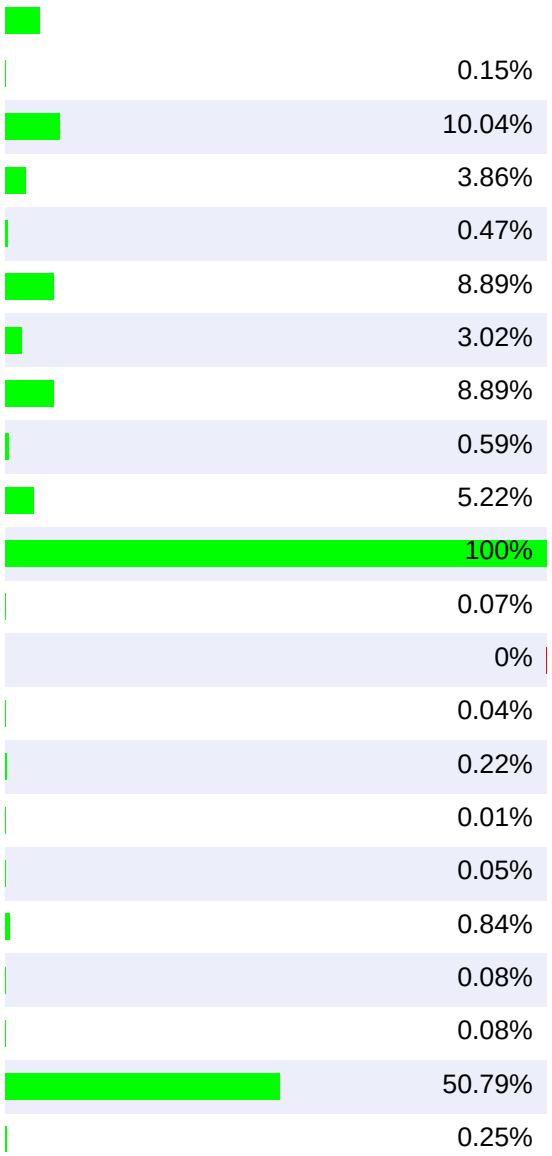
Spending Breakdown by Claim

$34.00	$39.00	$27.00
$1467.00	$1563.00	$1857.00
$560.00	$632.00	$715.00
$83.00	$88.00	$88.00
$1695.00	$1667.00	$1645.00
$847.00	$484.00	$558.00
$1286.00	$1239.00	$1646.00
$102.00	$118.00	$110.00
$924.00	$806.00	$966.00
$18908.00	$17485.00	$18506.00
$6.00	$11.00	$14.00
$8.00	$1.00	$1.00
$4.00	$11.00	$7.00
$35.00	$44.00	$40.00
$2.00	$2.00	$3.00
$16.00	$12.00	$9.00
$143.00	$160.00	$155.00
$15.00	$10.00	$14.00
$2.00	$19.00	$16.00
$6491.00	$9773.00	$9399.00
$73.00	$49.00	$46.00

Spending Breakdown by Claim

0.18%	0.22%
7.76%	8.94%
2.96%	3.62%
0.44%	0.5%
8.97%	9.54%
4.48%	2.77%
6.8%	7.08%
0.54%	0.68%
4.89%	4.61%
100%	100%
0.04%	0.06%
0.06%	0.01%
0.03%	0.06%
0.24%	0.25%
0.01%	0.01%
0.11%	0.07%
1.01%	0.92%
0.11%	0.06%
0.02%	0.11%
45.66%	55.9%
0.51%	0.28%

Spending Breakdown by Claim



Spending Breakdown by Claim

BAPTIST HEALTH MEDICAL CENTER-STUTTGART	040072	AR
BAPTIST HEALTH MEDICAL CENTER-STUTTGART	040072	AR
BAPTIST HEALTH MEDICAL CENTER-STUTTGART	040072	AR
BAPTIST HEALTH MEDICAL CENTER-STUTTGART	040072	AR
BAPTIST HEALTH MEDICAL CENTER-STUTTGART	040072	AR
BAPTIST HEALTH MEDICAL CENTER-STUTTGART	040072	AR
BAPTIST HEALTH MEDICAL CENTER-STUTTGART	040072	AR
BAPTIST HEALTH MEDICAL CENTER-STUTTGART	040072	AR
BAPTIST HEALTH MEDICAL CENTER-STUTTGART	040072	AR
BAPTIST HEALTH MEDICAL CENTER-STUTTGART	040072	AR
BAPTIST HEALTH MEDICAL CENTER-STUTTGART	040072	AR
NORTH METRO MEDICAL CENTER	040074	AR
NORTH METRO MEDICAL CENTER	040074	AR
NORTH METRO MEDICAL CENTER	040074	AR
NORTH METRO MEDICAL CENTER	040074	AR
NORTH METRO MEDICAL CENTER	040074	AR
NORTH METRO MEDICAL CENTER	040074	AR
NORTH METRO MEDICAL CENTER	040074	AR
NORTH METRO MEDICAL CENTER	040074	AR
NORTH METRO MEDICAL CENTER	040074	AR

Spending Breakdown by Claim

During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient

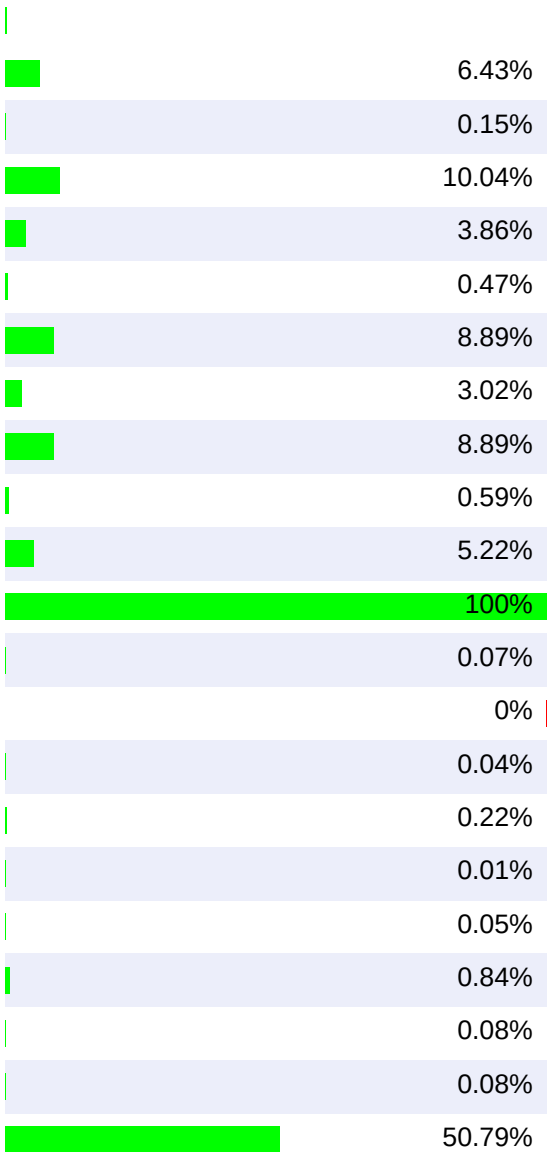
Spending Breakdown by Claim

$1011.00	$755.00	$1190.00
$20.00	$39.00	$27.00
$874.00	$1563.00	$1857.00
$431.00	$632.00	$715.00
$124.00	$88.00	$88.00
$2104.00	$1667.00	$1645.00
$360.00	$484.00	$558.00
$1615.00	$1239.00	$1646.00
$172.00	$118.00	$110.00
$710.00	$806.00	$966.00
$14215.00	$17485.00	$18506.00
$1.00	$11.00	$14.00
$0.00	$1.00	$1.00
$93.00	$11.00	$7.00
$17.00	$44.00	$40.00
$15.00	$2.00	$3.00
$11.00	$12.00	$9.00
$113.00	$160.00	$155.00
$8.00	$10.00	$14.00
$27.00	$19.00	$16.00
$9984.00	$9773.00	$9399.00

Spending Breakdown by Claim

7.11%	4.32%
0.14%	0.22%
6.15%	8.94%
3.03%	3.62%
0.87%	0.5%
14.8%	9.54%
2.54%	2.77%
11.36%	7.08%
1.21%	0.68%
4.99%	4.61%
100%	100%
0.01%	0.06%
0%	0.01%
0.49%	0.06%
0.09%	0.25%
0.08%	0.01%
0.06%	0.07%
0.6%	0.92%
0.04%	0.06%
0.14%	0.11%
53.21%	55.9%

Spending Breakdown by Claim



Spending Breakdown by Claim

NORTH METRO MEDICAL CENTER	040074	AR
NORTH METRO MEDICAL CENTER	040074	AR
NORTH METRO MEDICAL CENTER	040074	AR
NORTH METRO MEDICAL CENTER	040074	AR
NORTH METRO MEDICAL CENTER	040074	AR
NORTH METRO MEDICAL CENTER	040074	AR
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NORTH METRO MEDICAL CENTER	040074	AR
NORTH METRO MEDICAL CENTER	040074	AR
HOT SPRING COUNTY MEDICAL CENTER	040076	AR
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HOT SPRING COUNTY MEDICAL CENTER	040076	AR
HOT SPRING COUNTY MEDICAL CENTER	040076	AR
HOT SPRING COUNTY MEDICAL CENTER	040076	AR

Spending Breakdown by Claim

During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice

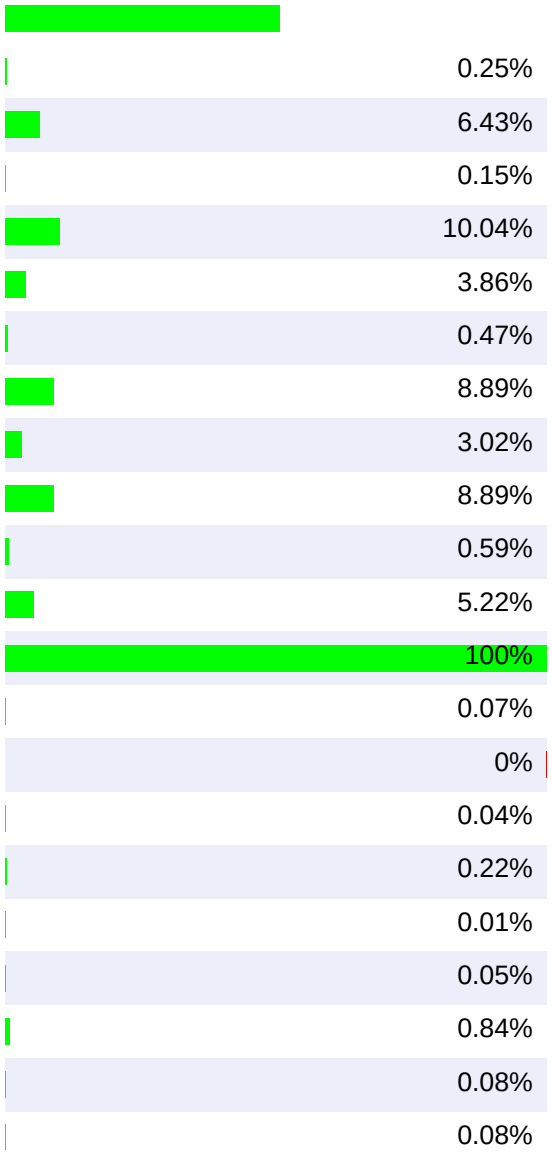
Spending Breakdown by Claim

$5.00	$49.00	$46.00
$765.00	$755.00	$1190.00
$14.00	$39.00	$27.00
$1213.00	$1563.00	$1857.00
$546.00	$632.00	$715.00
$116.00	$88.00	$88.00
$2331.00	$1667.00	$1645.00
$211.00	$484.00	$558.00
$2066.00	$1239.00	$1646.00
$90.00	$118.00	$110.00
$1138.00	$806.00	$966.00
$18765.00	$17485.00	$18506.00
$5.00	$11.00	$14.00
$0.00	$1.00	$1.00
$0.00	$11.00	$7.00
$37.00	$44.00	$40.00
$7.00	$2.00	$3.00
$12.00	$12.00	$9.00
$164.00	$160.00	$155.00
$0.00	$10.00	$14.00
$0.00	$19.00	$16.00

Spending Breakdown by Claim

0.03%	0.28%
4.08%	4.32%
0.07%	0.22%
6.47%	8.94%
2.91%	3.62%
0.62%	0.5%
12.42%	9.54%
1.12%	2.77%
11.01%	7.08%
0.48%	0.68%
6.07%	4.61%
100%	100%
0.04%	0.06%
0%	0.01%
0%	0.06%
0.3%	0.25%
0.06%	0.01%
0.09%	0.07%
1.31%	0.92%
0%	0.06%
0%	0.11%

Spending Breakdown by Claim



Spending Breakdown by Claim

HOT SPRING COUNTY MEDICAL CENTER	040076	AR
HOT SPRING COUNTY MEDICAL CENTER	040076	AR
HOT SPRING COUNTY MEDICAL CENTER	040076	AR
HOT SPRING COUNTY MEDICAL CENTER	040076	AR
HOT SPRING COUNTY MEDICAL CENTER	040076	AR
HOT SPRING COUNTY MEDICAL CENTER	040076	AR
HOT SPRING COUNTY MEDICAL CENTER	040076	AR
HOT SPRING COUNTY MEDICAL CENTER	040076	AR
HOT SPRING COUNTY MEDICAL CENTER	040076	AR
HOT SPRING COUNTY MEDICAL CENTER	040076	AR
HOT SPRING COUNTY MEDICAL CENTER	040076	AR
HOT SPRING COUNTY MEDICAL CENTER	040076	AR
HOT SPRING COUNTY MEDICAL CENTER	040076	AR
NATIONAL PARK MEDICAL CENTER	040078	AR
NATIONAL PARK MEDICAL CENTER	040078	AR
NATIONAL PARK MEDICAL CENTER	040078	AR
NATIONAL PARK MEDICAL CENTER	040078	AR
NATIONAL PARK MEDICAL CENTER	040078	AR
NATIONAL PARK MEDICAL CENTER	040078	AR
NATIONAL PARK MEDICAL CENTER	040078	AR
NATIONAL PARK MEDICAL CENTER	040078	AR

Spending Breakdown by Claim

During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency

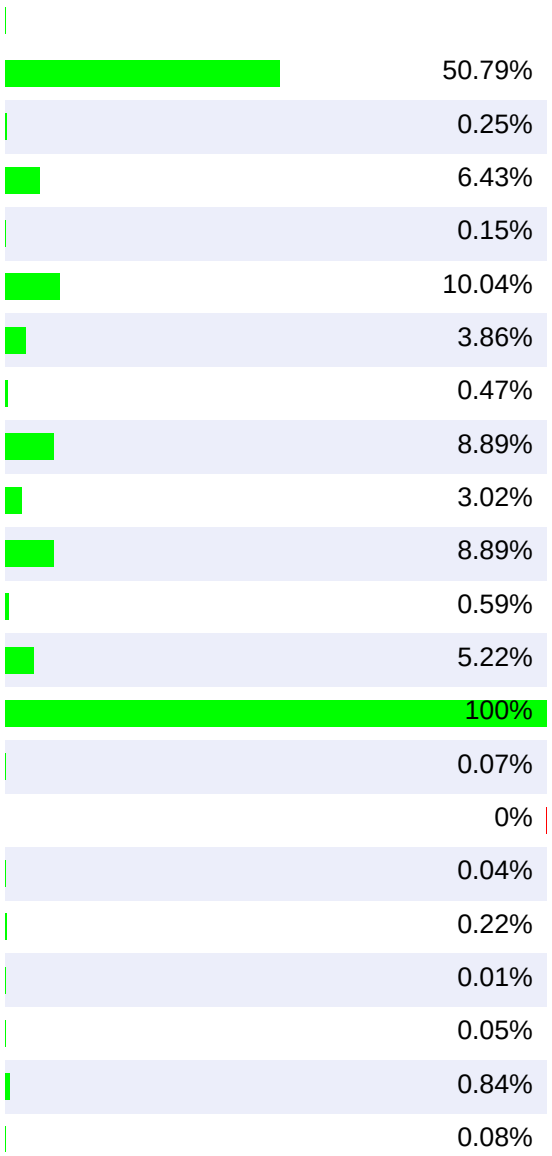
Spending Breakdown by Claim

$5310.00	$9773.00	$9399.00
$21.00	$49.00	$46.00
$1046.00	$755.00	$1190.00
$19.00	$39.00	$27.00
$758.00	$1563.00	$1857.00
$772.00	$632.00	$715.00
$110.00	$88.00	$88.00
$1486.00	$1667.00	$1645.00
$289.00	$484.00	$558.00
$1689.00	$1239.00	$1646.00
$111.00	$118.00	$110.00
$684.00	$806.00	$966.00
$12521.00	$17485.00	$18506.00
$3.00	$11.00	$14.00
$1.00	$1.00	$1.00
$17.00	$11.00	$7.00
$81.00	$44.00	$40.00
$0.00	$2.00	$3.00
$7.00	$12.00	$9.00
$201.00	$160.00	$155.00
$4.00	$10.00	$14.00

Spending Breakdown by Claim

42.41%	55.9%
0.17%	0.28%
8.35%	4.32%
0.15%	0.22%
6.06%	8.94%
6.17%	3.62%
0.88%	0.5%
11.87%	9.54%
2.31%	2.77%
13.49%	7.08%
0.89%	0.68%
5.46%	4.61%
100%	100%
0.02%	0.06%
0%	0.01%
0.09%	0.06%
0.41%	0.25%
0%	0.01%
0.04%	0.07%
1.02%	0.92%
0.02%	0.06%

Spending Breakdown by Claim



Spending Breakdown by Claim

NATIONAL PARK MEDICAL CENTER	040078	AR
NATIONAL PARK MEDICAL CENTER	040078	AR
NATIONAL PARK MEDICAL CENTER	040078	AR
NATIONAL PARK MEDICAL CENTER	040078	AR
NATIONAL PARK MEDICAL CENTER	040078	AR
NATIONAL PARK MEDICAL CENTER	040078	AR
NATIONAL PARK MEDICAL CENTER	040078	AR
NATIONAL PARK MEDICAL CENTER	040078	AR
NATIONAL PARK MEDICAL CENTER	040078	AR
NATIONAL PARK MEDICAL CENTER	040078	AR
NATIONAL PARK MEDICAL CENTER	040078	AR
NATIONAL PARK MEDICAL CENTER	040078	AR
NATIONAL PARK MEDICAL CENTER	040078	AR
HARRIS HOSPITAL INC	040080	AR
HARRIS HOSPITAL INC	040080	AR
HARRIS HOSPITAL INC	040080	AR
HARRIS HOSPITAL INC	040080	AR
HARRIS HOSPITAL INC	040080	AR
HARRIS HOSPITAL INC	040080	AR
HARRIS HOSPITAL INC	040080	AR

Spending Breakdown by Claim

During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier

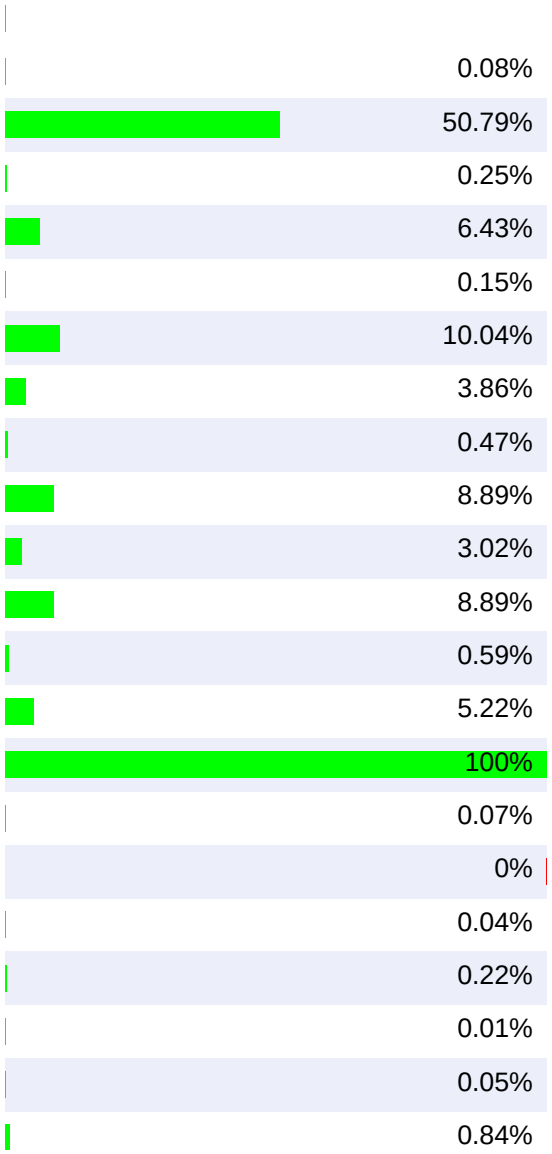
Spending Breakdown by Claim

$23.00	$19.00	$16.00
$11297.00	$9773.00	$9399.00
$54.00	$49.00	$46.00
$623.00	$755.00	$1190.00
$36.00	$39.00	$27.00
$1859.00	$1563.00	$1857.00
$650.00	$632.00	$715.00
$37.00	$88.00	$88.00
$1785.00	$1667.00	$1645.00
$839.00	$484.00	$558.00
$1163.00	$1239.00	$1646.00
$130.00	$118.00	$110.00
$898.00	$806.00	$966.00
$19706.00	$17485.00	$18506.00
$29.00	$11.00	$14.00
$1.00	$1.00	$1.00
$0.00	$11.00	$7.00
$4.00	$44.00	$40.00
$8.00	$2.00	$3.00
$6.00	$12.00	$9.00
$97.00	$160.00	$155.00

Spending Breakdown by Claim

0.12%	0.11%
57.33%	55.9%
0.28%	0.28%
3.16%	4.32%
0.18%	0.22%
9.43%	8.94%
3.3%	3.62%
0.19%	0.5%
9.06%	9.54%
4.26%	2.77%
5.9%	7.08%
0.66%	0.68%
4.56%	4.61%
100%	100%
0.23%	0.06%
0%	0.01%
0%	0.06%
0.03%	0.25%
0.06%	0.01%
0.05%	0.07%
0.75%	0.92%

Spending Breakdown by Claim



Spending Breakdown by Claim

HARRIS HOSPITAL INC	040080	AR
HARRIS HOSPITAL INC	040080	AR
HARRIS HOSPITAL INC	040080	AR
HARRIS HOSPITAL INC	040080	AR
HARRIS HOSPITAL INC	040080	AR
HARRIS HOSPITAL INC	040080	AR
HARRIS HOSPITAL INC	040080	AR
HARRIS HOSPITAL INC	040080	AR
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HARRIS HOSPITAL INC	040080	AR
HARRIS HOSPITAL INC	040080	AR
HARRIS HOSPITAL INC	040080	AR
HARRIS HOSPITAL INC	040080	AR
SALINE MEMORIAL HOSPITAL	040084	AR
SALINE MEMORIAL HOSPITAL	040084	AR
SALINE MEMORIAL HOSPITAL	040084	AR
SALINE MEMORIAL HOSPITAL	040084	AR
SALINE MEMORIAL HOSPITAL	040084	AR
SALINE MEMORIAL HOSPITAL	040084	AR

Spending Breakdown by Claim

During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment

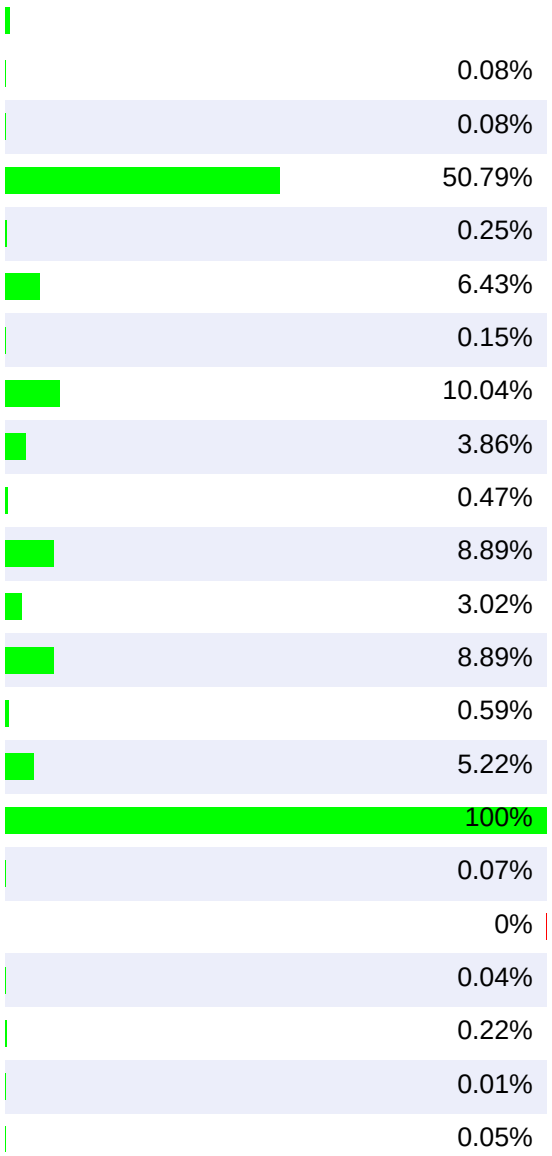
Spending Breakdown by Claim

$13.00	$10.00	$14.00
$11.00	$19.00	$16.00
$5528.00	$9773.00	$9399.00
$7.00	$49.00	$46.00
$1067.00	$755.00	$1190.00
$15.00	$39.00	$27.00
$721.00	$1563.00	$1857.00
$435.00	$632.00	$715.00
$78.00	$88.00	$88.00
$1764.00	$1667.00	$1645.00
$346.00	$484.00	$558.00
$1991.00	$1239.00	$1646.00
$108.00	$118.00	$110.00
$603.00	$806.00	$966.00
$12831.00	$17485.00	$18506.00
$24.00	$11.00	$14.00
$15.00	$1.00	$1.00
$4.00	$11.00	$7.00
$50.00	$44.00	$40.00
$0.00	$2.00	$3.00
$25.00	$12.00	$9.00

Spending Breakdown by Claim

0.1%	0.06%
0.08%	0.11%
43.08%	55.9%
0.06%	0.28%
8.31%	4.32%
0.12%	0.22%
5.62%	8.94%
3.39%	3.62%
0.61%	0.5%
13.75%	9.54%
2.7%	2.77%
15.52%	7.08%
0.84%	0.68%
4.7%	4.61%
100%	100%
0.14%	0.06%
0.09%	0.01%
0.03%	0.06%
0.29%	0.25%
0%	0.01%
0.15%	0.07%

Spending Breakdown by Claim



Spending Breakdown by Claim

SALINE MEMORIAL HOSPITAL	040084	AR
SALINE MEMORIAL HOSPITAL	040084	AR
SALINE MEMORIAL HOSPITAL	040084	AR
SALINE MEMORIAL HOSPITAL	040084	AR
SALINE MEMORIAL HOSPITAL	040084	AR
SALINE MEMORIAL HOSPITAL	040084	AR
SALINE MEMORIAL HOSPITAL	040084	AR
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SALINE MEMORIAL HOSPITAL	040084	AR
SALINE MEMORIAL HOSPITAL	040084	AR
SALINE MEMORIAL HOSPITAL	040084	AR
SALINE MEMORIAL HOSPITAL	040084	AR
SALINE MEMORIAL HOSPITAL	040084	AR
HELENA REGIONAL MEDICAL CENTER	040085	AR
HELENA REGIONAL MEDICAL CENTER	040085	AR
HELENA REGIONAL MEDICAL CENTER	040085	AR
HELENA REGIONAL MEDICAL CENTER	040085	AR
HELENA REGIONAL MEDICAL CENTER	040085	AR

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility

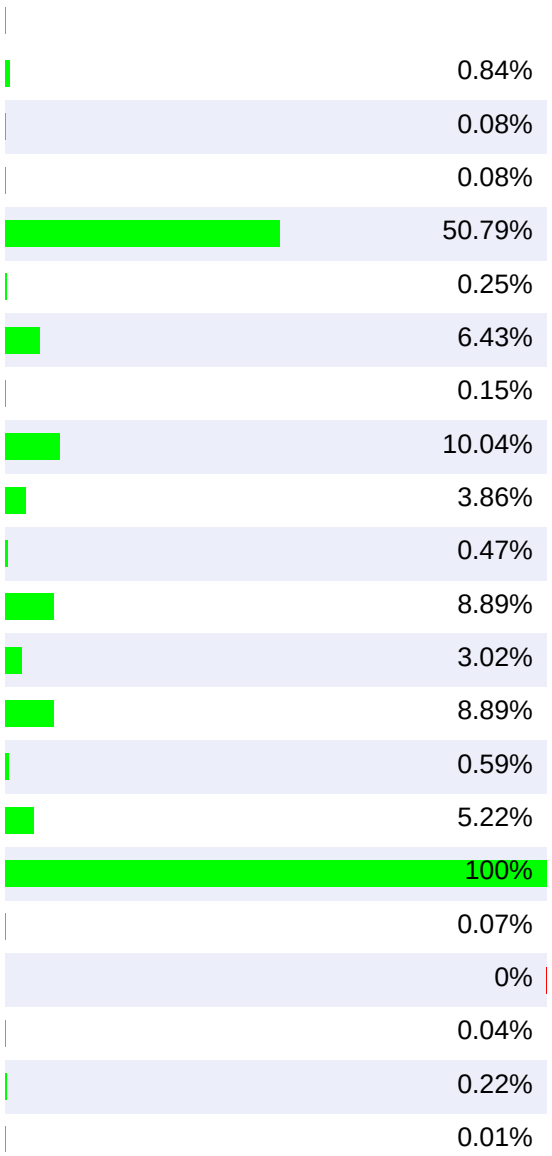
Spending Breakdown by Claim

$121.00	$160.00	$155.00
$9.00	$10.00	$14.00
$31.00	$19.00	$16.00
$8778.00	$9773.00	$9399.00
$184.00	$49.00	$46.00
$956.00	$755.00	$1190.00
$29.00	$39.00	$27.00
$1043.00	$1563.00	$1857.00
$737.00	$632.00	$715.00
$174.00	$88.00	$88.00
$1905.00	$1667.00	$1645.00
$427.00	$484.00	$558.00
$1793.00	$1239.00	$1646.00
$131.00	$118.00	$110.00
$713.00	$806.00	$966.00
$17149.00	$17485.00	$18506.00
$57.00	$11.00	$14.00
$11.00	$1.00	$1.00
$0.00	$11.00	$7.00
$13.00	$44.00	$40.00
$0.00	$2.00	$3.00

Spending Breakdown by Claim

0.71%	0.92%
0.05%	0.06%
0.18%	0.11%
51.19%	55.9%
1.07%	0.28%
5.58%	4.32%
0.17%	0.22%
6.08%	8.94%
4.3%	3.62%
1.01%	0.5%
11.11%	9.54%
2.49%	2.77%
10.45%	7.08%
0.76%	0.68%
4.16%	4.61%
100%	100%
0.52%	0.06%
0.1%	0.01%
0%	0.06%
0.12%	0.25%
0%	0.01%

Spending Breakdown by Claim



Spending Breakdown by Claim

HELENA REGIONAL MEDICAL CENTER	040085	AR
HELENA REGIONAL MEDICAL CENTER	040085	AR
HELENA REGIONAL MEDICAL CENTER	040085	AR
HELENA REGIONAL MEDICAL CENTER	040085	AR
HELENA REGIONAL MEDICAL CENTER	040085	AR
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HELENA REGIONAL MEDICAL CENTER	040085	AR
HELENA REGIONAL MEDICAL CENTER	040085	AR
HELENA REGIONAL MEDICAL CENTER	040085	AR
HELENA REGIONAL MEDICAL CENTER	040085	AR
HELENA REGIONAL MEDICAL CENTER	040085	AR
MEDICAL CENTER SOUTH ARKANSAS	040088	AR
MEDICAL CENTER SOUTH ARKANSAS	040088	AR
MEDICAL CENTER SOUTH ARKANSAS	040088	AR
MEDICAL CENTER SOUTH ARKANSAS	040088	AR

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient

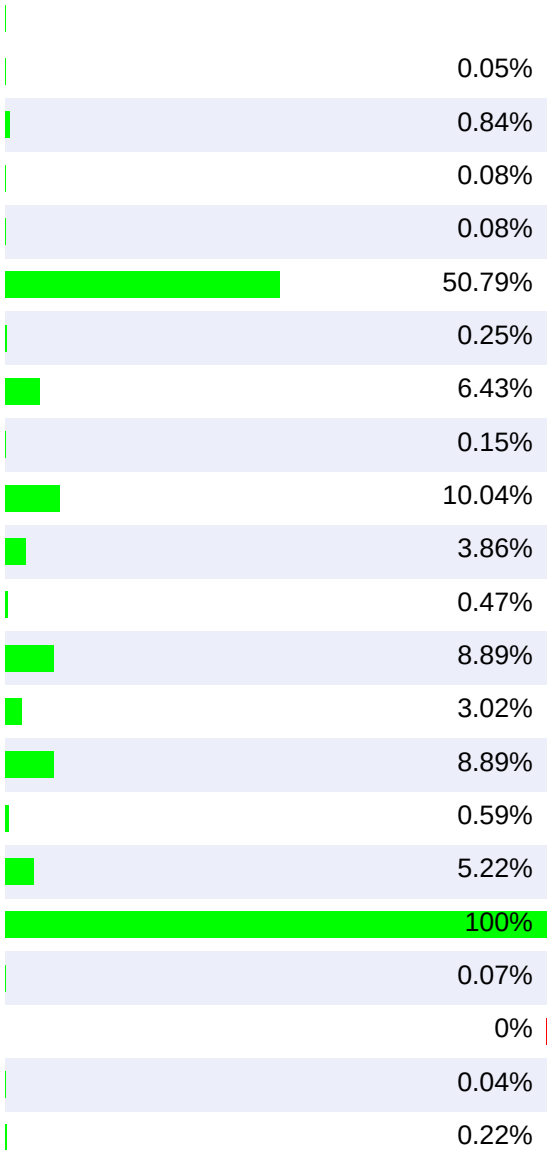
Spending Breakdown by Claim

$9.00	$12.00	$9.00
$99.00	$160.00	$155.00
$6.00	$10.00	$14.00
$0.00	$19.00	$16.00
$5529.00	$9773.00	$9399.00
$32.00	$49.00	$46.00
$376.00	$755.00	$1190.00
$18.00	$39.00	$27.00
$605.00	$1563.00	$1857.00
$536.00	$632.00	$715.00
$53.00	$88.00	$88.00
$2159.00	$1667.00	$1645.00
$393.00	$484.00	$558.00
$240.00	$1239.00	$1646.00
$141.00	$118.00	$110.00
$769.00	$806.00	$966.00
$11046.00	$17485.00	$18506.00
$28.00	$11.00	$14.00
$0.00	$1.00	$1.00
$8.00	$11.00	$7.00
$56.00	$44.00	$40.00

Spending Breakdown by Claim

0.08%	0.07%
0.9%	0.92%
0.06%	0.06%
0%	0.11%
50.05%	55.9%
0.29%	0.28%
3.4%	4.32%
0.16%	0.22%
5.47%	8.94%
4.85%	3.62%
0.48%	0.5%
19.55%	9.54%
3.56%	2.77%
2.18%	7.08%
1.27%	0.68%
6.97%	4.61%
100%	100%
0.17%	0.06%
0%	0.01%
0.05%	0.06%
0.33%	0.25%

Spending Breakdown by Claim



Spending Breakdown by Claim

MEDICAL CENTER SOUTH ARKANSAS	040088	AR
MEDICAL CENTER SOUTH ARKANSAS	040088	AR
MEDICAL CENTER SOUTH ARKANSAS	040088	AR
MEDICAL CENTER SOUTH ARKANSAS	040088	AR
MEDICAL CENTER SOUTH ARKANSAS	040088	AR
MEDICAL CENTER SOUTH ARKANSAS	040088	AR
MEDICAL CENTER SOUTH ARKANSAS	040088	AR
MEDICAL CENTER SOUTH ARKANSAS	040088	AR
MEDICAL CENTER SOUTH ARKANSAS	040088	AR
MEDICAL CENTER SOUTH ARKANSAS	040088	AR
MEDICAL CENTER SOUTH ARKANSAS	040088	AR
MEDICAL CENTER SOUTH ARKANSAS	040088	AR
MEDICAL CENTER SOUTH ARKANSAS	040088	AR
MEDICAL CENTER SOUTH ARKANSAS	040088	AR
MEDICAL CENTER SOUTH ARKANSAS	040088	AR
MEDICAL CENTER SOUTH ARKANSAS	040088	AR
MEDICAL CENTER SOUTH ARKANSAS	040088	AR
MEDICAL PARK HOSPITAL	040091	AR
MEDICAL PARK HOSPITAL	040091	AR
MEDICAL PARK HOSPITAL	040091	AR

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient

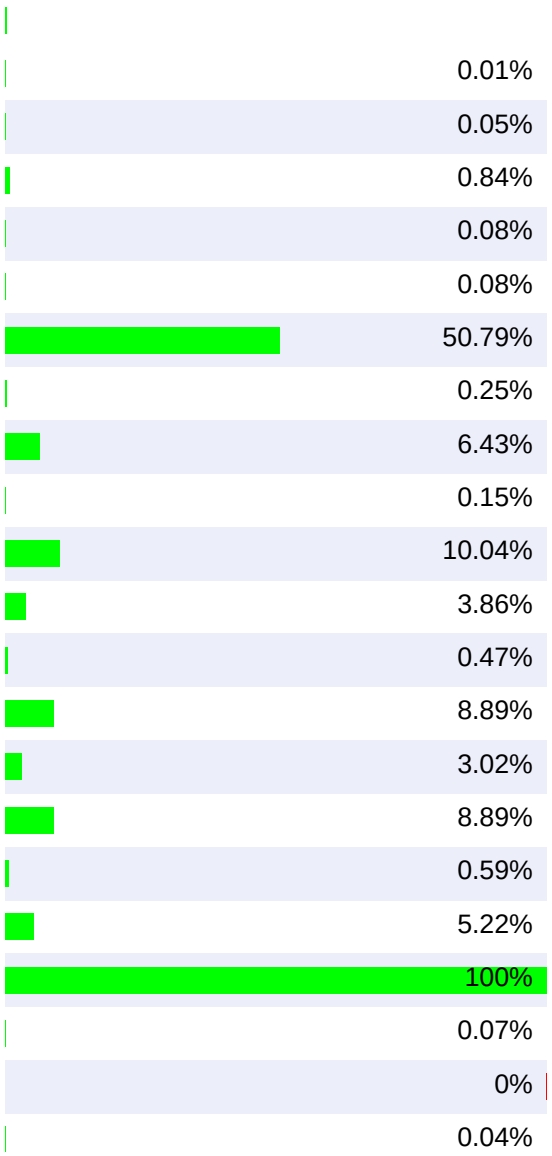
Spending Breakdown by Claim

$0.00	$2.00	$3.00
$8.00	$12.00	$9.00
$104.00	$160.00	$155.00
$6.00	$10.00	$14.00
$22.00	$19.00	$16.00
$9189.00	$9773.00	$9399.00
$42.00	$49.00	$46.00
$1083.00	$755.00	$1190.00
$29.00	$39.00	$27.00
$1451.00	$1563.00	$1857.00
$512.00	$632.00	$715.00
$69.00	$88.00	$88.00
$1252.00	$1667.00	$1645.00
$492.00	$484.00	$558.00
$1665.00	$1239.00	$1646.00
$97.00	$118.00	$110.00
$715.00	$806.00	$966.00
$16828.00	$17485.00	$18506.00
$1.00	$11.00	$14.00
$3.00	$1.00	$1.00
$9.00	$11.00	$7.00

Spending Breakdown by Claim

0%	0.01%
0.05%	0.07%
0.62%	0.92%
0.04%	0.06%
0.13%	0.11%
54.61%	55.9%
0.25%	0.28%
6.43%	4.32%
0.17%	0.22%
8.62%	8.94%
3.04%	3.62%
0.41%	0.5%
7.44%	9.54%
2.93%	2.77%
9.89%	7.08%
0.57%	0.68%
4.25%	4.61%
100%	100%
0.01%	0.06%
0.02%	0.01%
0.06%	0.06%

Spending Breakdown by Claim



Spending Breakdown by Claim

MEDICAL PARK HOSPITAL	040091	AR
MEDICAL PARK HOSPITAL	040091	AR
MEDICAL PARK HOSPITAL	040091	AR
MEDICAL PARK HOSPITAL	040091	AR
MEDICAL PARK HOSPITAL	040091	AR
MEDICAL PARK HOSPITAL	040091	AR
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MEDICAL PARK HOSPITAL	040091	AR
MEDICAL PARK HOSPITAL	040091	AR
MEDICAL PARK HOSPITAL	040091	AR
MEDICAL PARK HOSPITAL	040091	AR
BAPTIST HEALTH MED CTR LR ADMIN	040114	AR
BAPTIST HEALTH MED CTR LR ADMIN	040114	AR

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice

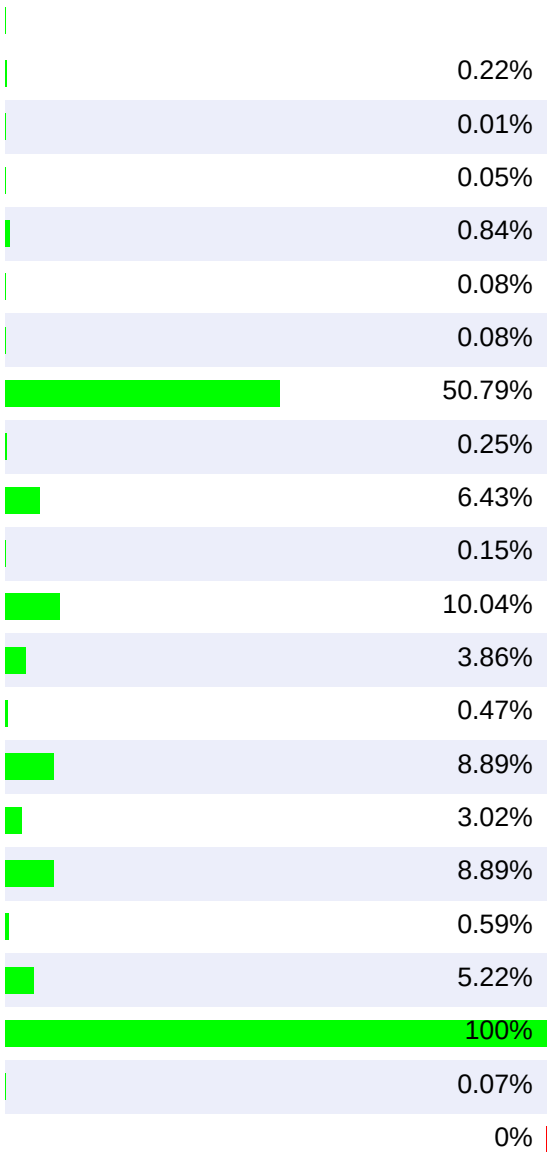
Spending Breakdown by Claim

$37.00	$44.00	$40.00
$13.00	$2.00	$3.00
$6.00	$12.00	$9.00
$266.00	$160.00	$155.00
$11.00	$10.00	$14.00
$0.00	$19.00	$16.00
$6559.00	$9773.00	$9399.00
$2.00	$49.00	$46.00
$997.00	$755.00	$1190.00
$19.00	$39.00	$27.00
$667.00	$1563.00	$1857.00
$357.00	$632.00	$715.00
$37.00	$88.00	$88.00
$2440.00	$1667.00	$1645.00
$217.00	$484.00	$558.00
$2687.00	$1239.00	$1646.00
$107.00	$118.00	$110.00
$863.00	$806.00	$966.00
$15300.00	$17485.00	$18506.00
$9.00	$11.00	$14.00
$0.00	$1.00	$1.00

Spending Breakdown by Claim

0.24%	0.25%
0.09%	0.01%
0.04%	0.07%
1.74%	0.92%
0.07%	0.06%
0%	0.11%
42.87%	55.9%
0.01%	0.28%
6.52%	4.32%
0.12%	0.22%
4.36%	8.94%
2.33%	3.62%
0.24%	0.5%
15.95%	9.54%
1.42%	2.77%
17.57%	7.08%
0.7%	0.68%
5.64%	4.61%
100%	100%
0.05%	0.06%
0%	0.01%

Spending Breakdown by Claim



Spending Breakdown by Claim

BAPTIST HEALTH MED CTR LR ADMIN	040114	AR
BAPTIST HEALTH MED CTR LR ADMIN	040114	AR
BAPTIST HEALTH MED CTR LR ADMIN	040114	AR
BAPTIST HEALTH MED CTR LR ADMIN	040114	AR
BAPTIST HEALTH MED CTR LR ADMIN	040114	AR
BAPTIST HEALTH MED CTR LR ADMIN	040114	AR
BAPTIST HEALTH MED CTR LR ADMIN	040114	AR
BAPTIST HEALTH MED CTR LR ADMIN	040114	AR
BAPTIST HEALTH MED CTR LR ADMIN	040114	AR
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BAPTIST HEALTH MED CTR LR ADMIN	040114	AR
BAPTIST HEALTH MED CTR LR ADMIN	040114	AR
BAPTIST HEALTH MED CTR LR ADMIN	040114	AR
BAPTIST HEALTH MED CTR LR ADMIN	040114	AR
NEA BAPTIST MEMORIAL HOSPITAL	040118	AR

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency

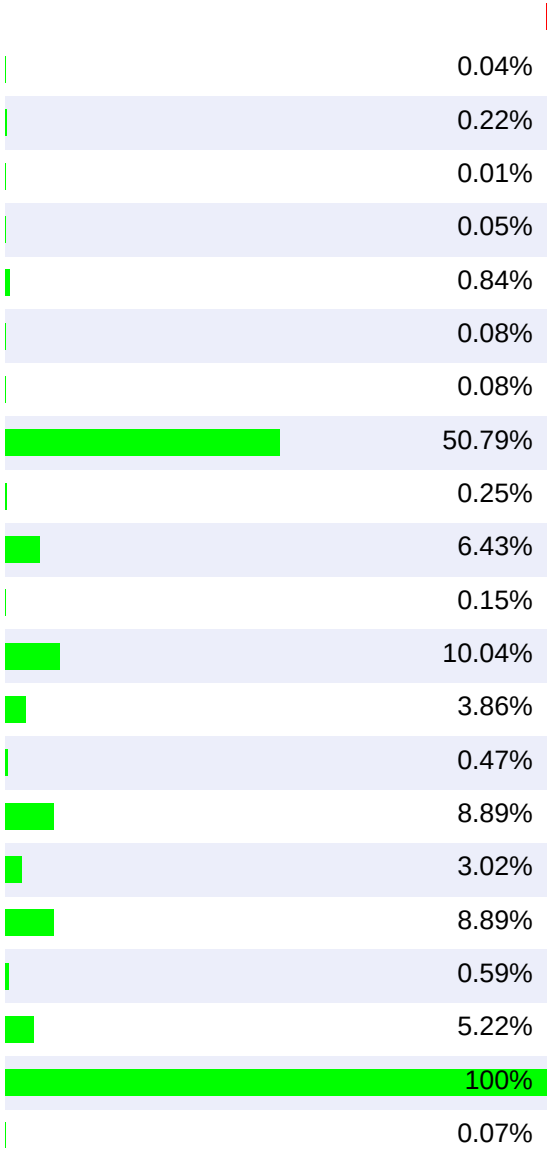
Spending Breakdown by Claim

$35.00	$11.00	$7.00
$73.00	$44.00	$40.00
$2.00	$2.00	$3.00
$9.00	$12.00	$9.00
$174.00	$160.00	$155.00
$12.00	$10.00	$14.00
$16.00	$19.00	$16.00
$10985.00	$9773.00	$9399.00
$88.00	$49.00	$46.00
$551.00	$755.00	$1190.00
$46.00	$39.00	$27.00
$2066.00	$1563.00	$1857.00
$737.00	$632.00	$715.00
$64.00	$88.00	$88.00
$1692.00	$1667.00	$1645.00
$452.00	$484.00	$558.00
$877.00	$1239.00	$1646.00
$125.00	$118.00	$110.00
$1042.00	$806.00	$966.00
$19055.00	$17485.00	$18506.00
$6.00	$11.00	$14.00

Spending Breakdown by Claim

0.18%	0.06%
0.38%	0.25%
0.01%	0.01%
0.05%	0.07%
0.92%	0.92%
0.06%	0.06%
0.08%	0.11%
57.65%	55.9%
0.46%	0.28%
2.89%	4.32%
0.24%	0.22%
10.84%	8.94%
3.87%	3.62%
0.34%	0.5%
8.88%	9.54%
2.37%	2.77%
4.6%	7.08%
0.66%	0.68%
5.47%	4.61%
100%	100%
0.03%	0.06%

Spending Breakdown by Claim



Spending Breakdown by Claim

NEA BAPTIST MEMORIAL HOSPITAL	040118	AR
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NEA BAPTIST MEMORIAL HOSPITAL	040118	AR
NEA BAPTIST MEMORIAL HOSPITAL	040118	AR
NEA BAPTIST MEMORIAL HOSPITAL	040118	AR
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NEA BAPTIST MEMORIAL HOSPITAL	040118	AR
NEA BAPTIST MEMORIAL HOSPITAL	040118	AR
NEA BAPTIST MEMORIAL HOSPITAL	040118	AR
NEA BAPTIST MEMORIAL HOSPITAL	040118	AR
NEA BAPTIST MEMORIAL HOSPITAL	040118	AR
NEA BAPTIST MEMORIAL HOSPITAL	040118	AR

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total

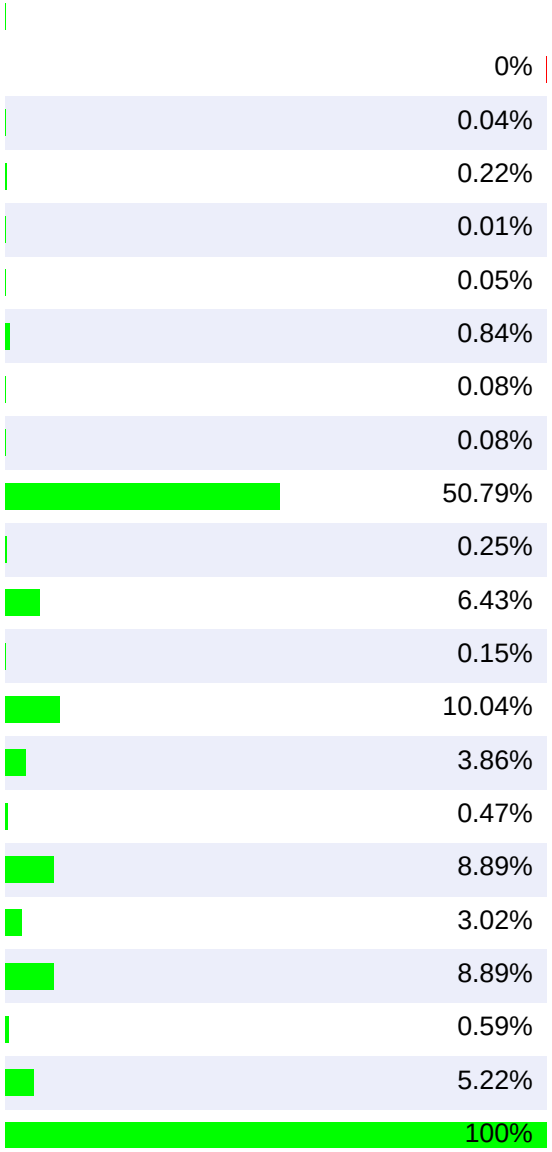
Spending Breakdown by Claim

$0.00	$1.00	$1.00
$2.00	$11.00	$7.00
$38.00	$44.00	$40.00
$0.00	$2.00	$3.00
$8.00	$12.00	$9.00
$145.00	$160.00	$155.00
$19.00	$10.00	$14.00
$7.00	$19.00	$16.00
$10616.00	$9773.00	$9399.00
$12.00	$49.00	$46.00
$456.00	$755.00	$1190.00
$42.00	$39.00	$27.00
$1704.00	$1563.00	$1857.00
$636.00	$632.00	$715.00
$45.00	$88.00	$88.00
$1616.00	$1667.00	$1645.00
$370.00	$484.00	$558.00
$873.00	$1239.00	$1646.00
$141.00	$118.00	$110.00
$779.00	$806.00	$966.00
$17515.00	$17485.00	$18506.00

Spending Breakdown by Claim

0%	0.01%
0.01%	0.06%
0.21%	0.25%
0%	0.01%
0.05%	0.07%
0.83%	0.92%
0.11%	0.06%
0.04%	0.11%
60.61%	55.9%
0.07%	0.28%
2.6%	4.32%
0.24%	0.22%
9.73%	8.94%
3.63%	3.62%
0.25%	0.5%
9.23%	9.54%
2.11%	2.77%
4.98%	7.08%
0.8%	0.68%
4.45%	4.61%
100%	100%

Spending Breakdown by Claim



Spending Breakdown by Claim

WHITE RIVER MEDICAL CENTER	040119	AR
WHITE RIVER MEDICAL CENTER	040119	AR
WHITE RIVER MEDICAL CENTER	040119	AR
WHITE RIVER MEDICAL CENTER	040119	AR
WHITE RIVER MEDICAL CENTER	040119	AR
WHITE RIVER MEDICAL CENTER	040119	AR
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WHITE RIVER MEDICAL CENTER	040119	AR
WHITE RIVER MEDICAL CENTER	040119	AR
WHITE RIVER MEDICAL CENTER	040119	AR
WHITE RIVER MEDICAL CENTER	040119	AR

Spending Breakdown by Claim

1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier

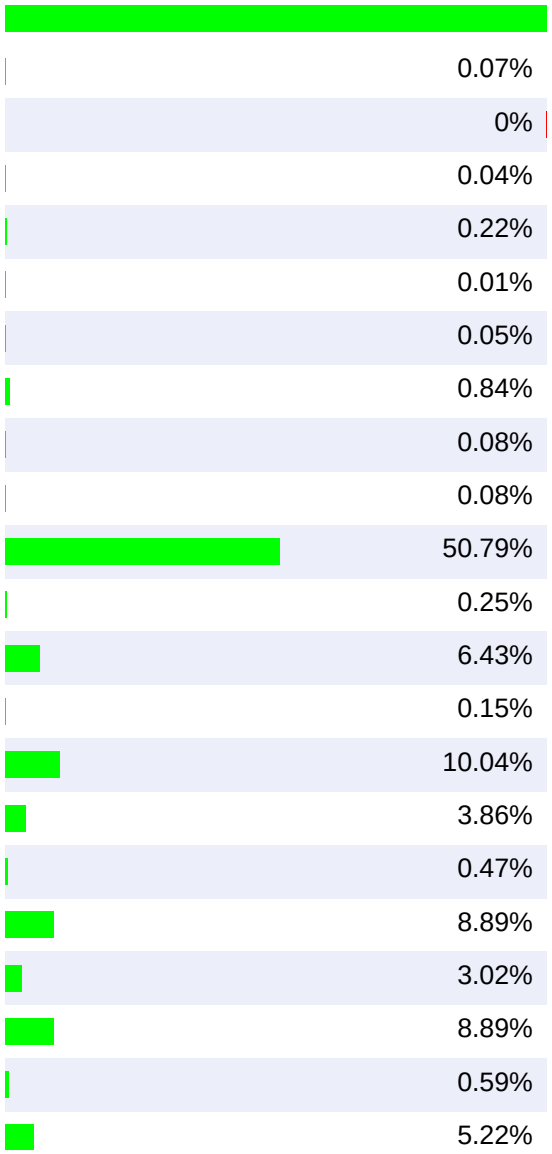
Spending Breakdown by Claim

$27.00	$11.00	$14.00
$1.00	$1.00	$1.00
$10.00	$11.00	$7.00
$60.00	$44.00	$40.00
$2.00	$2.00	$3.00
$15.00	$12.00	$9.00
$261.00	$160.00	$155.00
$40.00	$10.00	$14.00
$4.00	$19.00	$16.00
$8613.00	$9773.00	$9399.00
$60.00	$49.00	$46.00
$818.00	$755.00	$1190.00
$28.00	$39.00	$27.00
$1414.00	$1563.00	$1857.00
$793.00	$632.00	$715.00
$69.00	$88.00	$88.00
$1759.00	$1667.00	$1645.00
$521.00	$484.00	$558.00
$1291.00	$1239.00	$1646.00
$121.00	$118.00	$110.00
$808.00	$806.00	$966.00

Spending Breakdown by Claim

0.16%	0.06%
0.01%	0.01%
0.06%	0.06%
0.36%	0.25%
0.01%	0.01%
0.09%	0.07%
1.56%	0.92%
0.24%	0.06%
0.02%	0.11%
51.53%	55.9%
0.36%	0.28%
4.89%	4.32%
0.17%	0.22%
8.46%	8.94%
4.74%	3.62%
0.41%	0.5%
10.52%	9.54%
3.12%	2.77%
7.73%	7.08%
0.73%	0.68%
4.83%	4.61%

Spending Breakdown by Claim



Spending Breakdown by Claim

WHITE RIVER MEDICAL CENTER	040119	AR
ARKANSAS HEART HOSPITAL	040134	AR
ARKANSAS HEART HOSPITAL	040134	AR
ARKANSAS HEART HOSPITAL	040134	AR
ARKANSAS HEART HOSPITAL	040134	AR
ARKANSAS HEART HOSPITAL	040134	AR
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ARKANSAS HEART HOSPITAL	040134	AR
ARKANSAS HEART HOSPITAL	040134	AR
ARKANSAS HEART HOSPITAL	040134	AR
ARKANSAS HEART HOSPITAL	040134	AR

Spending Breakdown by Claim

Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment

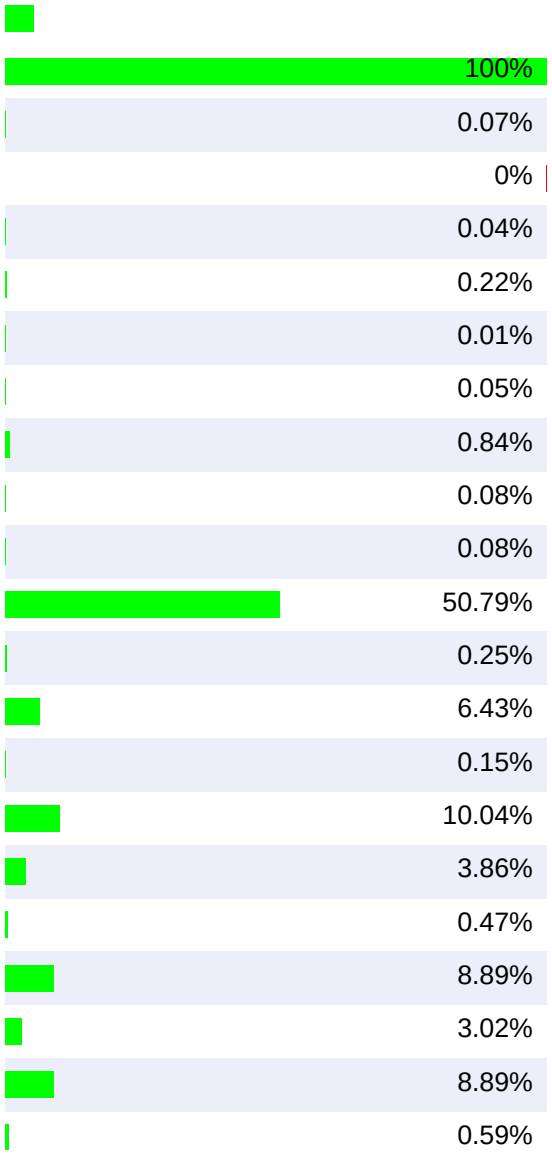
Spending Breakdown by Claim

$16715.00	$17485.00	$18506.00
$6.00	$11.00	$14.00
$0.00	$1.00	$1.00
$17.00	$11.00	$7.00
$54.00	$44.00	$40.00
$0.00	$2.00	$3.00
$12.00	$12.00	$9.00
$183.00	$160.00	$155.00
$2.00	$10.00	$14.00
$0.00	$19.00	$16.00
$11629.00	$9773.00	$9399.00
$74.00	$49.00	$46.00
$148.00	$755.00	$1190.00
$45.00	$39.00	$27.00
$1626.00	$1563.00	$1857.00
$258.00	$632.00	$715.00
$26.00	$88.00	$88.00
$1546.00	$1667.00	$1645.00
$372.00	$484.00	$558.00
$202.00	$1239.00	$1646.00
$85.00	$118.00	$110.00

Spending Breakdown by Claim

100%	100%
0.03%	0.06%
0%	0.01%
0.1%	0.06%
0.32%	0.25%
0%	0.01%
0.07%	0.07%
1.08%	0.92%
0.01%	0.06%
0%	0.11%
68.75%	55.9%
0.44%	0.28%
0.88%	4.32%
0.27%	0.22%
9.61%	8.94%
1.53%	3.62%
0.15%	0.5%
9.14%	9.54%
2.2%	2.77%
1.19%	7.08%
0.5%	0.68%

Spending Breakdown by Claim



Spending Breakdown by Claim

ARKANSAS HEART HOSPITAL	040134	AR
ARKANSAS HEART HOSPITAL	040134	AR
ST VINCENT MEDICAL CENTER NORTH	040137	AR
ST VINCENT MEDICAL CENTER NORTH	040137	AR
ST VINCENT MEDICAL CENTER NORTH	040137	AR
ST VINCENT MEDICAL CENTER NORTH	040137	AR
ST VINCENT MEDICAL CENTER NORTH	040137	AR
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ST VINCENT MEDICAL CENTER NORTH	040137	AR
ST VINCENT MEDICAL CENTER NORTH	040137	AR

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility

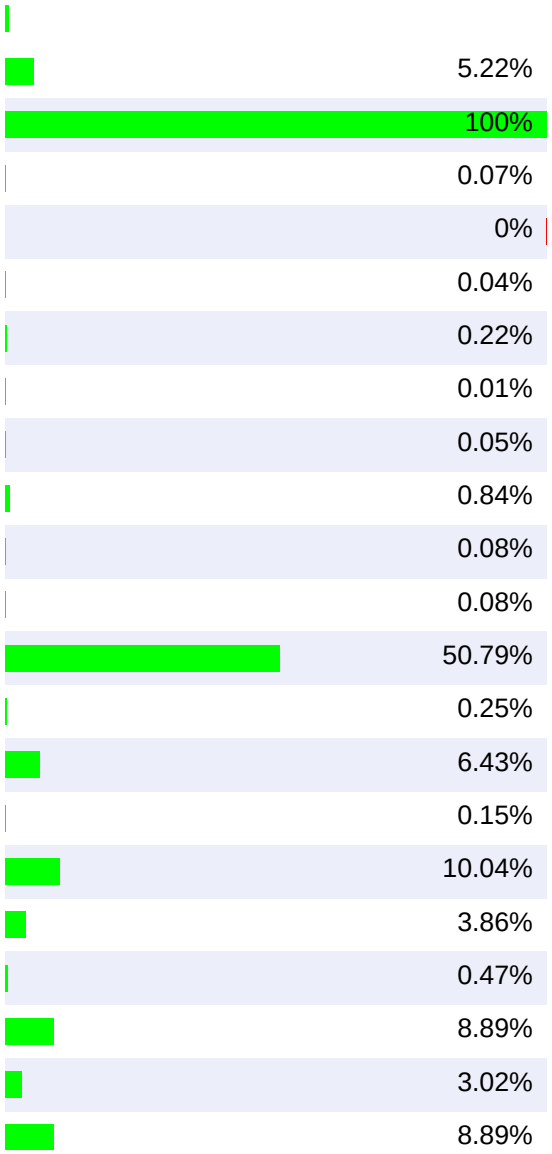
Spending Breakdown by Claim

$630.00	$806.00	$966.00
$16916.00	$17485.00	$18506.00
$12.00	$11.00	$14.00
$2.00	$1.00	$1.00
$8.00	$11.00	$7.00
$8.00	$44.00	$40.00
$4.00	$2.00	$3.00
$13.00	$12.00	$9.00
$89.00	$160.00	$155.00
$1.00	$10.00	$14.00
$26.00	$19.00	$16.00
$10252.00	$9773.00	$9399.00
$13.00	$49.00	$46.00
$408.00	$755.00	$1190.00
$17.00	$39.00	$27.00
$1403.00	$1563.00	$1857.00
$475.00	$632.00	$715.00
$114.00	$88.00	$88.00
$1215.00	$1667.00	$1645.00
$226.00	$484.00	$558.00
$1137.00	$1239.00	$1646.00

Spending Breakdown by Claim

3.72%	4.61%
100%	100%
0.07%	0.06%
0.01%	0.01%
0.05%	0.06%
0.05%	0.25%
0.02%	0.01%
0.08%	0.07%
0.55%	0.92%
0.01%	0.06%
0.16%	0.11%
62.66%	55.9%
0.08%	0.28%
2.49%	4.32%
0.11%	0.22%
8.58%	8.94%
2.9%	3.62%
0.7%	0.5%
7.43%	9.54%
1.38%	2.77%
6.95%	7.08%

Spending Breakdown by Claim



Spending Breakdown by Claim

ST VINCENT MEDICAL CENTER NORTH	040137	AR
ST VINCENT MEDICAL CENTER NORTH	040137	AR
ST VINCENT MEDICAL CENTER NORTH	040137	AR
ARKANSAS SURGICAL HOSPITAL	040147	AR
ARKANSAS SURGICAL HOSPITAL	040147	AR
ARKANSAS SURGICAL HOSPITAL	040147	AR
ARKANSAS SURGICAL HOSPITAL	040147	AR
ARKANSAS SURGICAL HOSPITAL	040147	AR
ARKANSAS SURGICAL HOSPITAL	040147	AR
ARKANSAS SURGICAL HOSPITAL	040147	AR
ARKANSAS SURGICAL HOSPITAL	040147	AR
ARKANSAS SURGICAL HOSPITAL	040147	AR
ARKANSAS SURGICAL HOSPITAL	040147	AR
ARKANSAS SURGICAL HOSPITAL	040147	AR
ARKANSAS SURGICAL HOSPITAL	040147	AR
ARKANSAS SURGICAL HOSPITAL	040147	AR
ARKANSAS SURGICAL HOSPITAL	040147	AR
ARKANSAS SURGICAL HOSPITAL	040147	AR
ARKANSAS SURGICAL HOSPITAL	040147	AR

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient

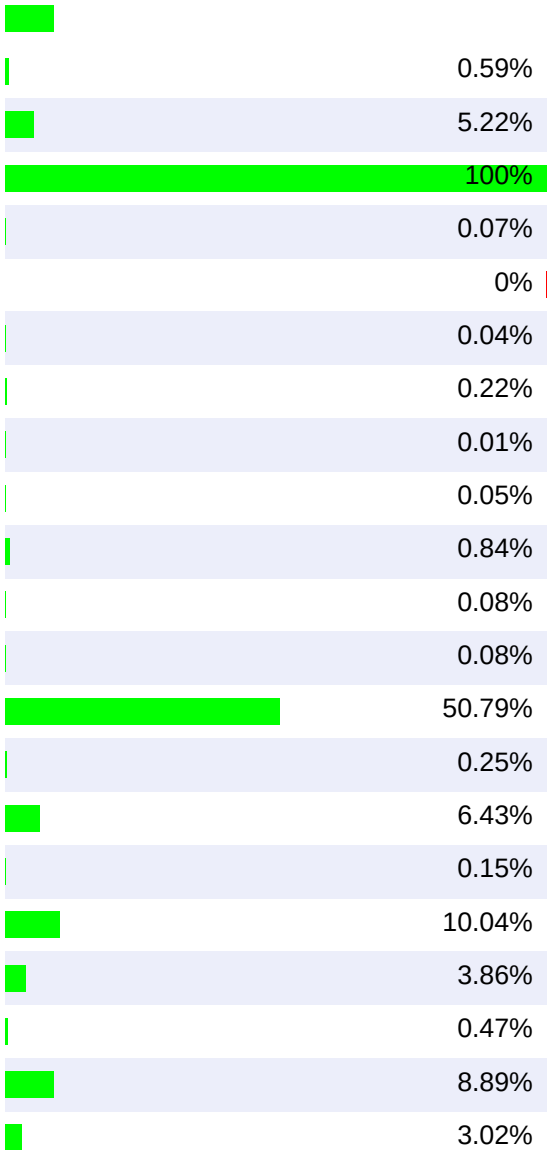
Spending Breakdown by Claim

$119.00	$118.00	$110.00
$819.00	$806.00	$966.00
$16361.00	$17485.00	$18506.00
$0.00	$11.00	$14.00
$0.00	$1.00	$1.00
$0.00	$11.00	$7.00
$12.00	$44.00	$40.00
$1.00	$2.00	$3.00
$186.00	$12.00	$9.00
$27.00	$160.00	$155.00
$14.00	$10.00	$14.00
$0.00	$19.00	$16.00
$11800.00	$9773.00	$9399.00
$9.00	$49.00	$46.00
$376.00	$755.00	$1190.00
$445.00	$39.00	$27.00
$2554.00	$1563.00	$1857.00
$741.00	$632.00	$715.00
$0.00	$88.00	$88.00
$399.00	$1667.00	$1645.00
$279.00	$484.00	$558.00

Spending Breakdown by Claim

0.73%	0.68%
5%	4.61%
100%	100%
0%	0.06%
0%	0.01%
0%	0.06%
0.07%	0.25%
0.01%	0.01%
1.05%	0.07%
0.15%	0.92%
0.08%	0.06%
0%	0.11%
66.31%	55.9%
0.05%	0.28%
2.11%	4.32%
2.5%	0.22%
14.35%	8.94%
4.16%	3.62%
0%	0.5%
2.24%	9.54%
1.57%	2.77%

Spending Breakdown by Claim



Spending Breakdown by Claim

ARKANSAS SURGICAL HOSPITAL	040147	AR
ARKANSAS SURGICAL HOSPITAL	040147	AR
ARKANSAS SURGICAL HOSPITAL	040147	AR
ARKANSAS SURGICAL HOSPITAL	040147	AR
PHYSICIANS SPECIALTY HOSPITAL	040152	AR
PHYSICIANS SPECIALTY HOSPITAL	040152	AR
PHYSICIANS SPECIALTY HOSPITAL	040152	AR
PHYSICIANS SPECIALTY HOSPITAL	040152	AR
PHYSICIANS SPECIALTY HOSPITAL	040152	AR
PHYSICIANS SPECIALTY HOSPITAL	040152	AR
PHYSICIANS SPECIALTY HOSPITAL	040152	AR
PHYSICIANS SPECIALTY HOSPITAL	040152	AR
PHYSICIANS SPECIALTY HOSPITAL	040152	AR
PHYSICIANS SPECIALTY HOSPITAL	040152	AR
PHYSICIANS SPECIALTY HOSPITAL	040152	AR
PHYSICIANS SPECIALTY HOSPITAL	040152	AR
PHYSICIANS SPECIALTY HOSPITAL	040152	AR
PHYSICIANS SPECIALTY HOSPITAL	040152	AR
PHYSICIANS SPECIALTY HOSPITAL	040152	AR

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient

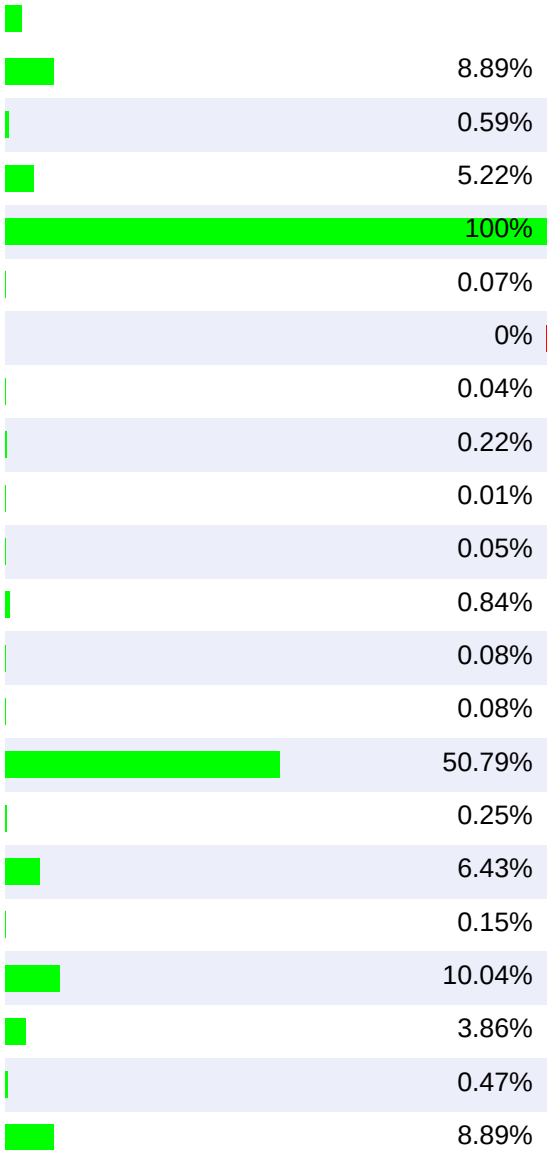
Spending Breakdown by Claim

$315.00	$1239.00	$1646.00
$133.00	$118.00	$110.00
$505.00	$806.00	$966.00
$17795.00	$17485.00	$18506.00
$0.00	$11.00	$14.00
$0.00	$1.00	$1.00
$0.00	$11.00	$7.00
$11.00	$44.00	$40.00
$0.00	$2.00	$3.00
$11.00	$12.00	$9.00
$52.00	$160.00	$155.00
$30.00	$10.00	$14.00
$0.00	$19.00	$16.00
$13168.00	$9773.00	$9399.00
$15.00	$49.00	$46.00
$1282.00	$755.00	$1190.00
$173.00	$39.00	$27.00
$2391.00	$1563.00	$1857.00
$728.00	$632.00	$715.00
$0.00	$88.00	$88.00
$563.00	$1667.00	$1645.00

Spending Breakdown by Claim

1.77%	7.08%
0.75%	0.68%
2.84%	4.61%
100%	100%
0%	0.06%
0%	0.01%
0%	0.06%
0.05%	0.25%
0%	0.01%
0.05%	0.07%
0.25%	0.92%
0.14%	0.06%
0%	0.11%
62.57%	55.9%
0.07%	0.28%
6.09%	4.32%
0.82%	0.22%
11.36%	8.94%
3.46%	3.62%
0%	0.5%
2.67%	9.54%

Spending Breakdown by Claim



Spending Breakdown by Claim

PHYSICIANS SPECIALTY HOSPITAL	040152	AR
PHYSICIANS SPECIALTY HOSPITAL	040152	AR
PHYSICIANS SPECIALTY HOSPITAL	040152	AR
PHYSICIANS SPECIALTY HOSPITAL	040152	AR
PHYSICIANS SPECIALTY HOSPITAL	040152	AR
ST ROSE HOSPITAL	050002	CA
ST ROSE HOSPITAL	050002	CA
ST ROSE HOSPITAL	050002	CA
ST ROSE HOSPITAL	050002	CA
ST ROSE HOSPITAL	050002	CA
ST ROSE HOSPITAL	050002	CA
ST ROSE HOSPITAL	050002	CA
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ST ROSE HOSPITAL	050002	CA
ST ROSE HOSPITAL	050002	CA
ST ROSE HOSPITAL	050002	CA
ST ROSE HOSPITAL	050002	CA
ST ROSE HOSPITAL	050002	CA
ST ROSE HOSPITAL	050002	CA
ST ROSE HOSPITAL	050002	CA

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice

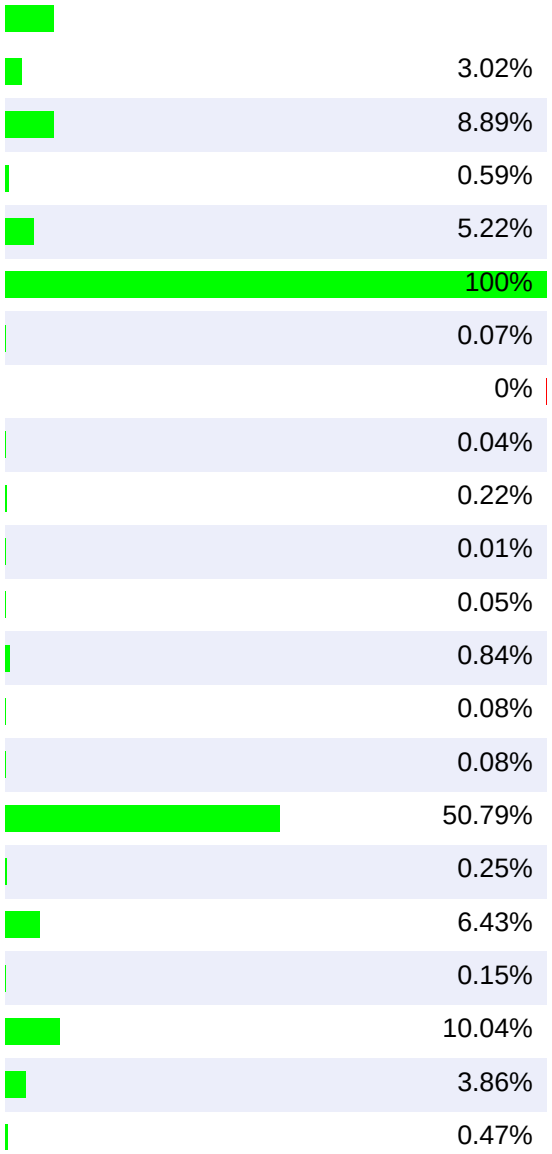
Spending Breakdown by Claim

$244.00	$484.00	$558.00
$1400.00	$1239.00	$1646.00
$120.00	$118.00	$110.00
$858.00	$806.00	$966.00
$21047.00	$17485.00	$18506.00
$13.00	$10.00	$14.00
$0.00	$0.00	$1.00
$0.00	$4.00	$7.00
$34.00	$36.00	$40.00
$6.00	$3.00	$3.00
$8.00	$11.00	$9.00
$167.00	$168.00	$155.00
$0.00	$14.00	$14.00
$4.00	$13.00	$16.00
$8932.00	$9710.00	$9399.00
$9.00	$27.00	$46.00
$1378.00	$1299.00	$1190.00
$23.00	$26.00	$27.00
$2054.00	$2035.00	$1857.00
$522.00	$643.00	$715.00
$28.00	$69.00	$88.00

Spending Breakdown by Claim

1.16%	2.77%
6.65%	7.08%
0.57%	0.68%
4.08%	4.61%
100%	100%
0.07%	0.05%
0%	0%
0%	0.02%
0.17%	0.18%
0.03%	0.01%
0.04%	0.06%
0.86%	0.87%
0%	0.07%
0.02%	0.07%
45.94%	50.13%
0.05%	0.14%
7.09%	6.71%
0.12%	0.14%
10.56%	10.51%
2.69%	3.32%
0.14%	0.36%

Spending Breakdown by Claim



Spending Breakdown by Claim

ST ROSE HOSPITAL	050002	CA
ST ROSE HOSPITAL	050002	CA
ST ROSE HOSPITAL	050002	CA
ST ROSE HOSPITAL	050002	CA
ST ROSE HOSPITAL	050002	CA
ST ROSE HOSPITAL	050002	CA
ST JOSEPH HOSPITAL	050006	CA
ST JOSEPH HOSPITAL	050006	CA
ST JOSEPH HOSPITAL	050006	CA
ST JOSEPH HOSPITAL	050006	CA
ST JOSEPH HOSPITAL	050006	CA
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ST JOSEPH HOSPITAL	050006	CA
ST JOSEPH HOSPITAL	050006	CA
ST JOSEPH HOSPITAL	050006	CA
ST JOSEPH HOSPITAL	050006	CA
ST JOSEPH HOSPITAL	050006	CA

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency

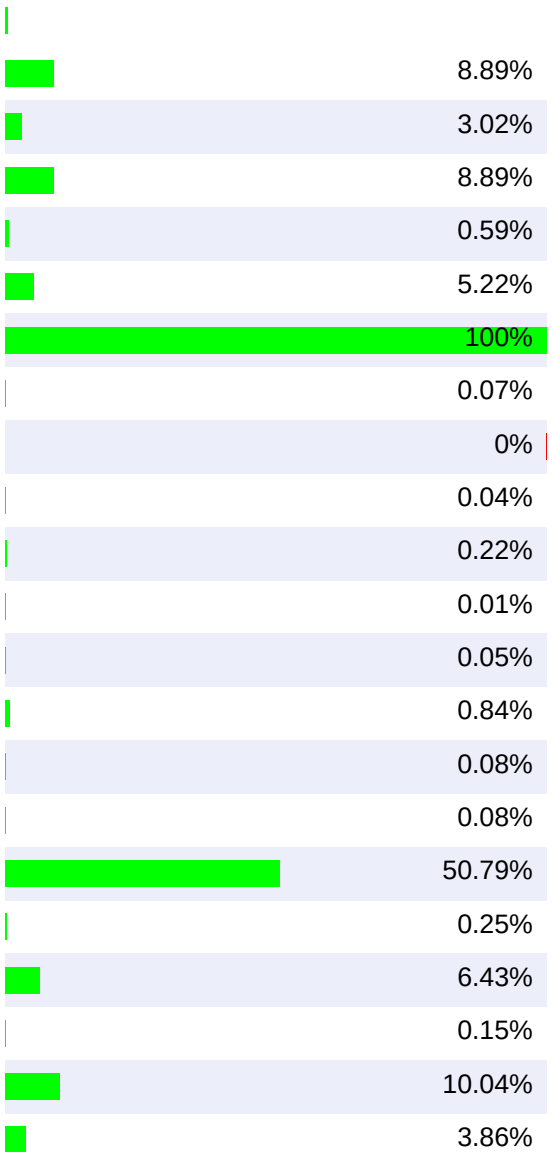
Spending Breakdown by Claim

$2200.00	$1710.00	$1645.00
$544.00	$533.00	$558.00
$2260.00	$1838.00	$1646.00
$110.00	$122.00	$110.00
$1150.00	$1096.00	$966.00
$19442.00	$19369.00	$18506.00
$7.00	$10.00	$14.00
$0.00	$0.00	$1.00
$4.00	$4.00	$7.00
$57.00	$36.00	$40.00
$1.00	$3.00	$3.00
$5.00	$11.00	$9.00
$188.00	$168.00	$155.00
$10.00	$14.00	$14.00
$17.00	$13.00	$16.00
$11022.00	$9710.00	$9399.00
$34.00	$27.00	$46.00
$1111.00	$1299.00	$1190.00
$60.00	$26.00	$27.00
$2056.00	$2035.00	$1857.00
$729.00	$643.00	$715.00

Spending Breakdown by Claim

11.31%	8.83%
2.8%	2.75%
11.63%	9.49%
0.57%	0.63%
5.92%	5.66%
100%	100%
0.04%	0.05%
0%	0%
0.02%	0.02%
0.29%	0.18%
0.01%	0.01%
0.03%	0.06%
0.96%	0.87%
0.05%	0.07%
0.09%	0.07%
56.45%	50.13%
0.17%	0.14%
5.69%	6.71%
0.31%	0.14%
10.53%	10.51%
3.73%	3.32%

Spending Breakdown by Claim



Spending Breakdown by Claim

ST JOSEPH HOSPITAL	050006	CA
ST JOSEPH HOSPITAL	050006	CA
ST JOSEPH HOSPITAL	050006	CA
ST JOSEPH HOSPITAL	050006	CA
ST JOSEPH HOSPITAL	050006	CA
ST JOSEPH HOSPITAL	050006	CA
ST JOSEPH HOSPITAL	050006	CA
PENINSULA MEDICAL CENTER	050007	CA
PENINSULA MEDICAL CENTER	050007	CA
PENINSULA MEDICAL CENTER	050007	CA
PENINSULA MEDICAL CENTER	050007	CA
PENINSULA MEDICAL CENTER	050007	CA
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PENINSULA MEDICAL CENTER	050007	CA
PENINSULA MEDICAL CENTER	050007	CA
PENINSULA MEDICAL CENTER	050007	CA
PENINSULA MEDICAL CENTER	050007	CA

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier

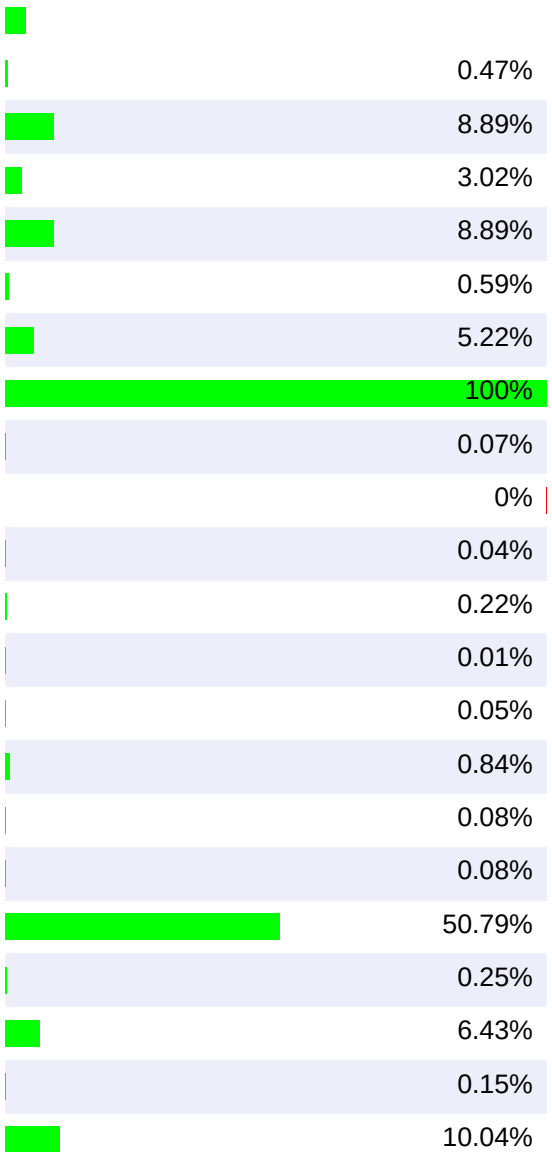
Spending Breakdown by Claim

$89.00	$69.00	$88.00
$1244.00	$1710.00	$1645.00
$477.00	$533.00	$558.00
$1633.00	$1838.00	$1646.00
$103.00	$122.00	$110.00
$680.00	$1096.00	$966.00
$19526.00	$19369.00	$18506.00
$10.00	$10.00	$14.00
$0.00	$0.00	$1.00
$1.00	$4.00	$7.00
$37.00	$36.00	$40.00
$2.00	$3.00	$3.00
$4.00	$11.00	$9.00
$200.00	$168.00	$155.00
$0.00	$14.00	$14.00
$24.00	$13.00	$16.00
$8731.00	$9710.00	$9399.00
$6.00	$27.00	$46.00
$1087.00	$1299.00	$1190.00
$16.00	$26.00	$27.00
$2125.00	$2035.00	$1857.00

Spending Breakdown by Claim

0.46%	0.36%
6.37%	8.83%
2.44%	2.75%
8.36%	9.49%
0.53%	0.63%
3.48%	5.66%
100%	100%
0.06%	0.05%
0%	0%
0%	0.02%
0.22%	0.18%
0.01%	0.01%
0.03%	0.06%
1.18%	0.87%
0%	0.07%
0.14%	0.07%
51.36%	50.13%
0.04%	0.14%
6.39%	6.71%
0.09%	0.14%
12.5%	10.51%

Spending Breakdown by Claim



Spending Breakdown by Claim

PENINSULA MEDICAL CENTER	050007	CA
PENINSULA MEDICAL CENTER	050007	CA
PENINSULA MEDICAL CENTER	050007	CA
PENINSULA MEDICAL CENTER	050007	CA
PENINSULA MEDICAL CENTER	050007	CA
PENINSULA MEDICAL CENTER	050007	CA
PENINSULA MEDICAL CENTER	050007	CA
PENINSULA MEDICAL CENTER	050007	CA
CALIFORNIA PACIFIC MEDICAL CTR-DAVIES CAMPUS HOSP	050008	CA
CALIFORNIA PACIFIC MEDICAL CTR-DAVIES CAMPUS HOSP	050008	CA
CALIFORNIA PACIFIC MEDICAL CTR-DAVIES CAMPUS HOSP	050008	CA
CALIFORNIA PACIFIC MEDICAL CTR-DAVIES CAMPUS HOSP	050008	CA
CALIFORNIA PACIFIC MEDICAL CTR-DAVIES CAMPUS HOSP	050008	CA
CALIFORNIA PACIFIC MEDICAL CTR-DAVIES CAMPUS HOSP	050008	CA
CALIFORNIA PACIFIC MEDICAL CTR-DAVIES CAMPUS HOSP	050008	CA
CALIFORNIA PACIFIC MEDICAL CTR-DAVIES	050008	CA

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency

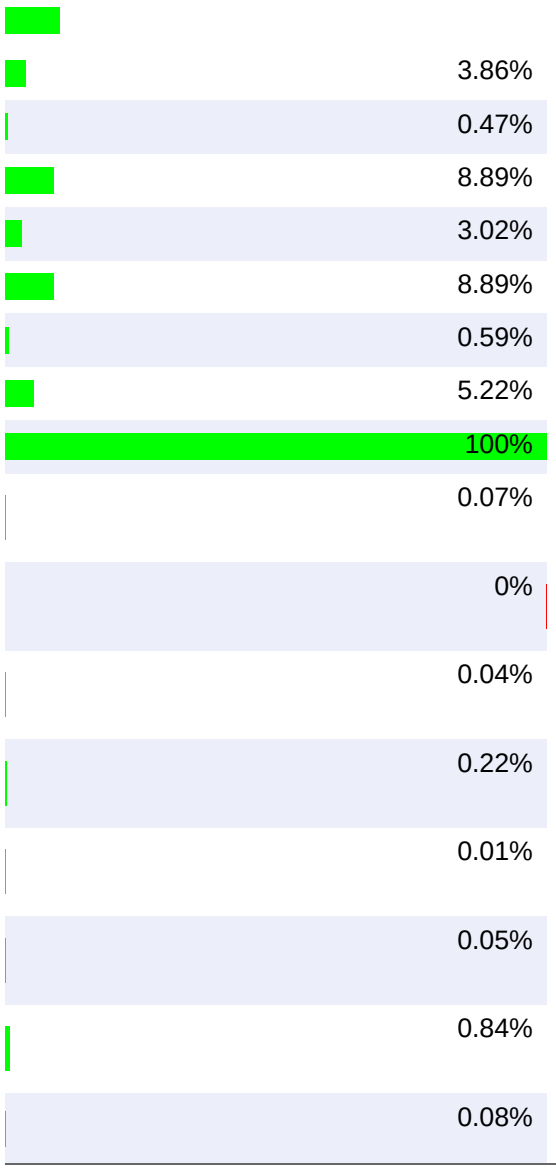
Spending Breakdown by Claim

$841.00	$643.00	$715.00
$137.00	$69.00	$88.00
$1382.00	$1710.00	$1645.00
$533.00	$533.00	$558.00
$621.00	$1838.00	$1646.00
$65.00	$122.00	$110.00
$1178.00	$1096.00	$966.00
$17001.00	$19369.00	$18506.00
$10.00	$10.00	$14.00
$0.00	$0.00	$1.00
$0.00	$4.00	$7.00
$59.00	$36.00	$40.00
$0.00	$3.00	$3.00
$10.00	$11.00	$9.00
$190.00	$168.00	$155.00
$5.00	$14.00	$14.00

Spending Breakdown by Claim

4.95%	3.32%
0.81%	0.36%
8.13%	8.83%
3.14%	2.75%
3.65%	9.49%
0.38%	0.63%
6.93%	5.66%
100%	100%
0.05%	0.05%
0%	0%
0%	0.02%
0.29%	0.18%
0%	0.01%
0.05%	0.06%
0.94%	0.87%
0.02%	0.07%

Spending Breakdown by Claim



Spending Breakdown by Claim

CAMPUS HOSP		
CALIFORNIA PACIFIC MEDICAL CTR-DAVIES CAMPUS HOSP	050008	CA
CALIFORNIA PACIFIC MEDICAL CTR-DAVIES CAMPUS HOSP	050008	CA
CALIFORNIA PACIFIC MEDICAL CTR-DAVIES CAMPUS HOSP	050008	CA
CALIFORNIA PACIFIC MEDICAL CTR-DAVIES CAMPUS HOSP	050008	CA
CALIFORNIA PACIFIC MEDICAL CTR-DAVIES CAMPUS HOSP	050008	CA
CALIFORNIA PACIFIC MEDICAL CTR-DAVIES CAMPUS HOSP	050008	CA
CALIFORNIA PACIFIC MEDICAL CTR-DAVIES CAMPUS HOSP	050008	CA
CALIFORNIA PACIFIC MEDICAL CTR-DAVIES CAMPUS HOSP	050008	CA
CALIFORNIA PACIFIC MEDICAL CTR-DAVIES CAMPUS HOSP	050008	CA
CALIFORNIA PACIFIC MEDICAL CTR-DAVIES CAMPUS HOSP	050008	CA
CALIFORNIA PACIFIC MEDICAL CTR-DAVIES CAMPUS HOSP	050008	CA
CALIFORNIA PACIFIC MEDICAL CTR-DAVIES CAMPUS HOSP	050008	CA
CALIFORNIA PACIFIC MEDICAL CTR-DAVIES	050008	CA

Spending Breakdown by Claim

During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier

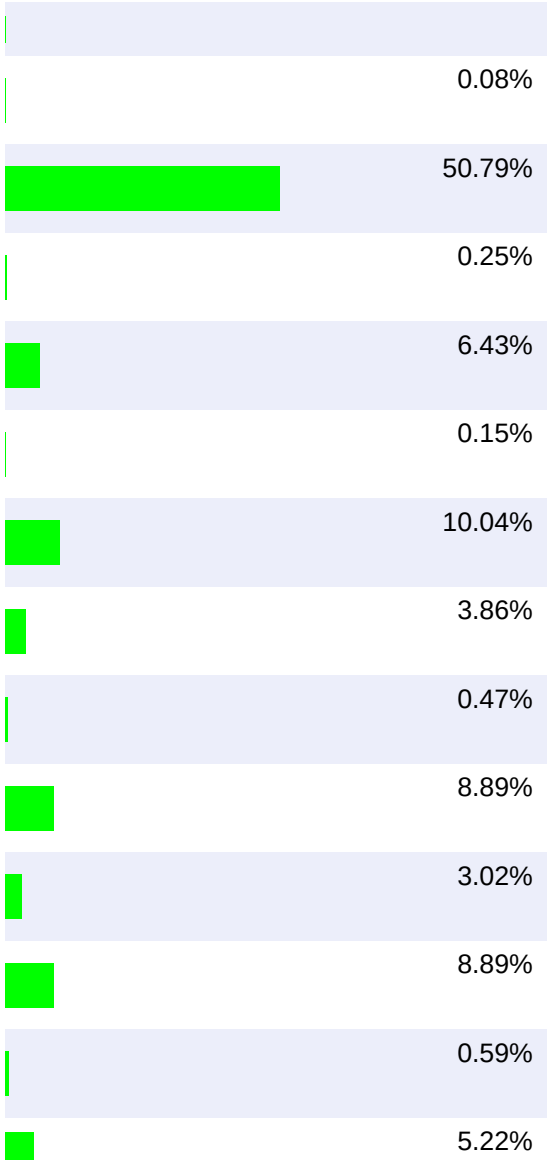
Spending Breakdown by Claim

$21.00	$13.00	$16.00
$10754.00	$9710.00	$9399.00
$137.00	$27.00	$46.00
$789.00	$1299.00	$1190.00
$16.00	$26.00	$27.00
$2798.00	$2035.00	$1857.00
$657.00	$643.00	$715.00
$55.00	$69.00	$88.00
$2079.00	$1710.00	$1645.00
$442.00	$533.00	$558.00
$1143.00	$1838.00	$1646.00
$67.00	$122.00	$110.00
$1043.00	$1096.00	$966.00

Spending Breakdown by Claim

0.11%	0.07%
53.04%	50.13%
0.68%	0.14%
3.89%	6.71%
0.08%	0.14%
13.8%	10.51%
3.24%	3.32%
0.27%	0.36%
10.25%	8.83%
2.18%	2.75%
5.64%	9.49%
0.33%	0.63%
5.14%	5.66%

Spending Breakdown by Claim



Spending Breakdown by Claim

CAMPUS HOSP		
CALIFORNIA PACIFIC MEDICAL CTR-DAVIES CAMPUS HOSP	050008	CA
QUEEN OF THE VALLEY MEDICAL CENTER	050009	CA
QUEEN OF THE VALLEY MEDICAL CENTER	050009	CA
QUEEN OF THE VALLEY MEDICAL CENTER	050009	CA
QUEEN OF THE VALLEY MEDICAL CENTER	050009	CA
QUEEN OF THE VALLEY MEDICAL CENTER	050009	CA
QUEEN OF THE VALLEY MEDICAL CENTER	050009	CA
QUEEN OF THE VALLEY MEDICAL CENTER	050009	CA
QUEEN OF THE VALLEY MEDICAL CENTER	050009	CA
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QUEEN OF THE VALLEY MEDICAL CENTER	050009	CA
QUEEN OF THE VALLEY MEDICAL CENTER	050009	CA
QUEEN OF THE VALLEY MEDICAL CENTER	050009	CA
QUEEN OF THE VALLEY MEDICAL CENTER	050009	CA
QUEEN OF THE VALLEY MEDICAL CENTER	050009	CA
QUEEN OF THE VALLEY MEDICAL CENTER	050009	CA
QUEEN OF THE VALLEY MEDICAL CENTER	050009	CA
QUEEN OF THE VALLEY MEDICAL CENTER	050009	CA

Spending Breakdown by Claim

Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility

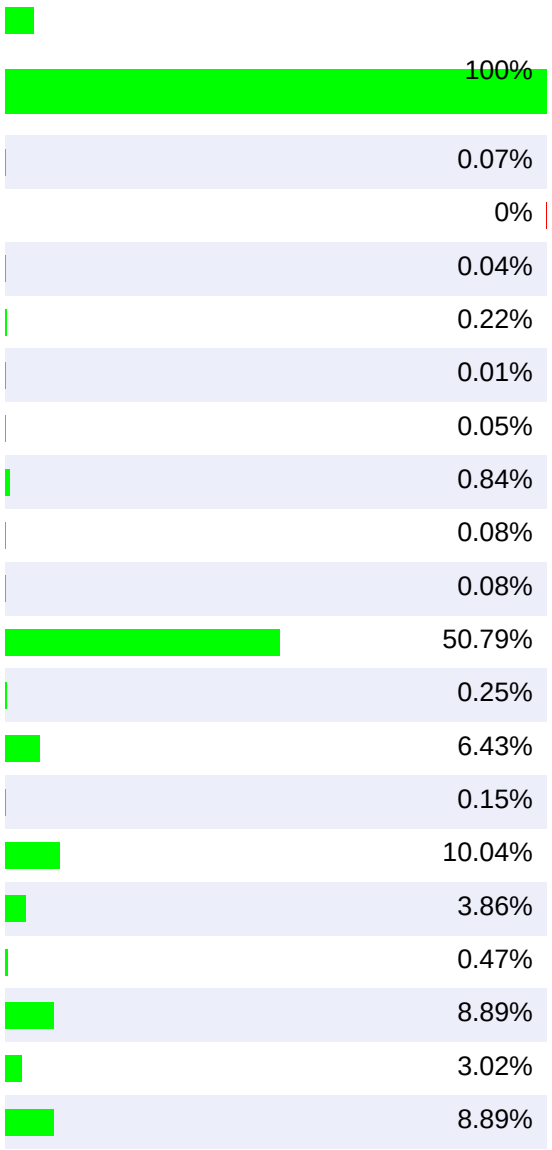
Spending Breakdown by Claim

$20275.00	$19369.00	$18506.00
$6.00	$10.00	$14.00
$0.00	$0.00	$1.00
$3.00	$4.00	$7.00
$16.00	$36.00	$40.00
$2.00	$3.00	$3.00
$5.00	$11.00	$9.00
$115.00	$168.00	$155.00
$2.00	$14.00	$14.00
$13.00	$13.00	$16.00
$10218.00	$9710.00	$9399.00
$10.00	$27.00	$46.00
$1280.00	$1299.00	$1190.00
$22.00	$26.00	$27.00
$2174.00	$2035.00	$1857.00
$296.00	$643.00	$715.00
$96.00	$69.00	$88.00
$1596.00	$1710.00	$1645.00
$515.00	$533.00	$558.00
$1569.00	$1838.00	$1646.00

Spending Breakdown by Claim

100%	100%
0.03%	0.05%
0%	0%
0.01%	0.02%
0.08%	0.18%
0.01%	0.01%
0.03%	0.06%
0.61%	0.87%
0.01%	0.07%
0.07%	0.07%
53.84%	50.13%
0.05%	0.14%
6.75%	6.71%
0.12%	0.14%
11.46%	10.51%
1.56%	3.32%
0.51%	0.36%
8.41%	8.83%
2.71%	2.75%
8.27%	9.49%

Spending Breakdown by Claim



Spending Breakdown by Claim

QUEEN OF THE VALLEY MEDICAL CENTER	050009	CA
QUEEN OF THE VALLEY MEDICAL CENTER	050009	CA
QUEEN OF THE VALLEY MEDICAL CENTER	050009	CA
ST HELENA HOSPITAL	050013	CA
ST HELENA HOSPITAL	050013	CA
ST HELENA HOSPITAL	050013	CA
ST HELENA HOSPITAL	050013	CA
ST HELENA HOSPITAL	050013	CA
ST HELENA HOSPITAL	050013	CA
ST HELENA HOSPITAL	050013	CA
ST HELENA HOSPITAL	050013	CA
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ST HELENA HOSPITAL	050013	CA
ST HELENA HOSPITAL	050013	CA
ST HELENA HOSPITAL	050013	CA
ST HELENA HOSPITAL	050013	CA

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility

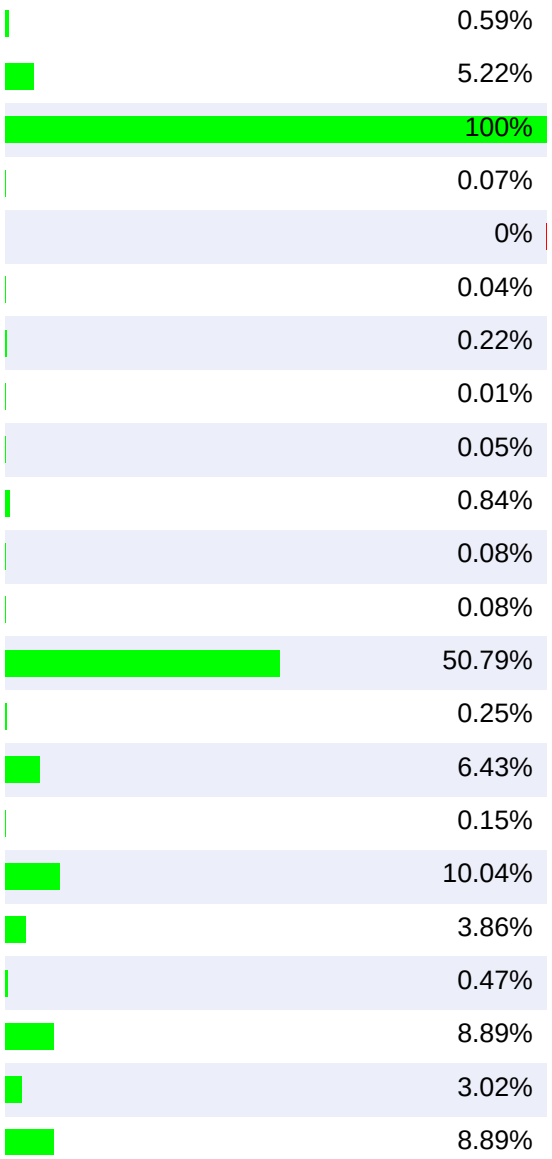
Spending Breakdown by Claim

$81.00	$122.00	$110.00
$958.00	$1096.00	$966.00
$18977.00	$19369.00	$18506.00
$0.00	$10.00	$14.00
$0.00	$0.00	$1.00
$0.00	$4.00	$7.00
$36.00	$36.00	$40.00
$0.00	$3.00	$3.00
$16.00	$11.00	$9.00
$53.00	$168.00	$155.00
$0.00	$14.00	$14.00
$0.00	$13.00	$16.00
$10516.00	$9710.00	$9399.00
$9.00	$27.00	$46.00
$574.00	$1299.00	$1190.00
$60.00	$26.00	$27.00
$1807.00	$2035.00	$1857.00
$477.00	$643.00	$715.00
$11.00	$69.00	$88.00
$1216.00	$1710.00	$1645.00
$502.00	$533.00	$558.00
$705.00	$1838.00	$1646.00

Spending Breakdown by Claim

0.43%	0.63%
5.05%	5.66%
100%	100%
0%	0.05%
0%	0%
0%	0.02%
0.21%	0.18%
0%	0.01%
0.09%	0.06%
0.32%	0.87%
0%	0.07%
0%	0.07%
62.99%	50.13%
0.05%	0.14%
3.44%	6.71%
0.36%	0.14%
10.82%	10.51%
2.86%	3.32%
0.07%	0.36%
7.29%	8.83%
3%	2.75%
4.22%	9.49%

Spending Breakdown by Claim



Spending Breakdown by Claim

ST HELENA HOSPITAL	050013	CA
ST HELENA HOSPITAL	050013	CA
ST HELENA HOSPITAL	050013	CA
SUTTER AMADOR HOSPITAL	050014	CA
SUTTER AMADOR HOSPITAL	050014	CA
SUTTER AMADOR HOSPITAL	050014	CA
SUTTER AMADOR HOSPITAL	050014	CA
SUTTER AMADOR HOSPITAL	050014	CA
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SUTTER AMADOR HOSPITAL	050014	CA
SUTTER AMADOR HOSPITAL	050014	CA
SUTTER AMADOR HOSPITAL	050014	CA

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient

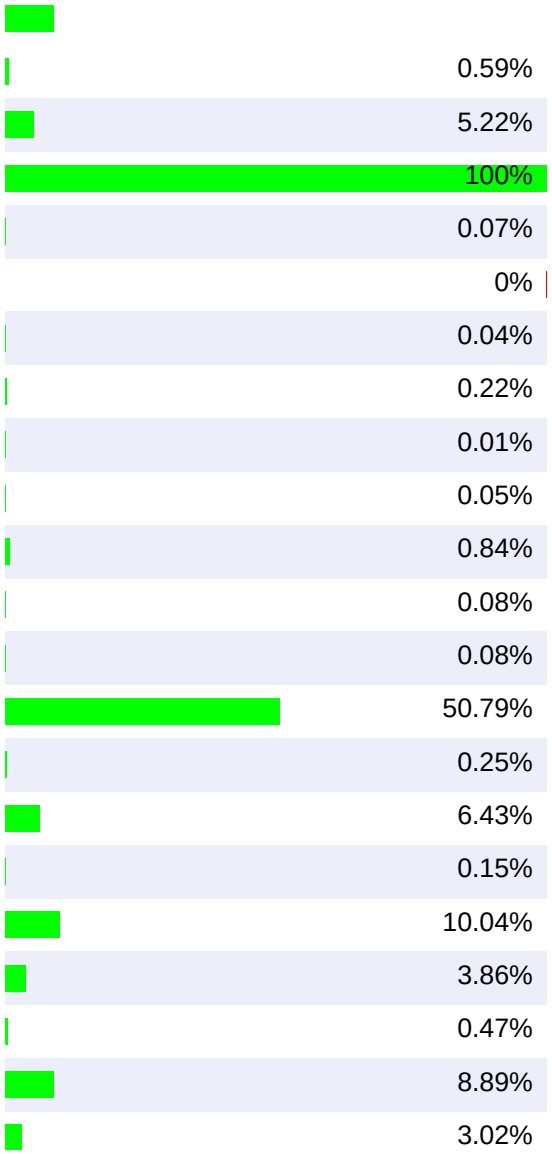
Spending Breakdown by Claim

$78.00	$122.00	$110.00
$636.00	$1096.00	$966.00
$16695.00	$19369.00	$18506.00
$12.00	$10.00	$14.00
$0.00	$0.00	$1.00
$0.00	$4.00	$7.00
$24.00	$36.00	$40.00
$1.00	$3.00	$3.00
$10.00	$11.00	$9.00
$139.00	$168.00	$155.00
$0.00	$14.00	$14.00
$3.00	$13.00	$16.00
$7399.00	$9710.00	$9399.00
$10.00	$27.00	$46.00
$1153.00	$1299.00	$1190.00
$14.00	$26.00	$27.00
$1472.00	$2035.00	$1857.00
$789.00	$643.00	$715.00
$153.00	$69.00	$88.00
$1299.00	$1710.00	$1645.00
$322.00	$533.00	$558.00

Spending Breakdown by Claim

0.47%	0.63%
3.81%	5.66%
100%	100%
0.08%	0.05%
0%	0%
0%	0.02%
0.16%	0.18%
0.01%	0.01%
0.07%	0.06%
0.93%	0.87%
0%	0.07%
0.02%	0.07%
49.68%	50.13%
0.07%	0.14%
7.74%	6.71%
0.09%	0.14%
9.88%	10.51%
5.3%	3.32%
1.02%	0.36%
8.73%	8.83%
2.16%	2.75%

Spending Breakdown by Claim



Spending Breakdown by Claim

SUTTER AMADOR HOSPITAL	050014	CA
SUTTER AMADOR HOSPITAL	050014	CA
SUTTER AMADOR HOSPITAL	050014	CA
SUTTER AMADOR HOSPITAL	050014	CA
ARROYO GRANDE COMMUNITY HOSPITAL	050016	CA
ARROYO GRANDE COMMUNITY HOSPITAL	050016	CA
ARROYO GRANDE COMMUNITY HOSPITAL	050016	CA
ARROYO GRANDE COMMUNITY HOSPITAL	050016	CA
ARROYO GRANDE COMMUNITY HOSPITAL	050016	CA
ARROYO GRANDE COMMUNITY HOSPITAL	050016	CA
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ARROYO GRANDE COMMUNITY HOSPITAL	050016	CA
ARROYO GRANDE COMMUNITY HOSPITAL	050016	CA
ARROYO GRANDE COMMUNITY HOSPITAL	050016	CA

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient

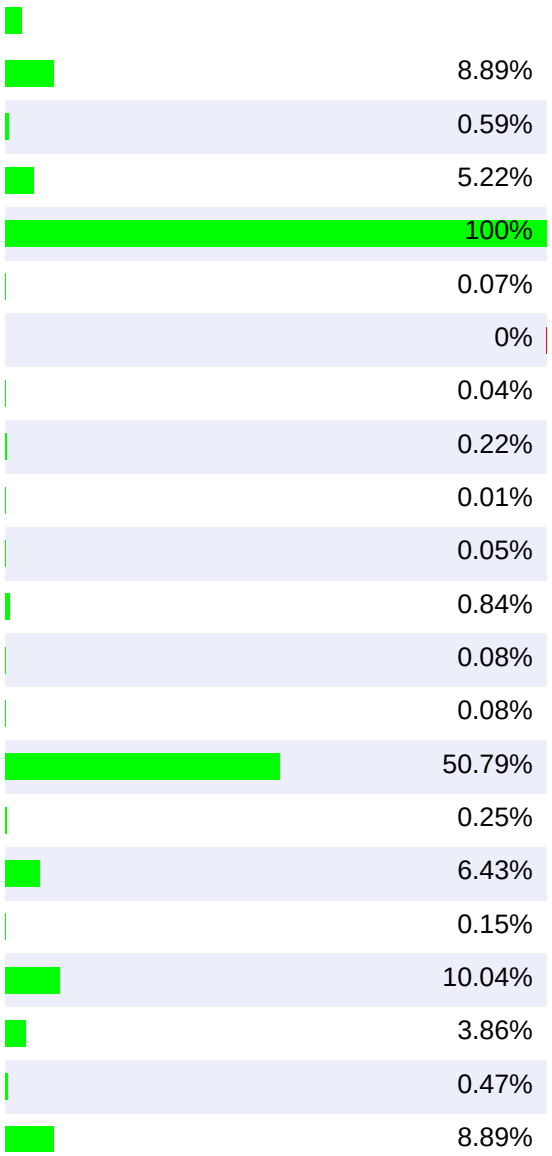
Spending Breakdown by Claim

$1293.00	$1838.00	$1646.00
$94.00	$122.00	$110.00
$705.00	$1096.00	$966.00
$14892.00	$19369.00	$18506.00
$6.00	$10.00	$14.00
$0.00	$0.00	$1.00
$0.00	$4.00	$7.00
$24.00	$36.00	$40.00
$2.00	$3.00	$3.00
$8.00	$11.00	$9.00
$123.00	$168.00	$155.00
$10.00	$14.00	$14.00
$13.00	$13.00	$16.00
$7613.00	$9710.00	$9399.00
$4.00	$27.00	$46.00
$1245.00	$1299.00	$1190.00
$31.00	$26.00	$27.00
$1450.00	$2035.00	$1857.00
$1019.00	$643.00	$715.00
$52.00	$69.00	$88.00
$1230.00	$1710.00	$1645.00

Spending Breakdown by Claim

8.69%	9.49%
0.63%	0.63%
4.73%	5.66%
100%	100%
0.04%	0.05%
0%	0%
0%	0.02%
0.15%	0.18%
0.01%	0.01%
0.05%	0.06%
0.8%	0.87%
0.06%	0.07%
0.08%	0.07%
49.33%	50.13%
0.02%	0.14%
8.07%	6.71%
0.2%	0.14%
9.39%	10.51%
6.6%	3.32%
0.33%	0.36%
7.97%	8.83%

Spending Breakdown by Claim



Spending Breakdown by Claim

ARROYO GRANDE COMMUNITY HOSPITAL	050016	CA
ARROYO GRANDE COMMUNITY HOSPITAL	050016	CA
ARROYO GRANDE COMMUNITY HOSPITAL	050016	CA
ARROYO GRANDE COMMUNITY HOSPITAL	050016	CA
ARROYO GRANDE COMMUNITY HOSPITAL	050016	CA
MERCY GENERAL HOSPITAL	050017	CA
MERCY GENERAL HOSPITAL	050017	CA
MERCY GENERAL HOSPITAL	050017	CA
MERCY GENERAL HOSPITAL	050017	CA
MERCY GENERAL HOSPITAL	050017	CA
MERCY GENERAL HOSPITAL	050017	CA
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MERCY GENERAL HOSPITAL	050017	CA
MERCY GENERAL HOSPITAL	050017	CA
MERCY GENERAL HOSPITAL	050017	CA
MERCY GENERAL HOSPITAL	050017	CA

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice

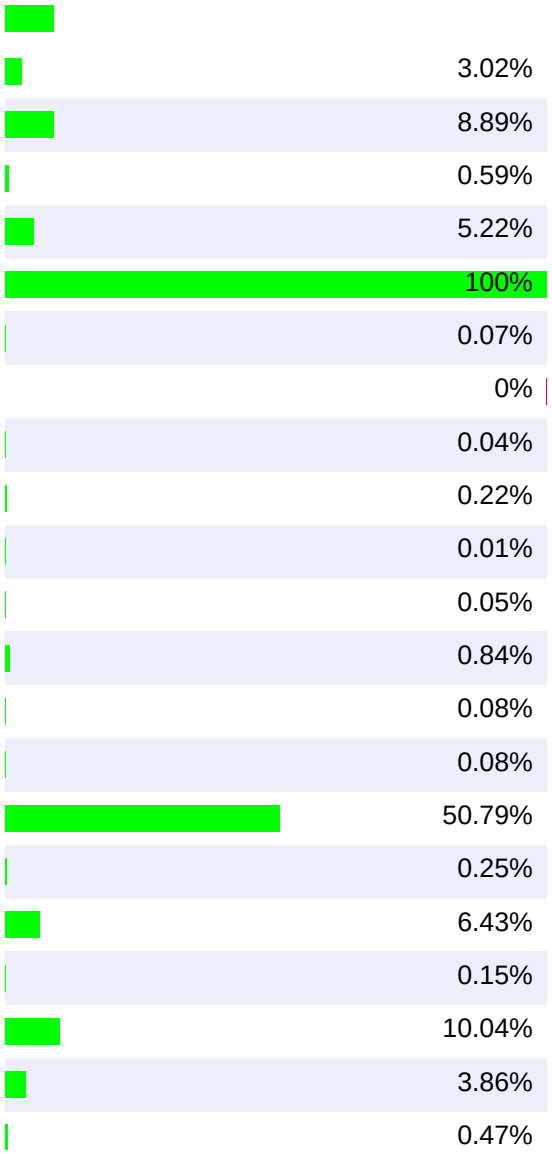
Spending Breakdown by Claim

$334.00	$533.00	$558.00
$1318.00	$1838.00	$1646.00
$78.00	$122.00	$110.00
$875.00	$1096.00	$966.00
$15434.00	$19369.00	$18506.00
$6.00	$10.00	$14.00
$0.00	$0.00	$1.00
$0.00	$4.00	$7.00
$39.00	$36.00	$40.00
$2.00	$3.00	$3.00
$5.00	$11.00	$9.00
$173.00	$168.00	$155.00
$14.00	$14.00	$14.00
$6.00	$13.00	$16.00
$11360.00	$9710.00	$9399.00
$24.00	$27.00	$46.00
$1149.00	$1299.00	$1190.00
$18.00	$26.00	$27.00
$2149.00	$2035.00	$1857.00
$575.00	$643.00	$715.00
$66.00	$69.00	$88.00

Spending Breakdown by Claim

2.16%	2.75%
8.54%	9.49%
0.51%	0.63%
5.67%	5.66%
100%	100%
0.03%	0.05%
0%	0%
0%	0.02%
0.19%	0.18%
0.01%	0.01%
0.03%	0.06%
0.87%	0.87%
0.07%	0.07%
0.03%	0.07%
56.97%	50.13%
0.12%	0.14%
5.76%	6.71%
0.09%	0.14%
10.78%	10.51%
2.88%	3.32%
0.33%	0.36%

Spending Breakdown by Claim



Spending Breakdown by Claim

MERCY GENERAL HOSPITAL	050017	CA
MERCY GENERAL HOSPITAL	050017	CA
MERCY GENERAL HOSPITAL	050017	CA
MERCY GENERAL HOSPITAL	050017	CA
MERCY GENERAL HOSPITAL	050017	CA
MERCY GENERAL HOSPITAL	050017	CA
PACIFIC ALLIANCE MEDICAL CENTER	050018	CA
PACIFIC ALLIANCE MEDICAL CENTER	050018	CA
PACIFIC ALLIANCE MEDICAL CENTER	050018	CA
PACIFIC ALLIANCE MEDICAL CENTER	050018	CA
PACIFIC ALLIANCE MEDICAL CENTER	050018	CA
PACIFIC ALLIANCE MEDICAL CENTER	050018	CA
PACIFIC ALLIANCE MEDICAL CENTER	050018	CA
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PACIFIC ALLIANCE MEDICAL CENTER	050018	CA
PACIFIC ALLIANCE MEDICAL CENTER	050018	CA
PACIFIC ALLIANCE MEDICAL CENTER	050018	CA
PACIFIC ALLIANCE MEDICAL CENTER	050018	CA
PACIFIC ALLIANCE MEDICAL CENTER	050018	CA
PACIFIC ALLIANCE MEDICAL CENTER	050018	CA

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency

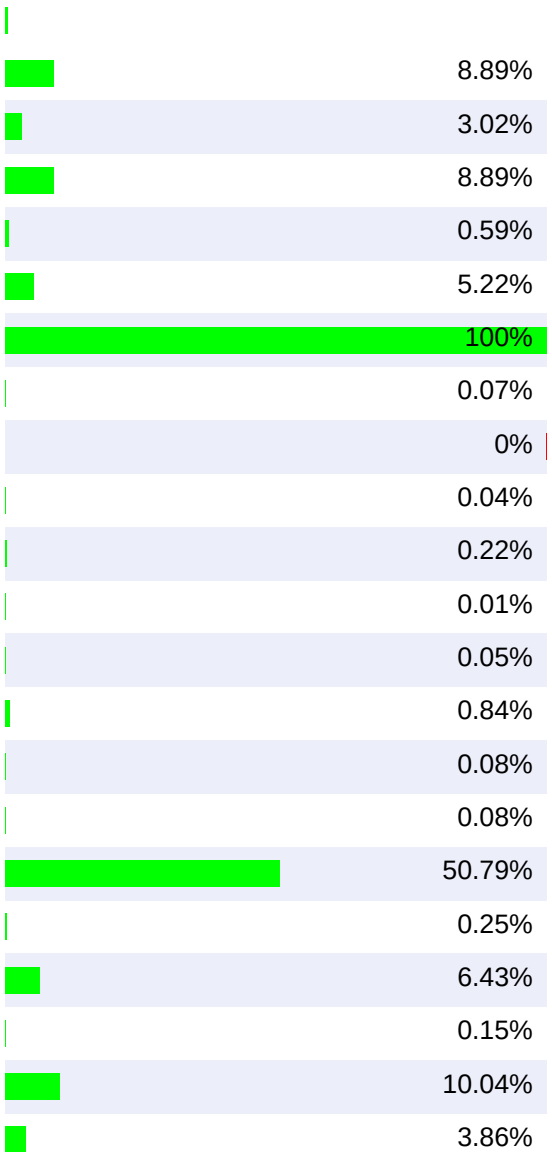
Spending Breakdown by Claim

$1511.00	$1710.00	$1645.00
$446.00	$533.00	$558.00
$1564.00	$1838.00	$1646.00
$80.00	$122.00	$110.00
$754.00	$1096.00	$966.00
$19940.00	$19369.00	$18506.00
$26.00	$10.00	$14.00
$0.00	$0.00	$1.00
$0.00	$4.00	$7.00
$34.00	$36.00	$40.00
$4.00	$3.00	$3.00
$17.00	$11.00	$9.00
$110.00	$168.00	$155.00
$12.00	$14.00	$14.00
$11.00	$13.00	$16.00
$8354.00	$9710.00	$9399.00
$10.00	$27.00	$46.00
$1537.00	$1299.00	$1190.00
$69.00	$26.00	$27.00
$1896.00	$2035.00	$1857.00
$872.00	$643.00	$715.00

Spending Breakdown by Claim

7.58%	8.83%
2.23%	2.75%
7.84%	9.49%
0.4%	0.63%
3.78%	5.66%
100%	100%
0.13%	0.05%
0%	0%
0%	0.02%
0.18%	0.18%
0.02%	0.01%
0.09%	0.06%
0.56%	0.87%
0.06%	0.07%
0.06%	0.07%
42.58%	50.13%
0.05%	0.14%
7.83%	6.71%
0.35%	0.14%
9.67%	10.51%
4.45%	3.32%

Spending Breakdown by Claim



Spending Breakdown by Claim

PACIFIC ALLIANCE MEDICAL CENTER	050018	CA
PACIFIC ALLIANCE MEDICAL CENTER	050018	CA
PACIFIC ALLIANCE MEDICAL CENTER	050018	CA
PACIFIC ALLIANCE MEDICAL CENTER	050018	CA
PACIFIC ALLIANCE MEDICAL CENTER	050018	CA
PACIFIC ALLIANCE MEDICAL CENTER	050018	CA
PACIFIC ALLIANCE MEDICAL CENTER	050018	CA
RIVERSIDE COMMUNITY HOSPITAL	050022	CA
RIVERSIDE COMMUNITY HOSPITAL	050022	CA
RIVERSIDE COMMUNITY HOSPITAL	050022	CA
RIVERSIDE COMMUNITY HOSPITAL	050022	CA
RIVERSIDE COMMUNITY HOSPITAL	050022	CA
RIVERSIDE COMMUNITY HOSPITAL	050022	CA
RIVERSIDE COMMUNITY HOSPITAL	050022	CA
RIVERSIDE COMMUNITY HOSPITAL	050022	CA
RIVERSIDE COMMUNITY HOSPITAL	050022	CA
RIVERSIDE COMMUNITY HOSPITAL	050022	CA
RIVERSIDE COMMUNITY HOSPITAL	050022	CA
RIVERSIDE COMMUNITY HOSPITAL	050022	CA
RIVERSIDE COMMUNITY HOSPITAL	050022	CA

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier

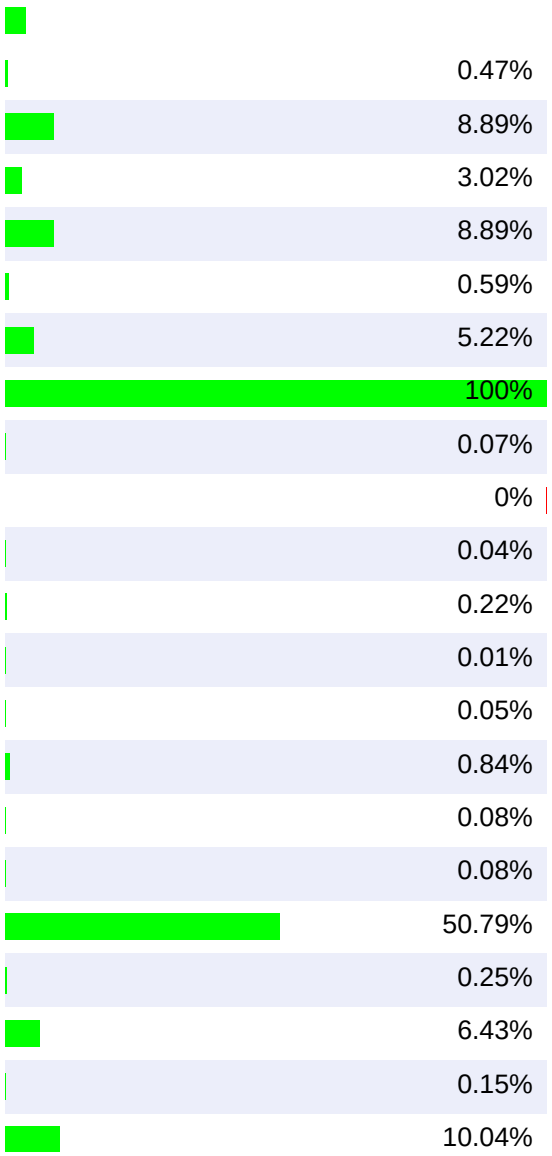
Spending Breakdown by Claim

$36.00	$69.00	$88.00
$2149.00	$1710.00	$1645.00
$485.00	$533.00	$558.00
$2550.00	$1838.00	$1646.00
$154.00	$122.00	$110.00
$1291.00	$1096.00	$966.00
$19620.00	$19369.00	$18506.00
$16.00	$10.00	$14.00
$0.00	$0.00	$1.00
$3.00	$4.00	$7.00
$55.00	$36.00	$40.00
$2.00	$3.00	$3.00
$25.00	$11.00	$9.00
$258.00	$168.00	$155.00
$14.00	$14.00	$14.00
$20.00	$13.00	$16.00
$10116.00	$9710.00	$9399.00
$53.00	$27.00	$46.00
$1667.00	$1299.00	$1190.00
$44.00	$26.00	$27.00
$2365.00	$2035.00	$1857.00

Spending Breakdown by Claim

0.19%	0.36%
10.95%	8.83%
2.47%	2.75%
13%	9.49%
0.79%	0.63%
6.58%	5.66%
100%	100%
0.07%	0.05%
0%	0%
0.01%	0.02%
0.25%	0.18%
0.01%	0.01%
0.11%	0.06%
1.18%	0.87%
0.06%	0.07%
0.09%	0.07%
46.35%	50.13%
0.24%	0.14%
7.64%	6.71%
0.2%	0.14%
10.84%	10.51%

Spending Breakdown by Claim



Spending Breakdown by Claim

RIVERSIDE COMMUNITY HOSPITAL	050022	CA
RIVERSIDE COMMUNITY HOSPITAL	050022	CA
RIVERSIDE COMMUNITY HOSPITAL	050022	CA
RIVERSIDE COMMUNITY HOSPITAL	050022	CA
RIVERSIDE COMMUNITY HOSPITAL	050022	CA
RIVERSIDE COMMUNITY HOSPITAL	050022	CA
RIVERSIDE COMMUNITY HOSPITAL	050022	CA
RIVERSIDE COMMUNITY HOSPITAL	050022	CA
PARADISE VALLEY HOSPITAL	050024	CA
PARADISE VALLEY HOSPITAL	050024	CA
PARADISE VALLEY HOSPITAL	050024	CA
PARADISE VALLEY HOSPITAL	050024	CA
PARADISE VALLEY HOSPITAL	050024	CA
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PARADISE VALLEY HOSPITAL	050024	CA
PARADISE VALLEY HOSPITAL	050024	CA
PARADISE VALLEY HOSPITAL	050024	CA
PARADISE VALLEY HOSPITAL	050024	CA
PARADISE VALLEY HOSPITAL	050024	CA

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment

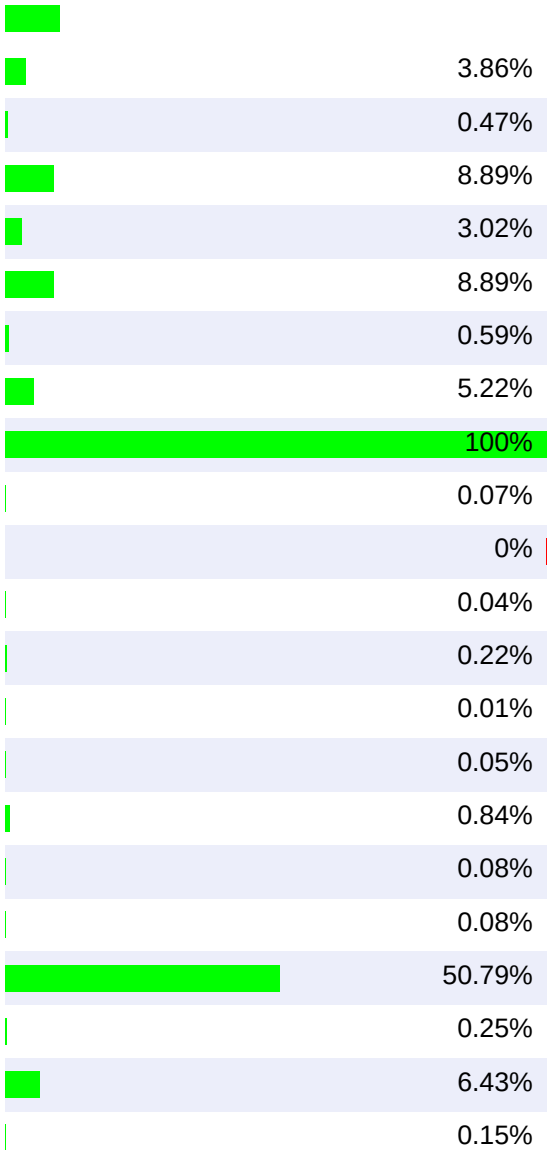
Spending Breakdown by Claim

$693.00	$643.00	$715.00
$80.00	$69.00	$88.00
$2052.00	$1710.00	$1645.00
$678.00	$533.00	$558.00
$2312.00	$1838.00	$1646.00
$190.00	$122.00	$110.00
$1182.00	$1096.00	$966.00
$21825.00	$19369.00	$18506.00
$2.00	$10.00	$14.00
$0.00	$0.00	$1.00
$1.00	$4.00	$7.00
$32.00	$36.00	$40.00
$7.00	$3.00	$3.00
$6.00	$11.00	$9.00
$99.00	$168.00	$155.00
$3.00	$14.00	$14.00
$7.00	$13.00	$16.00
$7577.00	$9710.00	$9399.00
$28.00	$27.00	$46.00
$1137.00	$1299.00	$1190.00
$7.00	$26.00	$27.00

Spending Breakdown by Claim

3.17%	3.32%
0.37%	0.36%
9.4%	8.83%
3.11%	2.75%
10.59%	9.49%
0.87%	0.63%
5.41%	5.66%
100%	100%
0.01%	0.05%
0%	0%
0.01%	0.02%
0.19%	0.18%
0.04%	0.01%
0.03%	0.06%
0.58%	0.87%
0.02%	0.07%
0.04%	0.07%
44.49%	50.13%
0.17%	0.14%
6.68%	6.71%
0.04%	0.14%

Spending Breakdown by Claim



Spending Breakdown by Claim

PARADISE VALLEY HOSPITAL	050024	CA
PARADISE VALLEY HOSPITAL	050024	CA
PARADISE VALLEY HOSPITAL	050024	CA
PARADISE VALLEY HOSPITAL	050024	CA
PARADISE VALLEY HOSPITAL	050024	CA
PARADISE VALLEY HOSPITAL	050024	CA
PARADISE VALLEY HOSPITAL	050024	CA
PARADISE VALLEY HOSPITAL	050024	CA
PARADISE VALLEY HOSPITAL	050024	CA
UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	050025	CA
UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	050025	CA
UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	050025	CA
UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	050025	CA
UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	050025	CA
UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	050025	CA
UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	050025	CA

Spending Breakdown by Claim

During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier

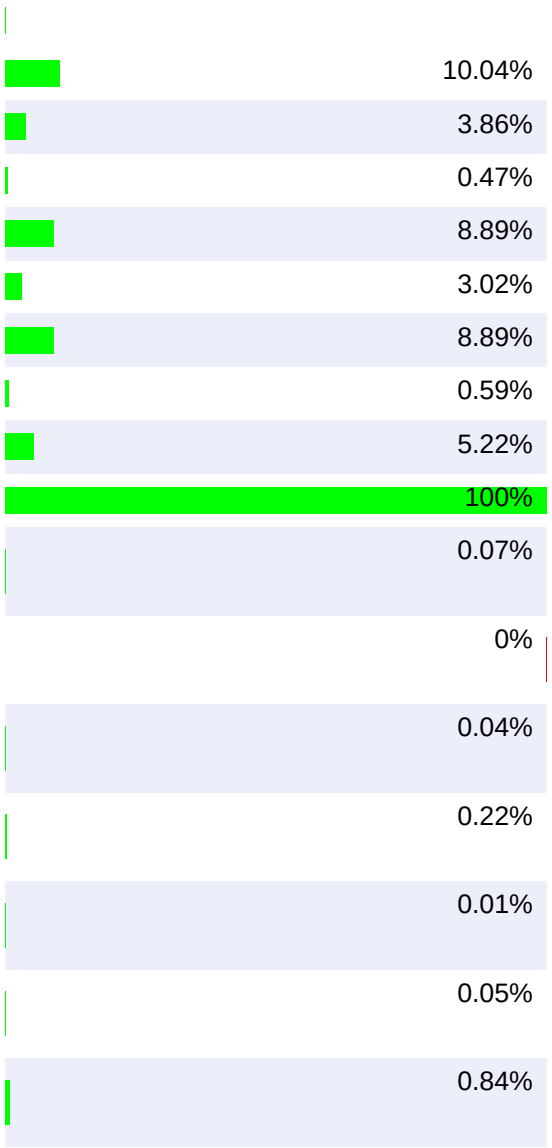
Spending Breakdown by Claim

$1788.00	$2035.00	$1857.00
$250.00	$643.00	$715.00
$29.00	$69.00	$88.00
$2348.00	$1710.00	$1645.00
$640.00	$533.00	$558.00
$1836.00	$1838.00	$1646.00
$76.00	$122.00	$110.00
$1159.00	$1096.00	$966.00
$17032.00	$19369.00	$18506.00
$6.00	$10.00	$14.00
$0.00	$0.00	$1.00
$11.00	$4.00	$7.00
$29.00	$36.00	$40.00
$5.00	$3.00	$3.00
$12.00	$11.00	$9.00
$128.00	$168.00	$155.00

Spending Breakdown by Claim

10.5%	10.51%
1.47%	3.32%
0.17%	0.36%
13.78%	8.83%
3.76%	2.75%
10.78%	9.49%
0.45%	0.63%
6.81%	5.66%
100%	100%
0.03%	0.05%
0%	0%
0.05%	0.02%
0.14%	0.18%
0.02%	0.01%
0.06%	0.06%
0.63%	0.87%

Spending Breakdown by Claim



Spending Breakdown by Claim

UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	050025	CA
UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	050025	CA
UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	050025	CA
UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	050025	CA
UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	050025	CA
UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	050025	CA
UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	050025	CA
UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	050025	CA
UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	050025	CA
UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	050025	CA
UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	050025	CA
UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	050025	CA
UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	050025	CA

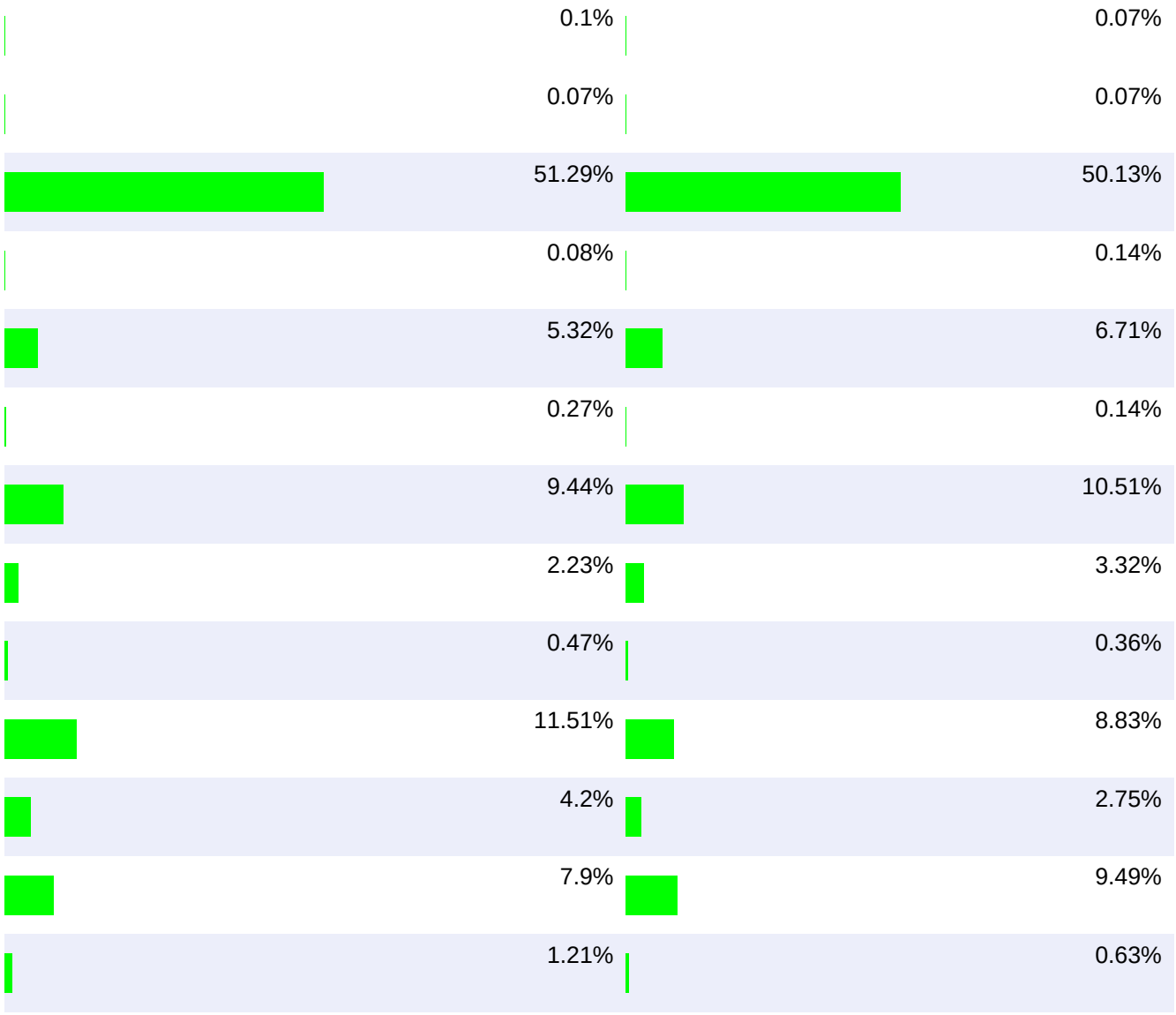
Spending Breakdown by Claim

During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment

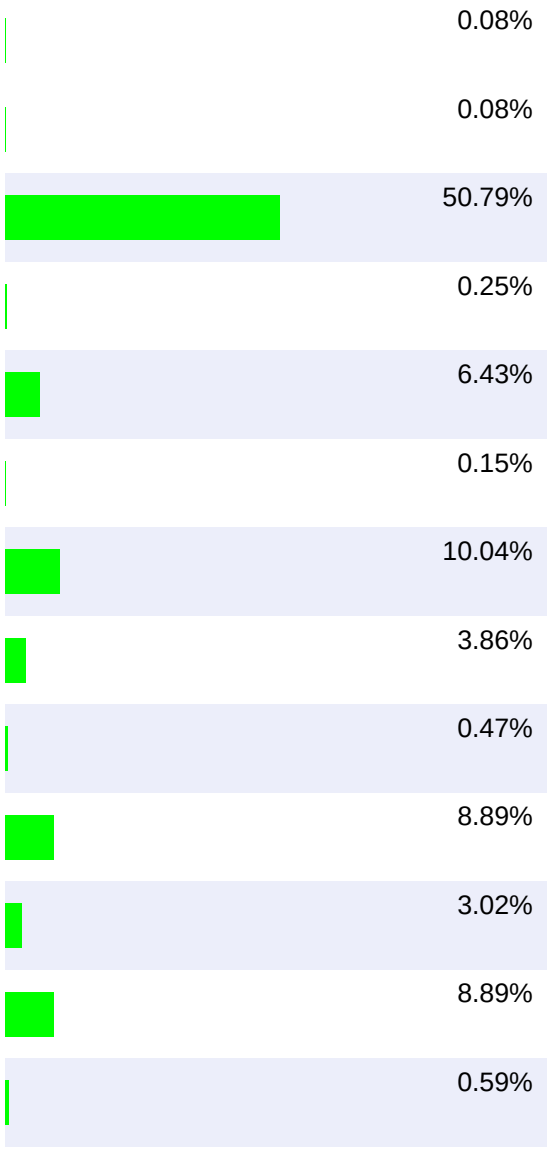
Spending Breakdown by Claim

$20.00	$14.00	$14.00
$15.00	$13.00	$16.00
$10472.00	$9710.00	$9399.00
$16.00	$27.00	$46.00
$1086.00	$1299.00	$1190.00
$55.00	$26.00	$27.00
$1928.00	$2035.00	$1857.00
$455.00	$643.00	$715.00
$96.00	$69.00	$88.00
$2351.00	$1710.00	$1645.00
$858.00	$533.00	$558.00
$1612.00	$1838.00	$1646.00
$247.00	$122.00	$110.00

Spending Breakdown by Claim



Spending Breakdown by Claim



Spending Breakdown by Claim

UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	050025	CA
UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	050025	CA
GROSSMONT HOSPITAL	050026	CA
GROSSMONT HOSPITAL	050026	CA
GROSSMONT HOSPITAL	050026	CA
GROSSMONT HOSPITAL	050026	CA
GROSSMONT HOSPITAL	050026	CA
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GROSSMONT HOSPITAL	050026	CA
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GROSSMONT HOSPITAL	050026	CA
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GROSSMONT HOSPITAL	050026	CA
GROSSMONT HOSPITAL	050026	CA
GROSSMONT HOSPITAL	050026	CA
GROSSMONT HOSPITAL	050026	CA

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Carrier

Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient

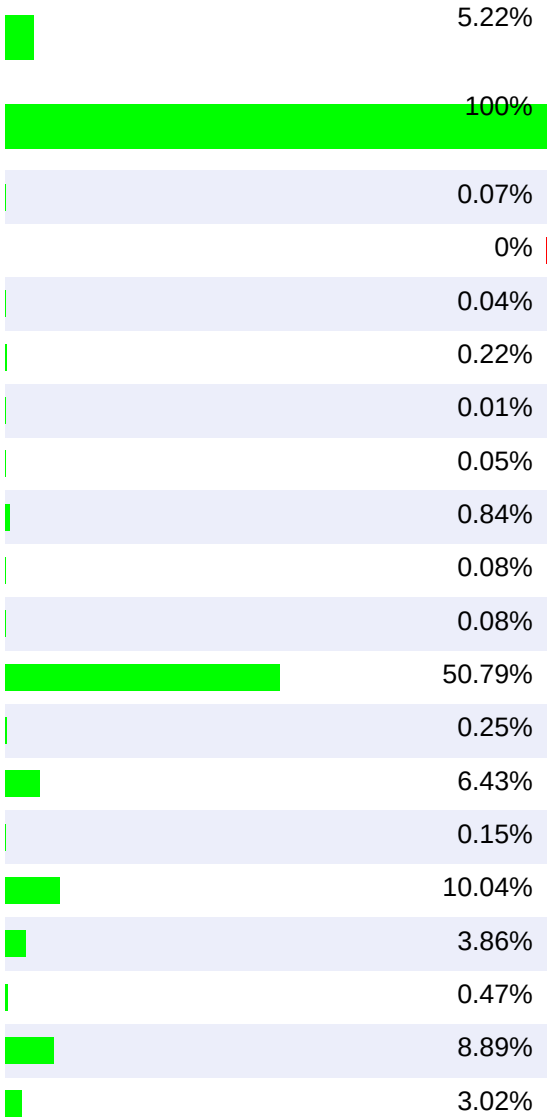
Spending Breakdown by Claim

$1017.00	$1096.00	$966.00
$20418.00	$19369.00	$18506.00
$7.00	$10.00	$14.00
$3.00	$0.00	$1.00
$1.00	$4.00	$7.00
$30.00	$36.00	$40.00
$5.00	$3.00	$3.00
$9.00	$11.00	$9.00
$167.00	$168.00	$155.00
$9.00	$14.00	$14.00
$20.00	$13.00	$16.00
$9444.00	$9710.00	$9399.00
$12.00	$27.00	$46.00
$1453.00	$1299.00	$1190.00
$18.00	$26.00	$27.00
$2080.00	$2035.00	$1857.00
$403.00	$643.00	$715.00
$114.00	$69.00	$88.00
$1746.00	$1710.00	$1645.00
$556.00	$533.00	$558.00

Spending Breakdown by Claim

4.98%	5.66%
100%	100%
0.03%	0.05%
0.02%	0%
0.01%	0.02%
0.15%	0.18%
0.02%	0.01%
0.04%	0.06%
0.84%	0.87%
0.04%	0.07%
0.1%	0.07%
47.57%	50.13%
0.06%	0.14%
7.32%	6.71%
0.09%	0.14%
10.48%	10.51%
2.03%	3.32%
0.57%	0.36%
8.8%	8.83%
2.8%	2.75%

Spending Breakdown by Claim



Spending Breakdown by Claim

GROSSMONT HOSPITAL	050026	CA
GROSSMONT HOSPITAL	050026	CA
GROSSMONT HOSPITAL	050026	CA
GROSSMONT HOSPITAL	050026	CA
MAD RIVER COMMUNITY HOSPITAL	050028	CA
MAD RIVER COMMUNITY HOSPITAL	050028	CA
MAD RIVER COMMUNITY HOSPITAL	050028	CA
MAD RIVER COMMUNITY HOSPITAL	050028	CA
MAD RIVER COMMUNITY HOSPITAL	050028	CA
MAD RIVER COMMUNITY HOSPITAL	050028	CA
MAD RIVER COMMUNITY HOSPITAL	050028	CA
MAD RIVER COMMUNITY HOSPITAL	050028	CA
MAD RIVER COMMUNITY HOSPITAL	050028	CA
MAD RIVER COMMUNITY HOSPITAL	050028	CA
MAD RIVER COMMUNITY HOSPITAL	050028	CA
MAD RIVER COMMUNITY HOSPITAL	050028	CA
MAD RIVER COMMUNITY HOSPITAL	050028	CA
MAD RIVER COMMUNITY HOSPITAL	050028	CA
MAD RIVER COMMUNITY HOSPITAL	050028	CA
MAD RIVER COMMUNITY HOSPITAL	050028	CA

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient

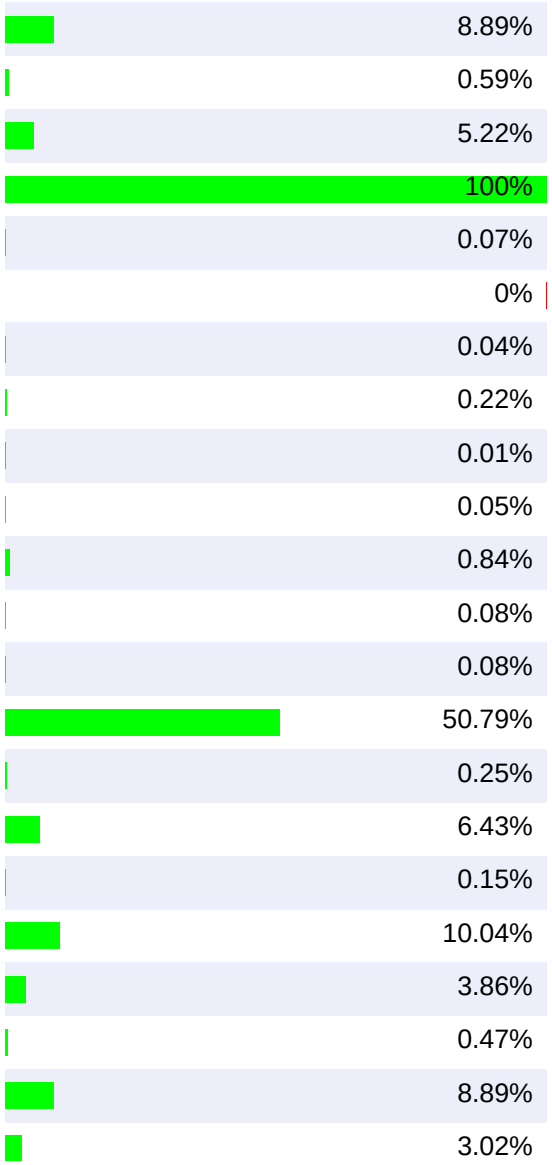
Spending Breakdown by Claim

$2441.00	$1838.00	$1646.00
$121.00	$122.00	$110.00
$1215.00	$1096.00	$966.00
$19852.00	$19369.00	$18506.00
$10.00	$10.00	$14.00
$0.00	$0.00	$1.00
$0.00	$4.00	$7.00
$20.00	$36.00	$40.00
$0.00	$3.00	$3.00
$8.00	$11.00	$9.00
$124.00	$168.00	$155.00
$0.00	$14.00	$14.00
$23.00	$13.00	$16.00
$6957.00	$9710.00	$9399.00
$13.00	$27.00	$46.00
$778.00	$1299.00	$1190.00
$21.00	$26.00	$27.00
$1140.00	$2035.00	$1857.00
$850.00	$643.00	$715.00
$29.00	$69.00	$88.00
$628.00	$1710.00	$1645.00
$309.00	$533.00	$558.00

Spending Breakdown by Claim

12.3%	9.49%
0.61%	0.63%
6.12%	5.66%
100%	100%
0.08%	0.05%
0%	0%
0%	0.02%
0.16%	0.18%
0%	0.01%
0.06%	0.06%
0.99%	0.87%
0%	0.07%
0.18%	0.07%
55.37%	50.13%
0.11%	0.14%
6.19%	6.71%
0.17%	0.14%
9.07%	10.51%
6.76%	3.32%
0.23%	0.36%
5%	8.83%
2.46%	2.75%

Spending Breakdown by Claim



Spending Breakdown by Claim

MAD RIVER COMMUNITY HOSPITAL	050028	CA
MAD RIVER COMMUNITY HOSPITAL	050028	CA
MAD RIVER COMMUNITY HOSPITAL	050028	CA
MAD RIVER COMMUNITY HOSPITAL	050028	CA
OROVILLE HOSPITAL	050030	CA
OROVILLE HOSPITAL	050030	CA
OROVILLE HOSPITAL	050030	CA
OROVILLE HOSPITAL	050030	CA
OROVILLE HOSPITAL	050030	CA
OROVILLE HOSPITAL	050030	CA
OROVILLE HOSPITAL	050030	CA
OROVILLE HOSPITAL	050030	CA
OROVILLE HOSPITAL	050030	CA
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OROVILLE HOSPITAL	050030	CA
OROVILLE HOSPITAL	050030	CA
OROVILLE HOSPITAL	050030	CA
OROVILLE HOSPITAL	050030	CA
OROVILLE HOSPITAL	050030	CA

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient

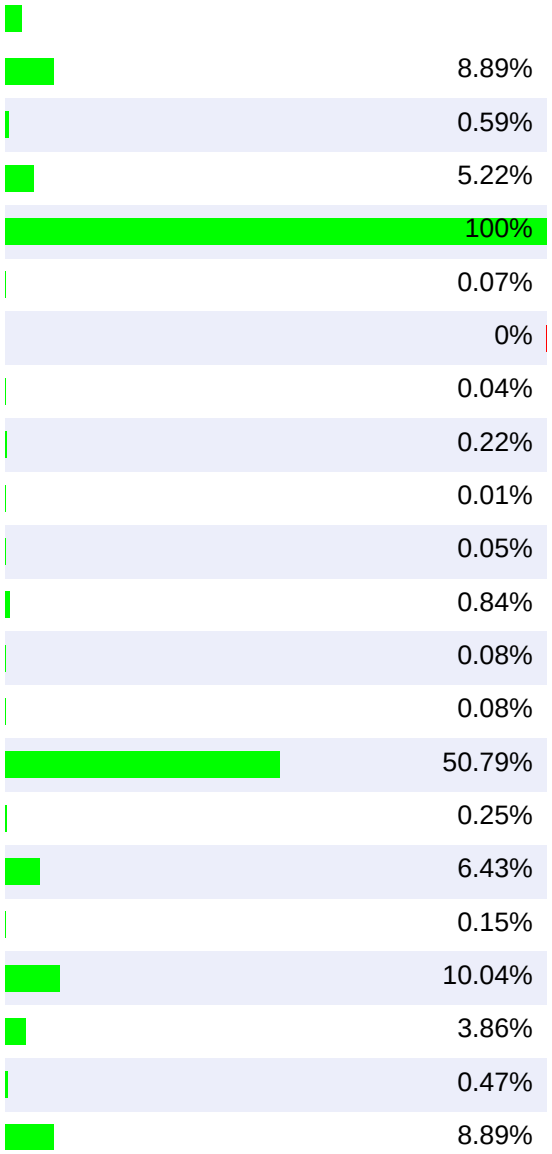
Spending Breakdown by Claim

$1072.00	$1838.00	$1646.00
$133.00	$122.00	$110.00
$449.00	$1096.00	$966.00
$12563.00	$19369.00	$18506.00
$2.00	$10.00	$14.00
$0.00	$0.00	$1.00
$2.00	$4.00	$7.00
$42.00	$36.00	$40.00
$1.00	$3.00	$3.00
$11.00	$11.00	$9.00
$57.00	$168.00	$155.00
$1.00	$14.00	$14.00
$4.00	$13.00	$16.00
$6706.00	$9710.00	$9399.00
$44.00	$27.00	$46.00
$748.00	$1299.00	$1190.00
$17.00	$26.00	$27.00
$1347.00	$2035.00	$1857.00
$315.00	$643.00	$715.00
$65.00	$69.00	$88.00
$1945.00	$1710.00	$1645.00

Spending Breakdown by Claim

8.53%	9.49%
1.06%	0.63%
3.57%	5.66%
100%	100%
0.02%	0.05%
0%	0%
0.01%	0.02%
0.3%	0.18%
0.01%	0.01%
0.08%	0.06%
0.4%	0.87%
0.01%	0.07%
0.03%	0.07%
47.84%	50.13%
0.31%	0.14%
5.33%	6.71%
0.12%	0.14%
9.61%	10.51%
2.25%	3.32%
0.46%	0.36%
13.88%	8.83%

Spending Breakdown by Claim



Spending Breakdown by Claim

OROVILLE HOSPITAL	050030	CA
OROVILLE HOSPITAL	050030	CA
OROVILLE HOSPITAL	050030	CA
OROVILLE HOSPITAL	050030	CA
OROVILLE HOSPITAL	050030	CA
BAKERSFIELD MEMORIAL HOSPITAL	050036	CA
BAKERSFIELD MEMORIAL HOSPITAL	050036	CA
BAKERSFIELD MEMORIAL HOSPITAL	050036	CA
BAKERSFIELD MEMORIAL HOSPITAL	050036	CA
BAKERSFIELD MEMORIAL HOSPITAL	050036	CA
BAKERSFIELD MEMORIAL HOSPITAL	050036	CA
BAKERSFIELD MEMORIAL HOSPITAL	050036	CA
BAKERSFIELD MEMORIAL HOSPITAL	050036	CA
BAKERSFIELD MEMORIAL HOSPITAL	050036	CA
BAKERSFIELD MEMORIAL HOSPITAL	050036	CA
BAKERSFIELD MEMORIAL HOSPITAL	050036	CA
BAKERSFIELD MEMORIAL HOSPITAL	050036	CA
BAKERSFIELD MEMORIAL HOSPITAL	050036	CA
BAKERSFIELD MEMORIAL HOSPITAL	050036	CA
BAKERSFIELD MEMORIAL HOSPITAL	050036	CA

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice

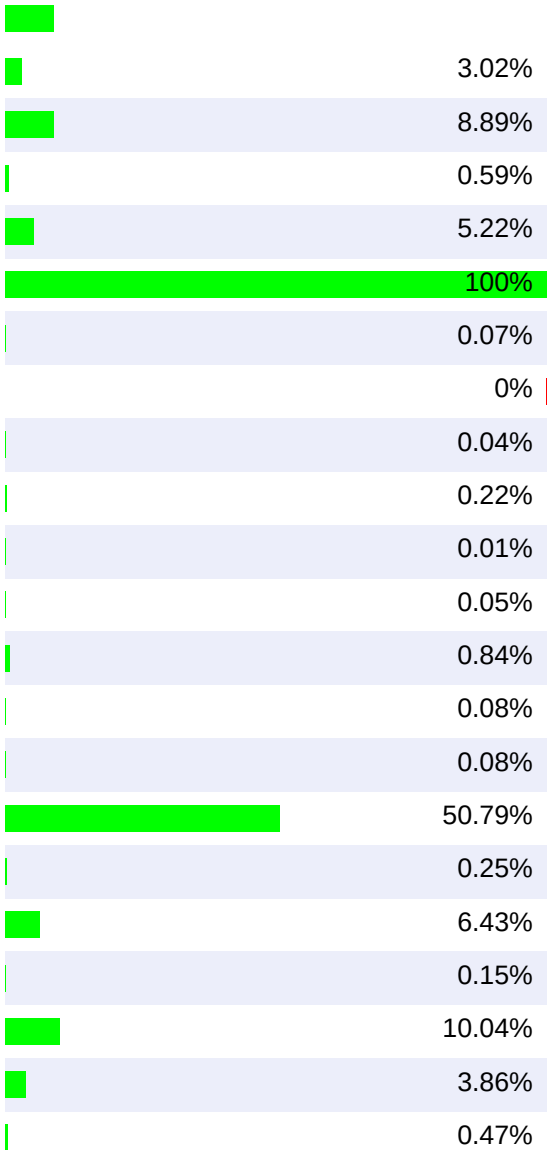
Spending Breakdown by Claim

$555.00	$533.00	$558.00
$1327.00	$1838.00	$1646.00
$96.00	$122.00	$110.00
$735.00	$1096.00	$966.00
$14020.00	$19369.00	$18506.00
$3.00	$10.00	$14.00
$0.00	$0.00	$1.00
$3.00	$4.00	$7.00
$28.00	$36.00	$40.00
$1.00	$3.00	$3.00
$17.00	$11.00	$9.00
$145.00	$168.00	$155.00
$15.00	$14.00	$14.00
$14.00	$13.00	$16.00
$10709.00	$9710.00	$9399.00
$34.00	$27.00	$46.00
$785.00	$1299.00	$1190.00
$32.00	$26.00	$27.00
$2304.00	$2035.00	$1857.00
$378.00	$643.00	$715.00
$64.00	$69.00	$88.00

Spending Breakdown by Claim

3.96%	2.75%
9.47%	9.49%
0.68%	0.63%
5.24%	5.66%
100%	100%
0.01%	0.05%
0%	0%
0.02%	0.02%
0.14%	0.18%
0%	0.01%
0.08%	0.06%
0.72%	0.87%
0.08%	0.07%
0.07%	0.07%
53.52%	50.13%
0.17%	0.14%
3.93%	6.71%
0.16%	0.14%
11.51%	10.51%
1.89%	3.32%
0.32%	0.36%

Spending Breakdown by Claim



Spending Breakdown by Claim

BAKERSFIELD MEMORIAL HOSPITAL	050036	CA
BAKERSFIELD MEMORIAL HOSPITAL	050036	CA
BAKERSFIELD MEMORIAL HOSPITAL	050036	CA
BAKERSFIELD MEMORIAL HOSPITAL	050036	CA
BAKERSFIELD MEMORIAL HOSPITAL	050036	CA
BAKERSFIELD MEMORIAL HOSPITAL	050036	CA
SANTA CLARA VALLEY MEDICAL CENTER	050038	CA
SANTA CLARA VALLEY MEDICAL CENTER	050038	CA
SANTA CLARA VALLEY MEDICAL CENTER	050038	CA
SANTA CLARA VALLEY MEDICAL CENTER	050038	CA
SANTA CLARA VALLEY MEDICAL CENTER	050038	CA
SANTA CLARA VALLEY MEDICAL CENTER	050038	CA
SANTA CLARA VALLEY MEDICAL CENTER	050038	CA
SANTA CLARA VALLEY MEDICAL CENTER	050038	CA
SANTA CLARA VALLEY MEDICAL CENTER	050038	CA
SANTA CLARA VALLEY MEDICAL CENTER	050038	CA
SANTA CLARA VALLEY MEDICAL CENTER	050038	CA
SANTA CLARA VALLEY MEDICAL CENTER	050038	CA
SANTA CLARA VALLEY MEDICAL CENTER	050038	CA

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier
1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency

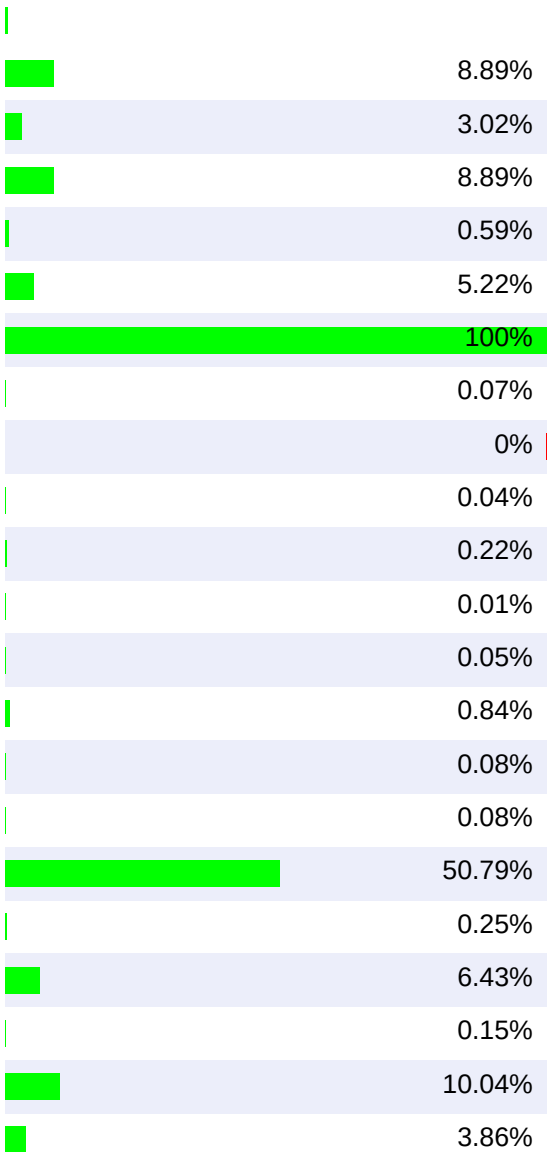
Spending Breakdown by Claim

$2004.00	$1710.00	$1645.00
$569.00	$533.00	$558.00
$1460.00	$1838.00	$1646.00
$145.00	$122.00	$110.00
$1302.00	$1096.00	$966.00
$20009.00	$19369.00	$18506.00
$2.00	$10.00	$14.00
$1.00	$0.00	$1.00
$1.00	$4.00	$7.00
$29.00	$36.00	$40.00
$1.00	$3.00	$3.00
$5.00	$11.00	$9.00
$124.00	$168.00	$155.00
$8.00	$14.00	$14.00
$20.00	$13.00	$16.00
$9003.00	$9710.00	$9399.00
$24.00	$27.00	$46.00
$1092.00	$1299.00	$1190.00
$19.00	$26.00	$27.00
$1282.00	$2035.00	$1857.00
$275.00	$643.00	$715.00

Spending Breakdown by Claim

10.02%	8.83%
2.84%	2.75%
7.3%	9.49%
0.72%	0.63%
6.51%	5.66%
100%	100%
0.01%	0.05%
0%	0%
0.01%	0.02%
0.18%	0.18%
0.01%	0.01%
0.03%	0.06%
0.74%	0.87%
0.05%	0.07%
0.12%	0.07%
53.7%	50.13%
0.14%	0.14%
6.52%	6.71%
0.11%	0.14%
7.65%	10.51%
1.64%	3.32%

Spending Breakdown by Claim



Spending Breakdown by Claim

SANTA CLARA VALLEY MEDICAL CENTER	050038	CA
SANTA CLARA VALLEY MEDICAL CENTER	050038	CA
SANTA CLARA VALLEY MEDICAL CENTER	050038	CA
SANTA CLARA VALLEY MEDICAL CENTER	050038	CA
SANTA CLARA VALLEY MEDICAL CENTER	050038	CA
SANTA CLARA VALLEY MEDICAL CENTER	050038	CA
SANTA CLARA VALLEY MEDICAL CENTER	050038	CA
ENLOE MEDICAL CENTER	050039	CA
ENLOE MEDICAL CENTER	050039	CA
ENLOE MEDICAL CENTER	050039	CA
ENLOE MEDICAL CENTER	050039	CA
ENLOE MEDICAL CENTER	050039	CA
ENLOE MEDICAL CENTER	050039	CA
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ENLOE MEDICAL CENTER	050039	CA
ENLOE MEDICAL CENTER	050039	CA
ENLOE MEDICAL CENTER	050039	CA
ENLOE MEDICAL CENTER	050039	CA
ENLOE MEDICAL CENTER	050039	CA

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment
During Index Hospital Admission	Carrier

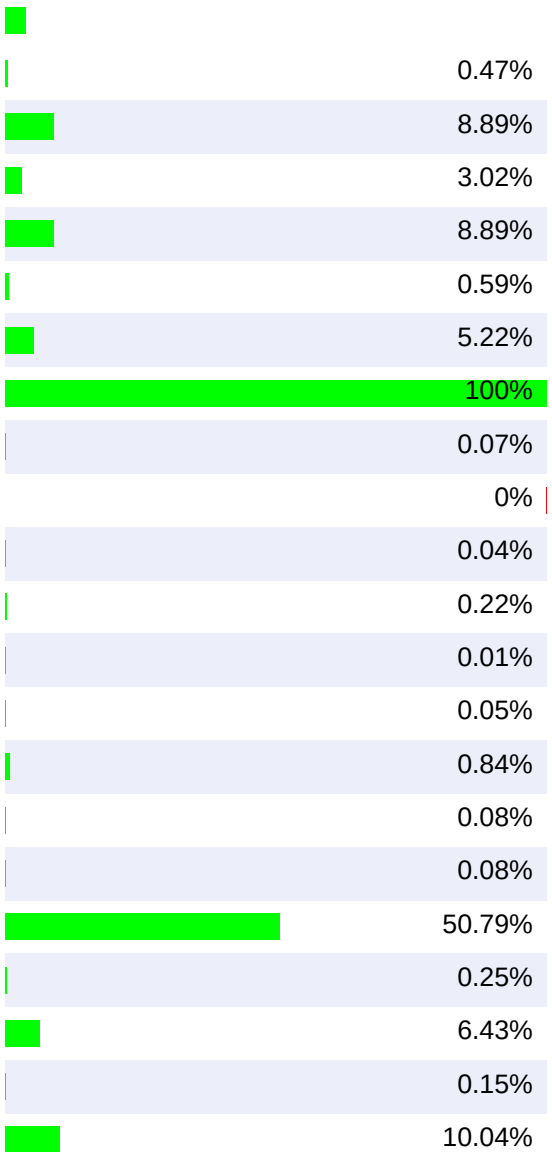
Spending Breakdown by Claim

$93.00	$69.00	$88.00
$1539.00	$1710.00	$1645.00
$784.00	$533.00	$558.00
$1769.00	$1838.00	$1646.00
$76.00	$122.00	$110.00
$617.00	$1096.00	$966.00
$16765.00	$19369.00	$18506.00
$10.00	$10.00	$14.00
$0.00	$0.00	$1.00
$7.00	$4.00	$7.00
$79.00	$36.00	$40.00
$2.00	$3.00	$3.00
$12.00	$11.00	$9.00
$126.00	$168.00	$155.00
$8.00	$14.00	$14.00
$4.00	$13.00	$16.00
$10025.00	$9710.00	$9399.00
$257.00	$27.00	$46.00
$1274.00	$1299.00	$1190.00
$20.00	$26.00	$27.00
$1703.00	$2035.00	$1857.00

Spending Breakdown by Claim

0.55%	0.36%
9.18%	8.83%
4.68%	2.75%
10.55%	9.49%
0.46%	0.63%
3.68%	5.66%
100%	100%
0.05%	0.05%
0%	0%
0.04%	0.02%
0.42%	0.18%
0.01%	0.01%
0.06%	0.06%
0.67%	0.87%
0.04%	0.07%
0.02%	0.07%
53.3%	50.13%
1.37%	0.14%
6.77%	6.71%
0.11%	0.14%
9.05%	10.51%

Spending Breakdown by Claim



Spending Breakdown by Claim

ENLOE MEDICAL CENTER	050039	CA
ENLOE MEDICAL CENTER	050039	CA
ENLOE MEDICAL CENTER	050039	CA
ENLOE MEDICAL CENTER	050039	CA
ENLOE MEDICAL CENTER	050039	CA
ENLOE MEDICAL CENTER	050039	CA
ENLOE MEDICAL CENTER	050039	CA
ENLOE MEDICAL CENTER	050039	CA
LAC/OLIVE VIEW-UCLA MEDICAL CENTER	050040	CA
LAC/OLIVE VIEW-UCLA MEDICAL CENTER	050040	CA
LAC/OLIVE VIEW-UCLA MEDICAL CENTER	050040	CA
LAC/OLIVE VIEW-UCLA MEDICAL CENTER	050040	CA
LAC/OLIVE VIEW-UCLA MEDICAL CENTER	050040	CA
LAC/OLIVE VIEW-UCLA MEDICAL CENTER	050040	CA
LAC/OLIVE VIEW-UCLA MEDICAL CENTER	050040	CA
LAC/OLIVE VIEW-UCLA MEDICAL CENTER	050040	CA
LAC/OLIVE VIEW-UCLA MEDICAL CENTER	050040	CA
LAC/OLIVE VIEW-UCLA MEDICAL CENTER	050040	CA
LAC/OLIVE VIEW-UCLA MEDICAL CENTER	050040	CA
LAC/OLIVE VIEW-UCLA MEDICAL CENTER	050040	CA

Spending Breakdown by Claim

1 through 30 days After Discharge from Index Hospital Admission	Home Health Agency
1 through 30 days After Discharge from Index Hospital Admission	Hospice
1 through 30 days After Discharge from Index Hospital Admission	Inpatient
1 through 30 days After Discharge from Index Hospital Admission	Outpatient
1 through 30 days After Discharge from Index Hospital Admission	Skilled Nursing Facility
1 through 30 days After Discharge from Index Hospital Admission	Durable Medical Equipment
1 through 30 days After Discharge from Index Hospital Admission	Carrier
Complete Episode	Total
1 to 3 days Prior to Index Hospital Admission	Home Health Agency
1 to 3 days Prior to Index Hospital Admission	Hospice
1 to 3 days Prior to Index Hospital Admission	Inpatient
1 to 3 days Prior to Index Hospital Admission	Outpatient
1 to 3 days Prior to Index Hospital Admission	Skilled Nursing Facility
1 to 3 days Prior to Index Hospital Admission	Durable Medical Equipment
1 to 3 days Prior to Index Hospital Admission	Carrier
During Index Hospital Admission	Home Health Agency
During Index Hospital Admission	Hospice
During Index Hospital Admission	Inpatient
During Index Hospital Admission	Outpatient
During Index Hospital Admission	Skilled Nursing Facility
During Index Hospital Admission	Durable Medical Equipment

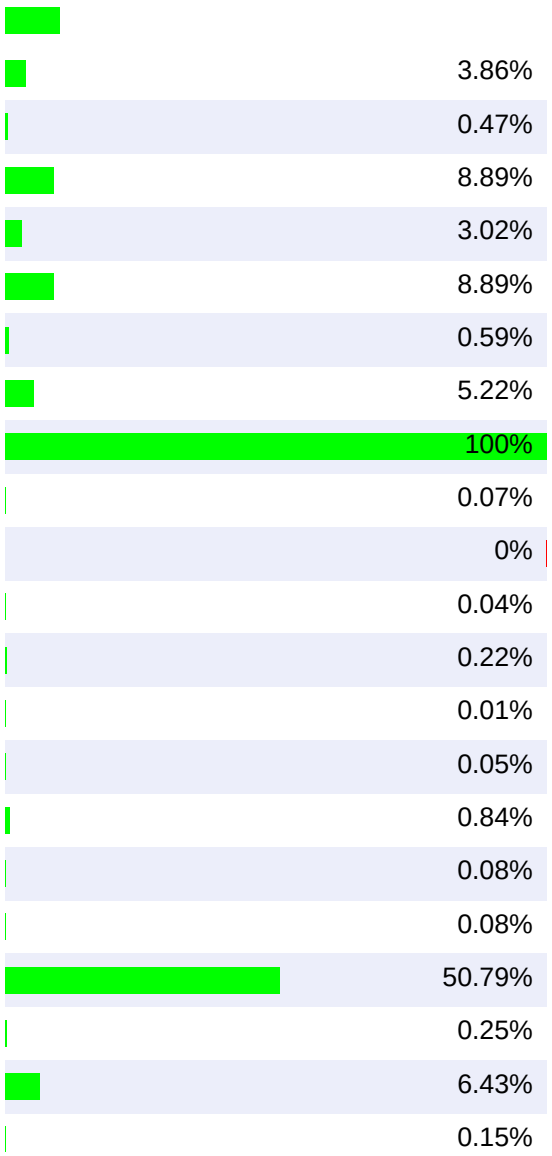
Spending Breakdown by Claim

$633.00	$643.00	$715.00
$54.00	$69.00	$88.00
$1527.00	$1710.00	$1645.00
$525.00	$533.00	$558.00
$1715.00	$1838.00	$1646.00
$121.00	$122.00	$110.00
$710.00	$1096.00	$966.00
$18810.00	$19369.00	$18506.00
$8.00	$10.00	$14.00
$0.00	$0.00	$1.00
$23.00	$4.00	$7.00
$16.00	$36.00	$40.00
$5.00	$3.00	$3.00
$2.00	$11.00	$9.00
$67.00	$168.00	$155.00
$41.00	$14.00	$14.00
$0.00	$13.00	$16.00
$7194.00	$9710.00	$9399.00
$2.00	$27.00	$46.00
$1055.00	$1299.00	$1190.00
$20.00	$26.00	$27.00

Spending Breakdown by Claim

3.36%	3.32%
0.29%	0.36%
8.12%	8.83%
2.79%	2.75%
9.11%	9.49%
0.64%	0.63%
3.77%	5.66%
100%	100%
0.06%	0.05%
0%	0%
0.16%	0.02%
0.11%	0.18%
0.04%	0.01%
0.02%	0.06%
0.47%	0.87%
0.29%	0.07%
0%	0.07%
50.78%	50.13%
0.02%	0.14%
7.45%	6.71%
0.14%	0.14%

Spending Breakdown by Claim



Spending Breakdown by Claim

(Results truncated. Use CSV format for all records.)