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PRESENTA-

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ALASKA

HEALTH

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COMMISSION

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ALASKA HEALTH CARE
COMMISSION</SUBJECT><COMM>HHSS27</COMM></TARGET>



Transforming Health Care in Alaska 2011 Annual Report Highlights

Alaska Faces Unique Health Care Challenges

The Commission's 2011 study of current health care challenges focused on understanding health care spending and cost drivers. Other challenges are described in prior year reports.

Alaskan Solutions for Better Health and Health Care

The Alaska Health Care Commission was established by the Legislature in 2010 to advise the State on policies for improving health and health care for all Alaskans. Commission members are appointed by the Governor.

The Commission is implementing the following strategy for building a plan to transform Alaska's health care system.

TRANSFORMATION STRATEGY

- I. Develop a vision of the ideal health care system
- II. Study current health care challenges to inform policy recommendations
- III. Build the foundation of a strong health care system
 - Statewide leadership
 - Health workforce
 - Health information
- IV. Design policies that enhance the consumer's role in health and health care through:
 - a) Innovations in patient-centered health care, and
 - b) Support for healthy lifestyles
- V. Measure progress

Health care cost increases in Alaska continue to outpace inflation.

- Health care spending in Alaska reached \$7.5 billion in 2010, a 40% increase over 2005. State government's portion of this bill was close to \$2 billion.
- At current trends health care spending is expected to double to more than \$14 billion by 2020. By comparison the wellhead value of oil produced in Alaska in 2010 was \$16.4 billion and is projected to be \$18.6 billion in 2020.
- Since 1982 the Anchorage Consumer Price Index increased 95%, while prices for medical care in Anchorage over that time period increased 320%.

Health care is increasingly unaffordable for our employers, families.

- At \$11,926 per employee, Alaska has the highest average annual cost for employee health benefits in the nation - twice what employers in the lowest cost state pay.
- Fewer Alaskan employers are offering employee health benefits, dropping from 35% to 30% of small employers between 2003 and 2010.
- The average cost of health care premiums in Alaska increased 51% for single coverage and 35% for family coverage between 2003 and 2010. The average annual commercial health insurance premium for family coverage in 2010 was \$14,230.
- Despite the fact that Alaskans utilize roughly the same amount of care, health insurance premiums are about 30% higher here than in comparison states.

Health care prices paid in Alaska are much higher than in comparison states*.

- Different payers (Medicare, Medicaid, Workers' Compensation, commercial health insurers, TRICARE, and the Veterans Health Administration) pay different prices for the same service.
- The average reimbursement for physician services in Alaska is 60% higher than in comparison states for all payers combined - 69% higher for commercial health insurers.
- The difference in reimbursement for physician services varies depending on specialty. For example, Alaskan pediatricians are paid 43% more, while cardiologists are paid 83% more.
- Commercial health insurance reimbursement for private sector hospital services is 37% higher than in comparison states; Medicare pays our private sector hospitals 36% more.
- Alaska's higher medical prices are due in part to higher operating costs for providers resulting from a higher cost of living, more costly employee benefits, transportation and shipping costs, fuel prices, and workforce shortages.
- Higher prices are also due to high physician pricing power compared to other states, and a high average operating profit margin for the private hospital sector.
- Low Medicare payment rates create upward pressure on prices for other payers.

Recommended Solutions – built on the above and prior year findings

Focus on value – increase the quality, effectiveness and efficiency of care for each dollar spent, from the patient's and consumer's perspective.

Ensure the best available evidence is used for making decisions. Support clinicians and patients to make clinical decisions based on high grade medical evidence regarding effectiveness and efficiency of testing and treatment options. Apply evidence-based principles in the design of health insurance plans and benefits.

* Washington, Oregon, Idaho, Wyoming, North Dakota, (and also Hawaii for hospital comparisons only).

Recommended Solutions *(continued)*

The Commission's Vision for the Future, Goals and Guiding Values

VISION

Healthy Alaskans

*

High Value Health Care

*

*Sustainable
Health Care System*

*

*Satisfied Health Care
Consumers and Providers*

*

GOALS

- I. Improved Access
- II. Affordable Costs
- III. Safe, High Quality Care
- IV. Increased Prevention

GUIDING VALUES

- Sustainability
- Efficiency
- Effectiveness
- Individual Choice
- Personal Engagement

Enhance quality and efficiency of care on the front-end. Strengthen the role of primary care providers, and give patients and their clinicians better tools for making health care decisions. Improve coordination of care for patients with multiple providers, and care management for patients with chronic health conditions. Improve Alaska's trauma system.

Increase price and quality transparency. Provide Alaskans with information on how much their health care costs and how outcomes compare so they can become informed consumers and make informed choices. Provide clinicians, payers and policy makers with information needed to make informed health care decisions.

Pay for value. Design new payment structures that incentivize quality, efficiency and effectiveness. Support multi-payer payment reform initiatives to improve purchasing power for the consumer and minimize the burden on health care providers.

Build the foundation of a strong health care system. Ensure there is an appropriate supply and distribution of health care workers. Create the information infrastructure required for maintaining and sharing electronic health information and for conducting health care analytics to support improved clinical decisions, personal health choices, and public health.

Focus on prevention. Create the conditions that support Alaskans to exercise personal responsibility for living healthy lifestyles. High priorities include reducing obesity rates, increasing immunization rates, and improving behavioral health status.

Next Steps – during 2012 the Commission will...

Continue learning about current health care system challenges.

- **Pharmaceutical costs:** Compare prices for pharmaceuticals in Alaska across payer types to the comparison states and identify drivers of cost differentials.
- **Behavioral health:** Learn about the behavioral health care system in Alaska.
- **Malpractice reform:** Investigate the impact of the Alaska Medical Injury Compensation Reform Act of 2005 on medical professional liability insurance rates.
- **Federal health care reform:** Track implementation of the Affordable Care Act.

Consider additional strategies for future recommendations.

- **Reduce government regulations that hamper innovation and increase costs.** Identify state laws and regulations that create legal barriers to delivery and finance of the highest quality most affordable health care. Study alternative approaches to facilitate provider innovation while ensuring appropriate consumer and patient protections.
- **Enhance the employer's role in health and health care.** Identify the roles Alaska's employers can play in supporting the health of their employees and in their employees' access to health care. Study innovative approaches employers across the country are using to promote employee safety and health and to design health plans that improve care and contain costs.
- **Improve patient choice in end-of-life health care decisions.** Learn how improving quality of services and patient choice in health care decisions at the end of life can improve the patient's experience and contain costs.
- **Use technology to facilitate access to care.** Identify impediments to the use of telecommunications technology for improving access to health care, including barriers created by reimbursement, liability, licensure, and availability of tools. Design strategies to overcome barriers.

Please see the Commission's 2011 Annual Report for detailed findings and recommendations. For a copy of the 2011 and prior year reports and accompanying studies and reference materials, visit the web site at <http://hss.state.ak.us/healthcommission>.



Transforming Health Care in Alaska

2011

2011 Annual Report of the Alaska Health Care Commission

2010 – 2014
Strategic Plan
Update



Transforming Health Care in Alaska

2011 Report/2010-2014 Strategic Plan Update

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C. Keith Campbell

Valerie Davidson

Jeffrey Davis

Emily Ennis

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Allen Hippler

T. Noah Laufer, MD

David Morgan

Lawrence Stinson, MD

Ex Officio Members:

Linda Hall

Senator Donny Olson, MD

Representative Wes Keller

Deborah Erickson, Executive Director



Sean Parnell
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State of Alaska



William J. Streur
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STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES ALASKA HEALTH CARE COMMISSION

SEAN PARNELL, GOVERNOR

3601 C Street, Suite 902
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January 15, 2012

To: The Honorable Sean Parnell, Governor, State of Alaska
The Honorable Gary Stevens, President, Alaska State Senate
The Honorable Mike Chenault, Speaker of the Alaska House of Representatives

We are pleased to present the 2011 Annual Report of the Alaska Health Care Commission in accordance with AS 18.09.070. During this past year the Commission continued to identify solutions for improving health and health care while working to better understand current challenges. This report includes findings from new studies regarding the cost of health care in Alaska, and policy recommendations intended to guide state government down a path that supports transformation of our health care system so that it better meets the needs of patients, providers, and employers.

Alaska's health care delivery system is headed towards a financial cliff. If medical costs continue to grow at current trends the results will be catastrophic. At risk is financial access to care for individual Alaskans, affordability of health benefits for employers, sustainability of public programs that pay for health care and support vulnerable Alaskans, and the long term economic viability of our health care providers. The Commission's recommended approach to containing cost growth is to improve care, not cut it, by focusing on value – increasing the quality of care for each dollar spent – and also by increasing efforts to prevent avoidable health problems.

The Commission's 2011 recommendations include strategies for enhancing care at the front end by strengthening the role of primary care and arming clinicians with tools for coordinating care and managing chronic disease. They call for increased price and quality transparency to better inform consumers and clinicians. Also suggested is an approach to design of new payment structures that incentivize quality and positive health outcomes. A continued focus on prevention emphasizes the need to control obesity, increase immunization rates, and improve behavioral health status. These recommendations build on those presented in 2010 regarding the importance of evidence-based medicine in improving quality and controlling costs.

Thank you for this opportunity to present solutions for transforming Alaska's health care system so that it is sustainable and provides value, meets the needs of patients and providers, and focuses on health.

Sincerely,
Ward B. Hurlburt, MD, MPH
Chair, Alaska Health Care Commission
Chief Medical Officer & Public Health Director
Department of Health & Social Services

Deborah Erickson
Executive Director
Alaska Health Care Commission

Table of Contents

Acknowledgements	i
Executive Summary	iii
Part I: Introduction	1
A. Purpose of this Report	1
B. Background on the Commission	2
C. Summary of 2011 Activities	3
D. 2010–2014 Strategic Plan Framework	4
E. Vision for Transformation of Alaska’s Health Care System	5
F. Core Transformation Strategy	7
G. Definitions of Health & Health Care.....	8
Part II: Understanding Alaska’s Health Care System Challenges	10
A. Summary of Prior Year Findings.....	10
B. 2011 Study: Cost of Health Care in Alaska	10
C. 2011 Study: Long Term Care in Alaska.....	15
D. Issues Prioritized for Study in 2012.....	16
Part III: Alaska Health Care System Transformation Strategies	17
A. Health Care System Foundation	17
B. 2011 Commission Recommendations	19
1. Patient-Centric Primary Care	19
2. Price & Quality Transparency.....	23
3. Payment Reform – Paying for Value, Rather than Volume.....	24
4. Alaska’s Trauma System.....	26
5. Obesity in Alaska	28
6. Immunization against Vaccine-Preventable Disease	29
7. Population-Based Prevention & Behavioral Health	31
C. Strategies under Consideration for Study in 2012.....	32
 APPENDICES Available on the Commission’s Web Site at: http://hss.state.ak.us/healthcommission/	
Appendix A: “Alaska’s Health-Care Bill: \$7.5 Billion and Climbing,” Institute for Social & Economic Research with Mark A. Foster & Associates (under AHCC contract), August 2011	
Appendix B: Hospital and Physician Services Payment Studies by Milliman, Inc., November 2011.	
Appendix C: Overview & Update of Federal Health Reform in Alaska, PowerPoint Presentation, December 2011	
Appendix D: Voting Records and Summary of Public Comments	

Acknowledgements

The Commission benefited from the knowledge and experience of numerous experts from across the country as well as within Alaska who made presentations and participated on panels to help educate us on the various issues and potential solutions we studied this year. The Commission would like to acknowledge the gracious contributions of the following individuals and thank them for sharing their time and expertise.

Health Care Costs and Sustainability

- Becky Hultberg, Commissioner, Alaska Department of Administration
- William Streur, Commissioner, Alaska Department of Health & Social Services (DHSS)
- Mark Foster, MAFA and Associates
- Scott Goldsmith, Institute for Social & Economic Research
- Edward Jhu, Milliman, Inc.
- John Pickering, Milliman, Inc.

Patient-Centric Primary Care

- Harold Johnston, MD, Director, Alaska Family Medicine Residency Program
- Doug Eby, MD, MPH, Vice President of Medical Services, Southcentral Foundation
- James Shill, CEO, Tanana Valley Clinic
- Kevin Munson, CEO, Mat-Su Health Services, Inc.
- Robert Onders, MD, Kodiak Area Native Association
- T. Noah Laufer, MD, Medical Park Family Care
- Marilyn Kasmar, Executive Director, Alaska Primary Care Association
- Kim Poppe-Smart, Deputy Commissioner & State Medicaid Director, Alaska DHSS
- L. Allen Dobson, Jr., MD, President, Cabarrus Family Medicine, N. Carolina
- Margaret Mason, Manager, Clinical Programs Development, Blue Cross Blue Shield of Michigan
- Jean Malouin, MD, MPH, Associate Chair, Clinical Programs in Family Medicine, University of Michigan
- David Ford, President & CEO, CareOregon
- David Labby, MD, PhD, Medical Director, CareOregon

Payment Reform

- Harold Miller, Executive Director, Center for Healthcare Quality & Payment Reform; President & CEO, Network for Regional Healthcare Improvement; National Quality Forum; Carnegie Mellon University.
- Bruce Lamoureux, Senior Vice President/CEO, Providence Health & Services Alaska; Board Chair, Alaska State Hospital & Nursing Home Association
- Ryan Smith, CEO, Central Peninsula General Hospital
- Michael Banks, Acting CFO, Alaska Native Tribal Health Consortium
- Jeff Davis, President, Premiera Blue Cross Blue Shield of Alaska
- T. Noah Laufer, MD, Medical Park Family Care

Alaska's Top Population Health Challenges

- Ward Hurlburt, MD, MPH, DHSS Chief Medical Officer and Public Health Director
- Melissa Stone, Director, DHSS Division of Behavioral Health

Trauma System

- Frank Sacco, MD, Alaska Trauma System Review Committee
- Dan Johnson, Director, Interior Region EMS Council
- Julie Rabeau, Alaska Trauma Program Manager, Division of Public Health, Alaska DHSS

Long Term Care

- Duane Mayes, DHSS Senior & Disabilities Services Director
- Millie Duncan, Administrator, Wildflower Court
- Dave Cote, Director, Division of Pioneer Homes, DHSS
- Denise Daniello, Executive Director, Alaska Commission on Aging
- Kay Branch, Elder/Rural Health Program Coordinator, Alaska Native Tribal Health Consortium
- Nancy Burke, Program Officer, Alaska Mental Health Trust Authority
- Sandra Heffern, Chair, Community Care Coalition
- Thea Agnew Bemben, Principal & Founding Partner, Agnew::Beck Consulting

Health Information Infrastructure

- Paul Cartland, State Health Information Technology Coordinator, DHSS
- Andrea Fenaughty, PhD, Deputy Chief, Section of Chronic Disease Prevention & Health Promotion, Division of Public Health, DHSS
- Joe McLaughlin, MD, State Epidemiologist & Chief of the Section of Epidemiology, Division of Public Health, DHSS.
- Jeannie Monk, Small & Rural Hospital Program Officer, Alaska State Hospital & Nursing Home Association.
- Denise Love, Executive Director, National Association of Health Data Organizations

Health Workforce Development

- Jan Harris, Vice Provost for Health Programs, University of Alaska
- Karen Perdue, President/CEO, Alaska State Hospital & Nursing Home Association
- Delisa Culpepper, Chief Operating Officer, Alaska Mental Health Trust Authority

Affordable Care Act

- William Streur, Commissioner, DHSS
- Linda Hall, Director, Division of Insurance, Alaska Department of Commerce, Community & Economic Development

Also, to the many Alaskans who took the time to testify before the Commission during public hearings, comment on the Commission's draft findings and recommendations, and attend Commission meetings, the Commission is grateful for your interest in improving the health of Alaskans and Alaska's health care system.

Executive Summary

Introduction

The Alaska Health Care Commission was established by the Legislature in 2010 to advise the state on policies for improving health and health care for all Alaskans. Members are appointed by the Governor, and represent stakeholder groups specified in statute. The Commission originally convened during 2009 under Governor's Administrative Order #246.

The Commission's approach to improving Alaska's health care system began with identification of a vision of the ideal health care system for Alaska, plus goals and guiding values for the planning process. We are now in an ongoing cycle of learning about current challenges to better understand why the system is not attaining the vision, designing policies that will transform the system into one that embodies the vision, and evaluating progress. Information, findings and recommendations presented in each annual report build on prior year reports, which should be referenced together for a full picture of the Commission's learning and recommendations to date.

The ideal health care system envisioned for Alaska places individuals and their family at the center of their care experience and focuses on creating health, not simply treating illness and injury. The best system will also provide value for Alaskans' health care dollar – delivering safe high quality care as efficiently as possible at an affordable price. In this system providers' business and professional interests and integrity will be maintained. Health care consumers will be satisfied with the level and quality of services they receive. And the final but essential element of this picture is that Alaska's health care system will be sustainable over time.

The Commission's core strategy for attaining the goals of improved access, affordable costs, high quality care, and increased prevention, is to strengthen the consumer's role in health and health care through innovations in patient-centered care and through support for healthy lifestyles. This core strategy rests on the foundation of a sound health care system – a sustainable workforce, a complete health information infrastructure, and statewide leadership. Values the Commission adopted to guide recommendations emphasize the importance of sustainability, the need to increase efficiency and effectiveness of care, and the significance of individual choice and personal engagement.

Understanding Alaska's Health Care Challenges

To better understand why Alaska's health care system is not achieving the vision, the Commission began in 2009 by describing how health care in Alaska is delivered and funded today (see Appendix A of the 2009 report). Challenges described in the 2009 report identified the extent to which:

- The high and rising cost of health care in Alaska is unsustainable;
- Health insurance coverage in Alaska is inadequate;
- Providers experience logistical challenges in the delivery of care, and patients face similar challenges in accessing services;
- Fragmentation and duplication in Alaska's health care system create inefficiencies;
- Alaska suffers from shortages and maldistribution of certain health care workers;
- Health status, health risk behaviors and changing demographics influence utilization of health care services;
- Use of modern health information technology is taking hold in Alaska; and,
- Alaskan Medicare enrollees living in urban areas have trouble accessing primary care.

In 2010 the Commission added to learning about Alaska's health care system challenges by compiling information on the newly passed federal health care reform law - reviewing and providing summaries of the law's provisions, and contracting with the Institute for Social & Economic Research for an analysis of the potential impact of the law in Alaska.

In 2011 the Commission focused on studying health care spending trends, pricing and cost drivers. The Commission also learned about Alaska's long term care system and the status of statewide planning to meet long term care needs, Alaska's trauma system and implementation of a plan to improve it, and the status of the Affordable Care Act. Highlights from this year's cost and pricing studies include:

- **Health care cost increases in Alaska continue to outpace inflation.**
 - Health care spending in Alaska reached \$7.5 billion in 2010, a 40% increase over 2005. State government's portion of this bill was close to \$2 billion.
 - At current trends health care spending is expected to double to more than \$14 billion by 2020. By comparison the wellhead value of oil produced in Alaska in 2010 was \$16.4 billion and is projected to be \$18.6 billion in 2020.
 - Since 1982 the Anchorage Consumer Price Index increased 95%, while prices for medical care in Anchorage over that time period increased 320%.
- **Health care is increasingly unaffordable for our employers, families.**
 - At \$11,926 per employee, Alaska has the highest average annual cost for employee health benefits in the nation - twice what employers in the lowest cost state pay.
 - Fewer Alaskan employers are offering employee health benefits, dropping from 35% to 30% of small employers between 2003 and 2010.
 - The average cost of health care premiums in Alaska increased 51% for single coverage and 35% for family coverage between 2003 and 2010. The average annual commercial health insurance premium for family coverage in 2010 was \$14,230.
 - Despite the fact that Alaskans utilize roughly the same amount of care, health insurance premiums are about 30% higher here than in comparison states.
- **Health care prices paid in Alaska are much higher than in comparison states** (Washington, Oregon, Idaho, Wyoming, North Dakota, (and also Hawaii for hospital comparisons only)).
 - Different payers (Medicare, Medicaid, Workers' Compensation, commercial health insurers, TRICARE, and the Veterans Health Administration) pay different prices for the same service.
 - The average reimbursement for physician services in Alaska is 60% higher than in comparison states for all payers – 69% higher for commercial health insurers.
 - The difference in reimbursement for physician services varies depending on specialty, for example Alaskan pediatricians are paid 43% more, while cardiologists are paid 83% more.
 - Commercial health insurance reimbursement for private sector hospital services is 37% higher than in comparison states; Medicare pays our private sector hospitals 36% more.
 - Alaska's higher medical prices are due in part to higher operating costs for providers resulting from a higher cost of living, more costly employee benefits, transportation and shipping costs, fuel prices, and workforce shortages.
 - Higher prices are also due to high physician pricing power compared to other states, and a high average operating profit margin for the private hospital sector.
 - Low Medicare payment rates create upward pressure on prices for other payers.

During 2012 the Commission plans to learn about pricing for pharmaceuticals, the behavioral health care system, and the impact of Alaska's malpractice reform law passed in 2005.

Alaska Health Care System Transformation Strategies

During 2009 the Commission developed general recommendations regarding the importance of patient-centric primary care and support for healthy lifestyles, and more detailed recommendations for promoting the use of health information technology, providing statewide health leadership, strengthening the health workforce, and improving access to primary care for Medicare enrollees. During 2010 the Commission added to these strategies with recommendations for employing evidence-based medicine to improve the quality of health care and contain cost growth.

This year the Commission identified findings and developed recommendations regarding:

- **Patient-Centric Primary Care:** Compiling lessons learned from a variety of patient-centered medical home programs from other states that are demonstrating success at improving patient care and outcomes and controlling costs, the Commission recommends the State of Alaska support a patient-centered medical home program and include the attributes they identified as common to successful programs.
- **Price & Quality Transparency:** Identifying the importance of price and quality transparency for empowering consumers and providers with information required for improving value in the health care system, the Commission provides recommended first steps toward improving and developing needed data systems to support this strategy.
- **Payment Reform:** Finding that changes in the way we pay for health care can improve quality and decrease costs without imposing price controls or rationing care, the Commission recommends the State of Alaska align state programs that purchase health care and utilize payment policies for improving value.
- **Alaska's Trauma System:** The Commission recommends the State of Alaska support a strong trauma system, defining the necessary elements for the system and emphasizing the need to continue implementation of a 2008 improvement plan.
- **Population-based Prevention Priorities:** The Commission identifies obesity, low immunization rates, and significant behavioral health challenges as the top health concerns in Alaska's population, and recommends the State of Alaska support efforts to address these problems.

Following is a general summary of the Commission's recommended solutions for improving health and health care in Alaska to-date:

Ensure the best available evidence is used for decision-making. Support clinicians and patients to make clinical decisions based on high grade medical evidence regarding effectiveness and efficiency of testing and treatment options. Apply evidence-based principles in the design of health insurance plans.

Enhance the quality and efficiency of care on the front-end. Strengthen the role of primary care providers, and give patients and their clinicians better tools for making health care decisions. Improve coordination of care for patients with multiple providers, and care management for patients with chronic health conditions. Improve Alaska's trauma system.

Increase price and quality transparency. Provide Alaskans with information on how much their health care costs and how outcomes compare so they can become informed consumers and make informed choices. Provide clinicians, payers and policy makers with information needed to make informed health care decisions.

Pay for value. Design new payment structures that incentivize quality, efficiency and effectiveness. Support multi-payer payment reform initiatives to improve purchasing power for the consumer and minimize the burden on health care providers.

Build the foundation of a strong health care system. Ensure there is an appropriate and sustainable supply and distribution of health care workers. Create the information infrastructure required for maintaining and sharing electronic health information and for conducting health care analytics to support improved clinical decisions, personal health choices, and public health.

Focus on prevention. Create the conditions that support Alaskans to exercise personal responsibility for living healthy lifestyles. High priorities include reducing obesity rates, increasing immunization rates, and improving behavioral health status.

Additional strategies the Commission will study and consider for future recommendations during 2012 include:

- Reduction in government regulations that hamper innovation and increase costs.
- Enhancement of the employer's role in improving quality and controlling cost of health care through the design of employee health benefits, and in improving the health of their employees through worksite wellness programs.
- Improvement of patient choice in end-of-life health care decision making.
- The use of technology and telecommunications to facilitate access to health care services.

Part I: Introduction

A. Purpose of this Report

The purpose of this report is to convey the 2011 findings and recommendations of the Alaska Health Care Commission to Governor Parnell and the Alaska Legislature as required under Alaska Statute 18.09.070. This report builds on the work of the original Alaska Health Care Commission (created by Governor Palin under Administrative Order #246) which in their 2009 Report presented a 5-year strategic planning framework as a “roadmap” for strengthening Alaska’s health care delivery system. The 2009 report was described as a “living” plan meant to evolve each year as problems regarding health care quality, cost and access are studied, potential solutions are analyzed, and implemented strategies are evaluated. This latest report documents the continuation of that process.

Findings and recommendations by the Commission included in past reports are still current, but are not repeated in this report. Please see the Commission’s 2009 Annual Report for the:

- Overview of current challenges in Alaska’s health care system
- Findings & Recommendations on:
 - Patient-Centric Primary Care
 - Healthy Lifestyles
 - Statewide Leadership
 - Workforce
 - Health Information Technology
 - Medicare Access
- Detailed description of Alaska’s health care system (separate report included as Appendix A)

Please see the Commission’s 2010 Annual Report for the:

- Findings & Recommendations on Evidence-based Medicine
- Affordable Care Act Overview and Projected Impact in Alaska

Included in this Annual Report for 2011, are:

- Part I: An introduction including background on the Commission; a summary of the Commission’s 2011 activities; a description of the Commission’s strategic planning framework; the Commission’s vision, goals, guiding values, and core strategy; and key definitions.
- Part II: Information on certain aspects of the current health care system, particularly challenges related to the rising cost of health care, and an overview of the long term care system in Alaska. 2012 plans for continued study of health care system challenges are also included.
- Part III: The Commission’s 2011 recommendations for transformation of Alaska’s health care system, and strategies that will be considered in 2012;
- Appendices: Copies of studies conducted for the Commission this year on health care spending and cost trends (by the Institute for Social & Economic Research), and on payment levels and cost drivers for hospital and physician services (by Milliman, Inc.); an overview and update on the implementation of the Affordable Care Act in Alaska (in chart pack format); and additional information by and about the Commission.

B. Background on the Commission

The Alaska Health Care Commission was first established by Governor Palin on December 4, 2008 under Administrative Order #246. Original Commission members were appointed on January 27, 2009 and the Commission met throughout 2009, producing a report on their findings and recommendations in January 2010. The Commission created under A.O. #246 terminated with the production of that report.

The current Alaska Health Care Commission was established in state statute (AS 18.09.010) during 2010 with the passage of Senate Bill (SB) 172 to provide recommendations for and foster the development of a statewide plan to address the quality, accessibility, and availability of health care for all citizens of the state. SB 172 was passed by the Alaska Legislature on April 17, 2010 and signed into law by Governor Parnell on June 21, 2010. Members were appointed in September and the new body convened for the first time in October, 2010.

Duties of the Commission prescribed by AS 18.09.070:

- I. Serve as the state health planning and coordinating body;
- II. Provide recommendations for and foster the development of a:
 1. Comprehensive statewide health care policy;
 2. Strategy for improving the health of Alaskans that
 - i. Encourages personal responsibility for disease prevention, healthy living and acquisition of health insurance;
 - ii. Reduces health care costs;
 - iii. Eliminates known health risks, including unsafe water and wastewater systems;
 - iv. Develops a sustainable health care workforce;
 - v. Improves access to quality health care; and,
 - vi. Increases the number of insurance options for health care services.
- III. Submit a report to the Governor and the Legislature by January 15 of each year regarding the Commission's recommendations and activities.

Commission members are appointed by the Governor, with the exception of the two legislative representatives who are appointed by their respective bodies. Short biographies for each of the Commission members are provided on the Commission's web site. The members of the Commission are:

- **Ward Hurlburt, MD, MPH:** Designated Chair; Chief Medical Officer for the Alaska Department of Health & Social Services; Anchorage.
- **Patrick Branco:** Representing the Alaska State Hospital & Nursing Home Association; Chief Executive Officer of Ketchikan General Hospital; Ketchikan.
- **Keith Campbell:** Representing consumers; retired hospital administrator and former AARP Chair; Seward.
- **Valerie Davidson:** Representing Alaska tribal health care providers; Senior Director of Legal and Inter-Governmental Affairs for the Alaska Native Tribal Health Consortium; Anchorage.
- **Jeffrey Davis:** Representing Alaska's health insurance industry; President of Premera Blue Cross Blue Shield of Alaska; Anchorage.
- **Emily Ennis:** Representing the Alaska Mental Health Trust Authority; Executive Director of Fairbanks Resource Agency; Fairbanks.
- **Col. Paul Friedrichs, MD:** Representing the U.S. Department of Veterans Affairs health care system; Commander of the Air Force/Veterans' Affairs Joint Venture Hospital at Elmendorf; Anchorage.

- **T. Noah Laufer, MD:** Representing primary care physicians; family medicine physician and president of Medical Park Family Care; Anchorage.
- **David Morgan:** Representing community health centers; Reimbursement Director for the Southcentral Foundation; Anchorage.
- **Allen Hippler:** Representing the Alaska State Chamber of Commerce; Chief Financial Officer for Faulkner Walsh Constructors; Anchorage.
- **Lawrence Stinson, MD:** Representing Alaska health care providers; anesthesiologist and co-owner of Advanced Pain Centers of Alaska; Anchorage.

Ex-Officio (non-voting members)

- **Linda Hall:** Representing the Governor's Office; Director, Division of Insurance; Anchorage.
- **Representative Wes Keller:** Representing the Alaska House of Representatives; Wasilla.
- **Senator Donny Olson:** Representing the Alaska Senate; Golovin.

C. Summary of 2011 Activities

Meetings and public hearings: During 2011 the Commission held six face-to-face meetings, all but one in Anchorage: January 7 (the last meeting of the 2010 Commission to incorporate changes based on public comment, finalize and approve the 2010 report); March 31-April 1 (Juneau); June 23-24; August 25-26; October 11-12; and December 9. All of these meetings were open to the public, and teleconferenced for members of the public unable to attend but interested in listening or providing testimony. The general format of each of the four quarterly two-day meetings included presentations by experts on the various topics studied, followed by a panel of Alaskan providers offering their perspective. Public hearings were also held during each of the four quarterly meetings. The Commission's voting record from these meetings and a summary of public comments received are included in Appendix D.

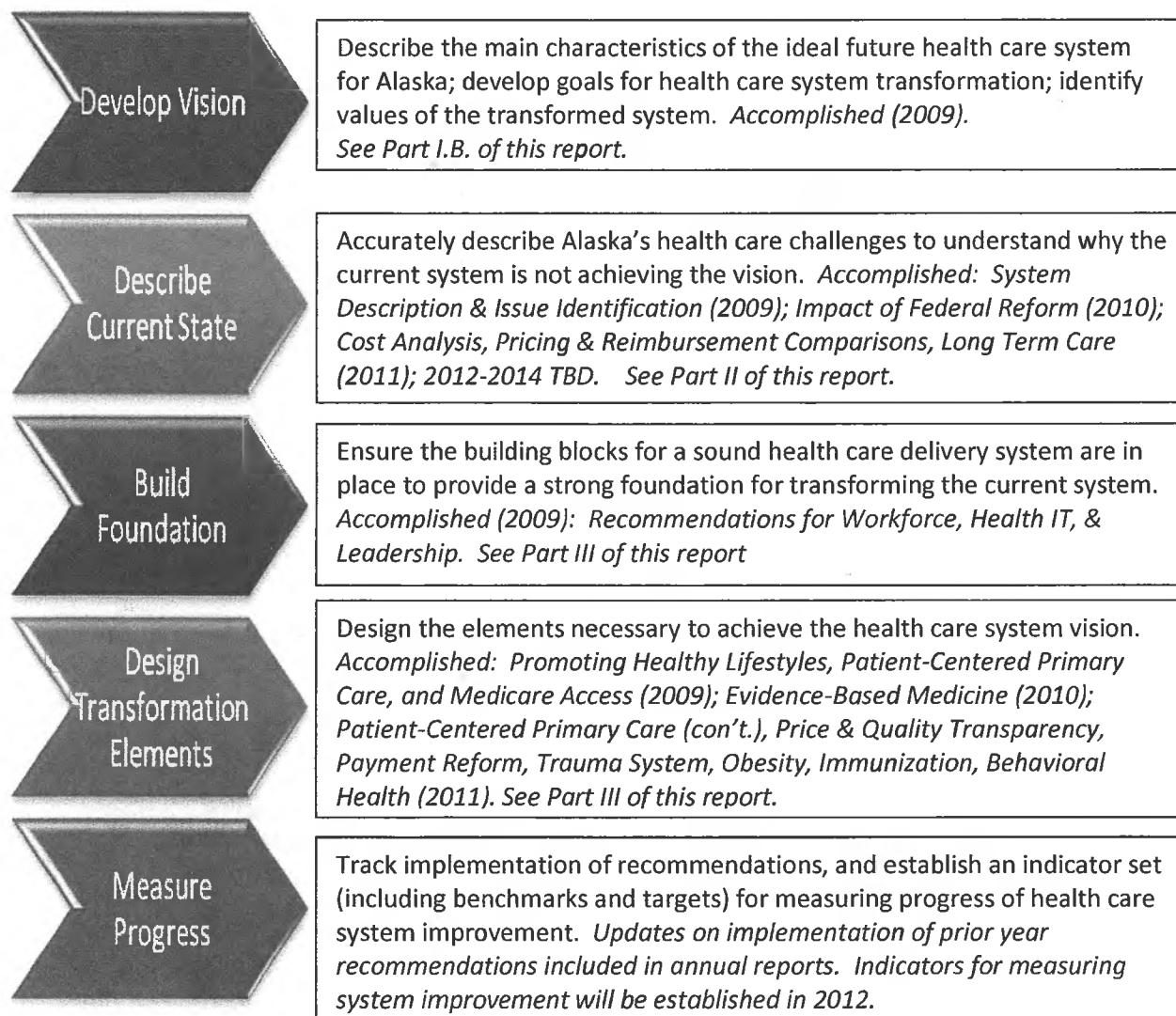
Administration: The Commission developed with guidance from the State's ethics attorney a Financial Disclosure form as required under AS 18.09.060. A copy of the Commission's meeting rules, by-laws, SFY 2012 budget, and ethics handbook are available on the Commission's website (see website address below). Copies of Commission members' 2011 Financial Disclosure forms are available from the Commission office on request.

Communication and coordination: The Commission updated and maintained a website for posting information regarding their meetings as well as reference documents related to their priority focus areas (<http://hss.state.ak.us/healthcommission/>). The listserv established to maintain communication with system stakeholders and members of the public interested in receiving periodic updates was also enhanced, and by the end of 2011 there were over 600 subscribers. The Commission also maintained an inventory of boards, committees, coalitions, and other organizations in Alaska involved in health planning in some way, as well as a list of health reports and plans (also available on the website).

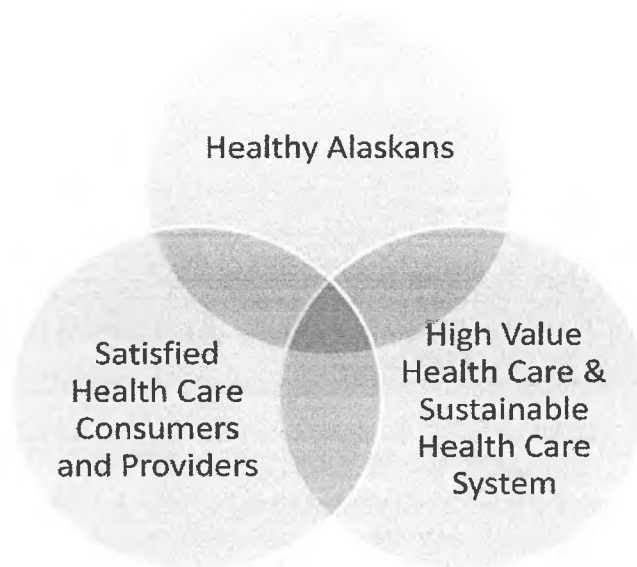
2011 Products: The Commission's primary product for this year is this annual report. In addition, the Commission contracted with consultants to conduct two studies during 2011. The Institute for Social & Economic Research and Mark Foster and Associates conducted an economic analysis of health care spending in Alaska for the Commission; and Milliman, Inc, an international health care actuarial firm, compared payment levels for hospital and physician services in Alaska to a number of other states. The Commission also held a three-part webinar series on successful patient-centered medical home programs in other states, and also a webinar on payment reform. The four reports resulting from the two consultant studies and recordings of the webinars are available on the Commission's website.

D. 2010–2014 Strategic Plan Framework

The following graphic depicts the framework the commission is using to guide the process for improvement of Alaska's health care system, and includes updates on the status of each step in the process.



E. Vision for Transformation of Alaska's Health Care System



Vision

Alaska's Health Care System:

- Produces improved health status
- Provides value for Alaskans' health care dollar
- Delivers consumer and provider satisfaction
- Is sustainable

The Commission envisions a health care system for Alaska that places individual Alaskans and their families at the center of their health experience and focuses on creating health, not simply treating illness and injury. In addition to producing healthy Alaskans, a transformed system will provide value for Alaskans' health care dollar – delivering high quality care as efficiently as possible at an affordable price. In this system providers' business and professional interests and integrity will be maintained. Health care consumers will be satisfied with the level and quality of services they receive. And a final but essential element of this picture is that Alaska's health care system is one that is sustainable over time.

Health Care Goals

- I. Improved Access
- II. Contained Cost
- III. Safe, High Quality Care
- IV. Prevention-Based

The Commission is crafting strategies focused on attainment of the following four goals for a transformed health care system:

- I. **Access:** Improve access to affordable health care coverage and to a viable and vital health care delivery system.
- II. **Cost:** Control the cost of health care so that the medical inflation rate in Alaska is below the national rate.
- III. **Quality:** Health care services provided in Alaska meet the highest quality and safety standards.
- IV. **Prevention:** Focus on preventive services, both clinical preventive services for individuals and community-based prevention policies, to support improved health status and control costs by reducing the burden of preventable disease and injury.

Values

- Sustainability
- Efficiency
- Effectiveness
- Individual Choice
- Personal Engagement

The Commission applies the following values to guide planning and policy recommendation decisions for transformation of Alaska's health care system:

Sustainability: A redesigned health care system for Alaska must be sustainable in terms of: 1) government, private sector, and individual ability to financially support implementation over the long term; and, 2) health care provider ability to deliver quality care while maintaining a sound business operation.

Efficiency: A redesigned health care system for Alaska will minimize waste in clinical care and administrative processes.

Effectiveness: A redesigned health care system for Alaska will support practices best known to produce the best outcomes.

Individual Choice: A redesigned health care system for Alaska will provide information and options for Alaskans in terms of health care coverage and service providers.

Personal Engagement: A redesigned health care system for Alaska encourages and empowers Alaskans to exercise personal responsibility for healthy living and for obtaining and participating in their health care. Individual investment is a vital part of a robust health care system.

F. Core Transformation Strategy

The figure below depicts in graphic form the core strategies identified by the Commission for transforming Alaska's health care system to achieve their vision, and the relationship of those strategies to one another and to the planning process.

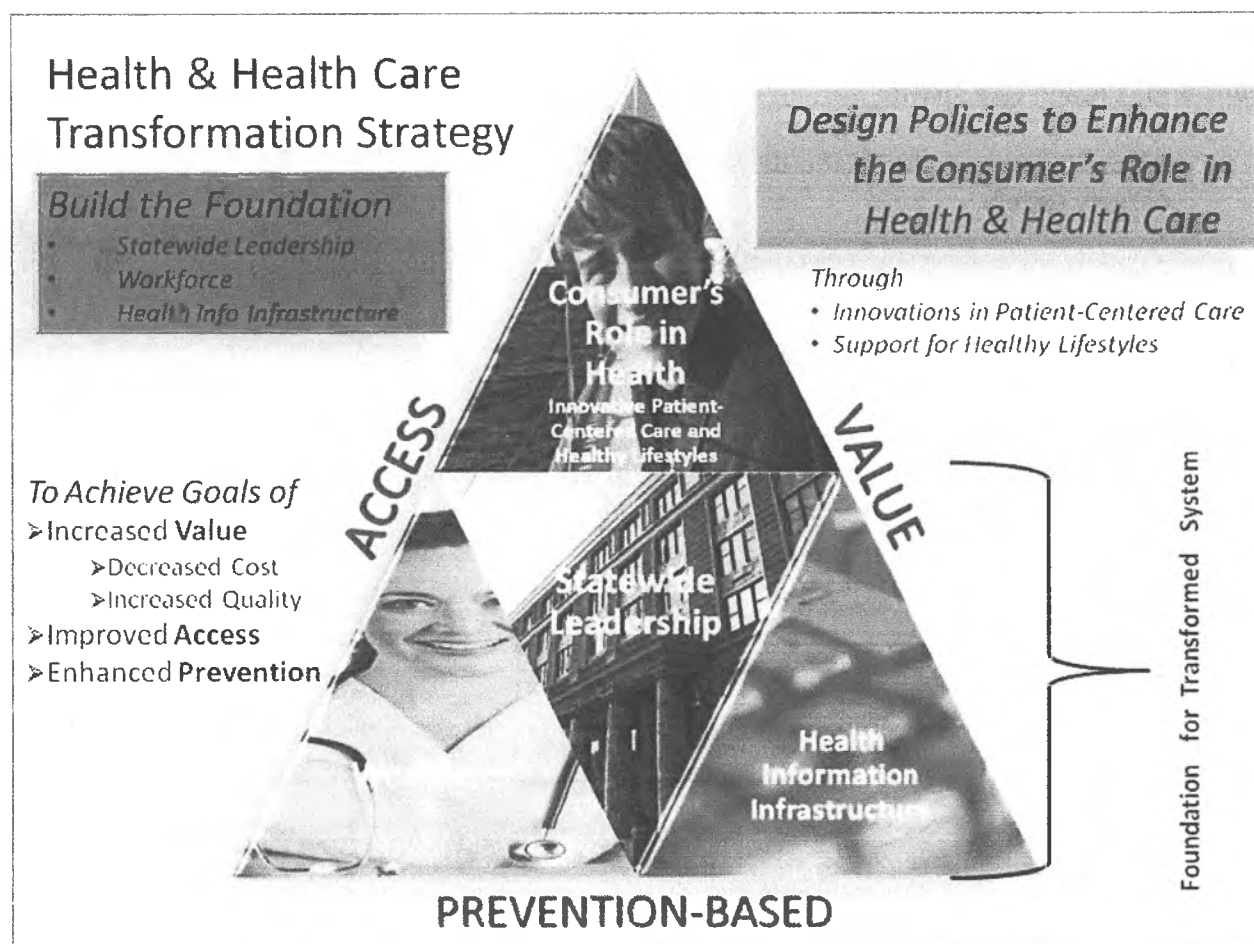


Figure 1: Alaska Health Care Commission's Core Strategy for Health Care System Transformation

Understanding and supporting the consumer's role in health care is the central focus of Commission's strategic approach to transformation of Alaska's health care system. Two aspects of the consumer's role are critical to addressing the goals of increased access, improved value (cost and quality), and a focus on prevention – 1) individual lifestyle choices and the impact those choices have on health outcomes and demand for health care services; and 2) the individual's central position in their health care experience. Support for healthy lifestyles and new innovations in patient-centered care are the pinnacle of the Commission's health care transformation strategy.

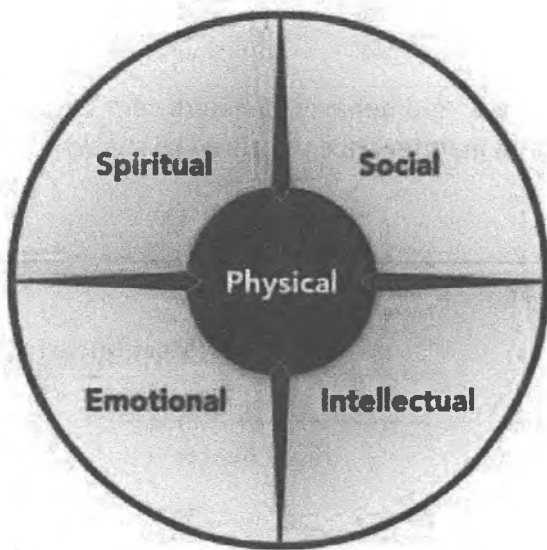
A vital health care workforce and modern information management tools are the foundation upon which support for healthy lifestyles and an innovative patient-centered system depend. And the journey to a transformed health care system cannot continue without statewide leadership to see it through. Ongoing study, planning, and policy development is necessary to create a regulatory and reimbursement environment that supports the health care industry while it redesigns itself.

G. Definitions of Health & Health Care

The commission adopted the following definitions as a tool for providing a common understanding for group discussion and for guiding planning efforts. These definitions are not meant to imply certain roles for government or health care providers.

Health & Healing

- Optimal health is a dynamic balance of physical, emotional, social, spiritual, and intellectual health.



Physical Fitness. Nutrition. Medical self-care. Control of substance abuse.

Emotional Care for emotional crisis. Stress Management

Social Communities. Families. Friends

Intellectual Educational. Achievement. Career development

Spiritual Love. Hope. Charity.

- An individual's health status is largely self-defined, encompassing a broader state of well-being beyond physical health and lack of disease or infirmity.
- Healing is restoration of wholeness and unity of body, mind and spirit. It involves curing when possible, but embraces more than cure. When illness is limited to disease and health care is limited to cure, the deeper dimensions of healing are missed.

Health Care

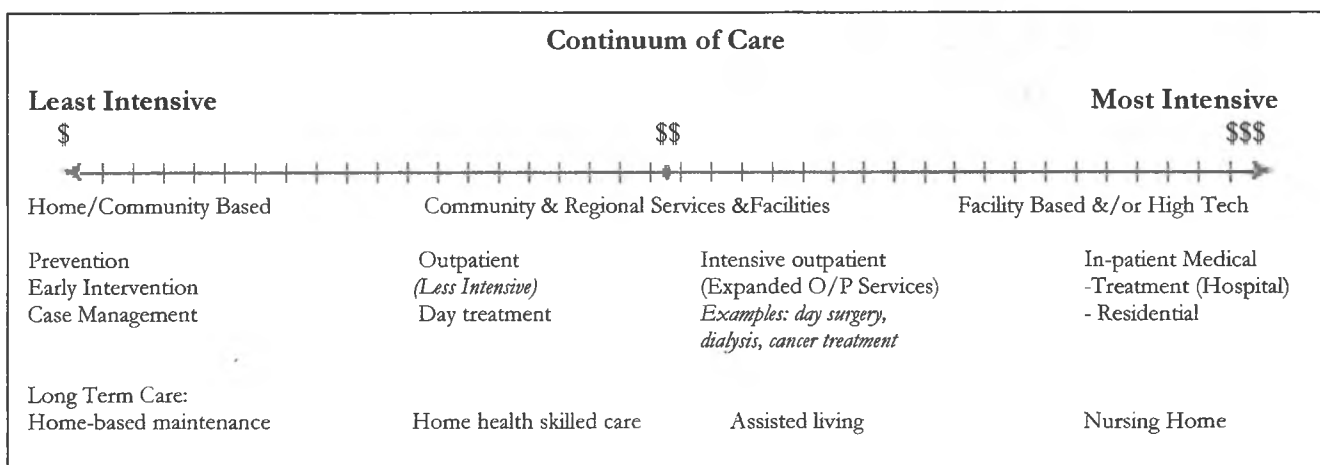
- Health Care means any care, treatment, service, or procedure to prevent disease, injury and other physical and mental impairment; and to maintain, diagnose, or otherwise affect an individual's physical or mental condition.

Health Care System

- A health care system is a collection of organizations, practitioners and allied workers, facilities and technologies, financing mechanisms, policies, and information that provide and support the provision of health care for a population.
- People in Alaska obtain health care through three different systems: the private sector, the military/VA, and the Alaska Tribal Health System.

Health Care Continuum

- The health care continuum is the full array of physical and behavioral health services, from prevention to treatment to rehabilitation and maintenance, required to support optimum health of a population.



Public Health

- Public health is what society does collectively to assure the conditions for people to be healthy. The two main characteristics of public health are 1) it is concerned with prevention rather than cure, and 2) it is concerned with population-level rather than individual-level health concerns.
- Public health protects and improves communities by preventing epidemics and the spread of disease; promoting healthy lifestyles for children and families; protecting against hazards in homes, worksites, communities and the environment; and preparing for and responding to emergencies.

Part II: Understanding Alaska's Health Care System Challenges

A. Summary of Prior Year Findings

Concerns regarding the current condition of Alaska's health care system described in detail in past years' reports include the following. Please see the Commission's 2009 and 2010 reports for more detailed findings and discussion.

- The high and rising cost of health care in Alaska is unsustainable.
- Health insurance coverage in Alaska is inadequate.
- Providers and patients experience logistical challenges in the delivery of and in accessing health care services.
- Fragmentation and duplication in Alaska's health care system creates inefficiencies.
- Alaska suffers from shortages and maldistribution of certain health care workers.
- Health status, health risk behaviors and changing demographics influence utilization of health care services.
- Use of modern health information technology is taking hold in Alaska, but much remains to be done.
- Alaskan Medicare enrollees living in urban areas have trouble accessing primary care.

B. 2011 Study: Cost of Health Care in Alaska

The Commission contracted for two studies this year to learn more about the cost of health care in Alaska. One was an economic analysis conducted by the Institute for Social & Economic Research (ISER)/MAFA on spending for health care services in Alaska, including estimates of total spending levels by payer and types of services. The other was a financial analysis conducted by Milliman, Inc., an international health care actuarial consulting firm, on health care pricing for hospital and physician services.

The purpose of these studies was to provide information regarding health care cost drivers in Alaska to inform future policy recommendations aimed at improving affordability and access to care. Hospital and physician services were the first two areas selected for study because they represent the highest proportion of spending for health care in Alaska at 31.5% and 28% (respectively), compared to 9% for prescriptions and equipment, 3% for nursing home and home health care services, 5.5% for dental services, 10% for administrative costs, and 13% for all other services. The Commission plans to study pricing for prescription medication during the coming year.

The economic analysis conducted by ISER/MAFA identified trends in levels of spending, who is paying the bills and how cost shifting occurs between payers, the services Alaskans are buying, the numbers of Alaskans with health insurance, and the proportion of employers offering health care coverage to their employees. This study, published in August, is included as Appendix A of this report and is available on the Commission's website at:

<http://www.hss.state.ak.us/healthcommission/2011commissionreport.htm>.

The financial analysis of physician payment rates conducted by Milliman, Inc. compares health care prices for the top 25 utilized procedure codes for each of 17 physician specialties in Alaska with five other states: Washington, Oregon, Idaho, Wyoming, and North Dakota. This analysis includes a comparison of billed and allowed charges for commercial payers, and fees for Medicare, Medicaid,

Workers' Compensation, the Veteran's Health Administration, and TRICARE. The report on physician payment rates also includes a comparison of the average reimbursement level for durable medical equipment (DME) overall and by payer.

The hospital payment rate analysis compares payment levels in Alaska's non-federal facilities with non-federal facilities in the same five comparison states plus Hawaii. Hawaii was added at the request of the state hospital association because it has logistical challenges somewhat similar to Alaska's, such as those associated with transportation costs, and because of the similarly high cost-of-living. This analysis was restricted to non-federal hospital facilities due to data limitations, and because federal facilities serve a defined beneficiary population, have unique federal funding streams, and operate under differing rules than non-federal facilities. Additionally, the commission's recommendations are primarily targeted at state government policy leaders and will have more limited influence on federal and tribal policies.

The hospital analysis includes 100% of the non-federal acute care facilities and 74% of licensed acute care beds in Alaska (federal tribal and military hospitals support 19% and 7% respectively of total licensed beds). The commission may choose to conduct a separate analysis of reimbursement levels and cost drivers for federal tribal and military hospital services at some point in the future if analysis of potential strategies related to affordability, cost of care and sustainability of the health care system require this additional information.

The analyses of hospital and physician payment rates and cost drivers are presented in three reports from Milliman, Inc. and are included in Appendix B of this report (available on the commission's website at: <http://www.hss.state.ak.us/healthcommission/2011commissionreport.htm>). Note that these reports are systems-level analyses and are not intended to be utilized as an evaluation of individual facilities or physician practices. Statistics for individual facilities vary widely within the systems-level averages presented, and conclusions should not be drawn about specific facilities from these data without review of each individual facility's financial and cost reports.

Findings

- **Health care spending in Alaska continues to increase faster than the rate of inflation.**
 - Total spending for health care in Alaska reached \$7.5 billion in 2010, a 40% increase from 2005. At current trends it is projected to double to more than \$14 billion by 2020.
 - By comparison, the wellhead value of oil produced in Alaska was \$16.4 billion in 2010, and is projected to be \$18.6 billion in 2020.
 - Also by comparison, total wages earned by Alaskan employees was \$15.4 billion in 2010.
- **Health care is becoming increasingly unaffordable for U.S. and Alaskan employers and families.**
 - The cost of health insurance premiums in the U.S. increased by 160% between 1999 and 2011, compared to an overall rate of inflation of 38% during that same period.
 - American workers' contributions to health insurance premiums increased 168% between 1999 and 2011, compared to a 50% increase in workers' earnings during that same period.
 - Since 1982 the Anchorage Consumer Price Index increased 95%, while the CPI for medical care in Anchorage over that time period increased 320%.
 - Alaska is number one in the nation for the cost of employee health benefits based on a newly released survey by United Benefits Advisors, which found that Alaska employers are paying an average of \$11,926 per employee each year for health insurance – nearly twice as much as the least expensive state.

- Fewer Alaskan employers are offering employee health benefits in 2010 than in 2003.
 - The percentage of large employers in Alaska (those with more than 50 employees) offering coverage dropped from 95% in 2003 to 93% in 2010.
 - The percentage of small employers offering coverage dropped from 35% to 30% during that same period.
- Alaskan employees' share in the cost of their insurance premiums increased from 11% to 14% for single coverage and from 17% to 22% for family coverage between 2003 and 2010.
- The average cost of a health care premium increased 51% for single coverage and 35% for family coverage between 2003 and 2010.
- The average annual premium cost for family coverage in Alaska was \$14,230 in 2010.
- **Cost shifting occurs between commercial and public payers.** Cost per unit of service is significantly higher for commercial payers relative to provider operating costs and compared to the two largest public payers, Medicaid and Medicare. For example, commercial reimbursement rates are 110% higher than Medicare reimbursement for hospital services in Alaska. Also, as spending has increased over time for all payers in Alaska, it increased at a higher rate for individuals and private employers compared to government employers and public programs.
 - Because of the cost shifting that occurs through rate disparities, rate reductions by public payers may result in higher rates charged to commercial insurers and translate into higher premiums for individuals who purchase private insurance and for employers who provide employee health benefits.
 - While the major public payers appear to under-reimburse providers compared to private payers, they provide additional financial support for health care through other mechanisms. For example, Medicare subsidizes physician residency training, Medicare and Medicaid provide Disproportionate Share Hospital (DSH) payments to hospitals that see a high proportion of Medicare and Medicaid patients, and the federal government through the Indian Health Service and Alaska Tribal Health System has funded much of the development of the rural health infrastructure in Alaska.
 - The existence of public insurance programs helps spread health care system fixed costs among more payers and beneficiaries.
- **Commercial insurance premiums in Alaska are roughly 30% higher relative to five comparison states, which are higher than the national average. Commercial insurance premiums are primarily a factor of utilization and price for health care services.**
- **Alaska's health care utilization rates do not appear to be a major driver behind higher premium rates relative to comparison states based on financial analysis of the private health care system. Utilization of health care services in Alaska is roughly in line with comparison states, and is lower than the nationwide average.**
 - Alaska uses 13% fewer services than the nationwide average to treat a similar Medicare patient.
 - Alaskan Medicare enrollees have fewer hip replacement surgeries and roughly the same number knee and shoulder replacement surgeries (rate per 1,000 enrollees).
 - For the commercially covered population, inpatient bed days are higher overall in Alaska, but lower in urban Alaska than the comparison states. Emergency room visits are higher, outpatient visits are about the same, and medication prescriptions are lower.

- **Health care prices paid in Alaska are significantly higher than in comparison states.**
 - Reimbursement for physician services in Alaska is 60% higher than in comparison states for all payers based on a weighted average; and 69% higher for commercial (private insurance) payers.
 - The difference in reimbursement for physician services varies significantly depending on the specialty. For example, pediatricians in Alaska are reimbursed at rates 43% higher on average than pediatricians in the comparison states, and cardiologists in Alaska are reimbursed at rates 83% higher than cardiologists in the comparison states.
 - Commercial reimbursement for private sector hospital services is 37% higher in Alaska than in the comparison states. Medicare fees paid for private sector hospital services are 36% higher in Alaska than in the comparison states.

- **Medical prices are driven by two components: 1) operating costs associated with delivering medical services, and 2) operating margins. Following are attributes of medical prices in Alaska's private health care sector:**
 - Operating costs for health care providers are higher in Alaska relative to the comparison states. There is insufficient data available to fully analyze and compare physician practice operating costs, but analysis of publicly available hospital cost reports found Alaska private sector hospital operating costs are 38% higher overall and 86% higher for Alaska's private sector rural hospitals. Higher operating costs in Alaska for hospitals and physician practices are driven by:
 - The cost of living, which is 20-30% higher in Alaska than in comparison states (overall, not accounting for rural/urban differences).
 - Medical salaries for health care workers, which are 0% - 10% higher in Alaska (excluding self-employed physicians).
 - Health benefit costs for hospital and physician practice employees, which in Alaska are higher than any other state in the nation.
 - 11% - 15% utilization of "travelling" temporary staff, who typically are paid at a higher rate and whose employment results in other inefficiencies in delivery of health care services;
 - Administrative burdens associated with government regulation and compliance with payer requirements, including documentation requirements, fraud and abuse audits, licensing and certification requirements, and employee background checks.
 - Drivers of higher operating costs in Alaska specific to the private sector hospital system include:
 - RN staffing ratios, which average 29% higher than comparison states.
 - Occupancy rates, which on average are lower at 49.9% in Alaska relative to 58.1% in comparison states.
 - In 2010 the average all-payer operating margin for Alaska's private sector hospital system was 13.4% compared with the average of comparison states' hospital systems of 5.7%. Operating margins for individual Alaska facilities vary widely within these averages, ranging from -9.2% to 29.4%. For Medicare patients, the operating margin is 2.6 percentage points less than the comparison state average, at -11.5% in Alaska compared to -8.9% in the comparison states, causing upward pressure on commercial premiums in order to offset hospital losses.
 - Physician discounts are low in Alaska relative to the comparison states, an indication that physicians in Alaska have more market power relative to pricing.

- **Utilization for health care services in Alaska, while similar to the comparison states and low relative to the U.S. and other industrialized nations, is still a critically important factor to consider in containing cost growth and improving quality of care and health outcomes.** Utilization of health care resources is highly inefficient. The estimated level of wasted health care spending in the U.S. is between 30% and 50%, leaving significant room for improvement in the effectiveness and efficiency of health care delivery.
- **Market forces affecting pricing for health care services are impacted by state laws and regulations in Alaska.** There are state laws and regulations in place that influence the market in such a way as to drive prices higher for the consumer.
 - Lower physician discounts in Alaska can be at least partly explained by the relative lack of competition among providers, particularly for specialty care. In many areas, including Anchorage, there are a limited number of providers in any given specialty (sometimes only one provider group). As a result, physicians can largely dictate the fees they are paid by commercial payers.
 - Relative provider leverage may be further exacerbated by Alaska's regulation requiring usual and customary charge payment to be at least equal to the 80th percentile of charges by geographic area. Since many providers have over 20% of their market share, this implies that those providers can ensure that their charges are below the 80th percentile and therefore, receive payment for their full billed charges.
 - A separate state law requires payers to reimburse non-contracted providers directly instead of through the patient, removing incentives typically used by payers to encourage providers to join their networks.
- **The average payment for durable medical equipment (DME) in Alaska is 21% higher for all payers relative to the average comparison state payment level.** DME consists of non-pharmaceutical items ordered by a provider for a patient. By payer, the average reimbursement for DME is:
 - 23% higher for commercial payers in Alaska relative to the average across commercial payers in the comparison states
 - The same in Alaska for Medicare and TRICARE as the comparison states' Medicare and TRICARE average
 - 180% higher for the VA in Alaska relative to the average VA payment across the comparison states
 - 55% higher for the Alaska Medicaid program relative to the average Medicaid program payment across the comparison states (excluding N. Dakota)
 - 98% higher for the Alaska Workers' Compensation program relative to the average of N. Dakota and Washington states' Workers' Comp payment level (Idaho, Oregon and Wyoming not available)

C. 2011 Study: Long Term Care in Alaska

Long term care encompasses a broad range of medical and support services for individuals requiring assistance over time with meeting skilled acute care needs and custodial support with activities of daily life. These services can be provided in the home, community settings such as senior centers, assisted living facilities, and nursing homes. Alaskans with long term care needs span all ages and include children with intellectual and developmental disabilities, people with spinal cord and traumatic brain injury, people with persistent and severe behavioral health conditions, and seniors suffering decreased mobility or cognitive functioning due to aging or those with severely disabling chronic disease.

Medicaid is the primary payer for long term care services and supports in the U.S. and in Alaska. To become eligible for Medicaid coverage long term care recipients must spend down most of their personal resources. Medicare pays for time limited nursing home stays that are transitional and rehabilitative in nature, and will also pay for limited home health services if there is registered nurse oversight and the services are therapeutic. Other sources of funding include out-of-pocket spending (which accounts for 18% of long term care spending nationally), and long term care insurance (though only 7.2% of Americans have or use private insurance to pay for long term care). Unpaid family members and friends provide the majority of long term care services.

Nearly 50,000 Alaskans benefit from state-administered long term care services in Alaska, with a total expenditure of \$422 million annually. 78% of state-supported long term care spending provides for home and community-based care. 97% of state-supported recipients receive long term care services and supports in a non-institutional setting. Currently in Alaska only 38% of senior and disability service recipients in Medicaid programs are seniors over 65 years of age.

Alaska policy makers have worked for years to move away from institutional care to a more balanced system emphasizing home and community-based care. Alaska is one of very few states that do not maintain a state facility for the developmentally disabled, and the only state to have no intermediate care facility for individuals with mental retardation. There are currently 15 nursing facilities with 662 licensed nursing home beds. While the senior population has tripled over the last 20 years, the number of nursing home beds has decreased as programs have moved away from institution-based care.

The move away from institutional care led to a substantial increase in Medicaid spending for home and community-based services, which more than quadrupled over the past decade from approximately \$58 million in 2000 to nearly \$280 million in 2010. Alaska Department of Health & Social Services officials cite the growing cost of providing long term care services as one of the most critical issues facing the state's Medicaid program. The department projects Medicaid spending for all long term care services will increase by 240% over the next decade to \$922 million in 2020.

The State of Alaska conducted numerous studies over the past decade to develop recommendations for the future of long term care in Alaska, but a strategic plan focused on finding the most appropriate, cost effective, affordable, sustainable approach to meeting the long term care needs of Alaskans does not exist. A new coalition of long term care stakeholders was formed during 2011 to help facilitate that planning. In the short time since this coalition convened they have reviewed and compiled recommendations from the most recent studies, gathered existing data on the current system, and also gathered future cost and demographic projections. The commission benefited from presentations by the coalition this year, commends them on their rapid progress, and looks forward to additional information and future recommendations from the coalition.

D. Issues Prioritized for Study in 2012

The commission intends to focus on the following areas to continue learning about the current condition of Alaska's health care system during 2012:

- **State legal and regulatory barriers:** Identify barriers to innovation in health care delivery, financing and reimbursement in Alaska that are specifically created by Alaska laws and regulations. Consult with Alaska health care providers, payers, purchasers and patients to gather their ideas.
- **Cost of Pharmaceuticals in Alaska:** Compare pricing and reimbursement levels across payer types for pharmaceuticals to the comparison states, and identify drivers of cost differentials.
- **Behavioral Health Care:** Learn about the behavioral health care system in Alaska.
- **Malpractice Reform:** Tort reform legislation was passed in Alaska in 2005. Identify whether the new law had an impact on malpractice insurance rates for providers.
- **Federal Reform:** Continue to track Affordable Care Act implementation activities in Alaska.

Tabled for Study in Future Years

- **Genetic advancements in medicine:** This is sure to have an effect and result in issues related to cost, access and quality, but there is not much the commission can do to address it right now.
- **Malpractice Reform:** Tort reform legislation was passed in Alaska in 2005. Future work could address how standards of care are defined in case law, and study models for alternatives to litigation.
- **Fraud & Abuse:** Numerous new programs to prevent and control fraud and abuse are being implemented under federal reform and the state is trying to align state fraud and abuse efforts with the new federal programs and requirements as much as possible to minimize disruption for providers. The commission will wait and see how these programs develop.
- **Alaska's Public Health System:** The Alaska State Constitution vests the legislature with the duty to "provide for the promotion and protection of public health" (Article 7, Section 4). The commission may devote future study to learn about the system in place to fulfill this duty, and identification of strengths and weaknesses of the current system.
- **"Hyperconsumerism":** System incentives caused by third-party payment systems lead patients to seek more care and not seek value: This issue has been addressed in part in the 2011 payment reform and transparency discussions, and will be addressed further during 2012 discussions on employee health benefit and plan design.
- **Alaska's Worker's Compensation Program:** It is not the commission's role to develop operational recommendations for specific state programs such as Workers' Comp and Medicaid; however, issues related to state programs and general policy recommendations affecting them emerge in the course of the commission's work. Issues related to this program were identified in part in the 2011 cost studies, and will be further identified and addressed during 2012 through the work on the Employer's role in health and health care.
- **Demographic changes:** Specifically, the effects of the Baby Boom generation population bubble on the health care system following its "pop" – how will our kids and grandkids support (or dismantle) the huge infrastructure that will be created to care for us?

Part III: Alaska Health Care System Transformation Strategies

A. Health Care System Foundation

Health Workforce

The workers who provide patient care and support all other aspects of health and health care delivery are a foundational resource for the health system. Shortages of workers in certain health occupations can increase health care costs and limit access to care. The commission initially made a series of recommendations related to the health workforce during 2009. Since that time the commission has tracked the work of the Alaska Health Workforce Coalition, a public-private partnership of leading health industry, government, academic and training organizations formed in 2010 to address Alaska's health workforce needs.

In the short time since their formation the Alaska Health Workforce Coalition has made significant progress, leveraged through an impressive partnering effort and pooling of resources rarely seen between public and private sectors. The coalition identified a series of goals and strategies for strengthening the workforce and published the Alaska Health Workforce Plan in 2010, and during 2011 developed an "Action Agenda" to focus efforts on specific high-priority occupational and system improvement issues. The commission applauds the efforts of the coalition, and will continue tracking their work over the coming year. Of particular importance to the commission are the coalition's systemic change initiatives focused on improving workforce data to support needs-based planning and resource allocation, and on government policy barriers to and supports for workforce development.

Summary of current health workforce recommendations made by the commission in prior years:

- Make health workforce development a priority, and support coordinated planning
- Strengthen the pipeline of future health care workers
- Support workforce innovation and adaptation as care models evolve
- Increase the supply of primary care physicians
 - Support educational loan repayment and financial incentives for recruitment
 - Expand WWAMI Alaska medical school seats as resources allow
 - Support primary care residency program development & operation
 - Continue support for family medicine residency
 - Support development of pediatric and psychiatric residencies
 - Support planning for primary care internal medicine residency

Health Information Infrastructure

The health information infrastructure is the combination of all the people, data, policies and procedures, financial resources, facilities and technology which supports the creation, use, storage, protection and transmission of health information. Health information is required to support:

- Public health surveillance and epidemiologic studies
- Coordination and management of patient care by clinicians
- Performance management and quality improvement efforts of providers
- Decision-making by commercial payers, government policy makers, and community leaders
- Fraud and abuse prevention and control
- Consumer/patient decision-making regarding
 - Lifestyle choices
 - Purchase of health care services
 - Medical testing and treatment
 - Self-management of health conditions

Summary of current health information infrastructure recommendations made by the commission in prior years:

- Support health information technology (electronic health records, health information exchange, and telemedicine) adoption and utilization
- Ensure health information technology is utilized to protect the public's health
- Ensure data available through the health information exchange is used to improve health care
- Ensure privacy and security of health information
- Facilitate broadband telecommunications service access
- Improve reimbursement for telemedicine-delivered services

B. 2011 Commission Recommendations

1. Patient-Centric Primary Care

Findings

- Strong primary care systems are foundational to a high performing health care system. Improving access to primary care that is patient-centric and enhancing the role of primary care providers in the coordination and management of care improves health and lowers the per capita cost of health care.
- Improved evidenced-based care management, especially of patients with complex health conditions experiencing high needs and high costs, can reduce health care costs while improving patient care and outcomes.
- A renewed emphasis on the value of primary care and new models of primary care practice are borne out of a convergence in the progression of medicine and changes in patient needs.
 - The vast increase in medical knowledge over the past several decades has led to more complexity in the management of medical information and also increased specialization of medical practitioners.
 - Improvements in the prevention and control of infectious disease and injury have been accompanied by a higher prevalence of chronic disease in the population, which has led to a shift in patient care needs from acute episodic care to chronic care management.
- Changes in medicine and patient needs necessitate a stronger role for primary care providers in supporting patients with the navigation of medical information, coordination of care between specialists, and management of chronic health conditions. Primary care practitioners who have fully assumed these expanded responsibilities have demonstrated cost savings for the overall health care system and improved health status of their patients; however, traditional fee-for-service payment models do not adequately recognize the new functions and do not adequately compensate primary care providers for the additional work involved.
- Patient-centered primary care requires:
 - a continuous healing relationship between the clinical team and the patient; ensuring patients and their families have the information, skills and tools necessary to maintain and manage their health, and that they are treated in a way that is respectful, engaging and empowering.
 - a holistic approach to patient care that views the patient as a whole person, acknowledging and understanding behavioral as well as physical health needs, and integrating primary care for behavioral and physical conditions in a common clinical setting.
 - an active partnership between the primary care provider, community health and social service providers, and governmental public health agencies to effectively coordinate and manage the care of patients with complex health conditions and to support primary prevention for healthy patients.

- Innovative approaches to strengthening primary care and making it more patient-centric have been implemented and are being tested in many other states, by the Veteran's Administration and the Department of Defense, and here at home within the Alaska Tribal Health System. A number of these innovative programs are demonstrating that it is possible to improve care for patients, improve health outcomes for the patient population, and reduce health care costs for the payers. Some are beginning to move forward with multi-payer initiatives to drive further transformation of their health care systems. The design of pilot programs under development in Alaska can be informed by lessons learned from the experience of these early innovators, such as:
 - Community Care of North Carolina (CCNC), whose demonstrated cost savings and improvement in patient outcomes include:
 - Annual growth in Medicaid expenditures fell from a high of 11.5% in 2002 to 2.5% in 2010;
 - Total Medicaid savings of \$1.5 billion between 2006 and 2010;
 - Scores in the top 10% in the nation on key quality measures related to care for diabetes, asthma, and heart disease.
 - Comparison of Medicaid Aged, Blind and Disabled members enrolled in CCNC to members not enrolled in the program demonstrated between 2007 and 2010:
 - Better access to care - 95.9% of enrollees use health care system compared to 86.5% of unenrolled population.
 - Average spending for inpatient hospital services decreased 6%, compared to a 25% increase for the unenrolled population.
 - Potentially preventable inpatient admissions declined by 12.5%, while increasing by 25.9% for the unenrolled.
 - Blue Cross Blue Shield of Michigan, which administers the largest patient-centered medical home (PCMH) program in the country with 2,500 physicians in 700 PCMH-designated practices, demonstrated in 2010 that PCMH practices had a
 - 7% lower rate of pediatric emergency room visits;
 - 25.5% lower rate of adult inpatient admissions among patients with manageable chronic conditions; and
 - 7.4% lower rate of adult high-tech radiology usage.
 - CareOregon, a non-profit Medicaid managed care plan in Oregon which piloted their Primary Care Renewal (PCR) program in 2007 and has been expanding it since. Results from the pilot test include a:
 - 7.6% increase in proportion of diabetic patients with blood sugar under control, and of hypertensive patients with blood pressure under control
 - Threefold increase in proportion of patients screened for depression
 - 9% decrease in average cost for dual eligible members (plan members enrolled in both Medicaid and Medicare) treated at a PCR site, compared to a 1.2% increase for those treated in non-PCR sites.
 - The Veterans Health Administration launched a three year plan in April 2010 to transition more than 900 primary care clinics across the country to patient-centered medical homes, investing more than \$227 million to hire additional clinical staff, institute a nationwide training program, and develop regional learning collaboratives. In one year a sample clinic increased access to same-day appointments for veterans who previously had to wait as long as 3 months, reduced inappropriate emergency department visits from 52% to 12%, and improved blood sugar scores in 33% of patients with poorly controlled diabetes.

- Within the Department of Defense all three service branches are moving towards a medical home model of care in their military treatment facilities and is collaborating with TRICARE Management and the VA. The DOD and VA are working together on development of guidelines for evidence-based practices critical to the functioning of a medical home, and also on design of quality metrics and process evaluations.
- There is currently active interest and engagement in the development of patient-centered primary care models in Alaska on the part of health care payers and primary care providers.
 - The Alaska Medicaid Task Force, convened Sept 2010 – April 2011 to identify cost containment strategies, recommended that the state’s Medicaid program pilot test patient-centered medical home. DHSS plans to contract with a consultant during SFY 2012 to assist with the design of the pilot program.
 - The Alaska Primary Care Association received a \$400,000 capital grant from the state legislature this year to assist community health centers with transition to a medical home model.
 - The Alaska Native Tribal Health Consortium is supporting a collaborative of clinicians throughout the tribal health system in an Improving Patient Care initiative that includes testing and learning from patient-centered medical home projects.
 - Two primary care clinics in Alaska currently hold NCQA (National Committee for Quality Assurance) recognition as Patient Centered Medical Homes – the Southcentral Foundation (SCF) Primary Care Center (Level 3), and the Providence Family Medicine Center/Alaska Family Medicine Residency Program (Level 1).
 - Numerous private sector primary care clinics are actively working on implementing various aspects of the PCMH model, such as opening up schedules for same-day appointments, establishing or upgrading electronic medical records systems, and creating web-based patient information portals. The commission specifically learned about the efforts of the Tanana Valley Clinic in Fairbanks and Medical Park Family Care in Anchorage.
 - The state Department of Health & Social Services is participating in a multi-state collaborative (“TCHIC”) funded by CMS to test quality measurement and health information technology applications to improve care for children in Medicaid. DHSS created a medical home pilot program under this initiative this year and awarded pilot-site grants to Central Peninsula Community Health Center (Kenai/Soldotna), Iliuliuk Family & Health Services (Unalaska), and SCF (Anchorage).
 - A number of clinics are working to integrate primary care and behavioral health services. Two organizations, Alaska Island Community Services (Wrangell) and SCF (Anchorage) received federal demonstration grants this year to introduce primary care services within behavioral health clinic settings.

Recommendations

1. The Alaska Health Care Commission recommends the State of Alaska recognize the value of a strong patient-centered primary care system by supporting appropriate reimbursement for primary care services.
2. The Alaska Health Care Commission recommends the State of Alaska support state policies that promote the central tenet of patient-centered primary care – that it is a model of care based on a continuous healing relationship between the clinical team and the patient.

3. The Alaska Health Care Commission recommends the State of Alaska and other entities planning a patient-centered primary care transformation initiative incorporate the following strategies the Commission found to be common to start-up of successful programs studied as models. These successful models started with:
 - a) Financial investment by the initiating payer organization (whether public or private).
 - b) Strong medical leadership and management involved in planning and development.
 - c) A collaborative partnership between the payers and clinical providers.
 - d) A vision concerned with improving patient care, followed by identification of principles, definitions, criteria for participation, and tools and measures.
 - e) A focus on local (i.e., practice-level) flexibility and empowerment.
 - f) A phased approach to implementation.
 - g) A tiered approach to managing patient populations.
4. The Alaska Health Care Commission recommends the State of Alaska and other entities implementing a patient-centered primary care transformation initiative include the following attributes the Commission found to be common to successful programs studied as models:
 - a) **Resources** provided to primary care practices to support improved access and care coordination capabilities.
 - b) **New tools and skill development opportunities** provided to primary care practices to support culture and practice transformation.
 - c) **Shared learning environments** for clinical teams to support development of emergent knowledge through practice and dissemination of new knowledge.
 - d) **Timely data** provided to primary care practices to support patient population management and clinical quality improvement, including centralized analytical and reporting capability and capacity.
 - e) **Infrastructure support** for medical guidance, including a medical director for clinical management and improvement, case managers, pharmacists, and behavioral health clinicians.
 - f) **A system of review** that includes both implementation monitoring by initiative partners and evaluation of initiative outcomes by an independent third-party.
5. The Alaska Health Care Commission recommends the State of Alaska support a patient-centered medical home (PCMH) initiative, recognizing:
 - a) Front-end investment will be required for implementation, and it may take two to three years before a return on investment will be realized;
 - b) Collaboration between State programs that pay for health care, other health care payers and the primary care clinicians who will be responsible for implementing this model is essential to success; and,
 - c) Patient-centered primary care development is not the magic bullet for health care reform, but is an essential element in transforming Alaska's health care system so that it better serves patients, better supports providers, and delivers better value.

2. Price & Quality Transparency

Findings

- There currently is insufficient data and information to support consumerism in Alaska's health care market. Empowering consumers and health care providers with access to information on the cost and quality of care is an important strategy for improving value in Alaska's health care system.
- Some patients lack incentives to seek value in their health care decisions. Normal supply-and-demand price mechanisms do not always work when consumers are insulated from the cost of a good or service, which is one effect of the third-party payer health insurance system. Consumers who share directly in the out-of-pocket cost of their health care purchases are more likely to make decisions based on value (price and quality).
- State government and other payers require high quality health data sources and health analytics capacity to provide the information needed to guide payment reform and health care delivery improvement policies.
- Alaska's Hospital Discharge Database is an important source of health care data, and is a good example of collaboration between a health care provider group and the State to make health care data more transparent. However, this data set is currently incomplete due to lack of full participation by all of Alaska's hospitals. It is also insufficient for supporting full cost and quality transparency in that it represents care provided only by acute care hospitals.
- A number of states have implemented or are in the process of planning for All-Payers Claims Databases (APCDs) to complement data from their Hospital Discharge Data and Medicaid Management Information Systems. APCDs are large-scale databases that systematically collect and aggregate medical, dental and pharmacy claims data from public and private payers, and are valuable sources of information about outpatient services and health care payments for those states that have implemented them. They also minimize the burden on health care providers as the aggregated data from payers is an efficient alternative to collecting data directly from individual providers.

Recommendations

1. The Alaska Health Care Commission recommends the State of Alaska encourage full participation in the Hospital Discharge Database by Alaska's hospitals.
2. The Alaska Health Care Commission recommends the State of Alaska study the need for and feasibility of an All-Payers Claims Database.

3. Payment Reform – Paying for Value, Rather than Volume

Findings

- Current fee-for-service and third-party payment structures reward delivery of high numbers of costly services; compel health care to be technology driven, volume-driven, fragmented, and expensive; and are a disincentive to innovations that improve health outcomes and the efficiency and effectiveness of health care services.
- There are options to health care cost containment strategies that do not rely on across-the-board rate reductions, price controls and rationing. These alternative approaches attempt to maximize value by moving away from payment for individual services to payment structures that reimburse providers for high quality care and improved health outcomes.
- Improving value in health care requires the following four mutually supportive components:
 1. **Consumer Empowerment**
 - a. Educational materials and tools
 - b. Engagement strategies that recognize the consumer as a partner/owner in their care
 2. **Price and Quality Reporting & Measurement**
 - a. Measurement and analytics system design
 - b. Reporting on quality, cost and experience of care
 3. **Value-Driven Health Care Delivery**, which empowers the patient and focuses first on keeping the patient healthy, minimizing the need for hospital care when health is compromised, and ensuring efficient successful outcomes when care is required.
 - a. Design and delivery of care grounded in evidence-based medicine principles
 - b. Technical assistance to providers
 - c. Provider organization coordination
 4. **Value-Driven Payment Systems and Benefit Designs.**
 - a. Payment system design
 - b. Benefit design grounded in evidenced-based medicine principles
 - c. Engagement of Purchasers
 - d. Alignment of multiple payers
- Successful payment reform initiatives require systems that can support:
 - Capabilities to **manage financial risk** for payers and providers
 - Data and analytics for monitoring utilization and quality
 - Actuarial expertise for financial risk analyses
 - Capabilities to **manage health** for patients, providers, payers
 - Methods for targeting high risk patients
 - Capability to track, coordinate and follow-up on patient care
 - Patient education and self-management support
 - **Alignment of organizational structures** among providers
 - Trust relationships between physicians and hospitals
 - Significant regulatory barriers exist
 - Neutral, trusted facilitator may be required
 - **Alignment of payment policies** among payers
 - Multi-payer approaches to avoid further fragmentation of payment systems

- 26 cents of every health care dollar spent in Alaska are public funds administered either directly or indirectly by the State of Alaska, including state and federal Medicaid funds and spending for state employee and retiree health benefits, correctional system inmates' care, workers' compensation, and other state health care programs. State government holds significant purchasing power that could be utilized to leverage improvement in Alaska's health care system.

Recommendations

1. The Alaska Health Care Commission recommends the State of Alaska utilize payment policies for improving the value of health care spending – for driving improved quality, efficiency and outcomes for each health care dollar spent in Alaska – recognizing that:
 - a. Local payment reform solutions are required for Alaska's health care markets
 - b. Payment reform may not result in immediate cost savings, but efforts must begin immediately
 - c. Payment reform is not the magic bullet for health care reform, but is one essential element in transforming Alaska's health care system so that it better serves patients, and delivers better value for payers and purchasers.
2. The Alaska Health Care Commission recommends the State of Alaska take a phased approach to payment reform, revising payment structures to support primary care transformation as a first step in utilizing payment policies for improving value in Alaska's health care system.
3. The Alaska Health Care Commission recommends the State of Alaska develop health data collection and analysis capacity as a tool for quality improvement and payment reform. Data collection, analysis and use decisions should involve clinicians, payers, and patients.
4. The Alaska Health Care Commission recommends the State of Alaska support efforts by state officials responsible for purchasing health care services with public funds to collaborate on the development of common purchasing policies. These collaborative efforts should include key stakeholders, and should be used as leverage to drive improved quality, effectiveness, efficiency and cost of care in Alaska's health care system. These efforts should endeavor to engage commercial payers and federal health care programs in alignment of payment policies in a multi-payer approach to minimize the burden on health care providers.

4. Alaska's Trauma System

Findings

- Injury is the leading cause of death for Alaskans who are one to 44 years of age. Roughly 400 to 500 Alaskans die each year as the result of an injury. Approximately 5,000 Alaskans are admitted to a hospital each year due to an injury, over 1,000 of who are left with a permanent disability.
- A trauma system that provides rapid, effective, and efficient response and treatment is critical to reducing death and disability due to injury. An improved trauma system improves overall care for any health condition that is time critical, such as heart attack and stroke, not just trauma.
- The Alaska Department of Health & Social Services made trauma system improvement a priority three years ago with the commission of a study by the American College of Surgeons Committee on Trauma. Subsequently the Division of Public Health began implementing the ACS recommendations for strengthening Alaska's trauma system by establishing a Trauma System Coordinator position to support development of a trauma system strategic plan, and reorganizing to consolidate the Emergency Medical Services Program with the Emergency and Disaster Preparedness Program. More recently the Division has invested in improving the Alaska Trauma Registry to ensure sound data is available for informing prevention and system improvement efforts.
- The Alaska Legislature made a commitment to strengthening Alaska's trauma system, passing a bill during the 2010 legislative session establishing the Uncompensated Trauma Care Fund to incentivize hospitals to meet trauma center standards.
- Alaska's health care community has made commitments to strengthening Alaska's trauma system. The Alaska Native Medical Center has demonstrated leadership in trauma care in Alaska for many years and is currently the only Level II designated trauma center in the state, the highest level any hospital in Alaska can attain. Four of Alaska's rural hospitals are designated Level IV trauma centers. An additional nine hospitals are actively working towards attainment of trauma center designation. However, Alaska remains the only state in the nation without a Level II or higher designated trauma center serving the general population.

Recommendations

- The Alaska Health Care Commission recommends the State of Alaska support a strong trauma system for Alaska that:
 - Is comprehensive and coordinated, including:
 - Public health system capacity for
 - studying the burden of injury in the local population
 - designing and implementing injury prevention programs
 - supporting the development and exercise of local and statewide emergency preparedness and response plans

- Emergency medical service capacity for effective pre-hospital care for triage, stabilization and coordination of safe transportation of critically injured patients
 - Trauma center care for treatment of critically injured patients
 - Rehabilitation services for optimizing recovery from injuries
 - Disability services to support life management for individuals left with a permanent disability due to an injury
- Is integrated, aligning existing resources to efficiently and effectively achieve improved patient outcomes.
- Is designed to meet the unique requirements of the population served.
- Provides evidence-based medical care to achieve the best possible outcomes for the patient.
- Provides seamless transition for the patient between the different phases of care.
- The Alaska Health Care Commission recommends the State of Alaska support continued implementation of the recommendations contained in the 2008 consultation report by the American College of Surgeons Committee on Trauma, including achievement and maintenance of certification of trauma center status of Alaskan hospitals.

5. Obesity in Alaska

Findings

- The growing prevalence of overweight and obese Alaskans is the most significant public health challenge facing Alaska today. This largely avoidable condition affects Alaskans of all ages, from all regions, across all levels of education and income, and of all racial and ethnic backgrounds. The dramatic increase in overweight and obesity prevalence that occurred over the past 18 years will have lasting financial and health impacts on Alaskan families, communities, businesses, and the health care system for decades to come.
- Overweight and obesity cause 365,000 premature deaths a year in the U.S.
- Medical spending in the U.S. directly related to overweight and obesity was estimated at \$147 billion annually in 2008, and \$477 million in Alaska.
- As many as 40% of Alaska's children are overweight or obese.
- The generation of Americans born in the last decade may be the first generation of Americans who do not live as long as their parents, since our country began, due to the medical complications of overweight and obesity. A child born today has a 34-38% chance of developing diabetes in his or her lifetime.

Recommendations

- The Alaska Health Care Commission recommends the State of Alaska implement evidence-based programs to address the growing rate of Alaskans who are overweight or obese. First efforts should focus on nutrition and physical activity for children and young people and raise public awareness of the health risks associated with being overweight and obese.

6. Immunization against Vaccine-Preventable Disease

Findings

- Until the mid-20th century infectious diseases were a leading cause of illness, disability and death in Alaska. Few effective treatment and preventive measures existed. Since that time there has been a dramatic decline in the burden of infectious disease in the population due to significant achievements in control measures, especially for those diseases for which vaccines have been developed.
- During the 20th century the success of biomedical science in development of vaccines combined with the success of the public health system in immunizing the population led to the eradication of smallpox from the worldwide population and the elimination of polio from the U.S. population. Furthermore, immunizations have resulted in substantial declines in other diseases that had previously been a common cause of serious illness and death among children, such as measles, mumps, rubella, diphtheria, tetanus, pertussis, and bacterial meningitis.
- Despite remarkable progress in vaccine development and use, there are a number of challenges in maintaining sufficient immunization levels to protect the population.
 - Vaccination schedules have become increasingly complex. U.S. children require 19 doses of vaccine by age 35 months to be protected against 11 childhood diseases.
 - The success of immunization policies in controlling once-dreaded diseases has led to complacency among some subsets of the population toward vaccines.
 - Insufficient and erroneous information about vaccine safety and effectiveness creates confusion among parents, who must recognize immunizations as an important tool in protecting their children's health and actively seek them.
 - Health care providers must be kept informed of the latest developments and recommendations.
 - Vaccine supplies and financing must be made more secure.
 - Researchers must address increasingly more complex questions about safety, efficacy, indications, contraindications, and delivery.
 - Information technology must be used to support timely vaccination.
 - Adolescents and adults must be targeted for vaccine-preventable diseases that affect their age groups, such as influenza and pneumonia.
- Alaska's childhood immunization rate has declined in recent years to nearly the lowest in the nation. Alaska's rate of immunization completion for children ages 19 months to 35 months was just 56.6% in 2009, compared to the national average of 70.5%, ranking Alaska 49th among the 50 states and leaving Alaska's children vulnerable to preventable diseases that can result in serious complications, preventable hospitalizations, and in some cases death.
- The Alaska Division of Public Health, Department of Health & Social Services, maintained a "universal vaccine program" (providing all recommended childhood and adult vaccines to public and private health care providers in the state) for over three decades. The vaccine program was supported almost entirely with federal funding from two different sources, one of which is reducing its annual allocation to Alaska by \$3.6 million in a phased 3-year reduction starting in FFY 11.

- As a result of the loss of funding the state discontinued provision of all adult vaccine and of human papillomavirus and meningococcal vaccines for children in FFY 11, and will no longer provide the following childhood vaccines for children who are not eligible for the Vaccines for Children Program ("VFC"; a program for children who are American Indian/Alaska Native, on Medicaid, or uninsured) beginning in FFY 12: influenza, pneumococcal conjugate, and rotavirus.
- Elimination of the universal vaccine program is expected to have the following consequences:
 - Reduction in the number of small private medical practices that provide vaccine to their patients due to the complexities of maintaining separate vaccine supplies (per VFC administrative requirements), and the cost of up-front purchase of expensive vaccine;
 - Reduced immunization coverage leading to increased risk of vaccine-preventable diseases such as measles, mumps, pertussis, chicken pox and hepatitis A; and,
 - Inability to maintain a stockpile of vaccine to support timely response to outbreaks of vaccine-preventable disease.

Recommendations

- The Alaska Health Care Commission recommends the State of Alaska ensure the state's immunization program is adequately funded and supported, and that health care providers give priority to improving immunization rates in order to protect Alaskans from serious preventable diseases and their complications.

7. Population-Based Prevention & Behavioral Health

Findings

- Behavioral health is essential to whole health. Almost one-quarter of all adult stays in U.S. community hospitals involve mental or substance use disorders. 83% of people diagnosed with serious mental illness are overweight or obese. The life span of a person with SMI is 27 years shorter than the average life span.
- Alaskans experience high rates of violence. According to the 2010 Alaska Victimization Study, 47.6% of adult women in Alaska experienced intimate partner violence in their lifetime. 37% experienced sexual violence, and 27% experienced alcohol or drug involved sexual assault.
- Adverse childhood experiences, such as recurrent and severe physical or emotional abuse, sexual abuse, or growing up in a household with an alcoholic or drug user, a member in prison, a mentally ill member, a mother treated violently, or both biological parents absent, are a significant determinant of health and well-being well into adulthood, correlating to poor health indicators such as obesity and depression.
- Binge alcohol use in Alaska is among the highest in the nation. 8% of all adults in Alaska, 20% of adults ages 18-25, and 25% of students in grades 10, 11, and 12 use marijuana.
- Alcohol use is suspected or proven in nearly 25% of all hospitalizations for injury.
- In 2009 the age-adjusted suicide rate for all Alaskans was 20.2/100,000 (140 lives lost). The suicide rate among Alaska Native people is two times that of non-Native.
- Routine screening for substance abuse, depression, and a history of adverse childhood events using evidence-based tools is an important strategy for reducing the prevalence of health conditions related to these problems.
- Integration of primary care for both behavioral and physical conditions in a common clinical setting is an essential feature of patient-centered primary care.

Recommendations

- The Alaska Health Care Commission recommends the State of Alaska support efforts to foster development of patient centered primary care models in Alaska that:
 - Integrate behavioral health services with primary physical health care services in common settings appropriate to the patient population.
 - Assure coordination between primary care and higher level behavioral health services.
 - Include screening for the patient population using evidence-based tools to screen for
 - A history of adverse childhood events
 - Substance abuse
 - Depression

- The Alaska Health Care Commission recommends the State of Alaska develop with input from health care providers new payment methodologies for state-supported behavioral health services to facilitate integration of primary physical health care services with behavioral health care services.

C. Strategies under Consideration for Study in 2012

- **Design policies to enhance the consumer's role in health and health care - A) Innovate to improve quality, affordability and access to care:**
 - **Legal barriers and cost drivers:** Identify policies to address cost drivers and state legal barriers identified through 2011 cost and pricing studies and 2012 legal barriers analysis.
 - **Employer's Role in Health & Health Care – Employee Health Benefit and Plan Design:** Identify the roles Alaska's employers play in their employees' health and access to health care, and study innovative approaches employers in Alaska and across the country are utilizing to improve the quality, affordability and access to health care for their employees.
 - **End-of-Life Care:** Learn how improving quality of services and patient choice in health care decisions at the end of life can improve the patient's and patient's family's experience and contain costs.
 - **Use of Technology to Facilitate Access to Care:** Determine the characteristics of a legitimate electronic patient visit, and identify impediments to use of telecommunications technology to improve access, including reimbursement, liability, licensure (including cross-state licensure), technological, etc. Study the Veteran's Health Administration experience with telemedicine.
 - **Transparency - All-Payers Claims Database:** Conduct a needs assessment and feasibility study for establishment of an All-Payers Claims Database for Alaska
 - **Track Developments in Alaska Related to Previous Recommendations:**
 - Value-Based Purchasing (Payment Reform and Price & Quality Transparency)
 - Patient-Centered Primary Care
 - Evidence-Based Medicine
- **Design policies to enhance the consumer's role in health and health care - B) Support Healthy Lifestyles**
 - **Employer's Role in Health & Health Care – Worksite Wellness:** Identify the roles Alaska's employers play in their employees' health and access to health care, and study innovative approaches employers in Alaska and across the country are utilizing to create cultures of wellness and promote the health and safety of their employees.
 - **Track Developments in Alaska Related to Previous Recommendations:**
 - Obesity
 - Immunizations
 - Behavioral Health

- **Build the foundation of a strong, stable health system**
 - **Statewide Leadership:**
 - Identify indicators for measuring statewide health care delivery system improvement
 - **Health Workforce Development**
 - Track developments in Alaska related to previous recommendations
 - **Health Information Infrastructure**
 - Track developments in Alaska related to previous recommendations

Strategies Tabled for Future Years' Agendas

- **Strategies to support innovations in patient-centric care**
 - **Health Benefit & Plan Designs that support patient engagement in seeking value:** This strategy will be addressed in large part during 2012 work on the employer's role in health and health care.
 - **Care coordination and management for patients with multiple chronic conditions:** Will track new Medicaid program initiatives in this area for now.
 - **Patient-Provider shared decision-making support tools:** Work during 2012 on employer efforts to craft innovative health plans focused in part on improving and supporting employee health and engagement in health care will inform future direction for this strategy.
 - **Process/Quality Improvement:** The commission may elect to study provider efforts to improve quality and design more efficient processes sometime in the future.
- **Strategies to support healthy lifestyles**
 - **Rural sanitation:** A very important community health issue, but the commission might not be able to add value to the current efforts underway in Alaska.
 - **Fluoridation:** Local decisions regarding this important public health issue should be based on high quality research and evidence. The commission may chose to investigate the status of this strategy and changes in community policies at some point in the future.
- **Health Workforce Development**
 - **Workforce issues related to supporting the Patient-Centered Medical Home::**
 - Sufficient supply of the appropriate workers needed to support the care team
 - Appropriate training and other workforce issues to support the roles of the care team members

Appendix A

**“Alaska’s Health-Care Bill: \$7.5 Billion and Climbing,”
Institute for Social & Economic Research, University of Alaska
with Mark A. Foster & Associates
August 2011**

Study Conducted under Contract for the Commission during 2011

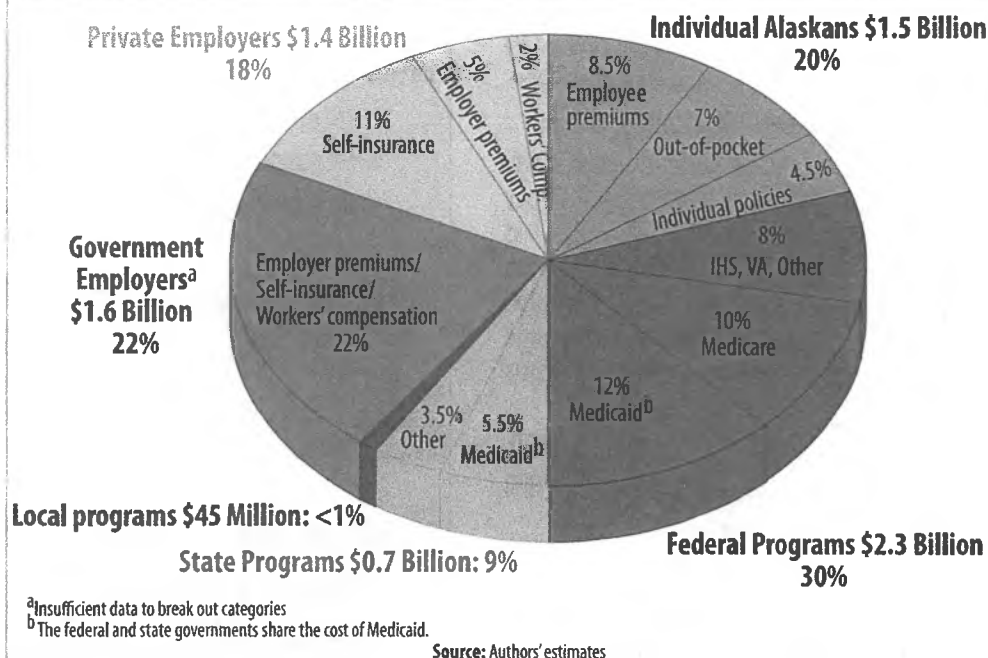
Alaska's Health-Care Bill: \$7.5 Billion and Climbing

By Mark A. Foster and Scott Goldsmith

UA Research Summary No. 18 • August 2011

Institute of Social and Economic Research • University of Alaska Anchorage

Figure 1. Who Pays for Health Care in Alaska?
(2010 Spending: \$7.5 Billion)



Health-care spending for Alaskans reached about \$7.5 billion in 2010. For comparison, that's close to half the wellhead value of all the oil produced in Alaska that year. It's also roughly equal to half the wages Alaskans collected in 2010.

The state's health-care spending has been rising fast, tripling since 1990 and jumping 40% just between 2005 and 2010—and at current trends it could double by 2020, reaching more than \$14 billion.

Here we report on who's paying the bills, what we're buying, what's contributing to the growth, and other aspects of health-care spending. We conclude with a discussion of how Alaska could get better value for its health-care dollars.

- **Who pays the bills?** Individual Alaskans directly pay about 20%, state and federal programs around 40%, and private and government employers another 40% (Figure 1 and page 2).
- **What's the biggest cost?** Medicaid is the largest single expense, making up nearly 18% of all Alaska health-care spending. But that's down from 20% of total spending in 2005. Why? Because spending for Medicaid didn't grow as fast as other kinds of spending (page 3).
- **Are costs shifting?** Every category of spending increased since 2005—but because spending by individuals and private employers increased faster, their shares of total spending increased (page 4).
- **What are we buying?** Hospitals and doctors account for nearly 60% of total spending—but the next largest cost is the 10% that goes for administering private and government health insurance (page 4).
- **What's driving spending?** Over the past 50 years, technology, income growth, medical-price inflation, changing insurance coverage, and a growing, aging population have driven health-care spending (page 5).
- **How many Alaskans are uninsured?** The answer varies depending on how "uninsured" is measured and when. But recent estimates say about 18% of adults and 9% of children are uninsured. Based on 2010 census figures, that would be about 17,000 children and 94,000 adults (page 6).
- **How many Alaska businesses offer health insurance?** More than 90% of large firms offer insurance, compared with just 30% of small businesses—and that's down from 35% in 2003 (page 7).
- **Are prices higher in Alaska?** Yes. But Alaska's isolation, small markets, and other factors contribute to those higher prices—a day in the hospital costs on average 50% more than in the U.S. as a whole, and costs for common procedures are roughly 35% higher (page 8).
- **How is spending distributed?** Just 10% of Americans are responsible for two-thirds of all health-care spending in an average year (page 9).
- **What about the future?** Expanded insurance coverage; an aging population; and continued growth in technology, incomes, and medical prices will keep driving growth in health-care spending in the coming years. Controlling that growth will be an ongoing challenge (page 11).

WHO PAYS THE BILLS?

Individuals, private employers, and governments share the direct costs of health care in Alaska (Figure 1 and Table 1).

Individual Alaskans spent about \$1.5 billion for health care in 2010—20% of total spending.

- *Alaskans with employer-based insurance—both private and government—paid about \$640 million for premiums, and those with individual policies spent \$350 million.*
- *Out-of-pocket costs for Alaskans totaled about \$545 million in 2010. That includes deductibles and co-pays—the part of medical bills insurance doesn't pay. It also includes costs for services not covered by insurance, and money that uninsured Alaskans spent for medical bills.*

Private employers spent about \$1.4 billion—18% of total spending.

- *Alaska businesses spent around \$835 million to self-insure in 2010. They set aside money to pay medical bills themselves, rather than pay insurance premiums. They're betting that the medical bills will be less than the premiums they would have paid—and that their reserves will be enough to cover annual variation in claims. Many self-insured firms carry "stop loss" insurance, to protect them against very large claims. At first only large firms self-insured, but as insurance costs climbed, smaller businesses have also begun self-insuring.*
- *Businesses spent about \$400 million for insurance premiums in 2010. That's only about half what businesses spent to self-insure, showing how widespread the practice of self-insuring is.*
- *Medical bills of employees injured at work cost businesses about \$150 million in 2010. State law requires employers to pay for such injuries.*

Government employers spent \$1.6 billion for health benefits in 2010.

- *Local government employers—including school districts—spent about \$630 million, the federal government nearly \$590 million, and the state \$410 million.*
- *Like businesses, many public employers self-insure, rather than pay insurance premiums—but we don't have enough data to separate out those costs. The federal government also pays medical costs for active-duty and retired military personnel and veterans.*

Governments spent nearly \$3 billion for health programs in 2010.

- *Medicaid spending was nearly \$1.3 billion in 2010—\$871 million in federal money and \$409 million in state money. Medicaid is a federal program, but the state administers it and shares the costs (see page 3).*
- *Medicare spending was \$733 million in 2010, accounting for nearly 10% of all health-care spending. Medicare is a federal program for people 65 and older and those with certain disabilities. Medicare spending is expected to grow rapidly in the next decade, as older Alaskans make up an ever-growing share of the population (see page 5).*
- *The federal government spent close to \$650 million for other health programs in 2010, including the Indian Health Service, which provides medical care for Alaska Natives, and the Veterans Administration, which provides care for military veterans. Spending for these programs depends somewhat on enrollment, but it's also constrained by Congressional appropriations.*
- *Besides its share of Medicaid, the state government spent about \$260 million for a variety of other programs in 2010, including grants to local governments, the state-operated Pioneer Homes for older Alaskans, and the Alaska Psychiatric Institute.*

Table 1. Health-Care Spending in Alaska, 2010
(Total Spending: \$7.5 Billion)

Individuals	\$1,529 million
Employee premiums	\$637
Out-of-pocket costs	\$544
Individual policies	\$348
Private Employers*	\$1,384 million
Insurance premiums	\$395
Self-insurance costs	\$836
Workers' compensation medical	\$153
Government Employers*	\$1,625 million
Federal	\$586
State	\$408
Local	\$631
Federal Health Programs	\$2,250 million
Medicare	\$733
Medicaid	\$871
IHS, VA, Community Health Centers, public health, K-12 health	\$646
State Health Programs	\$670 million
Medicaid	\$409
Local grants, API, Pioneer Homes, K-12 health, WAMI, Department of Corrections	\$261
Local Health Programs	\$45 million
Hospital and health program support	\$40
Other local	\$5

*Includes coverage for current and retired employees.

Source: Authors' estimates. See page 12 for a description of what's included in health-care costs.

• *Local health programs are much smaller, at around \$45 million in 2010, largely support for hospitals and health programs.*

And finally, keep in mind that even though governments and businesses pay most of the *direct* costs of health care, individual Alaskans and other Americans *indirectly* pay all the costs of health care—because they buy goods and services, own businesses, and pay taxes.

IS THERE ALSO SPENDING OUTSIDE ALASKA?

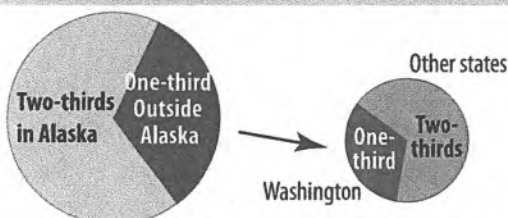
Our estimates are for health-care spending *in* Alaska. The health-care industry has been one of the state's fastest-growing sectors for decades, and it provides a broad range of care. But long-time Alaskans can remember when getting anything other than basic care required leaving Alaska. So some people wonder how much Alaskans spend for health care outside Alaska these days.

We know Alaskans still travel for some care—like very advanced cancer treatments available only in a few locations in the Lower 48. Also, some Alaskans go to other states—or even other countries—where medical prices are lower.

We don't have enough data to estimate overall health-care spending outside Alaska. In 2004, the federal Centers for Medicare and Medicaid Services estimated that the difference between spending *in* Alaska and spending for *Alaska residents* was roughly 2%.¹

And Premera-Alaska, which has about 57% of the Alaska health-insurance market,² recently analyzed claims paid under one of its large group plans. Premera estimates that in a recent two-year period, a third of payments under that group plan went to providers outside Alaska. And of that third, one-third was paid to providers in Washington state and two-thirds to providers in other states (Figure 2).

Figure 2. Estimated Shares of Premera-Alaska's Payments For Care, Inside and Outside Alaska



Source: Jeff Davis, Premera-Alaska, based on analysis of recent claims of one of its large groups.

We can't generalize to other payers—like the Veterans Administration or the Indian Health Service or even other private insurers—that might have quite different spending patterns. Still, the Premera estimate offers interesting evidence that for at least some segments of the market, significant spending outside Alaska continues.

LARGEST SINGLE COST: MEDICAID

2010 Federal/State Medicaid shares

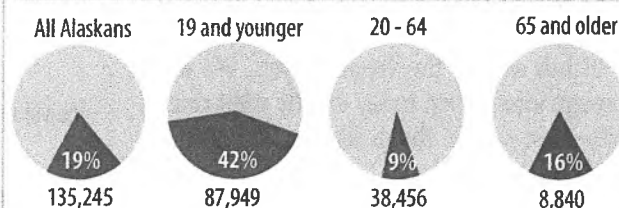
State 32% Federal 68% \$1.3 billion

The federal and state governments spent nearly \$1.3 billion for Medicaid in 2010, making it by far the largest single health-care expense in 2010. So just what is Medicaid, and how many Alaskans benefit from it?

Medicaid is a joint federal-state health insurance program, administered by the state. The cost split has varied somewhat over the years, but it's typically closer to 50-50 than it was in 2010, when the American Recovery and Reinvestment Act (now expired) boosted the federal share.

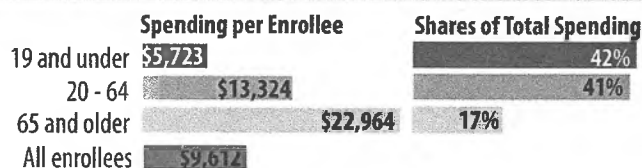
Medicaid is for low-income families; adults with certain disabilities; and increasingly, long-term care in nursing homes for people who have spent down all their own assets and home-based services for those who meet specific disability criteria.³

Figure 3. Share of Alaskans in Medicaid, 2010



Sources: Alaska Department of Health and Social Services; 2010 U.S. census

Figure 4. Alaska Medicaid Spending by Age of Enrollee, 2010



Source: Alaska Department of Health and Social Services, Medicaid Budget Group, January 2011

There's also an expansion of Medicaid, called Denali KidCare, which covers children and pregnant women from families with incomes somewhat too high to qualify them for traditional Medicaid. Spending for both standard Medicaid and Denali KidCare are included in the \$1.3 billion.

More than 135,000 of Alaska's 710,000 residents were enrolled in Medicaid and Denali KidCare in 2010—close to 20% of all Alaskans. Most of those—about 88,000—are children and teenagers. That means more than four in ten of all Alaskans 19 or younger are enrolled (Figure 3). About 38,500, or 9%, of working-age Alaskans are enrolled, as are nearly 9,000—or 16%—of Alaskans 65 or older.⁴

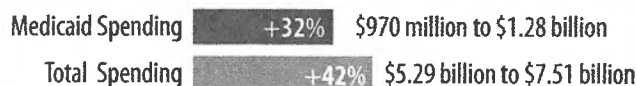
As Figure 4 shows, Medicaid spending is much different for younger and older enrollees. The average spending per child was under \$6,000 in 2010—but because they make up so much of the enrollment, 42% of total spending was for them.

By contrast, average spending per enrollee 65 or older was close to \$23,000. But because there aren't nearly as many older enrollees, they accounted for only 17% of total Medicaid spending. Some of those older Alaskans are in nursing homes, where care is expensive.

Enrollment in Alaska's Medicaid program increased about 23% over the past decade—but, as Figure 5 shows, Medicaid spending did not grow as fast as total health-care spending from 2005 to 2010. Medicaid spending was up about 32%, compared with 42% for total spending. The state held down cost increases in various ways in recent years—for example, by directing providers to prescribe generic rather than brand-name drugs whenever possible.

Still, spending for Medicaid and all other health-care expenses grew fast in recent years, and health-care spending is projected to continue growing fast in the coming years. In a later section we look at the factors contributing to that growth.

Figure 5. Increases in Medicaid and Total Health-Care Spending, 2005-2010



Sources: Alaska Department of Health and Social Services and authors' estimates

HOW HAVE PATTERNS OF SPENDING CHANGED?

Every category of health-care spending increased between 2005 and 2010, but the shares of spending shifted slightly among the various payers. We don't have enough information to say exactly what caused this shift—but several things likely contributed, as we describe below.

- *Individuals paid 20% of Alaska's health-care bills in 2010, up from 19% in 2005.* As costs of health-care benefits increased rapidly, employers shifted more of those costs to employees (see page 7). Also, prices for policies individuals buy directly increased significantly.

- *Private employers' share of spending increased from 17% to 18%.* That increase was in part because private industry added nearly four times more jobs than governments did since 2005—and at least some of that bigger base of employees had health-care coverage.

- *Government employers' share of spending was about the same, at 22%.*

- *Government health programs accounted for a somewhat smaller share of spending, down from about 41% to 39%.*

The federal and state governments have attempted to hold down growth in costs of health programs—but federal programs alone continue to make up nearly a third of all Alaska's health-care spending. Local government spending for health programs remains small, relative to that of the state and federal governments, and the increase in local spending was smaller as well.

WHAT DO HEALTH-CARE DOLLARS BUY?

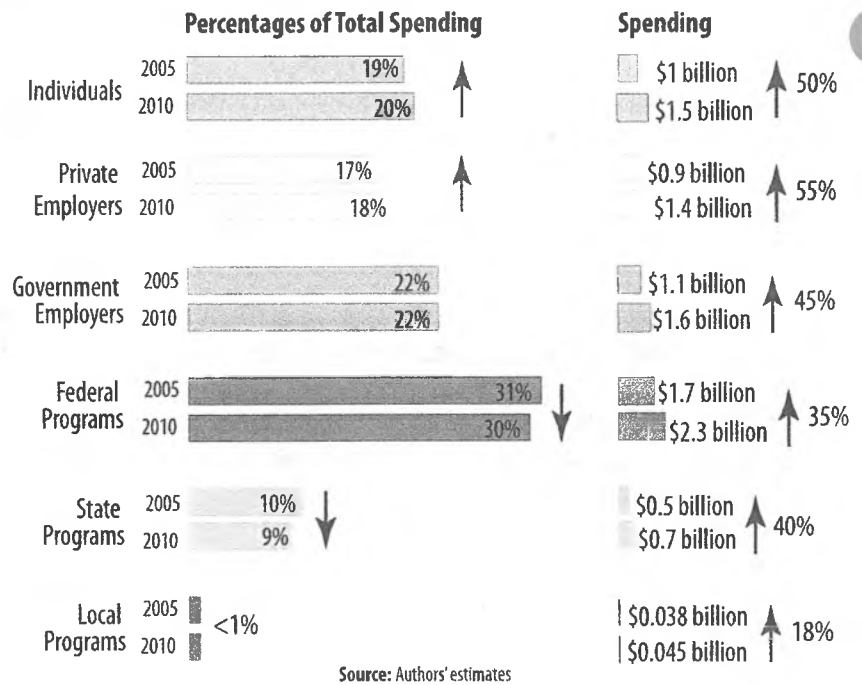
Alaska's \$7.5 billion health-care bill includes everything from visits to doctors and dentists to prescriptions and nursing-home care.⁵ Figure 7 summarizes what Alaska's health-care dollars bought in 2010.

- *Hospital care was the largest expense, followed closely by payments for doctors and related clinical services—together they accounted for about 60% of Alaska health-care spending in 2010.*

- *Administering private and public insurance plans cost one of every ten dollars spent for Alaska health care in 2010.* That's more than spending for prescriptions and medical equipment, and nearly twice the spending for dentists.

- *Spending for nursing homes and home health care made up only about 3% of total spending, even though spending for home health care has increased rapidly in the past decade.* Much of this care is paid for under Medicaid.

Figure 6. Changes in Who Pays for Alaska Health-Care, 2005-2010

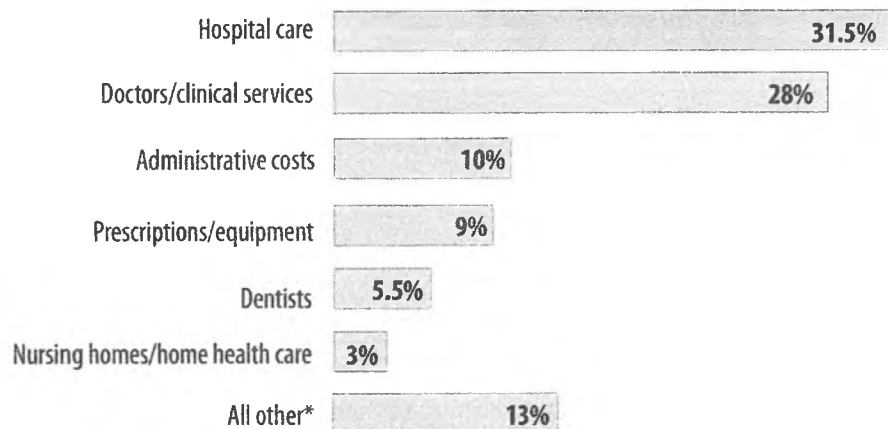


How About Health-Care Jobs?

This summary looks at health care from the perspective of spending for care—but it's important to remember that the spending also supports jobs for Alaskans. As the Alaska Department of Labor and Workforce Development reports in its August 2011 *Alaska Economic Trends*:

- Health-care spending directly supports 31,800 jobs in Alaska. That's one in ten of all wage and salary jobs—in hospitals, offices of doctors and other providers, nursing homes, and many other places.
- Many additional jobs related to health care—in government agencies, and among the self-employed—aren't included in that total.
- Alaska employment in health care has been increasing at an annual rate of 4.3% for the past decade.

Figure 7. What Do Alaska's Health-Care Dollars Buy?
(2010 Spending: \$7.5 Billion)



*Other personal and professional care and public health activities.

Source: Mark A. Foster and Associates estimates, based on Centers for Medicare and Medicaid Services, National Health Expenditure accounts

WHAT'S BEEN DRIVING GROWTH IN HEALTH-CARE SPENDING?

Health-care costs in Alaska are higher than U.S. averages partly because of small markets and other conditions specific to Alaska (see page 8). But the factors that have been driving *growth* in spending are common to Alaska and the rest of the country. Some of these are general factors—that is, factors that add to spending not only for health care but for everything. Others are specific to health-care spending.

General Growth Factors

Some factors have contributed to growth in spending for all sorts of things, including health care:

- *More people and more older people.* Alaska's population was up 13% in the past decade, and it's projected to increase nearly 10% in the next (Figure 8). And the percentage of Alaskans 65 and older is rising—up from 6% to 8% since 2000 and projected to reach 12% by 2020 (Figure 9). Older people have more health problems and so higher medical costs.
- *General inflation.* The Anchorage consumer price index recorded an increase of nearly 14% from 2005 to 2010 (Figure 10).
- *Growing incomes.* As the economy grew, Alaskans and other Americans spent more not only for health care but for most goods and services.

Factors Specific to Health-Care

Other factors that have been driving up spending are specific to health care:

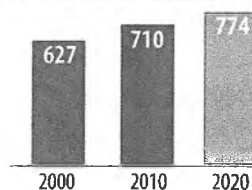
- *Faster inflation in health-care costs.* The health-care industry has been growing fast, in Alaska and nationwide, putting upward pressure on prices of many things that make up overall health-care costs. That partly explains why costs of medical care as reported in the Consumer Price Index (CPI) have been rising faster than general inflation (Figure 10). But the CPI also reflects some of the costs of new health-care technologies. It's impossible to sort out how much each factor contributes to growth in the CPI for medical-care—but it's important to recognize that the CPI is measuring not only changes in prices but changes in what is being priced.
- *New technologies and drugs.* Health care is not a fixed commodity but rather is continually changing as new technologies and drugs are developed. Some of these certainly make care more effective, while others may not—but adopting them adds to the price of health care.⁶
- *More use of medical services.* Alaskans and other Americans are making more visits and having more procedures, partly because they have new options but also because more are older. The changing prevalence of disease—some illnesses are more common and some less so—may also be increasing use of services. And a broad increase in insurance coverage in the past several decades may also have added to use.

WHAT'S AHEAD?

Looking forward, Alaska's health-care spending could double in the next decade. Why? As Figure 11 shows:

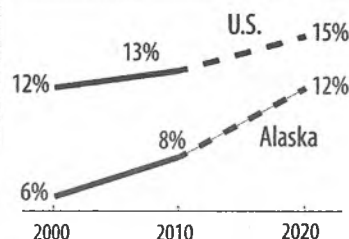
- *General factors will likely account for about 61% of growth between 2010 and 2020—with general price inflation accounting for 35% and a growing and aging population 26%.*

Figure 8. Historical and Projected Alaska Population (In Thousands)



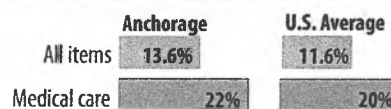
Sources: U.S. Bureau of the Census; Alaska Department of Labor and Workforce Development

Figure 9. Percentage of Population 65 or Older



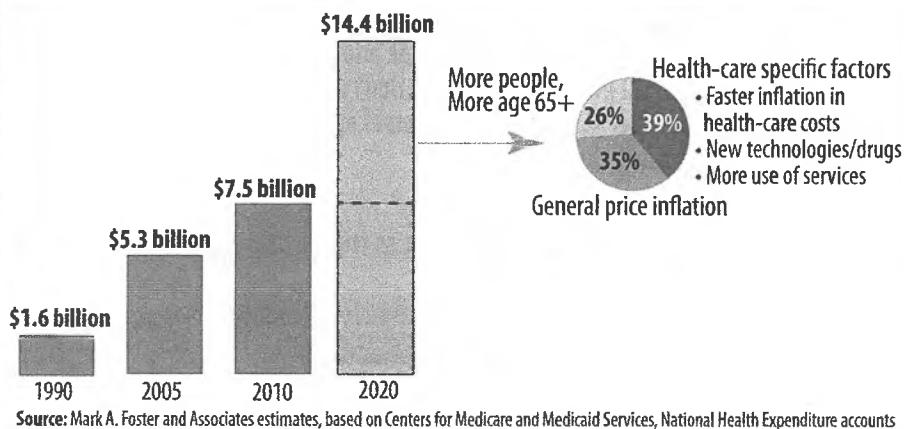
Sources: U.S. Census Bureau, 2010 population projections; Alaska Department of Labor, 2010 population projections

Figure 10. Increase in Consumer Price Index, Anchorage and U.S. Average, 2005 to 2010



Source: U.S. Bureau of Labor Statistics, Consumer Price Index for All Urban Consumers

Figure 11. Alaska Health-Care Spending Could Double by 2020, At Current Trends: What's Driving Growth?



- *The remaining 39% of projected growth can be traced to health-care specific factors. But sorting out how much of that 39% can be traced to any specific factor—like more use of services—is impossible.*

WHAT HEALTH COVERAGE DO ALASKANS HAVE?

Here we look at how individual Alaskans cover health-care costs. Many Alaskans have more than one type of coverage. The figures here are from two sources, which ask slightly different questions and use different definitions.

Figure 12 shows coverage for children for the period 2006 to 2008. It's from the American Academy of Pediatrics, based on the Current Population Survey (CPS), but with an important adjustment for Alaska.

Alaska Native children are eligible for care through the Indian Health Service, at IHS-supported clinics and hospitals; many also have coverage through Medicaid or private insurance. For some reason we don't understand, the CPS classifies children with *only* IHS coverage as "uninsured."

But the Academy of Pediatrics takes these IHS-only children out of the uninsured category, because they in fact have medical coverage. Classifying them as "uninsured" substantially increases the share of Alaska children shown as having no coverage. So keep in mind that the unadjusted CPS figures—which are often cited and used for comparisons across states—show a larger share of Alaska children as uninsured.⁷

Figure 12 shows 9% of Alaska children were uninsured in recent years. Based on 2010 census figures, that would be roughly 17,000 children. Children are less likely than adults to be uninsured. Denali KidCare—the Medicaid expansion for children and pregnant women—provides coverage for many children. The estimated share of uninsured children is smaller in Alaska than nationwide—9% versus 11%—in part because of IHS coverage.

Figures 13 and 14 show coverage for adult Alaskans, reported in a joint federal-state survey. That survey asks respondents to name only the coverage that pays *most* of their bills—but again, many Alaskans have more than one type of coverage.

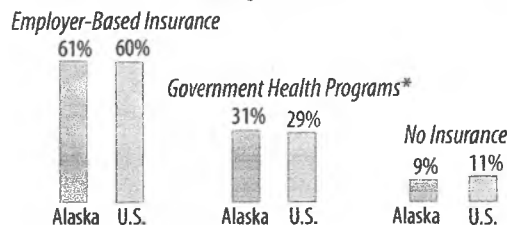
• Nearly one in five adults reported being uninsured in 2008—based on 2010 census figures, that would be about 85,000 adults. Lack of insurance is most common among young adults, especially men.

• Alaska's large number of military personnel and veterans is reflected in the 11% of adults—mostly men—who report having coverage through either the military or the Veterans Administration.

• About 9% of adults rely on Medicare. But in Anchorage and other large Alaska communities, most primary-care doctors don't accept new Medicare patients.⁸ So older Alaskans who have other options are using them—as the figure below shows.

• Only 3% of adults in Alaska report relying on Medicaid, while state figures show a substantially larger percentage (page 3). That discrepancy could be due to several things. Many Medicaid enrollees self-report themselves as uninsured. Also, some of those eligible for care through the Indian Health Service but also enrolled in Medicaid may have cited IHS as their principal source of coverage.

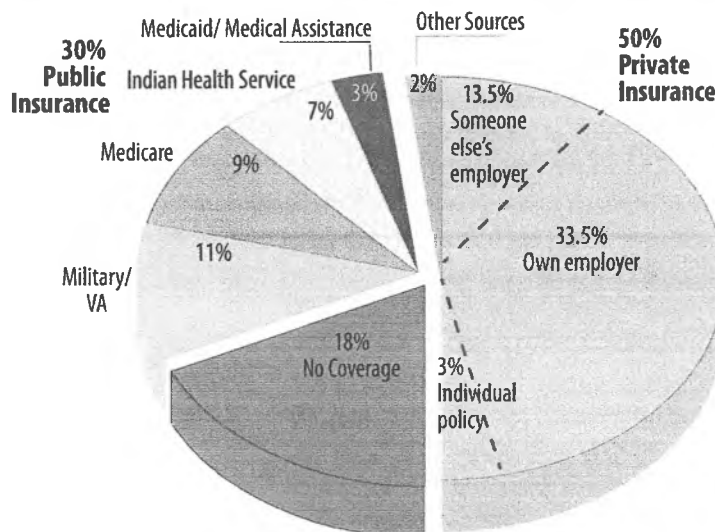
Figure 12. Health-Care Coverage for Children (18 and Under), Alaska and U.S.
(Average 2006-2008)



*Includes children enrolled in Medicaid and children eligible for care through the Indian Health Service and not covered by private insurance or Medicaid.

Source: American Academy of Pediatrics, based on Current Population Survey

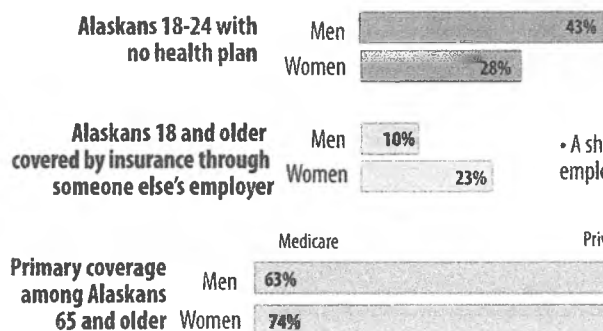
Figure 13. Health-Care Coverage by Type Among Alaskans 18 and Older, 2008*



*Type of coverage that pays most medical bills. Some Alaskans have more than one type of coverage; the survey asks respondents to list only the coverage that pays most of the bills.

Source: Behavioral Risk Factor Surveillance System survey, 2008

Figure 14. Differences in Coverage among Adult Alaskans, by Age and Sex



• Young adults—but especially young men—are much more likely than older adults to be uninsured.

• A share of both men and women rely on insurance provided by someone else's employer—generally their spouse's—but it's twice as common among women.

• Many older Alaskans have private insurance, if they're still working, or IHS or VA/Military coverage if they qualify.

Source: Behavioral Risk Factor Surveillance System survey, 2008

Finally, uninsured Alaskans do have access to some care. Government-funded community health centers provide care and charge according to income, and federal law requires hospital emergency rooms to see all patients who come in. Also, annual insurance status is measured at a specific time; some people gain or lose coverage during the year.

HOW MANY ALASKA BUSINESSES OFFER HEALTH-INSURANCE?

About 50% of adults in Alaska report using private insurance as their primary coverage (Figure 13). Here we report how many Alaska businesses offer insurance and how much it costs, based on a federal survey.

Figures 15 and 16 show that in the face of fast-rising premiums in recent years, businesses in Alaska and nationwide have been shifting more of the costs of insurance to their employees—and many small businesses have been dropping coverage altogether.

Premiums remain higher in Alaska, especially for single-person coverage. On the other hand, Alaska employees still pay a smaller share of premiums than the average U.S. employee.

But keep in mind that premiums are only part of employee health-care costs. Employees pay not only their share of premiums, but also deductibles and co-pays. It's likely that many employers have also raised deductibles—the amount employees have to pay before insurance kicks in—as costs increased. Deductibles can be thousands of dollars.

Patterns of increase in premiums were not consistent between Alaska and the U.S. as a whole in recent years—and in Alaska, premiums for single-person coverage increased much faster than premiums for family coverage. We don't have enough data to explain what caused those differences.

Also, comparisons over time are complicated by changes in who's paying and what's being covered. So while the figures here are useful for showing patterns, remember that many things can affect premiums.

- *Almost all large businesses in Alaska offer employee health insurance—but that share dropped from 95% in 2003 to 93% by 2010. Nationwide, the share of large businesses offering insurance actually blipped up, from 95% to 96%.*

- *Relatively few small Alaska businesses offered employee insurance in 2003, and that share got even smaller by 2010,*

dropping from 35% to 30%. The share of small businesses nationwide offering insurance also dropped, but at 39% it's still higher than in Alaska.

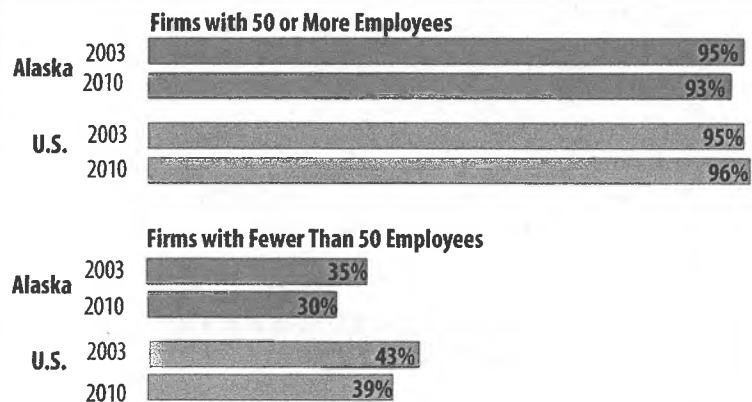
- *Premiums for single-person coverage in Alaska went up more than 50% from 2003 to 2010, compared with a 40% increase around the country. Premiums were already higher in Alaska in 2003, and the gap widened in recent years. Single-person premiums in Alaska were 15% higher than the U.S. average in 2003, but 23% higher by 2010.*

- *Family coverage in Alaska cost 35% more in 2010 than in 2003. But around the U.S., premiums for family coverage jumped 50%. And because of that faster growth nationwide, by 2010 premiums for family coverage in Alaska were only about 3% higher than the U.S. average.*

- *Private employees in Alaska paid about 14% of premium costs for single coverage in 2010, up from 11% in 2003. In the U.S. as a whole, the employee share for single coverage went from 17% to 21%.*

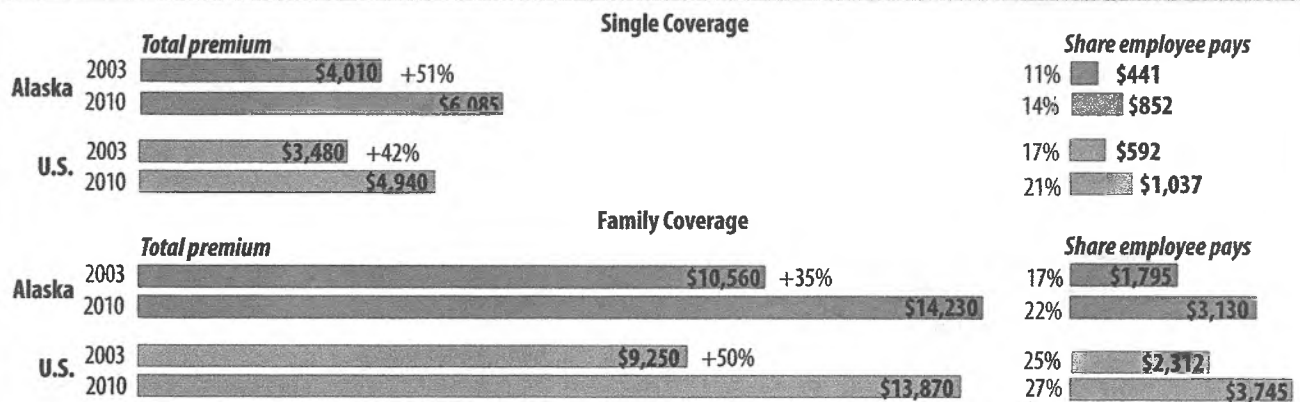
- *The employee share for family coverage in Alaska was 22% in 2010, up from 17% in 2003. Around the country, the employee share for family coverage was 27% in 2010, up from 25%. Still, even though Alaskans saw a bigger percentage increase, their payments for family coverage in 2010 remained below the U.S. average—\$3,130, compared with \$3,745.*

Figure 15. Percentage of Private Firms Offering Health Insurance, Alaska and U.S. Average, 2003 and 2010



Source: Medical Expenditure Panel Survey, 2003, 2010

Figure 16. Health Insurance Premiums at Private Firms, U.S. and Alaska, 2003 and 2010



Note: Figures are not adjusted for possible differences in coverage provided.

Source: Medical Expenditure Panel Survey, 2003, 2010

How Is Alaska Different?

Health-care spending of \$7.5 billion is a lot for a population of around 710,000. We can't entirely explain why that health-care bill is so high, but we know that special characteristics of Alaska contribute.

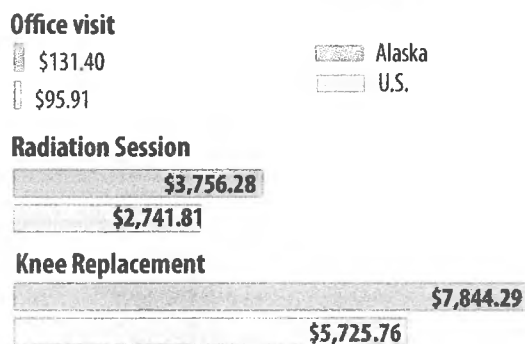
- Costs of most things remain higher than the U.S. average, because of Alaska's distance from the Lower 48, its many small, remote communities, and other factors. Improved transportation and growing urban markets have sharply reduced but not eliminated that historical difference in living costs.
- Alaskans have higher incomes than the U.S. average, and more work for government. People with more income tend to spend more for health care. Also, about one-quarter of Alaska jobs are in federal, state, or local government. Government jobs usually have good health insurance.
- Alaska's health-care system also faces conditions that tend to keep prices for care higher, relative to other U.S. places. Those include:

Alaska has to compete for doctors and other health-care professionals—and Alaska continues to be at a competitive disadvantage with other states. It's isolated; it has long, harsh winters; and many of its communities aren't even on the road system. To attract health-care workers, Alaska often has to offer them the opportunity to earn more or have other benefits.

Small, isolated Alaska hospitals tend to have higher staffing levels per patient than facilities in other states. Alaska hospitals outside urban areas are small and more isolated than small hospitals in other states. The number of patients in small Alaska hospitals can move up and down quickly—but they need to maintain enough capacity to meet times of high demand.

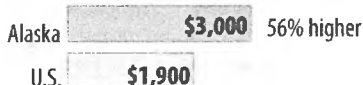
Small markets. Roughly half of all Alaskans live in Anchorage and nearby areas, but Alaska has hundreds of small communities—and the small markets in those places mean providers can't take advantage of economies of scale and have limited competition.

Figure 17. Private Insurance Payments to Doctors, Alaska and U.S., 2011



Source: Ingenix, 2011 National Fee Analyzer

Figure 18. Hospital Costs per Inpatient Day, 2009



Sources: Ingenix Almanac of Hospital Financial Operating Indicators; Medicare Cost Reports, Median Values

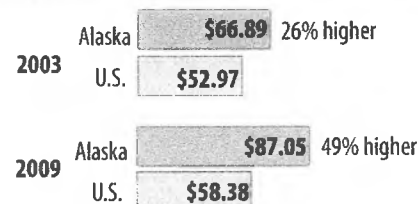
Those factors don't entirely explain Alaska's high health-care spending, but they help put it in context. Figures 17-19 show examples of price differences for medical care in Alaska and the U.S. as a whole.

• Doctor's fees are in the range of 35% higher for common procedures in Alaska, as Figure 17 shows. For example, private insurance might pay on average \$3,700 for a radiation session in Alaska, compared with about \$2,700 nationwide.

• Average hospital costs per day are 56% higher in Alaska (Figure 18).

• Prescriptions on average cost 50% more in Alaska in 2009, up from 26% in 2003 (Figure 19). At least part of that growing difference in price may be that generic drugs—which cost considerably less than brand-names—are not used as much in Alaska. There is also some evidence that Alaska's medical practitioners tend to quickly adopt new drugs, which are typically expensive.

Figure 19. Average Price of Prescriptions, Alaska and U.S., 2003 and 2009



Source: Kaiser Family Foundation, State Health Facts, Special Report

GAP IN MEDICARE AND PRIVATE INSURANCE PAYMENTS

Another health-care issue that's gotten a lot of attention in the past few years—especially in Alaska but also in the country as a whole—is the shortfall between what Medicare pays doctors and what private insurance pays them. Figure 20 provides examples of procedures, with Medicare paying only 30% to 77% of what private insurance pays.

And Medicare payments to doctors are scheduled to be reduced, as the federal government tries to hold down spending for the huge Medicare program.⁹

It's far outside the scope of this paper to discuss the possible future path for Medicare. Here we just want to note that if Medicare pays providers less than their actual costs, providers will attempt to recoup some of those costs by charging higher prices for those with private insurance. But we don't have data on providers' actual costs.

Figure 20. Alaska Doctor's Fees, Private Insurance and Medicare, 2011



Source: Ingenix, 2011 National Fee Analyzer

How Is Spending Distributed?

Health-care needs differ across Alaskans and other Americans: some of us are born with genetic predispositions to certain illnesses; some of us take better care of ourselves; some of us are older and have costly, chronic ailments; some of us are just lucky.

We don't have figures specifically for Alaskans, but patterns of spending for Alaskans are not likely to be much different from those for all Americans. Here we look at average spending in the U.S. by type of ailment; by shares of the population; and by age.

Keep in mind that we're looking at how much the health-care system as a whole spends for certain groups—not how much individual Americans spend directly.

- *Patients with major acute ailments—like heart attacks or strokes—make up only about 8% of all patients treated across the U.S. but account for more than 22% of the cost. Similarly, patients with major chronic ailments—like heart disease or diabetes—make up only about 5% of patients in the U.S. but account for 34% of costs (Figure 21).*

- *By contrast, those with minor acute ailments make up 28% of all patients but are responsible for only 8% of the costs. Those with minor chronic ailments—which don't require as intense care—make up 41% of patients but account for just 35% of costs.*

- *Just 10% of Americans are responsible for 65% of all health-care spending in a typical year—and the 1% of most expensive patients alone account for 20% of all spending (Figure 22).*

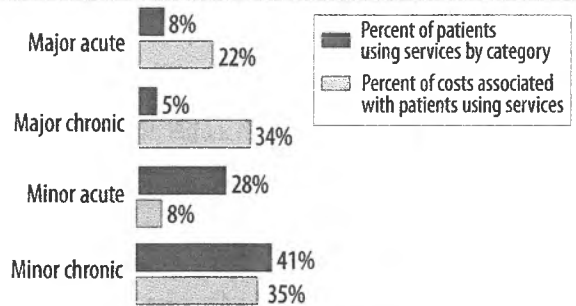
- *At the other extreme, half the population is responsible for only 3% of health-care expenses—and 15% of Americans have no expenditures at all.*

- *Americans with the highest expenses are disproportionately older, women, and White. The uninsured make up only a tiny share (2%) of the patients with the highest medical bills—but those costs are covered either by government support or through higher prices for those with insurance.*

- *Americans with very small health-care costs are mostly young and one-quarter are uninsured—and many are Black or Hispanic men.*

- *Health-care spending routinely increases with age—although among infants it's driven up by the high costs of care for premature babies. Spending is at its lowest among children, increases somewhat through the 20s and 30s, and then begins a steep climb so that spending among those 85 years old averages nearly 10 times as much as among children (Figure 23).*

Figure 21. Use and Costs Among Patients with Acute and Chronic Ailments in U.S.

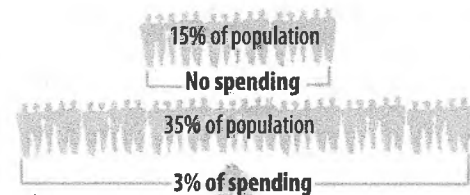


Source: Adapted from Harold S. Luft, *Total Care*, Harvard University Press, 2008

Figure 22. Distribution of Health-Care Spending per Person, U.S., 2008

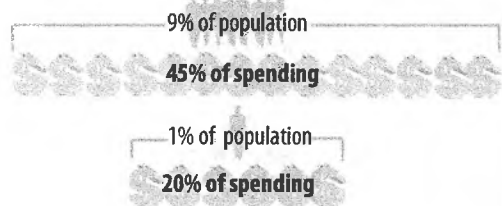
50% of Americans: 3% of spending

- Nearly two-thirds under 30
- About one-quarter uninsured
- Almost all report good health
- Disproportionately men
- Disproportionately Black and Hispanic



10% of Americans: 65% of spending

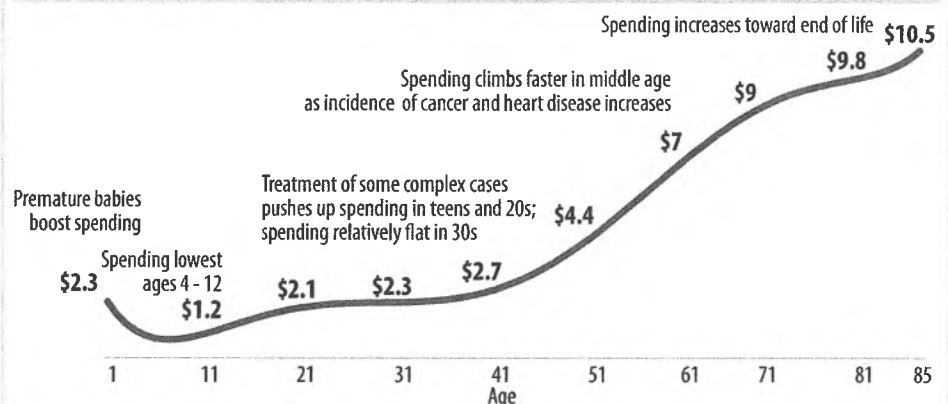
- Nearly half 65 or older
- Less than 2% uninsured
- About half report good health
- Disproportionately women
- Disproportionately White



Note: health-care spending here is defined as payments to hospitals, doctors, dentists, other health-care providers, and pharmacies by individuals or by private or government health insurance.

Source: MEPS Statistical Brief 309, *The Concentration and Persistence in the Level of Health Expenditures Over Time*, Agency for Healthcare Research and Quality, December 2010

Figure 23. Average Health Care Expenditures Among Americans, by Age, 2008
(In Thousands of Dollars)



Source: Medical Expenditure Panel Survey, 2008

ARE ALASKANS HEALTHIER?

On a number of broad measures, Alaskans are healthier now than they were 20 years ago—and in some cases healthier than other Americans, as Figure 24 shows.

- *Deaths on the job are less than half as common in Alaska now as in 1990, dropping from 22 per 100,000 to about 9 per 100,000—reflecting improved safety measures in many occupations, as well as the fact that a bigger share of Alaskans now work in generally safer jobs, like in retail stores. But many Alaskans still work in dangerous jobs—commercial fishing, for instance—so Alaska's rate of occupational fatalities remains twice that of the U.S. as a whole.*

- *The rate of infectious disease in Alaska is now a small fraction of what it was in 1990—down from 92 per 100,000 to under 13. Several things probably account for that, including higher rates of immunization. But a lot of credit also goes to federal and state programs that are building safe water and sewer systems in remote rural communities. The Alaska Department of Environmental Conservation reports that as recently as 1994, less than 40% of rural Alaska households had adequate sanitation systems. By 2005, nearly 80% had running water and flush toilets.¹⁰*

And it's worth noting that the hundreds of millions of dollars the federal and state governments have spent for these sanitation systems is *not* defined as health-care spending—and so it's not included in our estimates.

- *Infant mortality has dropped sharply in both Alaska and the U.S. since 1990, down from more than 10 infant deaths per 1,000 births to under 7. Experts say that infant survival is tied not only to the health of the mother but also to social and economic conditions in the communities where they're born, public health practices, and the availability of health care.¹¹*

- *Rates of death from heart disease and cancer—but especially heart disease—are down from 1990s levels in both Alaska and the country as a whole. Treatments for those conditions have improved, and fewer Americans are smoking—which is a big risk factor for heart disease and cancer. Death rates for both heart disease and cancer are lower in Alaska than nationwide, even when adjusted for Alaska's younger population.*

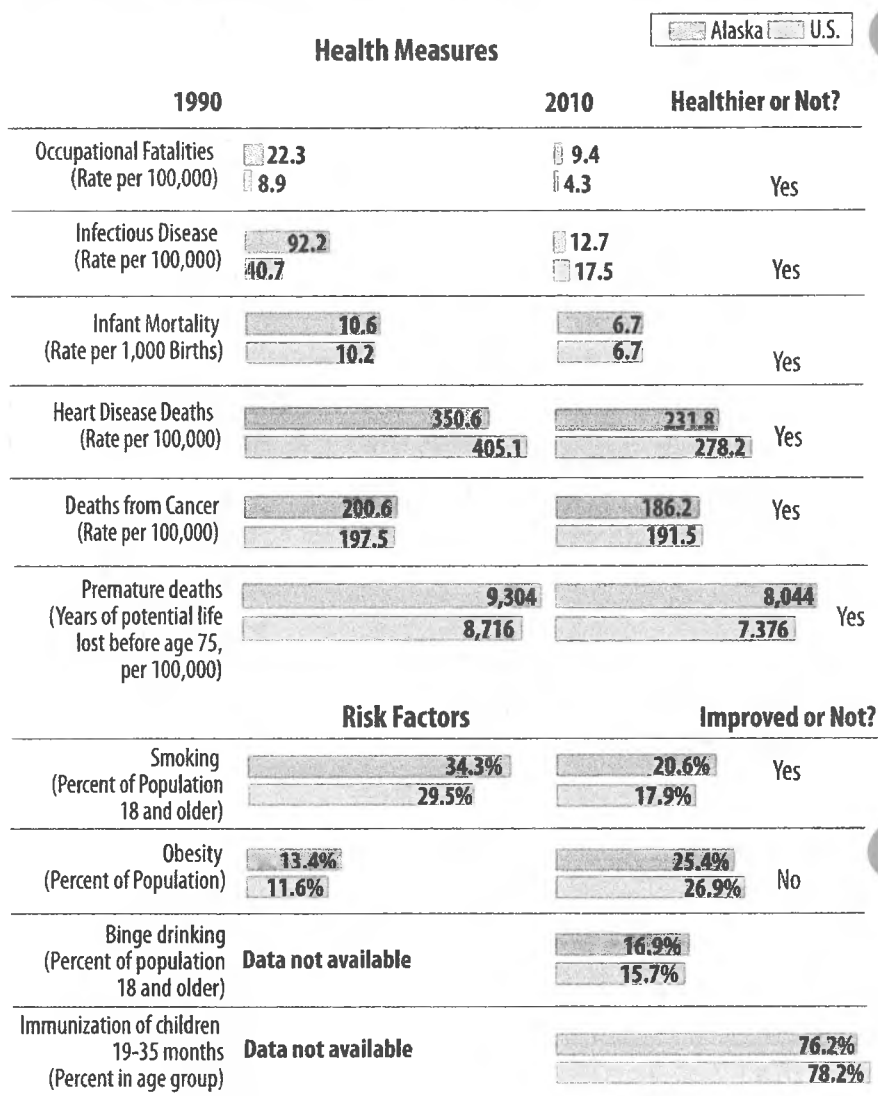
- *Alaskans are less likely to die prematurely now than they were in 1990, but still more likely than other Americans to lose years off their lives—partly due to higher rates of occupational and other injury deaths.*

- *The percentage of adult Alaskans who smoke has dropped from 34% in 1990 to about 21%—but that remains above the national average, and means that one in five of all adult Alaskans still smokes.*

- *Obesity is almost twice as common in Alaska now as in 1990. Analysts link obesity to higher rates of diabetes, heart disease, and other illnesses.*

- *Nearly 17% of adults in Alaska report binge drinking—somewhat higher than the 16% among all Americans.*

Figure 24. Changes in Health Measures and Risk Factors, 1990-2010



Source: United Health Foundation, *America's Health Ranking 2010*. Data are age-adjusted.

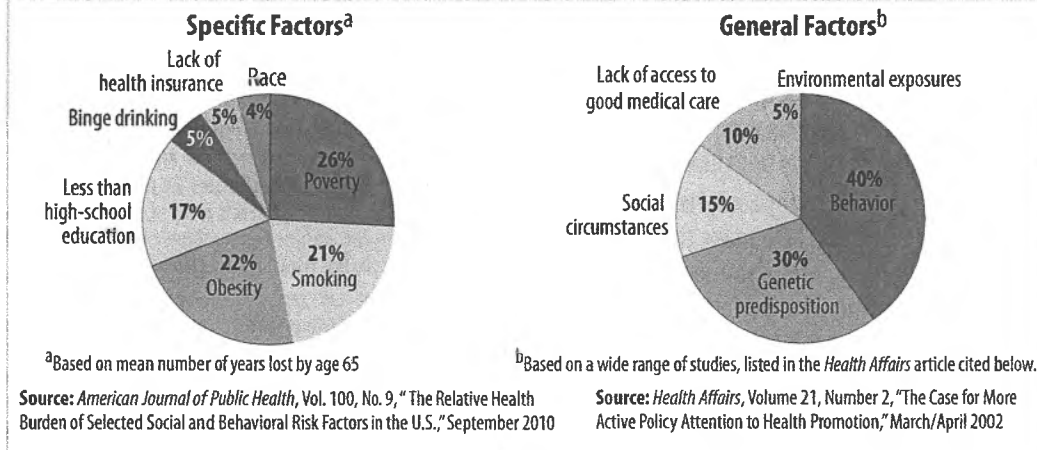
- *About one-quarter of Alaska children don't have all the recommended immunizations before age three. The U.S. rate is only slightly better.*

It's beyond the scope of this study to provide a detailed comparison of the quality of health care in Alaska with that in the rest of the U.S. or other countries. Measuring the quality of health care has many dimensions, and comparisons are influenced by many factors.

Still, even though comparisons across countries are fraught with complexity, it's worth pointing out that data collected by the World Health Organization currently rank the U.S. number 31 in "healthy life expectancy"—the number of years that a person can expect to live in "good" health. With an expectancy of 70 years, the U.S. is 6 years behind the perennial leader, Japan, where healthy life expectancy is 76 years.

Some of the difference is due to a higher U.S. infant mortality rate compared with that of other developed countries—but the higher mortality rate among Americans persists throughout the adult years. Some of the difference can also be traced to the high homicide rate in the U.S.—double that of most European countries.

Figure 25. What Contributes to Early Deaths of Americans?



WHAT CONTRIBUTES TO LONGEVITY?

Analysts are continuing to explore how important various factors are in making Americans live longer, healthier lives. They have looked at the issue in different ways, with different emphases. Figure 25 shows results from two assessments of what subtracts years from our lives. One assigns weight to specific factors—like smoking or lack of education—and the second generalizes to broader categories, like behavior and social circumstances.

The two ways of looking at the question aren't parallel, but they also aren't mutually exclusive. For instance, obesity—cited in the left-hand pie as one of the big contributors to early death—can be influenced by several factors in the right-hand pie: behavior (what people eat, as well as how much they eat); genetic predisposition; and social circumstances—for example, people without much money may eat more starchy, high-sugar foods that are cheaper but healthier.

What both sets of analysts do agree on is that lack of health insurance, or lack of access to good medical care, play relatively small roles in the overall longevity of Americans. That's not to say medical care isn't important: it saves thousands of lives daily.

But in the big picture, there are also many other individual, community, and social factors that affect health.

WHAT ABOUT HEALTH-CARE REFORM?

An obvious question, as we close this discussion of Alaska's current health-care spending and likely future growth, is how the 2010 federal health-care reform law might affect spending and coverage in Alaska.

We're not going to discuss that very complex question in this paper. The health-care reform law—formally, the Patient Protection and Affordable Care Act—runs to hundreds of pages and calls for substantial changes in health insurance and health-care sectors over the next decade. There is still uncertainty about how all the provisions will play out, or how they might be affected by any future changes in the law.

One of the authors of this paper has taken a preliminary look, in a separate paper, at the broad possible economic effects of the law in Alaska over the next decade. That paper finds that by 2019 overall health-care spending in Alaska is likely to be somewhat higher than it would otherwise have been—perhaps in the range of 3% to 4% higher—mostly because the new law will expand health-care coverage.¹²

GETTING GOOD VALUE FOR HEALTH-CARE SPENDING

Analysts generally agree that the hundreds of billions of dollars Americans spend for health care are not giving us as much value as we should expect. Among the problems commonly cited are unnecessary care, fraud, system inefficiencies, failure to coordinate care, and care that could have been avoided, through preventive measures.¹³ Spending per capita on health care is higher in the U.S. than in other developed countries, and yet by some measures the quality of care is lower.

Some researchers even believe we may be at a point where increased health-care spending is not translating into significant reductions in rates of illness and death. And clearly, fast growth in the nation's health-care bill limits our ability to pay for other important needs.

A growing, aging population and general inflation will continue to drive up the health-care bill in Alaska and across the country, as they have in the past. Rising incomes among Americans, and adoption of new technologies, will also add to future spending.

No one is suggesting that the U.S. try to curb health-care spending by reducing the development and implementation of new technologies that might provide real advances in health care. But we do need to think about how to rein in the growth in spending and get the best value from our health-care dollars.

What can we do? Many people inside and outside the health-care system agree on some general guidelines for change.

- *Consumer activism and improved transparency.* Patients should become more careful consumers of health care, and doctors and other providers should provide better information on alternate treatments and their comparative effectiveness.
- *System improvements and care coordination.* Hospitals, doctors, and other health-care providers should promote integrated delivery systems that put the patient at the center of the process. Building shared electronic medical record systems will be an important part of that.
- *Medical homes and culture of health.* Providers and patients should think of themselves as in a partnership, with the patients and the caregivers each taking an active part. Patients should take more responsibility for managing their own health—by paying attention to their own behavior, taking steps to try to prevent disease, and getting appropriate care for chronic diseases.

• *Patient safety and quality improvement.* The health-care industry should support initiatives to improve the quality of care and encourage a culture that continually strives to improve care.

• *Simplify reimbursement and reduce opportunities for fraud.* Providers, administrators, and patients should join together to help find ways of making the billing process easier and eliminating fraud, as well as recognizing those who demonstrate integrity in both billing and paying.

With those general guidelines in mind, many analysts suggest there are two areas of systemic reform that could help make the health-care system more efficient and cost-effective, and also moderate the rate of growth in future health-care spending. Those reforms are: changing how we pay for care, and changing how care is provided.

The current payment system is dominated by “fee-for service,” which means payments to health-care providers are directly related to the volume of services they provide. So there’s little incentive to reduce unnecessary care. By contrast, under a “bundled payment” approach, multiple providers are paid a single sum for all the services related to one episode of care—for example, a hospitalization plus a period of post-acute care. Some providers are adopting that payment system.

The current system for providing health care doesn’t have mechanisms to screen treatments for either their medical effectiveness or their cost effectiveness. Many people agree that a reasonable step would be closer analysis of what treatments and technologies are worth the cost.

The challenge, of course, is that while many people believe the health-care system needs to be reformed, they disagree about how to make the changes. Also, the hurdles in reforming a system with very powerful vested interests will be formidable. But the savings from making the kinds of changes we just discussed could be in the range of 3% to 10% over 10 years.¹⁴

Given this national context, what about Alaska? Alaska’s health-care system will always face challenges created by its special circumstances—remoteness and small, widely disbursed population—that will add to the cost of health care here, compared with other states.

Reducing that cost differential will require special programs—for example, investing in a “home-grown” supply of health-care workers. But Alaska has also already put into effect a number of initiatives to improve the value we get for our health-care spending.

One example is the Southcentral Foundation (serving Alaska Natives) which operates a patient-centered primary care system—NUKA—that the foundation reports has reduced per patient costs.¹⁵ Another example is the recent training of dental technologist to do certain kinds of dental work in rural areas, to reduce the need to either fly dentists into remote villages or fly dental patients out. The state government also reduced the rate of growth in Medicaid spending in recent years, and the legislature recently expanded the state’s authority to review increases in health-insurance rates.

Alaska’s total health-care bill will continue to go up in the coming years, given that much of the bill is driven by population and general inflation. But potential systemic reforms—along with more initiatives like those we’ve just discussed—can make inroads in that growth, and give Alaskans more confidence that we’re getting better value for our health-care dollars.

ENDNOTES

1. Centers for Medicare and Medicaid Services, *Health-Care Expenditures by State of Provider; Health Expenditures by State of Residence*, 2004.
2. Reported by Alaska Division of Insurance, FY 2010 Annual Report, Statistical and Financial Data, Accident and Health Market Share, Total Market, Direct Percent of Market, page 78.
3. See Family Medicaid Eligibility Manual, Alaska Department of Health and Social Services, Division of Public Assistance: <http://dpaweb.hss.state.ak.us/manuals/fam-med/fmem.htm>.
4. Here we use enrollment estimates of the Alaska Department of Health and Social Services, Medicaid Budget Group. Those estimates are not directly comparable to figures commonly found on the Kaiser State Health Facts website, which are from the Centers for Medicare and Medicaid Services and are based on enrollment counts for federal fiscal years. Reconciling the differences, typically less than 10%, was beyond the scope of this analysis.
5. We define health-care costs based on what’s included in the National Health Expenditure accounts of the Centers for Medicare and Medicaid Services. These accounts include: hospital care; physician and clinical services; other professional services; dental services; other personal health care; home health care; nursing care facilities and continuing care retirement facilities; prescription drugs; durable medical equipment; non-durable medical products; government administration and net cost of private health insurance; government public health activity; and research structures and equipment.
6. Analysts often disagree about the effectiveness of new treatments. See, for example A. Rosen, et al., “The Value of Heart-Disease Care for the Elderly,” *Health Affairs*, Vol. 26, No. 1, 2007; and M. Rothberg et al., “Little Evidence of Correlation Between Growth in Health-Care Spending and Reduced Mortality,” *Health Affairs*, Vol. 29, No. 8, August 2010.
7. The CPS also shows a smaller share of Alaska children—around 30%—relying on Medicaid in the 2006-2008 period than 2010 state figures show—about 40%. This may be because the figures are from different periods, or because the CPS is an underestimate.
8. Mark A. Foster and Rosylind Frazier, “How Hard Is It for Medicare Patients to Find Family Doctors,” *Understanding Alaska Research Summary No. 14*, Institute of Social and Economic Research, University of Alaska Anchorage, March 2009.
9. Mark A. Foster and Associates, Medicare section, *Estimated Economic Effects of the Patient Protection and Affordable Care Act, As Amended, in Alaska*. May 2011. Also, the recent Congressional agreement to raise the U.S. debt limit includes requirements for future budget cuts that could also affect Medicare reimbursement levels.
10. Alaska Department of Environmental Conservation, Village Safe Water program. See www.dec.state.ak.us/water/vsw/index.htm
11. B. Hamilton, J. Martin, S. Ventura, “Births: Preliminary Data for 2007,” National Vital Statistics Reports, Volume 57, National Center for Health Statistics, 2009.
12. See note 9.
13. See, for example, B. Kelley and R. Fabius, *A Path To Eliminating \$3.6 Trillion in Wasteful Health-Care Spending*, White Paper, Thomson Reuters, June 2010, at factsforhealthcare.com.
14. See, for example, Hussey, et al., “Controlling U.S. Health-Care Spending—Separating Promising from Unpromising Approaches,” *New England Journal of Medicine* 2009, 361: 2109-2111, November 26, 2009; and B. Kelley and R. Fabius, cited in note 13.
15. See <http://southcentralfoundation.com/files/nuka.pdf>

ABOUT ISER

The Institute of Social and Economic Research at UAA is Alaska’s oldest and largest public policy research organization—celebrating its 50th anniversary in 2011. It’s in Anchorage at 907-786-7710. For more information go to:

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Mark A. Foster is a consultant to ISER, with many years of experience in analyzing health-care issues in Alaska.

Appendix B

Hospital & Physician Payment Studies by Milliman, Inc.

Studies Conducted under Contract for the Commission during 2011

- 1. Physician Payment Rates in Alaska and Comparison States,
November 29, 2011**
- 2. Facility Payment Rates in Alaska and Comparison States,
November 21, 2011**
- 3. Drivers of Health Care Costs in Alaska and Comparison
States, November 29, 2011**

Available on the Commission's 2011 Report webpage at:
<http://www.hss.state.ak.us/healthcommission/2011commissionreport.htm>



Physician Payment Rates in Alaska and Comparison States

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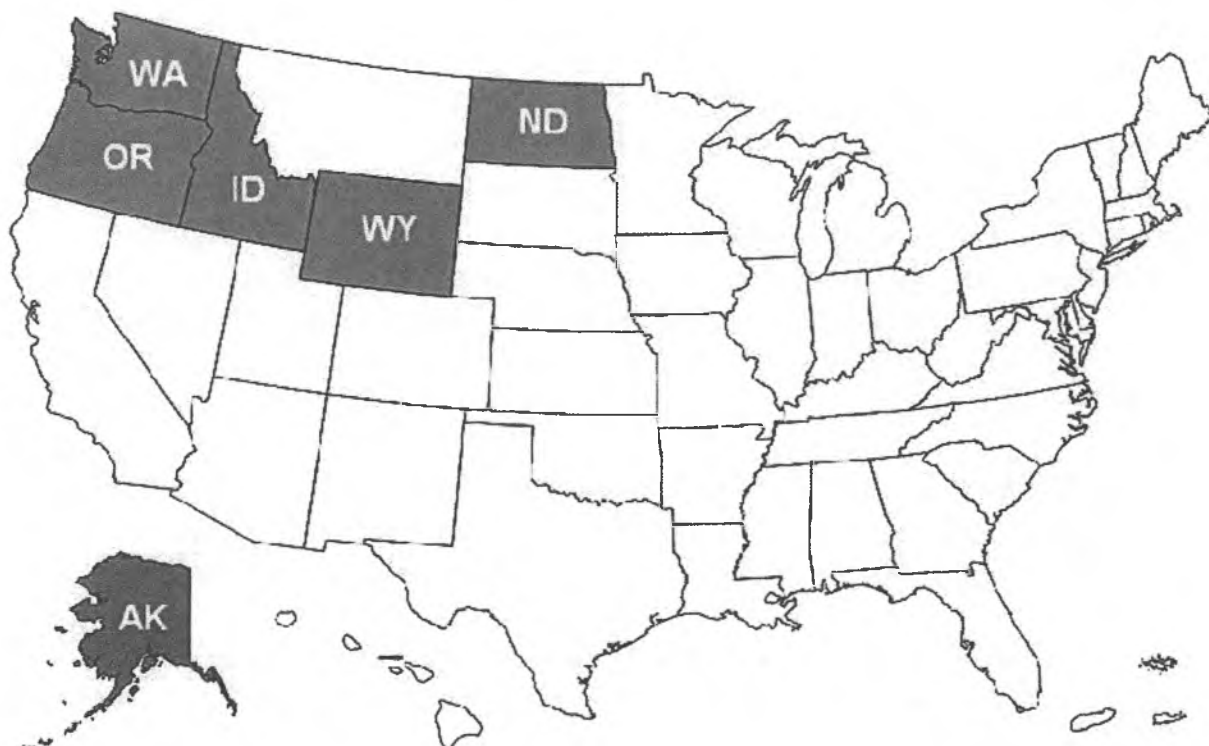
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TABLE OF CONTENTS

1. EXECUTIVE SUMMARY	1
2. RESULTS.....	2
3. METHODOLOGY AND DETAILED RESULTS	9
4. LIMITATIONS AND CONSIDERATIONS	14
APPENDIX A	15
APPENDIX A-1	SUMMARY OF RELATIVE REIMBURSEMENT
APPENDIX A-2	ALL SPECIALTIES
APPENDIX A-3	CARDIOLOGY
APPENDIX A-4	CARDIOTHORACIC SURGERY
APPENDIX A-5	CHIROPRACTIC
APPENDIX A-6	DME
APPENDIX A-7	ENT
APPENDIX A-8	FAMILY PRACTICE/GENERAL PRACTICE
APPENDIX A-9	GASTROENTEROLOGY
APPENDIX A-10	GENERAL SURGERY
APPENDIX A-11	INTERNAL MEDICINE
APPENDIX A-12	INTERNAL CARDIOLOGY
APPENDIX A-13	LABORATORY
APPENDIX A-14	NEUROLOGY
APPENDIX A-15	OBSTETRICS/GYNECOLOGY
APPENDIX A-16	OPHTHALMOLOGY
APPENDIX A-17	ORTHOPEDICS
APPENDIX A-18	PEDIATRICS
APPENDIX A-19	RADIOLOGY
APPENDIX A-20	UROLOGY

1. EXECUTIVE SUMMARY

The Alaska Health Care Commission (“AHCC”) engaged Milliman to compare Alaska’s health care payment rates and underlying drivers to those in certain other states. The comparison states are Washington, Oregon, Idaho, Wyoming, and North Dakota.



This report is the first of three reports. This report is focused on how Alaska’s physician payment rates compare to other states. The second report will analyze facility payment rates. The final report will identify the key drivers of the cost differences across states.

Our results show that Alaska’s physician reimbursement is approximately 59% higher than the average of the comparison states. Physician reimbursement in Alaska exceeds each of the comparison states for each type of payer and each provider specialty, though the differential varies. The results here should be interpreted with caution, since they only identify the relative reimbursement among states and do not consider reasons for the differences such as staff wages, cost of living, cost of business operation, or provider availability, which may account for some or all of the relative differences in reimbursement. Analysis of the drivers behind the differences will be presented in the third report in this series.

2. RESULTS

For this report, we define physician reimbursement to be the full amounts that providers may collect for a given service, commonly called “allowed amounts”. These allowed amounts include member-paid amounts such as co-pays, co-insurance, and deductibles, as well as payments from the insurer (or government entity).

We compared relative allowed amounts for physicians in Alaska to those in the comparison states for procedure codes that were either in the top 25 by utilization rate or the top 25 in total cost (reflecting both utilization rates and the cost per service). The comparison was done separately using 2011 fee schedules for each of the following payers: Medicare, Medicaid, TRICARE, VA, and Workers’ Compensation. In addition, we summarized the mean, median, and 80th percentile of 2009 commercial allowed amounts; a single fee schedule does not exist for commercial amounts since each commercial insurer negotiates its own fee schedule with providers and therefore, we have summarized fee levels from a database of health care claims.

Finally, we have included the mean, median, and 80th percentile of provider billed charges. Billed charges are the amounts that providers bill. In many cases, due either to contractual agreements with commercial insurers or government-set fee schedules, allowed amounts are less than billed charges.

We are providing the analysis for the top 25 codes overall across all specialties (including specialties not included in the list below). We have also performed the analysis separately for the top 25 codes for each of the following specialties:

- cardiology
- cardiothoracic surgery
- chiropractic
- DME
- ENT
- Family practice
- gastroenterology
- general surgery
- internal medicine
- interventional cardiology
- lab
- neurology

- ophthalmology
- orthopedics
- pediatrics
- radiology
- urology

For some specialties, such as chiropractic, there were fewer than 25 codes with significant volume and therefore, some of the analyses by specialty include fewer than 25 codes.

Detailed fee information for each state, payer, specialty and procedure code is included in Appendix A to this report.

Relative Reimbursement by Payer across States

Table 2.1 below shows physician relative allowed charges by state and payer. This table is based upon aggregate data across all of the specialties listed above except for DME. The table is calibrated so that the average across the five comparison states for each payer is equal to 100%. As an example, the 127% shown for Alaska Medicare indicates that Medicare reimbursement in Alaska is equal to 127% of the average Medicare reimbursement in the five comparison states. Across all payers, Alaska relative reimbursement is 160% of the comparison states across specialties that were analyzed.

Table 2.1
Physician Reimbursement Levels by State and Payer

	AK	ID	ND	OR ⁽¹⁾	WA ⁽¹⁾	WY
Medicare ⁽¹⁾	127%	96%	98%	100%	105%	101%
Tricare ⁽¹⁾	182%	97%	97%	101%	104%	101%
VA	215%	96%	98%	100%	105%	101%
Medicaid	174%	99%	134%	87%	68%	113%
Workers' Compensation	190%	108%	98%	107%	86%	N/A
Comm Allowed - Mean	169%	96%	96%	112%	92%	105%
Comm Allowed - Median	181%	94%	97%	113%	88%	107%
Comm Allowed - 80th Percentile	176%	98%	89%	110%	92%	111%
Billed - Mean	142%	90%	96%	113%	107%	95%
Billed - Median	147%	89%	98%	114%	105%	93%
Billed - 80th Percentile	135%	93%	93%	112%	104%	98%
All Payers ⁽²⁾	160%	97%	105%	102%	91%	103%

All values are relative to the average for the five comparison states (excluding AK) for each payer category

⁽¹⁾ For this summary, the Portland, OR and Seattle, WA Medicare and Tricare fee schedules were used.

⁽²⁾ The All Payers values are weighted by payer, using national health expenditure data from CMS. The weights are: Medicare - 28%, Tricare - 2%, VA - 2.4%, Medicaid - 20.8%, Workers' Compensation - 2.2%, and Commercial - 44.6%.

For Tables 2.1 through 2.3, summary values are not shown if fee schedule amounts were unavailable for more than half of the expected volume of procedures for combinations of state and payer or state and specialty. However, fee schedule amounts for procedure codes in cells marked as “N/A” are still used to determine the relative payment in other states/specialties where available.

Relative Reimbursement by Specialty across States

Table 2.2 below shows physician relative allowed charges by state and specialty, sorted based on the relative charge for Alaska. This is similar to Table 2.1 except that charges have been blended across payers to estimate the average relative reimbursement for each specialty within each state across all analyzed payer types. Alaska relative charges are once again about 50% higher than the comparison states, across all payers.

Table 2.2
Physician Reimbursement Levels by State and Specialty

	AK	ID	ND	OR ⁽¹⁾	WA ⁽¹⁾	WY
Pediatrics	143%	95%	110%	109%	91%	90%
Family Practice	148%	96%	109%	104%	93%	92%
Internal Medicine	150%	96%	109%	104%	93%	93%
Lab	151%	93%	114%	88%	84%	108%
Ophthalmology	152%	98%	98%	109%	97%	94%
OBGYN	157%	94%	100%	102%	94%	106%
Chiropractic	166%	93%	109%	103%	86%	105%
Urology	167%	96%	103%	105%	90%	101%
Gastroenterology	168%	100%	99%	100%	89%	106%
Radiology	170%	102%	95%	90%	84%	122%
Neurology	173%	101%	104%	102%	92%	97%
Orthopedics	177%	96%	101%	101%	90%	107%
ENT	179%	95%	101%	106%	91%	101%
General Surgery	179%	94%	98%	106%	90%	109%
Cardiology	183%	103%	96%	99%	88%	114%
Cardiothoracic Surgery	N/A	N/A	N/A	99%	92%	N/A
Interventional Cardiology	N/A	N/A	N/A	N/A	N/A	N/A
DME	121%	93%	105%	95%	100%	94%

All values are relative to the average for the five comparison states (excluding AK) for each payer category

⁽¹⁾ For this summary, the Portland, OR and Seattle, WA Medicare and Tricare fee schedules were used.

⁽²⁾ The totals by specialty are weighted by payer using national health expenditure data from CMS. The weights are: Medicare - 28%, Tricare - 2%, VA - 2.4%, Medicaid - 20.8%, Workers' Compensation - 2.2%, and Commercial - 44.6%.

Values are only reported in Table 2.2 if both commercial and Medicare results were available. Appendix A presents summaries similar to Table 2.2, but presented separately for each type of payer. Appendix A also contains detailed information for all categories, including those with N/A in Table 2.2. The procedure codes used for interventional cardiology have changed in 2011 and as a result, fee schedule amounts for many payers no longer exist for the most commonly used procedure codes historically.

Relative Reimbursement by Payer within States

Table 2.3 below shows the relative allowed amounts within each state, sorted by the relative payment within Alaska. This table is based upon aggregate data across all the same specialties included in Table 2.1. Instead of reading this table across rows, it should be read down each column. This table shows, for each state, the relative reimbursement for each payer as compared to other payers in that state. For example, Medicare fees are 69% of the overall average fees across all payers in Alaska. By comparison, Medicare fees are 82% of the average statewide reimbursement in Idaho. However, the 69% and 82% values cannot be compared to conclude that Medicare reimbursement in Idaho is higher than in Alaska, since the overall average across all payers varies by state (and, as shown earlier in this report, is higher in Alaska than in Idaho).

Table 2.3
Relative physician reimbursement within each state (2009)

	AK	ID	ND	OR ⁽¹⁾	WA ⁽¹⁾	WY
Medicare ⁽¹⁾	69%	82%	80%	79%	95%	82%
Medicaid	83%	78%	100%	63%	55%	85%
Tricare ⁽¹⁾	93%	79%	76%	76%	91%	78%
VA	108%	82%	80%	79%	95%	82%
Comm Allowed - Mean	123%	119%	113%	127%	123%	119%
Workers' Compensation	169%	169%	148%	156%	146%	N/A
All Payers ⁽²⁾	100%	100%	100%	100%	100%	100%

All values are relative to the All Payers value for each state

⁽¹⁾ For this summary, the Portland, OR and Seattle, WA Medicare and Tricare fee schedules were used.

⁽²⁾ The All Payers values are weighted by payer, using national health expenditure data from CMS. The weights are: Medicare - 28%, Tricare - 2%, VA - 2.4%, Medicaid - 20.8%, Workers' Compensation - 2.2%, and Commercial - 44.6%.

Changes in Relative Reimbursement over Time

It is important to note that reimbursement rates change over time. While allowed charges typically increase each year due to medical inflation, these changes are not uniform across states, payers or specialties (and often vary across procedure codes) so that relative reimbursement will also change among these categories.

As an example, consider Medicare's geographic reimbursement adjustment for physicians, which is composed of three components: work, practice and malpractice. In very broad terms, the work and practice components have roughly the same weight, with the malpractice component forming a much smaller portion of the total payment. Each of the three components has a base nationwide payment amount for each procedure code which is then adjusted using Geographic Practice Cost Index (GPCI) factors to reach the allowed charge for specific geographic areas. The GPCI factors vary for each of the three components by geographic location, with an average of approximately 1.00 nationwide (prior to the adjustments described below). There are approximately 100 areas nationwide, though many states, including Alaska, have only a single set of GPCI factors for the entire state.

CMS updates the GPCI factors annually, leading to changes in relative reimbursement across geographic areas over time. Changes resulting from CMS's annual updates tend to be fairly small from year to year. Larger changes occur as a result of legislative action that overrides the GPCI factors calculated by CMS. Some recent examples are listed below:

- The Patient Protection and Affordable Care Act (PPACA) of 2010 introduced a minimum value of 1.00 for the practice component of the GPCI in "Frontier States", which include North Dakota and Wyoming. This increased the Medicare reimbursement for those states relative to other states. The practice GPCI was also increased halfway toward 1.00 in all other areas where the value was below 1.00.
- A minimum value of 1.00 was introduced for the work component of the GPCI in 2004. This minimum was introduced as a temporary provision, but has been extended in recent years through legislative action. This provision increases reimbursement in lower cost areas, relative to other areas.
- Beginning in 2009, the work GPCI factor in Alaska was set to a minimum value of 1.50. By comparison, the Alaska work GPCI factor in 2008 was 1.017.

Table 2.4 shows a summary of the GPCI factors in the comparison states before and after the 1.00 work GPCI floor and the practice GPCI changes.

Table 2.4
Comparison of GPCI Factors Before and After PPACA Changes

Locality	2010 GPCI Factors			2011 GPCI Factors			Change from 2010 to 2011		
	Pre PPACA			Post PPACA					
	Work GPCI	PE GPCI	MP GPCI	Work GPCI	PE GPCI	MP GPCI	Work GPCI	PE GPCI	MP GPCI
Alaska ⁽¹⁾	1.50	1.09	0.65	1.50	1.09	0.65	0%	0%	0%
Idaho	0.97	0.88	0.55	1.00	0.94	0.57	3%	7%	5%
North Dakota	0.95	0.84	0.39	1.00	1.00	0.45	6%	18%	17%
Portland, OR	1.00	1.02	0.47	1.00	1.02	0.54	0%	0%	15%
Rest of Oregon	0.97	0.93	0.47	1.00	0.97	0.54	3%	4%	15%
Seattle, WA	1.01	1.09	0.71	1.02	1.10	0.79	1%	1%	11%
Rest of Washington	0.99	0.97	0.69	1.00	0.99	0.77	1%	2%	11%
Wyoming	0.96	0.84	0.89	1.00	1.00	1.05	5%	19%	18%

1) Alaska work GPCI reflects the 1.50 floor established in 2009. In 2008, Alaska had a work GPCI of 1.017.

The changes in GPCI factors have significantly altered the relative Medicare reimbursement rates among the states in this analysis. Very roughly, these provisions increased Medicare reimbursement by approximately 20 – 25% in Alaska, and by approximately 10% – 15% in North Dakota and Wyoming, while having no impact on reimbursement in Portland, Oregon. Therefore, if the analysis had been performed three years ago, we would have found that Medicare reimbursement in Alaska was closer to that in the comparison states.

Similar changes in relative reimbursement have also been seen in other payers. Medicaid, in particular, is prone to significant changes in relative reimbursement across states, since each state sets its own reimbursement rates. Table 2.5 shows the relative changes in aggregate Medicaid reimbursement for physicians from 2003 to 2008.¹ Increases in reimbursement have varied considerably across states, with essentially no changes in New York and Minnesota, but increases of roughly 60% in Oklahoma and Pennsylvania. Alaska, with an increase of only 3% over the 5 year period, had one of the lowest increases. Looking forward, with changes to Medicaid eligibility under PPACA and with many states seeking to cut budgetary expenditures, we expect there to be more changes in relative Medicaid reimbursement.

¹ Statehealthfacts.org. 14 June 2011. The Kaiser Family Foundation. August 2011. <http://statehealthfacts.org>.

Table 2.5
Cumulative % Change in Medicaid Physician Fees
2003-2008

Minnesota	0%
New York	0%
Wisconsin	1%
California	2%
Alaska	3%
Alabama	4%
Arkansas	5%
Florida	5%
Hawaii	5%
West Virginia	5%
Mississippi	6%
Michigan	7%
Iowa	7%
North Carolina	8%
Arizona	9%
Maine	9%
Indiana	10%
Delaware	10%
New Hampshire	11%
Rhode Island	11%
Illinois	11%
Oregon	14%
United States	15%
Ohio	16%
New Jersey	18%
Nebraska	18%
Washington	18%
Texas	20%
Massachusetts	21%
North Dakota	22%
Utah	23%
Nevada	23%
Idaho	25%
New Mexico	25%
Connecticut	28%
Georgia	28%
Kentucky	28%
South Carolina	28%
Colorado	29%
Virginia	31%
Maryland	31%
South Dakota	32%
Vermont	33%
Montana	36%
District of Columbia	36%
Louisiana	41%
Kansas	44%
Wyoming	49%
Missouri	58%
Oklahoma	59%
Pennsylvania	63%
Tennessee	NA

Source: <http://statehealthfacts.org>

3. METHODOLOGY AND DETAILED RESULTS

This section describes the methodology used to develop the results in Section 2 and provides more detailed results where appropriate.

General Methodology

The list of the top 25 procedure codes is based upon data from the 2009 Milliman Specialty Database, which estimates the relative frequency of utilization for physician services by specialty and procedure code for a commercially insured population. The actual top 25 codes by volume varies by payer type (for example, Medicare would have significantly fewer maternity and childhood procedures). However, we wanted to use the same distribution for each payer, and the commercial distribution is a reasonable basis to select the top 25 codes for other payers.

Since the comparison is being performed across multiple states, we used the nationwide aggregate frequency for each code. For each specialty, we created lists of the 25 procedure codes with the most utilization in that specialty and lists of the top 25 procedure codes with the highest expected expenditures in that specialty (using relative value units as a proxy, reflecting a combination of utilization and anticipated cost per service); note that many codes appear on both lists in each specialty and therefore, this leads to fewer than 50 unique procedure codes when the lists are combined. We limit these lists to only include codes that made up 1% or more of the total utilization for that specialty. Therefore, some specialties have fewer than 25 codes listed.

Table 3.1 summarizes the percentage of the total utilization and relative value units captured by the “top 25” codes in each specialty.

Table 3.1
Percentage of Total Utilization and RVUs Captured

	% of Total Utils	% of Total RVUs
Cardiology	72.3%	64.1%
Cardiothoracic Surgery	48.5%	47.3%
Chiropractic	95.6%	93.7%
DME	52.4%	56.0%
ENT	80.0%	69.9%
Family Practice	62.0%	68.7%
Gastroenterology	80.9%	87.1%
General Surgery	52.0%	38.5%
Internal Medicine	60.6%	61.4%
Interventional Cardiology	95.6%	93.9%
Lab	48.2%	51.8%
Neurology	73.3%	72.6%
OBGYN	63.5%	65.9%
Ophthalmology	88.8%	82.1%
Orthopedics	64.7%	49.4%
Pediatrics	69.3%	73.9%
Radiology	59.3%	59.4%
Urology	75.4%	67.1%

For each code, we summarized the following:

- The mean, median and 80th percentile of commercial allowed amounts in each state based upon data from the 2009 Thomson Reuters MarketScanTM database. The following is a summary of total allowed dollars for professional services included in the MarketScanTM data by state (in millions).

AK	\$95.1
ID	103.9
ND	42.4
OR	524.8
WA	727.2
WY	65.1

We have not adjusted these charges to estimate changes in reimbursement levels since 2009. To ensure sufficient credibility in the data, we did not use results for any code with fewer than 10 claims in the database.

Estimated commercial allowed charges by specialty use data from all specialties for each procedure code since the specialty data coding in the database could not support a separate analysis by specialty. For example, CPT 98941 (chiropractic manipulation) is the top code for chiropractors. However, in developing the allowed and billed charge metrics for this

procedure code, we used data for this code from all specialties (though we expect the vast majority of the volume to be from chiropractors). Often, payers do not vary their reimbursement by specialty and therefore, the inclusion of all specialties in the analysis is a reasonable approach.

The MarketScan database contains detailed claims data for commercially insured individuals. The data is submitted by large employer groups and health plans. As a compilation of many payers' data, our results reflect the average payment level for payers in the data, weighted by the volume of data. The payers included vary from market to market.

- Medicare allowed charges. In states where Medicare allowed charges vary by geographic area within the state, we included the Medicare allowed charges for each area.
- TRICARE allowed charges. In states where TRICARE allowed charges vary by geographic area within the state, we included the TRICARE allowed charges for each area. The analysis is based on the published TRICARE fee schedules. TRICARE increases payments in Alaska using Locality Based Waivers for some specialties and geographic areas.
- Medicaid allowed charges. We used publicly available Medicaid fee-for-service fee schedules. Many states have managed Medicaid programs. However, the managed care organizations typically pay providers at roughly similar levels to the FFS levels, although not always. In some cases, payment levels from managed Medicaid organizations may be higher than FFS levels.
- Workers' Compensation allowed charges, based upon publicly available fee schedules, though in the case of Alaska, there is a fee to obtain the fee schedule.
- VA allowed charges paid to external (non-VA) providers. For Alaska, we use the 2010 fee schedule. For all states other than Alaska, these charges are equal to Medicare and use the 2011 Medicare schedule. Note that the majority of VA's health care costs are incurred through salaries paid to staff and therefore, there is no explicit cost for those services. The fee schedule used here is applied to the smaller portion of VA services that are not provided by VA staff or through contracted care.
- The mean, median and 80th percentile of billed charges. Billed charge analyses were conducted using the 2009 Medicare 5% Sample, with no adjustment to reflect increases in billed charge levels since 2009. Like the commercial allowed charge database, we used data across all specialties for each procedure code and did not use results for any code with fewer than 10 claims in the Medicare 5% Sample. Although the billed charges are based on Medicare data, billed charges do not vary by payer and therefore this is also representative of charges billed to other payers including commercial and Medicaid.

The Wyoming Workers' Compensation fee schedule consists of conversion factors that are intended to be used with Ingenix Physician RVP RVUs. These RVUs, which are different than the Medicare RBRVS RVUs, are not publicly available and are calibrated to different conversion factors by service category. Since these values are not publicly available, we are unable to calculate fees for Wyoming Workers' Compensation.

Reimbursement for some procedure codes is impacted by modifiers. For each code, we used the most common associated modifier from the Medicare 5% Sample and MarketScan data. For the majority of codes this led to a blank, or global, modifier, which did not impact the fee schedule amount. However, for radiology services, the most common modifier was frequently the "26" modifier, indicating that only the professional component of the service was performed by the billing physician. Similarly, reimbursement for many DME codes is affected by a modifier indicating whether the equipment is new, used or rental. When comparing against reimbursement from the fee schedules, we have used the same modifier across all states and payers.

Many physician fee schedules vary fees according to the place of service, typically paying lower fees for services that occur in hospitals (referred to as "facility fees") and higher fees for services that occur in the doctor's own office ("non-facility fees"). The following fee schedules do not vary physician fees based on the place of service:

- Alaska Workers' Compensation
- All Medicaid schedules except for Washington
- Alaska VA

The fees reported in this analysis are based upon non-facility fees for all other schedules. As a result, reimbursement from the above schedules may be slightly understated since they effectively represent a blend of the lower facility fees with the non-facility fees.

Many fee schedules include at least some codes that are paid as a percentage of billed charges, paid at "reasonable charges", not covered by the payer, or bundled services (meaning that payment is included with payment for other services, such as surgical supplies). We have excluded any combinations of payer and procedure codes that fall under these categories from this analysis since they do not have an explicit fee schedule amount. There are relatively few such codes and therefore, their inclusion would not materially impact the results.

Development of Summary Results

In order to create a meaningful comparison among the states, results are shown as a percentage of the average across the comparison states; the average across states is calculated as an arithmetic mean, weighting each state equally. If information is not available for a specific combination of payer and state, the average is calculated using only the remaining payers or states. A simplified example for one specialty and payer is shown below.

Table 3.2
Relativity Calculation Example

	AK	ID	ND	OR	WA	WY	ID - WY Average
Medicare Fee	\$110	\$90	\$90	\$95	\$90	\$95	\$92
Relative Percentage	120%	98%	98%	103%	98%	103%	

Using the methodology in Table 3.2, we develop a relative payment for each combination of HCPCS code, state and payer. Subtotals by state and payer are then developed by taking a weighted average of the ratios, where the relative weight for each code is based upon the relative utilization rate and relative value units from the Milliman Specialty database.

The All Payers total is based on a weighted average of the relative ratios for each payer in each state. Weighted averages across payers are based on the relative expenditures in the CMS 2009 National Health Expenditures.²

A similar process is used to develop relative payment levels across states for each specialty.

We have included the detailed summaries by specialty, state, and payer in Appendix A.

² For information about the CMS National Health Expenditures, see
http://www.cms.gov/NationalHealthExpendData/25_NHE_Fact_Sheet.asp

4. LIMITATIONS AND CONSIDERATIONS

Any opinions expressed in this report are solely those of the authors.

Any reader of this report must possess a certain level of expertise in areas relevant to this analysis to appreciate the significance of the approaches and assumptions and the impact of these approaches and assumptions on the results. The reader should be advised by their own actuaries or other qualified professionals competent in the subject matter of this report, so as to properly interpret the material.

This report is not intended to benefit third parties. Regarding the contents of this report, Milliman makes no representations or warranties to third parties. Third parties are to place no reliance upon this report that would result in the creation of any duty or liability for Milliman or its employees to third parties, under any theory of law. Third parties receiving this report must rely on their own experts to draw conclusions about the report's contents.

As documented in the report, this analysis has relied extensively on historical data. The data were reviewed for reasonableness, but no independent audits were performed. Should errors or omissions be discovered in the source data, the results of our analysis would need to be modified. Future results will differ from the historic estimates in this report.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. We are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses in this report.

APPENDIX A

DETAILED FEE DATA BY STATE, PAYER, SPECIALTY AND PROCEDURE CODE

Appendix A-1
Summary of Relative Reimbursement
By State, Specialty, and Payer

	Medicare						Tricare						VA					
	AK	ID	ND	OR ⁽¹⁾	WA ⁽¹⁾	WY	AK	ID	ND	OR ⁽¹⁾	WA ⁽¹⁾	WY	AK	ID	ND	OR	WA	WY
Pediatrics	124%	96%	99%	100%	105%	100%	183%	98%	97%	101%	106%	98%	140%	96%	99%	100%	105%	100%
Family Practice	127%	96%	98%	100%	105%	100%	184%	98%	97%	101%	105%	98%	155%	96%	98%	100%	105%	100%
Internal Medicine	127%	96%	98%	100%	105%	100%	185%	98%	97%	101%	105%	98%	170%	96%	98%	100%	105%	100%
Lab	107%	98%	101%	103%	101%	97%	141%	102%	100%	101%	95%	102%	316%	98%	101%	103%	101%	97%
Ophthalmology	125%	96%	98%	100%	106%	100%	182%	98%	96%	102%	106%	98%	118%	96%	98%	100%	106%	100%
OB/GYN	128%	96%	97%	99%	105%	103%	168%	89%	99%	96%	98%	117%	224%	96%	97%	99%	105%	103%
Chiropractic	131%	97%	99%	100%	105%	100%	189%	98%	97%	101%	105%	98%	210%	97%	99%	100%	105%	100%
Urology	123%	96%	98%	100%	106%	100%	181%	98%	96%	102%	106%	98%	250%	96%	98%	100%	106%	100%
Gastroenterology	120%	96%	98%	100%	106%	101%	180%	98%	96%	102%	107%	98%	242%	96%	98%	100%	106%	101%
Radiology	136%	97%	98%	99%	104%	101%	195%	99%	98%	100%	104%	99%	332%	97%	98%	99%	104%	101%
Neurology	127%	97%	99%	100%	104%	100%	188%	98%	97%	101%	105%	98%	250%	97%	99%	100%	104%	100%
Orthopedics	127%	96%	98%	99%	105%	101%	185%	98%	96%	101%	106%	99%	224%	96%	98%	99%	105%	101%
ENT	124%	95%	98%	100%	106%	101%	181%	98%	96%	101%	107%	98%	237%	95%	98%	100%	106%	101%
General Surgery	129%	96%	97%	99%	105%	103%	188%	98%	96%	101%	105%	99%	225%	96%	97%	99%	105%	103%
Cardiology	131%	97%	98%	100%	105%	101%	188%	98%	97%	101%	105%	99%	451%	97%	98%	100%	105%	101%
Cardiothoracic Surgery	131%	96%	96%	98%	105%	104%	190%	98%	96%	100%	105%	101%	246%	96%	96%	98%	105%	104%
Interventional Cardiology	N/A	N/A	N/A	N/A	N/A	N/A	189%	98%	96%	100%	105%	100%	N/A	N/A	N/A	N/A	N/A	N/A
DME	99%	100%	99%	101%	101%	99%	99%	100%	99%	101%	101%	99%	280%	100%	99%	101%	101%	99%

All values are relative to the average for the five comparison states (excluding AK) for each payer category

⁽¹⁾ For this summary, the Portland, OR and Seattle, WA Medicare and Tricare fee schedules were used.

Appendix A-1
Summary of Relative Reimbursement
By State, Specialty, and Payer

	Medicaid						Workers' Compensation						Commercial (Mean Allowed Charge)					
	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Pediatrics	173%	102%	140%	83%	69%	105%	122%	102%	99%	108%	91%	N/A	139%	91%	105%	128%	90%	86%
Family Practice	177%	96%	148%	83%	64%	108%	123%	104%	99%	109%	88%	N/A	147%	96%	100%	118%	98%	88%
Internal Medicine	177%	96%	146%	83%	64%	108%	136%	104%	99%	109%	88%	N/A	149%	96%	100%	117%	98%	90%
Lab	121%	115%	118%	85%	86%	97%	297%	N/A	129%	N/A	77%	N/A	176%	89%	120%	88%	72%	131%
Ophthalmology	200%	107%	102%	96%	76%	120%	132%	107%	99%	105%	89%	N/A	149%	95%	95%	122%	100%	87%
OB/GYN	151%	89%	127%	84%	78%	122%	167%	115%	89%	112%	82%	N/A	173%	94%	90%	112%	94%	111%
Chiropractic	194%	105%	135%	88%	70%	N/A	162%	83%	108%	111%	N/A	N/A	172%	85%	105%	113%	89%	108%
Urology	173%	93%	127%	103%	64%	113%	215%	111%	92%	110%	84%	N/A	183%	97%	95%	109%	92%	108%
Gastroenterology	172%	96%	133%	84%	68%	113%	173%	112%	91%	113%	84%	N/A	191%	104%	84%	108%	87%	117%
Radiology	175%	98%	136%	79%	62%	139%	325%	127%	93%	95%	84%	N/A	172%	107%	83%	88%	80%	143%
Neurology	191%	117%	122%	82%	65%	117%	221%	106%	99%	106%	89%	N/A	186%	97%	100%	113%	95%	96%
Orthopedics	179%	95%	133%	99%	65%	109%	213%	122%	88%	105%	83%	N/A	202%	96%	89%	104%	91%	121%
ENT	166%	87%	127%	116%	62%	108%	284%	110%	94%	110%	85%	N/A	210%	98%	91%	106%	94%	109%
General Surgery	176%	85%	121%	122%	66%	108%	228%	111%	91%	110%	84%	N/A	206%	95%	88%	104%	90%	125%
Cardiology	N/A	125%	126%	78%	65%	N/A	437%	106%	100%	105%	90%	N/A	201%	98%	80%	108%	87%	124%
Cardiothoracic Surgery	183%	96%	144%	84%	66%	111%	336%	115%	91%	113%	80%	N/A	N/A	N/A	N/A	106%	94%	N/A
Interventional Cardiology	N/A	91%	119%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	474%	86%	104%	97%	84%	131%
DME	155%	93%	N/A	102%	103%	100%	198%	N/A	96%	N/A	105%	N/A	123%	97%	109%	97%	98%	98%

All values are relative to the average for the five comparison states (excluding AK) for each payer category

⁽¹⁾ For this summary, the Portland, OR and Seattle, WA Medicare and Tricare fee schedules were used.

Appendix A-2
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
All Specialties

Including Specialties Not Listed in Appendices A-3 - A-20

Description	HCPCS	Modifier	Medicare ⁽¹⁾										TRICARE ⁽²⁾									
			% of Total UH	% of Total RVUs	AK		ID		ND		Portland		Rest Of		Seattle		Rest Of		WA		Seattle	
					AK	ID	ID	ND	ND	ND	OR	OR	OR	WA	WA	WA	WA	WA	WA	WA	WA	WA
Office/outpatient visit, est	99213		10.78%	9.83%	\$87.71	\$66.04	\$67.67	\$68.52	\$66.81	\$72.42	\$68.12	\$69.10	\$121.23	\$64.21	\$63.34	\$66.28	\$64.72	\$69.17	\$65.82	\$64.23		
Office/outpatient visit, est	99214		4.63%	6.34%	130.96	98.08	100.41	101.63	99.18	107.25	101.06	102.45	182.64	96.32	95.07	99.31	97.05	103.52	98.63	96.32		
Psytx, off, 45-50 min	90806		1.62%	2.16%	123.36	86.96	87.82	88.57	87.39	91.97	88.43	89.32	184.30	92.40	91.68	93.90	92.71	96.65	93.63	92.63		
Office/outpatient visit, new	99203		1.27%	1.77%	129.99	98.07	100.35	101.71	99.17	107.79	101.40	103.20	180.25	95.71	94.25	98.75	96.40	103.31	98.27	96.05		
Therapeutic exercises	97110		2.33%	1.63%	38.37	28.62	29.37	29.67	28.96	31.16	29.36	29.58	53.75	28.26	27.95	29.15	28.50	30.29	28.87	28.13		
Obstetrical care	59400		0.06%	1.42%	2,354.90	1,749.07	1,754.18	1,791.77	1,757.34	1,928.14	1,834.33	1,916.79	3,181.81	1,661.32	2,203.84	1,955.94	1,955.94	1,983.25	1,983.25	2,984.72		
Office consultation	99244		0.44%	1.21%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	349.48	182.66	180.28	187.72	183.81	195.50	186.85	183.17		
Office/outpatient visit, est	99215		0.60%	1.10%	177.40	132.08	135.00	136.62	133.47	144.01	135.96	137.85	248.30	130.18	128.52	133.96	131.08	139.50	133.18	130.32		
Office/outpatient visit, est	99212		1.87%	1.06%	51.32	39.51	40.71	41.26	40.07	43.82	40.92	41.52	70.24	38.10	37.50	39.59	38.48	41.53	39.23	38.04		
Office/outpatient visit, new	99204		0.49%	1.03%	203.11	151.11	154.06	156.09	152.58	164.96	155.92	158.74	284.41	148.94	146.76	152.99	149.78	159.69	152.59	149.84		
Chiropractic manipulation	98941		1.99%	1.01%	46.20	33.52	34.08	34.43	33.79	36.02	34.29	34.68	65.97	33.75	33.43	34.51	33.93	35.70	34.34	33.78		
Eye exam & treatment	92014		0.64%	0.99%	144.69	110.75	114.00	115.48	112.25	122.39	114.50	116.04	197.82	106.57	105.04	110.57	107.61	115.73	109.53	106.28		
Manual therapy	97140		1.81%	0.96%	36.23	26.98	27.67	27.96	27.29	29.35	27.67	27.88	50.51	26.48	26.20	27.29	26.70	28.34	27.04	26.38		
Tissue exam by pathologist	88305	26	0.71%	0.76%	49.95	35.61	36.17	36.44	35.86	37.82	36.18	36.37	72.48	36.54	36.29	37.24	36.71	38.30	37.02	36.47		
Office/outpatient visit, new	99202		0.67%	0.63%	89.38	67.88	69.71	70.61	68.74	74.76	70.13	71.13	123.19	65.86	64.92	68.16	66.44	71.28	67.62	65.81		
Immunization admin	90471		1.27%	0.40%	27.44	21.99	22.92	23.24	22.40	24.81	22.87	23.12	36.58	20.72	20.35	21.80	21.02	23.02	21.47	20.52		
Chiropractic manipulation	98940		0.99%	0.36%	33.24	24.28	24.79	25.02	24.51	26.15	24.81	24.99	47.15	24.28	24.06	24.90	24.44	25.76	24.72	24.23		
Lipid panel	80061		0.97%	0.27%	18.85	15.96	17.17	18.85	18.85	18.85	18.85	15.67	23.08	17.59	17.23	17.44	17.44	16.01	16.13	17.61		
Electric stimulation therapy	97014		1.30%	0.27%	16.07	12.08	12.39	12.53	12.22	13.22	12.44	12.59	24.96	13.44	13.24	13.93	13.56	14.59	13.81	13.42		
Percut allergy skin tests	95004		2.59%	0.22%	7.04	5.98	6.27	6.39	6.12	6.96	6.33	6.47	8.99	5.43	5.27	5.78	5.52	6.24	5.72	5.45		
Assay thyroid stim hormone	84443		0.61%	0.22%	23.64	22.14	23.64	23.64	23.56	23.56	23.56	23.09	28.94	22.05	21.60	21.86	21.86	20.08	20.22	22.08		
Chest x-ray	71020	26	0.68%	0.21%	14.77	10.55	10.69	10.79	10.62	11.25	10.77	10.89	21.87	11.09	10.97	11.30	11.13	11.69	11.28	11.16		
Comprehensive metabolic panel	80053		0.80%	0.18%	14.87	14.87	14.87	14.87	14.87	12.01	12.01	14.87	18.20	13.87	13.59	13.76	13.76	12.63	12.72	13.89		
Complete cbc w/auto diff vbc	85025		1.08%	0.17%	10.94	10.94	10.94	10.94	10.94	10.94	10.94	10.94	13.40	10.21	10.00	10.12	10.12	9.30	9.36	10.22		
Mechanical traction therapy	97012		0.80%	0.17%	20.01	14.78	15.10	15.26	14.93	16.02	15.15	15.31	28.14	14.63	14.46	15.03	14.73	15.61	14.94	14.64		
Immunotherapy injections	95117		0.70%	0.17%	13.58	11.73	12.39	12.61	12.02	13.70	12.38	12.59	18.34	11.32	11.02	12.15	11.55	13.06	11.92	11.20		
Ultrasound therapy	97035		0.74%	0.13%	15.75	11.49	11.71	11.83	11.59	12.39	11.77	11.91	22.79	11.77	11.63	12.05	11.83	12.51	12.01	11.81		
Routine venipuncture	36415		2.15%	0.10%	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00		

- (1) Medicare fees are from CY2011 schedule.
(2) TRICARE fees are from the current schedules effective 8/1/2010.
(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).
(4) Medicaid and workers' compensation fees are current as of 8/3/2011.
(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-2
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
All Specialties

Including Specialties Not Listed in Appendices A-3 - A-20

Description	HCPCS	Modifier	VA ⁽¹⁾								Medicaid ⁽²⁾							Workers' Compensation ⁽³⁾						
			% of	% of	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY		
			Total Util	Total RVUs																				
Office/outpatient visit, est	99213		10.78%	9.83%	\$103.12	\$66.04	\$67.67	\$68.52	\$72.42	\$69.10	\$108.29	\$57.45	\$91.76	\$50.35	\$38.21	\$67.36	\$149.22	\$133.13	\$125.74	\$138.79	\$112.89	N/A		
Office/outpatient visit, est	99214		4.63%	6.34%	150.83	98.08	100.41	101.63	107.25	102.45	163.18	86.45	137.64	75.39	57.10	95.57	216.25	197.74	186.44	206.48	167.13	N/A		
Psytx, off, 45-50 min	90806		1.62%	2.16%	118.09	86.96	87.82	88.57	91.97	89.32	156.06	60.60	132.84	N/A	53.80	91.39	201.91	166.97	154.85	159.54	138.35	N/A		
Office/outpatient visit, new	99203		1.27%	1.77%	161.06	98.07	100.35	101.71	107.79	103.20	160.27	86.54	136.58	75.39	56.88	99.86	223.86	197.71	187.68	207.84	168.23	N/A		
Therapeutic exercises	97110		2.33%	1.63%	73.67	28.62	29.37	29.67	31.16	29.58	47.79	26.50	14.44	21.98	17.56	29.71	97.31	39.59	53.89	53.81	48.70	N/A		
Obstetrical care	59400		0.06%	1.42%	4,231.13	1,749.07	1,754.18	1,791.77	1,928.14	1,916.79	2,821.81	1,539.21	2,339.40	2,018.09	2,034.50	N/A	5,274.96	4,515.39	3,468.64	4,590.19	3,028.76	N/A		
Office consultation	99244		0.44%	1.21%	338.76	N/A	N/A	N/A	N/A	N/A	310.73	N/A	103.88	N/A	113.15	N/A	476.45	342.09	N/A	355.52	288.32	N/A		
Office/outpatient visit, est	99215		0.60%	1.10%	303.55	132.08	135.00	136.62	144.01	137.85	221.58	117.01	186.19	101.82	76.86	136.28	346.00	266.29	250.86	277.58	225.23	N/A		
Office/outpatient visit, est	99212		1.87%	1.06%	75.92	39.51	40.71	41.26	43.82	41.52	62.46	35.18	54.42	30.05	22.84	40.33	116.78	79.66	75.57	83.41	68.07	N/A		
Office/outpatient visit, new	99204		0.49%	1.03%	221.51	151.11	154.06	156.09	164.96	158.74	252.60	133.19	212.33	117.12	88.06	N/A	319.81	304.65	288.64	319.29	257.88	N/A		
Chiropractic manipulation	98941		1.99%	1.01%	59.87	33.52	34.08	34.43	36.02	34.68	N/A	32.53	48.16	26.71	21.12	N/A	84.00	47.31	64.42	66.74	Not Covered	N/A		
Eye exam & treatment	92014		0.64%	0.99%	101.04	110.75	114.00	115.48	122.39	116.04	176.19	97.40	59.48	83.74	66.47	107.56	188.56	223.27	211.22	217.38	189.82	N/A		
Manual therapy	97140		1.81%	0.96%	69.72	26.98	27.67	27.96	29.35	27.88	44.91	24.62	N/A	20.59	16.45	27.46	74.53	37.32	50.79	50.14	45.93	N/A		
Tissue exam by pathologist	88305	26	0.71%	0.76%	111.69	35.61	36.17	36.44	37.82	36.37	64.94	65.46	53.27	28.10	22.23	N/A	259.83	TBD	N/A	58.26	59.77	N/A		
Office/outpatient visit, new	99202		0.67%	0.63%	121.20	67.88	69.71	70.61	74.76	71.13	109.84	59.02	93.90	51.75	39.31	69.70	171.90	136.85	129.45	142.89	116.21	N/A		
Immunization admin	90471		1.27%	0.40%	10.39	21.99	22.92	23.24	24.81	23.12	32.51	19.07	13.90	16.41	13.12	10.00	35.87	30.42	42.12	43.22	38.18	N/A		
Chiropractic manipulation	98940		0.99%	0.36%	48.29	24.28	24.79	25.02	26.15	24.99	N/A	23.45	34.62	19.20	15.34	N/A	65.33	34.27	46.46	47.67	Not Covered	N/A		
Lipid panel	80061		0.97%	0.27%	43.45	15.96	17.17	18.85	18.85	15.67	19.19	15.85	17.48	14.20	14.58	14.00	121.13	TBD	42.93	80% of billed	26.39	N/A		
Electric stimulation therapy	97014		1.30%	0.27%	40.73	12.08	12.39	12.53	13.22	12.59	22.20	N/A	N/A	10.57	8.45	N/A	54.64	19.37	26.63	26.29	23.80	N/A		
Percut allergy skin tests	95004		2.59%	0.22%	11.30	5.98	6.27	6.39	6.96	6.47	7.99	5.06	7.47	4.45	3.56	6.39	10.96	12.06	11.77	12.08	10.51	N/A		
Assay thyroid stim hormone	84443		0.61%	0.22%	57.55	22.14	23.64	23.64	23.56	23.09	24.06	21.98	24.06	17.80	18.22	20.64	122.82	TBD	59.10	80% of billed	32.98	N/A		
Chest x-ray	71020	26	0.68%	0.21%	31.08	10.55	10.69	10.79	11.25	10.89	19.45	10.85	14.71	8.62	6.89	7.88	71.76	27.24	19.82	20.18	17.71	N/A		
Compreh metabolic panel	80053		0.80%	0.18%	49.40	14.87	14.87	14.87	12.01	14.87	15.14	14.77	15.14	11.20	9.29	13.29	91.24	TBD	37.17	80% of billed	16.81	N/A		
Complete cbc w/auto diff wbc	85025		1.08%	0.17%	40.35	10.94	10.94	10.94	10.94	10.94	11.14	10.86	11.14	8.24	8.47	9.85	56.86	TBD	27.35	80% of billed	15.32	N/A		
Mechanical traction therapy	97012		0.80%	0.17%	48.41	14.78	15.10	15.26	16.02	15.31	25.01	13.67	N/A	11.41	9.11	15.04	55.51	20.44	27.87	27.52	24.90	N/A		
Immunotherapy injections	95117		0.70%	0.17%	25.33	11.73	12.39	12.61	13.70	12.59	16.31	11.07	16.01	9.18	7.34	11.28	47.34	23.65	22.92	23.52	21.03	N/A		
Ultrasound therapy	97035		0.74%	0.13%	31.84	11.49	11.71	11.83	12.39	11.91	20.26	10.96	12.03	N/A	7.34	12.04	58.27	15.90	21.68	21.40	19.37	N/A		
Routine venipuncture	36415		2.15%	0.10%	11.76	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.88	2.22	2.28	2.70	29.03	N/A	7.50	80% of billed	4.20	N/A		

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-2
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
All Specialties

Including Specialties Not Listed in Appendices A-1 - A-20

			Commercial Allowed ⁽¹⁾																			
			Mean						Median						80th Percentile							
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Office/outpatient visit, est	99213		10.78%	9.83%	\$134.15	\$89.05	\$92.87	\$108.87	\$90.19	\$79.88	\$140.00	\$89.93	\$96.24	\$112.52	\$86.74	\$83.00	\$150.00	\$100.77	\$96.24	\$120.96	\$101.79	\$86.00
Office/outpatient visit, est	99214		4.63%	6.34%	194.83	133.62	140.11	164.90	140.23	117.70	205.00	136.59	144.92	171.00	135.16	118.47	220.00	151.91	144.92	182.40	161.20	130.00
Psytx, off, 45-50 min	90806		1.62%	2.16%	122.82	81.55	119.45	100.13	95.83	95.53	125.00	76.50	104.87	94.00	96.09	95.00	148.00	95.00	139.83	125.00	115.31	120.00
Office/outpatient visit, new	99203		1.27%	1.77%	201.36	131.99	135.08	162.64	139.59	123.76	219.00	136.88	144.36	168.30	133.76	128.74	240.00	151.43	144.36	180.34	161.28	134.00
Therapeutic exercises	97110		2.33%	1.63%	115.96	54.40	66.31	75.29	54.26	81.03	90.00	50.58	44.16	70.00	56.22	80.00	163.80	82.17	88.32	112.18	76.22	120.00
Obstetrical care	59400		0.06%	1.42%	4,704.80	2,457.25	2,500.69	3,183.41	2,601.20	3,061.87	5,000.00	2,454.92	2,661.24	3,203.00	2,474.56	3,352.00	5,000.00	2,600.00	2,661.24	3,612.13	2,867.61	3,390.00
Office consultation	99244		0.44%	1.21%	427.48	270.95	289.59	334.30	280.32	253.98	450.00	274.61	289.28	339.02	271.46	242.00	490.00	303.80	294.77	367.92	316.60	303.50
Office/outpatient visit, est	99215		0.60%	1.10%	290.64	182.16	192.46	216.11	183.24	162.55	315.00	182.70	195.87	224.67	176.00	161.46	338.10	200.00	197.10	243.53	212.17	187.00
Office/outpatient visit, est	99212		1.87%	1.06%	101.12	55.61	56.69	66.49	56.13	56.92	106.00	54.77	58.31	67.47	53.30	56.00	115.00	60.60	58.31	73.00	64.23	61.75
Office/outpatient visit, new	99204		0.49%	1.03%	285.42	204.47	210.35	245.77	207.42	176.24	313.00	212.03	222.48	256.11	200.72	176.36	340.00	234.58	222.48	275.66	239.81	195.16
Chiropractic manipulation	98941		1.99%	1.01%	66.49	37.90	48.24	50.45	38.89	45.93	70.00	38.00	52.00	47.94	38.00	45.00	75.00	39.68	53.21	60.00	44.68	55.00
Eye exam & treatment	92014		0.64%	0.99%	162.63	108.90	121.59	155.09	120.55	100.09	169.00	110.00	120.57	160.53	113.00	99.00	198.00	134.65	161.90	186.02	148.00	118.54
Manual therapy	97140		1.81%	0.96%	119.79	39.28	49.43	57.57	43.86	60.99	112.10	28.47	40.76	44.08	28.44	50.00	180.00	56.94	61.35	79.16	56.80	90.00
Tissue exam by pathologist	88305	26	0.71%	0.76%	226.49	72.40	65.94	77.08	64.43	127.60	250.00	61.60	58.31	68.38	57.17	113.00	260.00	78.75	64.13	74.52	73.76	194.00
Office/outpatient visit, new	99202		0.67%	0.63%	149.21	91.12	86.37	110.70	93.63	87.29	155.00	93.40	99.63	114.79	90.39	88.00	172.00	103.33	99.63	123.60	108.17	97.00
Immunization admin	90471		1.27%	0.40%	26.62	21.70	23.10	31.49	23.59	17.23	26.00	19.00	24.63	35.00	25.00	14.31	32.00	30.14	24.63	41.62	30.45	22.90
Chiropractic manipulation	98940		0.99%	0.36%	53.90	30.39	37.49	39.00	31.33	39.10	55.00	28.27	38.49	34.68	29.50	40.00	60.00	35.00	38.49	49.50	34.68	45.00
Lipid panel	80061		0.97%	0.27%	58.57	29.49	37.31	26.38	20.73	40.22	59.90	27.00	34.93	26.96	19.57	36.00	97.00	40.15	34.93	29.40	22.47	63.00
Electric stimulation therapy	97014		1.30%	0.27%	43.78	14.91	17.73	19.75	15.85	23.47	47.00	14.53	20.00	18.87	14.63	25.00	50.00	15.00	20.95	20.07	15.54	29.00
Percut allergy skin tests	95004		2.59%	0.22%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Assay thyroid stim hormone	84443		0.61%	0.22%	53.09	30.61	49.18	32.56	25.51	46.78	45.00	31.21	48.09	32.86	24.44	41.52	91.00	31.88	48.09	35.09	28.07	68.00
Chest x-ray	71020	26	0.68%	0.21%	43.55	26.15	19.52	21.06	19.22	38.25	43.00	22.50	17.55	19.65	18.83	42.00	54.00	32.00	17.90	21.30	19.94	45.60
Comprehen metabolic panel	80053		0.80%	0.18%	47.74	21.24	31.51	21.74	15.21	38.55	47.26	20.97	30.26	21.27	12.46	34.00	75.00	22.03	30.26	23.20	16.93	62.00
Complete cbc w/auto diff wbc	85025		1.08%	0.17%	34.86	16.34	24.54	16.14	12.43	29.04	40.00	15.42	22.25	15.64	11.35	27.30	50.00	16.38	22.25	20.74	13.03	47.00
Mechanical traction therapy	97012		0.80%	0.17%	43.83	16.61	20.19	21.17	18.11	21.94	50.00	15.00	22.64	20.00	16.26	21.61	55.00	18.61	22.64	25.00	20.00	28.80
Immunotherapy injections	95117		0.70%	0.17%	33.49	20.87	20.27	26.20	22.86	23.06	35.00	20.64	19.81	26.86	22.14	21.00	36.00	21.53	19.81	31.72	24.04	29.00
Ultrasound therapy	97035		0.74%	0.13%	43.54	14.27	17.48	18.59	13.73	27.93	47.50	12.83	18.12	17.33	12.80	26.00	55.00	15.00	18.12	21.05	12.80	35.00
Routine venipuncture	36415		2.15%	0.10%	18.08	9.10	6.81	6.34	5.69	14.42	15.00	8.54	6.15	3.60	3.00	13.44	31.45	9.34	6.27	7.68	5.42	20.00

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-2
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
All Specialties

Including Specialties Not Listed in Appendices A-3 - A-20

			Billed Charges ⁽¹⁾																			
			Mean										Median					80th Percentile				
Description	HCCPS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Office/outpatient visit, est	99213		10.78%	9.83%	\$134.60	\$84.31	\$94.91	\$119.82	\$107.32	\$88.42	\$145.00	\$83.00	\$98.00	\$125.00	\$107.00	\$87.00	\$152.25	\$110.00	\$114.00	\$145.00	\$128.00	\$106.70
Office/outpatient visit, est	99214		4.63%	6.34%	196.23	131.45	144.89	184.32	165.49	132.65	208.00	138.00	150.00	190.00	163.00	130.00	220.00	166.00	171.00	221.00	200.00	156.00
Psytx, off, 45-50 min	90806		1.62%	2.16%	140.60	118.86	149.94	133.06	138.23	106.37	148.00	120.00	144.00	130.00	130.00	100.00	175.00	150.00	170.00	160.00	150.00	125.00
Office/outpatient visit, new	99203		1.27%	1.77%	198.02	136.30	148.65	183.25	169.23	143.50	209.30	145.00	163.00	191.00	171.00	141.00	240.00	171.00	181.00	224.00	196.00	175.00
Therapeutic exercises	97110		2.33%	1.63%	64.21	35.07	47.83	50.70	47.75	39.57	65.00	35.00	48.00	52.00	48.00	40.00	81.00	40.00	50.00	59.00	55.00	50.00
Obstetrical care	59400		0.06%	1.42%	Not Cred	No Data	Not Cred	Not Cred	Not Cred	No Data	Not Cred	No Data	Not Cred	Not Cred	Not Cred	No Data	Not Cred	No Data	Not Cred	Not Cred	Not Cred	No Data
Office consultation	99244		0.44%	1.21%	434.24	283.55	294.68	397.81	343.92	301.79	450.00	299.17	318.00	399.00	345.15	305.00	510.50	343.90	362.00	473.00	399.00	363.34
Office/outpatient visit, est	99215		0.60%	1.10%	290.58	191.08	207.14	248.24	220.97	180.40	320.00	200.00	232.00	259.00	221.00	186.00	342.00	230.00	232.00	299.07	270.00	231.00
Office/outpatient visit, est	99212		1.87%	1.06%	92.50	53.09	56.30	72.57	68.63	55.45	102.00	55.00	60.00	75.75	70.00	55.00	117.00	70.00	70.00	90.00	80.00	74.00
Office/outpatient visit, new	99204		0.49%	1.03%	294.64	212.66	232.15	285.33	249.37	204.24	318.00	220.00	249.00	295.00	251.00	200.00	350.00	265.00	271.00	363.00	297.00	249.00
Chiropractic manipulation	98941		1.99%	1.01%	54.98	40.92	48.97	45.14	51.67	36.19	50.00	40.00	50.00	37.50	53.00	35.00	70.00	47.00	55.00	60.00	60.00	40.00
Eye exam & treatment	92014		0.64%	0.99%	182.11	113.70	132.95	165.50	148.11	109.34	190.00	101.50	135.00	176.00	143.00	103.79	212.00	140.00	178.00	213.00	186.00	120.00
Manual therapy	97140		1.81%	0.96%	61.95	35.68	47.24	49.82	45.33	38.27	64.00	35.51	46.25	50.00	45.00	40.00	70.00	44.00	55.00	57.75	50.00	50.00
Tissue exam by pathologist	88305	26	0.71%	0.76%	203.69	90.67	92.46	106.85	112.96	107.68	210.00	94.20	94.75	86.00	104.00	97.00	260.00	135.00	110.00	150.75	138.00	157.00
Office/outpatient visit, new	99202		0.67%	0.63%	140.22	88.61	96.09	119.68	110.48	93.11	150.00	91.00	105.00	127.00	112.00	98.10	177.00	115.00	120.00	151.30	131.00	116.00
Immunization admin	90471		1.27%	0.40%	27.07	27.47	31.90	34.76	32.20	23.54	25.00	30.00	32.00	38.00	32.00	22.50	36.00	36.25	38.00	46.50	42.00	28.15
Chiropractic manipulation	98940		0.99%	0.36%	42.60	30.86	38.76	35.70	40.16	30.56	35.00	30.00	40.00	28.00	41.00	25.38	58.00	39.00	45.00	50.00	47.00	39.00
Lipid panel	80061		0.97%	0.27%	69.85	45.11	59.69	45.18	49.63	67.63	81.00	39.20	56.00	40.00	40.00	71.00	93.00	57.10	70.00	54.90	68.22	86.00
Electric stimulation therapy	97014		1.30%	0.27%	40.03	16.27	16.88	21.62	24.31	18.10	40.00	15.10	18.00	20.00	20.00	15.00	47.00	20.00	22.00	30.00	31.00	20.00
Percut allergy skin tests	95004		2.59%	0.22%	Not Cred	7.35	Not Cred	9.82	10.50	Not Cred	Not Cred	8.00	Not Cred	9.20	10.00	Not Cred	Not Cred	8.25	Not Cred	13.00	12.00	Not Cred
Assay thyroid stim hormone	84443		0.61%	0.22%	58.37	49.23	64.39	49.42	52.04	72.26	45.00	40.17	62.00	45.00	44.31	72.42	94.00	55.73	67.00	53.00	62.00	85.00
Chest x-ray	71020	26	0.68%	0.21%	49.09	37.03	30.04	32.45	33.55	28.99	43.00	32.50	26.00	34.00	33.00	32.00	56.00	49.28	36.00	38.00	37.20	43.00
Compreh metabolic panel	80053		0.80%	0.18%	45.03	38.41	61.10	35.30	38.95	48.15	42.85	39.29	61.00	32.63	39.29	55.00	65.00	42.26	65.00	44.31	51.00	56.00
Complete cbc w/auto diff wbc	85025		1.08%	0.17%	33.93	29.96	42.83	26.51	32.26	37.16	27.51	30.00	40.00	24.00	30.00	37.00	46.00	39.10	49.00	32.50	40.03	56.00
Mechanical traction therapy	97012		0.80%	0.17%	33.70	20.38	32.95	26.94	26.33	25.37	36.00	20.00	28.80	28.00	26.00	30.00	40.00	25.00	40.00	35.00	30.00	30.00
Immunotherapy injections	95117		0.70%	0.17%	No Data	20.41	36.11	38.84	29.51	26.91	No Data	24.00	41.00	39.00	29.00	30.00	No Data	24.75	41.00	52.00	38.00	31.00
Ultrasound therapy	97035		0.74%	0.13%	38.53	19.19	25.82	24.79	24.66	25.19	40.00	17.00	23.00	25.00	24.00	21.00	55.00	23.00	35.00	30.00	40.00	40.00
Routine venipuncture	36415		2.15%	0.10%	17.65	13.79	12.44	13.34	16.15	14.06	17.00	14.00	14.56	13.00	15.38	13.00	24.00	19.50	16.00	17.00	19.65	18.00

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-3
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Cardiology

			Medicare ⁽¹⁾										TRICARE ⁽²⁾													
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	AK		ID		ND		Portland		Rest Of		Seattle		Rest Of		Portland		Rest Of		Seattle		Rest Of	
					OR	WA	OR	WA	OR	WA	OR	WA	OR	WA	OR	WA	OR	WA	OR	WA	OR	WA	OR	WA	OR	WA
Heart image (3d), multiple	78465		2.76%	11.89%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tte w/o doppler, complete	93307	26	5.73%	8.40%	64.24	46.26	47.01	47.44	46.61	49.47	47.19	47.62	94.98	48.57	48.15	49.69	48.85	51.32	49.37	48.50						
Office/outpatient visit, est	99214		5.68%	5.35%	130.96	98.08	100.41	101.63	99.18	107.25	101.06	102.45	182.64	96.32	95.07	99.31	97.05	103.52	98.63	96.32						
Doppler echo exam, heart	93320	26	6.84%	4.38%	26.27	18.87	19.18	19.35	19.02	20.15	19.23	19.38	39.33	20.12	19.93	20.58	20.23	21.27	20.46	20.11						
Cardiovascular stress test	93015		3.87%	4.24%	110.86	88.22	91.86	93.08	89.84	99.17	91.59	92.47	159.22	90.08	88.59	94.85	91.44	100.03	93.26	89.08						
Office/outpatient visit, est	99213		6.25%	3.91%	87.71	66.04	67.67	68.52	66.81	72.42	68.12	69.10	121.23	64.21	63.34	66.28	64.72	69.17	65.82	64.23						
Doppler color flow add-on	93325	26	7.10%	3.90%	4.90	3.53	3.55	3.61	3.55	3.81	3.65	3.76	7.45	3.83	3.75	3.89	3.83	4.08	3.93	3.93						
Insert intracoronary stent	92980		0.40%	3.42%	1,110.09	811.28	812.98	828.44	814.47	885.03	845.54	878.92	1,626.42	840.98	821.79	854.69	840.25	900.11	865.93	865.59						
Office consultation	99244		1.80%	3.37%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	349.48	182.66	180.28	187.72	183.81	195.50	186.85	183.17						
Stress tte only	93350	26	1.39%	2.43%	102.59	73.97	75.18	75.87	74.54	79.16	75.49	76.20	152.08	77.91	77.18	79.71	78.34	82.43	79.26	77.89						
Tc99m sestamibi	A9500		1.43%	1.94%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A						
Heart wall motion add-on	78478		2.72%	1.71%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A						
Office consultation	99245		0.67%	1.54%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	428.34	223.13	220.20	229.02	224.42	238.44	228.17	224.00						
Heart function add-on	78480		2.67%	1.43%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A						
Electrocardiogram, complete	93000		5.33%	1.28%	23.57	18.66	19.33	19.62	18.97	20.97	19.43	19.74	34.09	19.18	18.79	20.10	19.41	21.28	19.89	19.15						
Subsequent hospital care	99232		1.89%	1.26%	93.75	67.04	67.83	68.52	67.45	71.57	68.51	69.45	134.96	68.09	67.41	69.24	68.29	71.54	69.18	68.50						
Office consultation	99243		0.82%	1.05%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	232.06	122.65	120.81	126.37	123.48	132.09	125.83	123.16						
Tc99m tetrofosmin	A9502		0.75%	1.02%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A						
Electrocardiogram report	93010		7.62%	0.67%	11.85	8.53	8.65	8.74	8.59	9.14	8.73	8.85	17.44	8.90	8.79	9.08	8.93	9.42	9.08	8.98						
Cardiovascular stress test	93016		1.24%	0.31%	31.32	22.53	22.92	23.11	22.71	24.07	22.96	23.12	46.44	23.74	23.54	24.29	23.88	25.09	24.14	23.72						
Office/outpatient visit, est	99211		1.27%	0.26%	23.86	18.81	19.52	19.78	19.13	21.05	19.51	19.72	33.40	18.65	18.34	19.55	18.89	20.59	19.28	18.51						
Cardiovascular stress test	93018		1.51%	0.24%	20.70	14.87	15.10	15.24	14.98	15.89	15.17	15.31	30.87	15.77	15.62	16.12	15.85	16.67	16.05	15.80						
Prothrombin time	85610		1.56%	0.09%	5.53	5.53	5.53	5.53	5.53	5.53	5.53	4.47	6.76	5.15	5.05	5.11	5.11	4.69	4.73	5.16						
Routine venipuncture	36415		1.00%	0.03%	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00						

- (1) Medicare fees are from CY2011 schedule.
(2) TRICARE fees are from the current schedules effective 8/1/2010.
(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).
(4) Medicaid and workers' compensation fees are current as of 8/3/2011.
(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-3
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Cardiology

Description	HCPCS	Modifier	VA ⁽³⁾										Medicaid ⁽⁴⁾						Workers' Compensation ⁽⁴⁾					
			% of	% of	AK	ID	ND	OR	WA	WY	Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	
			Total Util	Total RVUs																				
Heart image (3d), multiple	78465		2.76%	11.89%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$2,553.35	N/A	N/A	N/A	N/A	N/A	N/A
Tie w/o doppler, complete	93307	26	5.73%	8.40%	141.17	46.26	47.01	47.44	49.47	47.62	N/A	60.66	65.49	37.56	29.79	N/A	292.91	93.26	86.72	88.98	78.03	N/A	N/A	
Office/outpatient visit, est	99214		5.68%	5.35%	150.83	98.08	100.41	101.63	107.25	102.45	163.18	86.45	137.64	75.39	57.10	95.57	216.25	197.74	186.44	206.48	167.13	N/A	N/A	
Doppler echo exam, heart	93320	26	6.84%	4.38%	74.47	18.87	19.18	19.35	20.15	19.38	N/A	29.76	26.58	15.58	12.45	N/A	179.38	38.05	35.31	36.23	31.54	N/A	N/A	
Cardiovascular stress test	93015		3.87%	4.24%	452.52	88.22	91.86	93.08	99.17	92.47	142.08	88.15	128.04	71.22	56.91	N/A	875.40	177.86	168.48	173.52	152.74	N/A	N/A	
Office/outpatient visit, est	99213		6.25%	3.91%	103.12	66.04	67.67	68.52	72.42	69.10	108.29	57.45	91.76	50.35	38.21	67.36	149.22	133.13	125.74	138.79	112.89	N/A	N/A	
Doppler color flow add-on	93325	26	7.10%	3.90%	59.75	3.53	3.55	3.61	3.81	3.76	N/A	35.64	4.75	3.06	2.45	N/A	127.14	7.12	6.81	6.99	6.09	N/A	N/A	
Insert intracoronary stent	92980		0.40%	3.42%	3,639.24	811.28	812.98	828.44	885.03	878.92	1,398.93	775.80	1,189.17	676.03	523.52	N/A	5,295.65	1,635.52	1,591.86	1,634.76	1,394.57	N/A	N/A	
Office consultation	99244		1.80%	3.37%	338.76	N/A	N/A	N/A	N/A	N/A	310.73	N/A	103.88	N/A	113.15	N/A	476.45	342.09	N/A	355.52	288.32	N/A	N/A	
Stress tie only	93350	26	1.39%	2.43%	283.49	73.97	75.18	75.87	79.16	76.20	N/A	94.65	104.89	60.37	48.02	N/A	522.23	149.12	138.75	142.37	124.52	N/A	N/A	
Tc99m sestamibi	A9500		1.43%	1.94%	215.23	N/A	N/A	N/A	N/A	N/A	78.00	64.28	N/A	155.50	121.70	N/A	BR	N/A	N/A	N/A	121.70	N/A	N/A	
Heart wall motion add-on	78478		2.72%	1.71%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	421.86	N/A	N/A	N/A	N/A	N/A	N/A	
Office consultation	99245		0.67%	1.54%	371.13	N/A	N/A	N/A	N/A	N/A	380.86	N/A	N/A	N/A	138.05	N/A	601.64	418.17	N/A	434.83	351.96	N/A	N/A	
Heart function add-on	78480		2.67%	1.43%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	403.35	N/A	N/A	N/A	N/A	N/A	N/A	
Electrocardiogram, complete	93000		5.33%	1.28%	91.38	18.66	19.33	19.62	20.97	19.74	30.31	18.76	27.21	15.30	12.23	N/A	151.74	37.62	35.93	37.50	32.10	N/A	N/A	
Subsequent hospital care	99232		1.89%	1.06%	140.57	67.04	67.83	68.52	71.57	69.45	120.29	62.39	97.63	52.86	41.79	N/A	256.48	135.17	126.36	140.16	112.89	N/A	N/A	
Office consultation	99243		0.82%	1.05%	242.81	N/A	N/A	N/A	N/A	N/A	206.34	N/A	74.86	N/A	76.25	N/A	364.35	230.14	N/A	240.66	194.80	N/A	N/A	
Tc99m tetrofosmin	A9502		0.75%	1.02%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	58.06	N/A	67.34	121.05	N/A	BR	N/A	N/A	N/A	121.05	N/A	N/A	
Electrocardiogram report	93010		7.62%	0.67%	42.05	8.53	8.65	8.74	9.14	8.85	15.50	8.15	12.80	6.96	5.56	N/A	60.70	17.20	16.10	16.53	14.39	N/A	N/A	
Cardiovascular stress test	93016		1.24%	0.31%	145.56	22.53	22.92	23.11	24.07	23.12	41.29	22.96	34.14	18.36	14.67	N/A	218.85	45.43	42.12	43.22	37.63	N/A	N/A	
Office/outpatient visit, est	99211		1.27%	0.26%	49.04	18.81	19.52	19.78	21.05	19.72	29.70	18.25	26.68	N/A	11.42	N/A	82.18	37.91	35.93	39.65	32.65	N/A	N/A	
Cardiovascular stress test	93018		1.51%	0.24%	159.36	14.87	15.10	15.24	15.89	15.31	27.46	14.86	22.41	12.24	9.78	N/A	218.85	29.98	27.87	29.24	24.90	N/A	N/A	
Prothrombin time	85610		1.56%	0.09%	26.68	5.53	5.53	5.53	5.53	4.47	5.62	5.49	5.62	4.16	4.27	N/A	44.87	TBD	13.83	80% of billed	7.74	N/A	N/A	
Routine venipuncture	36415		1.00%	0.03%	11.76	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.88	2.22	2.28	2.70	29.03	N/A	7.50	80% of billed	4.20	N/A	N/A	

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(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-3
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Cardiology

Commercial Allowed ⁽¹⁾																						
Description	HCPCS	Modifier	% of Total U/L	% of Total RVUs	Mean						Median						80th Percentile					
					AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Heart image (3d), multiple	78465		2.76%	11.89%	\$1,714.16	\$843.48	\$225.41	\$923.35	\$779.36	\$1,008.56	\$2,125.00	\$935.27	\$123.98	\$951.30	\$774.80	\$928.00	\$2,174.00	\$1,002.99	\$273.77	\$1,106.32	\$935.20	\$1,467.00
Tie w/o doppler, complete	93307	26	5.73%	8.40%	Not Cred	87.46	Not Cred	154.82	82.71	165.85	Not Cred	80.00	Not Cred	104.34	69.49	173.00	Not Cred	102.53	Not Cred	183.65	74.52	179.58
Office/outpatient visit, est	99214		5.68%	5.35%	194.83	133.62	140.11	164.90	140.23	117.70	205.00	136.59	144.92	171.00	135.16	118.47	220.00	151.91	144.92	182.40	161.20	130.00
Doppler echo exam, heart	93320	26	6.84%	4.38%	108.87	51.94	78.68	43.96	46.09	73.23	117.00	33.75	78.85	36.82	33.75	46.00	150.00	45.70	125.41	40.47	36.02	118.75
Cardiovascular stress test	93015		3.87%	4.24%	540.42	186.52	188.13	202.02	165.00	296.26	589.00	160.24	157.38	194.56	153.47	319.00	639.00	165.52	157.38	223.49	184.92	319.00
Office/outpatient visit, est	99213		6.25%	3.91%	134.15	89.05	92.87	108.87	90.19	79.88	140.00	89.93	96.24	112.52	86.74	83.00	150.00	100.77	96.24	120.96	101.79	86.00
Doppler color flow add-on	93325	26	7.10%	3.90%	50.99	47.90	19.79	19.95	11.19	52.88	38.00	6.88	6.40	7.24	6.82	9.00	105.00	165.41	44.64	8.10	7.29	140.00
Insert intracoronary stent	92980		0.40%	3.42%	4,486.68	1,391.33	1,524.52	1,555.88	1,331.22	2,496.38	4,805.00	1,365.79	1,330.90	1,575.09	1,237.06	2,351.50	4,885.00	1,467.40	1,395.67	1,687.00	1,476.53	3,460.80
Office consultation	99244		1.80%	3.37%	427.48	270.95	289.59	334.30	280.32	253.98	450.00	274.61	289.28	339.02	271.46	242.00	490.00	303.80	294.77	367.92	316.60	303.50
Stress tte only	93350	26	1.39%	2.43%	Not Cred	129.83	148.18	157.25	133.34	155.70	Not Cred	132.49	126.24	149.41	135.39	151.00	Not Cred	139.80	128.76	164.72	141.75	167.00
Tc99m sestamibi	A9500		1.43%	1.94%	198.80	119.09	145.83	132.73	132.82	128.02	190.00	114.33	115.29	121.70	121.70	113.00	190.00	136.00	217.78	144.00	134.51	128.11
Heart wall motion add-on	78478		2.72%	1.71%	337.11	132.00	46.82	122.52	110.01	178.77	416.00	130.21	43.02	117.00	108.21	141.49	425.00	145.96	50.38	153.81	132.37	281.00
Office consultation	99245		0.67%	1.54%	512.68	334.98	374.53	411.96	347.70	325.66	575.00	335.00	355.51	410.94	333.92	314.15	640.00	375.00	392.00	453.13	396.43	367.81
Heart function add-on	78480		2.67%	1.43%	326.63	118.35	40.44	105.90	98.41	171.96	400.00	110.85	27.74	97.00	90.95	135.20	410.00	138.31	50.38	139.44	124.44	281.00
Electrocardiogram, complete	93000		5.33%	1.28%	110.60	37.45	46.11	42.34	36.73	68.41	125.00	35.17	32.83	40.61	35.01	67.00	141.12	37.30	37.88	45.00	40.00	85.00
Subsequent hospital care	99232		1.89%	1.26%	198.52	103.04	107.93	121.88	102.61	104.64	228.00	101.84	104.73	123.95	98.82	107.70	237.00	112.67	110.08	133.20	115.53	115.00
Office consultation	99243		0.82%	1.05%	317.30	187.75	196.04	230.37	195.82	184.07	340.00	184.48	195.87	231.82	190.67	190.00	353.00	204.09	198.00	253.13	222.30	205.87
Tc99m tetrofosmin	A9502		0.75%	1.02%	158.30	126.21	Not Cred	131.81	123.59	111.51	118.33	117.00	Not Cred	121.05	115.29	120.70	231.61	145.26	Not Cred	160.00	137.50	127.20
Electrocardiogram report	93010		7.62%	0.67%	48.58	19.21	16.24	24.19	17.90	33.02	52.00	14.47	14.15	19.58	15.26	36.30	56.00	18.05	14.43	30.60	18.00	39.00
Cardiovascular stress test	93016		1.24%	0.31%	157.08	45.02	45.04	52.36	40.44	82.70	140.00	40.26	38.49	46.23	40.08	63.00	192.15	43.63	39.26	50.40	43.89	102.85
Office/outpatient visit, est	99211		1.27%	0.26%	63.99	29.21	29.84	36.72	30.27	31.26	70.00	28.37	29.44	34.95	28.74	32.00	78.00	31.93	29.70	39.96	35.37	34.00
Cardiovascular stress test	93018		1.51%	0.24%	164.25	34.38	33.19	48.64	27.46	73.65	151.00	26.62	25.47	30.82	26.35	69.00	232.00	28.00	26.10	37.26	28.71	122.00
Prothrombin time	85610		1.56%	0.09%	29.59	8.86	13.68	8.62	6.78	15.43	35.00	7.61	11.25	7.69	5.74	15.00	40.00	7.97	11.48	8.24	6.89	23.75
Routine venipuncture	36415		1.00%	0.03%	18.08	9.10	6.81	6.34	5.69	14.42	15.00	8.54	6.15	3.60	3.00	13.44	31.45	9.34	6.27	7.68	5.42	20.00

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-3
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Cardiology

Description	HCPCS	Modifier	Billed Charges ⁽⁶⁾																			
			Mean						Median						80th Percentile							
			% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Heart image (3d), multiple	78465		2.76%	11.89%	\$1,884.19	\$1,231.63	\$610.48	\$1,175.99	\$1,129.43	\$1,488.26	\$2,174.00	\$1,087.20	\$490.07	\$1,171.50	\$1,087.20	\$1,139.75	\$2,174.00	\$1,400.00	\$918.00	\$1,412.00	\$1,258.00	\$2,519.00
Tic w/o doppler, complete	93307	26	5.73%	8.40%	Not Cred	109.28	Not Cred	212.63	225.85	280.29	Not Cred	93.75	Not Cred	131.00	180.00	351.00	Not Cred	161.00	Not Cred	231.00	378.20	351.00
Office/outpatient visit, est	99214		5.68%	5.35%	196.23	131.45	144.89	184.32	165.49	132.65	208.00	138.00	150.00	190.00	163.00	130.00	220.00	166.00	171.00	221.00	200.00	156.00
Doppler echo exam, heart	93320	26	6.84%	4.38%	182.08	61.68	53.62	68.94	86.09	98.26	117.00	58.00	52.00	54.00	56.00	85.00	117.00	80.17	89.00	95.75	128.00	170.00
Cardiovascular stress test	93015		3.87%	4.24%	574.89	253.09	415.91	242.19	262.98	543.30	589.00	241.00	550.83	234.50	242.00	482.00	625.00	302.50	550.83	292.00	313.00	895.00
Office/outpatient visit, est	99213		6.25%	3.91%	134.60	84.31	94.91	119.82	107.32	88.42	145.00	83.00	98.00	125.00	107.00	87.00	152.25	110.00	114.00	145.00	128.00	106.70
Doppler color flow add-on	93325	26	7.10%	3.90%	135.14	30.51	23.68	26.88	38.18	59.70	38.00	11.00	27.00	10.75	10.00	19.50	167.00	72.00	38.00	16.50	40.00	122.00
Insert intracoronary stent	92980		0.40%	3.42%	4,800.84	1,905.47	2,774.34	2,055.52	2,230.35	3,218.71	4,885.00	1,913.00	2,559.00	1,935.00	2,021.50	3,720.50	4,885.00	2,043.00	3,228.00	2,304.00	2,817.00	5,162.00
Office consultation	99244		1.80%	3.37%	434.24	283.55	294.68	397.81	343.92	301.79	450.00	299.17	318.00	399.00	345.15	305.00	510.50	343.90	362.00	473.00	399.00	363.34
Stress tic only	93350	26	1.39%	2.43%	Not Cred	167.39	222.66	224.61	203.39	187.28	Not Cred	172.72	243.00	194.00	191.00	181.38	Not Cred	195.00	243.00	275.00	205.00	192.00
Tc99m sestamibi	A9590		1.43%	1.94%	184.27	152.64	241.51	154.43	179.43	290.30	190.00	134.51	279.36	153.00	149.00	275.00	190.00	192.16	279.36	190.00	206.00	425.95
Heart wall motion add-on	78478		2.72%	1.71%	399.10	181.55	105.71	182.07	182.65	326.99	425.00	191.00	62.00	183.71	187.00	350.00	425.00	223.00	114.00	259.00	210.00	515.36
Office consultation	99245		0.67%	1.54%	544.53	398.49	382.16	496.39	443.42	395.48	563.00	392.00	420.00	500.00	450.00	400.00	660.00	455.00	452.00	591.00	503.00	487.00
Heart function add-on	78480		2.67%	1.43%	378.74	167.36	91.88	170.25	179.57	315.21	410.00	174.00	62.00	158.83	186.00	423.50	410.00	223.00	135.00	238.00	216.00	515.36
Electrocardiogram, complete	93000		5.33%	1.28%	105.88	51.56	64.80	54.14	56.58	96.95	125.00	50.00	66.00	56.00	52.80	90.00	128.00	75.00	78.00	62.00	72.00	175.00
Subsequent hospital care	99232		1.89%	1.26%	208.11	115.76	131.12	141.72	138.76	129.72	234.00	120.00	125.00	144.00	138.80	125.00	238.17	130.00	133.00	167.00	158.00	160.00
Office consultation	99243		0.82%	1.05%	328.70	199.94	207.88	271.75	237.14	215.50	349.00	210.00	215.00	273.00	240.00	220.00	366.84	239.00	246.96	329.00	276.00	279.17
Tc99m tetrofosmin	A9502		0.75%	1.02%	Not Cred	151.46	Not Cred	170.76	183.83	138.04	Not Cred	164.00	Not Cred	151.00	178.00	142.00	Not Cred	191.13	Not Cred	200.00	250.00	142.00
Electrocardiogram report	93010		7.62%	0.67%	56.29	29.67	34.64	33.93	32.06	41.09	52.00	25.70	25.00	34.00	28.00	36.30	60.10	37.00	44.00	43.00	39.00	55.00
Cardiovascular stress test	93016		1.24%	0.31%	172.90	51.82	70.05	75.67	67.33	95.84	199.00	43.00	64.00	61.00	58.00	98.00	199.00	63.00	66.00	100.00	75.00	121.00
Office/outpatient visit, est	99211		1.27%	0.26%	61.45	31.51	36.11	43.78	44.31	33.61	75.00	31.93	37.00	45.00	41.00	35.00	80.00	40.00	37.00	51.00	50.00	45.00
Cardiovascular stress test	93018		1.51%	0.24%	179.99	44.22	91.97	61.84	54.60	104.90	206.56	28.00	82.00	43.00	39.00	70.50	256.00	70.42	161.00	100.00	65.00	165.00
Prothrombin time	85610		1.56%	0.09%	32.22	23.20	25.89	18.04	20.72	26.62	35.00	21.00	28.00	18.00	17.00	28.00	35.00	36.78	28.00	22.00	32.00	31.50
Routine venipuncture	36415		1.00%	0.03%	17.65	13.79	12.44	13.34	16.15	14.06	17.00	14.00	14.56	13.00	15.38	13.00	24.00	19.50	16.00	17.00	19.65	18.00

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-4
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Cardiothoracic Surgery

Description	HCPCS	Modifier	Medicare ⁽¹⁾										TRICARE ⁽²⁾									
			% of Total Util	% of Total RVUs	AK	ID	ND	Portland OR	Rest Of OR	Seattle WA	Rest Of WA	WY	AK	ID	ND	Portland OR	Rest of OR	Seattle WA	Rest of WA	WY		
CABG, arterial, single	33533		4.98%	16.39%	\$2,511.98	\$1,834.00	\$1,833.12	\$1,870.13	\$1,839.75	\$2,002.77	\$1,915.64	\$1,908.59	\$3,622.15	\$1,864.48	\$1,818.86	\$1,889.41	\$1,859.86	\$1,992.99	\$1,921.24	\$1,928.84		
Replacement of aortic valve	33405		1.10%	4.28%	3,053.32	2,226.28	2,224.22	2,269.11	2,232.86	2,429.63	2,325.06	2,426.11	4,399.19	2,260.84	2,205.56	2,289.75	2,254.74	2,414.81	2,329.19	2,339.87		
CABG, arterial, two	33534		0.83%	3.18%	2,950.56	2,151.84	2,150.02	2,193.41	2,158.26	2,348.65	2,247.37	2,344.99	4,252.92	2,186.39	2,132.92	2,214.61	2,180.59	2,335.67	2,252.58	2,262.62		
Partial removal of lung	32480		0.59%	1.80%	1,946.13	1,424.06	1,425.49	1,453.72	1,429.25	1,555.97	1,486.66	1,548.82	2,790.30	1,438.31	1,403.80	1,458.81	1,435.43	1,538.11	1,481.80	1,485.75		
Repair of mitral valve	33427		0.46%	1.66%	3,281.19	2,388.20	2,384.24	2,432.53	2,394.59	2,604.43	2,494.09	2,603.63	4,733.06	2,428.30	2,368.79	2,457.72	2,421.07	2,591.65	2,501.30	2,514.74		
Endovenous laser, 1st vein	36478		0.36%	1.59%	1,670.49	1,375.69	1,438.15	1,461.86	1,404.08	1,574.18	1,441.66	1,465.02	2,297.57	1,344.42	1,315.87	1,425.74	1,366.93	1,517.12	1,402.28	1,332.68		
Partial removal of lung	32500		0.51%	1.50%	1,882.49	1,380.83	1,383.43	1,410.79	1,386.35	1,510.38	1,441.79	1,501.47	2,697.10	1,393.76	1,360.31	1,414.91	1,391.47	1,492.25	1,436.36	1,438.74		
Replacement of mitral valve	33430		0.32%	1.50%	3,731.52	2,716.49	2,712.12	2,767.08	2,723.82	2,962.74	2,837.03	2,961.64	5,363.86	2,750.54	2,683.04	2,783.28	2,742.10	2,934.92	2,833.13	2,849.09		
CABG, artery-vein, three	33519		1.65%	1.45%	732.94	528.74	526.01	536.79	529.44	574.38	551.97	577.29	1,058.51	537.97	524.70	542.52	535.58	571.59	553.56	558.82		
Ascending aortic graft	33863		0.24%	1.36%	4,216.10	3,056.85	3,047.47	3,109.34	3,063.35	3,327.81	3,191.51	3,333.82	6,079.29	3,105.69	3,029.58	3,138.37	3,094.52	3,307.83	3,197.38	3,220.20		
Office consultation	99245		2.19%	1.34%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	428.34	225.13	220.20	229.02	224.42	238.44	228.17	224.00		
CABG, artery-vein, two	33518		2.01%	1.30%	553.06	398.83	396.68	404.83	399.33	433.21	416.37	435.55	798.01	405.34	395.33	408.67	403.49	430.55	417.06	421.15		
Repair of mitral valve	33426		0.32%	1.28%	3,184.41	2,320.01	2,317.05	2,363.92	2,326.56	2,531.14	2,422.99	2,528.91	4,584.36	2,353.56	2,295.89	2,382.66	2,346.78	2,512.67	2,424.50	2,436.85		
Office consultation	99244		2.46%	1.22%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	349.48	182.66	180.28	187.72	183.81	195.50	186.85	183.17		
Extremity study	93970	26	2.73%	1.03%	46.21	33.12	33.35	33.78	33.27	35.51	34.03	34.78	67.27	34.07	33.61	34.60	34.12	35.93	34.73	34.53		
Extracranial study	93880	26	1.93%	0.88%	40.73	29.17	29.50	29.81	29.34	31.19	29.85	30.31	59.84	30.37	30.03	30.92	30.46	32.01	30.90	30.58		
Office/outpatient visit, est	99213		5.06%	0.84%	87.71	66.04	67.67	68.52	66.81	72.42	68.12	69.10	121.23	64.21	63.34	66.28	64.72	69.17	65.82	64.23		
Inpatient consultation	99255		1.39%	0.75%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	396.77	201.14	199.02	204.82	201.81	211.86	204.56	202.30		
Extremity study	93971	26	2.99%	0.72%	30.49	21.83	22.02	22.29	21.95	23.38	22.40	22.83	44.86	22.76	22.46	23.14	22.80	24.01	23.19	23.01		
Office/outpatient visit, est	99214		2.54%	0.64%	130.96	98.08	100.41	101.63	99.18	107.25	101.06	102.45	182.64	96.32	95.07	99.31	97.05	103.52	98.63	96.32		
Office consultation	99243		1.80%	0.61%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	232.06	122.65	120.81	126.37	123.48	132.09	125.83	123.16		
Inpatient consultation	99254		1.37%	0.60%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	328.30	166.65	164.98	169.85	167.30	175.60	169.44	167.34		
Office/outpatient visit, est	99212		3.28%	0.34%	51.32	39.51	40.71	41.26	40.07	43.82	40.92	41.52	70.24	38.10	37.50	39.59	38.48	41.53	39.23	38.04		
Inpatient consultation	99253		1.02%	0.31%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	226.70	115.09	113.83	117.22	115.47	121.34	117.11	115.83		
Office/outpatient visit, new	99203		1.08%	0.27%	129.99	98.07	100.35	101.71	99.17	107.79	101.40	103.20	180.25	95.71	94.25	98.75	96.40	103.31	98.27	96.05		
Subsequent hospital care	99232		1.54%	0.27%	93.75	67.04	67.83	68.52	67.45	71.57	68.51	69.45	134.96	68.09	67.41	69.24	68.29	71.54	69.18	68.50		
Subsequent hospital care	99231		1.46%	0.14%	51.71	37.05	37.46	37.87	37.27	39.61	37.90	38.48	74.26	37.52	37.10	38.14	37.61	39.46	38.16	37.83		
Endoscopic vein harvest	33508		2.31%	0.08%	21.79	15.74	15.69	16.00	15.77	17.09	16.40	17.11	31.29	15.91	15.54	16.06	15.85	16.89	16.35	16.46		

- (1) Medicare fees are from CY2011 schedule.
(2) TRICARE fees are from the current schedules effective 8/1/2010.
(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).
(4) Medicaid and workers' compensation fees are current as of 8/3/2011.
(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-4
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Cardiothoracic Surgery

Description	HCPCS	Modifier			VA ⁽¹⁾							Medicaid ⁽²⁾							Workers' Compensation ⁽³⁾						
			% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY			
CABG, arterial, single	33533		4.98%	16.39%	\$4,736.81	\$1,834.00	\$1,833.12	\$1,870.13	\$2,002.77	\$1,998.59	\$3,216.32	\$1,699.42	\$2,631.76	\$1,505.34	\$1,161.07	N/A	\$15,536.23	\$4,734.66	\$3,617.30	\$4,623.98	\$3,157.70	N/A			
Replacement of aortic valve	33405		1.10%	4.28%	5,456.88	2,226.28	2,224.22	2,269.11	2,429.63	2,426.11	3,907.14	2,040.43	3,191.40	1,825.27	1,407.38	N/A	17,021.05	5,747.35	4,390.93	5,613.65	3,832.30	N/A			
CABG, arterial, two	33534		0.83%	3.18%	5,099.52	2,151.84	2,150.02	2,193.41	2,348.65	2,344.99	3,777.36	1,965.15	3,086.30	1,765.18	1,361.14	N/A	17,383.20	5,555.18	4,244.13	5,425.36	3,703.91	N/A			
Partial removal of lung	32480		0.59%	1.80%	3,721.88	1,424.06	1,425.49	1,433.72	1,555.97	1,548.82	2,478.16	1,300.29	2,031.03	1,159.82	895.65	N/A	5,890.16	3,676.35	2,804.02	3,583.68	2,451.56	N/A			
Repair of mitral valve	33427		0.46%	1.66%	6,077.90	2,388.20	2,384.24	2,432.53	2,604.43	2,603.63	4,203.41	2,200.29	3,427.20	1,960.75	1,511.20	N/A	BR	6,165.36	4,711.78	6,022.64	4,109.55	N/A			
Endovenous laser, 1st vein	36478		0.36%	1.59%	7,634.28	1,375.69	1,438.15	1,461.86	1,574.18	1,465.02	2,070.12	1,315.48	1,904.06	1,076.63	Not Covered	N/A	N/A	3,551.68	2,666.52	3,537.22	2,410.06	N/A			
Partial removal of lung	32500		0.51%	1.50%	3,439.51	1,380.83	1,383.43	1,410.79	1,510.38	1,501.47	2,395.28	1,260.92	1,968.08	1,123.93	868.53	N/A	4,908.46	3,564.77	2,718.55	3,475.30	2,377.96	N/A			
Replacement of mitral valve	33430		0.32%	1.50%	5,226.84	2,716.49	2,712.12	2,767.08	2,962.74	2,961.64	4,763.39	2,397.45	3,881.75	2,221.15	1,711.49	N/A	16,296.75	7,012.88	5,359.67	6,851.72	4,675.12	N/A			
CABG, artery-vein, three	33519		1.65%	1.45%	992.94	528.74	526.01	536.79	574.38	577.29	939.71	462.81	759.17	434.55	334.12	N/A	3,911.23	1,364.99	1,044.31	1,381.32	908.68	N/A			
Ascending aortic graft	33863		0.24%	1.36%	6,835.43	3,056.85	3,047.47	3,109.34	3,327.81	3,333.82	5,398.64	2,733.52	4,383.24	2,507.69	1,930.90	N/A	19,918.25	7,891.54	6,032.34	7,710.06	5,256.75	N/A			
Office consultation	99245		2.19%	1.34%	371.13	N/A	N/A	N/A	N/A	N/A	380.86	N/A	N/A	N/A	138.05	N/A	601.64	418.17	N/A	434.83	351.96	N/A			
CABG, artery-vein, two	33518		2.01%	1.30%	677.43	398.83	396.68	404.83	433.21	435.55	708.68	345.48	571.91	327.44	251.64	N/A	2,535.05	1,029.61	787.88	1,041.51	685.11	N/A			
Repair of mitral valve	33426		0.32%	1.28%	5,159.56	2,320.01	2,317.05	2,363.92	2,531.14	2,528.91	4,071.18	2,091.94	3,321.57	1,900.38	1,464.96	N/A	16,514.03	5,989.34	4,576.75	5,850.98	3,992.78	N/A			
Office consultation	99244		2.46%	1.22%	338.76	N/A	N/A	N/A	N/A	N/A	310.73	N/A	103.88	N/A	113.15	N/A	476.45	342.09	N/A	355.52	288.32	N/A			
Extremity study	93970	26	2.73%	1.03%	93.08	33.12	33.35	33.78	35.51	34.78	N/A	47.34	46.51	26.71	20.90	N/A	276.02	66.76	63.18	64.83	55.89	N/A			
Extracranial study	93880	26	1.93%	0.88%	129.14	29.17	29.50	29.81	31.19	30.31	N/A	37.66	41.29	23.65	18.67	N/A	304.62	58.81	55.13	56.57	49.25	N/A			
Office/outpatient visit, est	99213		5.06%	0.84%	103.12	66.04	67.67	68.52	72.42	69.10	108.29	57.45	91.76	50.35	38.21	67.36	149.22	133.13	125.74	138.79	112.89	N/A			
Inpatient consultation	99255		1.39%	0.75%	392.77	N/A	N/A	N/A	N/A	N/A	352.78	N/A	N/A	N/A	123.60	N/A	657.70	376.41	N/A	388.34	313.78	N/A			
Extremity study	93971	26	2.99%	0.72%	60.36	21.83	22.02	22.29	23.38	22.83	N/A	18.16	30.85	17.80	14.00	N/A	171.57	44.02	41.50	42.59	37.08	N/A			
Office/outpatient visit, est	99214		2.54%	0.64%	150.83	98.08	100.41	101.63	107.25	102.45	163.18	86.45	137.64	75.39	57.10	95.57	216.25	197.74	186.44	206.48	167.13	N/A			
Office consultation	99243		1.80%	0.61%	242.81	N/A	N/A	N/A	N/A	N/A	206.34	N/A	74.86	N/A	76.25	N/A	364.35	230.14	N/A	240.66	194.80	N/A			
Inpatient consultation	99254		1.37%	0.60%	343.92	N/A	N/A	N/A	N/A	N/A	291.91	N/A	N/A	N/A	102.26	N/A	523.16	311.86	N/A	321.34	260.10	N/A			
Office/outpatient visit, est	99212		3.28%	0.34%	75.92	39.51	40.71	41.26	43.82	41.52	62.46	35.18	54.42	30.05	22.84	40.33	116.78	79.66	75.57	83.41	68.07	N/A			
Inpatient consultation	99253		1.02%	0.31%	252.38	N/A	N/A	N/A	N/A	N/A	201.58	N/A	N/A	N/A	70.69	N/A	418.53	215.63	N/A	222.89	179.86	N/A			
Office/outpatient visit, new	99203		1.08%	0.27%	161.06	98.07	100.35	101.71	107.79	103.20	160.27	86.54	136.58	75.39	56.88	99.86	223.86	197.71	187.68	207.84	168.23	N/A			
Subsequent hospital care	99232		1.54%	0.27%	140.57	67.04	67.83	68.52	71.57	69.45	120.29	62.39	97.63	52.86	41.79	N/A	256.48	135.17	126.36	140.16	112.89	N/A			
Subsequent hospital care	99231		1.46%	0.14%	85.13	37.05	37.46	37.87	39.61	38.48	66.52	34.77	53.88	29.21	23.12	N/A	188.08	74.69	69.99	77.26	62.53	N/A			
Endoscopic vein harvest	33508		2.31%	0.08%	43.26	15.74	15.69	16.00	17.09	17.11	27.83	14.38	22.41	12.80	9.78	N/A	3,549.08	40.63	30.97	40.94	27.12	N/A			

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-4
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Cardiothoracic Surgery

Commercial Allowed ⁽⁶⁾																												
					Mean								Median								80th Percentile							
Description	HCCPS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY						
CABG, arterial, single	33533		4.98%	16.39%	Not Cred	Not Cred	Not Cred	\$3,413.86	\$3,052.43	Not Cred	Not Cred	Not Cred	Not Cred	\$3,604.67	\$3,114.81	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	\$4,087.21	\$3,860.76	Not Cred					
Replacement of aortic valve	33405		1.10%	4.28%	Not Cred	Not Cred	Not Cred	3,916.31	3,628.52	Not Cred	Not Cred	Not Cred	Not Cred	4,394.49	4,090.86	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	5,065.36	4,249.69	Not Cred					
CABG, arterial, two	33534		0.83%	3.18%	No Data	Not Cred	Not Cred	3,769.62	3,254.09	No Data	No Data	Not Cred	Not Cred	4,072.26	3,502.09	No Data	No Data	Not Cred	Not Cred	Not Cred	4,863.48	4,466.87	No Data					
Partial removal of lung	32480		0.59%	1.80%	No Data	Not Cred	Not Cred	2,841.78	Not Cred	Not Cred	No Data	Not Cred	Not Cred	2,823.83	Not Cred	Not Cred	No Data	Not Cred	Not Cred	Not Cred	2,996.14	Not Cred	Not Cred					
Repair of mitral valve	33427		0.46%	1.66%	Not Cred	No Data	Not Cred	Not Cred	2,733.01	No Data	Not Cred	No Data	Not Cred	Not Cred	4,080.70	No Data	Not Cred	No Data	Not Cred	Not Cred	4,187.52	No Data	Not Cred					
Endovenous laser, 1st vein	36478		0.36%	1.59%	5,786.99	3,088.44	1,766.18	2,996.21	2,515.34	3,219.48	6,692.00	3,083.43	2,198.17	2,900.00	2,418.51	3,160.00	7,060.40	3,397.54	2,198.17	3,447.04	3,240.30	3,757.50						
Partial removal of lung	32500		0.51%	1.50%	No Data	No Data	Not Cred	Not Cred	Not Cred	Not Cred	No Data	No Data	Not Cred	Not Cred	Not Cred	Not Cred	No Data	No Data	Not Cred	Not Cred	Not Cred	Not Cred						
Replacement of mitral valve	33430		0.32%	1.50%	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	No Data	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	No Data	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred						
CABG, artery-vein, three	33519		1.65%	1.45%	Not Cred	Not Cred	Not Cred	921.16	779.81	No Data	Not Cred	Not Cred	Not Cred	Not Cred	986.91	750.99	No Data	Not Cred	Not Cred	Not Cred	1,107.78	999.60	No Data					
Ascending aortic graft	33863		0.24%	1.36%	No Data	Not Cred	No Data	Not Cred	Not Cred	Not Cred	No Data	Not Cred	No Data	Not Cred	Not Cred	Not Cred	No Data	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred						
Office consultation	99245		2.19%	1.34%	512.68	334.98	374.53	411.96	347.70	325.66	575.00	335.00	355.51	410.94	333.92	314.15	640.00	375.00	392.00	453.13	396.43	367.81						
CABG, artery-vein, two	33518		2.01%	1.30%	Not Cred	Not Cred	Not Cred	726.23	595.27	Not Cred	Not Cred	Not Cred	Not Cred	744.10	542.26	Not Cred	Not Cred	Not Cred	Not Cred	851.57	755.40	Not Cred						
Repair of mitral valve	33426		0.32%	1.28%	Not Cred	No Data	No Data	Not Cred	Not Cred	No Data	Not Cred	No Data	No Data	Not Cred	Not Cred	No Data	Not Cred	No Data	No Data	Not Cred	Not Cred	No Data						
Office consultation	99244		2.46%	1.22%	427.48	270.95	289.59	334.30	280.32	253.98	450.00	274.61	289.28	339.02	271.46	242.00	490.00	303.80	294.77	367.92	316.60	303.50						
Extremity study	93970	26	2.73%	1.03%	170.73	65.16	62.82	73.59	68.28	99.94	165.00	53.76	54.91	64.99	57.81	70.18	244.04	81.00	56.01	76.63	64.35	86.00						
Extracranial study	93880	26	1.93%	0.88%	153.73	58.89	59.01	62.68	54.97	142.47	163.00	46.68	48.68	57.62	50.87	86.00	170.00	70.20	57.21	64.33	56.21	125.10						
Office/outpatient visit, est	99213		5.06%	0.84%	134.15	89.05	92.87	108.87	90.19	79.88	140.00	89.93	96.24	112.52	86.74	83.00	150.00	100.77	96.24	120.96	101.79	86.00						
Inpatient consultation	99255		1.39%	0.75%	541.40	329.79	318.68	369.11	312.11	323.57	609.50	306.03	317.02	375.20	299.86	281.19	650.00	342.54	320.95	414.17	351.77	390.56						
Extremity study	93971	26	2.99%	0.72%	112.51	39.24	42.13	45.20	47.38	106.28	112.00	35.01	36.23	42.88	38.34	43.00	117.00	41.08	39.14	47.83	41.86	86.94						
Office/outpatient visit, est	99214		2.54%	0.64%	194.83	133.62	140.11	164.90	140.23	117.70	205.00	136.59	144.92	171.00	135.16	118.47	220.00	151.91	144.92	182.40	161.20	130.00						
Office consultation	99243		1.80%	0.61%	317.30	187.75	196.04	230.37	195.82	184.07	340.00	184.48	195.87	231.82	190.67	190.00	353.00	204.09	198.00	253.13	222.30	205.87						
Inpatient consultation	99254		1.37%	0.60%	432.27	240.20	262.96	299.70	246.73	232.74	485.00	228.50	259.84	303.34	236.02	218.82	514.00	275.27	267.04	334.50	275.21	273.11						
Office/outpatient visit, est	99212		3.28%	0.34%	101.12	55.61	56.69	66.49	56.13	56.92	106.00	54.77	58.31	67.47	53.30	56.00	115.00	60.60	58.31	73.00	64.23	61.75						
Inpatient consultation	99253		1.02%	0.31%	345.75	178.41	185.85	211.69	180.03	181.58	383.00	172.00	180.02	209.24	167.04	183.54	404.00	190.29	183.62	230.55	200.91	198.00						
Office/outpatient visit, new	99203		1.08%	0.27%	201.36	131.99	135.08	162.64	139.59	123.76	219.00	136.88	144.36	168.30	133.76	128.74	240.00	151.43	144.36	180.34	161.28	134.00						
Subsequent hospital care	99232		1.54%	0.27%	198.52	103.04	107.93	121.88	102.61	104.64	228.00	101.84	104.73	123.95	98.82	107.70	237.00	112.67	110.08	133.20	115.53	115.00						
Subsequent hospital care	99231		1.46%	0.14%	136.98	60.16	65.27	72.19	61.74	72.72	164.00	56.49	58.31	69.01	57.42	69.00	177.00	64.43	69.00	77.52	66.81	100.00						
Endoscopic vein harvest	33508		2.31%	0.08%	Not Cred	Not Cred	Not Cred	31.58	40.04	Not Cred	Not Cred	Not Cred	Not Cred	32.99	27.53	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	36.05	34.14	Not Cred					

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-4
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Cardiothoracic Surgery

					Billed Charges ⁽⁵⁾																		
					Mean					Median					80th Percentile								
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	
CABG, arterial, single	33533		4.98%	16.39%	Not Cred	\$6,174.64	Not Cred	\$5,038.85	\$4,678.82	Not Cred	Not Cred	\$6,533.00	Not Cred	\$5,487.00	\$4,925.00	Not Cred	Not Cred	\$6,712.00	Not Cred	\$5,508.00	\$5,723.00	Not Cred	Not Cred
Replacement of aortic valve	33405		1.10%	4.28%	Not Cred	7,410.80	Not Cred	5,905.67	5,877.24	Not Cred	Not Cred	7,782.00	Not Cred	6,115.00	5,543.50	Not Cred	Not Cred	7,782.00	Not Cred	6,543.00	6,706.60	Not Cred	Not Cred
CABG, arterial, two	33534		0.83%	3.18%	No Data	Not Cred	Not Cred	Not Cred	Not Cred	No Data	No Data	Not Cred	Not Cred	Not Cred	Not Cred	No Data	No Data	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	No Data
Partial removal of lung	32480		0.59%	1.80%	Not Cred	Not Cred	Not Cred	Not Cred	3,218.09	No Data	Not Cred	Not Cred	Not Cred	Not Cred	3,271.00	No Data	Not Cred	Not Cred	Not Cred	Not Cred	4,280.30	No Data	No Data
Repair of mitral valve	33427		0.46%	1.66%	No Data	Not Cred	Not Cred	Not Cred	Not Cred	No Data	No Data	Not Cred	Not Cred	Not Cred	Not Cred	No Data	No Data	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	No Data
Endovenous laser, 1st vein	36478		0.36%	1.59%	Not Cred	4,044.55	Not Cred	Not Cred	3,993.27	Not Cred	Not Cred	3,850.00	Not Cred	Not Cred	4,000.00	Not Cred	Not Cred	4,250.00	Not Cred	Not Cred	Not Cred	5,209.00	Not Cred
Partial removal of lung	32500		0.51%	1.50%	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	No Data	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	No Data	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	No Data
Replacement of mitral valve	33430		0.32%	1.50%	No Data	Not Cred	Not Cred	Not Cred	8,024.16	No Data	No Data	Not Cred	Not Cred	Not Cred	7,892.00	No Data	No Data	Not Cred	Not Cred	Not Cred	Not Cred	8,916.00	No Data
CABG, artery-vein, three	33519		1.65%	1.45%	No Data	Not Cred	Not Cred	Not Cred	1,248.08	No Data	No Data	Not Cred	Not Cred	Not Cred	1,254.00	Not Cred	No Data	Not Cred	Not Cred	Not Cred	Not Cred	1,557.10	Not Cred
Ascending aortic graft	33863		0.24%	1.36%	No Data	Not Cred	No Data	Not Cred	Not Cred	No Data	No Data	Not Cred	No Data	Not Cred	Not Cred	No Data	No Data	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	No Data
Office consultation	99245		2.19%	1.34%		544.53	398.49	382.16	496.39	443.42	395.48	563.00	392.00	420.00	500.00	450.00	660.00	455.00	452.00	591.00	503.00	487.00	
CABG, artery-vein, two	33518		2.01%	1.30%	No Data	Not Cred	Not Cred	Not Cred	1,026.99	890.04	Not Cred	No Data	Not Cred	Not Cred	1,018.50	935.00	Not Cred	No Data	Not Cred	Not Cred	1,155.00	1,159.00	Not Cred
Repair of mitral valve	33426		0.32%	1.28%	Not Cred	Not Cred	No Data	Not Cred	Not Cred	No Data	Not Cred	Not Cred	No Data	Not Cred	Not Cred	No Data	Not Cred	Not Cred	No Data	Not Cred	Not Cred	Not Cred	No Data
Office consultation	99244		2.46%	1.22%		434.24	283.55	294.68	397.81	343.92	301.79	450.00	299.17	318.00	399.00	345.15	305.00	510.50	343.90	362.00	473.00	399.00	363.34
Extremity study	93970	26	2.73%	1.03%		186.81	102.52	89.74	128.66	103.10	122.20	165.00	100.50	72.00	102.00	96.00	33.43	257.00	110.00	109.00	167.00	120.00	129.00
Extracranial study	93880	26	1.93%	0.88%		149.98	90.58	98.21	110.40	107.58	134.66	170.00	92.00	80.00	91.03	87.75	84.00	170.00	105.50	135.00	124.00	112.00	201.58
Office/outpatient visit, est	99213		5.06%	0.84%		134.60	84.31	94.91	119.82	107.32	88.42	145.00	83.00	98.00	125.00	107.00	87.00	152.25	110.00	114.00	145.00	128.00	106.70
Inpatient consultation	99255		1.39%	0.75%		477.62	355.21	398.36	443.39	400.14	402.83	477.00	350.00	404.00	446.00	420.00	414.00	628.55	438.47	404.00	523.00	476.00	500.00
Extremity study	93971	26	2.99%	0.72%		123.57	67.78	65.69	75.24	68.87	101.08	117.00	60.00	66.00	65.00	65.00	63.00	160.00	75.86	71.00	96.00	76.80	149.00
Office/outpatient visit, est	99214		2.54%	0.64%		196.23	131.45	144.89	184.32	165.49	132.65	208.00	138.00	150.00	190.00	163.00	130.00	220.00	166.00	171.00	221.00	200.00	156.00
Office consultation	99243		1.80%	0.61%		328.70	199.94	207.88	271.75	237.14	215.50	349.00	210.00	215.00	273.00	240.00	220.00	366.84	239.00	246.96	329.00	276.00	279.17
Inpatient consultation	99254		1.37%	0.60%		459.06	283.58	301.70	356.38	324.02	323.08	493.00	287.00	300.00	362.00	330.00	320.00	552.00	350.00	332.00	431.00	390.00	401.00
Office/outpatient visit, est	99212		3.28%	0.34%		92.50	53.09	56.30	72.57	68.63	55.45	102.00	55.00	60.00	75.75	70.00	55.00	117.00	70.00	70.00	90.00	80.00	74.00
Inpatient consultation	99253		1.02%	0.31%		345.49	202.10	225.00	255.97	234.89	245.19	383.00	204.00	212.00	261.00	234.85	259.65	407.70	247.00	270.00	299.00	270.00	280.00
Office/outpatient visit, new	99203		1.08%	0.27%		198.02	136.30	148.65	183.25	169.23	143.50	209.30	145.00	163.00	191.00	171.00	141.00	240.00	171.00	181.00	224.00	196.00	175.00
Subsequent hospital care	99232		1.54%	0.27%		208.11	115.76	131.12	141.72	138.76	129.72	234.00	120.00	125.00	144.00	138.80	125.00	238.17	130.00	133.00	167.00	158.00	160.00
Subsequent hospital care	99231		1.46%	0.14%		140.10	74.65	79.05	88.72	94.01	88.60	152.00	75.00	78.00	87.00	84.00	88.00	180.00	89.00	98.00	108.00	102.00	109.00
Endoscopic vein harvest	33508		2.31%	0.08%	Not Cred		56.25	Not Cred	97.14	45.52	Not Cred	Not Cred	55.00	Not Cred	47.00	41.00	Not Cred	Not Cred	58.00	Not Cred	47.00	55.00	Not Cred

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-5
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Chiropractic

Description	HCPCS	Modifier	Medicare ⁽¹⁾										TRICARE ⁽²⁾													
			% of Total Util	% of Total RVUs	AK		ID		ND		Portland	Rest Of	Seattle	Rest Of	WY	AK		ID		ND		Portland	Rest Of	Seattle	Rest Of	WY
					OR	OR	WA	WA	WA	WA	WA	OR	OR	WA		WA	OR	OR	WA	WA	OR	OR	WA	WA		
Chiropractic manipulation	98941		26.08%	32.73%	\$46.20	\$33.52	\$34.08	\$34.43	\$33.79	\$36.02	\$34.29	\$34.68	\$65.97	\$33.75	\$33.43	\$34.51	\$33.93	\$35.70	\$34.34	\$33.78						
Chiropractic manipulation	98940		12.96%	11.58%	33.24	24.28	24.79	25.02	24.51	26.15	24.81	24.99	47.15	24.28	24.06	24.90	24.44	25.76	24.72	24.23						
Manual therapy	97140		6.49%	6.20%	36.23	26.98	27.67	27.96	27.29	29.35	27.67	27.88	50.51	26.48	26.20	27.29	26.70	28.34	27.04	26.38						
Chiropractic manipulation	98942		3.39%	5.56%	60.10	43.36	44.07	44.48	43.69	46.42	44.26	44.67	86.52	44.09	43.71	45.05	44.32	46.50	44.79	44.06						
Therapeutic exercises	97110		5.40%	5.53%	38.37	28.62	29.37	29.67	28.96	31.16	29.36	29.58	53.75	28.26	27.95	29.15	28.50	30.29	28.87	28.13						
Mechanical traction therapy	97012		8.86%	4.76%	20.01	14.78	15.10	15.26	14.93	16.02	15.15	15.31	28.14	14.63	14.46	15.03	14.73	15.61	14.94	14.64						
Electric stimulation therapy	97014		8.89%	4.49%	16.07	12.08	12.39	12.53	12.22	13.22	12.44	12.59	24.96	13.44	13.24	13.93	13.56	14.59	13.81	13.42						
Chiropractic manipulation	98943		4.31%	3.55%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	44.59	23.14	22.86	23.74	23.28	24.68	23.64	23.22						
Office/outpatient visit, new	99203		0.98%	3.35%	129.99	98.07	100.35	101.71	99.17	107.79	101.40	103.20	180.25	95.71	94.25	98.75	96.40	103.31	98.27	96.05						
Office/outpatient visit, est	99213		1.45%	3.29%	87.71	66.04	67.67	68.52	66.81	72.42	68.12	69.10	121.23	64.21	63.34	66.28	64.72	69.17	65.82	64.23						
Neuromuscular reeducation	97112		3.02%	3.23%	39.85	29.90	30.73	31.05	30.27	32.65	30.70	30.94	55.44	29.30	28.98	30.28	29.57	31.49	29.97	29.15						
Therapeutic activities	97530		2.20%	2.39%	41.20	31.16	32.09	32.44	31.58	34.17	32.05	32.30	56.91	30.32	29.96	31.40	30.61	32.71	31.05	30.13						
Ultrasound therapy	97035		3.25%	1.39%	15.75	11.49	11.71	11.83	11.59	12.39	11.77	11.91	22.79	11.77	11.63	12.05	11.83	12.51	12.01	11.81						
Electrical stimulation	97032		2.32%	1.38%	22.61	17.02	17.48	17.68	17.23	18.63	17.51	17.69	30.94	16.36	16.16	16.89	16.50	17.61	16.76	16.34						
Office/outpatient visit, new	99202		0.57%	1.30%	89.38	67.88	69.71	70.61	68.74	74.76	70.13	71.13	123.19	65.86	64.92	68.16	66.44	71.28	67.62	65.81						
Office/outpatient visit, est	99212		0.90%	1.25%	51.32	39.51	40.71	41.26	40.07	43.82	40.92	41.52	70.24	38.10	37.50	39.59	38.48	41.53	39.23	38.04						
Massage therapy	97124		1.38%	1.14%	31.04	23.30	23.94	24.19	23.59	25.45	23.94	24.14	43.19	22.83	22.57	23.59	23.03	24.55	23.36	22.74						
Hot or cold packs therapy	97010		3.20%	0.57%	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	8.92	4.84	4.73	5.01	4.87	5.30	5.02	4.92						

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-5
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Chiropractic

Description	HCPCS	Modifier			VA ⁽¹⁾								Medicaid ⁽⁶⁾								Workers' Compensation ⁽⁵⁾							
			% of	% of	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY						
			Total Util	Total RVUs																								
Chiropractic manipulation	98941		26.08%	32.73%	\$59.87	\$33.52	\$34.08	\$34.43	\$36.02	\$34.68	\$59.85	\$32.53	\$48.16	\$26.71	\$21.12	N/A	\$84.00	\$47.31	\$64.42	\$66.74	Not Covered	N/A						
Chiropractic manipulation	98940		12.96%	11.58%	48.29	24.28	24.79	25.02	26.15	24.99	42.79	23.45	34.62	19.20	15.34	N/A	65.33	34.27	46.46	47.67	Not Covered	N/A						
Manual therapy	97140		6.49%	6.20%	69.72	26.98	27.67	27.96	29.35	27.88	44.91	24.62	N/A	20.59	16.45	27.46	74.53	37.32	50.79	50.14	45.93	N/A						
Chiropractic manipulation	98942		3.39%	5.56%	95.50	43.36	44.07	44.48	46.42	44.67	78.50	42.63	62.70	34.78	27.57	N/A	110.45	61.20	83.00	85.17	Not Covered	N/A						
Therapeutic exercises	97110		5.40%	5.53%	73.67	28.62	29.37	29.67	31.16	29.58	47.79	26.50	14.44	21.98	17.56	29.71	97.31	39.59	53.89	53.81	48.70	N/A						
Mechanical traction therapy	97012		8.86%	4.76%	48.41	14.78	15.10	15.26	16.02	15.31	25.01	13.67	N/A	11.41	9.11	15.04	55.51	20.44	27.87	27.52	24.90	N/A						
Electric stimulation therapy	97014		8.89%	4.49%	40.73	12.08	12.39	12.53	13.22	12.59	22.20	N/A	N/A	10.57	8.45	N/A	54.64	19.37	26.63	26.29	23.80	N/A						
Chiropractic manipulation	98943		4.31%	3.55%	62.79	N/A	N/A	N/A	N/A	N/A	39.64	N/A	N/A	N/A	Not Covered	N/A	56.00	32.02	43.98	45.13	Not Covered	N/A						
Office/outpatient visit, new	99203		0.98%	3.35%	161.06	98.07	100.35	101.71	107.79	103.20	160.27	86.54	136.58	75.39	56.88	99.86	223.86	197.71	187.68	207.84	168.23	N/A						
Office/outpatient visit, est	99213		1.45%	3.29%	103.12	66.04	67.67	68.52	72.42	69.10	108.29	57.45	91.76	50.35	38.21	67.36	149.22	133.13	125.74	138.79	112.89	N/A						
Neuromuscular reeducation	97112		3.02%	3.23%	75.67	29.90	30.73	31.05	32.65	30.94	49.59	27.25	14.44	22.81	18.23	N/A	95.24	41.36	56.37	55.65	50.91	N/A						
Therapeutic activities	97530		2.20%	2.39%	74.74	31.16	32.09	32.44	34.17	32.30	50.60	27.85	14.44	23.65	18.90	N/A	76.22	43.11	58.84	58.09	53.13	N/A						
Ultrasound therapy	97035		3.25%	1.39%	31.84	11.49	11.71	11.83	12.39	11.91	20.26	10.96	12.03	N/A	7.34	12.04	58.27	15.90	21.68	21.40	19.37	N/A						
Electrical stimulation	97032		2.32%	1.38%	42.72	17.02	17.48	17.68	18.63	17.69	27.52	15.26	12.03	12.80	10.23	N/A	59.29	23.54	32.21	31.80	28.78	N/A						
Office/outpatient visit, new	99202		0.57%	1.30%	121.20	67.88	69.71	70.61	74.76	71.13	109.84	59.02	93.90	51.75	39.31	69.70	171.90	136.85	129.45	142.89	116.21	N/A						
Office/outpatient visit, est	99212		0.90%	1.25%	75.92	39.51	40.71	41.26	43.82	41.52	62.46	35.18	54.42	30.05	22.84	40.33	116.78	79.66	75.57	83.41	68.07	N/A						
Massage therapy	97124		1.38%	1.14%	58.15	23.30	23.94	24.19	25.45	24.14	38.40	N/A	N/A	17.80	14.23	N/A	64.18	32.23	43.98	43.42	39.84	N/A						
Hot or cold packs therapy	97010		3.20%	0.57%	27.14	Bundled	Bundled	Bundled	Bundled	Bundled	7.93	N/A	6.03	N/A	Bundled	N/A	48.57	7.08	N/A	9.78	Bundled	N/A						

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-5
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Chiropractic

		Commercial Allowed ⁽⁵⁾																				
		Mean								Median						80th Percentile						
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Chiropractic manipulation	98941		26.08%	32.73%	\$66.49	\$37.90	\$48.24	\$50.45	\$38.89	\$45.93	\$70.00	\$38.00	\$52.00	\$47.94	\$38.00	\$45.00	\$75.00	\$39.68	\$53.21	\$60.00	\$44.68	\$55.00
Chiropractic manipulation	98940		12.96%	11.58%	\$3.90	30.39	37.49	39.00	31.33	39.10	55.00	28.27	38.49	34.68	29.50	40.00	60.00	35.00	38.49	49.50	34.68	45.00
Manual therapy	97140		6.49%	6.20%	119.79	39.28	49.43	57.57	43.86	60.99	112.10	28.47	40.76	44.08	28.44	50.00	180.00	56.94	61.35	79.16	56.80	90.00
Chiropractic manipulation	98942		3.39%	5.56%	75.77	46.95	55.64	61.98	46.82	50.20	80.00	45.07	56.25	56.25	49.50	50.00	85.00	51.56	69.00	75.00	54.75	50.17
Therapeutic exercises	97110		5.40%	5.53%	115.96	54.40	66.31	75.29	54.26	81.03	90.00	50.58	44.16	70.00	56.22	80.00	163.80	82.17	88.32	112.18	76.22	120.00
Mechanical traction therapy	97012		8.86%	4.76%	43.83	16.61	20.19	21.17	18.11	21.94	50.00	15.00	22.64	20.00	16.26	21.61	55.00	18.61	22.64	25.00	20.00	28.80
Electric stimulation therapy	97014		8.89%	4.49%	43.78	14.91	17.73	19.75	15.85	23.47	47.00	14.53	20.00	18.87	14.63	25.00	50.00	15.00	20.95	20.07	15.54	29.00
Chiropractic manipulation	98943		4.31%	3.55%	44.40	22.38	31.26	33.87	22.16	37.39	49.00	23.22	35.00	30.00	22.25	40.00	55.00	25.71	36.23	41.39	27.27	47.00
Office/outpatient visit, new	99203		0.98%	3.35%	201.36	131.99	135.08	162.64	139.59	123.76	219.00	136.88	144.36	168.30	133.76	128.74	240.00	151.43	144.36	180.34	161.28	134.00
Office/outpatient visit, est	99213		1.45%	3.29%	134.15	89.05	92.87	108.87	90.19	79.88	140.00	89.93	96.24	112.52	86.74	83.00	150.00	100.77	96.24	120.96	101.79	86.00
Neuromuscular reeducation	97112		3.02%	3.23%	105.80	34.12	48.14	48.65	45.17	54.15	74.00	28.84	44.26	40.80	31.60	43.00	160.00	35.00	45.61	52.73	63.20	80.00
Therapeutic activities	97530		2.20%	2.39%	115.09	45.26	109.02	78.92	62.43	47.93	96.00	31.87	92.84	58.00	62.56	43.00	180.00	60.00	185.68	120.00	96.00	55.00
Ultrasound therapy	97035		3.25%	1.39%	43.54	14.27	17.48	18.59	13.73	27.93	47.50	12.83	18.12	17.33	12.80	26.00	55.00	15.00	18.12	21.05	12.80	35.00
Electrical stimulation	97032		2.32%	1.38%	45.45	18.72	21.38	24.30	20.51	26.18	41.80	17.50	22.00	22.62	17.60	25.00	55.00	18.10	25.47	27.63	20.24	35.00
Office/outpatient visit, new	99202		0.57%	1.30%	149.21	91.12	86.37	110.70	93.63	87.29	155.00	93.40	99.63	114.79	90.39	88.00	172.00	103.33	99.63	123.60	108.17	97.00
Office/outpatient visit, est	99212		0.90%	1.25%	101.12	55.61	56.69	66.49	56.13	56.92	106.00	54.77	58.31	67.47	53.30	56.00	115.00	60.60	58.31	73.00	64.23	61.75
Massage therapy	97124		1.38%	1.14%	103.50	64.13	29.78	49.36	63.51	40.90	96.00	50.56	35.00	35.00	59.54	30.00	160.00	114.00	35.10	74.00	81.40	45.00
Hot or cold packs therapy	97010		3.20%	0.57%	27.10	8.14	9.48	9.59	9.04	16.42	32.00	4.98	6.21	8.50	5.51	15.00	40.00	10.93	12.00	10.08	12.90	21.50

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-5
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Chiropractic

		Billed Charges ⁽¹⁾																				
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	Mean						Median						80th Percentile					
					AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Chiropractic manipulation	98941		26.08%	32.73%	\$54.98	\$40.92	\$48.97	\$45.14	\$51.67	\$36.19	\$50.00	\$40.00	\$50.00	\$37.50	\$53.00	\$35.00	\$70.00	\$47.00	\$55.00	\$60.00	\$60.00	\$40.00
Chiropractic manipulation	98940		12.96%	11.58%	42.60	30.86	38.76	35.70	40.16	30.56	35.00	30.00	40.00	28.00	41.00	25.38	58.00	39.00	45.00	50.00	47.00	39.00
Manual therapy	97140		6.49%	6.20%	61.95	35.68	47.24	49.82	45.33	38.27	64.00	35.51	46.25	50.00	45.00	40.00	70.00	44.00	55.00	57.75	50.00	50.00
Chiropractic manipulation	98942		3.39%	5.56%	64.81	50.28	58.99	55.66	62.44	48.41	65.00	48.00	54.00	50.00	62.00	45.00	70.00	60.00	79.00	65.00	72.00	56.00
Therapeutic exercises	97110		5.40%	5.53%	64.21	35.07	47.83	50.70	47.75	39.57	65.00	35.00	48.00	52.00	48.00	40.00	81.00	40.00	50.00	59.00	55.00	50.00
Mechanical traction therapy	97012		8.86%	4.76%	33.70	20.38	32.95	26.94	26.33	25.37	36.00	20.00	28.80	28.00	26.00	30.00	40.00	25.00	40.00	35.00	30.00	30.00
Electric stimulation therapy	97014		8.89%	4.49%	40.03	16.27	16.88	21.62	24.31	18.10	40.00	15.10	18.00	20.00	20.00	15.00	47.00	20.00	22.00	30.00	31.00	20.00
Chiropractic manipulation	98943		4.31%	3.55%	Not Cred	25.04	30.52	25.25	35.69	Not Cred	Not Cred	25.00	30.00	20.00	38.00	Not Cred	Not Cred	35.00	45.00	47.00	41.00	Not Cred
Office/outpatient visit, new	99203		0.98%	3.35%	198.02	136.30	148.65	183.25	169.23	143.50	209.30	145.00	163.00	191.00	171.00	141.00	240.00	171.00	181.00	224.00	196.00	175.00
Office/outpatient visit, est	99213		1.45%	3.29%	134.60	84.31	94.91	119.82	107.32	88.42	145.00	83.00	98.00	125.00	107.00	87.00	152.25	110.00	114.00	145.00	128.00	106.70
Neuromuscular reeducation	97112		3.02%	3.23%	71.63	36.38	43.64	48.83	47.00	41.48	89.00	35.00	48.00	45.00	49.00	40.00	89.00	40.00	50.50	63.00	52.02	50.00
Therapeutic activities	97530		2.20%	2.39%	58.37	36.43	45.31	54.82	48.74	35.47	55.00	35.00	48.00	57.00	50.00	29.97	67.00	40.00	51.00	58.91	56.00	41.23
Ultrasound therapy	97035		3.25%	1.39%	38.53	19.19	25.82	24.79	24.66	25.19	40.00	17.00	23.00	25.00	24.00	21.00	55.00	23.00	35.00	30.00	30.00	40.00
Electrical stimulation	97032		2.32%	1.38%	38.89	25.68	28.05	29.19	26.62	25.98	35.00	26.00	28.00	31.00	25.50	15.11	50.00	30.00	29.00	36.00	30.00	54.57
Office/outpatient visit, new	99202		0.57%	1.30%	140.22	88.61	96.09	119.68	110.48	93.11	150.00	91.00	105.00	127.00	112.00	98.10	177.00	115.00	120.00	151.30	131.00	116.00
Office/outpatient visit, est	99212		0.90%	1.25%	92.50	53.09	56.30	72.57	68.63	55.45	102.00	55.00	60.00	75.75	70.00	55.00	117.00	70.00	70.00	90.00	80.00	74.00
Massage therapy	97124		1.38%	1.14%	33.93	25.19	33.95	21.48	29.93	31.25	37.00	25.00	38.00	19.00	26.00	22.25	40.00	28.00	38.00	40.00	43.05	40.00
Hot or cold packs therapy	97010		3.20%	0.57%	25.07	16.13	Not Cred	11.33	16.59	12.23	25.00	15.00	Not Cred	10.00	15.00	10.00	30.00	20.00	Not Cred	15.00	20.00	17.06

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-6
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
DME

Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	Medicare ⁽¹⁾										TRICARE ⁽²⁾									
					AK	ID	ND	OR	Rest Of	Seattle	Rest Of	WA	WA	WY	AK	ID	ND	OR	Rest of	Seattle	Rest of	WA	WA	WY
Cont airway pressure device	E0601	RR	7.34%	7.80%	\$96.13	\$101.00	\$99.22	\$101.00	\$101.00	\$101.00	\$101.00	\$101.00	\$101.00	\$96.13	\$101.00	\$99.22	\$101.00	\$101.00	\$101.00	\$101.00	\$101.00	\$101.00	\$101.00	
Oxygen concentrator	E1390	RR	4.00%	7.64%	173.31	173.31	173.31	173.31	173.31	173.31	173.31	173.31	173.31	173.31	173.31	173.31	173.31	173.31	173.31	173.31	173.31	173.31	173.31	
Neg press wound therapy pump	E2402	RR	0.26%	4.45%	1,551.85	1,551.85	1,551.85	1,551.85	1,551.85	1,551.85	1,551.85	1,551.85	1,551.85	1,551.85	1,551.85	1,551.85	1,551.85	1,551.85	1,551.85	1,551.85	1,551.85	1,551.85	1,551.85	
Fit insert ucb berkeley shell	L3000		1.33%	4.15%	277.33	277.33	287.24	277.33	277.33	277.33	277.33	277.33	287.24	277.33	277.33	287.24	277.33	277.33	277.33	277.33	277.33	277.33	287.24	
Nasal application device	A7034	NU	3.28%	3.85%	106.35	106.35	106.35	106.35	106.35	106.35	106.35	106.35	106.35	106.35	106.35	106.35	106.35	106.35	106.35	106.35	106.35	106.35	106.35	
Elec osteogen stim spinal	E0748		0.08%	3.43%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Pneumati walking boot prefab	L4360		0.97%	2.76%	275.94	312.25	252.72	312.25	312.25	312.25	312.25	312.25	252.72	275.94	312.25	252.72	312.25	312.25	312.25	312.25	312.25	312.25	252.72	
Tens four lead	E0730	RR	0.61%	2.52%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
CPAP full face mask	A7030	NU	1.14%	2.14%	170.55	170.55	170.55	170.55	170.55	170.55	170.55	170.55	170.55	170.55	170.55	170.55	170.55	170.55	170.55	170.55	170.55	170.55	170.55	
RAD w/o backup non-inw iutlc	E0470	RR	0.82%	2.00%	224.92	231.99	231.99	227.21	227.21	231.99	231.99	231.99	231.99	224.92	231.99	231.99	227.21	227.21	231.99	231.99	231.99	231.99	231.99	
Foot longitud/metatarsal sup	L3020		0.92%	1.81%	175.17	175.17	181.42	175.17	175.17	175.17	175.17	175.17	181.42	175.17	175.17	181.42	175.17	175.17	175.17	175.17	175.17	181.42		
KO adj jnt pos rigid support	L1832		0.25%	1.64%	599.93	514.22	514.22	514.22	514.22	514.22	514.22	514.22	514.22	599.93	514.22	514.22	514.22	514.22	514.22	514.22	514.22	514.22	514.22	
Pos airway pressure tubing	A7037	NU	3.85%	1.56%	32.69	37.08	37.08	37.08	37.08	37.08	37.08	37.08	37.08	32.69	37.08	37.08	37.08	37.08	37.08	37.08	37.08	37.08	37.08	
Pneum compres w/cal pressure	E0652		0.03%	1.48%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Pos airway press headgear	A7035	NU	3.77%	1.43%	35.06	35.93	35.93	35.93	35.93	35.93	35.93	35.93	35.93	35.06	35.93	35.93	35.93	35.93	35.93	35.93	35.93	35.93	35.93	
Elec osteogen stim not spine	E0747		0.03%	1.28%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Osteogen ultrasound stimultor	E0760		0.03%	1.15%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Blood glucose/reagent strips	A4253	NU	2.72%	1.13%	37.87	36.40	36.38	38.75	38.75	36.49	36.49	38.76	38.76	37.87	36.40	36.38	38.75	38.75	36.49	36.49	38.76	38.76	38.76	
Humidifier heated used w PAP	E0562	RR	3.28%	0.98%	27.22	27.22	27.22	27.22	27.22	27.22	27.22	27.22	27.22	27.22	27.22	27.22	27.22	27.22	27.22	27.22	27.22	27.22	27.22	
Wrist cock-up non-molded	L3908		1.36%	0.85%	86.59	66.12	49.59	66.12	66.12	66.12	66.12	66.12	49.59	86.59	66.12	49.59	66.12	66.12	66.12	66.12	66.12	49.59	66.12	
Portable gaseous O2	E0431	RR	2.02%	0.64%	28.74	28.74	28.74	28.74	28.74	28.74	28.74	28.74	28.74	28.74	28.74	28.74	28.74	28.74	28.74	28.74	28.74	28.74	28.74	
Nebulizer with compression	E0570	RR	1.90%	0.35%	16.90	16.89	16.90	16.90	16.90	16.90	16.89	16.89	16.90	16.90	16.89	16.90	16.90	16.90	16.90	16.89	16.89	16.90	16.90	
Lancets per box	A4259		1.81%	0.24%	12.66	11.41	12.65	12.65	12.65	12.65	12.65	12.65	12.65	12.66	11.41	12.65	12.65	12.65	12.65	12.65	12.65	12.65	12.65	
Filter, non disposable w pap	A7039	NU	1.55%	0.22%	11.23	13.86	13.86	13.86	13.86	13.86	13.86	13.86	13.86	11.23	13.86	13.86	13.86	13.86	13.86	13.86	13.86	13.86	13.86	
Pos airway pressure filter	A7038	NU	3.98%	0.20%	2.75	4.88	4.88	4.88	4.88	4.88	4.88	4.88	4.88	2.75	4.88	4.88	4.88	4.88	4.88	4.88	4.88	4.88	4.88	
Electrodes, pair	A4556		1.36%	0.18%	10.58	10.83	12.74	12.43	12.43	10.83	10.83	12.74	10.58	10.83	12.74	10.58	10.83	12.74	12.43	10.83	10.83	12.74	12.74	
Infus insulin pump non needl	A4230		1.63%	0.13%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Surgical trays	A4550		2.07%	0.03%	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	

- (1) Medicare fees are from CY2011 schedule.
(2) TRICARE fees are from the current schedules effective 8/1/2010.
(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).
(4) Medicaid and workers' compensation fees are current as of 8/3/2011.
(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-6
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
DME

Description	HCPCS	Modifier	VA ⁽¹⁾										Medicaid ⁽⁴⁾					Workers' Compensation ⁽⁴⁾					
			% of		AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	
			Total Util	Total RVUs																			
Cont airway pressure device	E0601	RR	7.34%	7.80%	\$323.38	\$101.00	\$99.22	\$101.00	\$101.00	\$101.00	N/A	N/A	N/A	\$106.68	\$101.10	\$90.90	271.24	Unknown	\$119.06	85% of MSRP	\$164.94	N/A	
Oxygen concentrator	E1390	RR	4.00%	7.64%	664.17	173.31	173.31	173.31	173.31	173.31	200.40	N/A	N/A	N/A	185.73	173.17	155.98	556.30	Unknown	207.97	85% of MSRP	173.31	N/A
Neg press wound therapy pump	E2402	RR	0.26%	4.45%	4,074.37	1,551.85	1,551.85	1,551.85	1,551.85	1,551.85	N/A	N/A	N/A	1,639.22	N/A	N/A	BR	Unknown	1,862.22	85% of MSRP	2,534.10	N/A	
Ft insert uch berkeley shell	L3000		1.33%	4.15%	540.34	277.33	287.24	277.33	277.33	287.24	246.83	220.18	N/A	235.72	277.61	246.46	407.51	Unknown	344.69	85% of MSRP	332.80	N/A	
Nasal application device	A7034	NU	3.28%	3.85%	279.24	106.35	106.35	106.35	106.35	106.35	117.64	76.66	N/A	112.35	106.46	117.64	BR	Unknown	127.62	85% of MSRP	N/A	N/A	
Elec osteogen stim spinal	E0748		0.08%	3.43%	N/A	N/A	N/A	N/A	N/A	N/A	3,826.27	3,342.55	N/A	N/A	N/A	N/A	BR	Unknown	N/A	85% of MSRP	N/A	N/A	
Pneumat walking boot prefab	L4360		0.97%	2.76%	532.15	312.25	252.72	312.25	312.25	252.72	245.59	259.85	N/A	265.39	312.57	N/A	401.32	Unknown	303.26	85% of MSRP	374.70	N/A	
Tens four lead	E0730	RR	0.61%	2.52%	211.84	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	32.60	N/A	177.58	Unknown	N/A	85% of MSRP	N/A	N/A	
CPAP full face mask	A7030	NU	1.14%	2.14%	447.78	170.55	170.55	170.55	170.55	170.55	188.64	188.64	N/A	180.15	170.72	188.64	BR	Unknown	204.66	85% of MSRP	N/A	N/A	
RAD w/o backup non-inv intfc	E0470	RR	0.82%	2.00%	590.55	231.99	231.99	227.21	231.99	231.99	2,487.90	N/A	N/A	240.00	232.22	N/A	BR	Unknown	278.39	85% of MSRP	378.83	N/A	
Foot longitud/metatarsal sup	L3020		0.92%	1.81%	532.15	175.17	181.42	175.17	175.17	181.42	155.91	139.06	N/A	148.89	N/A	N/A	401.32	Unknown	217.70	85% of MSRP	210.20	N/A	
KO adj jnt pos rigid support	L1832		0.25%	1.64%	1,316.05	514.22	514.22	514.22	514.22	514.22	533.93	427.92	N/A	437.06	N/A	N/A	992.94	Unknown	617.06	85% of MSRP	617.06	N/A	
Pos airway pressure tubing	A7037	NU	3.85%	1.56%	85.83	37.08	37.08	37.08	37.08	37.08	36.16	39.12	N/A	39.17	37.12	41.02	BR	Unknown	44.50	85% of MSRP	N/A	N/A	
Pneum compress w/cal pressure	E0652		0.03%	1.48%	N/A	N/A	N/A	N/A	N/A	N/A	6,172.73	4,311.06	N/A	N/A	N/A	N/A	N/A	Unknown	N/A	85% of MSRP	N/A	N/A	
Pos airway press headgear	A7035	NU	3.77%	1.43%	92.08	35.93	35.93	35.93	35.93	35.93	38.79	37.92	N/A	37.96	35.97	39.75	BR	Unknown	43.12	85% of MSRP	N/A	N/A	
Elec osteogen stim not spine	E0747		0.03%	1.28%	8,870.56	N/A	N/A	N/A	N/A	N/A	3,826.27	3,364.35	N/A	N/A	N/A	N/A	N/A	Unknown	N/A	85% of MSRP	N/A	N/A	
Osteogen ultrasound stim/tor	E0760		0.03%	1.15%	N/A	N/A	N/A	N/A	N/A	N/A	3,148.10	2,778.50	N/A	N/A	N/A	N/A	BR	Unknown	N/A	85% of MSRP	N/A	N/A	
Blood glucose/reagent strips	A4253	NU	2.72%	1.13%	85.69	36.40	36.38	38.75	36.49	38.76	36.10	34.70	N/A	35.28	N/A	36.95	81.37	Unknown	43.66	85% of MSRP	N/A	N/A	
Humidifier heated used w PAP	E0562	RR	3.28%	0.98%	71.47	27.22	27.22	27.22	27.22	27.22	N/A	N/A	N/A	28.76	N/A	24.51	BR	Unknown	32.66	85% of MSRP	N/A	N/A	
Wrist cock-up non-molded	L3908		1.36%	0.85%	109.50	66.12	49.59	66.12	66.12	49.59	77.07	55.02	N/A	56.20	66.19	47.28	82.74	Unknown	59.51	85% of MSRP	79.34	N/A	
Portable gaseous O2	E0431	RR	2.02%	0.64%	113.59	28.74	28.74	28.74	28.74	28.74	32.08	N/A	N/A	30.64	28.77	25.87	95.40	Unknown	34.49	85% of MSRP	28.74	N/A	
Nebulizer with compression	E0570	RR	1.90%	0.35%	49.12	16.89	16.90	16.90	16.89	16.90	N/A	N/A	N/A	15.39	N/A	15.21	41.38	Unknown	20.28	85% of MSRP	By Report	N/A	
Lancets per box	A4259		1.81%	0.24%	21.49	11.41	12.65	12.65	12.65	12.65	12.07	10.38	N/A	N/A	N/A	12.06	18.01	Unknown	15.18	85% of MSRP	Bundled	N/A	
Filter, non disposable w pap	A7039	NU	1.55%	0.22%	29.48	13.86	13.86	13.86	13.86	13.86	12.42	14.62	N/A	14.64	13.87	15.33	BR	Unknown	16.63	85% of MSRP	N/A	N/A	
Pos airway pressure filter	A7038	NU	3.98%	0.20%	7.22	4.88	4.88	4.88	4.88	4.88	3.04	5.39	N/A	5.15	4.88	4.39	BR	Unknown	5.86	85% of MSRP	N/A	N/A	
Electrodes, pair	A4556		1.36%	0.18%	25.58	10.83	12.74	12.43	10.83	12.74	10.09	9.84	N/A	N/A	Not Covered	12.14	20.78	Unknown	15.29	85% of MSRP	Bundled	N/A	
Infus insulin pump non needl	A4230		1.63%	0.13%	N/A	N/A	N/A	N/A	N/A	N/A	By Report	N/A	N/A	N/A	N/A	0.80	BR	Unknown	N/A	85% of MSRP	By Report	N/A	
Surgical trays	A4550		2.07%	0.03%	97.22	Bundled	Bundled	Bundled	Bundled	Bundled	15.21	16.98	N/A	26.01	N/A	30.00	80.35	Unknown	N/A	85% of MSRP	Bundled	N/A	

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-6
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
DME

		Commercial Allowed ⁽⁵⁾																				
		Mean										Mediana					80th Percentile					
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Cont airway pressure device	E0601	RR	7.34%	7.80%	\$114.07	\$92.27	\$133.38	\$103.86	\$95.35	\$119.23	\$106.33	\$85.93	\$120.73	\$104.33	\$94.00	\$122.88	\$133.00	\$100.10	\$120.73	\$122.25	\$111.71	\$122.88
Oxygen concentrator	E1390	RR	4.00%	7.64%	286.74	195.86	215.55	174.67	182.73	204.58	346.34	175.79	219.21	158.21	154.07	215.00	350.00	261.50	219.21	200.00	245.15	219.21
Neg press wound therapy pump	E2402	RR	0.26%	4.45%	1,755.94	1,477.99	1,811.05	1,135.70	1,217.70	1,117.10	2,057.50	1,504.20	2,444.00	112.00	119.00	134.00	3,495.00	2,910.00	3,120.00	2,912.00	2,790.00	2,814.00
Flt insert ucb berkeley shell	L3000		1.33%	4.15%	255.65	198.54	201.56	187.15	204.00	172.57	220.00	202.30	182.50	188.87	216.00	162.00	230.00	225.00	240.00	225.00	240.00	209.76
Nasal application device	A7034	NU	3.28%	3.85%	135.48	107.83	121.13	101.28	99.13	120.13	119.00	108.59	129.40	106.46	99.99	129.40	198.00	118.00	129.40	117.35	111.76	129.40
Elec osteogen stim spinal	E0748		0.08%	3.43%	No Data	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	No Data	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	No Data	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred
Pneumai walking boot prefab	L4360		0.97%	2.76%	266.49	242.98	189.98	262.14	228.16	183.48	275.00	245.00	220.00	285.00	253.03	175.00	295.39	315.00	265.01	312.57	281.31	258.05
Tens four lead	E0730	RR	0.61%	2.52%	44.30	40.87	41.44	51.86	74.43	42.07	28.95	34.00	41.70	45.00	81.25	33.99	47.65	42.30	42.30	45.00	106.25	52.99
CPAP full face mask	A7030	NU	1.14%	2.14%	219.71	175.32	196.36	173.21	169.90	182.23	200.00	174.13	207.50	179.21	176.78	207.50	265.63	195.15	207.50	188.20	198.00	207.50
RAD w/o backup non-inv intfc	E0470	RR	0.82%	2.00%	204.53	192.74	282.22	226.58	220.52	247.71	223.22	201.03	282.26	204.70	234.66	282.26	279.50	209.70	282.26	266.94	253.55	282.26
Foot longitud/metatarsal sup	L3020		0.92%	1.81%	197.81	160.63	162.37	160.18	153.11	150.55	200.00	174.50	165.00	167.00	152.84	140.13	225.00	187.50	190.25	180.00	167.00	190.25
KO adj jnt pos rigid support	L1832		0.25%	1.64%	522.25	362.94	Not Cred	479.08	379.65	226.69	525.00	420.78	Not Cred	496.89	416.69	182.00	857.90	514.73	Not Cred	514.73	463.26	360.00
Pos airway pressure tubing	A7037	NU	3.85%	1.56%	45.39	38.92	38.14	35.70	34.92	41.71	48.00	35.26	45.12	37.12	38.45	45.12	52.00	37.86	45.12	40.90	41.02	45.12
Pneum compres w/cal pressure	E0652		0.03%	1.48%	Not Cred	No Data	No Data	Not Cred	No Data	No Data	Not Cred	No Data	No Data	Not Cred	No Data	No Data	Not Cred	No Data	No Data	Not Cred	No Data	No Data
Pos airway press headgear	A7035	NU	3.77%	1.43%	47.45	37.26	42.15	37.11	35.65	41.43	45.00	36.69	43.73	38.00	37.37	43.73	60.00	39.50	43.73	41.50	39.75	43.73
Elec osteogen stim not spine	E0747		0.03%	1.28%	No Data	No Data	No Data	Not Cred	Not Cred	Not Cred	No Data	No Data	No Data	Not Cred	Not Cred	Not Cred	No Data	No Data	No Data	Not Cred	Not Cred	Not Cred
Osteogen ultrasound stimtor	E0760		0.03%	1.15%	No Data	Not Cred	No Data	Not Cred	Not Cred	No Data	No Data	Not Cred	No Data	Not Cred	Not Cred	No Data	No Data	Not Cred	No Data	Not Cred	Not Cred	No Data
Blood glucose/reagent strips	A4253	NU	2.72%	1.13%	198.54	157.73	113.22	191.27	214.49	166.49	108.00	126.24	69.25	156.00	174.43	139.64	246.52	217.95	166.98	270.00	328.80	180.52
Humidifier heated used w PAP	E0562	RR	3.28%	0.98%	33.30	29.19	32.78	28.07	27.89	32.34	35.00	23.16	33.12	29.45	28.00	33.12	40.00	31.34	33.12	30.11	30.00	33.12
Wrist cock-up non-molded	L3908		1.36%	0.85%	48.00	44.20	46.30	39.64	42.46	37.47	44.00	45.36	52.01	31.49	47.28	40.50	62.00	65.00	52.01	65.00	59.57	50.32
Portable gaseous O2	E0431	RR	2.02%	0.64%	67.40	34.29	34.63	36.68	52.83	36.79	75.00	28.77	34.97	25.89	38.53	34.97	100.00	43.66	34.97	35.10	88.50	34.97
Nebulizer with compression	E0570	RR	1.90%	0.35%	33.25	17.71	17.98	20.84	20.48	20.33	40.00	14.37	17.72	17.01	12.08	17.72	49.50	22.50	17.72	23.50	18.75	17.72
Lancets per box	A4259		1.81%	0.24%	Not Cred	42.65	13.01	29.17	30.11	38.49	Not Cred	20.44	11.50	22.78	21.82	21.82	Not Cred	42.10	16.00	36.84	45.56	60.64
Filter, non disposable w pap	A7039	NU	1.55%	0.22%	18.36	13.88	14.34	15.10	13.75	15.42	20.00	12.97	16.86	14.56	13.87	16.86	24.00	14.14	16.86	17.10	15.33	16.86
Pos airway pressure filter	A7038	NU	3.98%	0.20%	6.79	5.32	6.79	5.42	5.50	5.79	6.00	4.77	5.93	5.00	5.07	5.93	10.00	5.21	5.93	5.99	6.57	5.93
Electrodes, pair	A4556		1.36%	0.18%	61.37	51.85	152.21	68.90	51.86	66.02	30.00	18.00	45.00	40.00	39.04	12.00	51.15	40.00	382.08	89.60	61.39	58.24
Infus insulin pump non needl	A4230		1.63%	0.13%	241.90	238.66	243.32	264.18	219.55	272.95	125.20	167.20	116.00	168.96	116.00	185.16	399.04	396.00	464.00	390.00	390.00	432.00
Surgical trays	A4550		2.07%	0.03%	86.92	77.75	Not Cred	43.73	31.59	45.44	80.00	46.00	Not Cred	30.72	33.60	45.00	125.25	100.00	Not Cred	49.60	33.60	75.00

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-6
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
DME

			Billed Charges ⁽¹⁾																				
			Mean						Median						80th Percentile								
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	
Cont airway pressure device	E0601	RR	7.34%	7.80%	\$180.50	\$175.50	\$134.84	\$168.53	\$180.68	\$213.27	\$140.00	\$122.25	\$135.00	\$150.00	\$167.56	\$250.00	\$195.00	\$220.00	\$140.00	\$203.85	\$220.00	\$256.24	
Oxygen concentrator	E1390	RR	4.00%	7.64%	391.02	409.29	306.23	449.10	474.16	409.59	375.00	410.00	300.00	453.24	453.24	400.00	395.00	453.24	332.80	550.00	550.00	410.00	
Neg press wound therapy pump	E2402	RR	0.26%	4.45%	3,870.00	3,828.09	Not Cred	3,871.37	3,835.07	Not Cred	3,870.00	3,870.00	Not Cred	3,870.00	3,870.00	Not Cred	3,870.00	3,870.00	Not Cred	3,870.00	3,870.00	Not Cred	
Fi insert ucb berkeley shell	L3000		1.33%	4.15%	No Data	No Data	No Data	Not Cred	251.00	Not Cred	No Data	No Data	No Data	Not Cred	200.00	Not Cred	No Data	No Data	No Data	Not Cred	390.00	Not Cred	
Nasal application device	A7034	NU	3.28%	3.85%	164.27	161.69	137.83	172.76	175.44	164.95	125.00	147.05	132.00	169.04	140.59	140.00	162.50	188.00	147.05	176.50	200.00	147.05	
Elec osteogen stim spinal	E0748		0.08%	3.43%	No Data	Not Cred	Not Cred	5,122.50	Not Cred	Not Cred	No Data	Not Cred	Not Cred	5,122.50	Not Cred	Not Cred	No Data	Not Cred	Not Cred	5,250.00	Not Cred	Not Cred	
Pneumati walking boot prefab	L4360		0.97%	2.76%	Not Cred	293.99	Not Cred	298.12	297.70	Not Cred	Not Cred	292.50	Not Cred	312.57	297.00	Not Cred	Not Cred	385.00	Not Cred	359.77	366.00	Not Cred	
Tens four lead	E0730	RR	0.61%	2.52%	Not Cred	43.28	Not Cred	36.27	49.56	Not Cred	Not Cred	38.91	Not Cred	34.13	40.58	Not Cred	Not Cred	40.00	Not Cred	35.84	42.30	Not Cred	
CPAP full face mask	A7030	NU	1.14%	2.14%	204.81	294.30	220.68	269.19	294.01	270.43	200.00	260.00	210.00	228.34	280.54	235.35	200.00	271.00	240.28	282.96	284.70	314.00	
RAD w/o backup non-inv intfc	E0470	RR	0.82%	2.00%	380.15	377.71	325.63	358.00	416.79	391.09	279.50	378.59	310.00	378.59	408.49	334.21	574.00	378.59	390.00	384.90	439.00	440.00	
Foot longitud/metatarsal sup	L3020		0.92%	1.81%	213.78	No Data	Not Cred	Not Cred	210.30	Not Cred	200.18	No Data	Not Cred	Not Cred	200.00	Not Cred	288.00	No Data	Not Cred	Not Cred	236.72	Not Cred	
KO adj jnt pos rigid support	L1832		0.25%	1.64%	Not Cred	Not Cred	Not Cred	570.02	518.54	Not Cred	Not Cred	Not Cred	Not Cred	550.00	550.00	Not Cred	Not Cred	Not Cred	Not Cred	690.00	590.00	Not Cred	
Pos airway pressure tubing	A7037	NU	3.85%	1.56%	52.90	51.74	46.92	53.54	56.87	60.55	48.00	49.00	48.78	52.55	56.75	65.32	55.98	52.55	52.19	55.00	60.00	65.32	
Pneum compres w/cal pressure	E0652		0.03%	1.48%	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	
Pos airway press headgear	A7035	NU	3.77%	1.43%	63.91	58.28	49.08	57.90	62.88	59.13	60.00	50.00	49.69	49.38	53.57	53.45	76.45	51.00	50.00	60.00	60.00	55.00	
Elec osteogen stim not spine	E0747		0.03%	1.28%	No Data	Not Cred	No Data	Not Cred	Not Cred	No Data	No Data	Not Cred	No Data	Not Cred	Not Cred	No Data	No Data	Not Cred	No Data	Not Cred	Not Cred	No Data	
Osteogen ultrasound stimultor	E0760		0.03%	1.15%	Not Cred	No Data	Not Cred	No Data	Not Cred	No Data	Not Cred	No Data	Not Cred	No Data	Not Cred	No Data	Not Cred	No Data	Not Cred	Not Cred	Not Cred	No Data	
Blood glucose/reagent strips	A4253	NU	2.72%	1.13%	60.31	50.78	60.34	52.51	54.44	56.52	57.99	53.49	57.99	53.50	55.50	57.05	75.76	60.23	66.94	60.00	61.25	62.94	
Humidifier heated used w PAP	E0562	RR	3.28%	0.98%	40.35	57.20	38.73	55.07	65.28	41.33	40.00	60.00	35.50	40.00	50.00	41.22	40.00	60.00	45.00	50.00	65.00	42.66	
Wrist cock-up non-molded	L3908		1.36%	0.85%	49.25	52.68	52.09	53.02	55.30	40.27	48.50	63.03	52.00	65.00	65.00	45.00	65.00	72.48	63.50	75.64	71.00	50.00	
Portable gaseous O2	E0431	RR	2.02%	0.64%	90.64	78.74	49.88	108.63	122.14	66.74	75.00	57.00	48.00	114.74	114.74	51.25	100.00	114.74	51.00	114.74	160.00	64.00	
Nebulizer with compression	E0570	RR	1.90%	0.35%	42.84	49.21	40.05	63.38	61.33	54.18	49.50	30.00	40.00	65.95	65.95	55.70	49.50	65.95	45.00	65.95	92.00	55.70	
Lancets per box	A4259		1.81%	0.24%	16.55	17.54	19.27	17.52	17.10	18.25	16.40	17.50	15.95	16.50	16.40	18.00	18.00	20.00	18.00	20.00	19.03	20.00	
Filter, non disposable w pap	A7039	NU	1.55%	0.22%	21.20	25.66	17.57	24.87	25.60	21.73	20.00	31.66	18.00	24.20	24.20	21.37	24.20	31.66	19.50	31.66	34.28	21.37	
Pos airway pressure filter	A7038	NU	3.98%	0.20%	8.62	6.82	5.40	7.74	8.58	6.84	6.00	7.59	6.00	7.59	8.21	6.53	9.20	7.59	7.00	8.00	8.31	6.74	
Electrodes, pair	A4556		1.36%	0.18%	No Data	Not Cred	No Data	12.18	15.16	Not Cred	No Data	Not Cred	No Data	14.00	14.00	Not Cred	No Data	Not Cred	No Data	16.00	28.00	Not Cred	
Infus insulin pump non needl	A4230		1.63%	0.13%	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	
Surgical trays	A4550		2.07%	0.03%	74.64	87.16	Not Cred	39.51	45.86	33.92	61.00	56.00	Not Cred	38.00	37.00	22.27	129.00	105.00	Not Cred	50.00	60.00	61.00	

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-7
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
ENT

Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	Medicare ⁽¹⁾								TRICARE ⁽²⁾							
					Portland		Rest Of		Seattle		Rest Of		Portland		Rest Of		Seattle		Rest Of	
					AK	ID	ND	OR	OR	WA	WA	WY	AK	ID	ND	OR	OR	WA	WA	WY
Office/outpatient visit, est	99213		12.44%	9.11%	\$87.71	\$66.04	\$67.67	\$68.52	\$66.81	\$72.42	\$68.12	\$69.10	\$121.23	\$64.21	\$63.34	\$66.28	\$64.72	\$69.17	\$65.82	\$64.23
Office consultation	99243		4.29%	6.37%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	232.06	122.65	120.81	126.37	123.48	132.09	125.83	123.16
Office/outpatient visit, est	99214		3.80%	4.18%	130.96	98.08	100.41	101.63	99.18	107.25	101.06	102.45	182.64	96.32	95.07	99.31	97.05	103.52	98.63	96.32
Resect inferior turbinate	30140		0.72%	3.98%	516.50	410.39	425.52	432.00	417.36	462.15	427.69	434.67	689.77	386.63	379.43	405.24	391.53	428.13	400.55	385.27
Antigen therapy services	95165		1.89%	3.79%	14.41	11.84	12.39	12.58	12.09	13.54	12.40	12.59	19.05	11.10	10.85	11.75	11.27	12.51	11.58	11.03
Office consultation	99244		1.71%	3.73%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	349.48	182.66	180.28	187.72	183.81	195.50	186.85	183.17
Nasal endoscopy, dx	31231		1.77%	3.70%	220.84	179.72	187.70	190.55	183.31	204.35	187.65	190.14	291.87	168.11	164.91	177.69	170.80	188.30	174.74	166.45
Repair of nasal septum	30520		0.56%	3.65%	755.89	582.79	598.93	607.91	590.55	647.84	605.50	617.24	1,026.21	556.58	546.67	577.37	561.44	607.33	574.07	558.58
Create cartilage opening	69436		1.51%	3.41%	203.14	153.37	159.27	161.66	157.28	172.10	161.29	164.57	279.57	150.53	147.87	155.79	151.71	163.71	155.10	151.31
Office/outpatient visit, new	99203		3.05%	3.40%	129.99	98.07	100.35	101.71	99.17	107.79	101.40	103.20	180.25	95.71	94.25	98.75	96.40	103.31	98.27	96.05
Nasal/sinus endoscopy, surg	31237		0.71%	2.88%	391.02	307.92	318.43	323.27	312.82	345.45	320.62	326.17	528.74	293.70	288.28	306.97	297.10	323.94	303.92	293.27
Removal of ethmoid sinus	31255		0.44%	2.45%	530.52	388.77	393.40	399.07	391.46	422.13	401.59	411.31	749.46	386.41	380.12	394.22	387.37	411.60	395.65	392.02
Diagnostic laryngoscopy	31575		1.64%	2.17%	139.21	109.23	112.95	114.60	110.95	122.28	113.58	115.39	188.90	104.55	102.70	109.20	105.75	115.08	108.07	104.30
Comprehensive hearing test	92557		3.11%	2.02%	52.02	38.91	39.87	40.33	39.36	42.49	40.03	40.48	75.26	39.90	39.41	41.23	40.25	42.96	40.85	39.76
Remove tonsils and adenoids	42820		0.58%	1.93%	373.66	280.56	286.08	290.27	283.38	308.12	290.58	296.87	519.27	274.26	269.62	282.09	275.78	295.56	281.78	276.72
Office/outpatient visit, new	99204		1.10%	1.87%	203.11	151.11	154.06	156.09	152.58	164.96	155.92	158.74	284.41	148.94	146.76	152.99	149.78	159.69	152.59	149.84
Office/outpatient visit, est	99212		3.76%	1.71%	51.32	39.51	40.71	41.26	40.07	43.82	40.92	41.52	70.24	38.10	37.50	39.59	38.48	41.53	39.23	38.04
Endoscopy, maxillary sinus	31267		0.35%	1.51%	419.84	308.16	311.99	316.49	310.36	334.86	318.38	326.03	592.63	306.05	301.05	312.41	306.88	326.27	313.45	310.39
Sinus endoscopy, surgical	31276		0.20%	1.41%	670.04	490.39	495.93	503.13	493.68	532.25	506.61	519.13	947.73	488.06	480.05	497.67	489.16	519.62	499.70	495.45
Ct maxillofacial w/o dye	70486	26	0.40%	1.24%	77.01	55.08	55.81	56.34	55.44	58.75	56.20	56.83	112.69	57.08	56.55	58.16	57.31	60.07	58.00	57.27
Tympanometry	92567		4.14%	1.10%	19.32	14.68	15.10	15.28	14.87	16.15	15.14	15.31	28.21	15.22	15.00	15.80	15.37	16.54	15.65	15.18
Immunotherapy injections	95117		5.46%	1.08%	13.58	11.73	12.39	12.61	12.02	13.70	12.38	12.59	18.34	11.32	11.02	12.15	11.55	13.06	11.92	11.20
Removal of tonsils	42826		0.35%	1.00%	321.31	243.04	248.34	252.02	245.70	267.84	251.96	257.30	444.36	236.46	232.40	243.81	237.99	255.74	243.22	238.22
Id allergy test, drug/bug	95024		8.12%	0.68%	8.15	6.94	7.29	7.43	7.10	8.07	7.34	7.49	10.68	6.48	6.29	6.91	6.59	7.44	6.82	6.47
Percut allergy skin tests	95004		9.06%	0.63%	7.04	5.98	6.27	6.39	6.12	6.96	6.33	6.47	8.99	5.43	5.27	5.78	5.52	6.24	5.72	5.45
Immunotherapy, one injection	95115		2.67%	0.42%	10.98	9.49	10.01	10.19	9.72	11.09	10.03	10.21	14.97	9.24	8.99	9.91	9.42	10.67	9.73	9.16
Id allergy titrate-airborne	95027		4.89%	0.32%	5.18	4.38	4.57	4.67	4.47	5.09	4.64	4.77	7.29	4.39	4.25	4.66	4.45	5.03	4.63	4.43
Id allergy test-delayed type	95028		1.27%	0.17%	13.58	11.73	12.39	12.61	12.02	13.70	12.38	12.59	17.21	10.62	10.34	11.40	10.84	12.26	11.18	10.52

- (1) Medicare fees are from CY2011 schedule.
(2) TRICARE fees are from the current schedules effective 8/1/2010.
(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).
(4) Medicaid and workers' compensation fees are current as of 8/3/2011.
(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-7
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
ENT

Description	HCPCS	Modifier	VA ⁽¹⁾								Medicaid ⁽²⁾						Workers' Compensation ⁽⁴⁾						
			% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	
Office/outpatient visit, est	99213		12.44%	9.11%	\$103.12	\$66.04	\$67.67	\$68.52	\$72.42	\$69.10	\$108.29	\$57.45	\$91.76	\$50.35	\$38.21	\$67.36	\$149.22	\$133.13	\$125.74	\$138.79	\$112.89	N/A	
Office consultation	99243		4.29%	6.37%	242.81	N/A	N/A	N/A	N/A	N/A	206.34	N/A	74.86	N/A	76.25	N/A	364.35	230.14	N/A	240.66	194.80	N/A	
Office/outpatient visit, est	99214		3.80%	4.18%	150.83	98.08	100.41	101.63	107.25	102.45	163.18	86.45	137.64	75.39	57.10	95.57	216.25	197.74	186.44	206.48	167.13	N/A	
Resect inferior turbinate	30140		0.72%	3.98%	813.00	410.39	425.52	432.00	462.15	434.67	614.01	345.08	548.97	685.37	244.09	N/A	4,265.17	1,059.52	790.97	1,014.19	712.78	N/A	
Antigen therapy services	95165		1.89%	3.79%	111.12	11.84	12.39	12.58	13.54	12.59	17.44	10.06	15.47	8.90	7.11	N/A	BR	23.88	22.92	23.52	20.48	N/A	
Office consultation	99244		1.71%	3.73%	338.76	N/A	N/A	N/A	N/A	N/A	310.73	N/A	103.88	N/A	113.15	N/A	476.45	342.09	N/A	355.52	288.32	N/A	
Nasal endoscopy, dx	31231		1.77%	3.70%	314.39	179.72	187.70	190.55	204.35	190.14	260.31	155.10	238.47	133.81	106.70	N/A	1,126.45	463.99	346.24	459.35	313.22	N/A	
Repair of nasal septum	30520		0.56%	3.65%	1,172.02	582.79	598.93	607.91	647.84	617.24	912.37	483.99	791.18	720.58	348.79	N/A	3,892.85	1,504.61	1,122.35	1,437.43	1,005.53	N/A	
Create eardrum opening	69436		1.51%	3.41%	405.81	155.37	159.27	161.66	172.10	164.57	248.79	139.95	213.93	510.71	94.26	N/A	1,478.07	401.11	299.17	396.30	267.85	N/A	
Office/outpatient visit, new	99203		3.05%	3.40%	161.06	98.07	100.35	101.71	107.79	103.20	160.27	86.54	136.58	75.39	56.88	99.86	223.86	197.71	187.68	207.84	168.23	N/A	
Nasal/sinus endoscopy, surg	31237		0.71%	2.88%	623.70	307.92	318.43	323.27	345.45	326.17	470.63	273.61	417.20	605.89	185.18	N/A	4,055.20	794.97	593.39	786.87	533.48	N/A	
Removal of ethmoid sinus	31255		0.44%	2.45%	1,109.33	388.77	393.40	399.07	422.13	411.31	666.59	360.43	550.04	840.77	239.19	N/A	7,284.34	1,003.68	747.00	989.11	662.97	N/A	
Diagnostic laryngoscopy	31575		1.64%	2.17%	199.25	109.23	112.95	114.60	122.28	115.39	168.76	98.71	148.85	82.90	65.80	N/A	701.76	282.01	209.98	278.39	189.26	N/A	
Comprehensive hearing test	92557		3.11%	2.02%	69.41	38.91	39.87	40.33	42.49	40.48	66.92	39.03	57.08	31.16	24.68	N/A	195.25	78.45	73.71	75.64	66.41	N/A	
Remove tonsils and adenoids	42820		0.58%	1.93%	828.10	280.56	286.08	290.27	308.12	296.87	461.41	248.11	389.99	697.62	170.73	N/A	1,712.78	724.32	539.50	690.63	Not Covered	N/A	
Office/outpatient visit, new	99204		1.10%	1.87%	221.51	151.11	154.06	156.09	164.96	158.74	252.60	133.19	212.33	117.12	88.06	N/A	319.81	304.65	288.64	319.29	257.88	N/A	
Office/outpatient visit, est	99212		3.76%	1.71%	75.92	39.51	40.71	41.26	43.82	41.52	62.46	35.18	54.42	30.05	22.84	40.33	116.78	79.66	75.57	83.41	68.07	N/A	
Endoscopy, maxillary sinus	31267		0.35%	1.51%	871.23	308.16	311.99	316.49	334.86	326.03	526.64	285.04	435.34	801.16	189.62	N/A	6,308.08	795.57	592.15	783.59	525.73	N/A	
Sinus endoscopy, surgical	31276		0.20%	1.41%	1,405.23	490.39	495.93	503.13	532.25	519.13	842.08	454.30	694.62	801.16	302.11	N/A	6,308.08	1,266.05	942.73	1,248.67	836.19	N/A	
Ct maxillofacial w/o dye	70486	26	0.40%	1.24%	151.16	55.08	55.81	56.34	58.75	56.83	100.19	58.94	77.83	44.23	35.12	N/A	292.10	142.21	103.44	105.33	92.42	N/A	
Tympanometry	92567		4.14%	1.10%	31.52	14.68	15.10	15.28	16.15	15.31	25.07	14.89	21.87	11.96	9.56	N/A	76.57	29.59	27.87	28.60	24.90	N/A	
Immunotherapy injections	95117		5.46%	1.08%	25.33	11.73	12.39	12.61	13.70	12.59	16.31	11.07	16.01	9.18	7.34	11.28	47.34	23.65	22.92	23.52	21.03	N/A	
Removal of tonsils	42826		0.35%	1.00%	722.35	243.04	248.34	252.02	267.84	257.30	395.11	214.44	336.11	720.58	147.61	N/A	1,742.32	627.45	467.65	598.07	417.26	N/A	
Id allergy test, drug/bug	95024		8.12%	0.68%	16.42	6.94	7.29	7.43	8.07	7.49	9.49	6.09	9.07	5.29	4.22	N/A	18.60	14.00	13.63	13.98	12.17	N/A	
Percut allergy skin tests	95004		9.06%	0.63%	11.30	5.98	6.27	6.39	6.96	6.47	7.99	5.06	7.47	4.45	3.56	6.39	10.96	12.06	11.77	12.08	10.51	N/A	
Immunotherapy, one injection	95115		2.67%	0.42%	19.39	9.49	10.01	10.19	11.09	10.21	13.30	9.03	12.80	7.51	6.00	N/A	31.57	19.12	18.58	19.07	16.60	N/A	
Id allergy titrate-airborne	95027		4.89%	0.32%	16.42	4.38	4.57	4.67	5.09	4.77	6.49	4.72	6.40	3.62	2.89	N/A	18.60	8.83	8.67	8.90	7.75	N/A	
Id allergy test-delayed type	95028		1.27%	0.17%	24.61	11.73	12.39	12.61	13.70	12.59	15.31	9.48	14.94	8.62	6.89	N/A	31.75	23.65	22.92	24.15	21.03	N/A	

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-7
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
ENT

			Commercial Allowed ⁽⁶⁾																			
			Mean								Median								80th Percentile			
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Office/outpatient visit, est	99213		12.44%	9.11%	\$134.15	\$89.05	\$92.87	\$108.87	\$90.19	\$79.88	\$140.00	\$89.93	\$96.24	\$112.52	\$86.74	\$83.00	\$150.00	\$100.77	\$96.24	\$120.96	\$101.79	\$86.00
Office consultation	99243		4.29%	6.37%	317.30	187.75	196.04	230.37	195.82	184.07	340.00	184.48	195.87	231.82	190.67	190.00	353.00	204.09	198.00	253.13	222.30	205.87
Office/outpatient visit, est	99214		3.80%	4.18%	194.83	133.62	140.11	164.90	140.23	117.70	205.00	136.59	144.92	171.00	135.16	118.47	220.00	151.91	144.92	182.40	161.20	130.00
Resect inferior turbinate	30140		0.72%	3.98%	1,718.18	493.61	359.29	478.44	491.05	613.65	1,400.00	381.64	302.02	371.96	422.72	369.73	2,820.00	574.37	328.95	686.44	587.15	977.25
Antigen therapy services	95165		1.89%	3.79%	322.19	266.64	180.97	313.55	255.89	253.78	287.16	230.00	90.00	210.50	145.80	228.00	448.00	393.20	288.00	494.10	435.30	340.00
Office consultation	99244		1.71%	3.73%	427.48	270.95	289.59	334.30	280.32	253.98	450.00	274.61	289.28	339.02	271.46	242.00	490.00	303.80	294.77	367.92	316.60	303.50
Nasal endoscopy, dx	31231		1.77%	3.70%	366.43	303.13	262.99	302.52	278.87	233.55	280.00	317.40	265.50	311.44	254.72	206.05	523.00	333.24	289.58	334.49	336.85	279.00
Repair of nasal septum	30520		0.56%	3.65%	2,498.92	1,000.94	857.60	921.65	829.53	1,528.71	3,200.00	1,048.90	850.85	968.22	775.72	1,663.24	3,400.00	1,151.90	850.85	1,090.56	1,052.57	2,250.00
Create eardrum opening	69436		1.51%	3.41%	1,017.85	389.23	208.77	237.40	274.03	456.68	1,150.00	283.41	236.63	226.95	222.49	426.55	1,300.00	485.50	242.60	302.40	372.30	670.00
Office/outpatient visit, new	99203		3.05%	3.40%	201.36	131.99	135.08	162.64	139.59	123.76	219.00	136.88	144.36	168.30	133.76	128.74	240.00	151.43	144.36	180.34	161.28	134.00
Nasal/sinus endoscopy, surg	31237		0.71%	2.88%	2,101.06	565.17	Not Cred	535.56	509.58	589.82	2,520.00	588.42	Not Cred	562.02	462.20	536.00	2,620.00	680.07	Not Cred	601.62	668.16	562.80
Removal of ethmoid sinus	31255		0.44%	2.45%	3,323.02	653.10	Not Cred	604.32	545.13	1,180.69	3,423.42	404.53	Not Cred	545.72	487.41	880.00	4,899.00	802.88	Not Cred	802.40	679.42	2,000.00
Diagnostic laryngoscopy	31575		1.64%	2.17%	343.79	200.60	188.57	205.45	186.82	261.11	357.00	209.61	165.87	196.59	184.52	302.00	410.00	213.93	182.69	218.28	223.20	305.84
Comprehensive hearing test	92557		3.11%	2.02%	126.30	72.98	74.76	81.95	77.19	85.29	99.00	73.00	70.76	83.75	77.75	95.00	229.44	80.77	70.76	95.00	85.52	105.00
Remove tonsils and adenoids	42820		0.58%	1.93%	1,188.99	616.78	456.46	501.11	468.47	788.17	1,462.00	553.82	424.01	501.83	407.70	880.00	1,486.00	665.84	424.01	531.30	536.97	1,051.00
Office/outpatient visit, new	99204		1.10%	1.87%	285.42	204.47	210.35	245.77	207.42	176.24	313.00	212.03	222.48	256.11	200.72	176.36	340.00	234.58	222.48	275.66	239.81	195.16
Office/outpatient visit, est	99212		3.76%	1.71%	101.12	55.61	56.69	66.49	56.13	56.92	106.00	54.77	58.31	67.47	53.30	56.00	115.00	60.60	58.31	73.00	64.23	61.75
Endoscopy, maxillary sinus	31267		0.35%	1.51%	2,288.95	401.27	Not Cred	424.36	371.12	920.27	1,288.60	319.67	Not Cred	315.40	340.17	754.00	3,100.00	485.50	Not Cred	610.40	453.60	1,508.00
Sinus endoscopy, surgical	31276		0.20%	1.41%	3,373.70	671.02	Not Cred	804.31	766.96	1,071.15	3,220.00	509.58	Not Cred	868.00	668.68	782.73	4,250.00	844.06	Not Cred	1,012.52	1,165.51	1,798.00
Ct maxillofacial w/o dye	70486	26	0.40%	1.24%	203.07	130.98	103.45	104.92	96.85	179.15	221.00	117.73	91.14	102.84	97.50	199.70	221.00	145.37	106.34	109.35	103.12	225.00
Tympanometry	92567		4.14%	1.10%	54.58	28.30	30.44	33.32	31.03	28.76	45.00	27.28	27.74	32.83	31.70	22.00	75.00	31.70	28.29	39.33	35.11	41.00
Immunotherapy injections	95117		5.46%	1.08%	33.49	20.87	20.27	26.20	22.86	23.06	35.00	20.64	19.81	26.86	22.14	21.00	36.00	21.53	19.81	31.72	24.04	29.00
Removal of tonsils	42826		0.35%	1.00%	1,430.24	515.90	408.77	461.57	428.68	802.68	1,622.48	478.09	366.83	434.16	386.67	760.00	1,665.00	546.05	397.29	490.70	499.84	1,073.00
Id allergy test, drug/bug	95024		8.12%	0.68%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Percut allergy skin tests	95004		9.06%	0.63%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Immunotherapy, one injection	95115		2.67%	0.42%	26.32	15.17	17.16	20.88	18.84	17.48	25.00	16.53	16.42	20.46	18.48	16.00	30.00	17.23	16.42	25.01	20.50	21.00
Id allergy titrate-airborne	95027		4.89%	0.32%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Id allergy test-delayed type	95028		1.27%	0.17%	Not Cred	Not Cred	Not Cred	23.55	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	18.20	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	20.93	Not Cred	Not Cred

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-7
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
ENT

					Billed Charges ⁽⁵⁾																	
					Mean						Median						80th Percentile					
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Office/outpatient visit, est	99213		12.44%	9.11%	\$134.60	\$84.31	\$94.91	\$119.82	\$107.32	\$88.42	\$145.00	\$83.00	\$98.00	\$125.00	\$107.00	\$87.00	\$152.25	\$110.00	\$114.00	\$145.00	\$128.00	\$106.70
Office consultation	99243		4.29%	6.37%	328.70	199.94	207.88	271.75	237.14	215.50	349.00	210.00	215.00	273.00	240.00	220.00	366.84	239.00	246.96	329.00	276.00	279.17
Office/outpatient visit, est	99214		3.80%	4.18%	196.23	131.45	144.89	184.32	165.49	132.65	208.00	138.00	150.00	190.00	163.00	130.00	220.00	166.00	171.00	221.00	200.00	156.00
Resect inferior turbinate	30140		0.72%	3.98%	No Data	No Data	No Data	Not Cred	Not Cred	No Data	No Data	No Data	No Data	Not Cred	Not Cred	No Data	No Data	No Data	No Data	Not Cred	Not Cred	No Data
Antigen therapy services	95165		1.89%	3.79%	Not Cred	11.40	25.12	24.50	17.45	9.22	Not Cred	11.27	20.00	20.00	18.00	8.00	Not Cred	12.24	24.00	39.60	21.00	13.00
Office consultation	99244		1.71%	3.73%	434.24	283.55	294.68	397.81	343.92	301.79	450.00	299.17	318.00	399.00	345.15	305.00	510.50	343.90	362.00	473.00	399.00	363.34
Nasal endoscopy, dx	31231		1.77%	3.70%	433.39	341.92	232.57	381.73	360.22	284.84	240.00	350.00	179.78	351.00	350.00	301.00	854.00	504.00	322.00	486.00	401.20	301.00
Repair of nasal septum	30520		0.56%	3.65%	Not Cred	Not Cred	Not Cred	Not Cred	1,117.32	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	983.25	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	1,504.00	Not Cred
Create eardrum opening	69436		1.51%	3.41%	No Data	Not Cred	Not Cred	No Data	Not Cred	No Data	No Data	Not Cred	Not Cred	No Data	Not Cred	No Data	No Data	Not Cred	No Data	Not Cred	No Data	No Data
Office/outpatient visit, new	99203		3.05%	3.40%	198.02	136.30	148.65	183.25	169.23	143.50	209.30	145.00	163.00	191.00	171.00	141.00	240.00	171.00	181.00	224.00	196.00	175.00
Nasal/sinus endoscopy, surg	31237		0.71%	2.88%	Not Cred	660.45	Not Cred	691.00	844.09	Not Cred	Not Cred	820.00	Not Cred	697.00	817.50	Not Cred	Not Cred	929.00	Not Cred	873.00	1,028.00	Not Cred
Removal of ethmoid sinus	31255		0.44%	2.45%	No Data	Not Cred	No Data	No Data	Not Cred	Not Cred	No Data	Not Cred	No Data	No Data	Not Cred	Not Cred	No Data	Not Cred	No Data	No Data	Not Cred	Not Cred
Diagnostic laryngoscopy	31575		1.64%	2.17%	450.01	216.22	221.39	267.14	249.37	288.44	374.00	256.00	233.00	257.00	247.00	310.00	688.54	310.00	316.00	314.00	289.85	376.00
Comprehensive hearing test	92557		3.11%	2.02%	133.94	73.68	92.68	103.67	101.18	99.64	95.00	78.00	89.00	108.00	98.25	107.08	245.00	91.00	106.00	124.00	111.00	119.00
Remove tonsils and adenoids	42820		0.58%	1.93%	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Office/outpatient visit, new	99204		1.10%	1.87%	294.64	212.66	232.15	285.33	249.37	204.24	318.00	220.00	249.00	295.00	251.00	200.00	350.00	265.00	271.00	363.00	297.00	249.00
Office/outpatient visit, est	99212		3.76%	1.71%	92.50	53.09	56.30	72.57	68.63	55.45	102.00	55.00	60.00	75.75	70.00	55.00	117.00	70.00	70.00	90.00	80.00	74.00
Endoscopy, maxillary sinus	31267		0.35%	1.51%	Not Cred	Not Cred	No Data	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	No Data	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	No Data	Not Cred	Not Cred	Not Cred
Sinus endoscopy, surgical	31276		0.20%	1.41%	No Data	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	No Data	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	No Data	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred
Ct maxillofacial w/o dye	70486	26	0.40%	1.24%	198.44	183.31	143.45	149.90	174.32	157.76	221.00	165.00	159.00	148.00	175.00	192.00	221.00	250.00	163.00	185.00	194.40	219.53
Tympanometry	92567		4.14%	1.10%	71.66	28.06	39.49	42.91	43.14	40.68	78.00	27.00	39.00	45.00	43.50	39.61	120.00	35.00	48.50	50.00	48.00	50.00
Immunotherapy injections	95117		5.46%	1.08%	No Data	20.41	36.11	38.84	29.51	26.91	No Data	24.00	41.00	39.00	29.00	30.00	No Data	24.75	41.00	52.00	38.00	31.00
Removal of tonsils	42826		0.35%	1.00%	No Data	No Data	No Data	Not Cred	Not Cred	Not Cred	No Data	No Data	No Data	Not Cred	Not Cred	Not Cred	No Data	No Data	No Data	Not Cred	Not Cred	Not Cred
Id allergy test, drug/bug	95024		8.12%	0.68%	Not Cred	9.47	Not Cred	15.61	12.29	Not Cred	Not Cred	9.50	Not Cred	16.00	12.00	Not Cred	Not Cred	11.00	Not Cred	16.00	13.00	Not Cred
Percut allergy skin tests	95004		9.06%	0.63%	Not Cred	7.35	Not Cred	9.82	10.50	Not Cred	Not Cred	8.00	Not Cred	9.20	10.00	Not Cred	Not Cred	8.25	Not Cred	13.00	12.00	Not Cred
Immunotherapy, one injection	95115		2.67%	0.42%	Not Cred	12.98	23.74	21.12	23.36	22.80	Not Cred	9.82	25.00	21.00	23.00	24.00	Not Cred	19.50	25.00	31.00	27.00	24.00
Id allergy titrate-airborne	95027		4.89%	0.32%	No Data	No Data	Not Cred	Not Cred	Not Cred	No Data	No Data	No Data	Not Cred	Not Cred	Not Cred	No Data	No Data	No Data	Not Cred	Not Cred	Not Cred	No Data
Id allergy test-delayed type	95028		1.27%	0.17%	No Data	No Data	No Data	Not Cred	Not Cred	No Data	No Data	No Data	No Data	Not Cred	Not Cred	No Data	No Data	No Data	No Data	Not Cred	Not Cred	No Data

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-8
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Family Practice / General Practice

Description	HCPCS	Modifier	Medicare ⁽¹⁾										TRICARE ⁽²⁾									
			% of Total Util	% of Total RVUs	AK	ID	ND	Portland OR	Rest Of OR	Seattle WA	Rest Of WA	WY	AK	ID	ND	Portland OR	Rest of OR	Seattle WA	Rest of WA	WY		
Office/outpatient visit, est	99213		26.75%	30.41%	\$87.71	\$66.04	\$67.67	\$68.52	\$66.81	\$72.42	\$68.12	\$69.10	\$121.23	\$64.21	\$63.34	\$66.28	\$64.72	\$69.17	\$65.82	\$64.23		
Office/outpatient visit, cst	99214		11.04%	18.84%	130.96	98.08	100.41	101.63	99.18	107.25	101.06	102.45	182.64	96.32	95.07	99.31	97.05	103.52	98.63	96.32		
Office/outpatient visit, new	99203		2.51%	4.35%	129.99	98.07	100.35	101.71	99.17	107.79	101.40	103.20	180.25	95.71	94.25	98.75	96.40	103.31	98.27	96.05		
Prev visit, est, age 40-64	99396		1.42%	2.60%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	190.02	100.55	99.23	103.78	101.35	108.24	103.01	100.48		
Office/outpatient visit, cst	99215		0.88%	2.02%	177.40	132.08	135.00	136.62	133.47	144.01	135.96	137.85	248.30	130.18	128.52	133.96	131.08	139.50	133.18	130.32		
Office/outpatient visit, new	99204		0.76%	2.01%	203.11	151.11	154.06	156.09	152.58	164.96	155.92	158.74	284.41	148.94	146.76	152.99	149.78	159.69	152.59	149.84		
Office/outpatient visit, cst	99212		2.84%	2.00%	51.32	39.51	40.71	41.26	40.07	43.82	40.92	41.52	70.24	38.10	37.50	39.59	38.48	41.53	39.23	38.04		
Office/outpatient visit, new	99202		1.49%	1.76%	89.38	67.88	69.71	70.61	68.74	74.76	70.13	71.13	123.19	65.86	64.92	68.16	66.44	71.28	67.62	65.81		
Prev visit, est, age 18-39	99395		0.86%	1.43%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	173.14	91.99	90.78	95.08	92.78	99.22	94.30	91.85		
Immunization admin	90471		2.54%	1.00%	27.44	21.99	22.92	23.24	22.40	24.81	22.87	23.12	36.58	20.72	20.35	21.80	21.02	23.02	21.47	20.52		
Ther/proph/diag inj, sc/im	90772		1.65%	0.70%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Strep a assay w/optic	87880		1.26%	0.39%	16.88	16.40	16.88	16.88	16.88	16.88	16.88	16.88	20.66	15.74	15.42	15.61	15.61	14.33	14.44	15.76		
Lipid panel	80061		1.08%	0.37%	18.85	15.96	17.17	18.85	18.85	18.85	18.85	15.67	23.08	17.59	17.23	17.44	17.44	16.01	16.13	17.61		
Flu vaccine age 3 yo & over, im	90658		1.33%	0.33%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Complete cbc w/auto diff wbc	85025		1.28%	0.26%	10.94	10.94	10.94	10.94	10.94	10.94	10.94	10.94	13.40	10.21	10.00	10.12	10.12	9.30	9.36	10.22		
Routine venipuncture	36415		4.34%	0.25%	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00		

- (1) Medicare fees are from CY2011 schedule.
(2) TRICARE fees are from the current schedules effective 8/1/2010.
(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).
(4) Medicaid and workers' compensation fees are current as of 8/3/2011.
(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-8
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Family Practice / General Practice

Description	HCPCS	Modifier			VA ⁽¹⁾						Medicaid ⁽²⁾						Workers' Compensation ⁽³⁾					
			% of	% of	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
			Total Util	Total RVUs																		
Office/outpatient visit, est	99213		26.75%	30.41%	\$103.12	\$66.04	\$67.67	\$68.52	\$72.42	\$69.10	\$108.29	\$57.45	\$91.76	\$50.35	\$38.21	\$67.36	\$149.22	\$133.13	\$125.74	\$138.79	\$112.89	N/A
Office/outpatient visit, est	99214		11.04%	18.84%	150.83	98.08	100.41	101.63	107.25	102.45	163.18	86.45	137.64	75.39	57.10	95.57	216.25	197.74	186.44	206.48	167.13	N/A
Office/outpatient visit, new	99203		2.51%	4.35%	161.06	98.07	100.35	101.71	107.79	103.20	160.27	86.54	136.58	75.39	56.88	99.86	223.86	197.71	187.68	207.84	168.23	N/A
Prev visit, est, age 40-64	99396		1.42%	2.60%	277.45	N/A	N/A	N/A	N/A	N/A	N/A	116.63	143.51	78.73	Not Covered	N/A	298.33	203.03	191.39	211.95	Not Covered	N/A
Office/outpatient visit, est	99215		0.88%	2.02%	303.55	132.08	135.00	136.62	144.01	137.85	221.58	117.01	186.19	101.82	76.86	136.28	346.00	266.29	250.86	277.58	225.23	N/A
Office/outpatient visit, new	99204		0.76%	2.01%	221.51	151.11	154.06	156.09	164.96	158.74	252.60	133.19	212.33	117.12	88.06	N/A	319.81	304.65	288.64	319.29	257.88	N/A
Office/outpatient visit, est	99212		2.84%	2.00%	75.92	39.51	40.71	41.26	43.82	41.52	62.46	35.18	54.42	30.05	22.84	40.33	116.78	79.66	75.57	83.41	68.07	N/A
Office/outpatient visit, new	99202		1.49%	1.76%	121.20	67.88	69.71	70.61	74.76	71.13	109.84	59.02	93.90	51.75	39.31	69.70	171.90	136.85	129.45	142.89	116.21	N/A
Prev visit, est, age 18-39	99395		0.86%	1.43%	251.38	N/A	N/A	N/A	N/A	N/A	154.25	116.63	131.24	72.05	85.48	N/A	273.05	186.08	175.29	193.49	Not Covered	N/A
Immunization admin	90471		2.54%	1.00%	10.39	21.99	22.92	23.24	24.81	23.12	32.51	19.07	13.90	16.41	13.12	10.00	35.87	30.42	42.12	43.22	38.18	N/A
Thor/proph/diag inj, sc/im	90772		1.65%	0.70%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Strep a assay w/optic	87880		1.26%	0.39%	50.15	16.40	16.88	16.88	16.88	16.88	17.18	16.28	17.18	12.71	13.06	N/A	89.05	TBD	42.20	80% of billed	23.63	N/A
Lipid panel	80061		1.08%	0.37%	43.45	15.96	17.17	18.85	18.85	15.67	19.19	15.85	17.48	14.20	14.58	14.00	121.13	TBD	42.93	80% of billed	26.39	N/A
Flu vaccine age 3 yo & over, im	90658		1.33%	0.33%	14.46	N/A	N/A	N/A	N/A	N/A	15.56	13.22	11.34	11.36	N/A	N/A	18.61	N/A	N/A	80% of billed	22.10	N/A
Complete cbc w/auto diff wbc	85025		1.28%	0.26%	40.35	10.94	10.94	10.94	10.94	10.94	11.14	10.86	11.14	8.24	8.47	9.85	56.86	TBD	27.35	80% of billed	15.32	N/A
Routine venipuncture	36415		4.34%	0.25%	11.76	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.88	2.22	2.28	2.70	29.03	N/A	7.50	80% of billed	4.20	N/A

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-8
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Family Practice / General Practice

					Commercial Allowed ⁽⁴⁾																	
					Mean						Median						80th Percentile					
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Office/outpatient visit, est	99213		26.75%	30.41%	\$134.15	\$89.05	\$92.87	\$108.87	\$90.19	\$79.88	\$140.00	\$89.93	\$96.24	\$112.52	\$86.74	\$83.00	\$150.00	\$100.77	\$96.24	\$120.96	\$101.79	\$86.00
Office/outpatient visit, est	99214		11.04%	18.84%	194.83	133.62	140.11	164.90	140.23	117.70	205.00	136.59	144.92	171.00	135.16	118.47	220.00	151.91	144.92	182.40	161.20	130.00
Office/outpatient visit, new	99203		2.51%	4.35%	201.36	131.99	135.08	162.64	139.59	123.76	219.00	136.88	144.36	168.30	133.76	128.74	240.00	151.43	144.36	180.34	161.28	134.00
Prev visit, est, age 40-64	99396		1.42%	2.60%	256.37	150.07	133.83	185.24	155.63	153.26	267.00	146.50	138.69	183.40	147.00	148.12	295.00	162.07	138.69	199.26	177.98	181.00
Office/outpatient visit, est	99215		0.88%	2.02%	290.64	182.16	192.46	216.11	183.24	162.55	315.00	182.70	195.87	224.67	176.00	161.46	338.10	200.00	197.10	243.53	212.17	187.00
Office/outpatient visit, new	99204		0.76%	2.01%	285.42	204.47	210.35	245.77	207.42	176.24	313.00	212.03	222.48	256.11	200.72	176.36	340.00	234.58	222.48	275.66	239.81	195.16
Office/outpatient visit, est	99212		2.84%	2.00%	101.12	55.61	56.69	66.49	56.13	56.92	106.00	54.77	58.31	67.47	53.30	56.00	115.00	60.60	58.31	73.00	64.23	61.75
Office/outpatient visit, new	99202		1.49%	1.76%	149.21	91.12	86.37	110.70	93.63	87.29	155.00	93.40	99.63	114.79	90.39	88.00	172.00	103.33	99.63	123.60	108.17	97.00
Prev visit, est, age 18-39	99395		0.86%	1.43%	238.21	135.53	114.86	167.65	140.03	142.36	250.27	133.33	123.00	166.85	132.84	140.00	275.00	147.51	126.81	181.09	159.87	173.00
Immunization admin	90471		2.54%	1.00%	26.62	21.70	23.10	31.49	23.59	17.23	26.00	19.00	24.63	35.00	25.00	14.31	32.00	30.14	24.63	41.62	30.45	22.90
Thct/proph/diag inj, sc/im	90772		1.65%	0.70%	35.61	21.89	Not Cred	34.28	22.42	21.86	35.00	20.00	Not Cred	35.00	20.04	19.50	50.00	28.00	Not Cred	43.00	30.52	31.50
Strep a assay w/optic	87880		1.26%	0.39%	44.87	23.63	33.38	22.42	18.79	26.55	49.00	23.12	34.34	23.46	17.52	27.00	64.00	24.85	34.34	24.13	20.11	35.00
Lipid panel	80061		1.08%	0.37%	58.57	29.49	37.31	26.38	20.73	40.22	59.90	27.00	34.93	26.96	19.57	36.00	97.00	40.15	34.93	29.40	22.47	63.00
Flu vaccine age 3 yo & over, im	90658		1.33%	0.33%	20.88	13.71	14.06	15.34	13.55	15.07	20.00	13.88	12.29	14.21	14.21	13.94	28.00	16.00	15.00	16.53	15.58	19.74
Complete cbc w/auto diff wbc	85025		1.28%	0.26%	34.86	16.34	24.54	16.14	12.43	29.04	40.00	15.42	22.25	15.64	11.35	27.30	50.00	16.38	22.25	20.74	13.03	47.00
Routine venipuncture	36415		4.34%	0.25%	18.08	9.10	6.81	6.34	5.69	14.42	15.00	8.54	6.15	3.60	3.00	13.44	31.45	9.34	6.27	7.68	5.42	20.00

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-8
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Family Practice / General Practice

			Billed Charges ⁽⁶⁾																			
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	Mean						Median						80th Percentile					
					AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Office/outpatient visit, est	99213		26.75%	30.41%	\$134.60	\$84.31	\$94.91	\$119.82	\$107.32	\$88.42	\$145.00	\$83.00	\$98.00	\$125.00	\$107.00	\$87.00	\$152.25	\$110.00	\$114.00	\$145.00	\$128.00	\$106.70
Office/outpatient visit, est	99214		11.04%	18.84%	196.23	131.45	144.89	184.32	165.49	132.65	208.00	138.00	150.00	190.00	163.00	130.00	220.00	166.00	171.00	221.00	200.00	156.00
Office/outpatient visit, new	99203		2.51%	4.35%	198.02	136.30	148.65	183.25	169.23	143.50	209.30	145.00	163.00	191.00	171.00	141.00	240.00	171.00	181.00	224.00	196.00	175.00
Prev visit, est, age 40-64	99396		1.42%	2.60%	Not Cred	125.33	75.68	149.15	144.92	Not Cred	Not Cred	158.50	60.00	177.03	159.50	Not Cred	Not Cred	179.00	116.00	221.00	200.00	Not Cred
Office/outpatient visit, est	99215		0.88%	2.02%	290.58	191.08	207.14	248.24	220.97	180.40	320.00	200.00	232.00	259.00	221.00	186.00	342.00	230.00	232.00	299.07	270.00	231.00
Office/outpatient visit, new	99204		0.76%	2.01%	294.64	212.66	232.15	285.33	249.37	204.24	318.00	220.00	249.00	295.00	251.00	200.00	350.00	265.00	271.00	363.00	297.00	249.00
Office/outpatient visit, est	99212		2.84%	2.00%	92.50	53.09	56.30	72.57	68.63	55.45	102.00	55.00	60.00	75.75	70.00	55.00	117.00	70.00	70.00	90.00	80.00	74.00
Office/outpatient visit, new	99202		1.49%	1.76%	140.22	88.61	96.09	119.68	110.48	93.11	150.00	91.00	105.00	127.00	112.00	98.10	177.00	115.00	120.00	151.30	131.00	116.00
Prev visit, est, age 18-39	99395		0.86%	1.43%	No Data	Not Cred	Not Cred	Not Cred	127.07	No Data	No Data	Not Cred	Not Cred	Not Cred	151.00	No Data	No Data	Not Cred	Not Cred	Not Cred	177.50	No Data
Immunization admin	90471		2.54%	1.00%	27.07	27.47	31.90	34.76	32.20	23.54	25.00	30.00	32.00	38.00	32.00	22.50	36.00	36.25	38.00	46.50	42.00	28.15
Ther/proph/diag inj, sc/im	90772		1.65%	0.70%	Not Cred	No Data	No Data	Not Cred	No Data	Not Cred	Not Cred	No Data	No Data	Not Cred	No Data	Not Cred	No Data	No Data	No Data	Not Cred	No Data	Not Cred
Strep a assay w/optic	87880		1.26%	0.39%	Not Cred	32.88	41.83	29.23	37.17	30.74	Not Cred	30.00	46.50	29.00	35.30	29.10	Not Cred	45.00	50.00	36.00	51.00	35.00
Lipid panel	80061		1.08%	0.37%	69.85	45.11	59.69	45.18	49.63	67.63	81.00	39.20	56.00	40.00	40.00	71.00	93.00	57.10	70.00	54.90	68.22	86.00
Flu vaccine age 3 yo & over, im	90658		1.33%	0.33%	16.04	15.50	14.66	16.15	16.31	14.83	13.22	13.50	13.55	13.25	13.22	13.21	23.05	20.00	16.00	20.00	20.00	18.00
Complete cbc w/auto diff wbc	85025		1.28%	0.26%	33.93	29.96	42.83	26.51	32.26	37.16	27.51	30.00	40.00	24.00	30.00	37.00	46.00	39.10	49.00	32.50	40.03	56.00
Routine venipuncture	36415		4.34%	0.25%	17.65	13.79	12.44	13.34	16.15	14.06	17.00	14.00	14.56	13.00	15.38	13.00	24.00	19.50	16.00	17.00	19.65	18.00

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(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-9
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Gastroenterology

Description	HCPCS	Modifier	Medicare ⁽¹⁾										TRICARE ⁽²⁾									
			% of	% of	AK	ID	ND	OR	Rest Of	Seattle	Rest Of	WA	WA	WA	Portland	Rest of	Seattle	Rest of	Seattle	Rest of	Seattle	Rest of
			Total Util	Total RVUs																		
Diagnostic colonoscopy	45378		8.93%	13.39%	\$474.49	\$372.97	\$384.86	\$391.03	\$378.63	\$418.56	\$388.96	\$396.87	\$651.17	\$361.46	\$354.33	\$377.35	\$365.35	\$398.80	\$374.37	\$362.06		
Colonoscopy and biopsy	45380		6.40%	11.42%	567.77	446.13	460.50	467.77	452.94	500.44	465.02	474.14	779.70	432.68	424.30	451.78	437.40	477.25	448.01	433.09		
Upper GI endoscopy, biopsy	43239		8.27%	9.84%	410.41	325.79	337.39	342.69	331.20	366.96	339.82	345.94	561.18	314.91	308.79	330.00	318.80	349.01	326.30	314.31		
Office consultation	99244		6.09%	7.62%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	349.48	182.66	180.28	187.72	183.81	195.50	186.85	183.17		
Infliximab injection	J1745		0.45%	7.56%	60.58	60.58	60.58	60.58	60.58	60.58	60.58	60.58	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Lesion removal colonoscopy	45385		3.51%	7.41%	643.54	502.88	518.22	526.39	510.21	562.78	523.91	534.50	886.41	489.00	479.56	509.61	493.97	537.98	505.95	490.18		
Office/outpatient visit, est	99213		14.13%	5.94%	87.71	66.04	67.67	68.52	66.81	72.42	68.12	69.10	121.23	64.21	63.34	66.28	64.72	69.17	65.82	64.23		
Office/outpatient visit, est	99214		8.46%	5.34%	130.96	98.08	100.41	101.63	99.18	107.25	101.06	102.45	182.64	96.32	95.07	99.31	97.05	103.52	98.63	96.32		
Office consultation	99243		4.76%	4.07%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	232.06	122.65	120.81	126.37	123.48	132.09	125.83	123.16		
Lesion remove colonoscopy	45384		1.03%	1.91%	565.27	441.39	454.63	461.86	447.75	493.89	459.93	469.48	777.29	428.33	419.98	446.16	432.57	471.06	443.20	429.71		
Upper gi endoscopy, diagnosis	43235		1.77%	1.82%	352.94	280.95	291.10	295.73	285.68	316.91	293.24	298.63	482.16	271.40	266.04	284.62	274.82	301.22	281.55	270.85		
Office consultation	99245		1.13%	1.74%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	428.34	223.13	220.20	229.02	224.42	238.44	228.17	224.00		
Subsequent hospital care	99232		3.20%	1.43%	93.75	67.04	67.83	68.52	67.45	71.57	68.51	69.45	134.96	68.09	67.41	69.24	68.29	71.54	69.18	68.50		
Gi tract capsule endoscopy	91110		0.23%	1.21%	1,052.62	872.54	916.92	930.46	892.14	998.79	911.64	920.38	1,416.62	834.65	819.07	888.64	850.59	943.23	869.43	820.74		
Office/outpatient visit, new	99204		1.16%	1.13%	203.11	151.11	154.06	156.09	152.58	164.96	155.92	158.74	284.41	148.94	146.76	152.99	149.78	159.69	152.59	149.84		
Inpatient consultation	99254		0.94%	1.03%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	328.30	166.65	164.98	169.85	167.30	175.60	169.44	167.34		
Office/outpatient visit, est	99215		1.18%	1.00%	177.40	132.08	135.00	136.62	133.47	144.01	135.96	137.85	248.30	130.18	128.52	133.96	131.08	139.50	133.18	130.32		
Office/outpatient visit, new	99203		1.24%	0.79%	129.99	98.07	100.35	101.71	99.17	107.79	101.40	103.20	180.25	95.71	94.25	98.75	96.40	103.31	98.27	96.05		
Office/outpatient visit, est	99212		3.01%	0.78%	51.32	39.51	40.71	41.26	40.07	43.82	40.92	41.52	70.24	38.10	37.50	39.59	38.48	41.53	39.23	38.04		
Subsequent hospital care	99233		1.08%	0.69%	134.62	96.24	97.32	98.33	96.80	102.73	98.37	99.76	193.87	97.78	96.79	99.41	98.06	102.72	99.36	98.43		
Office consultation	99242		1.02%	0.63%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	168.99	89.63	88.24	92.42	90.25	96.72	92.04	90.05		
Subsequent hospital care	99231		1.38%	0.34%	51.71	37.05	37.46	37.87	37.27	39.61	37.90	38.48	74.26	37.52	37.10	38.14	37.61	39.46	38.16	37.83		
Routine venipuncture	36415		1.54%	0.03%	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00		

- (1) Medicare fees are from CY2011 schedule.
(2) TRICARE fees are from the current schedules effective 8/1/2010.
(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).
(4) Medicaid and workers' compensation fees are current as of 8/3/2011.
(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-9
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Gastroenterology

Description	HCPCS	Modifier	VA ⁽¹⁾										Medicaid ⁽²⁾					Workers' Compensation ⁽³⁾									
			% of		AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY					
			Total Unit	Total RVUs																							
Diagnostic colonoscopy	45378		8.93%	13.39%	\$978.47	\$372.97	\$384.86	\$391.03	\$418.56	\$396.87	\$579.70	\$338.69	\$512.69	\$304.18	\$227.86	N/A	\$1,494.59	\$962.91	\$721.60	\$956.36	\$646.92	N/A					
Colonoscopy and biopsy	45380		6.40%	11.42%	1,158.34	446.13	460.50	467.77	500.44	474.14	694.47	404.77	614.06	304.18	272.76	N/A	1,644.05	1,151.78	862.20	1,143.04	773.65	N/A					
Upper GI endoscopy, biopsy	43239		8.27%	9.84%	883.20	325.79	337.39	342.69	366.96	345.94	500.27	297.06	446.54	295.56	198.96	N/A	1,393.86	841.10	629.31	834.36	566.13	N/A					
Office consultation	99244		6.09%	7.62%	338.76	N/A	N/A	N/A	N/A	N/A	310.73	N/A	103.88	N/A	113.15	N/A	476.45	342.09	N/A	355.52	288.32	N/A					
Infliximab injection	J1745		0.45%	7.56%	194.44	60.58	60.58	60.58	60.58	60.58	58.07	55.21	58.66	60.04	N/A	N/A	182.89	N/A	N/A	N/A	71.05	N/A					
Lesion removal colonoscopy	45385		3.51%	7.41%	1,368.74	502.88	518.22	526.39	562.78	534.50	788.85	455.78	694.08	304.18	307.89	N/A	2,117.33	1,298.31	971.84	1,287.97	871.05	N/A					
Office/outpatient visit, est	99213		14.13%	5.94%	103.12	66.04	67.67	68.52	72.42	69.10	108.29	57.45	91.76	50.35	38.21	67.36	149.22	133.13	125.74	138.79	112.89	N/A					
Office/outpatient visit, est	99214		8.46%	5.34%	150.83	98.08	100.41	101.63	107.25	102.45	163.18	86.45	137.64	75.39	57.10	95.57	216.25	197.74	186.44	206.48	167.13	N/A					
Office consultation	99243		4.76%	4.07%	242.81	N/A	N/A	N/A	N/A	N/A	206.34	N/A	74.86	N/A	76.25	N/A	364.35	230.14	N/A	240.66	194.80	N/A					
Lesion remove colonoscopy	45384		1.03%	1.91%	1,434.91	441.39	454.63	461.86	493.89	469.48	692.14	398.09	607.66	304.18	269.65	N/A	2,117.33	1,139.54	853.53	1,130.76	764.80	N/A					
Uppr gi endoscopy, diagnosis	43235		1.77%	1.82%	820.83	280.95	291.10	295.73	316.91	298.63	429.12	258.10	385.19	273.94	171.62	N/A	1,202.55	725.35	543.21	719.73	488.65	N/A					
Office consultation	99245		1.13%	1.74%	371.13	N/A	N/A	N/A	N/A	N/A	380.86	N/A	N/A	N/A	138.05	N/A	601.64	418.17	N/A	434.83	351.96	N/A					
Subsequent hospital care	99232		3.20%	1.43%	140.57	67.04	67.83	68.52	71.57	69.45	120.29	62.39	97.63	52.86	41.79	N/A	256.48	135.17	126.36	140.16	112.89	N/A					
GI tract capsule endoscopy	91110		0.23%	1.21%	3,568.86	872.54	916.92	930.46	998.79	920.38	1,262.80	816.68	1,184.90	663.79	Not Covered	N/A	672.29	1,759.13	1,677.34	1,727.56	1,525.72	N/A					
Office/outpatient visit, new	99204		1.16%	1.13%	221.51	151.11	154.06	156.09	164.96	158.74	252.60	133.19	212.33	117.12	88.06	N/A	319.81	304.65	288.64	319.29	257.88	N/A					
Inpatient consultation	99254		0.94%	1.03%	343.92	N/A	N/A	N/A	N/A	N/A	291.91	N/A	N/A	N/A	102.26	N/A	523.16	311.86	N/A	321.34	260.10	N/A					
Office/outpatient visit, est	99215		1.18%	1.00%	303.55	132.08	135.00	136.62	144.01	137.85	221.58	117.01	186.19	101.82	76.86	136.28	346.00	266.29	250.86	277.58	225.23	N/A					
Office/outpatient visit, new	99203		1.24%	0.79%	161.06	98.07	100.35	101.71	107.79	103.20	160.27	86.54	136.58	75.39	56.88	99.86	223.86	197.71	187.68	207.84	168.23	N/A					
Office/outpatient visit, est	99212		3.01%	0.78%	75.92	39.51	40.71	41.26	43.82	41.52	62.46	35.18	54.42	30.05	22.84	40.33	116.78	79.66	75.57	83.41	68.07	N/A					
Subsequent hospital care	99233		1.08%	0.69%	199.87	96.24	97.32	98.33	102.73	99.76	172.68	89.47	139.78	75.95	60.02	N/A	378.31	194.02	181.48	201.01	162.15	N/A					
Office consultation	99242		1.02%	0.63%	180.37	N/A	N/A	N/A	N/A	N/A	150.26	N/A	58.13	N/A	55.80	N/A	285.87	168.33	N/A	176.39	142.78	N/A					
Subsequent hospital care	99231		1.38%	0.34%	85.13	37.05	37.46	37.87	39.61	38.48	66.52	34.77	53.88	29.21	23.12	N/A	188.08	74.69	69.99	77.26	62.53	N/A					
Routine venipuncture	36415		1.54%	0.03%	11.76	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.88	2.22	2.28	2.70	29.03	N/A	7.50	80% of billed	4.20	N/A					

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-9
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Gastroenterology

			Commercial Allowed ⁽⁶⁾																			
			Mean								Median								80th Percentile			
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Diagnostic colonoscopy	45378		8.93%	13.39%	\$1,199.45	\$618.32	\$399.59	\$587.87	\$448.27	\$772.43	\$1,239.00	\$634.57	\$326.64	\$628.06	\$386.59	\$855.00	\$1,450.00	\$758.50	\$414.90	\$738.72	\$564.34	\$944.00
Colonoscopy and biopsy	45380		6.40%	11.42%	1,342.63	715.03	456.53	649.83	491.12	873.92	1,462.00	722.08	393.44	581.00	441.72	1,056.00	1,707.00	867.21	450.26	847.70	632.75	1,129.00
Upper GI endoscopy, biopsy	43239		8.27%	9.84%	1,000.84	489.72	314.37	417.77	329.60	544.69	966.00	481.04	259.84	346.24	279.05	540.75	1,359.14	617.02	329.00	600.32	463.98	772.61
Office consultation	99244		6.09%	7.62%	427.48	270.95	289.59	334.30	280.32	253.98	450.00	274.61	289.28	339.02	271.46	242.00	490.00	303.80	294.77	367.92	316.60	303.50
Infliximab injection	J1745		0.45%	7.56%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lesion removal colonoscopy	45385		3.51%	7.41%	1,641.31	826.20	564.41	782.10	617.91	1,101.61	1,780.00	850.00	467.03	836.00	576.21	1,341.00	1,950.00	990.00	607.46	939.08	738.12	1,449.00
Office/outpatient visit, cst	99213		14.13%	5.94%	134.15	89.05	92.87	108.87	90.19	79.88	140.00	89.93	96.24	112.52	86.74	83.00	150.00	100.77	96.24	120.96	101.79	86.00
Office/outpatient visit, cst	99214		8.46%	5.34%	194.83	133.62	140.11	164.90	140.23	117.70	205.00	136.59	144.92	171.00	135.16	118.47	220.00	151.91	144.92	182.40	161.20	130.00
Office consultation	99243		4.76%	4.07%	317.30	187.75	196.04	230.37	195.82	184.07	340.00	184.48	195.87	231.82	190.67	190.00	353.00	204.09	198.00	253.13	222.30	205.87
Lesion remove colonoscopy	45384		1.03%	1.91%	1,433.53	642.73	428.40	554.76	481.90	1,098.46	1,800.00	653.00	408.72	505.08	408.53	1,240.00	1,976.00	746.00	683.28	760.96	635.34	1,303.64
Uppr gi endoscopy, diagnosis	43235		1.77%	1.82%	893.86	433.23	288.78	369.84	287.69	486.60	944.00	422.69	219.65	300.19	241.90	528.00	1,133.00	606.69	248.67	518.58	406.35	704.00
Office consultation	99245		1.13%	1.74%	512.68	334.98	374.53	411.96	347.70	325.66	575.00	335.00	355.51	410.94	333.92	314.15	640.00	375.00	392.00	453.13	396.43	367.81
Subsequent hospital care	99232		3.20%	1.43%	198.52	103.04	107.93	121.88	102.61	104.64	228.00	101.84	104.73	123.95	98.82	107.70	237.00	112.67	110.08	133.20	115.53	115.00
Gi tract capsule endoscopy	91110		0.23%	1.21%	Not Cred	1,314.67	Not Cred	1,785.81	1,578.13	No Data	Not Cred	1,319.81	Not Cred	1,700.00	1,562.40	No Data	Not Cred	1,323.18	Not Cred	2,006.03	1,929.27	No Data
Office/outpatient visit, new	99204		1.16%	1.13%	285.42	204.47	210.35	245.77	207.42	176.24	313.00	212.03	222.48	256.11	200.72	176.36	340.00	234.58	222.48	275.66	239.81	195.16
Inpatient consultation	99254		0.94%	1.03%	432.27	240.20	262.96	299.70	246.73	232.74	485.00	228.50	259.84	303.34	236.02	218.82	514.00	275.27	267.04	334.50	275.21	273.11
Office/outpatient visit, est	99215		1.18%	1.00%	290.64	182.16	192.46	216.11	183.24	162.55	315.00	182.70	195.87	224.67	176.00	161.46	338.10	200.00	197.10	243.53	212.17	187.00
Office/outpatient visit, new	99203		1.24%	0.79%	201.36	131.99	135.08	162.64	139.59	123.76	219.00	136.88	144.36	168.30	133.76	128.74	240.00	151.43	144.36	180.34	161.28	134.00
Office/outpatient visit, est	99212		3.01%	0.78%	101.12	55.61	56.69	66.49	56.13	56.92	106.00	54.77	58.31	67.47	53.30	56.00	115.00	60.60	58.31	73.00	64.23	61.75
Subsequent hospital care	99233		1.08%	0.69%	264.74	153.13	163.08	171.63	143.35	151.49	300.00	145.81	150.02	174.89	135.85	146.05	340.00	163.44	183.30	189.57	160.32	185.00
Office consultation	99242		1.02%	0.63%	247.89	138.71	144.75	166.52	142.00	143.69	260.00	134.13	142.66	165.82	135.71	147.00	275.00	148.39	145.51	183.96	162.11	161.50
Subsequent hospital care	99231		1.38%	0.34%	136.98	60.16	65.27	72.19	61.74	72.72	164.00	56.49	58.31	69.01	57.42	69.00	177.00	64.43	69.00	77.52	66.81	100.00
Routine venipuncture	36415		1.54%	0.03%	18.08	9.10	6.81	6.34	5.69	14.42	15.00	8.54	6.15	3.60	3.00	13.44	31.45	9.34	6.27	7.68	5.42	20.00

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-9
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Gastroenterology

					Billed Charges ⁽⁹⁾																	
					Mean						Median						80th Percentile					
Description	HCP/CS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Diagnostic colonoscopy	45378		8.93%	13.39%	\$1,309.21	\$684.93	\$612.11	\$803.51	\$717.23	\$897.04	\$1,380.00	\$635.00	\$553.50	\$810.40	\$730.00	\$1,016.00	\$1,500.00	\$1,046.85	\$1,020.00	\$1,000.00	\$883.00	\$1,075.00
Colonoscopy and biopsy	45380		6.40%	11.42%	1,514.97	804.05	708.29	1,044.36	817.84	1,084.19	1,589.28	821.00	710.00	1,103.00	919.80	1,129.00	1,910.00	1,200.00	1,153.00	1,289.00	1,063.35	1,185.00
Upper GI endoscopy, biopsy	43239		8.27%	9.84%	1,077.66	565.74	526.56	699.13	564.26	821.36	1,200.00	550.00	367.00	734.40	600.00	877.00	1,400.00	835.00	1,002.00	892.69	699.00	906.00
Office consultation	99244		6.09%	7.62%	434.24	283.55	294.68	397.81	343.92	301.79	450.00	299.17	318.00	399.00	345.15	305.00	510.50	343.90	362.00	473.00	399.00	363.34
Infliximab injection	J1745		0.45%	7.56%	No Data	88.48	131.40	94.54	94.28	118.23	No Data	83.00	131.40	90.00	91.40	103.00	No Data	85.00	131.40	96.00	114.16	136.00
Lesion removal colonoscopy	45385		3.51%	7.41%	1,857.79	923.07	832.60	1,188.03	971.32	1,301.45	2,047.55	885.00	660.00	1,185.00	1,034.20	1,449.00	2,310.00	1,400.00	1,291.00	1,454.00	1,203.00	1,574.00
Office/outpatient visit, cst	99213		14.13%	5.94%	134.60	84.31	94.91	119.82	107.32	88.42	145.00	83.00	98.00	125.00	107.00	87.00	152.25	110.00	114.00	145.00	128.00	106.70
Office/outpatient visit, cst	99214		8.46%	5.34%	196.23	131.45	144.89	184.32	165.49	132.65	208.00	138.00	150.00	190.00	163.00	130.00	220.00	166.00	171.00	221.00	200.00	156.00
Office consultation	99243		4.76%	4.07%	328.70	199.94	207.88	271.75	237.14	215.50	349.00	210.00	215.00	273.00	240.00	220.00	366.84	239.00	246.96	329.00	276.00	279.17
Lesion remove colonoscopy	45384		1.03%	1.91%	Not Cred	813.31	Not Cred	990.06	781.15	850.97	Not Cred	746.00	Not Cred	1,140.00	786.00	1,147.00	Not Cred	1,225.00	Not Cred	1,284.00	998.00	1,147.00
Upper gi endoscopy, diagnosis	43235		1.77%	1.82%	1,135.09	544.23	577.66	667.20	523.21	655.08	1,121.98	548.20	525.00	660.00	576.40	740.00	1,279.00	869.80	933.00	813.00	668.00	776.00
Office consultation	99245		1.13%	1.74%	544.53	398.49	382.16	496.39	443.42	395.48	563.00	392.00	420.00	500.00	450.00	400.00	660.00	455.00	452.00	591.00	503.00	487.00
Subsequent hospital care	99232		3.20%	1.43%	208.11	115.76	131.12	141.72	138.76	129.72	234.00	120.00	125.00	144.00	138.80	125.00	238.17	130.00	133.00	167.00	158.00	160.00
Gi tract capsule endoscopy	91110		0.23%	1.21%	Not Cred	Not Cred	Not Cred	2,225.90	2,005.65	Not Cred	Not Cred	Not Cred	Not Cred	2,216.75	2,028.00	Not Cred	Not Cred	Not Cred	Not Cred	2,552.00	2,471.00	Not Cred
Office/outpatient visit, new	99204		1.16%	1.13%	294.64	212.66	232.15	285.33	249.37	204.24	318.00	220.00	249.00	295.00	251.00	200.00	350.00	265.00	271.00	363.00	297.00	249.00
Inpatient consultation	99254		0.94%	1.03%	459.06	283.58	301.70	356.38	324.02	323.08	493.00	287.00	300.00	362.00	330.00	320.00	552.00	350.00	332.00	431.00	390.00	401.00
Office/outpatient visit, cst	99215		1.18%	1.00%	290.58	191.08	207.14	248.24	220.97	180.40	320.00	200.00	232.00	259.00	221.00	186.00	342.00	230.00	232.00	299.07	270.00	231.00
Office/outpatient visit, new	99203		1.24%	0.79%	198.02	136.30	148.65	183.25	169.23	143.50	209.30	145.00	163.00	191.00	171.00	141.00	240.00	171.00	181.00	224.00	196.00	175.00
Office/outpatient visit, cst	99212		3.01%	0.78%	92.50	53.09	56.30	72.57	68.63	55.45	102.00	55.00	60.00	75.75	70.00	55.00	117.00	70.00	70.00	90.00	80.00	74.00
Subsequent hospital care	99233		1.08%	0.69%	297.97	172.78	186.49	209.46	195.52	189.21	338.00	172.00	188.00	212.00	198.80	188.00	361.00	201.00	195.00	249.00	227.00	236.00
Office consultation	99242		1.02%	0.63%	234.71	147.02	141.55	191.84	170.88	142.85	260.00	149.00	160.00	199.00	175.00	150.00	287.83	175.00	180.00	234.42	201.00	187.00
Subsequent hospital care	99231		1.38%	0.34%	140.10	74.65	79.05	88.72	94.01	88.60	152.00	75.00	78.00	87.00	84.00	88.00	180.00	89.00	98.00	108.00	102.00	109.00
Routine venipuncture	36415		1.54%	0.03%	17.65	13.79	12.44	13.34	16.15	14.06	17.00	14.00	14.56	13.00	15.38	13.00	24.00	19.50	16.00	17.00	19.65	18.00

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-10
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
General Surgery

Description	HCPCS	Modifier	Medicare ⁽¹⁾															TRICARE ⁽²⁾									
			% of Total Util	% of Total RVUs	Portland			Rest Of		Seattle		Rest Of		WY	Portland			Rest Of		Seattle		Rest Of					
					AK	ID	ND	OR	OR	WA	WA	WA	AK		ID	ND	OR	OR	WA	WA	WA	WY					
Laparoscopic cholecystectomy	47562		2.14%	5.81%	\$924.42	\$681.33	\$685.42	\$698.08	\$684.99	\$745.66	\$709.90	\$735.89	\$1,297.66	\$671.73	\$656.78	\$683.24	\$671.47	\$719.12	\$691.43	\$690.26							
Office consultation	99243		6.24%	3.85%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	232.06	122.65	120.81	126.37	123.48	132.09	125.83	123.16							
Laparo cholecystectomy/graph	47563		1.25%	3.45%	938.67	690.16	693.60	706.49	693.61	754.59	719.10	745.91	1,322.02	682.91	667.62	694.02	682.38	730.42	702.84	702.39							
Office consultation	99244		3.79%	3.43%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	349.48	182.66	180.28	187.72	183.81	195.50	186.85	183.17							
Office/outpatient visit, est	99213		9.53%	2.89%	87.71	66.04	67.67	68.52	66.81	72.42	68.12	69.10	121.23	64.21	63.34	66.28	64.72	69.17	65.82	64.23							
Laparoscopy, appendectomy	44970		0.97%	2.43%	741.29	546.15	549.48	559.57	549.10	597.54	568.92	589.57	1,041.17	538.80	526.88	548.03	538.61	576.70	554.53	553.55							
Lap gastric bypass/roux-en-y	43644		0.47%	2.25%	2,180.33	1,590.45	1,593.75	1,623.54	1,596.59	1,732.81	1,656.25	1,720.34	3,089.52	1,583.85	1,548.40	1,605.15	1,580.90	1,687.89	1,628.53	1,632.56							
Pp i/teni init reduc >5 yr	49505		0.96%	2.14%	639.24	472.84	476.42	485.13	475.66	518.23	492.67	510.20	896.18	465.69	455.40	474.39	465.81	499.40	479.51	477.83							
Office/outpatient visit, est	99214		4.21%	1.92%	130.96	98.08	100.41	101.63	99.18	107.25	101.06	102.45	182.64	96.32	95.07	99.31	97.05	103.52	98.63	96.32							
Diagnostic colonoscopy	45378		1.23%	1.31%	474.49	372.97	384.86	391.03	378.63	418.56	388.96	396.87	651.17	361.46	354.33	377.35	365.35	398.80	374.37	362.06							
Office consultation	99245		1.13%	1.26%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	428.34	223.13	220.20	229.02	224.42	238.44	228.17	224.00							
Office consultation	99242		2.67%	1.20%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	168.99	89.63	88.24	92.42	90.25	96.72	92.04	90.05							
Office/outpatient visit, est	99212		6.09%	1.15%	51.32	39.51	40.71	41.26	40.07	43.82	40.92	41.52	70.24	38.10	37.50	39.59	38.48	41.53	39.23	38.04							
Removal of breast lesion	19120		0.62%	1.11%	574.85	437.54	445.30	453.29	441.89	485.47	456.74	470.74	788.98	421.94	412.62	434.21	423.75	458.53	435.97	429.45							
Office/outpatient visit, new	99203		2.13%	0.98%	129.99	98.07	100.35	101.71	99.17	107.79	101.40	103.20	180.25	95.71	94.25	98.75	96.40	103.31	98.27	96.05							
Office/outpatient visit, new	99204		1.08%	0.76%	203.11	151.11	154.06	156.09	152.58	164.96	155.92	158.74	284.41	148.94	146.76	152.99	149.78	159.69	152.59	149.84							
Subsequent hospital care	99232		2.15%	0.69%	93.75	67.04	67.83	68.52	67.45	71.57	68.51	69.45	134.96	68.09	67.41	69.24	68.29	71.54	69.18	68.50							
Office/outpatient visit, est	99215		1.01%	0.62%	177.40	132.08	135.00	136.62	133.47	144.01	135.96	137.85	248.30	130.18	128.52	133.96	131.08	139.50	133.18	130.32							
Us exam, breast(s)	76645	26	1.28%	0.53%	36.56	26.17	26.44	26.73	26.32	27.99	26.80	27.25	53.49	27.11	26.80	27.58	27.18	28.57	27.60	27.34							
Office/outpatient visit, new	99202		1.23%	0.39%	89.38	67.88	69.71	70.61	68.74	74.76	70.13	71.13	123.19	65.86	64.92	68.16	66.44	71.28	67.62	65.81							
Subsequent hospital care	99231		1.85%	0.33%	51.71	37.05	37.46	37.87	37.27	39.61	37.90	38.48	74.26	37.52	37.10	38.14	37.61	39.46	38.16	37.83							

- (1) Medicare fees are from CY2011 schedule.
(2) TRICARE fees are from the current schedules effective 8/1/2010.
(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).
(4) Medicaid and workers' compensation fees are current as of 8/3/2011.
(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-10
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
General Surgery

Description	HCPCS	Modifier	VA ⁽¹⁾								Medicaid ⁽²⁾						Workers' Compensation ⁽³⁾					
			% of	% of	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
			Total Util	Total RVUs																		
Laparoscopic cholecystectomy	47562		2.14%	5.81%	\$1,663.71	\$681.33	\$685.42	\$698.08	\$745.66	\$735.89	\$1,152.54	\$588.97	\$950.16	\$1,501.12	\$418.15	N/A	\$5,566.71	\$1,758.94	\$1,333.57	\$1,704.82	\$1,172.10	N/A
Office consultation	99243		6.24%	3.85%	242.81	N/A	N/A	N/A	N/A	N/A	206.34	N/A	74.86	N/A	76.25	N/A	364.35	230.14	N/A	240.66	194.80	N/A
Laparo cholecystectomy/graph	47563		1.25%	3.45%	1,777.83	690.16	693.60	706.49	754.59	745.91	1,173.92	606.26	966.17	1,501.12	425.04	N/A	5,937.81	1,781.75	1,351.53	1,728.55	1,186.49	N/A
Office consultation	99244		3.79%	3.43%	338.76	N/A	N/A	N/A	N/A	N/A	310.73	N/A	103.88	N/A	113.15	N/A	476.45	342.09	N/A	355.52	288.32	N/A
Office/outpatient visit, est	99213		9.53%	2.89%	103.12	66.04	67.67	68.52	72.42	69.10	108.29	57.45	91.76	50.35	38.21	67.36	149.22	133.13	125.74	138.79	112.89	N/A
Laparoscopy, appendectomy	44970		0.97%	2.43%	1,334.12	546.15	549.48	559.57	597.54	589.57	925.09	473.29	762.37	432.32	335.45	N/A	3,642.15	1,409.97	1,068.47	1,367.02	Not Covered	N/A
Lap gastric bypass/roux-en-y	43644		0.47%	2.25%	5,977.30	1,590.45	1,593.75	1,623.54	1,732.81	1,720.34	2,743.41	1,396.58	2,240.17	1,271.65	1,732.81	N/A	N/A	4,105.95	3,116.20	3,983.98	Not Covered	N/A
Prep i/hcm init reduc >5 yr	49505		0.96%	2.14%	1,233.97	472.84	476.42	485.13	518.23	510.20	796.46	411.06	658.87	888.93	290.10	N/A	2,695.20	1,220.71	924.76	1,182.69	813.50	N/A
Office/outpatient visit, est	99214		4.21%	1.92%	150.83	98.08	100.41	101.63	107.25	102.45	163.18	86.45	137.64	75.39	57.10	95.57	216.25	197.74	186.44	206.48	167.13	N/A
Diagnostic colonoscopy	45378		1.23%	1.31%	978.47	372.97	384.86	391.03	418.56	396.87	579.70	338.69	512.69	304.18	227.86	N/A	1,494.59	962.91	721.60	956.36	646.92	N/A
Office consultation	99245		1.13%	1.26%	371.13	N/A	N/A	N/A	N/A	N/A	380.86	N/A	N/A	N/A	138.05	N/A	601.64	418.17	N/A	434.83	351.96	N/A
Office consultation	99242		2.67%	1.20%	180.37	N/A	N/A	N/A	N/A	N/A	150.26	N/A	N/A	N/A	55.80	N/A	285.87	168.33	N/A	176.39	142.78	N/A
Office/outpatient visit, est	99212		6.09%	1.15%	75.92	39.51	40.71	41.26	43.82	41.52	62.46	35.18	54.42	30.05	22.84	40.33	116.78	79.66	75.57	83.41	68.07	N/A
Removal of breast lesion	19120		0.62%	1.11%	1,079.86	437.54	445.30	453.29	485.47	470.74	701.65	370.15	596.99	692.50	264.54	N/A	2,734.90	1,461.80	854.15	1,093.30	757.05	N/A
Office/outpatient visit, new	99203		2.13%	0.98%	161.06	98.07	100.35	101.71	107.79	103.20	160.27	86.54	136.58	75.39	56.88	99.86	223.86	197.71	187.68	207.84	168.23	N/A
Office/outpatient visit, new	99204		1.08%	0.76%	221.51	151.11	154.06	156.09	164.96	158.74	252.60	133.19	212.33	117.12	88.06	N/A	319.81	304.65	288.64	319.29	257.88	N/A
Subsequent hospital care	99232		2.15%	0.69%	140.57	67.04	67.83	68.52	71.57	69.45	120.29	62.39	97.63	52.86	41.79	N/A	256.48	135.17	126.36	140.16	112.89	N/A
Office/outpatient visit, est	99215		1.01%	0.62%	303.55	132.08	135.00	136.62	144.01	137.85	221.58	117.01	186.19	101.82	76.86	136.28	346.00	266.29	250.86	277.58	225.23	N/A
Us exam, breast(s)	76645	26	1.28%	0.53%	71.79	26.17	26.44	26.73	27.99	27.25	47.57	33.23	37.02	21.14	16.67	N/A	149.39	67.57	49.55	50.46	44.27	N/A
Office/outpatient visit, new	99202		1.23%	0.39%	121.20	67.88	69.71	70.61	74.76	71.13	109.84	59.02	93.90	51.75	39.31	69.70	171.90	136.85	129.45	142.89	116.21	N/A
Subsequent hospital care	99231		1.85%	0.33%	85.13	37.05	37.46	37.87	39.61	38.48	66.52	34.77	53.88	29.21	23.12	N/A	188.08	74.69	69.99	77.26	62.53	N/A

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-10
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
General Surgery

					Commercial Allowed ⁽¹⁾																	
					Mean						Median						80th Percentile					
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Laparoscopic cholecystectomy	47562		2.14%	5.81%	\$4,012.25	\$1,433.64	\$1,057.07	\$1,253.79	\$1,186.86	\$2,588.80	\$4,671.00	\$1,314.60	\$1,042.19	\$1,240.17	\$1,100.61	\$3,034.00	\$5,278.00	\$1,466.00	\$1,042.19	\$1,399.52	\$1,321.92	\$3,100.00
Office consultation	99243		6.24%	3.85%	317.30	187.75	196.04	230.37	195.82	184.07	340.00	184.48	195.87	231.82	190.67	190.00	353.00	204.09	198.00	253.13	222.30	205.87
Laparo cholecystectomy/graph	47563		1.25%	3.45%	4,719.96	1,343.73	1,071.29	1,262.83	1,174.66	2,340.52	5,000.00	1,373.86	1,068.23	1,264.29	1,062.77	3,140.00	5,155.50	1,510.57	1,089.59	1,394.90	1,393.60	3,486.00
Office consultation	99244		3.79%	3.43%	427.48	270.95	289.59	334.30	280.32	253.98	450.00	274.61	289.28	339.02	271.46	242.00	490.00	303.80	294.77	367.92	316.60	303.50
Office/outpatient visit, est	99213		9.53%	2.89%	134.15	89.05	92.87	108.87	90.19	79.88	140.00	89.93	96.24	112.52	86.74	83.00	150.00	100.77	96.24	120.96	101.79	86.00
Laparoscopy, appendectomy	44970		0.97%	2.43%	2,891.04	1,059.86	880.96	997.41	928.75	2,255.06	3,015.00	1,038.35	835.56	988.92	870.49	2,430.00	3,383.00	1,169.01	969.00	1,082.62	1,089.40	3,209.00
Lap gastric bypass/roux-en-y	43644		0.47%	2.25%	8,034.15	2,996.43	2,703.45	3,772.65	2,930.59	Not Cred	9,785.00	3,078.12	2,444.99	3,096.72	2,591.40	Not Cred	9,785.00	3,205.02	2,493.89	5,590.00	2,893.73	Not Cred
Prp i/hem init reduc >5 yr	49505		0.96%	2.14%	2,335.27	919.28	745.15	832.44	788.35	1,583.58	2,500.00	906.56	726.87	850.55	717.21	1,642.00	2,900.00	1,060.62	726.87	953.12	957.44	1,786.64
Office/outpatient visit, est	99214		4.21%	1.92%	194.83	133.62	140.11	164.90	140.23	117.70	205.00	136.59	144.92	171.00	135.16	118.47	220.00	151.91	144.92	182.40	161.20	130.00
Diagnostic colonoscopy	45378		1.23%	1.31%	1,199.45	618.32	399.59	587.87	448.27	772.43	1,239.00	634.57	326.64	628.06	386.59	855.00	1,450.00	758.50	414.90	738.72	564.34	944.00
Office consultation	99245		1.13%	1.26%	512.68	334.98	374.53	411.96	347.70	325.66	575.00	335.00	355.51	410.94	333.92	314.15	640.00	375.00	392.00	453.13	396.43	367.81
Office consultation	99242		2.67%	1.20%	247.89	138.71	144.75	166.52	142.00	143.69	260.00	134.13	142.66	165.82	135.71	147.00	275.00	148.39	145.51	183.96	162.11	161.50
Office/outpatient visit, est	99212		6.09%	1.15%	101.12	55.61	56.69	66.49	56.13	56.92	106.00	54.77	58.31	67.47	53.30	56.00	115.00	60.60	58.31	73.00	64.23	61.75
Removal of breast lesion	19120		0.62%	1.11%	Not Cred	626.68	564.92	682.70	644.91	936.35	Not Cred	635.95	561.57	687.97	592.23	1,005.00	Not Cred	715.97	572.80	790.55	722.43	1,073.50
Office/outpatient visit, new	99203		2.13%	0.98%	201.36	131.99	135.08	162.64	139.59	123.76	219.00	136.88	144.36	168.30	133.76	128.74	240.00	151.43	144.36	180.34	161.28	134.00
Office/outpatient visit, new	99204		1.08%	0.76%	285.42	204.47	210.35	245.77	207.42	176.24	313.00	212.03	222.48	256.11	200.72	176.36	340.00	234.58	222.48	275.66	239.81	195.16
Subsequent hospital care	99232		2.15%	0.69%	198.52	103.04	107.93	121.88	102.61	104.64	228.00	101.84	104.73	123.95	98.82	107.70	237.00	112.67	110.08	133.20	115.53	115.00
Office/outpatient visit, est	99215		1.01%	0.62%	290.64	182.16	192.46	216.11	183.24	162.55	315.00	182.70	195.87	224.67	176.00	161.46	338.10	200.00	197.10	243.53	212.17	187.00
Us exam, breast(s)	76645	26	1.28%	0.53%	106.87	71.64	49.02	50.71	47.29	97.38	107.00	57.18	43.02	48.47	46.44	117.00	107.00	102.40	43.88	51.83	48.88	121.00
Office/outpatient visit, new	99202		1.23%	0.39%	149.21	91.12	86.37	110.70	93.63	87.29	155.00	93.40	99.63	114.79	90.39	88.00	172.00	103.33	99.63	123.60	108.17	97.00
Subsequent hospital care	99231		1.85%	0.33%	136.98	60.16	65.27	72.19	61.74	72.72	164.00	56.49	58.31	69.01	57.42	69.00	177.00	64.43	69.00	77.52	66.81	100.00

(1) Medicare fees are from CY2011 schedule.

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(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-10
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
General Surgery

			Billed Charges ⁽¹⁾																			
			Mean						Median						80th Percentile							
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Laparoscopic cholecystectomy	47562		2.14%	5.81%	Not Cred	\$1,576.46	\$1,578.66	\$1,713.51	\$1,699.91	\$2,164.37	Not Cred	\$1,703.00	\$1,483.00	\$1,682.50	\$1,619.00	\$2,166.50	Not Cred	\$1,933.00	\$1,713.00	\$2,000.00	\$2,025.10	\$3,387.00
Office consultation	99243		6.24%	3.85%	328.70	199.94	207.88	271.75	237.14	215.50	349.00	210.00	215.00	273.00	240.00	220.00	366.84	239.00	246.96	329.00	276.00	279.17
Laparo cholecystectomy/graph	47563		1.25%	3.45%	Not Cred	1,653.02	Not Cred	1,815.78	1,989.21	Not Cred	Not Cred	1,615.00	Not Cred	1,805.00	1,837.50	Not Cred	Not Cred	1,832.20	Not Cred	2,209.00	2,359.00	Not Cred
Office consultation	99244		3.79%	3.43%	434.24	283.55	294.68	397.81	343.92	301.79	450.00	299.17	318.00	399.00	345.15	305.00	510.50	343.90	362.00	473.00	399.00	363.34
Office/outpatient visit, est	99213		9.53%	2.89%	134.60	84.31	94.91	119.82	107.32	88.42	145.00	83.00	98.00	125.00	107.00	87.00	152.25	110.00	114.00	145.00	128.00	106.70
Laparoscopy, appendectomy	44970		0.97%	2.43%	No Data	Not Cred	Not Cred	Not Cred	1,347.23	Not Cred	No Data	Not Cred	Not Cred	Not Cred	1,255.00	Not Cred	No Data	Not Cred	Not Cred	Not Cred	1,435.00	Not Cred
Lap gastric bypass/roux-en-y	43644		0.47%	2.25%	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	No Data	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	No Data	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	No Data
Prp i/hem init redue >5 yr	49505		0.96%	2.14%	2,017.86	1,047.86	1,078.27	1,292.15	1,220.36	Not Cred	2,537.78	1,079.00	1,027.00	1,231.00	1,147.00	Not Cred	2,793.00	1,347.00	1,266.00	1,546.00	1,433.00	Not Cred
Office/outpatient visit, est	99214		4.21%	1.92%	196.23	131.45	144.89	184.32	165.49	132.65	208.00	138.00	150.00	190.00	163.00	130.00	220.00	166.00	171.00	221.00	200.00	156.00
Diagnostic colonoscopy	45378		1.23%	1.31%	1,309.21	684.93	612.11	803.51	717.23	897.04	1,380.00	635.00	553.50	810.40	730.00	1,016.00	1,500.00	1,046.85	1,020.00	1,000.00	883.00	1,075.00
Office consultation	99245		1.13%	1.26%	544.53	398.49	382.16	496.39	443.42	395.48	563.00	392.00	420.00	500.00	450.00	400.00	660.00	455.00	452.00	591.00	503.00	487.00
Office consultation	99242		2.67%	1.20%	234.71	147.02	141.55	191.84	170.88	142.85	260.00	149.00	160.00	199.00	175.00	150.00	287.83	175.00	180.00	234.42	201.00	187.00
Office/outpatient visit, est	99212		6.09%	1.15%	92.50	53.09	56.30	72.57	68.63	55.45	102.00	55.00	60.00	75.75	70.00	55.00	117.00	70.00	70.00	90.00	80.00	74.00
Removal of breast lesion	19120		0.62%	1.11%	No Data	681.98	Not Cred	Not Cred	935.38	Not Cred	No Data	658.50	Not Cred	Not Cred	904.50	Not Cred	No Data	920.94	Not Cred	Not Cred	1,190.00	Not Cred
Office/outpatient visit, new	99203		2.13%	0.98%	198.02	136.30	148.65	183.25	169.23	143.50	209.30	145.00	163.00	191.00	171.00	141.00	240.00	171.00	181.00	224.00	196.00	175.00
Office/outpatient visit, new	99204		1.08%	0.76%	294.64	212.66	232.15	285.33	249.37	204.24	318.00	220.00	249.00	295.00	251.00	200.00	350.00	265.00	271.00	363.00	297.00	249.00
Subsequent hospital care	99232		2.15%	0.69%	208.11	115.76	131.12	141.72	138.76	129.72	234.00	120.00	125.00	144.00	138.80	125.00	238.17	130.00	133.00	167.00	158.00	160.00
Office/outpatient visit, est	99215		1.01%	0.62%	290.58	191.08	207.14	248.24	220.97	180.40	320.00	200.00	232.00	259.00	221.00	186.00	342.00	230.00	232.00	299.07	270.00	231.00
Us exam, breast(s)	76645	26	1.28%	0.53%	122.33	94.22	73.89	78.90	89.07	74.68	112.00	92.00	68.00	83.00	91.20	83.00	121.00	128.00	98.00	98.00	98.00	117.00
Office/outpatient visit, new	99202		1.23%	0.39%	140.22	88.61	96.09	119.68	110.48	93.11	150.00	91.00	105.00	127.00	112.00	98.10	177.00	115.00	120.00	151.30	131.00	116.00
Subsequent hospital care	99231		1.85%	0.33%	140.10	74.65	79.05	88.72	94.01	88.60	152.00	75.00	78.00	87.00	84.00	88.00	180.00	89.00	98.00	108.00	102.00	109.00

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-11
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Internal Medicine

Description	HCPCS	Modifier	Medicare ⁽¹⁾										TRICARE ⁽²⁾									
			% of Total Util	% of Total RVUs	Portland		Rest Of	Seattle	Rest Of				Portland		Rest of	Seattle	Rest of					
					AK	ID	ND	OR	WA	WA	WY	AK	ID	ND	OR	WA	WA	WY				
Office/outpatient visit, est	99213		20.32%	20.40%	\$87.71	\$66.04	\$67.67	\$68.52	\$66.81	\$72.42	\$68.12	\$69.10	\$121.23	\$64.21	\$63.34	\$66.28	\$64.72	\$69.17	\$65.82	\$64.23		
Office/outpatient visit, est	99214		11.31%	17.05%	130.96	98.08	100.41	101.63	99.18	107.25	101.06	102.45	182.64	96.32	95.07	99.31	97.05	103.52	98.63	96.32		
Office/outpatient visit, est	99215		1.80%	3.66%	177.40	132.08	135.00	136.62	133.47	144.01	135.96	137.85	248.30	130.18	128.52	133.96	131.08	139.50	133.18	130.32		
Office/outpatient visit, new	99204		1.09%	2.53%	203.11	151.11	154.06	156.09	152.58	164.96	155.92	158.74	284.41	148.94	146.76	152.99	149.78	159.69	152.59	149.84		
Office/outpatient visit, new	99203		1.51%	2.31%	129.99	98.07	100.35	101.71	99.17	107.79	101.40	103.20	180.25	95.71	94.25	98.75	96.40	103.31	98.27	96.05		
Prev visit, est, age 40-64	99396		1.40%	2.25%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	190.02	100.55	99.23	103.78	101.35	108.24	103.01	100.48		
Subsequent hospital care	99232		1.79%	1.92%	93.75	67.04	67.83	68.52	67.45	71.57	68.51	69.45	134.96	68.09	67.41	69.24	68.29	71.54	69.18	68.50		
Subsequent hospital care	99233		0.96%	1.46%	134.62	96.24	97.32	98.33	96.80	102.73	98.37	99.76	193.87	97.78	96.79	99.41	98.06	102.72	99.36	98.43		
Office/outpatient visit, new	99205		0.49%	1.44%	255.06	188.57	192.05	194.47	190.30	205.10	194.23	197.54	359.60	187.26	184.68	192.09	188.26	200.14	191.58	188.31		
Initial hospital care	99223		0.47%	1.35%	260.99	186.77	188.62	190.73	187.80	199.70	191.26	194.52	373.42	188.24	186.12	191.18	188.64	197.80	191.41	189.96		
Office/outpatient visit, est	99212		2.07%	1.28%	51.32	39.51	40.71	41.26	40.07	43.82	40.92	41.52	70.24	38.10	37.50	39.59	38.48	41.53	39.23	38.04		
Office consultation	99244		0.37%	1.12%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	349.48	182.66	180.28	187.72	183.81	195.50	186.85	183.17		
Infliximab injection	J1745		0.03%	1.07%	60.58	60.58	60.58	60.58	60.58	60.58	60.58	60.58	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Electrocardiogram, complete	93000		1.88%	0.72%	23.57	18.66	19.33	19.62	18.97	20.97	19.43	19.74	34.09	19.18	18.79	20.10	19.41	21.28	19.89	19.15		
Immunization admin	90471		1.79%	0.62%	27.44	21.99	22.92	23.24	22.40	24.81	22.87	23.12	36.58	20.72	20.35	21.80	21.02	23.02	21.47	20.52		
Lipid panel	80061		1.71%	0.52%	18.85	15.96	17.17	18.85	18.85	18.85	18.85	15.67	23.08	17.59	17.23	17.44	17.44	16.01	16.13	17.61		
Ther/proph/diag inj, sc/im	90772		1.19%	0.44%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Complete cbc w/auto diff wbc	85025		1.57%	0.28%	10.94	10.94	10.94	10.94	10.94	10.94	10.94	10.94	13.40	10.21	10.00	10.12	10.12	9.30	9.36	10.22		
Flu vaccine age 3 yo & over, im	90658		1.25%	0.28%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Routine venipuncture	36415		5.37%	0.27%	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00		
Comprehen metabolic panel	80053		1.10%	0.27%	14.87	14.87	14.87	14.87	14.87	12.01	12.01	14.87	18.20	13.87	13.59	13.76	13.76	12.63	12.72	13.89		
Percut allergy skin tests	95004		1.18%	0.11%	7.04	5.98	6.27	6.39	6.12	6.96	6.33	6.47	8.99	5.43	5.27	5.78	5.52	6.24	5.72	5.45		

- (1) Medicare fees are from CY2011 schedule.
(2) TRICARE fees are from the current schedules effective 8/1/2010.
(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).
(4) Medicaid and workers' compensation fees are current as of 8/3/2011.
(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-11
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Internal Medicine

Description	HCPCS	Modifier	VA ⁽¹⁾										Medicaid ⁽²⁾						Workers' Compensation ⁽³⁾					
			% of		% of				% of		% of				% of		% of							
			Total Util	Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY		
Office/outpatient visit, est	99213		20.32%	20.40%	\$103.12	\$66.04	\$67.67	\$68.52	\$72.42	\$69.10	\$108.29	\$57.45	\$91.76	\$50.35	\$38.21	\$67.36	\$149.22	\$133.13	\$125.74	\$138.79	\$112.89	N/A		
Office/outpatient visit, est	99214		11.31%	17.05%	150.83	98.08	100.41	101.63	107.25	102.45	163.18	86.45	137.64	75.39	57.10	95.57	216.25	197.74	186.44	206.48	167.13	N/A		
Office/outpatient visit, est	99215		1.80%	3.66%	303.55	132.08	135.00	136.62	144.01	137.85	221.58	117.01	186.19	101.82	76.86	136.28	346.00	266.29	250.86	277.58	225.23	N/A		
Office/outpatient visit, new	99204		1.09%	2.53%	221.51	151.11	154.06	156.09	164.96	158.74	252.60	133.19	212.33	117.12	88.06	N/A	319.81	304.65	288.64	319.29	257.88	N/A		
Office/outpatient visit, new	99203		1.51%	2.31%	161.06	98.07	100.35	101.71	107.79	103.20	160.27	86.54	136.58	75.39	56.88	99.86	223.86	197.71	187.68	207.84	168.23	N/A		
Prev visit, est, age 40-64	99396		1.40%	2.25%	277.45	N/A	N/A	N/A	N/A	N/A	116.63	143.51	78.73	Not Covered	N/A	298.33	203.03	191.39	211.95	Not Covered	N/A	N/A		
Subsequent hospital care	99232		1.79%	1.92%	140.57	67.04	67.83	68.52	71.57	69.45	120.29	62.39	97.63	52.86	41.79	N/A	256.48	135.17	126.36	140.16	112.89	N/A		
Subsequent hospital care	99233		0.96%	1.46%	199.87	96.24	97.32	98.33	102.73	99.76	172.68	89.47	139.78	75.95	60.02	N/A	378.31	194.02	181.48	201.01	162.15	N/A		
Office/outpatient visit, new	99205		0.49%	1.44%	329.91	188.57	192.05	194.47	205.10	197.54	319.74	167.67	267.28	146.89	110.46	N/A	431.74	380.16	359.25	397.23	320.97	N/A		
Initial hospital care	99223		0.47%	1.35%	394.90	186.77	188.62	190.73	199.70	194.52	331.73	169.27	269.42	146.61	115.60	N/A	589.90	376.53	353.68	390.39	314.88	N/A		
Office/outpatient visit, est	99212		2.07%	1.28%	75.92	39.51	40.71	41.26	43.82	41.52	62.46	35.18	54.42	30.05	22.84	40.33	116.78	79.66	75.57	83.41	68.07	N/A		
Office consultation	99244		0.37%	1.12%	338.76	N/A	N/A	N/A	N/A	N/A	310.73	N/A	103.88	N/A	113.15	N/A	476.45	342.09	N/A	355.52	288.32	N/A		
Infliximab injection	J1745		0.03%	1.07%	194.44	60.58	60.58	60.58	60.58	60.58	58.07	55.21	58.66	60.04	N/A	N/A	182.89	N/A	N/A	N/A	71.05	N/A		
Electrocardiogram, complete	93000		1.88%	0.72%	91.38	18.66	19.33	19.62	20.97	19.74	30.31	18.76	27.21	15.30	12.23	N/A	151.74	37.62	35.93	37.50	32.10	N/A		
Immunization admin	90471		1.79%	0.62%	10.39	21.99	22.92	23.24	24.81	23.12	32.51	19.07	13.90	16.41	13.12	10.00	35.87	30.42	42.12	43.22	38.18	N/A		
Lipid panel	80061		1.71%	0.52%	43.45	15.96	17.17	18.85	18.85	15.67	19.19	15.85	17.48	14.20	14.58	14.00	121.13	TBD	42.93	80% of billed	26.39	N/A		
Theoph/diag/inj, sc/im	90772		1.19%	0.44%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Complete cbc w/auto diff wbc	85025		1.57%	0.28%	40.35	10.94	10.94	10.94	10.94	10.94	11.14	10.86	11.14	8.24	8.47	9.85	56.86	TBD	27.35	80% of billed	15.32	N/A		
Flu vaccine age 3 yo & over, im	90658		1.25%	0.28%	14.46	N/A	N/A	N/A	N/A	N/A	15.56	13.22	11.34	11.36	N/A	N/A	18.61	N/A	N/A	80% of billed	22.10	N/A		
Routine venipuncture	36415		5.37%	0.27%	11.76	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.88	2.22	2.28	2.70	29.03	N/A	7.50	80% of billed	4.20	N/A		
Comprehen metabolic panel	80053		1.10%	0.27%	49.40	14.87	14.87	14.87	12.01	14.87	15.14	14.77	15.14	11.20	9.29	13.29	91.24	TBD	37.17	80% of billed	16.81	N/A		
Percut allergy skin tests	95004		1.18%	0.11%	11.30	5.98	6.27	6.39	6.96	6.47	7.99	5.06	7.47	4.45	3.56	6.39	10.96	12.06	11.77	12.08	10.51	N/A		

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-11
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Internal Medicine

		Commercial Allowed ⁽⁵⁾																				
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	Mean						Median						80th Percentile					
					AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Office/outpatient visit, est	99213		20.32%	20.40%	\$134.15	\$89.05	\$92.87	\$108.87	\$90.19	\$79.88	\$140.00	\$89.93	\$96.24	\$112.52	\$86.74	\$83.00	\$150.00	\$100.77	\$96.24	\$120.96	\$101.79	\$86.00
Office/outpatient visit, est	99214		11.31%	17.05%	194.83	133.62	140.11	164.90	140.23	117.70	205.00	136.59	144.92	171.00	135.16	118.47	220.00	151.91	144.92	182.40	161.20	130.00
Office/outpatient visit, est	99215		1.80%	3.66%	290.64	182.16	192.46	216.11	183.24	162.55	315.00	182.70	195.87	224.67	176.00	161.46	338.10	200.00	197.10	243.53	212.17	187.00
Office/outpatient visit, new	99204		1.09%	2.53%	285.42	204.47	210.35	245.77	207.42	176.24	313.00	212.03	222.48	256.11	200.72	176.36	340.00	234.58	222.48	275.66	239.81	195.16
Office/outpatient visit, new	99203		1.51%	2.31%	201.36	131.99	135.08	162.64	139.59	123.76	219.00	136.88	144.36	168.30	133.76	128.74	240.00	151.43	144.36	180.34	161.28	134.00
Prev visit, est, age 40-64	99396		1.40%	2.25%	256.37	150.07	133.83	185.24	155.63	153.26	267.00	146.50	138.69	183.40	147.00	148.12	295.00	162.07	138.69	199.26	177.98	181.00
Subsequent hospital care	99232		1.79%	1.92%	198.52	103.04	107.93	121.88	102.61	104.64	228.00	101.84	104.73	123.95	98.82	107.70	237.00	112.67	110.08	133.20	115.53	115.00
Subsequent hospital care	99233		0.96%	1.46%	264.74	153.13	163.08	171.63	143.35	151.49	300.00	145.81	150.02	174.89	135.85	146.05	340.00	163.44	183.30	189.57	160.32	185.00
Office/outpatient visit, new	99205		0.49%	1.44%	375.22	254.81	264.22	292.23	249.90	228.90	400.00	266.00	280.79	315.52	246.88	224.10	435.00	281.00	280.79	344.96	290.00	264.00
Initial hospital care	99223		0.47%	1.35%	474.21	287.32	282.89	338.27	275.24	269.78	530.00	275.64	283.05	335.00	265.00	264.00	586.30	304.95	288.71	358.56	311.27	293.83
Office/outpatient visit, est	99212		2.07%	1.28%	101.12	55.61	56.69	66.49	56.13	56.92	106.00	54.77	58.31	67.47	53.30	56.00	115.00	60.60	58.31	73.00	64.23	61.75
Office consultation	99244		0.37%	1.12%	427.48	270.95	289.59	334.30	280.32	253.98	450.00	274.61	289.28	339.02	271.46	242.00	490.00	303.80	294.77	367.92	316.60	303.50
Infliximab injection	J1745		0.03%	1.07%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Electrocardiogram, complete	93000		1.88%	0.72%	110.60	37.45	46.11	42.34	36.73	68.41	125.00	35.17	32.83	40.61	35.01	67.00	141.12	37.30	37.88	45.00	40.00	85.00
Immunization admin	90471		1.79%	0.62%	26.62	21.70	23.10	31.49	23.59	17.23	26.00	19.00	24.63	35.00	25.00	14.31	32.00	30.14	24.63	41.62	30.45	22.90
Lipid panel	80061		1.71%	0.52%	58.57	29.49	37.31	26.38	20.73	40.22	59.90	27.00	34.93	26.96	19.57	36.00	97.00	40.15	34.93	29.40	22.47	63.00
Ther/proph/diag inj, sc/im	90772		1.19%	0.44%	35.61	21.89	Not Cred	34.28	22.42	21.86	35.00	20.00	Not Cred	35.00	20.04	19.50	50.00	28.00	Not Cred	43.00	30.52	31.50
Complete cbc w/auto diff wbc	85025		1.57%	0.28%	34.86	16.34	24.54	16.14	12.43	29.04	40.00	15.42	22.25	15.64	11.35	27.30	50.00	16.38	22.25	20.74	13.03	47.00
Flu vaccine age 3 yo & over, im	90658		1.25%	0.28%	20.88	13.71	14.06	15.34	13.55	15.07	20.00	13.88	12.29	14.21	14.21	13.94	28.00	16.00	15.00	16.53	15.58	19.74
Routine venipuncture	36415		5.37%	0.27%	18.08	9.10	6.81	6.34	5.69	14.42	15.00	8.54	6.15	3.60	3.00	13.44	31.45	9.34	6.27	7.68	5.42	20.00
Comprehen metabolic panel	80053		1.10%	0.27%	47.74	21.24	31.51	21.74	15.21	38.55	47.26	20.97	30.26	21.27	12.46	34.00	75.00	22.03	30.26	23.20	16.93	62.00
Percut allergy skin tests	95004		1.18%	0.11%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-11
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Internal Medicine

					Billed Charges ⁽¹⁾																	
					Mean						Median						80th Percentile					
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Office/outpatient visit, est	99213		20.32%	20.40%	\$134.60	\$84.31	\$94.91	\$119.82	\$107.32	\$88.42	\$145.00	\$83.00	\$98.00	\$125.00	\$107.00	\$87.00	\$152.25	\$110.00	\$114.00	\$145.00	\$128.00	\$106.70
Office/outpatient visit, est	99214		11.31%	17.05%	196.23	131.45	144.89	184.32	165.49	132.65	208.00	138.00	150.00	190.00	163.00	130.00	220.00	166.00	171.00	221.00	200.00	156.00
Office/outpatient visit, est	99215		1.80%	3.66%	290.58	191.08	207.14	248.24	220.97	180.40	320.00	200.00	232.00	259.00	221.00	186.00	342.00	230.00	232.00	299.07	270.00	231.00
Office/outpatient visit, new	99204		1.09%	2.53%	294.64	212.66	232.15	285.33	249.37	204.24	318.00	220.00	249.00	295.00	251.00	200.00	350.00	265.00	271.00	363.00	297.00	249.00
Office/outpatient visit, new	99203		1.51%	2.31%	198.02	136.30	148.65	183.25	169.23	143.50	209.30	145.00	163.00	191.00	171.00	141.00	240.00	171.00	181.00	224.00	196.00	175.00
Prev visit, est, age 40-64	99396		1.40%	2.25%	Not Cred	125.33	75.68	149.15	144.92	Not Cred	Not Cred	158.50	60.00	177.03	159.50	Not Cred	Not Cred	179.00	116.00	221.00	200.00	Not Cred
Subsequent hospital care	99232		1.79%	1.92%	208.11	115.76	131.12	141.72	138.76	129.72	234.00	120.00	125.00	144.00	138.80	125.00	238.17	130.00	133.00	167.00	158.00	160.00
Subsequent hospital care	99233		0.96%	1.46%	297.97	172.78	186.49	209.46	195.52	189.21	338.00	172.00	188.00	212.00	198.80	188.00	361.00	201.00	195.00	249.00	227.00	236.00
Office/outpatient visit, new	99205		0.49%	1.44%	358.00	282.67	282.52	358.57	310.49	277.38	370.00	285.00	314.00	370.00	308.30	271.50	439.00	337.00	333.00	461.00	383.00	350.00
Initial hospital care	99223		0.47%	1.35%	531.64	306.56	324.97	386.93	373.24	321.45	536.00	318.00	317.00	395.00	377.50	333.00	635.00	349.50	354.00	467.00	429.00	377.00
Office/outpatient visit, est	99212		2.07%	1.28%	92.50	53.09	56.30	72.57	68.63	55.45	102.00	55.00	60.00	75.75	70.00	55.00	117.00	70.00	70.00	90.00	80.00	74.00
Office consultation	99244		0.37%	1.12%	434.24	283.55	294.68	397.81	343.92	301.79	450.00	299.17	318.00	399.00	345.15	305.00	510.50	343.90	362.00	473.00	399.00	363.34
Infliximab injection	J1745		0.03%	1.07%	No Data	88.48	131.40	94.54	94.28	118.23	No Data	83.00	131.40	90.00	91.40	103.00	No Data	85.00	131.40	96.00	114.16	136.00
Electrocardiogram, complete	93000		1.88%	0.72%	105.88	51.56	64.80	54.14	56.58	96.95	125.00	50.00	66.00	56.00	52.80	90.00	128.00	75.00	78.00	62.00	72.00	175.00
Immunization admin	90471		1.79%	0.62%	27.07	27.47	31.90	34.76	32.20	23.54	25.00	30.00	32.00	38.00	32.00	22.50	36.00	36.25	38.00	46.50	42.00	28.15
Lipid panel	80061		1.71%	0.52%	69.85	45.11	59.69	45.18	49.63	67.63	81.00	39.20	56.00	40.00	40.00	71.00	93.00	57.10	70.00	54.90	68.22	86.00
Ther/proph/diag inj, sc/im	90772		1.19%	0.44%	Not Cred	No Data	No Data	Not Cred	No Data	Not Cred	Not Cred	No Data	No Data	Not Cred	No Data	Not Cred	Not Cred	No Data	No Data	Not Cred	No Data	Not Cred
Complete cbc w/auto diff wbc	85025		1.57%	0.28%	33.93	29.96	42.83	26.51	32.26	37.16	27.51	30.00	40.00	24.00	30.00	37.00	46.00	39.10	49.00	32.50	40.03	56.00
Flu vaccine age 3 yo & over, im	90658		1.25%	0.28%	16.04	15.50	14.66	16.15	16.31	14.83	13.22	13.50	13.55	13.25	13.22	13.21	23.05	20.00	16.00	20.00	20.00	18.00
Routine venipuncture	36415		5.37%	0.27%	17.65	13.79	12.44	13.34	16.15	14.06	17.00	14.00	14.56	13.00	15.38	13.00	24.00	19.50	16.00	17.00	19.65	18.00
Comprehens metabolic panel	80053		1.10%	0.27%	45.03	38.41	61.10	35.30	38.95	48.15	42.85	39.29	61.00	32.63	39.29	53.00	65.00	42.26	65.00	44.31	51.00	56.00
Percut allergy skin tests	95004		1.18%	0.11%	Not Cred	7.35	Not Cred	9.82	10.50	Not Cred	Not Cred	8.00	Not Cred	9.20	10.00	Not Cred	Not Cred	8.25	Not Cred	13.00	12.00	Not Cred

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(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-12
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Interventional Cardiology

Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	Medicare ⁽¹⁾								TRICARE ⁽²⁾							
					AK	ID	ND	Portland OR	Rest Of OR	Seattle WA	Rest Of WA	WY	AK	ID	ND	Portland OR	Rest of OR	Seattle WA	Rest of WA	WY
Left heart catheterization	93510	26	16.56%	46.77%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$471.79	\$243.76	\$238.76	\$248.10	\$243.85	\$260.49	\$250.31	\$249.61
Imaging, cardiac cath	93556	26	17.19%	8.45%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	86.31	44.20	43.81	45.23	44.46	46.75	44.96	44.16
Rt & Lt heart catheters	93526	26	1.62%	6.41%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	651.66	336.55	329.57	342.42	336.60	359.61	345.90	344.83
Ablate heart dysrhythm focus	93651		1.20%	6.35%	N/A	878.16	879.43	896.17	881.38	957.20	915.10	951.48	1,763.20	909.91	889.17	924.09	908.87	972.96	936.66	937.02
Imaging, cardiac cath	93555	26	15.57%	6.25%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	84.21	43.12	42.73	44.12	43.37	45.61	43.86	43.09
Electrophysiology evaluation	93620	26	1.54%	5.30%	859.96	627.59	628.62	640.56	629.94	684.18	633.99	679.90	1,260.88	651.08	636.26	661.40	650.41	696.39	670.25	670.31
Inject for coronary x-rays	93545		17.07%	2.84%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	271.89	163.46	160.20	174.93	166.87	186.30	170.81	160.41
Cath placement, angiography	93508	26	1.08%	2.34%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	447.02	231.01	226.31	235.16	231.12	246.86	237.36	236.42
Transcath closure of asd	93580		0.31%	1.80%	N/A	981.18	983.13	1,001.81	984.99	1,070.16	1,022.54	1,062.91	1,962.98	1,014.10	990.98	1,030.31	1,013.09	1,084.92	1,044.04	1,043.98
Injection for heart x-rays	93543		15.27%	1.67%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	130.83	77.59	76.11	82.75	79.12	87.92	80.90	76.23
Electrophys map 3d, add-on	93613		0.58%	1.32%	N/A	378.53	379.13	386.33	379.94	412.61	394.43	410.06	760.35	392.48	383.53	398.64	392.05	419.73	404.03	404.15
Electrophysiology evaluation	93641	26	0.67%	1.17%	N/A	320.41	320.89	326.99	321.59	349.25	333.88	347.14	643.13	331.89	324.31	337.06	331.50	354.89	341.65	341.80
Biopsy of heart lining	93505	26	0.49%	1.00%	N/A	233.81	234.64	238.77	234.80	254.16	242.92	251.53	470.69	242.53	237.49	246.55	242.48	258.88	249.21	248.71
Stimulation, pacing heart	93623	26	1.02%	0.88%	N/A	154.25	154.44	157.40	154.81	168.17	160.79	167.26	309.74	159.85	156.19	162.33	159.66	170.94	164.56	164.65
Electrophysiology evaluation	93621	26	1.22%	0.80%	N/A	113.42	113.61	115.75	113.84	123.58	118.14	122.77	228.20	117.77	115.12	119.64	117.66	125.92	121.21	121.19
Injection, cardiac cath	93540		1.35%	0.26%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	386.20	233.70	228.96	250.52	238.72	267.05	244.42	229.10
Injection, cardiac cath	93539		1.51%	0.21%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	134.05	78.37	76.91	83.25	79.79	88.29	81.57	77.22
Injection for aortography	93544		1.32%	0.12%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	95.66	56.32	55.26	59.94	57.38	63.62	58.66	55.40

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(4) Medicaid and workers' compensation fees are current as of 8/3/2011.
(5) Commercial allowed and billed are based off of CY2009 data.

The procedure codes used for interventional cardiology have changed in 2011 and as a result, fee schedule amounts for many payers no longer exist for the most commonly used procedure codes historically.
For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-12
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Interventional Cardiology

Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	VA ⁽¹⁾						Medicaid ⁽²⁾						Workers' Compensation ⁽³⁾					
					AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Left heart catheterization	93510	26	16.56%	46.77%	\$603.85	N/A	N/A	N/A	N/A	N/A	N/A	\$258.22	\$307.54	N/A	N/A	N/A	\$5,657.83	N/A	N/A	N/A	N/A	N/A
Imaging, cardiac cath	93556	26	17.19%	8.45%	114.09	N/A	N/A	N/A	N/A	N/A	N/A	27.60	56.48	N/A	N/A	N/A	487.32	N/A	N/A	N/A	N/A	N/A
Rt & Lt heart catheters	93526	26	1.62%	6.41%	835.22	N/A	N/A	N/A	N/A	N/A	N/A	369.43	424.29	N/A	N/A	N/A	7,072.30	N/A	N/A	N/A	N/A	N/A
Ablate heart dysrhythm focus	93651		1.20%	6.35%	2,264.67	878.16	879.43	896.17	957.20	951.48	1,516.69	838.09	1,286.27	731.39	566.20	N/A	7,840.11	1,770.33	1,723.17	1,770.15	1,508.57	N/A
Imaging, cardiac cath	93555	26	15.57%	6.25%	112.23	N/A	N/A	N/A	N/A	N/A	N/A	23.77	55.05	N/A	N/A	N/A	320.70	N/A	N/A	N/A	N/A	N/A
Electrophysiology evaluation	93620	26	1.54%	5.30%	1,613.66	627.59	628.62	640.56	684.18	679.90	N/A	678.91	878.01	523.29	405.25	N/A	4,026.48	1,265.21	1,231.37	1,264.84	1,078.02	N/A
Inject for coronary x-rays	93545		17.07%	2.84%	317.20	N/A	N/A	N/A	N/A	N/A	243.27	117.37	231.54	N/A	N/A	N/A	445.27	N/A	N/A	N/A	N/A	N/A
Cath placement, angiography	93508	26	1.08%	2.34%	571.18	N/A	N/A	N/A	N/A	N/A	N/A	300.30	291.40	N/A	N/A	N/A	2,758.19	N/A	N/A	N/A	N/A	N/A
Transcath closure of asd	93580		0.31%	1.80%	2,545.21	981.18	983.13	1,001.81	1,070.16	1,062.91	1,688.35	933.80	1,434.05	815.13	631.33	N/A	30,299.36	1,978.04	1,925.10	1,976.72	Not Covered	N/A
Injection for heart x-rays	93543		15.27%	1.67%	224.61	N/A	N/A	N/A	N/A	N/A	116.82	57.47	109.90	N/A	N/A	N/A	277.64	N/A	N/A	N/A	N/A	N/A
Electrophys map 3d, add-on	93613		0.58%	1.32%	984.23	378.53	379.13	386.33	412.61	410.06	654.24	362.26	554.84	315.48	244.31	N/A	BR	763.11	742.66	763.36	650.25	N/A
Electrophysiology evaluation	93641	26	0.67%	1.17%	826.58	320.41	320.89	326.99	349.25	347.14	N/A	350.48	448.02	266.79	206.52	N/A	2,640.48	645.93	628.69	645.77	550.63	N/A
Biopsy of heart lining	93505	26	0.49%	1.00%	607.51	233.81	234.64	238.77	254.16	251.53	N/A	460.10	327.95	193.91	150.72	N/A	1,728.63	471.36	455.88	468.44	400.66	N/A
Stimulation, pacing heart	93623	26	1.02%	0.88%	396.44	154.25	154.44	157.40	168.17	167.26	N/A	462.57	215.94	128.53	99.59	N/A	1,038.95	310.97	302.89	310.81	265.08	N/A
Electrophysiology evaluation	93621	26	1.22%	0.80%	297.09	113.42	113.61	115.75	123.58	122.77	N/A	1,287.36	158.52	94.59	73.36	N/A	1,145.12	228.65	222.36	228.82	194.80	N/A
Injection, cardiac cath	93540		1.35%	0.26%	296.64	N/A	N/A	N/A	N/A	N/A	345.39	165.96	331.30	N/A	N/A	N/A	429.55	N/A	N/A	N/A	N/A	N/A
Injection, cardiac cath	93539		1.51%	0.21%	296.64	N/A	N/A	N/A	N/A	N/A	119.69	58.95	111.50	N/A	N/A	N/A	387.65	N/A	N/A	N/A	N/A	N/A
Injection for aortography	93544		1.32%	0.12%	34.53	N/A	N/A	N/A	N/A	N/A	85.55	42.16	80.03	N/A	N/A	N/A	277.64	N/A	N/A	N/A	N/A	N/A

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The procedure codes used for interventional cardiology have changed in 2011 and as a result, fee schedu
For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-12
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Interventional Cardiology

					Commercial Allowed ⁽⁵⁾																	
					Mean						Median						80th Percentile					
Description	HCCPS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Left heart catheterization	93510	26	16.56%	46.77%	\$2,203.48	\$389.01	\$416.15	\$453.32	\$389.54	\$605.25	\$2,700.00	\$408.53	\$390.61	\$462.30	\$366.48	\$400.34	\$2,700.00	\$430.44	\$398.42	\$497.00	\$439.28	\$518.00
Imaging, cardiac cath	93556	26	17.19%	8.45%	495.93	79.54	85.16	85.04	73.22	116.55	525.00	74.91	71.90	85.00	66.96	81.39	525.00	76.32	73.34	92.30	79.31	99.00
Rt & Lt heart catheters	93526	26	1.62%	6.41%	2,614.94	505.40	Not Cred	646.09	567.81	1,084.45	3,321.00	552.40	Not Cred	637.17	507.06	648.62	3,375.00	560.27	Not Cred	682.00	593.90	906.00
Ablate heart dysrhythmia focus	93651		1.20%	6.35%	5,750.14	1,700.93	2,879.59	1,789.96	1,424.63	2,070.63	6,222.00	1,482.11	1,720.71	1,701.13	1,375.10	1,675.00	6,222.00	1,561.00	5,362.18	1,975.16	1,623.75	2,267.35
Imaging, cardiac cath	93555	26	15.57%	6.25%	370.18	77.08	86.57	83.67	71.20	101.61	465.00	73.08	70.20	83.08	64.74	86.33	473.00	74.43	71.60	90.17	77.21	91.00
Electrophysiology evaluation Inject for coronary x-rays	93620	26	1.54%	5.30%	3,960.69	1,329.21	2,876.48	995.74	911.01	1,212.04	4,147.00	1,009.74	1,293.07	1,076.26	921.12	1,057.86	4,147.00	1,128.00	4,680.65	1,228.56	1,135.34	1,418.80
Cath placement, angiography	93545		17.07%	2.84%	458.37	46.52	48.86	74.60	57.11	103.27	510.00	36.34	34.53	41.85	32.94	43.00	510.00	39.14	36.10	53.20	43.00	192.32
Transcath closure of ASD	93508	26	1.08%	2.34%	2,576.92	353.92	Not Cred	391.06	369.49	518.07	2,525.00	380.25	Not Cred	425.75	355.65	419.07	2,525.00	439.36	Not Cred	471.25	442.40	875.51
Injection for heart x-rays	93580		0.31%	1.80%	Not Cred	Not Cred	No Data	1,666.16	1,586.69	Not Cred	Not Cred	Not Cred	No Data	1,709.62	1,543.42	Not Cred	Not Cred	Not Cred	No Data	2,004.10	1,764.21	Not Cred
Electrophys map 3d, add-on	93543		15.27%	1.67%	411.69	27.71	35.10	37.19	30.71	74.43	487.00	25.84	24.91	28.80	22.14	43.00	495.00	27.00	41.88	38.27	28.80	95.04
Electrophysiology evaluation	93613		0.58%	1.32%	2,612.80	752.30	Not Cred	730.21	627.82	Not Cred	2,738.00	624.50	Not Cred	712.65	591.84	Not Cred	2,738.00	819.00	Not Cred	852.74	681.11	Not Cred
Biopsy of heart lining	93641	26	0.67%	1.17%	Not Cred	Not Cred	Not Cred	512.66	457.71	Not Cred	Not Cred	Not Cred	Not Cred	550.38	466.48	Not Cred	Not Cred	Not Cred	Not Cred	642.59	553.60	Not Cred
Stimulation, pacing heart	93505	26	0.49%	1.00%	No Data	Not Cred	Not Cred	456.25	Not Cred	Not Cred	No Data	Not Cred	Not Cred	473.60	Not Cred	Not Cred	No Data	Not Cred	Not Cred	473.60	Not Cred	Not Cred
Electrophysiology evaluation	93623	26	1.02%	0.88%	830.24	262.47	Not Cred	299.99	253.19	Not Cred	861.00	260.05	Not Cred	291.00	232.73	Not Cred	861.00	284.00	Not Cred	333.26	284.93	Not Cred
Injection, cardiac cath	93621	26	1.22%	0.80%	969.55	182.08	199.68	223.24	204.54	391.75	1,019.00	187.14	186.25	214.50	190.34	209.56	1,019.00	193.96	222.94	248.64	236.00	255.37
Injection, cardiac cath	93540		1.35%	0.26%	Not Cred	68.22	Not Cred	53.88	53.78	Not Cred	Not Cred	39.58	Not Cred	44.22	34.56	Not Cred	Not Cred	91.81	Not Cred	48.24	43.85	Not Cred
Injection for aortography	93539		1.51%	0.21%	352.21	46.77	Not Cred	48.28	40.73	Not Cred	502.00	36.68	Not Cred	40.55	32.10	Not Cred	502.00	43.75	Not Cred	45.99	39.14	Not Cred
	93544		1.32%	0.12%	Not Cred	50.98	Not Cred	51.16	38.15	64.79	Not Cred	22.90	Not Cred	27.00	23.01	46.50	Not Cred	96.21	Not Cred	33.00	28.47	113.65

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(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

The procedure codes used for interventional cardiology have changed in 2011 and as a result, fee schedule
For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-12
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Interventional Cardiology

					Billed Charges ⁽⁵⁾																	
					Mean						Median						80th Percentile					
Description	HCECS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Left heart catheterization	93510	26	16.56%	46.77%	\$2,048.97	\$626.66	\$741.51	\$610.91	\$674.95	\$1,401.51	\$2,657.00	\$552.00	\$650.00	\$568.00	\$587.00	\$680.00	\$2,700.00	\$809.00	\$945.00	\$676.00	\$731.40	\$2,929.00
Imaging, cardiac cath	93556	26	17.19%	8.45%	408.20	118.45	111.26	111.96	121.66	257.28	517.00	99.20	101.00	102.50	109.20	205.00	525.00	172.48	135.00	124.00	134.60	569.00
Rt & Lt heart catheters	93526	26	1.62%	6.41%	Not Cred	931.58	1,239.68	845.13	945.00	1,961.90	Not Cred	793.00	1,380.00	831.00	948.79	1,515.50	Not Cred	1,599.81	1,884.26	1,155.00	1,182.00	3,661.00
Ablate heart dysrhythm focus	93651		1.20%	6.35%	Not Cred	1,764.62	No Data	2,639.95	2,357.18	Not Cred	Not Cred	1,675.00	No Data	2,761.00	2,156.00	Not Cred	Not Cred	1,838.00	No Data	2,887.50	2,691.30	Not Cred
Imaging, cardiac cath	93555	26	15.57%	6.25%	399.31	107.15	108.53	113.24	111.48	234.25	473.00	96.80	84.00	99.50	100.00	107.25	473.00	168.31	123.00	122.00	120.62	513.00
Electrophysiology evaluation	93620	26	1.54%	5.30%	Not Cred	1,332.21	Not Cred	1,807.43	1,827.31	Not Cred	Not Cred	1,258.00	Not Cred	1,840.00	1,519.50	Not Cred	Not Cred	1,597.00	Not Cred	1,909.00	2,000.00	Not Cred
Inject for coronary x-rays	93545		17.07%	2.84%	468.23	120.91	150.40	160.56	204.45	333.18	510.00	50.00	120.85	60.00	138.00	324.00	510.00	243.00	253.00	300.00	415.00	553.00
Cath placement, angiography	93508	26	1.08%	2.34%	2,622.57	385.95	538.85	552.46	598.25	Not Cred	2,525.00	416.00	465.00	517.00	555.50	Not Cred	3,446.00	556.00	712.00	558.00	599.25	Not Cred
Transcath closure of asd	93580		0.31%	1.80%	No Data	Not Cred	No Data	No Data	Not Cred	No Data	No Data	Not Cred	No Data	No Data	Not Cred	No Data	No Data	Not Cred	No Data	No Data	Not Cred	No Data
Injection for heart x-rays	93543		15.27%	1.67%	No Data	109.49	Not Cred	97.75	108.05	Not Cred	No Data	61.20	Not Cred	72.00	46.60	Not Cred	No Data	218.00	Not Cred	155.00	202.00	Not Cred
Electrophys map 3d, add-on	93613		0.58%	1.32%	Not Cred	Not Cred	No Data	Not Cred	1,046.89	Not Cred	Not Cred	Not Cred	No Data	Not Cred	893.60	Not Cred	Not Cred	Not Cred	No Data	Not Cred	1,057.48	Not Cred
Electrophysiology evaluation	93641	26	0.67%	1.17%	Not Cred	722.02	Not Cred	812.95	845.80	Not Cred	Not Cred	632.00	Not Cred	773.99	754.00	Not Cred	Not Cred	865.00	Not Cred	945.50	981.60	Not Cred
Biopsy of heart lining	93505	26	0.49%	1.00%	Not Cred	Not Cred	No Data	Not Cred	720.20	No Data	Not Cred	Not Cred	No Data	Not Cred	721.90	No Data	Not Cred	Not Cred	No Data	Not Cred	721.90	No Data
Stimulation, pacing heart	93623	26	1.02%	0.88%	Not Cred	315.45	Not Cred	438.06	496.67	Not Cred	Not Cred	304.00	Not Cred	437.00	364.50	Not Cred	Not Cred	323.00	Not Cred	468.00	431.04	Not Cred
Electrophysiology evaluation	93621	26	1.22%	0.80%	Not Cred	231.93	Not Cred	731.68	407.70	Not Cred	Not Cred	220.50	Not Cred	452.00	275.00	Not Cred	Not Cred	280.00	Not Cred	1,865.60	317.90	Not Cred
Injection, cardiac cath	93540		1.35%	0.26%	407.45	127.77	114.22	174.94	230.63	383.14	517.00	54.00	73.00	65.00	132.00	391.50	525.00	216.00	185.00	200.00	465.70	570.00
Injection, cardiac cath	93539		1.51%	0.21%	394.43	82.56	113.00	95.72	146.16	242.23	510.00	52.00	130.00	60.00	140.00	158.84	510.00	76.00	166.00	150.00	264.00	482.50
Injection for aortography	93544		1.32%	0.12%	Not Cred	Not Cred	141.95	92.34	114.90	Not Cred	Not Cred	Not Cred	85.14	41.30	53.00	Not Cred	Not Cred	Not Cred	255.00	110.00	208.00	Not Cred

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

The procedure codes used for interventional cardiology have changed in 2011 and as a result, fee schedule
For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-13
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Laboratory

Description	HCPCS	Modifier	Medicare ⁽¹⁾										TRICARE ⁽¹⁾									
			% of Total Util	% of Total RVUs	AK	ID	ND	Portland OR	Rest Of OR	Seattle WA	Rest Of WA	WY	AK	ID	ND	Portland OR	Rest of OR	Seattle WA	Rest of WA	WY		
Lipid panel	80061		5.94%	6.21%	\$18.85	\$15.96	\$17.17	\$18.85	\$18.85	\$18.85	\$18.85	\$15.67	\$23.08	\$17.59	\$17.23	\$17.44	\$17.44	\$16.01	\$16.13	\$17.61		
Tissue exam by pathologist	88305	26	0.99%	5.72%	49.95	35.61	36.17	36.44	35.86	37.82	36.18	36.37	72.48	36.54	36.29	37.24	36.71	38.30	37.02	36.47		
Assay thyroid stim hormone	84443		3.77%	5.08%	23.64	22.14	23.64	23.64	23.64	23.56	23.56	23.09	28.94	22.05	21.60	21.86	21.86	20.08	20.22	22.08		
Cytopath c/v auto fluid redo	88175		2.05%	4.09%	37.28	36.57	37.28	37.28	37.28	37.28	37.28	37.28	45.63	34.77	34.06	34.48	34.48	31.66	31.89	34.81		
Comprehen metabolic panel	80053		4.75%	3.94%	14.87	14.87	14.87	14.87	14.87	12.01	12.01	14.87	18.20	13.87	13.59	13.76	13.76	12.63	12.72	13.89		
Chylind trach. dna, amp probe	87491		1.23%	3.28%	49.39	49.39	49.39	49.39	49.39	49.39	49.39	49.39	60.47	46.08	45.14	45.69	45.69	41.95	42.26	46.13		
N.gonorrhoeae, dna, amp probe	87591		1.19%	3.16%	49.39	49.39	49.39	49.39	49.39	49.39	49.39	49.39	60.47	46.08	45.14	45.69	45.69	41.95	42.26	46.13		
Complete cbc w/auto diff wbc	85025		4.34%	2.64%	10.94	10.94	10.94	10.94	10.94	10.94	10.94	10.94	13.40	10.21	10.00	10.12	10.12	9.30	9.36	10.22		
Hpv, dna, amp probe	87621		0.94%	2.51%	49.39	49.39	49.39	49.39	49.39	49.39	49.39	49.39	60.47	46.08	45.14	45.69	45.69	41.95	42.26	46.13		
General health panel	80050		2.09%	2.14%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	60.84	46.36	45.42	45.97	45.97	42.21	42.52	46.41		
Assay of psa, total	84153		1.21%	1.77%	25.89	25.89	25.89	25.89	25.89	25.89	25.89	25.89	31.68	24.14	23.65	23.94	23.94	21.98	22.14	24.17		
Glycosylated hemoglobin test	83036		2.11%	1.62%	13.66	9.84	13.66	13.66	13.66	13.66	13.66	10.69	16.72	12.74	12.48	12.63	12.63	11.60	11.68	12.75		
Cytopath, c/v, thin layer	88142		1.03%	1.60%	28.51	28.51	28.51	28.51	28.51	28.51	28.51	28.51	34.91	26.60	26.06	26.38	26.38	24.22	24.40	26.63		
Urine culture/colony count	87086		1.99%	1.26%	11.36	11.36	11.36	11.36	11.36	11.36	11.36	5.29	13.92	10.61	10.39	10.52	10.52	9.66	9.73	10.62		
Assay of free thyroxine	84439		1.67%	1.19%	12.69	12.69	11.40	12.69	12.69	12.31	12.31	12.69	15.54	11.84	11.60	11.74	11.74	10.78	10.86	11.85		
Assay of total testosterone	84403		0.55%	1.12%	36.33	33.06	36.33	36.33	36.33	36.33	36.33	36.33	44.48	33.89	33.20	33.61	33.61	30.86	31.08	33.93		
Routine venipuncture	36415		5.67%	0.98%	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00		
Culture, bacteria, other	87070		1.13%	0.77%	12.12	12.12	12.12	12.12	12.12	12.12	12.12	5.29	14.84	11.31	11.08	11.21	11.21	10.30	10.37	11.32		
Metabolic panel total ca	80048		1.08%	0.71%	11.91	11.91	11.91	11.91	11.91	8.99	8.99	10.82	14.57	11.11	10.88	11.01	11.01	10.11	10.19	11.12		
Hepatic function panel	80076		1.08%	0.68%	11.49	11.49	11.49	11.49	11.49	8.99	8.99	10.82	14.07	10.72	10.51	10.63	10.63	9.76	9.84	10.74		
Assay of total thyroxine	84436		1.03%	0.56%	9.67	9.67	9.67	9.67	9.67	9.67	9.67	9.67	11.84	9.02	8.84	8.94	8.94	8.21	8.27	9.03		
Assay of blood/uric acid	84550		1.04%	0.38%	6.36	6.36	6.36	6.36	6.36	6.36	6.36	6.36	7.79	5.93	5.81	5.88	5.88	5.40	5.44	5.94		
Urinalysis, auto w/scope	81001		1.34%	0.34%	4.45	4.45	4.45	4.45	4.45	4.45	4.45	3.60	5.46	4.16	4.08	4.12	4.12	3.79	3.82	4.16		

- (1) Medicare fees are from CY2011 schedule.
(2) TRICARE fees are from the current schedules effective 8/1/2010.
(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).
(4) Medicaid and workers' compensation fees are current as of 8/3/2011.
(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-13
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Laboratory

Description	HCPCS	Modifier	% of		VA ⁽¹⁾								Medicaid ⁽⁴⁾						Workers' Compensation ⁽⁴⁾					
			Total Util	% of	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY		
			Total RVUs	Total RVUs																				
Lipid panel	80061		5.94%	6.21%	\$43.45	\$15.96	\$17.17	\$18.85	\$18.85	\$15.67	\$19.19	\$15.85	\$17.48	\$14.20	\$14.58	\$14.00	\$121.13	TBD	\$42.93	80% of billed	\$26.39	N/A		
Tissue exam by pathologist	88305	26	0.99%	5.72%	111.69	35.61	36.17	36.44	37.82	36.37	64.94	65.46	53.27	28.10	22.23	N/A	259.83	TBD	N/A	58.26	59.77	N/A		
Assay thyroid stim hormone	84443		3.77%	5.08%	57.55	22.14	23.64	23.64	23.56	23.09	24.06	21.98	24.06	17.80	18.22	20.64	122.82	TBD	59.10	80% of billed	32.98	N/A		
Cytopath c/v auto fluid redo	88175		2.05%	4.09%	109.50	36.57	37.28	37.28	37.28	37.28	37.94	36.31	37.94	28.08	37.94	N/A	93.50	TBD	93.20	80% of billed	52.19	N/A		
Comprehen metabolic panel	80053		4.75%	3.94%	49.40	14.87	14.87	14.87	12.01	14.87	15.14	14.77	15.14	11.20	9.29	13.29	91.24	TBD	37.17	80% of billed	16.81	N/A		
Chylind trach, dna, amp probe	87491		1.23%	3.28%	145.32	49.39	49.39	49.39	49.39	49.39	50.27	49.04	50.27	37.20	38.21	N/A	203.53	TBD	123.47	80% of billed	69.15	N/A		
N.gonorrhoeae, dna, amp prob	87591		1.19%	3.16%	145.32	49.39	49.39	49.39	49.39	49.39	50.27	49.04	50.27	37.20	38.21	N/A	203.53	TBD	123.47	80% of billed	69.15	N/A		
Complete cbc w/auto diff wbc	85025		4.34%	2.64%	40.35	10.94	10.94	10.94	10.94	10.94	11.14	10.86	11.14	8.24	8.47	9.85	56.86	TBD	27.35	80% of billed	15.32	N/A		
Hpv, dns, amp probe	87621		0.94%	2.51%	145.32	49.39	49.39	49.39	49.39	49.39	50.27	49.04	50.27	37.20	38.21	N/A	203.53	TBD	123.47	80% of billed	69.15	N/A		
General health panel	80050		2.09%	2.14%	121.78	N/A	N/A	N/A	N/A	N/A	50.13	51.11	N/A	36.75	36.67	N/A	173.06	TBD	UCR	80% of billed	65.11	N/A		
Assay of psa, total	84153		1.21%	1.77%	66.02	25.89	25.89	25.89	25.89	25.89	26.34	25.70	26.34	19.49	20.02	N/A	140.35	TBD	64.72	80% of billed	36.25	N/A		
Glycosylated hemoglobin test	83036		2.11%	1.62%	40.83	9.84	13.66	13.66	13.66	10.69	13.90	9.77	13.90	10.29	10.56	N/A	92.23	TBD	34.15	80% of billed	19.12	N/A		
Cytopath, c/v, thin layer	88142		1.03%	1.60%	83.92	28.51	28.51	28.51	28.51	28.51	29.02	28.31	29.02	21.47	29.02	N/A	81.51	TBD	71.28	80% of billed	39.91	N/A		
Urine culture/colony count	87086		1.99%	1.26%	43.75	11.36	11.36	11.36	11.36	5.29	11.57	11.28	11.57	8.56	8.79	N/A	79.07	TBD	28.40	80% of billed	15.90	N/A		
Assay of free thyroxine	84439		1.67%	1.19%	70.00	12.69	11.40	12.69	12.31	12.69	12.92	12.60	11.60	9.56	9.52	N/A	87.74	TBD	28.50	80% of billed	17.23	N/A		
Assay of total testosterone	84403		0.55%	1.12%	106.43	33.06	36.33	36.33	36.33	36.33	36.98	32.82	36.98	27.37	28.10	N/A	137.45	TBD	90.83	80% of billed	50.86	N/A		
Routine venipuncture	36415		5.67%	0.98%	11.76	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.88	2.22	2.28	2.70	29.03	N/A	7.50	80% of billed	4.20	N/A		
Culture, bacteria, other	87070		1.13%	0.77%	57.91	12.12	12.12	12.12	12.12	5.29	12.34	12.03	12.34	9.13	9.38	N/A	85.40	TBD	30.30	80% of billed	16.97	N/A		
Metabolic panel total ca	80048		1.08%	0.71%	48.58	11.91	11.91	11.91	8.99	10.82	12.12	11.83	12.12	8.97	6.95	N/A	66.08	TBD	29.77	80% of billed	12.59	N/A		
Hepatic function panel	80076		1.08%	0.68%	49.84	11.49	11.49	11.49	8.99	10.82	11.70	11.42	11.70	8.66	6.95	N/A	62.93	TBD	28.72	80% of billed	12.59	N/A		
Assay of total thyroxine	84436		1.03%	0.56%	28.82	9.67	9.67	9.67	9.67	9.67	9.84	9.61	9.84	7.28	7.48	N/A	52.64	TBD	24.18	80% of billed	13.54	N/A		
Assay of blood/uric acid	84550		1.04%	0.38%	11.44	6.36	6.36	6.36	6.36	6.36	6.47	6.31	6.47	4.79	4.92	N/A	38.02	TBD	15.90	80% of billed	8.90	N/A		
Urinalysis, auto w/scope	81001		1.34%	0.34%	32.35	4.45	4.45	4.45	4.45	4.45	4.54	4.43	4.54	3.36	3.45	N/A	36.49	TBD	11.12	80% of billed	6.23	N/A		

(1) Medicare fees are from CY2011 schedule.

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(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-13
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Laboratory

Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	Commercial Allowed ⁽⁵⁾																	
					Mean									Median								
					AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Lipid panel	80061		5.94%	6.21%	\$58.57	\$29.49	\$37.31	\$26.38	\$20.73	\$40.22	\$59.90	\$27.00	\$34.93	\$26.96	\$19.57	\$36.00	\$97.00	\$40.15	\$34.93	\$29.40	\$22.47	\$63.00
Tissue exam by pathologist	88305	26	0.99%	5.72%	226.49	72.40	65.94	77.08	64.43	127.60	250.00	61.60	58.31	68.38	57.17	113.00	260.00	78.75	64.13	74.52	73.76	194.00
Assay thyroid stim hormone	84443		3.77%	5.08%	53.09	30.61	49.18	32.56	25.51	46.78	45.00	31.21	48.09	32.86	24.44	41.52	91.00	31.88	48.09	35.09	28.07	68.00
Cytopath c/v auto fluid redo	88175		2.05%	4.09%	61.74	48.01	72.66	48.96	40.68	73.24	49.50	50.25	75.83	51.81	37.01	74.00	90.00	52.73	75.83	54.50	44.47	99.90
Compreh metabolic panel	80053		4.75%	3.94%	47.74	21.24	31.51	21.74	15.21	38.55	47.26	20.97	30.26	21.27	12.46	34.00	75.00	22.03	30.26	23.20	16.93	62.00
Chylnd trach, dna, anip probe	87491		1.23%	3.28%	59.65	62.76	72.43	54.29	51.32	76.87	50.00	66.14	100.47	50.56	49.94	61.00	80.00	70.12	100.47	59.51	53.94	99.00
N.gonorrhoeae, dna, anip prob	87591		1.19%	3.16%	58.58	62.38	70.31	53.92	50.31	69.77	49.49	66.14	100.47	50.56	49.04	61.00	75.00	70.12	100.47	59.51	53.94	102.48
Complete cbc w/auto diff wbc	85025		4.34%	2.64%	34.86	16.34	24.54	16.14	12.43	29.04	40.00	15.42	22.25	15.64	11.35	27.30	50.00	16.38	22.25	20.74	13.03	47.00
Hpv, dna, anip probe	87621		0.94%	2.51%	89.79	61.23	101.54	65.17	53.18	70.89	66.00	66.14	100.00	68.66	49.04	63.75	157.47	69.64	126.00	72.45	54.91	114.80
General health panel	80050		2.09%	2.14%	134.32	58.64	79.23	66.65	53.59	89.21	140.24	59.27	70.00	64.80	55.00	80.00	212.00	62.70	122.40	81.60	63.27	135.75
Assay of psa, total	84153		1.21%	1.77%	75.92	34.49	55.96	34.50	28.20	48.84	82.24	34.86	52.66	34.80	26.83	40.28	110.00	36.49	53.71	37.01	30.84	72.25
Glycosylated hemoglobin test	83036		2.11%	1.62%	52.59	17.75	28.76	18.67	15.43	27.68	60.65	18.46	27.78	18.46	14.17	27.08	75.00	18.51	27.78	20.12	16.27	36.90
Cytopath, c/v, thin layer	88142		1.03%	1.60%	64.79	38.48	55.00	39.78	32.02	52.41	65.00	39.93	58.00	40.77	28.31	48.00	92.00	42.53	58.00	41.83	40.20	71.25
Urine culture/colony count	87086		1.99%	1.26%	38.70	16.58	23.85	14.84	13.12	16.13	36.10	16.02	23.11	14.15	11.79	11.74	66.00	16.95	23.11	16.24	13.43	32.00
Assay of free thyroxine	84439		1.67%	1.19%	45.71	18.22	24.69	17.88	14.38	29.84	43.35	16.97	23.17	17.40	12.77	20.39	79.00	17.89	23.17	18.62	14.66	48.57
Assay of total testosterone	84403		0.55%	1.12%	77.34	44.60	66.35	49.16	37.98	58.83	70.00	46.90	73.92	50.51	36.80	49.00	126.00	48.85	73.92	63.00	41.03	82.50
Routine venipuncture	36415		5.67%	0.98%	18.08	9.10	6.81	6.34	5.69	14.42	15.00	8.54	6.15	3.60	3.00	13.44	31.45	9.34	6.27	7.68	5.42	20.00
Culture, bacteria, other	87070		1.13%	0.77%	48.30	17.45	25.10	15.94	14.18	21.97	50.00	17.08	24.65	13.83	12.57	14.93	75.00	18.08	24.65	17.32	14.18	33.25
Metabolic panel total ca	80048		1.08%	0.71%	38.21	16.00	25.05	17.49	11.89	29.30	40.00	16.69	24.24	17.04	9.33	28.05	62.00	17.75	24.24	19.40	13.01	44.00
Hepatic function panel	80076		1.08%	0.68%	33.79	16.07	23.28	16.60	11.55	26.64	30.00	16.22	23.40	16.44	9.33	20.00	56.00	16.95	23.40	18.20	12.79	42.00
Assay of total thyroxine	84436		1.03%	0.56%	29.26	12.04	17.85	13.37	10.36	17.63	34.17	12.86	19.69	13.65	9.80	12.57	45.00	13.65	19.69	15.08	10.57	25.09
Assay of blood/uric acid	84550		1.04%	0.38%	18.07	8.70	11.38	8.97	6.48	13.47	16.00	8.72	9.12	8.83	6.31	8.24	30.00	8.96	12.93	11.55	6.94	22.07
Urinalysis, auto w/scope	81001		1.34%	0.34%	23.55	7.37	10.17	7.97	6.16	11.33	30.00	6.47	9.08	6.38	4.63	9.33	36.00	6.78	9.08	8.55	5.56	17.00

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-13
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Laboratory

Description	HCPCS	Modifier	Billed Charges ⁽⁵⁾																			
					Mean						Median						80th Percentile					
			% of Total Util	% of Total RMs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Lipid panel	80061	26	5.94%	6.21%	\$69.85	\$45.11	\$59.69	\$45.18	\$49.63	\$67.63	\$81.00	\$39.20	\$56.00	\$40.00	\$40.00	\$71.00	\$93.00	\$57.10	\$70.00	\$54.90	\$68.22	\$86.00
Tissue exam by pathologist	88305		0.99%	5.72%	203.69	90.67	92.46	106.85	112.96	107.68	210.00	94.20	94.75	86.00	104.00	97.00	260.00	135.00	110.00	150.75	138.00	157.00
Assay thyroid stim hormone	84443		3.77%	5.08%	58.37	49.23	64.39	49.42	52.04	72.26	45.00	40.17	62.00	45.00	44.31	72.42	94.00	55.73	67.00	53.00	62.00	85.00
Cytopath c/v auto fluid redo	88175		2.05%	4.09%	62.10	60.80	79.42	61.47	71.42	87.58	49.50	58.00	78.00	49.00	70.00	74.00	90.00	61.86	84.00	69.25	90.00	115.00
Compreh metabolic panel	80053		4.75%	3.94%	45.03	38.41	61.10	35.30	38.95	48.15	42.85	39.29	61.00	32.63	39.29	53.00	65.00	42.26	65.00	44.31	51.00	56.00
Chylnd trach, dna, amp probe	87491		1.23%	3.28%	Not Cred	71.48	Not Cred	66.56	77.62	Not Cred	Not Cred	71.11	Not Cred	59.52	74.31	Not Cred	Not Cred	74.31	Not Cred	80.00	80.00	Not Cred
N.gonorrhoeae, dna, amp prob	87591		1.19%	3.16%	Not Cred	69.76	Not Cred	67.11	77.78	Not Cred	Not Cred	68.56	Not Cred	59.51	74.31	Not Cred	Not Cred	74.31	Not Cred	80.00	82.00	Not Cred
Complete cbc w/auto diff wbc	85025		4.34%	2.64%	33.93	29.96	42.83	26.51	32.26	37.16	27.51	30.00	40.00	24.00	30.00	37.00	46.00	39.10	49.00	32.50	40.03	56.00
Hpv, dna, amp probe	87621		0.94%	2.51%	Not Cred	95.05	Not Cred	103.51	95.98	118.83	Not Cred	75.61	Not Cred	98.57	94.69	102.71	Not Cred	105.00	Not Cred	105.00	105.00	154.00
General health panel	80050		2.09%	2.14%	Not Cred	100.36	Not Cred	103.38	102.29	Not Cred	Not Cred	119.00	Not Cred	112.00	109.00	Not Cred	Not Cred	121.50	Not Cred	121.50	121.50	Not Cred
Assay of psa, total	84153		1.21%	1.77%	65.76	58.92	75.35	60.17	66.33	80.63	54.00	50.00	80.00	51.40	55.10	71.50	115.00	75.00	80.00	72.00	89.00	114.00
Glycosylated hemoglobin test	83036		2.11%	1.62%	50.23	39.10	42.08	36.44	39.00	43.22	40.00	40.70	37.00	33.90	36.00	45.00	78.00	45.84	54.00	41.00	45.84	60.00
Cytopath, c/v, thin layer	88142		1.03%	1.60%	Not Cred	59.90	Not Cred	48.02	69.19	Not Cred	Not Cred	60.00	Not Cred	46.63	73.00	Not Cred	Not Cred	75.00	Not Cred	60.00	80.00	Not Cred
Urine culture/colony count	87086		1.99%	1.26%	34.69	38.38	37.83	32.23	40.26	38.16	35.66	38.00	41.00	32.00	37.50	35.00	37.50	52.40	41.00	37.50	52.68	55.00
Assay of free thyroxine	84439		1.67%	1.19%	62.50	42.77	40.88	36.73	44.05	66.61	63.00	39.56	36.00	31.50	37.40	61.00	75.00	63.00	41.00	40.40	49.00	75.00
Assay of total testosterone	84403		0.55%	1.12%	95.23	82.75	102.07	82.88	84.60	113.33	80.13	61.50	98.00	72.16	72.16	101.20	157.68	99.69	128.75	93.81	99.69	169.00
Routine venipuncture	36415		5.67%	0.98%	17.65	13.79	12.44	13.34	16.15	14.06	17.00	14.00	14.56	13.00	15.38	13.00	24.00	19.50	16.00	17.00	19.65	18.00
Culture, bacteria, ether	87070		1.13%	0.77%	55.39	44.04	41.47	41.25	49.82	58.05	57.82	42.02	39.00	36.60	42.02	51.00	81.32	50.49	47.00	63.00	77.05	82.00
Metabolic panel total ca	80048		1.08%	0.71%	40.44	32.04	49.24	28.26	32.44	39.27	34.29	34.00	51.00	25.00	33.00	41.00	62.00	38.70	62.00	34.32	38.70	48.00
Hepatic function panel	80076		1.08%	0.68%	28.91	28.74	43.95	27.28	33.52	42.43	14.75	26.00	48.00	26.00	35.00	41.00	48.00	39.53	49.00	32.85	42.40	55.00
Assay of total thyroxine	84436		1.03%	0.56%	31.30	33.98	Not Cred	29.82	33.79	36.09	34.50	34.80	Not Cred	29.00	37.80	37.00	34.50	39.56	Not Cred	39.56	43.00	41.81
Assay of blood/uric acid	84550		1.04%	0.38%	24.99	16.57	24.57	16.79	17.56	23.05	30.00	11.36	19.00	15.34	15.00	24.50	30.00	24.00	38.00	21.00	27.00	27.50
Urinalysis, auto w/scope	81001		1.34%	0.34%	23.70	21.11	19.60	18.93	24.62	20.94	24.00	19.00	21.00	18.50	20.00	20.50	38.00	36.63	21.00	24.00	37.55	26.00

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-14
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Neurology

Description	HCPCS	Modifier	Medicare ⁽¹⁾										TRICARE ⁽²⁾									
			% of Total Util	% of Total RVUs	AK	ID	ND	Portland OR	Rest Of OR	Seattle WA	Rest Of WA	WY	AK	ID	ND	Portland OR	Rest of OR	Seattle WA	Rest of WA	WY		
Office/outpatient visit, est	99214		14.78%	10.71%	\$130.96	\$98.08	\$100.41	\$101.63	\$99.18	\$107.25	\$101.06	\$102.45	\$182.64	\$96.32	\$95.07	\$99.31	\$97.05	\$103.52	\$98.63	\$96.32		
Office consultation	99244		5.68%	8.17%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	349.48	182.66	180.28	187.72	183.81	195.50	186.85	183.17		
Office consultation	99245		3.80%	6.73%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	428.34	223.13	220.20	229.02	224.42	238.44	228.17	224.00		
Polysomnography, 4 or more	95810	26	1.48%	5.38%	170.05	121.81	123.51	124.66	122.63	129.97	124.26	125.55	334.42	167.93	166.58	170.72	168.50	175.82	170.24	168.39		
Office/outpatient visit, est	99213		10.83%	5.23%	87.71	66.04	67.67	68.52	66.81	72.42	68.12	69.10	121.23	64.21	63.34	66.28	64.72	69.17	65.82	64.23		
Polysomnography w/cpap	95811	26	1.17%	4.82%	177.60	127.32	129.10	130.33	128.19	135.94	129.94	131.34	360.49	181.07	179.54	184.03	181.65	189.64	183.62	181.72		
Office/outpatient visit, est	99215		4.50%	4.40%	177.40	132.08	135.00	136.62	133.47	144.01	135.96	137.85	248.30	130.18	128.52	133.96	131.08	139.50	133.18	130.32		
Natalizumab injection	J2323		0.20%	3.11%	10.21	10.21	10.21	10.21	10.21	10.21	10.21	10.21	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Mri brain w/o & w/dye	70553	26	0.39%	2.26%	159.35	113.98	115.30	116.49	114.66	121.71	116.51	118.15	233.34	118.21	117.00	120.37	118.62	124.45	120.18	118.82		
Eeg, awake and asleep	95819	26	2.25%	2.23%	73.73	52.85	53.62	54.11	53.22	56.40	53.90	54.43	105.45	53.28	52.83	54.27	53.49	55.96	54.07	53.37		
Sense nerve conduction test	95904		5.88%	2.22%	62.29	50.39	52.63	53.38	51.39	57.08	52.48	53.04	81.00	46.28	45.46	48.84	47.01	51.64	48.02	45.79		
Botulinum toxin a per unit	J0585		0.50%	2.09%	5.48	5.48	5.48	5.48	5.48	5.48	5.48	5.48	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Motor nerve conduction test	95903		3.58%	1.74%	83.77	66.34	68.91	69.86	67.50	74.46	68.91	69.72	110.49	61.63	60.63	64.61	62.46	68.02	63.69	61.14		
Muscle test, 2 limbs	95861		1.92%	1.70%	163.66	125.90	130.03	131.60	127.76	139.28	129.99	131.25	218.82	118.23	116.66	122.89	119.51	128.50	121.45	117.52		
Muscle test, one limb	95860		2.29%	1.48%	111.40	86.58	89.63	90.76	87.95	96.26	89.56	90.45	148.48	81.16	80.02	84.65	82.13	88.68	83.53	80.53		
Eeg, awake and drowsy	95816	26	1.40%	1.46%	73.95	53.05	53.77	54.29	53.40	56.67	54.16	54.79	105.78	53.48	52.97	54.45	53.67	56.22	54.32	53.70		
Motor nerve conduction test	95900		3.07%	1.33%	71.19	57.27	59.77	60.59	58.38	64.71	59.58	60.17	92.83	52.71	51.81	55.54	53.51	58.63	54.61	52.14		
Subsequent hospital care	99232		2.35%	1.21%	93.75	67.04	67.83	68.52	67.45	71.57	68.51	69.45	134.96	68.09	67.41	69.24	68.29	71.54	69.18	68.50		
EEG monitoring/videorecord	95951	26	0.53%	1.14%	414.17	297.75	300.94	304.45	299.51	319.25	305.30	310.71	593.10	300.51	296.92	305.62	301.25	316.69	305.95	303.32		
Office consultation	99243		1.07%	1.05%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	232.06	122.65	120.81	126.37	123.48	132.09	125.83	123.16		
Inpatient consultation	99255		0.66%	1.03%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	396.77	201.14	199.02	204.82	201.81	211.86	204.56	202.30		
Immunoglobulin, powder	J1566		0.09%	1.01%	31.28	31.28	31.28	31.28	31.28	31.28	31.28	31.28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Subsequent hospital care	99233		1.32%	0.97%	134.62	96.24	97.32	98.33	96.80	102.73	98.37	99.76	193.87	97.78	96.79	99.41	98.06	102.72	99.36	98.43		
Office/outpatient visit, est	99212		1.42%	0.43%	51.32	39.51	40.71	41.26	40.07	43.82	40.92	41.52	70.24	38.10	37.50	39.59	38.48	41.53	39.23	38.04		
H-reflex test	95934		1.04%	0.35%	67.99	53.60	55.69	56.41	54.53	59.99	55.56	56.10	88.54	49.08	48.32	51.37	49.72	53.99	50.64	48.66		
Subsequent hospital care	99231		1.05%	0.30%	51.71	37.05	37.46	37.87	37.27	39.61	37.90	38.48	74.26	37.52	37.10	38.14	37.61	39.46	38.16	37.83		

- (1) Medicare fees are from CY2011 schedule.
(2) TRICARE fees are from the current schedules effective 8/1/2010.
(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).
(4) Medicaid and workers' compensation fees are current as of 8/3/2011.
(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-14
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Neurology

Description	HCPCS	Modifier	VA ⁽¹⁾								Medicaid ⁽²⁾								Workers' Compensation ⁽³⁾							
			% of		AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY				
			Total Util	Total RVUs																						
Office/outpatient visit, est	99214		14.78%	10.71%	\$150.83	\$98.08	\$100.41	\$101.63	\$107.25	\$102.45	\$163.18	\$86.45	\$137.64	\$75.39	\$57.10	\$95.57	\$216.25	\$197.74	\$186.44	\$206.48	\$167.13	N/A				
Office consultation	99244		5.68%	8.17%	338.76	N/A	N/A	N/A	N/A	N/A	310.73	N/A	103.88	N/A	113.15	N/A	476.45	342.09	N/A	355.52	288.32	N/A				
Office consultation	99245		3.80%	6.73%	371.13	N/A	N/A	N/A	N/A	N/A	380.86	N/A	N/A	N/A	138.05	N/A	601.64	418.17	N/A	434.83	351.96	N/A				
Polysomnography, 4 or more	95810	26	1.48%	5.38%	464.60	121.81	123.51	124.66	129.97	125.55	N/A	346.87	172.75	129.64	102.70	N/A	1,023.02	245.57	228.56	235.17	204.76	N/A				
Office/outpatient visit, est	99213		10.83%	5.23%	103.12	66.04	67.67	68.52	72.42	69.10	108.29	57.45	91.76	50.35	38.21	67.36	149.22	133.13	125.74	138.79	112.89	N/A				
Polysomnography w/cpap	95811	26	1.17%	4.82%	499.97	127.32	129.10	130.33	135.94	131.34	N/A	389.47	180.35	139.93	110.71	N/A	1,084.13	256.69	239.09	245.34	214.17	N/A				
Office/outpatient visit, est	99215		4.50%	4.40%	303.55	132.08	135.00	136.62	144.01	137.85	221.58	117.01	186.19	101.82	76.86	136.28	346.00	266.29	250.86	277.58	225.23	N/A				
Natalizumab injection	J2323		0.20%	3.11%	18.61	10.21	10.21	10.21	10.21	10.21	N/A	7.72	8.24	10.06	N/A	N/A	N/A	N/A	N/A	N/A	Not Covered	N/A				
Mri brain w/o & w/dye	70553	26	0.39%	2.26%	394.10	113.98	115.30	116.49	121.71	118.15	207.98	100.14	160.89	91.81	72.47	N/A	826.63	294.28	214.93	219.48	192.03	N/A				
Eeg, awake and asleep	95819	26	2.25%	2.23%	152.71	52.85	53.62	54.11	56.40	54.43	N/A	108.41	74.99	41.17	32.68	N/A	272.33	106.55	99.10	101.70	89.10	N/A				
Sense nerve conduction test	95904		5.88%	2.22%	132.01	50.39	52.63	53.38	57.08	53.04	72.53	41.71	65.62	36.72	29.34	N/A	257.40	101.59	96.63	99.15	87.44	N/A				
Botulinum toxin a per unit	J0585		0.50%	2.09%	13.30	5.48	5.48	5.48	5.48	5.48	N/A	5.26	5.47	5.47	N/A	N/A	14.37	N/A	N/A	N/A	5.67	N/A				
Motor nerve conduction test	95903		3.58%	1.74%	169.52	66.34	68.91	69.86	74.46	69.72	98.73	56.06	87.49	48.69	38.90	N/A	402.53	133.75	126.98	130.93	114.55	N/A				
Muscle test, 2 limbs	95861		1.92%	1.70%	486.70	125.90	130.03	131.60	139.28	131.25	195.07	108.10	168.59	92.64	73.80	N/A	583.92	253.82	239.09	245.34	215.83	N/A				
Muscle test, one limb	95860		2.29%	1.48%	345.69	86.58	89.63	90.76	96.26	90.45	132.32	74.22	115.77	63.71	50.91	N/A	449.17	174.55	164.76	169.71	148.86	N/A				
Eeg, awake and drowsy	95816	26	1.40%	1.46%	152.71	53.05	53.77	54.29	56.67	54.79	N/A	99.30	74.99	41.45	32.90	N/A	272.33	106.94	99.72	102.33	89.10	N/A				
Motor nerve conduction test	95900		3.07%	1.33%	156.84	57.27	59.77	60.59	64.71	60.17	82.54	47.46	75.22	41.73	33.35	N/A	257.40	115.46	109.63	112.50	99.61	N/A				
Subsequent hospital care	99232		2.35%	1.21%	140.57	67.04	67.83	68.52	71.57	69.45	120.29	62.39	97.63	52.86	41.79	N/A	256.48	135.17	126.36	140.16	112.89	N/A				
EEG monitoring/video record	95951	26	0.53%	1.14%	846.92	297.75	300.94	304.45	319.25	310.71	N/A	660.12	420.50	N/A	184.73	N/A	1,146.92	600.28	564.89	580.94	503.04	N/A				
Office consultation	99243		1.07%	1.05%	242.81	N/A	N/A	N/A	N/A	N/A	206.34	N/A	74.86	N/A	76.25	N/A	364.35	230.14	N/A	240.66	194.80	N/A				
Inpatient consultation	99255		0.66%	1.03%	392.77	N/A	N/A	N/A	N/A	N/A	352.78	N/A	N/A	N/A	123.60	N/A	657.70	376.41	N/A	388.34	313.78	N/A				
Immunoglobulin, powder	J1566		0.09%	1.01%	61.43	31.28	31.28	31.28	31.28	31.28	N/A	27.67	30.48	31.20	N/A	N/A	N/A	N/A	N/A	N/A	45.45	N/A				
Subsequent hospital care	99233		1.32%	0.97%	199.87	96.24	97.32	98.33	102.73	99.76	172.68	89.47	139.78	75.95	60.02	N/A	378.31	194.02	181.48	201.01	162.15	N/A				
Office/outpatient visit, est	99212		1.42%	0.43%	75.92	39.51	40.71	41.26	43.82	41.52	62.46	35.18	54.42	30.05	22.84	40.33	116.78	79.66	75.57	83.41	68.07	N/A				
H-reflex test	95934		1.04%	0.35%	322.13	53.60	55.69	56.41	59.99	56.10	78.73	40.43	69.89	38.67	30.90	N/A	290.23	108.06	102.20	105.51	92.42	N/A				
Subsequent hospital care	99231		1.05%	0.30%	85.13	37.05	37.46	37.87	39.61	38.48	66.52	34.77	53.88	29.21	23.12	N/A	188.08	74.69	69.99	77.26	62.53	N/A				

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-14
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Neurology

			Commercial Allowed ⁽⁵⁾																			
			Mean										Median					80th Percentile				
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Office/outpatient visit, est	99214		14.78%	10.71%	\$194.83	\$133.62	\$140.11	\$164.90	\$140.23	\$117.70	\$205.00	\$136.59	\$144.92	\$171.00	\$135.16	\$118.47	\$220.00	\$151.91	\$144.92	\$182.40	\$161.20	\$130.00
Office consultation	99244		5.68%	8.17%	427.48	270.95	289.59	334.30	280.32	253.98	450.00	274.61	289.28	339.02	271.46	242.00	490.00	303.80	294.77	367.92	316.60	303.50
Office consultation	99245		3.80%	6.73%	512.68	334.98	374.53	411.96	347.70	325.66	575.00	335.00	355.51	410.94	333.92	314.15	640.00	375.00	392.00	453.13	396.43	367.81
Polysomnography, 4 or more	95810	26	1.48%	5.38%	866.91	292.60	270.77	341.51	272.27	381.67	921.00	280.22	265.50	325.89	255.42	397.00	950.00	309.35	265.50	383.58	301.94	500.00
Office/outpatient visit, est	99213		10.83%	5.23%	134.15	89.05	92.87	108.87	90.19	79.88	140.00	89.93	96.24	112.52	86.74	83.00	150.00	100.77	96.24	120.96	101.79	86.00
Polysomnography w/cpap	95811	26	1.17%	4.82%	951.46	312.49	293.35	366.52	291.22	361.34	970.00	301.09	285.32	350.52	274.32	299.88	1,020.00	332.39	285.32	412.09	317.96	432.00
Office/outpatient visit, est	99215		4.50%	4.40%	290.64	182.16	192.46	216.11	183.24	162.55	315.00	182.70	195.87	224.67	176.00	161.46	338.10	200.00	197.10	243.53	212.17	187.00
Natalizumab injection	J2323		0.20%	3.11%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mri brain w/o & w/dye	70553	26	0.39%	2.26%	407.64	285.48	226.64	223.92	204.41	360.82	441.00	244.51	188.51	213.53	203.31	379.76	461.00	404.58	204.98	229.43	214.00	495.90
Eeg, awake and asleep	95819	26	2.25%	2.23%	220.57	94.78	84.78	110.48	90.55	87.97	250.00	89.53	84.35	102.27	86.53	86.19	250.00	97.16	84.35	121.68	100.00	106.59
Sense nerve conduction test	95904		5.88%	2.22%	228.41	85.94	101.89	92.45	88.25	90.56	238.00	73.94	72.46	88.76	73.67	86.00	254.00	82.71	94.50	97.88	91.91	93.72
Botulinum toxin a per unit	J0585		0.50%	2.09%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Motor nerve conduction test	95903		3.58%	1.74%	299.81	136.67	131.99	120.82	106.30	124.15	244.00	98.57	96.24	114.63	94.05	117.00	356.00	160.62	136.33	133.65	114.64	149.75
Muscle test, 2 limbs	95861		1.92%	1.70%	425.15	201.18	221.23	225.23	181.68	231.90	494.00	182.75	183.41	217.35	168.90	214.00	577.00	201.75	191.10	240.16	190.62	278.10
Muscle test, one limb	95860		2.29%	1.48%	391.75	164.39	168.59	162.06	135.53	165.51	415.00	128.24	126.24	154.78	124.88	151.00	415.00	143.45	152.10	174.96	151.63	188.10
Eeg, awake and drowsy	95816	26	1.40%	1.46%	236.75	99.28	93.06	106.46	89.61	81.00	270.00	89.53	84.35	101.84	84.90	77.40	297.00	99.00	84.35	122.74	99.39	106.59
Motor nerve conduction test	95900		3.07%	1.33%	222.81	89.12	98.04	103.64	95.99	95.59	238.00	86.35	82.08	101.53	85.69	91.00	238.00	93.47	87.61	112.38	105.39	101.00
Subsequent hospital care	99232		2.35%	1.21%	198.52	103.04	107.93	121.88	102.61	104.64	228.00	101.84	104.73	123.95	98.82	107.70	237.00	112.67	110.08	133.20	115.53	115.00
EEG monitoring/videorecord	95951	26	0.53%	1.14%	626.84	450.45	743.58	601.58	496.77	418.41	554.38	375.00	423.20	599.56	504.49	432.00	554.38	598.23	561.81	699.69	570.05	593.61
Office consultation	99243		1.07%	1.05%	317.30	187.75	196.04	230.37	195.82	184.07	340.00	184.48	195.87	231.82	190.67	190.00	353.00	204.09	198.00	253.13	222.30	205.87
Inpatient consultation	99255		0.66%	1.03%	541.40	329.79	318.68	369.11	312.11	323.57	609.50	306.03	317.02	375.20	299.86	281.19	650.00	342.54	320.95	414.17	351.77	390.56
Immunoglobulin, powder	J1566		0.09%	1.01%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Subsequent hospital care	99233		1.32%	0.97%	264.74	153.13	163.08	171.63	143.35	151.49	300.00	145.81	150.02	174.89	135.85	146.05	340.00	163.44	183.30	189.57	160.32	185.00
Office/outpatient visit, est	99212		1.42%	0.43%	101.12	55.61	56.69	66.49	56.13	56.92	106.00	54.77	58.31	67.47	53.30	56.00	115.00	60.60	58.31	73.00	64.23	61.75
H-reflex test	95934		1.04%	0.35%	231.50	78.00	101.15	81.55	61.85	84.03	250.00	59.36	62.70	87.92	63.23	92.50	260.40	75.00	107.50	92.95	66.55	92.50
Subsequent hospital care	99231		1.05%	0.30%	136.98	60.16	65.27	72.19	61.74	72.72	164.00	56.49	58.31	69.01	57.42	69.00	177.00	64.43	69.00	77.52	66.81	100.00

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-14
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Neurology

					Billed Charges ⁽⁵⁾																	
					Mean						Median						80th Percentile					
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Office/outpatient visit, est	99214		14.78%	10.71%	\$196.23	\$131.45	\$144.89	\$184.32	\$165.49	\$132.65	\$208.00	\$138.00	\$150.00	\$190.00	\$163.00	\$130.00	\$220.00	\$166.00	\$171.00	\$221.00	\$200.00	\$156.00
Office consultation	99244		5.68%	8.17%	434.24	283.55	294.68	397.81	343.92	301.79	450.00	299.17	318.00	399.00	345.15	305.00	510.50	343.90	362.00	473.00	399.00	363.34
Office consultation	99245		3.80%	6.73%	544.53	398.49	382.16	496.39	443.42	395.48	563.00	392.00	420.00	500.00	450.00	400.00	660.00	455.00	452.00	591.00	503.00	487.00
Polysomnography, 4 or more	95810	26	1.48%	5.38%	Not Cred	370.99	402.96	427.86	387.53	520.31	Not Cred	394.00	401.00	404.00	377.00	518.90	Not Cred	468.00	508.00	526.00	457.00	671.00
Office/outpatient visit, est	99213		10.83%	5.23%	134.60	84.31	94.91	119.82	107.32	88.42	145.00	83.00	98.00	125.00	107.00	87.00	152.25	110.00	114.00	145.00	128.00	106.70
Polysomnography w/cpap	95811	26	1.17%	4.82%	1,158.85	398.39	441.86	458.40	403.70	532.91	875.00	397.00	397.00	434.00	398.00	515.00	1,040.00	509.00	590.00	542.00	491.00	739.00
Office/outpatient visit, est	99215		4.50%	4.40%	290.58	191.08	207.14	248.24	220.97	180.40	320.00	200.00	232.00	259.00	221.00	186.00	342.00	230.00	232.00	299.07	270.00	231.00
Natalizumab injection	12323		0.20%	3.11%	15.00	13.32	No Data	12.00	15.40	13.50	15.00	13.70	No Data	12.00	16.00	13.50	15.00	13.70	No Data	12.00	18.00	13.50
Mri brain w/o & w/dye	70553	26	0.39%	2.26%	529.07	384.67	325.34	334.06	379.68	298.17	461.00	359.00	342.00	362.00	384.00	334.50	632.00	553.00	342.00	400.00	423.00	442.00
Eeg, awake and asleep	95819	26	2.25%	2.23%	No Data	120.91	Not Cred	132.04	224.35	Not Cred	No Data	97.00	Not Cred	124.00	157.60	Not Cred	No Data	148.33	Not Cred	155.00	360.00	Not Cred
Sense nerve conduction test	95904		5.88%	2.22%	159.47	92.83	105.05	112.83	102.34	125.53	143.00	96.00	94.00	113.00	100.00	132.30	254.00	132.00	110.00	134.00	121.00	168.00
Botulinum toxin a per unit	10585		0.50%	2.09%	Not Cred	8.10	9.86	67.84	8.45	Not Cred	Not Cred	8.00	10.00	8.00	8.00	Not Cred	Not Cred	9.00	11.00	14.00	10.00	Not Cred
Motor nerve conduction test	95903		3.58%	1.74%	189.71	125.90	129.65	139.87	130.75	168.24	176.00	107.50	120.00	139.00	125.00	193.50	348.00	190.24	135.00	170.00	165.00	237.00
Muscle test, 2 limbs	95861		1.92%	1.70%	Not Cred	216.45	Not Cred	265.08	262.49	316.86	Not Cred	205.00	Not Cred	259.00	250.00	320.00	Not Cred	280.00	Not Cred	325.00	308.00	412.00
Muscle test, one limb	95860		2.29%	1.48%	275.74	177.04	176.03	206.64	196.12	210.86	300.00	189.00	197.00	205.20	198.00	220.50	430.00	265.00	200.00	245.00	245.00	270.00
Eeg, awake and drowsy	95816	26	1.40%	1.46%	Not Cred	176.35	112.33	152.96	179.79	131.89	Not Cred	150.00	110.00	152.00	131.62	Not Cred	Not Cred	222.00	121.00	176.00	175.00	Not Cred
Motor nerve conduction test	95900		3.07%	1.33%	193.75	104.25	103.76	130.68	113.89	131.89	216.00	105.50	110.00	129.20	111.40	154.00	258.00	149.00	110.00	151.80	141.00	154.80
Subsequent hospital care	99232		2.35%	1.21%	208.11	115.76	131.12	141.72	138.76	129.72	234.00	120.00	125.00	144.00	138.80	125.00	238.17	130.00	133.00	167.00	158.00	160.00
EEG monitoring/videorecord	95951	26	0.53%	1.14%	Not Cred	879.52	No Data	Not Cred	862.62	No Data	Not Cred	782.20	No Data	Not Cred	843.00	No Data	Not Cred	1,380.47	No Data	Not Cred	894.73	No Data
Office consultation	99243		1.07%	1.05%	328.70	199.94	207.88	271.75	237.14	215.50	349.00	210.00	215.00	273.00	240.00	220.00	366.84	239.00	246.96	329.00	276.00	279.17
Inpatient consultation	99255		0.66%	1.03%	477.62	355.21	398.36	443.39	400.14	402.83	477.00	350.00	404.00	446.00	420.00	414.00	628.55	438.47	404.00	523.00	476.00	500.00
Immune globulin, powder	11566		0.09%	1.01%	No Data	No Data	No Data	No Data	Not Cred	No Data	No Data	No Data	No Data	No Data	Not Cred	No Data	No Data	No Data	No Data	No Data	Not Cred	No Data
Subsequent hospital care	99233		1.32%	0.97%	297.97	172.78	186.49	209.46	195.52	189.21	338.00	172.00	188.00	212.00	198.80	188.00	361.00	201.00	195.00	249.00	227.00	236.00
Office/outpatient visit, est	99212		1.42%	0.43%	92.50	53.09	56.30	72.57	68.63	55.45	102.00	55.00	60.00	75.75	70.00	55.00	117.00	70.00	70.00	90.00	80.00	74.00
H-reflex test	95934		1.04%	0.33%	Not Cred	Not Cred	Not Cred	124.74	85.19	Not Cred	Not Cred	Not Cred	Not Cred	110.00	85.00	Not Cred	Not Cred	Not Cred	Not Cred	142.64	95.13	Not Cred
Subsequent hospital care	99231		1.05%	0.30%	140.10	74.65	79.05	88.72	94.01	88.60	152.00	75.00	78.00	87.00	84.00	88.00	180.00	89.00	98.00	108.00	102.00	109.00

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-15
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Obstetrics / Gynecology

Description	HCPCS	Modifier	Medicare ⁽¹⁾										TRICARE ⁽²⁾									
			% of Total Util	% of Total RVUs	AK	ID	ND	Portland OR	Rest Of OR	Seattle WA	Rest Of WA	WY	AK	ID	ND	Portland OR	Rest of OR	Seattle WA	Rest of WA	WY		
Obstetrical care	59400		1.21%	17.83%	\$2,354.90	\$1,749.07	\$1,754.18	\$1,791.77	\$1,757.34	\$1,928.14	\$1,834.33	\$1,916.79	\$3,181.81	\$1,661.32	\$2,203.84	\$1,955.94	\$1,955.94	\$1,983.25	\$1,983.25	\$2,984.72		
Cesarean delivery	59510		0.54%	9.06%	2,617.84	1,945.38	1,950.39	1,992.71	1,954.41	2,145.78	2,041.39	2,134.78	3,601.43	1,880.73	2,495.44	2,214.32	2,214.32	2,026.87	1,983.25	3,649.01		
Office/outpatient visit, est	99213		10.17%	5.34%	87.71	66.04	67.67	68.52	66.81	72.42	68.12	69.10	121.23	64.21	63.34	66.28	64.72	69.17	65.82	64.23		
Prev visit, est, age 40-64	99396		6.08%	5.13%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	190.02	100.55	99.23	103.78	101.35	108.24	103.01	100.48		
Prev visit, est, age 18-39	99395		5.82%	4.49%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	173.14	91.99	90.78	95.08	92.78	99.22	94.30	91.85		
Office/outpatient visit, est	99214		5.00%	3.95%	130.96	98.08	100.41	101.63	99.18	107.25	101.06	102.45	182.64	96.32	95.07	99.31	97.05	103.52	98.63	96.32		
Transvaginal us, non-ob	76830	26	2.46%	2.42%	46.59	33.32	33.76	34.08	33.53	35.53	33.99	34.37	67.61	34.18	33.89	34.82	34.32	35.92	34.70	34.25		
Ob us >= 14 wks, singl fetus	76805		1.67%	1.95%	171.55	138.22	144.34	146.32	140.93	156.25	143.78	145.15	240.27	137.49	135.18	145.26	139.75	153.41	142.55	135.63		
Total hysterectomy	58150		0.39%	1.93%	1,290.86	942.28	948.34	964.04	947.15	1,024.14	977.17	1,008.18	1,831.03	940.18	922.03	955.59	940.32	1,001.09	964.51	961.74		
Ob us, detailed, singl fetus	76811		1.02%	1.79%	237.29	185.87	192.89	195.30	188.99	207.34	192.39	194.11	332.79	184.65	181.94	193.46	187.17	203.17	190.47	182.75		
Office/outpatient visit, est	99215		1.62%	1.72%	177.40	132.08	135.00	136.62	133.47	144.01	135.96	137.85	248.30	130.18	128.52	133.96	131.08	139.50	133.18	130.32		
Prev visit, new, age 18-39	99385		1.59%	1.44%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	197.89	105.41	103.99	109.02	106.33	113.83	108.11	105.23		
Office/outpatient visit, new	99204		1.10%	1.34%	203.11	151.11	154.06	156.09	152.58	164.96	155.92	158.74	284.41	148.94	146.76	152.99	149.78	159.69	152.59	149.84		
Office/outpatient visit, est	99212		4.06%	1.32%	51.32	39.51	40.71	41.26	40.07	43.82	40.92	41.52	70.24	38.10	37.50	39.59	38.48	41.53	39.23	38.04		
Transvaginal us, obstetric	76817		1.42%	1.19%	118.13	94.50	98.47	99.82	96.27	106.52	98.25	99.28	168.22	95.64	94.03	100.83	97.13	106.43	99.09	94.52		
Us exam, pelvic, complete	76856	26	1.09%	1.07%	46.59	33.32	33.76	34.08	33.53	35.53	33.99	34.37	68.17	34.53	34.23	35.20	34.68	36.32	35.06	34.59		
Ob us, follow-up, per fetus	76816		1.13%	0.92%	125.08	99.50	103.56	104.96	101.31	111.85	103.33	104.38	177.67	100.37	98.75	105.66	101.89	111.38	103.88	99.23		
Ob us, limited, fetus(s)	76815	26	1.08%	0.77%	43.36	30.93	31.41	31.66	31.15	32.87	31.44	31.62	63.04	31.81	31.59	32.42	31.96	33.37	32.24	31.77		
Fetal non-stress test	59025		1.84%	0.71%	56.96	43.92	44.81	45.66	44.41	49.07	45.99	47.46	85.81	46.56	57.57	48.08	46.80	53.12	53.12	145.25		
Specimen handling	99000		1.15%	0.71%	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Ther/proph/diag inj, sc/im	90772		1.22%	0.24%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Office/outpatient visit, est	99211		1.17%	0.20%	23.86	18.81	19.52	19.78	19.13	21.05	19.51	19.72	33.40	18.65	18.34	19.55	18.89	20.59	19.28	18.51		
Urine pregnancy test	81025		1.49%	0.11%	8.90	8.90	8.90	8.90	8.90	5.30	5.30	8.90	10.90	8.30	8.13	8.23	8.23	7.56	7.61	8.31		
Urinalysis nonauto w/o scope	81002		2.67%	0.08%	3.60	3.60	3.60	3.60	3.60	3.60	3.60	2.89	4.40	3.35	3.28	3.32	3.32	3.05	3.08	3.36		
Routine venipuncture	36415		3.09%	0.08%	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00		
Smear, wet mount, saline/ink	87210		1.47%	0.08%	6.01	6.01	6.01	6.01	6.01	6.01	6.01	4.63	7.34	5.60	5.48	5.55	5.55	5.10	5.13	5.60		
Hemoglobin	85018		1.92%	0.06%	3.33	3.33	3.33	3.33	3.33	3.33	3.33	2.24	4.07	3.10	3.04	3.08	3.08	2.83	2.85	3.11		

- (1) Medicare fees are from CY2011 schedule.
(2) TRICARE fees are from the current schedules effective 8/1/2010.
(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).
(4) Medicaid and workers' compensation fees are current as of 8/3/2011.
(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-15
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Obstetrics / Gynecology

Description	HCPCS	Modifier	VA ⁽¹⁾								Medicaid ⁽⁴⁾							Workers' Compensation ⁽⁴⁾						
			% of	% of	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY		
			Total Util	Total RVUs																				
Obstetrical care	59400		1.21%	17.83%	\$4,231.13	\$1,749.07	\$1,754.18	\$1,791.77	\$1,928.14	\$1,916.79	\$2,821.81	\$1,539.21	\$2,339.40	\$2,018.09	\$2,034.50	N/A	\$5,274.96	\$4,515.39	\$3,468.64	\$4,590.19	\$3,028.76		N/A	
Cesarean delivery	59510		0.54%	9.06%	4,801.48	1,945.38	1,950.39	1,992.71	2,145.78	2,134.78	3,194.05	1,742.30	2,647.23	2,287.30	2,034.50	N/A	7,129.38	5,022.17	3,862.58	5,111.77	3,032.08		N/A	
Office/outpatient visit, est	99213		10.17%	5.34%	103.12	66.04	67.67	68.52	72.42	69.10	108.29	57.45	91.76	50.35	38.21	67.36	149.22	133.13	125.74	138.79	112.89		N/A	
Prev visit, est, age 40-64	99396		6.08%	5.13%	277.45	N/A	N/A	N/A	N/A	N/A	N/A	116.63	143.51	78.73	Not Covered	N/A	298.33	203.03	191.39	211.95	Not Covered		N/A	
Prev visit, est, age 18-39	99395		5.82%	4.49%	251.38	N/A	N/A	N/A	N/A	N/A	154.25	116.63	131.24	72.05	85.48	N/A	273.05	186.08	175.29	193.49	Not Covered		N/A	
Office/outpatient visit, est	99214		5.00%	3.95%	150.83	98.08	100.41	101.63	107.25	102.45	163.18	86.45	137.64	75.39	57.10	95.57	216.25	197.74	186.44	206.48	167.13		N/A	
Transvaginal us, non-ob	76830	26	2.46%	2.42%	91.87	33.32	33.76	34.08	35.53	34.37	60.11	41.46	46.99	26.43	20.90	N/A	257.81	86.02	62.56	63.70	55.89		N/A	
Ob us >= 14 wks, singl fetus	76805		1.67%	1.95%	356.63	138.22	144.34	146.32	156.25	145.15	213.64	131.67	195.79	108.78	87.14	N/A	507.24	368.44	89.19	278.77	247.92		N/A	
Total hysterectomy	58150		0.39%	1.93%	2,390.99	942.28	948.34	964.04	1,024.14	1,008.18	1,626.50	872.26	1,334.28	748.64	582.87	N/A	5,327.17	2,432.64	1,828.47	2,337.70	1,612.05		N/A	
Ob us, detailed, singl fetus	76811		1.02%	1.79%	659.78	185.87	192.89	195.30	207.34	194.11	296.40	180.67	263.02	145.22	116.04	N/A	608.97	479.88	170.95	360.76	320.42		N/A	
Office/outpatient visit, est	99215		1.62%	1.72%	303.55	132.08	135.00	136.62	144.01	137.85	221.58	117.01	186.19	101.82	76.86	136.28	346.00	266.29	250.86	277.58	225.23		N/A	
Prev visit, new, age 18-39	99385		1.59%	1.44%	308.16	N/A	N/A	N/A	N/A	N/A	176.26	134.65	150.45	82.63	103.23	N/A	328.68	212.72	200.69	222.20	Not Covered		N/A	
Office/outpatient visit, new	99204		1.10%	1.34%	221.51	151.11	154.06	156.09	164.96	158.74	252.60	133.19	212.33	117.12	88.06	N/A	319.81	304.65	288.64	319.29	257.88		N/A	
Office/outpatient visit, est	99212		4.06%	1.32%	75.92	39.51	40.71	41.26	43.82	41.52	62.46	35.18	54.42	30.05	22.84	40.33	116.78	79.66	75.57	83.41	68.07		N/A	
Transvaginal us, obstetric	76817		1.42%	1.19%	260.34	94.50	98.47	99.82	106.52	99.28	150.09	93.92	136.58	75.95	60.69	N/A	507.24	255.57	67.51	192.99	171.55		N/A	
Us exam, pelvic, complete	76856	26	1.09%	1.07%	91.87	33.32	33.76	34.08	35.53	34.37	60.90	41.59	46.99	26.71	21.12	N/A	225.59	86.02	62.56	63.70	55.89		N/A	
Ob us, follow-up, per fetus	76816		1.13%	0.92%	232.79	99.50	103.56	104.96	111.85	104.38	167.48	87.94	152.05	84.57	67.58	N/A	326.70	289.16	76.81	218.85	194.24		N/A	
Ob us, limited, fetus(s)	76815	26	1.08%	0.77%	87.09	30.93	31.41	31.66	32.87	31.62	56.06	33.29	43.66	24.48	19.56	N/A	167.58	79.85	57.60	58.66	52.02		N/A	
Fetal non-stress test	59025		1.84%	0.71%	108.11	43.92	44.81	45.66	49.07	47.46	69.77	39.93	59.75	34.22	52.20	N/A	260.69	113.39	86.10	113.81	76.37		N/A	
Specimen handling	99000		1.15%	0.71%	15.95	Bundled	Bundled	Bundled	Bundled	Bundled	N/A	N/A	3.88	N/A	Bundled	N/A	52.48	N/A	N/A	80% of billed	Bundled		N/A	
Ther/proph/diag inj, sc/im	90772		1.22%	0.24%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	
Office/outpatient visit, est	99211		1.17%	0.20%	49.04	18.81	19.52	19.78	21.05	19.72	29.70	18.25	26.68	N/A	11.42	N/A	82.18	37.91	35.93	39.65	32.65		N/A	
Urine pregnancy test	81025		1.49%	0.11%	26.61	8.90	8.90	8.90	5.30	8.90	9.06	8.84	9.06	6.70	4.10	N/A	53.95	TBD	22.25	80% of billed	7.42		N/A	
Urinalysis nonauto w/o scope	81002		2.67%	0.08%	20.10	3.60	3.60	3.60	3.60	2.89	3.66	3.57	3.66	2.71	2.78	N/A	28.57	TBD	9.00	80% of billed	5.04		N/A	
Routine venipuncture	36415		3.09%	0.08%	11.76	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.88	2.22	2.28	2.70	29.03	N/A	7.50	80% of billed	4.20		N/A	
Smear, wet mount, saline/ink	87210		1.47%	0.08%	17.40	6.01	6.01	6.01	6.01	4.63	6.11	5.96	6.11	4.52	4.64	N/A	37.71	TBD	15.03	80% of billed	8.41		N/A	
Hemoglobin	85018		1.92%	0.06%	17.99	3.33	3.33	3.33	3.33	2.24	3.39	3.31	3.39	2.51	2.58	N/A	27.66	TBD	8.32	80% of billed	4.66		N/A	

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-15
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Obstetrics / Gynecology

					Commercial Allowed ⁽⁶⁾																	
					Mean						Median						80th Percentile					
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Obstetrical care	59400		1.21%	17.83%	\$4,704.80	\$2,457.25	\$2,500.69	\$3,183.41	\$2,601.20	\$3,061.87	\$5,000.00	\$2,454.92	\$2,661.24	\$3,203.00	\$2,474.56	\$3,352.00	\$5,000.00	\$2,600.00	\$2,661.24	\$3,612.13	\$2,867.61	\$3,390.00
Cesarean delivery	59510		0.54%	9.06%	6,286.66	2,810.42	2,970.73	3,683.44	2,959.66	3,734.23	6,325.00	2,778.70	3,013.92	3,672.18	2,795.90	4,075.00	7,243.54	2,946.03	3,013.92	4,168.80	3,292.22	4,190.00
Office/outpatient visit, est	99213		10.17%	5.34%	134.15	89.05	92.87	108.87	90.19	79.88	140.00	89.93	96.24	112.52	86.74	83.00	150.00	100.77	96.24	120.96	101.79	86.00
Prev visit, est, age 40-64	99396		6.08%	5.13%	256.37	150.07	133.83	185.24	155.63	153.26	267.00	146.50	138.69	183.40	147.00	148.12	295.00	162.07	138.69	199.26	177.98	181.00
Prev visit, est, age 18-39	99395		5.82%	4.49%	238.21	135.53	114.86	167.65	140.03	142.36	250.27	133.33	123.00	166.85	132.84	140.00	275.00	147.51	126.81	181.09	159.87	173.00
Office/outpatient visit, cst	99214		5.00%	3.95%	194.83	133.62	140.11	164.90	140.23	117.70	205.00	136.59	144.92	171.00	135.16	118.47	220.00	151.91	144.92	182.40	161.20	130.00
Transvaginal us, non-ob	76830	26	2.46%	2.42%	154.38	84.86	58.77	64.84	61.90	119.04	135.00	72.18	54.35	62.23	59.61	134.62	225.00	129.60	55.44	67.68	66.00	149.00
Ob us >= 14 wks, snl fetus	76805		1.67%	1.95%	422.92	254.60	196.38	277.04	243.44	358.20	450.00	265.99	228.14	278.72	224.28	399.00	480.00	272.82	228.14	326.76	304.22	400.00
Total hysterectomy	58150		0.39%	1.93%	4,239.57	1,775.90	1,550.23	1,725.11	1,338.35	2,602.77	4,907.50	1,710.15	1,475.82	1,746.69	1,368.68	3,285.00	5,081.00	2,114.28	1,568.18	2,056.01	1,652.89	3,285.00
Ob us, detailed, snl fetus	76811		1.02%	1.79%	639.94	399.21	291.32	424.15	411.34	484.26	757.00	409.97	325.51	437.65	365.66	550.00	757.00	427.37	356.63	457.20	536.32	624.00
Office/outpatient visit, cst	99215		1.62%	1.72%	290.64	182.16	192.46	216.11	183.24	162.55	315.00	182.70	195.87	224.67	176.00	161.46	338.10	200.00	197.10	243.53	212.17	187.00
Prev visit, new, age 18-39	99385		1.59%	1.44%	273.14	159.18	137.29	196.48	169.22	173.99	294.00	156.79	142.50	195.00	157.80	166.98	324.00	173.28	146.12	210.38	192.33	220.00
Office/outpatient visit, new	99204		1.10%	1.34%	285.42	204.47	210.35	245.77	207.42	176.24	313.00	212.03	222.48	256.11	200.72	176.36	340.00	234.58	222.48	275.66	239.81	195.16
Office/outpatient visit, est	99212		4.06%	1.32%	101.12	55.61	56.69	66.49	56.13	56.92	106.00	54.77	58.31	67.47	53.30	56.00	115.00	60.60	58.31	73.00	64.23	61.75
Transvaginal us, obstetric	76817		1.42%	1.19%	320.94	183.56	150.94	189.11	159.38	249.33	371.16	187.84	157.94	189.74	147.87	283.35	420.00	196.90	157.94	220.45	185.14	295.00
Us exam, pelvic, complete	76856	26	1.09%	1.07%	143.64	85.39	59.31	61.91	60.96	117.88	135.00	71.25	54.91	62.23	59.61	131.40	167.00	121.50	56.74	68.42	64.99	139.00
Ob us, follow-up, per fetus	76816		1.13%	0.92%	312.02	178.57	166.81	217.70	162.88	201.69	325.00	194.03	173.79	218.81	153.92	200.00	341.59	201.56	173.79	264.19	182.08	225.00
Ob us, limited, fetus(s)	76815	26	1.08%	0.77%	148.73	74.15	56.24	60.74	64.62	89.62	144.45	69.32	50.95	58.96	59.15	97.00	155.00	73.82	59.45	63.00	81.47	121.00
Fetal non-stress test	59025		1.84%	0.71%	232.98	62.85	69.63	84.80	68.53	158.47	260.00	62.36	71.33	85.00	65.27	174.00	267.00	65.54	79.61	102.48	74.42	196.00
Specimen handling	99000		1.15%	0.71%	23.61	12.10	13.85	13.42	10.96	19.65	30.00	9.60	10.01	11.00	10.29	23.75	36.00	15.21	17.10	13.87	13.68	26.00
Ther/proph/diag inj, sc/im	90772		1.22%	0.24%	35.61	21.89	Not Cred	34.28	22.42	21.86	35.00	20.00	Not Cred	35.00	20.04	19.50	50.00	28.00	Not Cred	43.00	30.52	31.50
Office/outpatient visit, cst	99211		1.17%	0.20%	63.99	29.21	29.84	36.72	30.27	31.26	70.00	28.37	29.44	34.95	28.74	32.00	78.00	31.93	29.70	39.96	35.37	34.00
Urine pregnancy test	81025		1.49%	0.11%	36.69	12.72	18.15	12.25	7.13	14.76	42.00	12.50	18.11	12.38	5.49	10.00	49.00	12.99	18.11	13.06	8.84	23.75
Urinalysis nonauto w/o scope	81002		2.67%	0.08%	18.49	6.15	8.07	5.31	3.98	10.09	21.62	5.05	7.31	5.00	3.57	10.00	26.00	5.08	7.31	5.14	3.74	12.35
Routine venipuncture	36415		3.09%	0.08%	18.08	9.10	6.81	6.34	5.69	14.42	15.00	8.54	6.15	3.60	3.00	13.44	31.45	9.34	6.27	7.68	5.42	20.00
Smear, wet mount, saline/ink	87210		1.47%	0.08%	34.72	9.85	12.47	8.81	7.34	19.22	37.00	8.46	12.21	8.34	6.08	20.00	48.00	9.06	12.21	8.97	7.45	25.00
Hemoglobin	85018		1.92%	0.06%	23.76	5.70	7.56	5.12	3.89	10.22	28.00	4.70	6.78	4.63	3.31	11.50	38.00	5.40	6.78	5.00	3.71	12.00

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-15
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Obstetrics / Gynecology

					Billed Charges ⁽¹⁾																	
					Mean						Median						80th Percentile					
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Obstetrical care	59400		1.21%	17.83%	Not Cred	No Data	Not Cred	Not Cred	Not Cred	No Data	Not Cred	No Data	Not Cred	Not Cred	Not Cred	No Data	Not Cred	No Data	Not Cred	Not Cred	Not Cred	No Data
Cesarean delivery	59510		0.54%	9.06%	No Data	No Data	No Data	No Data	Not Cred	No Data	No Data	No Data	No Data	No Data	Not Cred	No Data	No Data	No Data	No Data	No Data	Not Cred	No Data
Office/outpatient visit, est	99213		10.17%	5.34%	134.60	84.31	94.91	119.82	107.32	88.42	145.00	83.00	98.00	125.00	107.00	87.00	152.25	110.00	114.00	145.00	128.00	106.70
Prev visit, est, age 40-64	99396		6.08%	5.13%	Not Cred	125.33	75.68	149.15	144.92	Not Cred	Not Cred	158.50	60.00	177.03	159.50	Not Cred	Not Cred	179.00	116.00	221.00	200.00	Not Cred
Prev visit, est, age 18-39	99395		5.82%	4.49%	No Data	Not Cred	Not Cred	Not Cred	127.07	No Data	No Data	Not Cred	Not Cred	Not Cred	151.00	No Data	No Data	Not Cred	Not Cred	Not Cred	177.50	No Data
Office/outpatient visit, est	99214		5.00%	3.95%	196.23	131.45	144.89	184.32	165.49	132.65	208.00	138.00	150.00	190.00	163.00	130.00	220.00	166.00	171.00	221.00	200.00	156.00
Transvaginal us, non-ob	76830	26	2.46%	2.42%	Not Cred	108.74	94.48	108.97	108.04	100.11	Not Cred	100.00	77.00	114.00	98.00	92.00	Not Cred	137.00	140.00	142.00	121.00	166.00
Ob us >= 14 wks, snl fetus	76805		1.67%	1.95%	Not Cred	No Data	Not Cred	Not Cred	355.97	Not Cred	Not Cred	No Data	Not Cred	Not Cred	317.00	Not Cred	Not Cred	No Data	Not Cred	Not Cred	404.00	Not Cred
Total hysterectomy	58150		0.39%	1.93%	No Data	Not Cred	Not Cred	Not Cred	2,329.15	Not Cred	No Data	Not Cred	Not Cred	Not Cred	2,200.00	Not Cred	No Data	Not Cred	Not Cred	Not Cred	2,736.25	Not Cred
Ob us, detailed, snl fetus	76811		1.02%	1.79%	No Data	Not Cred	No Data	No Data	Not Cred	No Data	No Data	Not Cred	No Data	No Data	Not Cred	No Data	No Data	Not Cred	Not Cred	No Data	Not Cred	No Data
Office/outpatient visit, est	99215		1.62%	1.72%	290.58	191.08	207.14	248.24	220.97	180.40	320.00	200.00	232.00	259.00	221.00	186.00	342.00	230.00	232.00	299.07	270.00	231.00
Prev visit, new, age 18-39	99385		1.59%	1.44%	No Data	Not Cred	No Data	No Data	No Data	No Data	No Data	Not Cred	No Data	No Data	No Data	No Data	No Data	Not Cred	No Data	No Data	No Data	No Data
Office/outpatient visit, new	99204		1.10%	1.34%	294.64	212.66	232.15	285.33	249.37	204.24	318.00	220.00	249.00	295.00	251.00	200.00	350.00	265.00	271.00	363.00	297.00	249.00
Office/outpatient visit, est	99212		4.06%	1.32%	92.50	53.09	56.30	72.57	68.63	55.45	102.00	55.00	60.00	75.75	70.00	55.00	117.00	70.00	70.00	90.00	80.00	74.00
Transvaginal us, obstetric	76817		1.42%	1.19%	Not Cred	Not Cred	No Data	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	No Data	Not Cred	Not Cred	Not Cred	Not Cred	Not Cred	No Data	Not Cred	Not Cred	Not Cred
Us exam, pelvic, complete	76856	26	1.09%	1.07%	140.50	113.11	99.28	106.85	105.78	106.14	135.00	100.73	99.00	112.00	106.00	120.00	197.00	124.00	117.00	128.00	117.60	166.00
Ob us, follow-up, per fetus	76816		1.13%	0.92%	Not Cred	No Data	No Data	Not Cred	Not Cred	No Data	Not Cred	No Data	No Data	Not Cred	Not Cred	No Data	Not Cred	No Data	No Data	Not Cred	Not Cred	No Data
Ob us, limited, fetus(s)	76815	26	1.08%	0.77%	No Data	No Data	No Data	No Data	Not Cred	Not Cred	No Data	No Data	No Data	No Data	Not Cred	Not Cred	No Data	No Data	No Data	Not Cred	Not Cred	Not Cred
Fetal non-stress test	59025		1.84%	0.71%	Not Cred	No Data	No Data	No Data	Not Cred	No Data	Not Cred	No Data	No Data	No Data	Not Cred	No Data	Not Cred	No Data	No Data	Not Cred	No Data	No Data
Specimen handling	99000		1.15%	0.71%	42.60	18.22	15.35	14.69	14.51	16.35	38.00	16.90	14.00	11.00	16.00	16.00	80.00	20.00	19.00	20.00	18.00	16.00
Thec/proph/ding inj, sc/im	90772		1.22%	0.24%	Not Cred	No Data	No Data	Not Cred	No Data	Not Cred	Not Cred	No Data	No Data	Not Cred	No Data	Not Cred	Not Cred	No Data	No Data	Not Cred	No Data	Not Cred
Office/outpatient visit, est	99211		1.17%	0.20%	61.45	31.51	36.11	43.78	44.31	33.61	75.00	31.93	37.00	45.00	41.00	35.00	80.00	40.00	37.00	51.00	50.00	45.00
Urine pregnancy test	81025		1.49%	0.11%	Not Cred	Not Cred	Not Cred	23.05	25.28	Not Cred	Not Cred	Not Cred	Not Cred	20.50	21.00	Not Cred	Not Cred	Not Cred	Not Cred	35.00	31.00	Not Cred
Urinalysis nonauto w/o scope	81002		2.67%	0.08%	20.82	10.52	13.41	11.81	12.72	10.69	21.00	10.00	12.00	11.00	11.00	10.00	25.00	13.00	17.00	15.00	16.00	18.00
Routine venipuncture	36415		3.09%	0.08%	17.65	13.79	12.44	13.34	16.15	14.06	17.00	14.00	14.56	13.00	15.38	13.00	24.00	19.50	16.00	17.00	19.65	18.00
Smear, wet mount, saline/ink	87210		1.47%	0.08%	Not Cred	24.54	19.02	20.96	25.77	26.33	Not Cred	14.90	18.00	20.00	18.00	29.00	Not Cred	27.50	23.00	27.00	36.00	31.00
Hemoglobin	85018		1.92%	0.06%	Not Cred	22.57	16.85	13.77	19.74	Not Cred	Not Cred	14.00	15.00	8.61	13.05	Not Cred	Not Cred	39.04	22.00	24.00	37.80	Not Cred

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(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

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For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-16
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Ophthalmology

Description	HCPCS	Modifier	Medicare ⁽¹⁾										TRICARE ⁽¹⁾									
			Total Util	Total RVUs	AK	ID	ND	Portland OR	Rest Of OR	Seattle WA	Rest Of WA	WY	AK	ID	ND	Portland OR	Rest Of OR	Seattle WA	Rest Of WA	WY		
Eye exam & treatment	92014		21.61%	23.52%	\$144.69	\$110.75	\$114.00	\$115.48	\$112.25	\$122.39	\$114.50	\$116.04	\$197.82	\$106.57	\$105.04	\$110.57	\$107.61	\$115.73	\$109.53	\$106.28		
Eye exam, new patient	92004		10.62%	14.16%	176.28	134.02	137.75	139.49	135.75	147.60	138.38	140.19	242.96	130.05	128.22	134.68	131.23	140.80	133.52	129.82		
Eye exam established pat	92012		13.91%	10.41%	98.89	76.19	78.54	79.59	77.28	84.49	78.88	79.97	134.25	72.79	71.69	75.66	73.54	79.31	74.91	72.58		
Refraction	92015		14.71%	6.79%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	52.60	28.31	27.90	29.36	28.58	30.73	29.10	28.25		
Cataract surg w/ol, 1 stage	66984		0.78%	4.97%	931.62	699.64	711.72	723.04	706.18	769.71	726.53	745.30	1,284.28	677.29	664.57	695.30	680.17	730.09	696.79	686.68		
Office/outpatient visit, est	99213		4.60%	2.94%	87.71	66.04	67.67	68.52	66.81	72.42	68.12	69.10	121.23	64.21	63.34	66.28	64.72	69.17	65.82	64.23		
Office consultation	99244		1.27%	2.41%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	349.48	182.66	180.28	187.72	183.81	195.50	186.85	183.17		
Office/outpatient visit, est	99214		2.32%	2.23%	130.96	98.08	100.41	101.63	99.18	107.25	101.06	102.45	182.64	96.32	95.07	99.31	97.05	103.52	98.63	96.32		
Visual field examination(s)	92083		2.78%	2.11%	98.34	79.92	83.52	84.74	81.53	90.77	83.36	84.33	128.62	73.92	72.58	78.13	75.12	82.68	76.76	73.07		
Ophth dx imaging post seg	92135		4.38%	1.94%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	75.59	42.83	42.08	45.09	43.46	47.61	44.38	42.42		
Eye exam, new patient	92002		2.34%	1.66%	93.51	71.95	74.13	75.12	72.96	79.74	74.49	75.55	127.76	69.23	68.18	71.93	69.93	75.41	71.25	69.07		
Office/outpatient visit, new	99204		0.98%	1.45%	203.11	151.11	154.06	156.09	152.58	164.96	155.92	158.74	284.41	148.94	146.76	152.99	149.78	159.69	152.59	149.84		
Treatment of retinal lesion	67228		0.13%	1.32%	1,396.89	1,068.50	1,093.74	1,110.97	1,081.15	1,184.83	1,111.04	1,136.48	1,944.68	1,048.75	1,028.93	1,084.95	1,056.42	1,142.11	1,081.91	1,056.90		
Office consultation	99243		0.99%	1.29%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	232.06	122.65	120.81	126.37	123.48	132.09	125.83	123.16		
Eye exam with photos	92250		1.75%	1.26%	85.94	69.81	73.02	74.05	71.23	79.20	72.71	73.42	114.07	65.60	64.44	69.37	66.69	73.38	68.10	64.76		
Bevacizumab injection	J9035		0.04%	1.11%	59.67	59.67	59.67	59.67	59.67	59.67	59.67	59.67	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Eye exam with photos	92235		0.82%	1.04%	153.10	124.10	129.73	131.55	126.60	140.68	129.24	130.54	201.57	115.57	113.59	122.14	117.47	129.08	119.89	114.05		
Office/outpatient visit, est	99212		2.26%	0.89%	51.32	39.51	40.71	41.26	40.07	43.82	40.92	41.52	70.24	38.10	37.50	39.59	38.48	41.53	39.23	38.04		
Special eye exam, subsequent	92226		1.35%	0.28%	29.28	21.98	22.58	22.82	22.25	24.01	22.59	22.78	40.52	21.40	21.15	22.09	21.58	23.00	21.89	21.32		
Special eye exam, initial	92225		1.14%	0.27%	32.64	24.39	24.92	25.24	24.65	26.65	25.14	25.54	45.28	23.79	23.47	24.49	23.95	25.53	24.35	23.83		

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For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-16
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Ophthalmology

Description	HCPCS	Modifier			VA ⁽¹⁾						Medicaid ⁽²⁾						Workers' Compensation ⁽³⁾					
			% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Eye exam & treatment	92014		21.61%	23.52%	\$101.04	\$110.75	\$114.00	\$115.48	\$122.39	\$116.04	\$176.19	\$97.40	\$59.48	\$83.74	\$66.47	\$107.56	\$188.56	\$223.27	\$211.22	\$217.38	\$189.82	N/A
Eye exam, new patient	92004		10.62%	14.16%	87.27	134.02	137.75	139.49	147.60	140.19	216.03	119.56	59.48	102.10	81.14	N/A	206.80	270.19	255.19	262.50	229.66	N/A
Eye exam established pat	92012		13.91%	10.41%	88.80	76.19	78.54	79.59	84.49	79.97	119.86	66.88	59.48	57.31	45.57	N/A	153.20	153.61	145.56	150.00	131.16	N/A
Refraction	92015		14.71%	6.79%	45.74	N/A	N/A	N/A	N/A	N/A	46.77	17.80	40.55	22.26	17.56	N/A	66.78	51.75	48.93	50.21	43.72	N/A
Cataract surg w/ol, 1 stage	66984		0.78%	4.97%	1,770.95	699.64	711.72	723.04	769.71	745.30	1,141.23	585.99	961.37	769.95	422.15	N/A	6,342.27	1,806.26	1,353.39	1,730.93	1,202.54	N/A
Office/outpatient visit, est	99213		4.60%	2.94%	103.12	66.04	67.67	68.52	72.42	69.10	108.29	57.45	91.76	50.35	38.21	67.36	149.22	133.13	125.74	138.79	112.89	N/A
Office consultation	99244		1.27%	2.41%	338.76	N/A	N/A	N/A	N/A	N/A	310.73	N/A	103.88	N/A	113.15	N/A	476.45	342.09	N/A	355.52	288.32	N/A
Office/outpatient visit, est	99214		2.32%	2.23%	150.83	98.08	100.41	101.63	107.25	102.45	163.18	86.45	137.64	75.39	57.10	95.57	216.25	197.74	186.44	206.48	167.13	N/A
Visual field examination(s)	92083		2.78%	2.11%	181.99	79.92	83.52	84.74	90.77	84.33	114.36	68.17	105.10	58.70	46.91	N/A	346.23	161.13	153.61	158.26	139.46	N/A
Ophth dx imaging post seg	92135		4.38%	1.94%	192.25	N/A	N/A	N/A	N/A	N/A	67.22	39.71	60.82	N/A	N/A	N/A	227.52	N/A	N/A	N/A	N/A	N/A
Eye exam, new patient	92002		2.34%	1.66%	103.85	71.95	74.13	75.12	79.74	75.55	113.60	63.24	59.48	54.53	43.35	N/A	157.02	145.06	137.51	141.74	123.96	N/A
Office/outpatient visit, new	99204		0.98%	1.45%	221.51	151.11	154.06	156.09	164.96	158.74	252.60	133.19	212.33	117.12	88.06	N/A	319.81	304.65	288.64	319.29	257.88	N/A
Treatment of retinal lesion	67228		0.13%	1.32%	2,244.02	1,068.50	1,093.74	1,110.97	1,184.83	1,136.48	1,729.14	888.95	1,488.47	169.90	657.12	N/A	3,289.42	2,758.55	2,065.08	2,642.27	1,842.82	N/A
Office consultation	99243		0.99%	1.29%	242.81	N/A	N/A	N/A	N/A	N/A	206.34	N/A	74.86	N/A	76.25	N/A	364.35	230.14	N/A	240.66	194.80	N/A
Eye exam with photos	92250		1.75%	1.26%	117.84	69.81	73.02	74.05	79.20	73.42	101.43	64.15	93.36	52.02	41.57	N/A	212.48	140.74	133.79	137.29	121.19	N/A
Bevacizumab injection	19035		0.04%	1.11%	137.54	59.67	59.67	59.67	59.67	59.67	N/A	57.46	57.46	59.84	N/A	N/A	N/A	N/A	N/A	Not Covered	N/A	N/A
Eye exam with photos	92235		0.82%	1.04%	305.41	124.10	129.73	131.55	140.68	130.54	179.73	113.08	164.32	91.53	73.14	N/A	672.03	250.19	237.85	244.71	215.83	N/A
Office/outpatient visit, est	99212		2.26%	0.89%	75.92	39.51	40.71	41.26	43.82	41.52	62.46	35.18	54.42	30.05	22.84	40.33	116.78	79.66	75.57	83.41	68.07	N/A
Special eye exam, subsequent	92226		1.35%	0.28%	53.22	21.98	22.58	22.82	24.01	22.78	36.03	19.14	30.41	16.69	13.34	N/A	182.83	44.31	41.50	42.59	37.63	N/A
Special eye exam, initial	92225		1.14%	0.27%	58.89	24.39	24.92	25.24	26.65	25.54	40.26	21.04	34.14	18.64	14.67	N/A	212.48	49.17	46.46	47.67	41.51	N/A

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For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-16
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Ophthalmology

			Commercial Allowed ⁽⁵⁾																			
Description	HCPCS	Modifier	% of		Mean						Median						80th Percentile					
			Total Util	Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Eye exam & treatment	92014		21.61%	23.52%	\$162.63	\$108.90	\$121.59	\$155.09	\$120.55	\$100.09	\$169.00	\$110.00	\$120.57	\$160.53	\$113.00	\$99.00	\$198.00	\$134.65	\$161.90	\$186.02	\$148.00	\$118.54
Eye exam, new patient	92004		10.62%	14.16%	186.96	127.41	129.21	184.97	141.96	114.58	190.00	130.00	125.00	206.95	135.20	115.00	235.00	166.88	195.00	232.96	179.11	139.54
Eye exam established pat	92012		13.91%	10.41%	149.24	89.61	89.33	115.44	82.29	74.13	155.00	89.24	94.00	120.00	76.80	70.00	165.00	104.98	110.96	131.32	95.00	86.40
Refraction	92015		14.71%	6.79%	48.62	38.87	22.94	35.87	46.72	26.76	41.73	30.00	22.00	34.00	43.68	25.00	75.00	45.68	29.44	45.00	59.00	30.00
Cataract surg w/ol, 1 stage	66984		0.78%	4.97%	1,888.28	1,174.24	951.32	1,090.36	906.25	1,394.03	994.87	1,295.74	1,002.56	1,133.60	920.81	908.28	4,166.00	1,760.00	1,317.60	1,262.88	1,158.04	2,446.25
Office/outpatient visit, est	99213		4.60%	2.94%	154.15	89.05	92.87	108.87	90.19	79.88	140.00	89.93	96.24	112.52	86.74	83.00	150.00	100.77	96.24	120.96	101.79	86.00
Office consultation	99244		1.27%	2.41%	427.48	270.95	289.59	334.30	280.32	253.98	450.00	274.61	289.28	339.02	271.46	242.00	490.00	303.80	294.77	367.92	316.60	303.50
Office/outpatient visit, est	99214		2.32%	2.23%	194.83	133.62	140.11	164.90	140.23	117.70	205.00	136.59	144.92	171.00	135.16	118.47	220.00	151.91	144.92	182.40	161.20	130.00
Visual field examination(s)	92083		2.78%	2.11%	187.77	95.07	106.23	116.88	105.47	88.58	192.02	97.78	113.79	120.90	105.52	84.00	240.00	105.00	113.79	134.67	108.54	108.00
Ophth dx imaging post scg	92135		4.38%	1.94%	154.18	59.87	66.85	74.79	62.74	74.97	165.00	60.64	66.23	74.24	62.62	75.00	199.00	62.00	66.23	83.53	62.72	86.00
Eye exam, new patient	92002		2.34%	1.66%	153.87	73.84	85.00	117.50	82.02	79.85	170.27	75.00	89.00	116.75	75.85	80.00	175.00	95.26	105.29	131.76	97.44	95.00
Office/outpatient visit, new	99204		0.98%	1.45%	285.42	204.47	210.35	245.77	207.42	176.24	313.00	212.03	222.48	256.11	200.72	176.36	340.00	234.58	222.48	275.66	239.81	195.16
Treatment of retinal lesion	67228		0.13%	1.32%	2,863.61	1,600.77	1,593.65	1,692.87	1,405.58	Not Cred	2,775.00	1,585.49	1,565.27	1,604.10	1,411.64	Not Cred	3,184.99	1,913.95	1,565.27	1,900.60	1,651.95	Not Cred
Office consultation	99243		0.99%	1.29%	317.30	187.75	196.04	230.37	195.82	184.07	340.00	184.48	195.87	231.82	190.67	190.00	353.00	204.09	198.00	253.13	222.30	205.87
Eye exam with photos	92250		1.75%	1.26%	150.42	82.79	86.99	101.78	93.08	82.28	152.10	84.00	100.00	102.52	100.98	82.50	197.00	98.90	102.46	121.27	101.78	105.00
Bevacizumab injection	19035		0.04%	1.11%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Eye exam with photos	92235		0.82%	1.04%	Not Cred	168.03	216.92	215.46	173.15	185.05	Not Cred	172.82	183.42	218.12	179.22	177.00	Not Cred	181.06	234.65	233.10	181.06	182.40
Office/outpatient visit, est	99212		2.26%	0.89%	101.12	55.61	56.69	66.49	56.13	56.92	106.00	54.77	58.31	67.47	53.30	56.00	115.00	60.60	58.31	73.00	64.23	61.75
Special eye exam, subsequent	92226		1.35%	0.28%	58.25	28.13	Not Cred	40.23	29.16	38.46	55.04	26.77	Not Cred	40.60	29.15	39.00	78.00	30.76	Not Cred	42.92	29.40	39.00
Special eye exam, initial	92225		1.14%	0.27%	101.10	31.47	37.94	40.51	32.26	53.88	94.00	30.00	35.66	40.19	32.18	69.00	150.00	33.93	35.66	44.95	33.17	69.00

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Alaska and Comparison States
Ophthalmology

					Billed Charges ⁽⁶⁾																	
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	Mean						Median						80th Percentile					
					AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Eye exam & treatment	92014		21.61%	23.52%	\$182.11	\$113.70	\$132.95	\$165.50	\$148.31	\$109.34	\$190.00	\$101.50	\$135.00	\$176.00	\$143.00	\$103.79	\$212.00	\$140.00	\$178.00	\$213.00	\$186.00	\$120.00
Eye exam, new patient	92004		10.62%	14.16%	211.05	135.47	149.72	194.38	171.52	133.26	192.00	122.00	138.00	195.00	160.00	127.52	250.00	150.00	210.00	253.60	219.00	159.00
Eye exam established pat	92012		13.91%	10.41%	158.18	90.89	92.18	122.95	101.33	92.68	165.00	87.00	80.00	128.00	95.30	87.00	188.00	118.00	122.00	157.00	129.00	125.00
Refraction	92015		14.71%	6.79%	52.51	32.44	26.83	35.23	53.41	26.38	45.00	30.00	25.00	35.00	50.00	23.00	60.00	39.00	38.00	45.00	72.00	35.00
Cataract surg w/ol, 1 stage	66984		0.78%	4.97%	4,000.36	1,025.18	1,829.00	1,574.37	1,493.47	2,678.82	4,166.00	658.75	1,871.00	1,417.00	1,434.40	2,665.00	6,325.00	2,023.00	1,871.00	2,100.00	2,165.00	4,139.00
Office/outpatient visit, est	99213		4.60%	2.94%	134.60	84.31	94.91	119.82	107.32	88.42	145.00	83.00	98.00	125.00	107.00	87.00	152.25	110.00	114.00	145.00	128.00	106.70
Office consultation	99244		1.27%	2.41%	434.24	283.55	294.68	397.81	343.92	301.79	450.00	299.17	318.00	399.00	345.15	305.00	510.50	343.90	362.00	473.00	399.00	363.34
Office/outpatient visit, cst	99214		2.32%	2.23%	196.23	131.45	144.89	184.32	165.49	132.65	208.00	138.00	150.00	190.00	163.00	130.00	220.00	166.00	171.00	221.00	200.00	156.00
Visual field examination(s)	92083		2.78%	2.11%	205.08	89.10	112.40	130.22	116.99	91.90	225.00	84.00	115.00	135.00	116.00	89.00	240.00	108.00	125.00	161.00	141.00	120.00
Ophth dx imaging post seg	92135		4.38%	1.94%	184.53	69.66	80.11	91.01	84.61	79.87	210.00	62.00	76.16	90.00	86.00	80.00	213.00	87.50	107.00	110.99	104.40	125.00
Eye exam, new patient	92002		2.34%	1.66%	168.55	82.59	95.13	116.76	100.38	93.53	155.19	72.06	99.00	126.48	90.00	70.00	235.00	95.00	127.00	158.00	140.00	160.00
Office/outpatient visit, new	99204		0.98%	1.45%	294.64	212.66	232.15	285.33	249.37	204.24	318.00	220.00	249.00	295.00	251.00	200.00	350.00	265.00	271.00	363.00	297.00	249.00
Treatment of retinal lesion	67228		0.13%	1.32%	Not Cred	1,470.75	Not Cred	1,907.23	1,474.97	Not Cred	Not Cred	1,071.00	Not Cred	1,812.00	1,420.00	Not Cred	Not Cred	2,300.00	Not Cred	2,520.00	1,846.00	Not Cred
Office consultation	99243		0.99%	1.29%	328.70	199.94	207.88	271.75	237.14	215.50	349.00	210.00	215.00	273.00	240.00	220.00	366.84	239.00	246.96	329.00	276.00	279.17
Eye exam with photos	92250		1.75%	1.26%	195.88	84.12	100.64	117.65	115.29	83.30	180.00	84.00	104.00	125.00	115.00	79.00	296.00	100.00	108.50	150.00	130.00	107.00
Bevacizumab injection	J9035		0.04%	1.11%	100.90	83.12	92.01	114.18	99.35	97.05	90.00	66.88	85.00	90.00	94.50	73.00	125.00	150.00	128.00	150.00	125.00	150.00
Eye exam with photos	92235		0.82%	1.04%	651.80	187.22	189.07	255.92	216.47	170.01	680.00	210.00	230.00	250.00	209.00	158.49	680.00	257.00	230.00	279.00	279.00	220.00
Office/outpatient visit, est	99212		2.26%	0.89%	92.50	53.09	56.30	72.57	68.63	55.45	102.00	55.00	60.00	75.75	70.00	55.00	117.00	70.00	70.00	90.00	80.00	74.00
Special eye exam, subsequent	92226		1.35%	0.28%	Not Cred	40.06	31.31	50.40	51.47	41.00	Not Cred	41.00	20.14	50.00	33.00	39.00	Not Cred	50.00	20.14	60.00	108.00	60.00
Special eye exam, initial	92225		1.14%	0.27%	99.21	34.64	43.85	50.85	54.97	59.92	94.00	30.00	23.11	50.00	44.00	45.00	137.50	45.00	89.00	59.32	89.00	85.00

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-17
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Orthopedics

Description	HCPCS	Modifier	Medicare ⁽¹⁾										TRICARE ⁽²⁾									
			% of Total Util	% of Total RVUs	AK	ID	ND	Portland	Rest Of	Seattle	Rest Of	WY	AK	ID	ND	Portland	Rest of	Seattle	Rest of	WY		
Office/outpatient visit, est	99213		13.31%	7.16%	\$87.71	\$66.04	\$67.67	\$68.52	\$66.81	\$72.42	\$68.12	\$69.10	\$121.23	\$64.21	\$63.34	\$66.28	\$64.72	\$69.17	\$65.82	\$64.23		
Office/outpatient visit, new	99203		5.13%	4.19%	129.99	98.07	100.35	101.71	99.17	107.79	101.40	103.20	180.25	95.71	94.25	98.75	96.40	103.31	98.27	96.05		
Knee arthroscopy/surgery	29881		0.70%	3.47%	793.36	598.43	607.84	618.44	603.84	660.94	623.58	642.44	1,099.32	582.87	570.52	598.43	584.98	630.65	601.20	593.41		
Office/outpatient visit, est	99214		4.16%	3.36%	130.96	98.08	100.41	101.63	99.18	107.25	101.06	102.45	182.64	96.32	95.07	99.31	97.05	103.52	98.63	96.32		
Office consultation	99243		3.07%	3.35%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	232.06	122.65	120.81	126.37	123.48	132.09	125.83	123.16		
Total knee arthroplasty	27447		0.32%	2.93%	1,934.46	1,439.14	1,454.54	1,480.23	1,449.34	1,580.12	1,498.41	1,547.54	2,713.06	1,419.21	1,389.02	1,450.06	1,421.59	1,526.07	1,461.56	1,450.69		
Drain/inject, joint/bursa	20610		3.80%	2.39%	92.99	72.43	74.56	75.73	73.45	80.94	75.44	77.00	126.07	69.15	67.81	71.92	69.80	75.89	71.50	69.44		
Therapeutic exercises	97110		5.27%	2.37%	38.37	28.62	29.37	29.67	28.96	31.16	29.36	29.58	53.75	28.26	27.95	29.15	28.50	30.29	28.87	28.13		
Mri jnt of lwr extre w/o dye	73721	26	0.47%	2.22%	91.78	65.75	66.43	67.18	66.13	70.34	67.34	68.47	133.88	67.86	67.10	69.06	68.06	71.50	69.06	68.38		
Office/outpatient visit, new	99204		1.51%	1.88%	203.11	151.11	154.06	156.09	152.58	164.96	155.92	158.74	284.41	148.94	146.76	152.99	149.78	159.69	152.59	149.84		
Office consultation	99244		1.11%	1.78%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	349.48	182.66	180.28	187.72	183.81	195.50	186.85	183.17		
Office/outpatient visit, est	99212		5.31%	1.77%	51.32	39.51	40.71	41.26	40.07	43.82	40.92	41.52	70.24	38.10	37.50	39.59	38.48	41.53	39.23	38.04		
Shoulder arthroscopy/surgery	29826		0.38%	1.77%	822.58	619.18	628.41	639.42	624.59	683.30	645.19	665.04	1,146.05	606.78	593.89	622.64	608.84	656.10	625.77	618.06		
Knee arthroscopy/surgery	29888		0.29%	1.74%	1,231.96	921.55	933.28	949.67	928.81	1,014.20	959.80	990.26	1,721.23	905.33	886.11	926.85	907.57	975.96	932.93	923.88		
Total hip arthroplasty	27130		0.19%	1.55%	1,810.11	1,346.29	1,360.53	1,384.59	1,355.77	1,478.04	1,401.75	1,447.84	2,537.88	1,327.11	1,298.87	1,355.79	1,329.26	1,426.81	1,366.66	1,356.69		
Knee arthroscopy/surgery	29877		0.27%	1.28%	762.17	575.57	584.86	595.06	580.87	636.02	599.81	617.84	1,054.87	559.94	548.08	575.13	562.06	606.15	577.62	569.87		
Knee arthroscopy/surgery	29880		0.20%	1.05%	850.33	640.26	649.90	661.27	645.89	706.63	667.12	687.55	1,179.98	624.53	611.28	640.79	626.63	675.19	644.05	636.19		
Office/outpatient visit, new	99202		1.35%	0.75%	89.38	67.88	69.71	70.61	68.74	74.76	70.13	71.13	123.19	65.86	64.92	68.16	66.44	71.28	67.62	65.81		
Manual therapy	97140		2.18%	0.75%	36.23	26.98	27.67	27.96	27.29	29.35	27.67	27.88	50.51	26.48	26.20	27.29	26.70	28.34	27.04	26.38		
X-ray exam of knee, 3	73562		1.87%	0.56%	42.33	34.77	36.29	36.90	35.47	39.76	36.46	37.10	55.45	32.25	31.54	34.12	32.75	36.31	33.63	32.07		
X-ray exam of shoulder	73030	26	1.86%	0.51%	13.17	9.58	9.64	9.79	9.63	10.40	9.93	10.25	18.55	9.48	9.31	9.62	9.48	10.06	9.70	9.67		
X-ray exam, knee, 4 or more	73564		1.17%	0.40%	48.82	39.97	41.73	42.41	40.77	45.62	41.86	42.54	64.74	37.54	36.75	39.71	38.13	42.21	39.11	37.28		
X-ray exam of knee, 1 or 2	73560	26	1.53%	0.39%	12.29	8.92	8.96	9.11	8.96	9.68	9.25	9.57	17.21	8.76	8.60	8.88	8.75	9.28	8.97	8.96		
X-ray exam of ankle	73610	26	1.41%	0.38%	11.48	8.21	8.31	8.39	8.26	8.77	8.39	8.51	16.87	8.55	8.45	8.70	8.58	9.02	8.71	8.63		
X-ray exam of foot	73630		1.25%	0.34%	36.93	30.19	31.57	32.05	30.81	34.40	31.55	31.97	49.84	28.90	28.31	30.58	29.36	32.48	30.09	28.65		
X-ray exam of wrist	73110	26	1.08%	0.31%	11.85	8.53	8.65	8.74	8.59	9.14	8.73	8.85	16.87	8.55	8.45	8.70	8.58	9.02	8.71	8.63		
X-ray exam of wrist	73100		1.06%	0.26%	35.75	29.28	30.51	31.04	29.85	33.47	30.73	31.33	47.15	27.34	26.73	28.89	27.75	30.77	28.52	27.26		
X-ray exam of finger(s)	73140		1.02%	0.25%	36.01	29.80	31.23	31.72	30.44	34.14	31.20	31.63	46.75	27.43	26.84	29.10	27.89	30.99	28.62	27.18		
Electric stimulation therapy	97014		1.22%	0.15%	16.07	12.08	12.39	12.53	12.22	13.22	12.44	12.59	24.96	13.44	13.24	13.93	13.56	14.59	13.81	13.42		
Methylprednisolone 40 MG inj	J1030		1.09%	0.06%	2.79	2.79	2.79	2.79	2.79	2.79	2.79	2.79	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Hot or cold packs therapy	97010		0.011073925	0.000486685	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	8.92	4.84	4.73	5.01	4.87	5.3	5.02	4.92		

- (1) Medicare fees are from CY2011 schedule.
(2) TRICARE fees are from the current schedules effective 8/1/2010.
(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).
(4) Medicaid and workers' compensation fees are current as of 8/3/2011.
(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-17
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Orthopedics

Description	HCPCS	Modifier			VA ⁽¹⁾						Medicaid ⁽⁴⁾						Workers' Compensation ⁽⁴⁾					
			% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Office/outpatient visit, est	99213		13.31%	7.16%	\$103.12	\$66.04	\$67.67	\$68.52	\$72.42	\$69.10	\$108.29	\$57.45	\$91.76	\$50.35	\$38.21	\$67.36	\$149.22	\$133.13	\$125.74	\$138.79	\$112.89	N/A
Office/outpatient visit, new	99203		5.13%	4.19%	161.06	98.07	100.35	101.71	107.79	103.20	160.27	86.54	136.58	75.39	56.88	99.86	223.86	197.71	187.68	207.84	168.23	N/A
Knee arthroscopy/surgery	29881		0.70%	3.47%	1,557.81	598.43	607.84	618.44	660.94	642.44	976.77	531.23	825.32	839.70	364.57	N/A	4,909.00	2,465.71	1,165.71	1,492.01	1,032.64	N/A
Office/outpatient visit, est	99214		4.16%	3.36%	150.83	98.08	100.41	101.63	107.25	102.45	163.18	86.45	137.64	75.39	57.10	95.57	216.25	197.74	186.44	206.48	167.13	N/A
Office consultation	99243		3.07%	3.35%	242.81	N/A	N/A	N/A	N/A	N/A	206.34	N/A	74.86	N/A	76.25	N/A	364.35	230.14	N/A	240.66	194.80	N/A
Total knee arthroplasty	27447		0.32%	2.93%	3,832.63	1,439.14	1,454.54	1,480.23	1,580.12	1,547.54	2,410.07	1,298.57	2,009.69	1,136.17	884.98	N/A	9,278.23	5,929.68	2,806.50	3,589.22	2,476.47	N/A
Drain/inject, joint/bursa	20610		3.80%	2.39%	167.30	72.43	74.56	75.73	80.94	77.00	112.09	62.45	98.16	55.08	43.57	N/A	303.51	186.99	139.98	185.87	125.62	N/A
Therapeutic exercises	97110		5.27%	2.37%	73.67	28.62	29.37	29.67	31.16	29.58	47.79	26.50	14.44	21.98	17.56	29.71	97.31	39.59	53.89	53.81	48.70	N/A
Mri jnt of lvr exte w/o dyc	73721	26	0.47%	2.22%	314.48	65.75	66.43	67.18	70.34	68.47	119.04	66.40	93.02	52.86	41.79	N/A	425.65	169.76	124.50	127.40	111.23	N/A
Office/outpatient visit, new	99204		1.51%	1.88%	221.51	151.11	154.06	156.09	164.96	158.74	252.60	133.19	212.33	117.12	88.06	N/A	319.81	304.65	288.64	319.29	257.88	N/A
Office consultation	99244		1.11%	1.78%	338.76	N/A	N/A	N/A	N/A	N/A	310.73	N/A	103.88	N/A	113.15	N/A	476.45	342.09	N/A	355.52	288.32	N/A
Office/outpatient visit, est	99212		5.31%	1.77%	75.92	39.51	40.71	41.26	43.82	41.52	62.46	35.18	54.42	30.05	22.84	40.33	116.78	79.66	75.57	83.41	68.07	N/A
Shoulder arthroscopy/surgery	29826		0.38%	1.77%	1,750.62	619.18	628.41	639.42	683.30	665.04	1,017.74	561.95	859.47	1,270.96	379.24	N/A	4,747.16	2,551.23	1,206.59	1,543.44	1,068.06	N/A
Knee arthroscopy/surgery	29888		0.29%	1.74%	2,565.99	921.55	933.28	949.67	1,014.20	990.26	1,528.86	828.55	1,282.00	2,228.42	565.09	N/A	8,685.16	3,797.07	1,796.26	2,298.15	1,587.70	N/A
Total hip arthroplasty	27130		0.19%	1.55%	3,560.16	1,346.29	1,360.53	1,384.59	1,478.04	1,447.84	2,254.09	1,210.03	1,879.52	1,062.45	827.40	N/A	12,671.59	5,547.09	2,625.64	3,358.22	2,317.09	N/A
Knee arthroscopy/surgery	29877		0.27%	1.28%	1,489.77	575.57	584.86	595.06	636.02	617.84	937.26	510.04	792.78	839.70	350.12	N/A	4,315.61	2,371.54	1,121.11	1,434.26	993.35	N/A
Knee arthroscopy/surgery	29880		0.20%	1.05%	1,680.22	640.26	649.90	661.27	706.63	687.55	1,047.90	570.14	884.54	839.70	390.36	N/A	5,933.96	2,638.08	1,247.47	1,595.65	1,104.03	N/A
Office/outpatient visit, new	99202		1.35%	0.75%	121.20	67.88	69.71	70.61	74.76	71.13	109.84	59.02	93.90	51.75	39.31	69.70	171.90	136.85	129.45	142.89	116.21	N/A
Manual therapy	97140		2.18%	0.75%	69.72	26.98	27.67	27.96	29.35	27.88	44.91	24.62	N/A	20.59	16.45	27.46	74.53	37.32	50.79	50.14	45.93	N/A
X-ray exam of knee, 3	73562		1.87%	0.56%	132.16	34.77	36.29	36.90	39.76	37.10	49.30	29.73	45.88	25.87	20.67	N/A	203.76	89.76	18.58	68.75	60.87	N/A
X-ray exam of shoulder	73030	26	1.86%	0.51%	23.93	9.58	9.64	9.79	10.40	10.25	16.49	8.66	13.29	7.51	5.78	N/A	91.14	24.74	18.58	18.92	16.60	N/A
X-ray exam, knee, 4 or more	73564		1.17%	0.40%	97.41	39.97	41.73	42.41	45.62	42.54	57.56	33.88	53.35	30.05	24.01	N/A	228.82	103.20	21.68	79.47	69.73	N/A
X-ray exam of knee, 1 or 2	73560	26	1.53%	0.39%	36.76	8.92	8.96	9.11	9.68	9.57	15.30	7.95	12.34	6.96	5.34	N/A	68.96	23.03	17.34	17.66	15.50	N/A
X-ray exam of ankle	73610	26	1.41%	0.38%	28.62	8.21	8.31	8.39	8.77	8.51	15.00	8.74	11.39	6.68	5.34	N/A	72.72	21.20	15.49	15.77	13.84	N/A
X-ray exam of foot	73630		1.25%	0.34%	103.98	30.19	31.57	32.05	34.40	31.97	44.32	27.30	41.08	23.09	18.45	N/A	181.81	77.96	15.49	59.29	52.57	N/A
X-ray exam of wrist	73110	26	1.08%	0.31%	23.00	8.53	8.65	8.74	9.14	8.85	15.00	9.27	11.87	6.68	5.34	N/A	67.70	22.03	16.10	16.40	14.39	N/A
X-ray exam of wrist	73100		1.06%	0.26%	75.42	29.28	30.51	31.04	33.47	31.33	41.92	24.92	38.41	21.98	17.34	N/A	149.70	75.60	16.72	58.66	51.47	N/A
X-ray exam of finger(s)	73140		1.02%	0.25%	62.36	29.80	31.23	31.72	34.14	31.63	42.06	23.78	38.95	21.98	17.56	N/A	128.54	76.93	12.39	59.29	52.02	N/A
Electric stimulation therapy	97014		1.22%	0.15%	40.73	12.08	12.39	12.53	13.22	12.59	22.20	N/A	N/A	10.57	8.45	N/A	54.64	19.37	26.63	26.29	23.80	N/A
Methylprednisolone 40 MG inj	J1030		1.09%	0.06%	15.35	2.79	2.79	2.79	2.79	2.79	4.30	4.63	3.76	2.53	N/A	N/A	12.62	N/A	N/A	N/A	3.88	N/A
Hot or cold packs therapy	97010		0.011073925	0.000486685	27.13582237	Bundled	Bundled	Bundled	Bundled	Bundled	7.93	N/A	6.03	N/A	Bundled	N/A	48.57	7.077495	N/A	9.78	Bundled	N/A

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-17
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Orthopedics

		Commercial Allowed ⁽⁴⁾																				
		Mean										Median					80th Percentile					
Description	HCCPS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Office/outpatient visit, est	99213		13.31%	7.16%	\$134.15	\$89.05	\$92.87	\$108.87	\$90.19	\$79.88	\$140.00	\$89.93	\$96.24	\$112.52	\$86.74	\$83.00	\$150.00	\$100.77	\$96.24	\$120.96	\$101.79	\$86.00
Office/outpatient visit, new	99203		5.13%	4.19%	201.36	131.99	135.08	162.64	139.59	123.76	219.00	136.88	144.36	168.30	133.76	128.74	240.00	151.43	144.36	180.34	161.28	134.00
Knee arthroscopy/surgery	29881		0.70%	3.47%	3,678.57	1,248.61	981.67	1,128.39	1,124.00	2,164.25	4,330.00	1,279.15	927.27	1,097.46	1,008.54	2,581.00	4,534.00	1,349.35	927.27	1,204.00	1,324.26	2,725.19
Office/outpatient visit, est	99214		4.16%	3.36%	194.83	133.62	140.11	164.90	140.23	117.70	205.00	136.59	144.92	171.00	135.16	118.47	220.00	151.91	144.92	182.40	161.20	130.00
Office consultation	99243		3.07%	3.35%	317.30	187.75	196.04	230.37	195.82	184.07	340.00	184.48	195.87	231.82	190.67	190.00	353.00	204.09	198.00	253.13	222.30	205.87
Total knee arthroplasty	27447		0.32%	2.93%	7,264.91	2,566.63	2,269.14	2,461.07	2,288.07	5,406.51	8,600.00	2,824.16	2,285.91	2,680.56	2,305.13	6,368.00	9,037.00	3,185.89	2,285.91	2,883.06	3,255.45	7,259.90
Drain/inject, joint/bursa	20610		3.80%	2.39%	255.79	133.14	105.48	130.55	113.84	117.19	287.00	135.31	109.82	129.72	109.21	101.00	303.51	145.46	109.82	139.72	130.85	151.00
Therapeutic exercises	97110		5.27%	2.37%	115.96	54.40	66.31	75.29	54.26	81.03	90.00	50.58	44.16	70.00	56.22	80.00	163.80	82.17	88.32	112.18	76.22	120.00
Mri jnt of lwr extre w/o dyc	73721	26	0.47%	2.22%	283.63	155.22	119.56	126.44	116.51	252.78	298.00	139.45	107.56	122.30	113.05	279.00	298.00	192.00	115.17	133.21	123.42	300.00
Office/outpatient visit, new	99204		1.51%	1.88%	285.42	204.47	210.35	245.77	207.42	176.24	313.00	212.03	222.48	256.11	200.72	176.36	340.00	234.58	222.48	275.66	239.81	195.16
Office consultation	99244		1.11%	1.78%	427.48	270.95	289.59	334.30	280.32	253.98	450.00	274.61	289.28	339.02	271.46	242.00	490.00	303.80	294.77	367.92	316.60	303.50
Office/outpatient visit, est	99212		5.31%	1.77%	101.12	55.61	56.69	66.49	56.13	56.92	106.00	54.77	58.31	67.47	53.30	56.00	115.00	60.60	58.31	73.00	64.23	61.75
Shoulder arthroscopy/surgery	29826		0.38%	1.77%	3,340.87	1,174.05	755.72	940.92	966.41	2,085.43	4,100.00	1,361.37	942.30	1,102.61	917.25	1,980.90	4,907.00	1,549.78	977.65	1,230.49	1,375.00	3,198.60
Knee arthroscopy/surgery	29888		0.29%	1.74%	6,412.01	2,056.59	1,468.03	1,716.17	1,688.61	4,038.88	7,698.00	2,015.06	1,459.97	1,727.93	1,573.80	5,074.00	8,021.00	2,107.32	1,459.97	1,870.50	2,175.70	5,714.00
Total hip arthroplasty	27130		0.19%	1.55%	10,557.38	2,266.18	2,175.36	2,390.15	2,263.44	3,343.42	11,867.00	2,699.91	2,134.20	2,525.90	2,246.72	2,615.86	12,155.00	2,989.25	2,437.91	2,703.68	3,025.08	5,239.85
Knee arthroscopy/surgery	29877		0.27%	1.28%	2,617.42	1,077.64	660.30	840.76	865.56	1,659.14	1,993.00	1,224.31	890.48	952.34	829.92	1,106.03	3,985.00	1,286.25	890.48	1,078.46	1,061.92	2,620.35
Knee arthroscopy/surgery	29880		0.20%	1.05%	5,291.44	1,397.97	995.08	1,195.49	1,178.32	2,667.02	5,255.50	1,372.57	995.77	1,178.53	1,057.10	3,335.00	5,520.00	1,438.14	1,075.43	1,282.51	1,422.57	3,386.04
Office/outpatient visit, new	99202		1.35%	0.75%	149.21	91.12	86.37	110.70	93.63	87.29	155.00	93.40	99.63	114.79	90.39	88.00	172.00	103.33	99.63	123.60	108.17	97.00
Manual therapy	97140		2.18%	0.75%	119.79	39.28	49.43	57.57	43.86	60.99	112.10	28.47	40.76	44.08	28.44	50.00	180.00	56.94	61.35	79.16	56.80	90.00
X-ray exam of knee, 3	73562		1.87%	0.56%	158.96	60.24	46.01	55.63	51.96	73.18	186.00	61.37	52.65	60.72	53.23	71.61	193.00	64.88	52.65	67.68	61.62	97.00
X-ray exam of shoulder	73030	26	1.86%	0.51%	44.76	22.58	16.66	18.02	16.64	33.27	42.00	18.67	14.72	16.49	15.47	38.00	61.00	29.14	15.01	18.00	16.66	38.95
X-ray exam, knee, 4 or more	73564		1.17%	0.40%	156.51	69.59	45.63	67.39	58.29	99.41	193.00	70.48	43.59	72.09	59.41	104.00	210.00	75.65	61.14	79.00	70.47	119.10
X-ray exam of knee, 1 or 2	73560	26	1.53%	0.39%	37.59	20.00	15.08	16.94	15.62	26.33	33.00	17.44	13.59	16.00	14.88	31.00	54.00	23.20	14.68	17.10	15.95	31.00
X-ray exam of ankle	73610	26	1.41%	0.38%	45.98	21.95	15.72	17.10	15.19	30.45	45.00	17.96	13.59	16.01	14.60	34.00	61.00	30.50	14.38	17.28	15.86	35.00
X-ray exam of foot	73630		1.25%	0.34%	113.88	53.11	36.28	49.93	44.52	73.15	105.00	56.48	33.40	54.37	45.34	75.00	154.86	58.37	46.99	59.33	54.60	94.00
X-ray exam of wrist	73110	26	1.08%	0.31%	41.24	21.59	16.71	17.46	15.58	33.24	37.00	17.96	13.59	16.01	14.65	38.00	57.00	29.00	15.85	17.28	16.08	38.95
X-ray exam of wrist	73100		1.06%	0.26%	110.57	52.15	34.23	47.89	42.41	86.38	125.00	53.00	30.57	51.59	42.94	87.00	144.00	54.12	43.59	56.00	51.38	98.80
X-ray exam of finger(s)	73140		1.02%	0.25%	96.52	45.13	34.06	42.98	38.28	61.20	109.00	48.70	42.55	47.57	40.01	57.50	124.00	50.64	44.16	55.00	47.31	73.00
Electric stimulation therapy	97014		1.22%	0.15%	43.78	14.91	17.73	19.75	15.85	23.47	47.00	14.53	20.00	18.87	14.63	25.00	50.00	15.00	20.95	20.07	15.54	29.00
Methylprednisolone 40 MG inj	J1030		1.09%	0.06%	18.06	7.82	8.73	9.01	5.75	9.30	17.00	5.79	5.06	5.36	4.31	6.08	23.00	11.97	10.12	10.00	6.95	12.42
Hot or cold packs therapy	97010		0.011073925	0.000486685	27.1046748	8.143092144	9.480886076	9.594641265	9.042416439	16.42080121	32	4.98	6.21	8.5	5.51	15	40	10.93	12	10.08	12.9	21.5

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-17
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Orthopedics

					Billed Charges ⁽⁶⁾																	
					Mean						Median						80th Percentile					
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Office/outpatient visit, est	99213		13.31%	7.16%	\$134.60	\$84.31	\$94.91	\$119.82	\$107.32	\$88.42	\$145.00	\$83.00	\$98.00	\$125.00	\$107.00	\$87.00	\$152.25	\$110.00	\$114.00	\$145.00	\$128.00	\$106.70
Office/outpatient visit, new	99203		5.13%	4.19%	198.02	136.30	148.65	183.25	169.23	143.50	209.30	145.00	163.00	191.00	171.00	141.00	240.00	171.00	181.00	224.00	196.00	175.00
Knee arthroscopy/surgery	29881		0.70%	3.47%	Not Cred	1,774.77	1,257.68	1,521.07	1,598.77	2,241.71	Not Cred	1,780.00	1,522.17	1,556.00	1,554.54	1,694.00	Not Cred	2,375.00	1,623.00	1,852.00	2,048.00	4,011.00
Office/outpatient visit, est	99214		4.16%	3.36%	196.23	131.45	144.89	184.32	165.49	132.65	208.00	138.00	150.00	190.00	163.00	130.00	220.00	166.00	171.00	221.00	200.00	156.00
Office consultation	99243		3.07%	3.35%	328.70	199.94	207.88	271.75	237.14	215.50	349.00	210.00	215.00	273.00	240.00	220.00	366.84	239.00	246.96	329.00	276.00	279.17
Total knee arthroplasty	27447		0.32%	2.93%	8,294.36	3,906.99	4,104.48	4,120.43	4,446.71	5,388.93	8,752.00	4,391.00	3,920.96	4,290.00	4,245.00	4,235.00	9,500.00	5,400.00	5,441.00	4,845.00	5,781.00	8,886.00
Drain/inject, joint/bursa	20610		3.80%	2.39%	274.73	146.86	130.14	167.04	163.20	162.33	281.00	150.00	129.00	173.50	161.00	161.00	305.00	200.00	183.57	211.00	201.00	204.00
Therapeutic exercises	97110		5.27%	2.37%	64.21	35.07	47.83	50.70	47.75	39.57	65.00	35.00	48.00	52.00	48.00	40.00	81.00	40.00	50.00	59.00	55.00	50.00
Mri jnt of lwr extre w/o dyc	73721	26	0.47%	2.22%	295.90	199.14	184.96	194.45	206.14	209.08	298.00	189.20	172.00	215.00	201.40	250.00	345.00	240.00	205.00	231.00	241.00	279.00
Office/outpatient visit, new	99204		1.51%	1.88%	294.64	212.66	232.15	285.33	249.37	204.24	318.00	220.00	249.00	295.00	251.00	200.00	350.00	265.00	271.00	363.00	297.00	249.00
Office consultation	99244		1.11%	1.78%	434.24	283.55	294.68	397.81	343.92	301.79	450.00	299.17	318.00	399.00	345.15	305.00	510.50	343.90	362.00	473.00	399.00	363.34
Office/outpatient visit, est	99212		5.31%	1.77%	92.50	53.09	56.30	72.57	68.63	55.45	102.00	55.00	60.00	75.75	70.00	55.00	117.00	70.00	70.00	90.00	80.00	74.00
Shoulder arthroscopy/surgery	29826		0.38%	1.77%	Not Cred	2,151.15	Not Cred	1,691.24	1,724.00	Not Cred	Not Cred	2,395.72	Not Cred	1,762.00	1,587.00	Not Cred	Not Cred	2,708.21	Not Cred	2,045.00	2,156.00	Not Cred
Knee arthroscopy/surgery	29888		0.29%	1.74%	No Data	Not Cred	No Data	Not Cred	Not Cred	No Data	No Data	Not Cred	No Data	Not Cred	Not Cred	No Data	No Data	Not Cred	No Data	Not Cred	Not Cred	No Data
Total hip arthroplasty	27130		0.19%	1.55%	Not Cred	4,415.65	3,590.95	3,774.76	4,296.83	4,175.47	Not Cred	4,991.00	3,586.00	3,941.00	4,019.80	4,302.00	Not Cred	5,800.00	3,778.00	4,378.00	5,409.00	5,473.00
Knee arthroscopy/surgery	29877		0.27%	1.28%	No Data	Not Cred	Not Cred	No Data	1,420.39	Not Cred	No Data	Not Cred	Not Cred	No Data	1,478.52	Not Cred	No Data	Not Cred	Not Cred	No Data	1,658.00	Not Cred
Knee arthroscopy/surgery	29880		0.20%	1.05%	Not Cred	1,795.16	Not Cred	1,751.62	1,924.49	Not Cred	Not Cred	1,625.75	Not Cred	1,885.38	1,791.00	Not Cred	Not Cred	2,504.50	Not Cred	1,999.85	2,201.00	Not Cred
Office/outpatient visit, new	99202		1.35%	0.75%	140.22	88.61	96.09	119.68	110.48	93.11	150.00	91.00	105.00	127.00	112.00	98.10	177.00	115.00	120.00	151.30	131.00	116.00
Manual therapy	97140		2.18%	0.75%	61.95	35.68	47.24	49.82	45.33	38.27	64.00	35.51	46.25	50.00	45.00	40.00	70.00	44.00	55.00	57.75	50.00	50.00
X-ray exam of knee, 3	73562		1.87%	0.56%	179.43	83.98	74.97	76.82	80.18	90.42	193.00	86.00	70.52	76.88	74.00	73.00	203.75	100.00	80.00	97.00	89.38	145.00
X-ray exam of shoulder	73030	26	1.86%	0.51%	50.02	33.91	29.36	29.81	30.21	26.08	42.00	28.00	28.00	29.00	28.00	15.47	63.00	43.00	31.00	39.00	35.00	46.00
X-ray exam, knee, 4 or more	73564		1.17%	0.40%	178.44	81.98	84.24	86.28	92.91	106.79	193.00	89.00	75.00	89.00	83.75	91.00	214.00	103.57	102.00	106.40	109.00	180.00
X-ray exam of knee, 1 or 2	73560	26	1.53%	0.39%	35.08	29.23	27.24	26.13	28.43	28.79	33.00	26.00	29.00	29.00	27.50	28.00	44.00	37.00	34.00	30.00	34.00	40.24
X-ray exam of ankle	73610	26	1.41%	0.38%	47.75	28.79	27.66	27.10	27.53	25.41	45.00	26.00	28.00	28.25	26.00	32.00	63.00	39.00	34.00	31.00	32.00	38.00
X-ray exam of foot	73630		1.25%	0.34%	101.43	67.56	59.72	66.60	69.23	70.46	115.00	70.35	64.78	65.80	65.00	65.00	159.00	90.58	66.00	90.00	80.00	107.90
X-ray exam of wrist	73110	26	1.08%	0.31%	49.13	31.58	31.96	26.25	29.47	23.73	55.00	26.00	32.00	28.00	26.00	22.75	66.60	37.00	39.00	32.00	36.00	37.00
X-ray exam of wrist	73100		1.06%	0.26%	126.89	77.12	No Data	54.90	66.47	Not Cred	125.00	72.00	No Data	58.00	62.00	Not Cred	137.00	149.00	No Data	72.00	75.00	Not Cred
X-ray exam of finger(s)	73140		1.02%	0.25%	Not Cred	62.83	Not Cred	51.80	66.04	89.36	Not Cred	66.38	Not Cred	55.00	61.00	59.00	Not Cred	80.09	Not Cred	66.00	76.03	80.00
Electric stimulation therapy	97014		1.22%	0.15%	40.03	16.27	16.88	21.62	24.31	18.10	40.00	15.10	18.00	20.00	20.00	15.00	47.00	20.00	22.00	30.00	31.00	20.00
Methylprednisolone 40 MG inj	J1030		1.09%	0.06%	20.13	12.13	12.24	15.50	14.95	21.69	22.00	10.00	10.00	11.00	10.00	20.00	22.00	15.00	15.60	19.00	13.00	30.00
Hot or cold packs therapy	97010		0.011073925	0.000486685	25.06521739	16.12978723	Not Cred	11.32696498	16.59119277	12.23248705	25	15	Not Cred	10	15	10	30	20	Not Cred	15	20	17.06

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-18
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Pediatrics

Description	HCPCS	Modifier	Medicare ⁽¹⁾										TRICARE ⁽²⁾									
			% Util	% of Total RVUs	AK	ID	ND	Portland OR	Rest Of OR	Seattle WA	Rest Of WA	WY	AK	ID	ND	Portland OR	Rest of OR	Seattle WA	Rest of WA	WY		
Office/outpatient visit, est	99213		20.03%	26.40%	\$87.71	\$66.04	\$67.67	\$68.52	\$66.81	\$72.42	\$68.12	\$69.10	\$121.23	\$64.21	\$63.34	\$66.28	\$64.72	\$69.17	\$65.82	\$64.23		
Office/outpatient visit, est	99214		5.44%	10.74%	130.96	98.08	100.41	101.63	99.18	107.25	101.06	102.45	182.64	96.32	95.07	99.31	97.05	103.52	98.63	96.32		
Prev visit, est, age 1-4	99392		3.24%	5.71%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	156.60	83.64	82.47	86.55	84.38	90.46	85.85	83.54		
Per pm reeval, est pat, inf	99391		3.31%	5.23%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	139.73	75.09	74.02	77.85	75.80	81.45	77.14	74.91		
Pneumococcal vacc, pod <5, IM	90669		2.52%	4.38%	95.48	95.48	95.48	95.48	95.48	95.48	95.48	95.48	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Prev visit, est, age 5-11	99393		1.97%	3.44%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	156.04	83.29	82.13	86.18	84.02	90.06	85.48	83.20		
Immunization admin	90471		6.76%	3.07%	27.44	21.99	22.92	23.24	22.40	24.81	22.87	23.12	36.58	20.72	20.35	21.80	21.02	23.02	21.47	20.52		
Prev visit, est, age 12-17	99394		1.27%	2.43%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	172.58	91.64	90.44	94.70	92.42	98.82	93.94	91.51		
Chicken pox vaccine, sc	90716		1.16%	1.95%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Dtap vaccine, < 7 yo, im	90700		2.39%	1.67%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Office/outpatient visit, est	99212		1.74%	1.42%	51.32	39.51	40.71	41.26	40.07	43.82	40.92	41.52	70.24	38.10	37.50	39.59	38.48	41.53	39.23	38.04		
Office/outpatient visit, est	99215		0.50%	1.33%	177.40	132.08	135.00	136.62	133.47	144.01	135.96	137.85	248.30	130.18	128.52	133.96	131.08	139.50	133.18	130.32		
Hep a vacc, pod/adol, 2 dose	90633		2.19%	1.29%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Immun admin 1 inj, < 8 yrs	90465		2.46%	1.12%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	36.58	20.72	20.35	21.80	21.02	23.02	21.47	20.52		
Poliovirus, ipv, sc/im	90713		1.90%	1.08%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Strep a assay w/optic	87880		2.37%	0.85%	16.88	16.40	16.88	16.88	16.88	16.88	16.88	16.88	20.66	15.74	15.42	15.61	15.61	14.33	14.44	15.76		
Immunization admin, each add	90472		3.69%	0.85%	14.54	11.06	11.37	11.51	11.20	12.18	11.42	11.57	19.82	10.59	10.43	10.95	10.68	11.47	10.88	10.61		
Immun admin addl inj, < 8 y	90466		1.83%	0.40%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	19.82	10.59	10.43	10.95	10.68	11.47	10.88	10.61		
Flu vaccine age 3 yo & over, im	90658		1.21%	0.35%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Visual acuity screen	99173		3.27%	0.19%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	15.95	9.82	9.38	10.40	9.91	11.43	10.49	10.17		

- (1) Medicare fees are from CY2011 schedule.
(2) TRICARE fees are from the current schedules effective 8/1/2010.
(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).
(4) Medicaid and workers' compensation fees are current as of 8/3/2011.
(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-18
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Pediatrics

Description	HCPCS	Modifier	VA ⁽¹⁾								Medicaid ⁽²⁾								Workers' Compensation ⁽⁴⁾							
			% of	% of																						
			Total Util	Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR
Office/outpatient visit, est	99213		20.03%	26.40%	\$103.12	\$66.04	\$67.67	\$68.52	\$72.42	\$69.10	\$108.29	\$57.45	\$91.76	\$50.35	\$38.21	\$67.36	\$149.22	\$133.13	\$125.74	\$138.79	\$112.89	N/A				
Office/outpatient visit, est	99214		5.44%	10.74%	150.83	98.08	100.41	101.63	107.25	102.45	163.18	86.45	137.64	75.39	57.10	95.57	216.25	197.74	186.44	206.48	167.13	N/A				
Prev visit, est, age 1-4	99392		3.24%	5.71%	227.40	N/A	N/A	N/A	N/A	N/A	139.24	102.99	119.50	65.66	71.35	N/A	171.92	169.91	160.42	177.08	Not Covered	N/A				
Per pm reeval, est pat, inf	99391		3.31%	5.23%	203.38	N/A	N/A	N/A	N/A	N/A	124.24	89.46	107.23	58.98	62.30	N/A	161.80	152.71	144.32	159.99	Not Covered	N/A				
Pneumococcal vacc, ped <5, IM	90669		2.52%	4.38%	52.19	95.48	95.48	95.48	95.48	95.48	N/A	78.80	N/A	N/A	N/A	N/A	126.91	N/A	N/A	80% of billed	89.78	N/A				
Prev visit, est, age 5-11	99393		1.97%	3.44%	224.33	N/A	N/A	N/A	N/A	N/A	138.74	102.60	118.97	65.38	75.34	N/A	187.09	169.27	159.81	176.39	Not Covered	N/A				
Immunization admin	90471		6.76%	3.07%	10.39	21.99	22.92	23.24	24.81	23.12	32.51	19.07	13.90	16.41	13.12	10.00	35.87	30.42	42.12	43.22	38.18	N/A				
Prev visit, est, age 12-17	99394		1.27%	2.43%	248.31	N/A	N/A	N/A	N/A	N/A	153.75	116.24	130.71	71.78	82.58	N/A	202.26	185.43	174.67	193.49	Not Covered	N/A				
Chicken pox vaccine, sc	90716		1.16%	1.95%	183.18	N/A	N/A	N/A	N/A	N/A	N/A	77.33	N/A	92.57	N/A	N/A	146.91	N/A	N/A	80% of billed	89.66	N/A				
Dtap vaccine, < 7 yo, im	90700		2.39%	1.67%	66.52	N/A	N/A	N/A	N/A	N/A	N/A	17.58	N/A	N/A	N/A	N/A	48.29	N/A	N/A	80% of billed	Not Covered	N/A				
Office/outpatient visit, est	99212		1.74%	1.42%	75.92	39.51	40.71	41.26	43.82	41.52	62.46	35.18	54.42	30.05	22.84	40.33	116.78	79.66	75.57	83.41	68.07	N/A				
Office/outpatient visit, est	99215		0.50%	1.33%	303.55	132.08	135.00	136.62	144.01	137.85	221.58	117.01	186.19	101.82	76.86	136.28	346.00	266.29	250.86	277.58	225.23	N/A				
Hep a vacc, ped/adol, 2 dose	90633		2.19%	1.29%	88.01	N/A	N/A	N/A	N/A	N/A	N/A	25.15	N/A	N/A	N/A	N/A	67.60	N/A	N/A	80% of billed	Not Covered	N/A				
Immune admin 1 inj, < 8 yrs	90465		2.46%	1.12%	69.45	N/A	N/A	N/A	N/A	N/A	32.51	19.07	13.90	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
Poliovirus, ipv, sc/im	90713		1.90%	1.08%	69.59	N/A	N/A	N/A	N/A	N/A	N/A	26.52	26.29	28.13	N/A	N/A	63.46	N/A	N/A	80% of billed	53.30	N/A				
Strep a assay w/optic	87880		2.37%	0.85%	50.15	16.40	16.88	16.88	16.88	16.88	17.18	16.28	17.18	12.71	13.06	N/A	89.05	TBD	42.20	80% of billed	23.63	N/A				
Immunization admin, each add	90472		3.69%	0.85%	15.40	11.06	11.37	11.51	12.18	11.57	17.63	9.75	11.02	8.35	6.67	N/A	35.87	15.30	21.06	21.61	18.82	N/A				
Immune admin addl inj, < 8 y	90466		1.83%	0.40%	41.11	N/A	N/A	N/A	N/A	N/A	17.63	7.52	11.02	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
Flu vaccine age 3 yo & over, im	90658		1.21%	0.35%	14.46	N/A	N/A	N/A	N/A	N/A	15.56	13.22	11.34	11.36	N/A	N/A	18.61	N/A	N/A	80% of billed	22.10	N/A				
Visual acuity screen	99173		3.27%	0.19%	26.83	N/A	N/A	N/A	N/A	N/A	3.30	26.32	3.20	1.95	Bundled	N/A	53.44	4.91	4.96	5.08	Bundled	N/A				

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-18
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Pediatrics

			Commercial Allowed ⁽¹⁾																			
			Mean								Median								80th Percentile			
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Office/outpatient visit, est	99213		20.03%	26.40%	\$134.15	\$89.05	\$92.87	\$108.87	\$90.19	\$79.88	\$140.00	\$89.93	\$96.24	\$112.52	\$86.74	\$83.00	\$150.00	\$100.77	\$96.24	\$120.96	\$101.79	\$86.00
Office/outpatient visit, est	99214		5.44%	10.74%	194.83	133.62	140.11	164.90	140.23	117.70	205.00	136.59	144.92	171.00	135.16	118.47	220.00	151.91	144.92	182.40	161.20	130.00
Prev visit, est, age 1-4	99392		3.24%	5.71%	178.30	123.31	112.75	151.48	127.82	114.55	183.00	120.96	115.41	149.44	120.96	116.57	195.00	133.82	115.41	158.01	146.72	125.00
Per pm reeval, est pat, inf	99391		3.31%	5.23%	170.54	110.09	100.73	135.60	114.81	105.25	180.00	107.80	103.53	134.07	109.03	108.51	189.15	119.26	103.53	141.08	131.72	120.00
Pneumococcal vacc, ped <3, IM	90669		2.52%	4.38%	47.19	27.72	85.09	98.00	12.52	37.16	18.89	0.01	88.96	95.48	5.96	14.31	99.84	86.69	88.96	116.00	15.60	95.48
Prev visit, est, age 5-11	99393		1.97%	3.44%	174.56	121.04	110.09	151.03	127.10	112.03	188.00	119.95	114.92	149.44	120.64	114.00	195.00	132.70	114.92	158.92	146.28	128.00
Immunization admin	90471		6.76%	3.07%	26.62	21.70	23.10	31.49	23.59	17.23	26.00	19.00	24.63	35.00	25.00	14.31	32.00	30.14	24.63	41.62	30.45	22.90
Prev visit, est, age 12-17	99394		1.27%	2.43%	155.91	117.79	98.70	162.96	135.21	98.63	188.10	130.38	118.95	163.48	131.76	110.00	210.00	144.90	126.31	176.90	159.25	136.80
Chicken pox vaccine, sc	90716		1.16%	1.95%	72.34	31.51	86.14	89.94	14.45	36.31	85.00	0.01	91.58	90.49	5.96	14.31	105.00	89.49	93.98	98.91	15.60	90.21
Dtap vaccine, < 7 yo, im	90700		2.39%	1.67%	13.77	8.53	19.35	26.18	8.55	16.04	15.00	0.01	19.73	23.58	6.38	14.00	27.00	22.99	20.29	31.45	15.60	25.00
Office/outpatient visit, est	99212		1.74%	1.42%	101.12	55.61	56.69	66.49	56.13	56.92	106.00	54.77	58.31	67.47	53.30	56.00	115.00	60.60	58.31	73.00	64.23	61.75
Office/outpatient visit, est	99215		0.50%	1.33%	290.64	182.16	192.46	216.11	183.24	162.55	315.00	182.70	195.87	224.67	176.00	161.46	338.10	200.00	197.10	243.53	212.17	187.00
Hep a vacc, ped/adol, 2 dose	90633		2.19%	1.29%	31.65	10.59	26.53	33.46	9.45	18.46	30.77	0.01	28.80	31.49	6.00	14.31	41.14	31.04	29.41	34.86	15.60	34.69
Immun admin 1 inj, < 8 yrs	90465		2.46%	1.12%	28.19	23.76	23.73	35.70	23.83	15.04	30.00	27.76	24.63	37.00	27.00	14.31	32.00	30.00	24.63	42.09	30.22	14.31
Poliovirus, ipv, sc/im	90713		1.90%	1.08%	31.76	11.73	27.64	30.91	10.06	16.02	32.96	0.01	30.88	29.65	8.00	14.00	49.00	28.85	32.40	33.15	15.60	28.51
Strep a assay w/optic	87880		2.37%	0.85%	44.87	23.63	33.38	22.42	18.79	26.55	49.00	23.12	34.34	23.46	17.52	27.00	64.00	24.85	34.34	24.13	20.11	35.00
Immunization admin, each add	90472		3.69%	0.85%	22.91	13.41	12.81	18.65	15.10	14.25	25.00	14.34	12.31	19.32	15.24	14.31	26.00	16.00	12.31	20.16	16.40	14.31
Immun admin addl inj, < 8 y	90466		1.83%	0.40%	21.99	14.06	13.51	19.04	15.21	14.43	20.50	15.00	12.31	19.43	14.98	14.03	27.00	16.14	12.56	20.01	15.66	14.31
Flu vaccine age 3 yo & over, im	90658		1.21%	0.35%	20.88	13.71	14.06	15.34	13.55	15.07	20.00	13.88	12.29	14.21	14.21	13.94	28.00	16.00	15.00	16.53	15.58	19.74
Visual acuity screen	99173		3.27%	0.19%	13.36	5.01	5.66	6.03	4.57	4.99	15.00	3.38	3.58	4.83	3.92	3.01	16.00	4.00	14.00	5.67	4.37	5.00

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medication and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-18
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Pediatrics

					Billed Charges ⁽⁶⁾																	
					Mean						Median						80th Percentile					
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Office/outpatient visit, est	99213		20.03%	26.40%	\$134.60	\$84.31	\$94.91	\$119.82	\$107.32	\$88.42	\$145.00	\$83.00	\$98.00	\$125.00	\$107.00	\$87.00	\$152.25	\$110.00	\$114.00	\$145.00	\$128.00	\$106.70
Office/outpatient visit, est	99214		5.44%	10.74%	196.23	131.45	144.89	184.32	165.49	132.65	208.00	138.00	150.00	190.00	163.00	130.00	220.00	166.00	171.00	221.00	200.00	156.00
Prev visit, est, age 1-4	99392		3.24%	5.71%	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Per pm recval, est pat, inf	99391		3.31%	5.23%	No Data	No Data	No Data	Not Cred	No Data	No Data	No Data	No Data	No Data	Not Cred	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Pneumococcal vacc, ped <5, IM	90669		2.52%	4.38%	No Data	Not Cred	No Data	No Data	No Data	No Data	No Data	Not Cred	No Data	No Data	No Data	No Data	No Data	Not Cred	No Data	No Data	No Data	No Data
Prev visit, est, age 5-11	99393		1.97%	3.44%	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Immunization admin	90471		6.76%	3.07%	27.07	27.47	31.90	34.76	32.20	23.54	25.00	30.00	32.00	38.00	32.00	22.50	36.00	36.25	38.00	46.50	42.00	28.15
Prev visit, est, age 12-17	99394		1.27%	2.43%	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Chicken pox vaccine, sc	90716		1.16%	1.95%	No Data	No Data	No Data	Not Cred	Not Cred	No Data	No Data	No Data	No Data	Not Cred	Not Cred	No Data	No Data	No Data	Not Cred	Not Cred	No Data	No Data
Dtap vaccine, < 7 yo, im	90700		2.39%	1.67%	Not Cred	No Data	No Data	Not Cred	No Data	No Data	Not Cred	No Data	No Data	Not Cred	No Data	No Data	Not Cred	No Data	No Data	Not Cred	No Data	No Data
Office/outpatient visit, est	99212		1.74%	1.42%	92.50	53.09	56.30	72.57	68.63	55.45	102.00	55.00	60.00	75.75	70.00	55.00	117.00	70.00	70.00	90.00	80.00	74.00
Office/outpatient visit, est	99215		0.50%	1.33%	290.58	191.08	207.14	248.24	220.97	180.40	320.00	200.00	232.00	259.00	221.00	186.00	342.00	230.00	232.00	299.07	270.00	231.00
Hep a vacc, ped/adol, 2 dose	90633		2.19%	1.29%	No Data	No Data	Not Cred	No Data	No Data	Not Cred	No Data	No Data	Not Cred	No Data	No Data	Not Cred	No Data	No Data	Not Cred	No Data	No Data	Not Cred
Immune admin 1 inj, < 8 yrs	90465		2.46%	1.12%	No Data	No Data	No Data	Not Cred	No Data	No Data	No Data	No Data	No Data	Not Cred	No Data	No Data	No Data	No Data	No Data	Not Cred	No Data	No Data
Poliovirus, ipv, sc/im	90713		1.90%	1.08%	No Data	Not Cred	No Data	Not Cred	No Data	Not Cred	No Data	Not Cred	No Data	Not Cred	Not Cred	No Data	No Data	Not Cred	No Data	Not Cred	Not Cred	No Data
Strep a assay w/optic	87880		2.37%	0.85%	Not Cred	32.88	41.83	29.23	37.17	30.74	Not Cred	30.00	46.50	29.00	35.30	29.10	Not Cred	45.00	50.00	36.00	51.00	35.00
Immunization admin, each add	90472		3.69%	0.85%	Not Cred	18.02	16.10	19.99	20.97	Not Cred	Not Cred	18.13	18.00	21.00	19.50	Not Cred	Not Cred	21.50	20.00	25.00	25.00	Not Cred
Immune admin addl inj, < 8 y	90466		1.83%	0.40%	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Flu vaccine age 3 yo & over, im	90658		1.21%	0.35%	16.04	15.50	14.66	16.15	16.31	14.83	13.22	13.50	13.55	13.25	13.22	13.21	23.05	20.00	16.00	20.00	20.00	18.00
Visual acuity screen	99173		3.27%	0.19%	No Data	Not Cred	No Data	Not Cred	24.59	Not Cred	No Data	Not Cred	No Data	Not Cred	20.00	Not Cred	No Data	Not Cred	No Data	Not Cred	45.00	Not Cred

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-19
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Radiology

Description	HCPCS	Modifier	Medicare ⁽¹⁾										TRICARE ⁽²⁾									
			% of Total Util	% of Total RVUs	AK	ID	ND	Portland OR	Rest Of OR	Seattle WA	Rest Of WA	WY	AK	ID	ND	Portland OR	Rest of OR	Seattle WA	Rest of WA	WY		
Mri brain w/o & w/dye	70553	26	1.22%	6.64%	\$159.35	\$113.98	\$115.30	\$116.49	\$114.66	\$121.71	\$116.51	\$118.15	\$233.34	\$118.21	\$117.00	\$120.37	\$118.62	\$124.45	\$120.18	\$118.82		
Mri jnt of lwr extre w/o dye	73721	26	1.27%	5.24%	91.78	65.75	66.43	67.18	66.13	70.34	67.34	68.47	133.88	67.86	67.10	69.06	68.06	71.50	69.06	68.38		
Mammogram, screening	77057	26	6.70%	4.55%	47.32	33.85	34.25	34.60	34.06	36.14	34.59	35.07	69.29	35.10	34.74	33.75	35.22	36.96	35.69	35.29		
Mri lumbar spine w/o dye	72148	26	1.14%	4.48%	100.26	71.77	72.55	73.33	72.19	76.71	73.44	74.58	146.76	74.39	73.59	75.74	74.63	78.37	75.67	74.87		
Ct pelvis w/dye	72193	26	2.23%	3.10%	78.47	56.15	56.80	57.39	56.49	59.97	57.41	58.22	115.12	58.36	57.76	59.44	58.57	61.47	59.35	58.67		
Ct abdomen w/dye	74160	26	2.11%	3.10%	85.93	61.49	62.23	62.86	61.87	65.65	62.83	63.66	125.89	63.81	63.18	65.00	64.05	67.19	64.86	64.09		
Mri neck spine w/o dye	72141	26	0.71%	2.69%	108.23	77.45	78.33	79.15	77.91	82.74	79.20	80.36	158.31	80.21	79.38	81.67	80.48	84.45	81.56	80.65		
Screening mammography digital	G0202	26	2.43%	2.58%	47.32	33.85	34.25	34.60	34.06	36.14	34.59	35.07	68.71	34.75	34.40	35.37	34.87	36.56	35.32	34.95		
Mri joint upr extre w/o dye	73221	26	0.57%	2.34%	92.15	66.07	66.77	67.52	66.46	70.72	67.68	68.81	133.88	67.86	67.10	69.06	68.06	71.50	69.06	68.38		
Ct abdomen w/o & w/dye	74170	26	0.81%	2.10%	94.63	67.70	68.50	69.20	68.12	72.29	69.19	70.13	139.10	70.54	69.82	71.86	70.79	74.31	71.74	70.91		
Ct head/brain w/o dye	70450	26	2.23%	1.81%	57.19	40.87	41.39	41.79	41.13	43.58	41.71	42.20	84.27	42.71	42.31	43.53	42.88	44.97	43.40	42.85		
Mri brain w/o dye	70551	26	0.52%	1.77%	99.82	71.38	72.24	72.97	71.82	76.18	72.92	73.87	146.43	74.19	73.45	75.56	74.46	78.10	75.42	74.54		
Ct thorax w/dye	71260	26	1.07%	1.71%	84.03	60.15	60.88	61.50	60.52	64.24	61.47	62.30	123.00	62.36	61.74	63.53	62.59	65.67	63.39	62.64		
Ct abdomen w/o dye	74150	26	1.40%	1.70%	80.37	57.49	58.16	58.76	57.84	61.39	58.76	59.58	118.01	59.82	59.21	60.93	60.04	63.00	60.82	60.12		
Chest x-ray	71020	26	8.15%	1.67%	14.77	10.55	10.69	10.79	10.62	11.25	10.77	10.89	21.87	11.09	10.97	11.30	11.13	11.69	11.28	11.16		
Ct maxillofacial w/o dye	70486	26	0.91%	1.65%	77.01	55.08	55.81	56.34	55.44	58.75	56.20	56.83	112.69	57.08	56.55	58.16	57.31	60.07	58.00	57.27		
Ct pelvis w/o dye	72192	26	1.37%	1.59%	73.35	52.42	53.09	53.60	52.76	55.90	53.49	54.11	108.25	54.89	54.37	55.94	55.11	57.80	55.79	55.09		
Us exam, pelvic, complete	76856	26	1.76%	1.51%	46.59	33.32	33.76	34.08	33.53	35.53	33.99	34.37	68.17	34.53	34.23	35.20	34.68	36.32	35.06	34.59		
Us exam, abdom, complete	76700	26	1.51%	1.48%	54.41	38.87	39.35	39.73	39.11	41.45	39.68	40.16	80.05	40.55	40.16	41.31	40.70	42.67	41.20	40.70		
Mri lumbar spine w/o & w/dye	72158	26	0.23%	1.37%	159.79	114.37	115.60	116.86	115.03	122.24	117.03	118.86	234.01	118.61	117.29	120.72	118.97	124.97	120.69	119.48		
Us exam, breast(s)	76645	26	2.02%	1.33%	36.56	26.17	26.44	26.73	26.32	27.99	26.80	27.25	53.49	27.11	26.80	27.58	27.18	28.57	27.60	27.34		
Transvaginal us, non-ob	76830	26	1.51%	1.28%	46.59	33.32	33.76	34.08	33.53	35.53	33.99	34.37	67.61	34.18	33.89	34.82	34.32	35.92	34.70	34.25		
Mammogram, both breasts	77056	26	1.22%	1.04%	58.80	42.07	42.56	43.00	42.32	44.91	42.99	43.58	86.13	43.65	43.18	44.44	43.79	45.97	44.39	43.91		
Mammogram, one breast	77055	26	1.03%	0.67%	47.32	33.85	34.25	34.60	34.06	36.14	34.59	35.07	69.29	35.10	34.74	33.75	35.22	36.96	35.69	35.29		
Chest x-ray	71010	26	4.61%	0.58%	11.99	8.55	8.65	8.73	8.60	9.12	8.73	8.85	17.65	8.92	8.82	9.07	8.95	9.39	9.08	9.00		
Comp screen mammogram add-on	77052	26	4.46%	0.47%	4.02	2.87	2.87	2.92	2.88	3.09	2.97	3.08	6.10	3.11	3.04	3.14	3.10	3.31	3.20	3.22		
X-ray exam of foot	73630	26	1.40%	0.27%	36.93	30.19	31.57	32.05	30.81	34.40	31.55	31.97	49.84	28.90	28.31	30.58	29.36	32.48	30.09	28.65		
Computer dx mammogram add-on	77051	26	2.21%	0.24%	4.02	2.87	2.87	2.92	2.88	3.09	2.97	3.08	6.10	3.11	3.04	3.14	3.10	3.31	3.20	3.22		
X-ray exam of ankle	73610	26	1.22%	0.22%	11.48	8.21	8.31	8.39	8.26	8.77	8.39	8.51	16.87	8.55	8.45	8.70	8.58	9.02	8.71	8.63		
X-ray exam of abdomen	74000	26	1.28%	0.20%	11.99	8.55	8.65	8.73	8.60	9.12	8.73	8.85	17.65	8.92	8.82	9.07	8.95	9.39	9.08	9.00		

- (1) Medicare fees are from CY2011 schedule.
(2) TRICARE fees are from the current schedules effective 8/1/2010.
(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).
(4) Medicaid and workers' compensation fees are current as of 8/3/2011.
(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-19
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Radiology

Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	VA ⁽¹⁾						Medicaid ⁽⁴⁾						Workers' Compensation ⁽⁶⁾					
					AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Mri brain w/o & w/dye	70553	26	1.22%	6.64%	\$394.10	\$113.98	\$115.30	\$116.49	\$121.71	\$118.15	\$207.98	\$100.14	\$160.89	\$91.81	\$72.47	N/A	\$826.63	\$294.28	\$214.93	\$219.48	\$192.03	N/A
Mri jst of lwr extre w/o dye	73721	26	1.27%	5.24%	314.48	65.75	66.43	67.18	70.34	68.47	119.04	66.40	93.02	52.86	41.79	N/A	425.65	169.76	124.50	127.40	111.23	N/A
Mammogram, screening	77057	26	6.70%	4.55%	83.03	33.85	34.25	34.60	36.14	35.07	61.59	31.92	47.93	27.26	21.56	N/A	N/A	87.40	63.80	64.96	57.00	N/A
Mri lumbar spine w/o dye	72148	26	1.14%	4.48%	320.70	71.77	72.55	73.33	76.71	74.58	130.49	72.79	101.56	57.87	45.79	N/A	569.15	185.30	135.65	138.12	121.19	N/A
Ct pelvis w/dye	72193	26	2.23%	3.10%	253.32	56.15	56.80	57.39	59.97	58.22	102.36	57.11	79.26	45.35	35.79	N/A	309.54	144.97	105.92	107.85	94.63	N/A
Ct abdomen w/dye	74160	26	2.11%	3.10%	255.73	61.49	62.23	62.86	65.65	63.66	111.94	65.33	86.85	49.52	39.12	N/A	342.38	158.76	115.83	117.94	103.49	N/A
Mri neck spine w/o dye	72141	26	0.71%	2.69%	336.56	77.45	78.33	79.15	82.74	80.36	141.05	78.48	109.63	62.32	49.13	N/A	549.18	199.96	146.18	148.85	130.60	N/A
Screening mammographydigital	G0202	26	2.43%	2.58%	95.87	33.85	34.25	34.60	36.14	35.07	N/A	32.84	N/A	26.99	21.34	N/A	N/A	68.25	63.80	N/A	57.00	N/A
Mri joint upr extrem w/o dye	73221	26	0.57%	2.34%	176.77	66.07	66.77	67.52	70.72	68.81	119.04	66.40	93.50	52.86	41.79	N/A	404.37	170.59	125.12	127.40	111.79	N/A
Ct abdomen w/o & w/dye	74170	26	0.81%	2.10%	185.60	67.70	68.50	69.20	72.29	70.13	123.68	71.82	95.87	54.81	43.35	N/A	410.46	174.80	127.60	129.92	114.00	N/A
Ct head/brain w/o dye	70450	26	2.23%	1.81%	112.92	40.87	41.39	41.79	43.58	42.20	75.22	41.79	57.90	33.11	26.23	N/A	276.04	105.52	76.81	78.21	68.62	N/A
Mri brain w/o dye	70551	26	0.52%	1.77%	340.22	71.38	72.24	72.97	76.18	73.87	130.19	72.59	101.09	57.59	45.57	N/A	598.79	184.30	134.41	136.86	120.09	N/A
Ct thorax w/dye	71260	26	1.07%	1.71%	163.53	60.15	60.88	61.50	64.24	62.30	109.37	61.02	84.95	48.41	38.24	N/A	328.40	155.30	113.35	115.42	101.27	N/A
Ct abdomen w/o dye	74150	26	1.40%	1.70%	156.83	57.49	58.16	58.76	61.39	59.58	104.93	50.53	81.16	46.46	36.68	N/A	297.44	148.43	108.40	110.37	96.85	N/A
Chest x-ray	71020	26	8.15%	1.67%	31.08	10.55	10.69	10.79	11.25	10.89	19.45	10.85	14.71	8.62	6.89	7.88	71.76	27.24	19.82	20.18	17.71	N/A
Ct maxillofacial w/o dye	70486	26	0.91%	1.65%	151.16	55.08	55.81	56.34	58.75	56.83	100.19	58.94	77.83	44.23	35.12	N/A	292.10	142.21	103.44	105.33	92.42	N/A
Ct pelvis w/o dye	72192	26	1.37%	1.59%	144.47	52.42	53.09	53.60	55.90	54.11	96.54	53.71	74.04	42.56	33.79	N/A	268.93	135.35	98.48	100.91	87.99	N/A
Us exam, pelvic, complete	76856	26	1.76%	1.51%	91.87	33.32	33.76	34.08	35.53	34.37	60.90	41.59	46.99	26.71	21.12	N/A	225.59	86.02	62.56	63.70	55.89	N/A
Us exam, abdom, complete	76700	26	1.51%	1.48%	108.18	38.87	39.35	39.73	41.45	40.16	71.17	44.71	55.05	31.44	24.90	N/A	224.47	100.36	73.09	74.42	65.30	N/A
Mri lumbar spine w/o & w/dye	72158	26	0.23%	1.37%	313.90	114.37	115.60	116.86	122.24	118.86	208.07	116.06	161.36	92.36	72.91	N/A	785.49	295.28	216.17	220.11	192.58	N/A
Us exam, breast(s)	76645	26	2.02%	1.33%	71.79	26.17	26.44	26.73	27.99	27.25	47.57	33.23	37.02	21.14	16.67	N/A	149.39	67.57	49.55	50.46	44.27	N/A
Transvaginal us, non-ob	76830	26	1.51%	1.28%	91.87	33.32	33.76	34.08	35.53	34.37	60.11	41.46	46.99	26.43	20.90	N/A	257.81	86.02	62.56	63.70	55.89	N/A
Mammogram, both breasts	77056	26	1.22%	1.04%	102.81	42.07	42.56	43.00	44.91	43.58	76.60	41.13	59.33	33.94	26.90	N/A	N/A	108.60	79.28	80.73	70.84	N/A
Mammogram, one breast	77055	26	1.03%	0.67%	83.03	33.85	34.25	34.60	36.14	35.07	61.59	33.32	47.93	27.26	21.56	N/A	N/A	87.40	63.80	64.96	57.00	N/A
Chest x-ray	71010	26	4.61%	0.58%	23.93	8.55	8.65	8.73	9.12	8.85	15.69	8.73	11.87	6.96	5.56	N/A	61.88	22.08	16.10	16.40	14.39	N/A
Comp screen mammogram add-on	77052	26	4.46%	0.47%	7.55	2.87	2.87	2.92	3.09	3.08	5.43	3.04	3.80	2.50	2.00	N/A	N/A	7.42	5.57	5.68 Not Covered	N/A	N/A
X-ray exam of foot	73630		1.40%	0.27%	103.98	30.19	31.57	32.05	34.40	31.97	44.32	27.30	41.08	23.09	18.45	N/A	181.81	77.96	15.49	59.29	52.57	N/A
Computer dx mammogram add-on	77051	26	2.21%	0.24%	7.55	2.87	2.87	2.92	3.09	3.08	5.43	3.04	3.80	2.50	2.00	N/A	N/A	7.42	5.57	5.68 Not Covered	N/A	N/A
X-ray exam of ankle	73610	26	1.22%	0.22%	28.62	8.21	8.31	8.39	8.77	8.51	15.00	8.74	11.39	6.68	5.34	N/A	72.72	21.20	15.49	15.77	13.84	N/A
X-ray exam of abdomen	74000	26	1.28%	0.20%	23.93	8.55	8.65	8.73	9.12	8.85	15.69	8.73	11.87	6.96	5.56	N/A	60.80	22.08	16.10	16.40	14.39	N/A

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-19
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Radiology

					Commercial Allowed ⁽¹⁾																	
					Mean						Median						80th Percentile					
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Mri brain w/o & w/dye	70553	26	1.22%	6.64%	\$407.64	\$285.48	\$226.64	\$223.92	\$204.41	\$360.82	\$441.00	\$244.51	\$188.51	\$213.53	\$203.31	\$379.76	\$461.00	\$404.58	\$204.98	\$229.43	\$214.00	\$495.90
Mri jnt of lwr extre w/o dye	73721	26	1.27%	5.24%	283.63	155.22	119.56	126.44	116.51	252.78	298.00	139.45	107.56	122.30	113.05	279.00	298.00	192.00	113.17	133.21	123.42	300.00
Mammogram, screening	77057	26	6.70%	4.55%	82.01	62.98	56.62	64.68	56.91	66.07	91.00	70.92	56.04	64.99	56.69	52.00	96.00	74.35	57.16	67.42	63.75	83.00
Mri lumbar spine w/o dye	72148	26	1.14%	4.48%	315.31	174.76	133.52	140.13	129.81	264.60	298.00	153.51	118.31	134.79	128.01	276.16	365.00	200.00	130.57	146.88	135.13	333.00
Ct pelvis w/dye	72193	26	2.23%	3.10%	223.47	141.94	106.49	111.53	102.01	179.32	226.00	123.17	92.84	105.46	99.82	204.09	246.80	173.05	101.30	115.02	105.66	225.00
Ct abdomen w/dye	74160	26	2.11%	3.10%	246.69	158.75	118.15	122.26	112.66	205.24	250.00	135.71	102.46	115.94	111.01	223.84	288.00	206.64	110.69	123.90	116.74	257.00
Mri neck spine w/o dye	72141	26	0.71%	2.69%	324.62	188.63	145.29	153.57	138.63	262.31	312.00	165.69	127.37	144.76	137.50	276.16	389.00	232.50	134.48	156.63	145.31	333.00
Screening mammography digital	G0202	26	2.43%	2.58%	115.21	68.16	57.41	64.10	59.58	54.36	129.00	63.00	54.91	64.00	60.24	48.72	129.00	74.35	56.70	69.60	63.83	70.00
Mri joint upr extrem w/o dye	73221	26	0.57%	2.34%	312.73	161.71	125.83	126.44	117.94	244.33	323.00	139.45	107.56	124.18	113.18	279.00	388.29	217.86	125.51	133.21	124.50	296.00
Ct abdomen w/o & w/dye	74170	26	0.81%	2.10%	253.03	160.79	130.11	145.34	123.76	250.28	273.00	145.45	112.09	130.07	123.90	271.63	289.00	178.20	121.08	140.65	129.33	281.20
Ct head/brain w/o dye	70450	26	2.23%	1.81%	174.25	103.71	77.37	83.73	74.72	147.53	183.00	88.35	68.50	77.59	73.13	160.00	199.00	131.00	74.28	84.49	77.34	187.00
Mri brain w/o dye	70551	26	0.52%	1.77%	295.17	178.21	150.27	137.97	127.38	244.34	298.00	153.51	118.32	134.28	127.50	240.63	322.00	244.50	130.93	142.43	135.56	333.00
Ct thorax w/dye	71260	26	1.07%	1.71%	257.23	149.90	120.14	119.54	108.96	215.55	263.00	128.35	99.07	112.20	108.65	225.95	263.00	189.27	117.52	122.41	113.52	267.00
Ct abdomen w/o dye	74150	26	1.40%	1.70%	220.78	144.27	112.66	111.42	103.96	204.89	231.00	123.73	95.10	108.08	101.17	215.00	248.00	192.00	110.98	117.86	108.08	243.00
Chest x-ray	71020	26	8.15%	1.67%	43.55	26.15	19.52	21.06	19.22	38.25	43.00	22.50	17.55	19.65	18.83	42.00	54.00	32.00	17.90	21.30	19.94	45.60
Ct maxillofacial w/o dye	70486	26	0.91%	1.65%	203.07	130.98	103.45	104.92	96.85	179.15	221.00	117.73	91.14	102.84	97.50	199.70	221.00	145.37	106.34	109.35	103.12	225.00
Ct pelvis w/o dye	72192	26	1.37%	1.59%	204.82	131.62	98.07	104.32	94.52	181.83	213.00	113.11	87.75	99.28	92.22	206.00	233.00	162.00	95.05	108.63	99.15	208.00
Us exam, pelvic, complete	76856	26	1.76%	1.51%	143.64	85.39	59.31	61.91	60.96	117.88	135.00	71.25	54.91	62.23	59.61	131.40	167.00	121.50	56.74	68.42	64.99	139.00
Us exam, abdom, complete	76700	26	1.51%	1.48%	154.66	101.34	68.65	76.33	72.26	132.42	158.00	83.83	64.54	73.36	70.28	166.00	160.00	152.80	64.54	80.50	74.45	169.10
Mri lumbar spine w/o & w/dye	72158	26	0.23%	1.37%	473.30	279.86	209.75	227.55	199.89	435.40	447.00	244.51	187.95	213.53	203.31	414.00	461.00	442.40	198.38	236.16	214.00	520.00
Us exam, breast(s)	76643	26	2.02%	1.33%	106.87	71.64	49.02	50.71	47.29	97.38	107.00	57.18	43.02	48.47	46.44	117.00	107.00	102.40	43.88	51.83	48.88	121.00
Transvaginal us, non-ob	76830	26	1.51%	1.28%	154.38	84.86	58.77	64.84	61.90	119.04	135.00	72.18	54.35	62.23	59.61	134.62	225.00	129.60	55.44	67.68	66.00	149.00
Mammogram, both breasts	77056	26	1.22%	1.04%	107.53	80.62	72.62	75.60	61.85	89.89	121.00	85.77	69.63	76.56	64.31	83.00	129.79	92.04	73.19	83.08	74.40	89.00
Mammogram, one breast	77055	26	1.03%	0.67%	83.93	66.80	58.22	65.87	55.77	67.50	92.00	70.92	56.04	64.99	57.76	49.00	102.51	74.35	57.16	67.50	63.05	122.40
Chest x-ray	71010	26	4.61%	0.58%	36.84	21.70	16.94	17.94	16.01	25.00	37.00	18.67	14.15	16.45	15.69	27.09	44.00	27.00	15.30	17.99	16.56	35.00
Comp screen mammogram add-on	77052	26	4.46%	0.47%	11.77	6.65	5.36	6.97	6.13	9.30	12.00	4.00	5.10	6.08	5.40	7.00	12.00	7.18	5.33	6.66	6.03	10.78
X-ray exam of foot	73630		1.40%	0.27%	113.88	53.11	36.28	49.93	44.52	73.15	105.00	56.48	33.40	54.37	45.34	75.00	154.86	58.37	46.99	59.33	54.60	94.00
Computer dx mammogram add-on	77051	26	2.21%	0.24%	13.15	12.03	5.35	7.46	7.28	8.83	12.00	9.21	5.10	6.03	5.25	7.00	12.00	12.00	5.20	6.57	6.48	10.44
X-ray exam of ankle	73610	26	1.22%	0.22%	45.98	21.95	15.72	17.10	15.19	30.45	45.00	17.96	13.59	16.01	14.60	34.00	61.00	30.50	14.38	17.28	15.86	35.00
X-ray exam of abdomen	74000	26	1.28%	0.20%	38.50	21.37	17.77	17.25	16.09	25.81	39.00	18.67	14.15	16.44	15.63	27.09	39.00	23.50	15.30	17.75	16.51	35.00

- (1) Medicare fees are from CY2011 schedule.
(2) TRICARE fees are from the current schedules effective 8/1/2010.
(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).
(4) Medicaid and workers' compensation fees are current as of 8/3/2011.
(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-19
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Radiology

					Billed Charges ⁽⁶⁾																	
					Mean						Median						80th Percentile					
Description	HCCPCS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Mri brain w/o & w/dye	70553	26	1.22%	6.64%	\$529.07	\$384.67	\$325.34	\$334.06	\$379.68	\$298.17	\$461.00	\$359.00	\$342.00	\$362.00	\$384.00	\$334.50	\$632.00	\$553.00	\$342.00	\$400.00	\$423.00	\$442.00
Mri jnt of lwr extre w/o dye	73721	26	1.27%	5.24%	295.90	199.14	184.96	194.45	206.14	209.08	298.00	189.20	172.00	215.00	201.40	250.00	345.00	240.00	205.00	231.00	241.00	279.00
Mammogram, screening	77057	26	6.70%	4.55%	97.07	73.76	66.85	80.39	79.68	52.08	96.00	80.00	66.00	75.00	77.00	37.00	107.36	90.00	74.00	97.00	93.00	56.00
Mri lumbar spine w/o dye	72148	26	1.14%	4.48%	327.69	230.46	207.25	228.17	232.23	217.83	298.00	215.00	215.00	246.03	226.00	242.00	374.00	257.00	224.00	281.00	265.00	303.00
Ct pelvis w/dye	72193	26	2.23%	3.10%	250.61	194.59	157.20	167.94	184.60	141.54	226.00	169.00	164.00	175.00	180.00	167.80	307.00	272.00	166.00	197.50	207.00	208.00
Ct abdomen w/dye	74160	26	2.11%	3.10%	273.97	215.80	180.32	191.74	201.83	162.10	250.00	188.60	180.00	203.21	199.50	183.50	327.00	299.00	191.00	217.00	218.40	252.00
Mri neck spine w/o dye	72141	26	0.71%	2.69%	370.34	263.70	211.59	232.67	257.72	213.12	362.50	251.00	219.00	246.00	259.50	238.00	458.27	313.00	233.20	284.00	281.00	296.00
Screeningmammographydigital	G0202	26	2.43%	2.58%	109.61	82.22	79.11	86.33	97.25	67.84	124.00	79.00	82.45	91.00	98.00	74.00	129.00	88.00	94.00	111.00	111.10	82.45
Mri joint upr extrem w/o dye	73221	26	0.57%	2.34%	314.37	201.55	181.36	200.45	192.07	184.26	323.00	200.00	173.00	219.00	188.00	232.50	398.00	253.00	187.00	225.00	227.00	279.00
Ct abdomen w/o & w/dye	74170	26	0.81%	2.10%	299.24	250.87	183.41	196.75	210.04	168.21	289.00	220.19	180.00	194.00	202.30	165.00	360.00	271.00	210.00	238.56	240.00	244.50
Ct head/brain w/o dye	70450	26	2.23%	1.81%	212.20	146.34	126.55	131.91	137.17	121.69	183.00	133.00	119.00	139.00	137.02	136.30	273.00	200.00	154.00	150.00	150.00	175.50
Mri brain w/o dye	70551	26	0.52%	1.77%	341.13	244.48	211.60	234.65	229.40	165.57	298.00	232.00	205.00	244.00	236.00	75.96	374.00	324.00	239.00	281.00	255.00	260.00
Ct thorax w/dye	71260	26	1.07%	1.71%	282.00	214.71	177.77	182.41	200.05	152.05	263.00	194.00	166.00	193.00	202.00	133.00	325.00	291.00	216.00	220.00	227.00	231.00
Ct abdomen w/o dye	74150	26	1.40%	1.70%	259.14	193.99	164.43	173.24	184.16	146.72	248.00	174.00	164.00	184.00	181.00	155.19	297.00	234.00	178.50	203.00	204.00	215.00
Chest x-ray	71020	26	8.15%	1.67%	49.09	37.03	30.04	32.45	33.55	28.99	43.00	32.50	26.00	34.00	33.00	32.00	56.00	49.28	36.00	38.00	37.20	43.00
Ct maxillofacial w/o dye	70486	26	0.91%	1.65%	198.44	183.31	143.45	149.90	174.32	157.76	221.00	165.00	159.00	148.00	175.00	192.00	221.00	250.00	163.00	185.00	194.40	219.53
Ct pelvis w/o dye	72192	26	1.37%	1.59%	239.65	177.29	145.22	158.27	166.77	132.19	233.00	159.00	151.00	164.00	167.00	153.50	281.00	216.00	156.00	186.00	187.20	191.00
Us exam, pelvic, complete	76856	26	1.76%	1.51%	140.50	113.11	99.28	106.85	105.78	106.14	135.00	100.73	99.00	112.00	106.00	120.00	197.00	124.00	117.00	128.00	117.60	166.00
Us exam, abdom, complete	76700	26	1.51%	1.48%	174.73	134.39	94.88	116.87	124.91	101.58	160.00	121.00	88.00	119.75	125.00	100.00	160.00	191.00	112.00	140.00	138.00	177.69
Mri lumbar spine w/o & w/dye	72158	26	0.23%	1.37%	534.09	373.31	310.19	348.06	366.11	293.30	461.00	333.30	292.67	387.00	361.00	328.00	461.00	438.00	400.00	406.00	402.00	414.00
Us exam, breast(s)	76645	26	2.02%	1.33%	122.33	94.22	73.89	78.90	89.07	74.68	112.00	92.00	68.00	83.00	91.20	83.00	121.00	128.00	98.00	98.00	98.00	117.00
Transvaginal us, non-ob	76830	26	1.51%	1.28%	Not Cred	108.74	94.48	108.97	108.04	100.11	Not Cred	100.00	77.00	114.00	98.00	92.00	Not Cred	137.00	140.00	142.00	121.00	166.00
Mammogram, both breasts	77056	26	1.22%	1.04%	Not Cred	112.00	87.07	97.74	89.07	67.58	Not Cred	107.50	87.00	100.66	88.00	50.69	Not Cred	147.00	94.00	119.00	99.00	85.00
Mammogram, one breast	77055	26	1.03%	0.67%	Not Cred	78.84	69.41	76.35	77.01	49.63	Not Cred	75.00	68.00	75.00	75.00	48.76	Not Cred	90.00	74.00	88.00	93.00	65.00
Chest x-ray	71010	26	4.61%	0.58%	44.30	30.08	26.18	27.43	28.29	22.60	37.00	27.00	23.00	30.00	28.25	25.00	52.00	40.00	31.00	32.00	31.20	35.00
Comp screen mammogram add-on	77052	26	4.46%	0.47%	14.04	10.51	7.90	10.09	12.64	8.48	12.00	9.50	7.00	9.50	10.00	9.00	12.00	16.00	9.00	11.25	15.50	12.00
X-ray exam of foot	73630		1.40%	0.27%	101.43	67.56	59.72	66.60	69.23	70.46	115.00	70.35	64.78	65.80	65.00	65.00	159.00	90.58	66.00	90.00	80.00	107.90
Computer dx mammogram add-on	77051	26	2.21%	0.24%	14.88	17.18	8.65	10.98	12.97	8.61	12.00	15.00	7.00	10.00	10.80	10.90	24.00	16.00	10.00	13.00	15.00	11.00
X-ray exam of ankle	73610	26	1.22%	0.22%	47.75	28.79	27.66	27.10	27.53	25.41	45.00	26.00	28.00	28.25	26.00	32.00	63.00	39.00	34.00	31.00	32.00	38.00
X-ray exam of abdomen	74000	26	1.28%	0.20%	49.00	31.04	26.27	27.66	29.08	21.65	39.00	27.00	25.00	29.03	28.25	24.25	63.00	40.00	32.00	32.00	36.00	33.00

- (1) Medicare fees are from CY2011 schedule.
(2) TRICARE fees are from the current schedules effective 8/1/2010.
(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).
(4) Medicaid and workers' compensation fees are current as of 8/3/2011.
(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-20
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Urology

Description	HCPCS	Modifier	Medicare ⁽¹⁾															TRICARE ⁽²⁾									
			% of Total Util	% of Total RVUs	Portland					Rest Of		Seattle		Rest Of		AK	ID	ND	Portland		Rest Of		Seattle		Rest of		
					AK	ID	ND	OR	OR	WA	WA	WY	OR	OR	WA				WA	WY							
Office/outpatient visit, est	99213		13.79%	7.96%	\$87.71	\$66.04	\$67.67	\$68.52	\$66.81	\$72.42	\$68.12	\$69.10	\$121.23	\$64.21	\$63.34	\$66.28	\$64.72	\$69.17	\$65.82	\$64.23							
Removal of sperm duct(s)	55250		1.54%	6.77%	510.71	407.35	423.33	429.53	414.61	459.11	424.15	430.04	727.55	412.18	404.76	433.71	418.14	458.31	427.31	408.91							
Office consultation	99244		3.29%	5.66%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	349.48	182.66	180.28	187.72	183.81	195.50	186.85	183.17							
Office/outpatient visit, est	99214		6.06%	5.26%	130.96	98.08	100.41	101.63	99.18	107.25	101.06	102.45	182.64	96.32	95.07	99.31	97.05	103.52	98.63	96.32							
Cystoscopy	52000		2.62%	4.97%	260.82	202.95	209.44	212.44	205.97	226.30	210.74	214.12	371.91	205.14	201.60	214.10	207.46	225.43	211.89	204.62							
Office consultation	99243		3.84%	4.51%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	232.06	122.65	120.81	126.37	123.48	132.09	125.83	123.16							
Fragmenting of kidney stone	50590		0.78%	4.22%	1,087.25	841.26	867.09	879.29	853.31	935.46	872.64	886.42	1,650.32	911.68	896.16	952.15	922.32	1,002.42	941.71	908.55							
Repair bladder defect	57288		0.27%	1.77%	931.10	683.01	691.09	701.21	687.75	742.21	705.92	723.45	1,338.95	693.47	681.88	708.42	695.47	740.43	710.68	703.30							
Complex cystostomyogram	51726		0.53%	1.76%	357.66	291.77	305.01	309.60	297.70	332.03	304.64	308.47	520.73	302.70	296.96	320.89	307.92	340.31	314.94	298.93							
Biopsy of prostate	53700		0.82%	1.75%	286.73	221.83	228.59	231.83	224.99	246.69	230.15	233.88	412.05	226.08	222.27	235.61	228.53	247.83	233.32	225.65							
Office/outpatient visit, new	99203		1.86%	1.63%	129.99	98.07	100.35	101.71	99.17	107.79	101.40	103.20	180.25	95.71	94.25	98.75	96.40	103.31	98.27	96.05							
Office/outpatient visit, new	99204		1.17%	1.56%	203.11	151.11	154.06	156.09	152.58	164.96	155.92	158.74	284.41	148.94	146.76	152.99	149.78	159.69	152.59	149.84							
Prostatic microwave thermolysis	53850		0.05%	1.55%	2,691.53	2,223.55	2,332.09	2,367.70	2,271.90	2,543.59	2,324.98	2,352.24	3,904.67	2,299.88	2,254.98	2,446.92	2,342.58	2,599.87	2,397.28	2,266.46							
Office/outpatient visit, est	99212		4.28%	1.53%	51.32	39.51	40.71	41.26	40.07	43.82	40.92	41.52	70.24	38.10	37.50	39.59	38.48	41.53	39.23	38.04							
Laparoscopic prostatectomy	55866		0.14%	1.46%	2,355.82	1,714.02	1,735.19	1,757.63	1,725.71	1,851.35	1,764.07	1,799.91	3,455.23	1,777.18	1,752.14	1,814.51	1,783.25	1,888.68	1,815.90	1,794.89							
Cystourethroscopy w/ lithotripsy	52353		0.33%	1.33%	578.98	420.43	425.53	430.93	423.24	453.56	432.43	441.00	844.91	434.34	428.30	443.44	435.84	461.42	443.70	438.53							
Extensive prostate surgery	55845		0.13%	1.30%	2,230.33	1,619.54	1,638.58	1,659.70	1,630.18	1,747.59	1,666.38	1,700.45	3,252.75	1,671.79	1,648.18	1,706.40	1,677.29	1,776.07	1,708.10	1,688.94							
Cystoscopy and treatment	52332		0.80%	1.25%	579.38	474.34	496.32	503.83	484.18	540.61	495.48	501.61	815.26	472.24	463.29	500.06	480.16	530.15	491.14	466.79							
Echo guide for biopsy	76942	26	0.81%	1.21%	45.42	32.51	32.89	33.23	32.71	34.73	33.24	33.71	66.39	33.64	33.29	34.26	33.76	35.43	34.21	33.84							
Leuprolide acetate suspension	J9217		0.19%	1.18%	209.11	209.11	209.11	209.11	209.11	209.11	209.11	209.11	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A							
Electro-uroflowmetry, first	51741		1.41%	1.12%	49.17	40.77	42.78	43.44	41.66	46.72	42.66	43.19	153.85	82.49	81.30	85.45	83.24	89.39	84.73	82.37							
Urine voiding pressure study	51795	26	0.34%	1.08%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A							
Cystoscopy and treatment	52310		0.48%	1.07%	311.73	241.12	248.41	251.95	244.54	268.15	250.20	254.32	449.11	246.43	242.26	256.81	249.10	270.16	254.34	246.00							
Office consultation	99245		0.49%	1.04%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	428.34	223.13	220.20	229.02	224.42	238.44	228.17	224.00							
Cystoscopy and treatment	52281		0.37%	1.02%	352.53	278.46	288.54	292.76	283.08	312.56	289.68	294.03	527.66	295.04	289.82	309.20	298.84	326.19	305.33	293.51							
Office/outpatient visit, est	99215		0.86%	1.00%	177.40	132.08	135.00	136.62	133.47	144.01	135.96	137.85	248.30	130.18	128.52	133.96	131.08	139.50	133.18	130.32							
Urine capacity measure	51798		2.81%	0.57%	21.37	18.46	19.52	19.86	18.93	21.53	19.45	19.72	29.02	17.91	17.48	19.26	18.30	20.66	18.83	17.64							
Urinalysis, nonauto w/ scope	81000		10.02%	0.43%	4.45	4.45	4.45	4.45	4.45	4.45	4.45	3.60	5.46	4.16	4.08	4.12	4.12	3.79	3.82	4.16							
Assay of psa, total	84153		1.40%	0.35%	25.89	25.89	25.89	25.89	25.89	25.89	25.89	25.89	31.68	24.14	23.65	23.94	23.94	21.98	22.14	24.17							
X-ray exam of abdomen	74000	26	1.18%	0.30%	11.99	8.55	8.65	8.73	8.60	9.12	8.73	8.85	17.65	8.92	8.82	9.07	8.95	9.39	9.08	9.00							
Urinalysis, auto w/ scope	81001		2.92%	0.12%	4.45	4.45	4.45	4.45	4.45	4.45	4.45	3.60	5.46	4.16	4.08	4.12	4.12	3.79	3.82	4.16							
Urinalysis nonauto w/ scope	81002		3.03%	0.10%	3.60	3.60	3.60	3.60	3.60	3.60	3.60	2.89	4.40	3.35	3.28	3.32	3.32	3.05	3.08	3.36							
Assay of urine creatinine	82570		1.34%	0.09%	7.28	7.28	7.28	7.28	7.28	7.28	7.28	7.28	8.92	6.79	6.66	6.74	6.74	6.19	6.23	6.80							
Urinalysis, auto, w/ scope	81003		2.88%	0.09%	3.16	3.16	3.16	3.16	3.16	3.16	3.16	2.89	3.88	2.95	2.89	2.93	2.93	2.69	2.71	2.96							
Routine venipuncture	36415		2.59%	0.08%	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00							

- (1) Medicare fees are from CY2011 schedule.
(2) TRICARE fees are from the current schedules effective 8/1/2010.
(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).
(4) Medicaid and workers' compensation fees are current as of 8/3/2011.
(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-20
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Urology

Description	HCPCS	Modifier	VA ⁽¹⁾																			Medicaid ⁽²⁾																			Workers' Compensation ⁽³⁾									
			% of		% of																																													
			Total Util	Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY																						
Office/outpatient visit, est	99213		13.79%	7.96%	\$103.12	\$66.04	\$67.67	\$68.52	\$72.42	\$69.10	\$108.29	\$57.45	\$91.76	\$50.35	\$38.21	\$67.36	\$149.22	\$133.13	\$125.74	\$138.79	\$112.89	N/A																												
Removal of sperm duct(s)	55250		1.54%	6.77%	1,116.08	407.35	423.33	429.33	459.11	430.04	647.60	403.30	585.78	644.98	260.76	N/A	1,000.62	1,051.68	782.92	1,003.11	Not Covered	N/A																												
Office consultation	99244		3.29%	5.66%	338.76	N/A	N/A	N/A	N/A	N/A	310.73	N/A	103.88	N/A	113.15	N/A	476.45	342.09	N/A	355.52	288.32	N/A																												
Office/outpatient visit, est	99214		6.06%	5.26%	150.83	98.08	100.41	101.63	107.25	102.45	163.18	86.45	137.64	75.39	57.10	95.57	216.25	197.74	186.44	206.48	167.13	N/A																												
Cystoscopy	52000		2.62%	4.97%	423.35	202.95	209.44	212.44	226.30	214.12	330.89	193.42	291.82	235.19	128.93	N/A	883.60	523.96	389.60	516.66	350.30	N/A																												
Office consultation	99243		3.84%	4.51%	242.81	N/A	N/A	N/A	N/A	N/A	206.34	N/A	74.86	N/A	76.25	N/A	364.35	230.14	N/A	240.66	194.80	N/A																												
Fragmenting of kidney stone	50590		0.78%	4.22%	2,000.26	841.26	867.09	879.29	935.46	886.42	1,468.81	827.86	1,296.41	1,325.58	573.31	N/A	5,015.77	2,171.92	1,612.92	2,065.56	1,449.91	N/A																												
Repair bladder defect	57288		0.27%	1.77%	1,920.62	683.01	691.09	701.21	742.21	723.45	1,190.15	678.54	986.44	548.33	429.93	N/A	4,770.74	1,763.33	1,313.75	1,681.09	1,165.46	N/A																												
Complex cystonctrogram	51726		0.53%	1.76%	888.18	291.77	305.01	309.60	332.03	308.47	464.60	296.19	429.47	112.70	192.51	N/A	935.30	753.28	561.80	745.11	509.13	N/A																												
Biopsy of prostate	55700		0.82%	1.75%	514.72	221.83	228.59	231.83	246.69	233.88	366.58	220.34	321.70	364.97	142.05	N/A	1,016.09	572.71	425.53	563.33	382.40	N/A																												
Office/outpatient visit, new	99203		1.86%	1.63%	161.06	98.07	100.35	101.71	107.79	103.20	160.27	86.54	136.58	75.39	56.88	99.86	223.86	197.71	187.68	207.84	168.23	N/A																												
Office/outpatient visit, new	99204		1.17%	1.56%	221.51	151.11	154.06	156.09	164.96	158.74	252.60	133.19	212.33	117.12	88.06	N/A	319.81	304.65	288.64	319.29	257.88	N/A																												
Prostatic microwave thermox	53850		0.05%	1.55%	7,415.69	2,223.55	2,332.09	2,367.70	2,543.59	2,352.24	3,477.98	2,250.37	3,262.89	N/A	1,467.40	N/A	BR	5,740.71	4,285.01	5,493.40	Not Covered	N/A																												
Office/outpatient visit, est	99212		4.28%	1.53%	75.92	39.51	40.71	41.26	43.82	41.52	62.46	35.18	54.42	30.05	22.84	40.33	116.78	79.66	75.57	83.41	68.07	N/A																												
Laparo radical prostatectomy	55866		0.14%	1.46%	4,208.80	1,714.02	1,735.19	1,757.63	1,851.35	1,799.91	3,070.86	1,584.42	N/A	1,395.17	1,097.94	N/A	10,567.28	4,425.11	3,271.05	4,184.13	Not Covered	N/A																												
Cystouretero w/lithotripsy	52353		0.33%	1.33%	1,092.64	420.43	425.53	430.93	453.56	441.00	751.77	390.62	619.93	990.66	268.32	N/A	6,744.75	1,085.43	801.30	1,061.16	713.33	N/A																												
Extensive prostate surgery	55845		0.13%	1.30%	4,179.80	1,619.54	1,638.58	1,659.70	1,747.59	1,700.45	2,890.62	1,492.50	2,384.75	1,312.55	1,032.58	N/A	13,818.75	4,181.18	3,090.19	3,952.34	Not Covered	N/A																												
Cystoscopy and treatment	52332		0.80%	1.25%	1,959.40	474.34	496.32	503.83	540.61	501.61	726.10	401.78	670.08	698.79	300.33	N/A	1,821.08	1,224.65	913.62	1,092.28	827.89	N/A																												
Echo guide for biopsy	76942	26	0.81%	1.21%	90.06	32.51	32.89	33.23	34.73	33.71	59.03	62.16	46.04	26.15	20.67	N/A	210.39	83.94	61.32	62.44	54.79	N/A																												
Leuprolide acetate suspension	99217		0.19%	1.18%	1,809.32	209.11	209.11	209.11	209.11	209.11	648.26	242.79	206.52	215.01	N/A	N/A	1,702.47	N/A	N/A	N/A	443.88	N/A																												
Electro-uroflowmetry, first	51741		1.41%	1.12%	196.37	40.77	42.78	43.44	46.72	43.19	137.60	74.55	117.90	64.82	51.35	N/A	498.82	105.25	78.66	104.81	71.39	N/A																												
Urine voiding pressure study	51795	26	0.34%	1.08%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	689.00	N/A	N/A	N/A	N/A	N/A																												
Cystoscopy and treatment	52310		0.48%	1.07%	763.27	241.12	248.41	251.95	268.15	254.32	399.02	241.13	350.51	485.82	154.72	N/A	1,188.03	622.52	462.69	613.28	415.60	N/A																												
Office consultation	99245		0.49%	1.04%	371.13	N/A	N/A	N/A	N/A	N/A	380.86	N/A	N/A	N/A	138.05	N/A	601.64	418.17	N/A	434.83	351.96	N/A																												
Cystoscopy and treatment	52281		0.37%	1.02%	1,102.10	278.46	288.54	292.76	312.56	294.03	469.38	288.69	419.33	494.77	186.07	N/A	1,069.24	718.90	535.16	709.90	482.56	N/A																												
Office/outpatient visit, est	99215		0.86%	1.00%	303.55	132.08	135.00	136.62	144.01	137.85	221.58	117.01	186.19	101.82	76.86	136.28	346.00	266.29	250.86	277.58	225.23	N/A																												
Us urine capacity measure	51798		2.81%	0.57%	169.22	18.46	19.52	19.86	21.53	19.72	25.81	17.20	25.07	14.47	11.56	N/A	935.30	47.65	35.93	47.49	32.65	N/A																												
Urinalysis, nonauto w/scope	81000		10.02%	0.43%	21.17	4.45	4.45	4.45	4.45	3.60	4.54	4.43	4.54	3.36	3.45	N/A	36.49	TBD	11.12	80% of billed	6.23	N/A																												
Assay of psa, total	84153		1.40%	0.35%	66.02	25.89	25.89	25.89	25.89	25.89	26.34	25.70	26.34	19.49	20.02	N/A	140.35	TBD	64.72	80% of billed	36.25	N/A																												
X-ray exam of abdomen	74000	26	1.18%	0.30%	23.93	8.55	8.65	8.73	9.12	8.85	15.69	8.73	11.87	6.96	5.56	N/A	60.80	22.08	16.10	16.40	14.39	N/A																												
Urinalysis, auto w/scope	81001		2.92%	0.12%	32.35	4.45	4.45	4.45	4.45	3.60	4.54	4.43	4.54	3.36	3.45	N/A	36.49	TBD	11.12	80% of billed	6.23	N/A																												
Urinalysis nonauto w/o scope	81002		3.03%	0.10%	20.10	3.60	3.60	3.60	3.60	2.89	3.66	3.57	3.66	2.71	2.78	N/A	28.57	TBD	9.00	80% of billed	5.04	N/A																												
Assay of urine creatinine	82570		1.34%	0.09%	33.17	7.28	7.28	7.28	7.28	7.28	7.41	7.23	7.41	5.48	5.63	N/A	58.08	TBD	18.20	19.00	10.19	N/A																												
Urinalysis, auto, w/o scope	81003		2.88%	0.09%	17.97	3.16	3.16	3.16	3.16	2.89	3.22	3.14	3.22	2.38	2.45	N/A	28.57	TBD	7.90	15.00	4.42	N/A																												
Routine venipuncture	36415		2.59%	0.08%	11.76	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.88	2.22	2.28	2.70	29.03	N/A	7.50	80% of billed	4.20	N/A																												

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-20
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Urology

			Commercial Allowed ⁽⁵⁾																			
			Mean								Median						80th Percentile					
Description	HCPCS	Modifier	% of Total Util	% of Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY
Office/outpatient visit, est	99213		13.79%	7.96%	\$134.15	\$89.05	\$92.87	\$108.87	\$90.19	\$79.88	\$140.00	\$89.93	\$96.24	\$112.52	\$86.74	\$83.00	\$150.00	\$100.77	\$96.24	\$120.96	\$101.79	\$86.00
Removal of sperm duct(s)	55250		1.54%	6.77%	1,005.81	784.27	698.12	836.18	729.58	793.68	959.50	832.89	694.60	840.50	718.12	825.00	1,264.00	875.00	701.99	944.70	822.09	905.00
Office consultation	99244		3.29%	5.66%	427.48	270.95	289.59	334.30	280.32	253.98	450.00	274.61	289.28	339.02	271.46	242.00	490.00	303.80	294.77	367.92	316.60	303.50
Office/outpatient visit, est	99214		6.06%	5.26%	194.83	133.62	140.11	164.90	140.23	117.70	205.00	136.59	144.92	171.00	135.16	118.47	220.00	151.91	144.92	182.40	161.20	130.00
Cystoscopy	52000		2.62%	4.97%	721.72	334.98	333.36	385.05	316.38	337.29	750.00	372.60	337.40	391.95	312.69	335.00	813.00	380.28	338.75	446.96	378.00	354.62
Office consultation	99243		3.84%	4.51%	317.30	187.75	196.04	230.37	195.82	184.07	340.00	184.48	195.87	231.82	190.67	190.00	353.00	204.09	198.00	253.13	222.30	205.87
Fragmenting of kidney stone	50590		0.78%	4.22%	4,714.96	1,227.63	1,058.97	1,344.22	1,127.18	3,548.51	4,500.00	1,011.51	913.69	1,156.00	832.14	4,088.00	7,455.00	1,590.96	1,030.98	1,577.52	1,248.25	5,700.00
Repair bladder defect	57288		0.27%	1.77%	3,610.06	1,158.11	1,065.94	1,232.74	1,046.88	2,132.25	4,150.00	1,413.80	1,105.59	1,340.00	1,115.36	1,984.00	4,500.00	1,438.28	1,105.59	1,565.28	1,316.99	3,180.60
Complex cystometrogram	51726		0.53%	1.76%	957.08	573.79	509.33	606.15	520.20	580.68	1,145.00	576.10	510.62	604.34	503.77	551.90	1,226.00	617.30	510.62	720.00	570.40	783.75
Biopsy of prostate	55700		0.82%	1.75%	765.48	425.41	316.85	423.31	374.64	310.62	800.00	431.52	365.82	438.85	354.59	304.00	865.00	445.00	378.22	499.50	434.92	390.56
Office/outpatient visit, new	99203		1.86%	1.63%	201.36	131.99	135.08	162.64	139.59	123.76	219.00	136.88	144.36	168.30	133.76	128.74	240.00	151.43	144.36	180.34	161.28	134.00
Office/outpatient visit, new	99204		1.17%	1.56%	285.42	204.47	210.35	245.77	207.42	176.24	313.00	212.03	222.48	256.11	200.72	176.36	340.00	234.58	222.48	275.66	239.81	195.16
Prostatic microwave thermolx	53850		0.05%	1.55%	No Data	Not Cred	No Data	Not Cred	4,654.56	Not Cred	No Data	Not Cred	No Data	Not Cred	4,543.75	Not Cred	No Data	Not Cred	No Data	Not Cred	4,715.09	Not Cred
Office/outpatient visit, est	99212		4.28%	1.53%	101.12	55.61	56.69	66.49	56.13	56.92	106.00	54.77	58.31	67.47	53.30	56.00	115.00	60.60	58.31	73.00	64.23	61.75
Laparo radical prostatectomy	55866		0.14%	1.46%	5,540.49	2,826.40	Not Cred	3,417.64	2,551.80	Not Cred	6,115.72	3,181.51	Not Cred	3,362.06	2,581.38	Not Cred	7,855.52	3,231.50	Not Cred	3,830.49	2,991.08	Not Cred
Cystouretero w/lithotripsy	52353		0.33%	1.33%	4,456.78	821.52	Not Cred	811.07	657.52	1,995.07	5,500.00	796.74	Not Cred	817.89	613.74	2,112.00	5,781.00	842.87	Not Cred	945.27	724.66	2,166.82
Extensive prostate surgery	55845		0.13%	1.30%	Not Cred	Not Cred	Not Cred	3,031.66	2,591.07	Not Cred	Not Cred	Not Cred	Not Cred	3,163.74	2,428.52	Not Cred	Not Cred	Not Cred	Not Cred	3,524.95	2,904.32	Not Cred
Cystoscopy and treatment	52332		0.80%	1.25%	654.61	455.60	227.31	417.71	248.36	473.51	622.00	332.67	257.01	304.18	165.51	293.50	904.75	665.18	257.01	695.20	307.92	587.00
Echo guide for biopsy	76942	26	0.81%	1.21%	163.47	108.79	64.22	65.71	60.02	95.19	153.00	71.30	53.78	63.65	57.73	88.00	208.00	142.20	70.76	67.43	61.13	139.00
Leuprolide acetate suspension	99217		0.19%	1.18%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Electro-uroflowmetry, first	51741		1.41%	1.12%	305.72	103.06	172.06	111.67	102.91	101.32	310.00	110.88	136.43	95.76	112.86	98.00	382.24	146.81	139.16	165.82	120.06	151.00
Urine voiding pressure study	51795	26	0.34%	1.08%	Not Cred	Not Cred	Not Cred	80.64	81.56	Not Cred	Not Cred	Not Cred	Not Cred	73.04	71.44	Not Cred	Not Cred	Not Cred	Not Cred	86.18	133.30	Not Cred
Cystoscopy and treatment	52310		0.48%	1.07%	1,064.20	484.42	479.29	495.81	408.19	479.13	1,160.00	477.83	408.72	483.74	393.37	469.00	1,200.00	526.45	412.20	567.64	487.15	554.00
Office consultation	99245		0.49%	1.04%	512.68	334.98	374.53	411.96	347.70	325.66	575.00	335.00	355.51	410.94	333.92	314.15	640.00	375.00	392.00	453.13	396.43	367.81
Cystoscopy and treatment	52281		0.37%	1.02%	No Data	Not Cred	Not Cred	502.64	444.81	510.64	No Data	Not Cred	Not Cred	567.77	495.92	503.00	No Data	Not Cred	Not Cred	601.95	553.32	554.97
Office/outpatient visit, est	99215		0.86%	1.00%	290.64	182.16	192.46	216.11	183.24	162.55	315.00	182.70	195.87	224.67	176.00	161.46	338.10	200.00	197.10	243.53	212.17	187.00
Us urine capacity measure	51798		2.81%	0.57%	135.00	32.52	38.87	39.75	31.17	35.38	120.00	31.62	33.97	39.88	30.80	34.00	218.50	33.73	35.18	47.63	33.55	50.00
Urinalysis, nonauto w/scope	81000		10.02%	0.43%	21.33	8.11	9.27	6.59	5.12	14.93	20.00	6.47	9.08	6.38	4.43	17.00	30.00	7.20	9.08	6.67	5.27	19.00
Assay of psa, total	84153		1.40%	0.35%	75.92	34.49	55.96	34.50	28.20	48.84	82.24	34.86	52.66	34.80	26.83	40.28	110.00	36.49	53.71	37.01	30.84	72.25
X-ray exam of abdomen	74000	26	1.18%	0.30%	38.50	21.37	17.77	17.25	16.09	25.81	39.00	18.67	14.15	16.44	15.63	27.09	39.00	23.50	15.30	17.75	16.51	35.00
Urinalysis, auto w/scope	81001		2.92%	0.12%	23.55	7.37	10.17	7.97	6.16	11.33	30.00	6.47	9.08	6.38	4.63	9.33	36.00	6.78	9.08	8.55	5.56	17.00
Urinalysis nonauto w/o scope	81002		3.03%	0.10%	18.49	6.15	8.07	5.31	3.98	10.09	21.62	5.05	7.31	5.00	3.57	10.00	26.00	5.08	7.31	5.14	3.74	12.35
Assay of urine creatinine	82570		1.34%	0.09%	34.69	10.83	15.18	10.48	8.59	13.41	37.50	9.77	14.81	10.12	7.56	9.76	55.00	10.45	14.81	12.60	8.68	21.25
Urinalysis, auto, w/o scope	81003		2.88%	0.09%	19.29	5.37	7.03	4.93	3.87	10.32	25.00	4.43	6.44	4.40	3.28	7.00	29.00	4.46	6.44	4.72	3.77	19.27
Routine venipuncture	36415		2.59%	0.08%	18.08	9.10	6.81	6.34	5.69	14.42	15.00	8.54	6.15	3.60	3.00	13.44	31.45	9.34	6.27	7.68	5.42	20.00

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim

Appendix A-20
Summary of Professional Provider Allowed Amounts by Payer
Alaska and Comparison States
Urology

			Billed Charges ^(b)																					
			Mean								Median								80th Percentile					
Description	HCPCS	Modifier	% of	% of																				
			Total Util	Total RVUs	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY	AK	ID	ND	OR	WA	WY		
Office/outpatient visit, est	99213		13.79%	7.96%	\$134.60	\$84.31	\$94.91	\$119.82	\$107.32	\$88.42	\$145.00	\$83.00	\$98.00	\$125.00	\$107.00	\$87.00	\$152.25	\$110.00	\$114.00	\$145.00	\$128.00	\$106.70		
Removal of sperm duct(s)	55250		1.54%	6.77%	No Data	No Data	No Data	Not Cred	No Data	No Data	No Data	No Data	No Data	Not Cred	No Data	No Data	No Data	No Data	No Data	Not Cred	No Data	No Data		
Office consultation	99244		3.29%	5.66%	434.24	283.55	294.68	397.81	343.92	301.79	450.00	299.17	318.00	399.00	345.15	305.00	510.50	343.90	362.00	473.00	399.00	363.34		
Office/outpatient visit, est	99214		6.06%	5.26%	196.23	131.45	144.89	184.32	165.49	132.65	208.00	138.00	150.00	190.00	163.00	130.00	220.00	166.00	171.00	221.00	200.00	156.00		
Cystoscopy	52000		2.62%	4.97%	606.69	388.82	436.17	491.84	430.78	371.02	675.00	400.00	410.00	500.00	440.00	364.00	819.00	600.00	507.00	606.00	479.00	575.61		
Office consultation	99243		3.84%	4.51%	328.70	199.94	207.88	271.75	237.14	215.50	349.00	210.00	215.00	273.00	240.00	220.00	366.84	239.00	246.96	329.00	276.00	279.17		
Fragmenting of kidney stone	50590		0.78%	4.22%	Not Cred	1,532.35	Not Cred	1,747.66	1,735.75	Not Cred	Not Cred	1,517.34	Not Cred	1,945.50	1,650.00	Not Cred	Not Cred	2,200.00	Not Cred	2,627.50	2,300.00	Not Cred		
Repair bladder defect	57288		0.27%	1.77%	Not Cred	1,620.08	Not Cred	1,715.93	1,669.26	Not Cred	Not Cred	1,532.00	Not Cred	1,918.00	1,619.00	Not Cred	Not Cred	2,127.50	Not Cred	2,226.00	1,907.00	Not Cred		
Complex cystometrogram	51726		0.53%	1.76%	Not Cred	507.27	Not Cred	752.42	649.77	Not Cred	Not Cred	560.00	Not Cred	812.00	666.80	Not Cred	Not Cred	710.00	Not Cred	909.00	750.00	Not Cred		
Biopsy of prostate	55700		0.82%	1.75%	583.77	381.50	448.91	529.73	459.29	366.99	480.00	259.00	449.00	540.00	470.00	348.00	800.00	568.00	557.00	643.00	535.00	653.46		
Office/outpatient visit, new	99203		1.86%	1.63%	198.02	136.30	148.65	183.25	169.23	143.50	209.30	145.00	163.00	191.00	171.00	141.00	240.00	171.00	181.00	224.00	196.00	175.00		
Office/outpatient visit, new	99204		1.17%	1.56%	294.64	212.66	232.15	285.33	249.37	204.24	318.00	220.00	249.00	295.00	251.00	200.00	350.00	265.00	271.00	363.00	297.00	249.00		
Prostatic microwave thermos	35850		0.05%	1.55%	Not Cred	Not Cred	No Data	Not Cred	No Data	No Data	Not Cred	Not Cred	No Data	Not Cred	6,061.00	No Data	Not Cred	Not Cred	No Data	Not Cred	7,244.00	No Data		
Office/outpatient visit, est	99212		4.28%	1.53%	92.50	53.09	56.30	72.57	68.63	55.45	102.00	55.00	60.00	75.75	70.00	55.00	117.00	70.00	70.00	90.00	80.00	74.00		
Laparo radical prostatectomy	55866		0.14%	1.46%	No Data	Not Cred	No Data	Not Cred	4,355.29	Not Cred	No Data	Not Cred	No Data	Not Cred	4,102.00	Not Cred	No Data	Not Cred	No Data	Not Cred	5,670.00	Not Cred		
Cystouretero w/lithotripsy	52353		0.33%	1.33%	No Data	Not Cred	Not Cred	1,378.41	1,064.17	Not Cred	No Data	Not Cred	No Data	Not Cred	1,195.00	925.25	Not Cred	No Data	Not Cred	Not Cred	1,964.75	1,136.00	Not Cred	
Extensive prostate surgery	55845		0.13%	1.30%	No Data	Not Cred	Not Cred	Not Cred	Not Cred	No Data	No Data	Not Cred	No Data	Not Cred	Not Cred	No Data	No Data	Not Cred	Not Cred	Not Cred	Not Cred	No Data		
Cystoscopy and treatment	52332		0.80%	1.25%	Not Cred	628.85	Not Cred	1,128.93	1,014.81	Not Cred	Not Cred	718.00	Not Cred	1,205.00	1,139.20	Not Cred	Not Cred	965.00	Not Cred	1,549.00	1,448.32	Not Cred		
Echo guide for biopsy	76942		0.81%	1.21%	170.17	146.24	91.15	116.59	116.11	116.06	153.00	132.00	77.00	95.70	104.00	103.24	208.00	202.50	124.00	115.90	128.00	156.00		
Leuprolide acetate supsion	19217		0.19%	1.18%	Not Cred	368.63	661.02	504.35	552.47	379.24	Not Cred	300.00	453.00	400.00	600.00	224.74	Not Cred	550.00	1,224.00	657.00	753.00	660.00		
Electro-uroflowmetry, first	51741		1.41%	1.12%	Not Cred	166.47	215.11	202.49	168.92	150.89	Not Cred	162.00	192.00	212.00	165.00	150.00	Not Cred	254.50	261.00	245.31	185.00	182.00		
Urine voiding pressure study	51795	26	0.34%	1.08%	Not Cred	Not Cred	146.68	198.98	164.59	No Data	Not Cred	Not Cred	161.00	178.00	147.50	No Data	Not Cred	Not Cred	178.00	239.00	236.40	No Data		
Cystoscopy and treatment	52310		0.48%	1.07%	Not Cred	Not Cred	509.59	681.49	619.08	467.70	Not Cred	Not Cred	496.50	705.00	596.00	500.00	Not Cred	Not Cred	782.00	821.00	664.00	750.00		
Office consultation	99245		0.49%	1.04%	544.53	398.49	382.16	496.39	443.42	395.48	563.00	392.00	420.00	500.00	450.00	400.00	660.00	455.00	452.00	591.00	503.00	487.00		
Cystoscopy and treatment	52281		0.37%	1.02%	Not Cred	Not Cred	Not Cred	699.92	765.71	Not Cred	Not Cred	Not Cred	Not Cred	788.00	762.00	Not Cred	Not Cred	Not Cred	Not Cred	865.00	815.00	Not Cred		
Office/outpatient visit, est	99215		0.86%	1.00%	290.58	191.08	207.14	248.24	220.97	180.40	320.00	200.00	232.00	259.00	221.00	186.00	342.00	230.00	232.00	299.07	270.00	231.00		
Us urine capacity measure	51798		2.81%	0.57%	91.11	40.97	52.72	54.70	55.17	45.89	120.00	36.00	38.00	56.00	47.00	50.00	120.00	46.00	48.00	67.00	63.60	54.00		
Urinalysis, nonauto w/scope	81000		10.02%	0.43%	24.27	11.20	20.05	15.78	14.04	20.49	25.00	12.00	19.00	15.50	14.00	24.00	32.00	14.00	27.00	20.00	18.00	25.00		
Assay of psa, total	84153		1.40%	0.35%	65.76	58.92	75.35	60.17	66.33	80.63	54.00	50.00	80.00	51.40	55.10	71.50	115.00	75.00	80.00	72.00	89.00	114.00		
X-ray exam of abdomen	74000	26	1.18%	0.30%	49.00	31.04	26.27	27.66	29.08	21.65	39.00	27.00	25.00	29.03	28.25	24.25	63.00	40.00	32.00	32.00	36.00	33.00		
Urinalysis, auto w/scope	81001		2.92%	0.12%	23.70	21.11	19.60	18.93	24.62	20.94	24.00	19.00	21.00	18.50	20.00	20.50	38.00	36.63	21.00	24.00	37.55	26.00		
Urinalysis nonauto w/o scope	81002		3.03%	0.10%	20.82	10.52	13.41	11.81	12.72	10.69	21.00	10.00	12.00	11.00	11.00	10.00	25.00	13.00	17.00	15.00	16.00	18.00		
Assay of urine creatinine	82570		1.34%	0.09%	35.32	25.13	25.46	21.81	26.78	27.95	30.00	24.00	25.00	18.22	25.00	25.00	44.15	35.74	25.00	25.00	35.74	39.00		
Urinalysis, auto, w/o scope	81003		2.88%	0.09%	12.77	13.76	13.72	16.47	14.73	16.96	3.28	13.50	13.00	14.00	11.00	17.50	24.00	20.00	13.00	31.00	22.96	24.09		
Routine venipuncture	36415		2.59%	0.08%	17.65	13.79	12.44	13.34	16.15	14.06	17.00	14.00	14.56	13.00	15.38	13.00	24.00	19.50	16.00	17.00	19.65	18.00		

(1) Medicare fees are from CY2011 schedule.

(2) TRICARE fees are from the current schedules effective 8/1/2010.

(3) Alaska VA fees are from the 2010 schedule. All other states' VA fees are equal to Medicare (2011).

(4) Medicaid and workers' compensation fees are current as of 8/3/2011.

(5) Commercial allowed and billed are based off of CY2009 data.

For fee schedules that adjust payment based on place of service, payment is based on a non-facility claim



Facility Payment Rates in Alaska and Comparison States

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TABLE OF CONTENTS

1. EXECUTIVE SUMMARY	1
2. DETAILED RESULTS	4
3. METHODOLOGY	7
4. LIMITATIONS AND CONSIDERATIONS	8

EXHIBITS

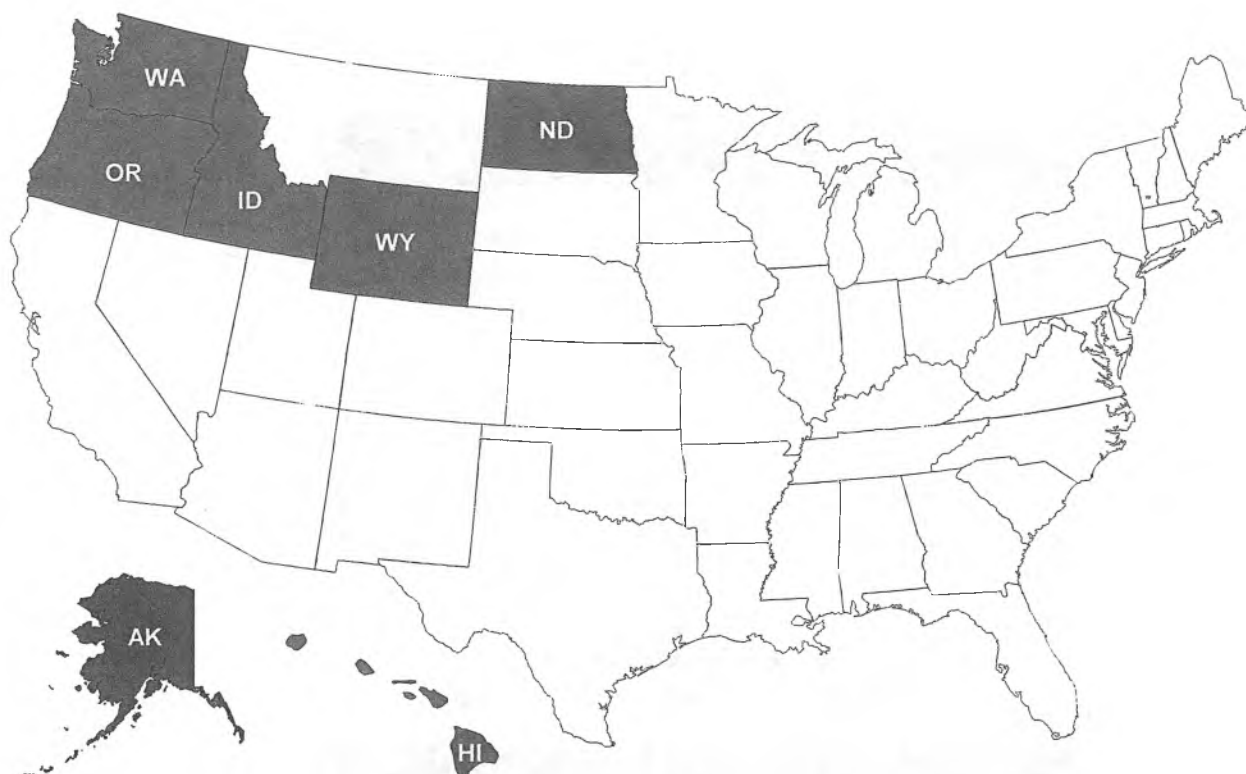
EXHIBIT 1	COMMERCIAL ALLOWED PER RVU
EXHIBIT 2	MEDICARE ALLOWED CHARGES PER RVU
EXHIBIT 3	BILLED CHARGES PER RVU
EXHIBIT 4	GEOGRAPHICALLY ADJUSTED COMMERCIAL ALLOWED PER RVU
EXHIBIT 5	MEDICARE ALLOWED CHARGES PER RVU

APPENDICES

APPENDIX 1	RBRVS FOR HOSPITALS™
APPENDIX 2	ALASKA HOSPITAL LIST

1. EXECUTIVE SUMMARY

The Alaska Health Care Commission (“AHCC”) engaged Milliman to compare Alaska’s health care payment rates and underlying drivers to those in certain other states. The comparison states are Washington, Oregon, Idaho, Wyoming, and North Dakota. For this facility payment report, Hawaii is included as another comparison state.



This report is the second of three reports. This report is focused on how Alaska’s facility payment rates compare to other states. The first report analyzed physician payment rates in Alaska. The final report will identify the key drivers of the cost differences across states.

This report focuses on commercial and Medicare hospital payment rates. The results presented in this report are based on analyses of large medical claims databases for claims incurred in 2009. Payments to specific providers, both by commercial payers and by Medicare, can vary significantly from the averages presented here.

Table 1 presents commercial allowed payment levels in Alaska relative to the six comparison states. Table 2 presents similar values for Medicare. The payment levels measure the total payment received by the facility, either paid by the insurer/Medicare or by the patient as copay, coinsurance, or deductible.

Tables 1 and 2 report payment levels relative to the straight (equal-weighted) average in the six comparison states. For example, Table 1 shows that the Alaska total commercial hospital payment level is 37% higher than the average in the six comparison states. Table 2 shows that the Alaska total Medicare hospital payment level is 36% higher than the average in the six comparison states.

Table 1
Commercial Hospital Allowed Unit Cost
Relative to the Comparison State Average

Region	Inpatient Average	Outpatient Average	Total Average
Anchorage/Frbnks/Mat-Su	138%	132%	135%
Non-MSA Area	134%	149%	141%
AK	138%	135%	137%
HI	117%	99%	108%
ID	79%	102%	91%
ND	72%	70%	71%
OR	103%	111%	107%
WA	113%	88%	100%
WY	116%	130%	123%
Comparison States	100%	100%	100%

Table 2
Medicare Hospital Allowed Unit Cost
Relative to the Comparison State Average

Region	Inpatient Average	Outpatient Average	Total Average
Anchorage/Frbnks/Mat-Su	128%	116%	126%
Non-MSA Area	151%	215%	175%
AK	132%	145%	136%
HI	104%	97%	102%
ID	95%	97%	95%
ND	83%	93%	86%
OR	107%	104%	106%
WA	110%	98%	106%
WY	102%	111%	105%
Comparison States	100%	100%	100%

Table 3 presents the ratio of commercial payment levels to Medicare payment levels by state.

Table 3
Hospital Allowed Unit Cost
Commercial / Medicare

Region	Inpatient Average	Outpatient Average	Total Average
Anchorage/Frbnks/Mat-Su	225%	253%	226%
Non-MSA Area	185%	154%	171%
AK	219%	208%	213%
HI	235%	229%	223%
ID	175%	233%	202%
ND	182%	169%	175%
OR	202%	238%	215%
WA	214%	200%	199%
WY	237%	260%	249%
Comparison States	209%	223%	212%

Table 3 shows that commercial payment levels are approximately 213% of Medicare payment levels in Alaska. The relationship in other states varies from 175% in North Dakota to 249% in Wyoming but is similar on average between Alaska and the comparison group.

For a list of Alaska hospitals included in the Medicare portion of this analysis, see Appendix 2. The commercial data did not specifically identify facilities; Alaska facilities were identified and mapped to MSAs using the zip code of the service.

The results in this report should be interpreted with caution since they only identify the relative unit cost reimbursement among states and do not analyze reasons for the differences such as staff wages, cost of living, cost of business operation, or provider availability, which may account for some or all of the relative differences in reimbursement. Analysis of the drivers behind the differences will be presented in the third report in this series.

2. DETAILED RESULTS

This report evaluates hospital allowed payment levels. These are the total payment amounts that are either contractually agreed upon by the hospital and a commercial insurer, or administratively set by Medicare. These “allowed amounts” include member-paid amounts such as co-pays, co-insurance, and deductibles, as well as amounts paid by the insurer/Medicare.

This report also includes a summary of the billed charge levels among the states.

To measure relative hospital allowed payment levels among the states, we employ a metric called the “Hospital Allowed per Relative Value Unit (RVU)”. Relative value units are assigned to detailed claims data. The RVUs assigned reflect the amount of resources required to perform the given hospital service. Higher intensity services are assigned more RVUs; lower intensity services are assigned fewer RVUs. Both inpatient and outpatient services are assigned RVUs. The RVUs we use are the Milliman *RBRVS for Hospitals*[™] RVUs. These provide the best case-mix and severity adjustment available. Appendix 1 presents more in depth information about the Milliman *RBRVS for Hospitals*[™] approach.

The commercial results are based on analysis of the 2009 Thomson Reuters MarketScan[®] Database. The Medicare results are based on analysis of the 2009 Medicare Provider Analysis and Review (MedPAR) file for inpatient services, and the 2009 Medicare Outpatient Prospective Payment System (OPPS) and the Medicare Standard Analytic File 5% Sample (5% Sample) files for outpatient services. The billed charge analysis is also based on the MedPAR, OPPS, and 5% Sample files.

RVUs are assigned to the detailed claims data, and then allowed amounts from the same claims are summed. The total allowed amount divided by the total RVUs results in a conversion factor. The application of the RVUs provides the case-mix and severity adjustment, such that the conversion factors can be compared directly at whatever level of aggregation is desired.

Exhibit 1, at the end of this report, presents the detailed conversion factor results for the commercial allowed level. This presents results by detailed service category within the larger inpatient and outpatient categories. These results are consistent with the summary presented in Table 1 earlier in this report.

Exhibit 2 presents analogous information for Medicare payment levels. Table 2, earlier in this report, is based on the results from Exhibit 2.

Exhibit 3 presents the same for billed charge levels. This exhibit shows that Alaska has approximately 39% higher billed charges than the comparison states. The difference in billed charges is roughly similar to both the difference in commercial (35%) and Medicare (36%) payment levels between Alaska and the comparison states.

Exhibit 4 presents the commercial allowed charge results on a basis that is adjusted for expected geographic cost differences. The geographic adjustment factors are based on the geographic adjustment factors that Medicare uses for IPPS and OPPS hospital payments, including the Wage Index and Capital Geographic Adjustment Factor. These exhibits show that the difference between Alaska and the comparison states shrinks when geographic adjustments are taken into account, indicating that part of Alaska's higher reimbursement is due to area.

Medicare pays many hospitals on a prospective payment basis for both inpatient (IPPS) and outpatient (OPPS) services. However, certain hospitals such as Critical Access Hospitals, Cancer Hospitals and Children's Hospitals are paid on an alternate, cost-based basis. This is one reason why the Medicare geographically adjusted payment levels are still higher in Alaska than in other states. The Medicare geographic adjustment factors are applied to IPPS and OPPS payment, but not to cost-based payments.

Exhibit 5 presents results by state and type of hospital – either paid by OPPS or not. We divided hospitals into two categories based on whether Medicare pays outpatient services based on the Outpatient Prospective Payment System. This was a convenient attribute for us to use to split the data since our data source for Medicare outpatient services was split between OPPS and non-OPPS facilities. It also nicely defines a split between hospitals that are generally paid on a type of cost basis (non-OPPS) versus a prospective payment, fee schedule basis (OPPS).

Exhibit 5 show that, Medicare's inpatient payments tend to be very similar for hospitals that are paid under OPPS compared to those reimbursed on a cost-basis. However payments for outpatient services are considerably higher for those facilities not paid under OPPS, particularly in Alaska.

Other Payers

The above discussion dealt with commercial and Medicare payment levels. No comparable claims databases are available to perform similar analyses for other payers, such as Medicaid, Workers' Compensation, TRICARE, or the Veterans Administration.

However, we have reviewed the fee schedules for other payers in Alaska and the comparison states, where available. We include here more qualitative observations on these fee schedules.

- TRICARE is transitioning payment for hospital outpatient services to use Medicare's payment methodology. For hospital inpatient services, TRICARE pays using a DRG approach that is similar to Medicare, but with some differences. The amount paid for Indirect Medical Education (IME) is similar for both Medicare and TRICARE in each state. However, Medicare makes additional Disproportionate Share (DSH) payments in all states and cost-of-living adjustment (COLA) payments in Alaska and Hawaii. The combined impact of these payments varies greatly across states. For example, the DSH and COLA payments in Alaska are approximately 17% of the total, while in Wyoming they are only 3%. Overall, TRICARE inpatient reimbursement in Alaska is approximately 125% – 130% of the comparison states average (about 10% lower than the 138% under Medicare).
- Medicaid payments for hospitals in Alaska are based on per diem rates for inpatient services (varying by facility) and on discounts from billed charges for outpatient services. Medicaid in Washington State applies a DRG approach for inpatient services for most payers and a fee schedule approach for outpatient services, so the two states cannot be easily compared.
- For Workers' Compensation, Alaska pays inpatient services on a per diem basis. Washington, Idaho and North Dakota use a DRG based approach, while Wyoming pays on a usual and customary basis, which is likely to produce higher fees than the other methods.

Utilization Efficiency

We note that this report considers only the relative cost per unit of service provided, but does not consider the relative efficiency of resource utilization. More efficient health care systems may discharge equivalent patients with shorter lengths of stay, or may direct more patients to outpatient settings instead of incurring more expensive inpatient care. Better preventive care and community health may avoid medical claims altogether. More efficient use of resources will reduce overall health care costs in an area and could offset higher unit costs. The third report in this series will review some aspects of resource utilization efficiency, among other things.

3. METHODOLOGY

The commercial results are based on analysis of the 2009 Thomson Reuters MarketScan® Database. This database contains detailed claims data for commercially insured individuals. The data is submitted by large employer groups and health plans.

The RVU assignment process is dependent on the quality of diagnosis and procedure coding in the data. As a compilation of claims data from several different sources, the coding quality found in the data varies significantly. We limited our analysis to contributors that we determined to have well-coded diagnosis and procedure code data.

The coding quality can vary between inpatient and outpatient services, even from the same data contributor. After poorly coded data is excluded, the remaining data likely will have an inpatient/outpatient mix that varies from that of the full data. Therefore, to estimate the overall hospital results, inpatient and outpatient combined, we applied a standardized weighting to the inpatient and outpatient categories. We applied a 49% weight to inpatient services and a 51% weight to outpatient services, based on a typical distribution of services for a commercial population.

We assigned Milliman *RBRVS for Hospitals*™ RVUs into both the inpatient and outpatient claims data. The commercial contractual allowed amounts were summed and divided by RVUs from the same claims to create the conversion factors.

As the MarketScan® data is a compilation of many payers, our results reflect the average payment level for payers in the data, weighted by the volume of data. The payers included vary from market to market.

The Medicare inpatient results are based on analysis of the publicly available 2009 Medicare Provider Analysis and Review (MedPAR) file. The Medicare outpatient results are based on analysis of the publicly available 2009 Medicare Outpatient Prospective Payment System (OPPS) data and the publicly available 2009 Medicare Standard Analytic File 5% Sample (5% Sample). The OPPS data only includes data on services paid under the OPPS payment system. We used the 5% Sample data to supplement the OPPS data set, in order to include results for Critical Access hospitals and other hospitals not paid on OPPS. We defined the split of OPPS/non-OPPS on whether a hospital's provider ID appeared in the OPPS data set.

The 5% Sample, not surprisingly, includes data for 5% of Medicare fee-for-service beneficiaries. In order to combine the Medicare outpatient results obtained from the 5% sample with those from the OPPS data (which is a 100% sample), we multiplied the 5% Sample results by a weighing factor of 20 ($5\% \times 20 = 100\%$).

4. LIMITATIONS AND CONSIDERATIONS

Any opinions expressed in this report are solely those of the authors.

Any reader of this report must possess a certain level of expertise in areas relevant to this analysis to appreciate the significance of the approaches and assumptions and the impact of these approaches and assumptions on the results. The reader should be advised by their own actuaries or other qualified professionals competent in the subject matter of this report, so as to properly interpret the material.

This report is not intended to benefit third parties. Regarding the contents of this report, Milliman makes no representations or warranties to third parties. Third parties are to place no reliance upon this report that would result in the creation of any duty or liability for Milliman or its employees to third parties, under any theory of law. Third parties receiving this report must rely on their own experts to draw conclusions about the report's contents.

As documented in the report, this analysis has relied extensively on historical data. The data were reviewed for reasonableness, but no independent audits were performed. Should errors or omissions be discovered in the source data, the results of our analysis would need to be modified. Future results will differ from the historic estimates in this report.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. We are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses in this report.

Exhibit 1
Commercial Allowed per RVU
By State and Alaska MSA

Region	Average Allowed Conversion Factor												Allowed Amounts (millions)	
	Inpatient (CY 2009)					Outpatient (CY 2009)						Total Avg	Inpatient	Outpatient
	Med	Surg	Mat	MH/SA	Avg	ER	Surg	Rad	Lab	Other	Avg			
Anchorage/Frbnks/Mat-Su	\$136	\$132	\$95	\$110	\$125	\$128	\$86	\$136	\$156	\$109	\$116	\$120	\$12.3	\$13.6
Non-MSA Area	\$123	\$111	\$131	\$143	\$121	\$114	\$97	\$178	\$201	\$116	\$131	\$126	\$1.1	\$2.8
AK	\$134	\$131	\$99	\$110	\$125	\$124	\$88	\$145	\$163	\$111	\$119	\$122	\$13.5	\$16.4
HI	\$128	\$93	\$93	\$120	\$105	\$117	\$59	\$70	\$118	\$103	\$87	\$96	\$4.7	\$2.9
ID	\$81	\$72	\$66	\$49	\$72	\$91	\$67	\$119	\$136	\$101	\$89	\$81	\$23.1	\$36.0
ND	\$66	\$70	\$55	\$54	\$65	\$53	\$40	\$85	\$114	\$57	\$62	\$64	\$18.2	\$11.5
OR	\$115	\$88	\$97	\$55	\$93	\$116	\$81	\$105	\$105	\$94	\$98	\$96	\$67.1	\$208.6
WA	\$109	\$105	\$94	\$50	\$102	\$133	\$73	\$60	\$98	\$80	\$77	\$89	\$96.9	\$276.0
WY	\$101	\$111	\$101	\$70	\$105	\$92	\$95	\$142	\$169	\$116	\$114	\$110	\$24.6	\$27.6
Comparison States	\$100	\$90	\$84	\$66	\$90	\$100	\$69	\$97	\$123	\$92	\$88	\$89	\$234.7	\$562.7

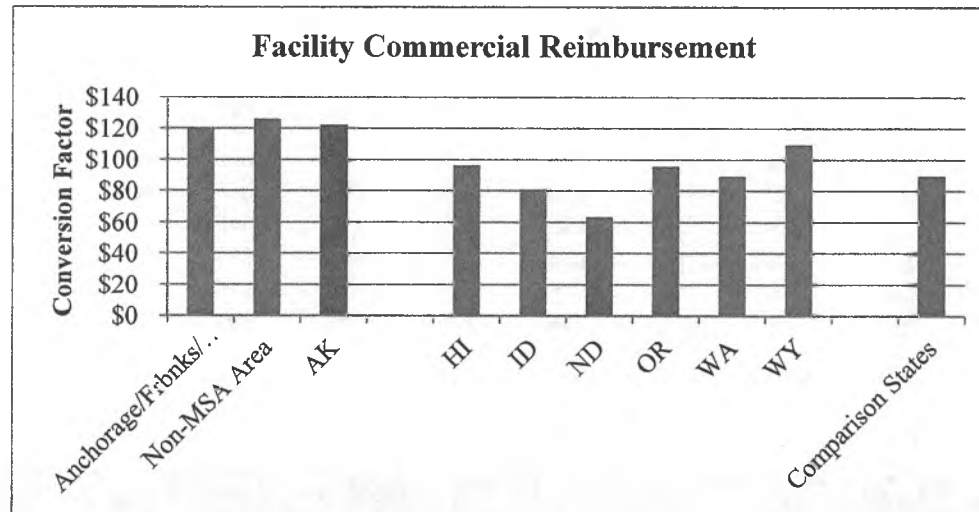


Exhibit 2
Medicare Allowed Charges per RVU
By State and Alaska MSA

Region	Number of Facilities	Average Allowed Conversion Factor											Total Avg
		Inpatient (CY 2009)					Outpatient (CY 2009)						
		Med	Surg	Mat	MH/SA	Avg	ER	Surg	Rad	Lab	Other	Avg	
Anchorage/Frbnks/Mat-Su	9	\$57	\$54	\$71	\$48	\$55	\$48	\$34	\$41	\$36	\$72	\$46	\$53
Non-MSA Area	19	\$68	\$56	\$91	\$70	\$65	\$77	\$54	\$87	\$138	\$93	\$85	\$74
AK	28	\$60	\$55	\$74	\$53	\$57	\$59	\$37	\$55	\$81	\$80	\$57	\$57
HI	62	\$46	\$44	\$74	\$42	\$45	\$43	\$34	\$40	\$44	\$40	\$38	\$43
ID	112	\$44	\$39	\$55	\$35	\$41	\$43	\$33	\$46	\$63	\$36	\$38	\$40
ND	117	\$37	\$35	\$41	\$33	\$36	\$42	\$30	\$42	\$55	\$37	\$37	\$36
OR	152	\$49	\$44	\$58	\$44	\$46	\$44	\$37	\$49	\$59	\$38	\$41	\$44
WA	304	\$50	\$46	\$56	\$35	\$48	\$41	\$35	\$46	\$51	\$37	\$39	\$45
WY	54	\$47	\$41	\$64	\$44	\$44	\$41	\$38	\$54	\$76	\$39	\$44	\$44
Comparison States	801	\$46	\$41	\$58	\$39	\$43	\$42	\$34	\$46	\$58	\$38	\$39	\$42

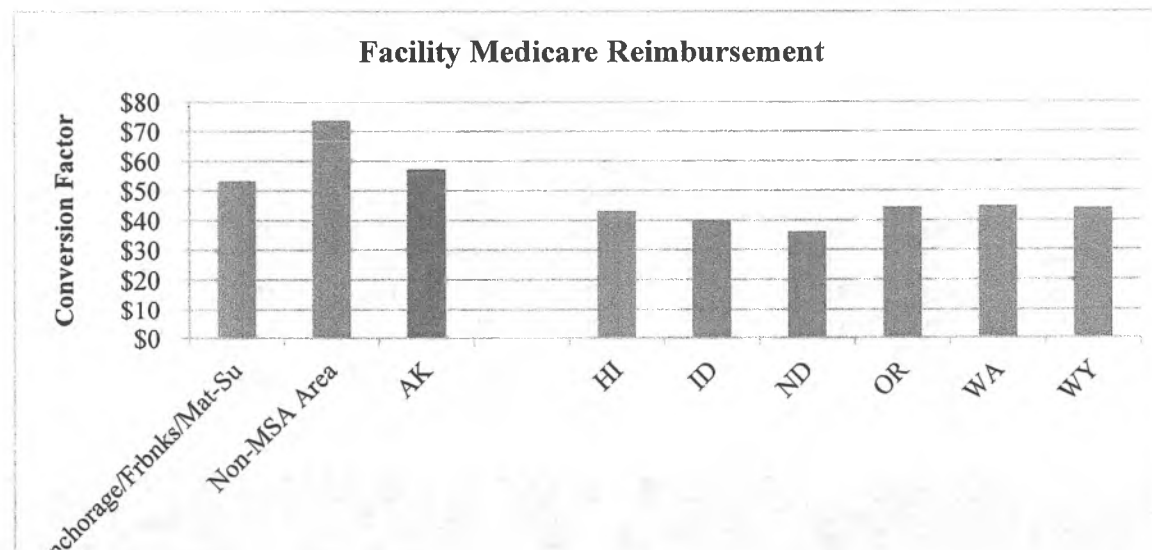


Exhibit 3
Billed Charges per RVU
By State and Alaska MSA

Region	Number of Facilities	Average Allowed Conversion Factor											Total Avg
		Inpatient (CY 2009)					Outpatient (CY 2009)						
		Med	Surg	Mat	MH/SA	Avg	ER	Surg	Rad	Lab	Other	Avg	
Anchorage/Frbnks/Mat-Su	9	\$158	\$172	\$138	\$104	\$164	\$188	\$115	\$207	\$331	\$157	\$156	\$162
Non-MSA Area	19	\$110	\$112	\$150	\$116	\$111	\$148	\$111	\$197	\$266	\$134	\$152	\$128
AK	28	\$146	\$168	\$140	\$107	\$156	\$173	\$115	\$204	\$303	\$148	\$155	\$156
HI	62	\$116	\$108	\$163	\$90	\$112	\$185	\$104	\$172	\$276	\$99	\$129	\$116
ID	112	\$91	\$101	\$100	\$70	\$95	\$115	\$90	\$143	\$180	\$84	\$102	\$98
ND	117	\$74	\$87	\$92	\$67	\$80	\$96	\$77	\$131	\$161	\$74	\$91	\$84
OR	152	\$117	\$115	\$135	\$105	\$116	\$139	\$105	\$158	\$195	\$97	\$120	\$117
WA	304	\$138	\$148	\$178	\$75	\$141	\$170	\$132	\$211	\$221	\$111	\$145	\$142
WY	54	\$103	\$121	\$100	\$87	\$111	\$105	\$111	\$172	\$219	\$96	\$125	\$115
Comparison States	801	\$107	\$113	\$128	\$82	\$109	\$135	\$103	\$164	\$209	\$93	\$119	\$112

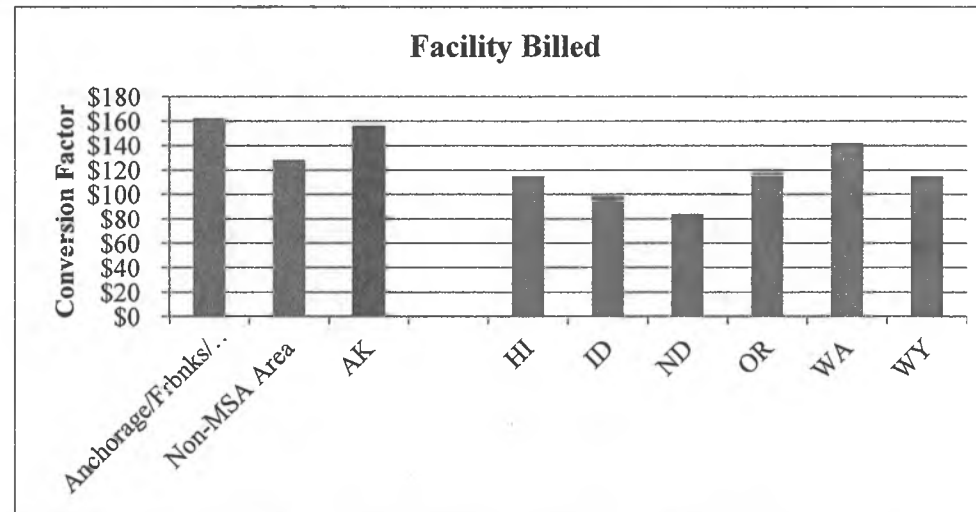


Exhibit 4
Geographically Adjusted Commercial Allowed per RVU
By State and Alaska MSA

Region	Average Allowed Conversion Factor												Allowed Amounts (millions)		Medicare Geographic Payment Adjustment	
	Inpatient (CY 2009)					Outpatient (CY 2009)						Total Avg	Inpatient	Outpatient	Inpatient	Outpatient
	Med	Surg	Mat	MH/SA	Avg	ER	Surg	Rad	Lab	Other	Avg					
Anchorage/Frbnks/Mat-Su	\$121	\$117	\$84	\$97	\$111	\$117	\$80	\$125	\$151	\$100	\$107	\$109	\$12.3	\$13.6		
Non-MSA Area	\$109	\$99	\$116	\$127	\$107	\$104	\$90	\$163	\$195	\$107	\$121	\$114	\$1.1	\$2.8	1.129	1.077
AK	\$119	\$116	\$88	\$98	\$110	\$113	\$82	\$133	\$158	\$101	\$110	\$110	\$13.5	\$16.4	1.129	1.076
HI	\$117	\$85	\$84	\$109	\$96	\$109	\$56	\$66	\$115	\$97	\$82	\$89	\$4.7	\$2.9	1.102	1.061
ID	\$88	\$78	\$72	\$53	\$78	\$98	\$70	\$127	\$134	\$107	\$94	\$86	\$23.1	\$36.0	0.923	0.952
ND	\$77	\$82	\$65	\$62	\$77	\$60	\$45	\$97	\$113	\$64	\$69	\$73	\$18.2	\$11.5	0.852	0.897
OR	\$107	\$82	\$90	\$51	\$87	\$110	\$78	\$100	\$102	\$89	\$94	\$90	\$67.1	\$208.6	1.074	1.043
WA	\$101	\$97	\$88	\$46	\$94	\$124	\$70	\$57	\$99	\$75	\$73	\$83	\$96.9	\$276.0	1.081	1.051
WY	\$106	\$117	\$106	\$73	\$110	\$96	\$97	\$148	\$177	\$120	\$118	\$114	\$24.6	\$27.6	0.955	0.968
Comparison States	\$99	\$90	\$84	\$66	\$90	\$99	\$69	\$99	\$123	\$92	\$88	\$89	\$234.7	\$562.7		

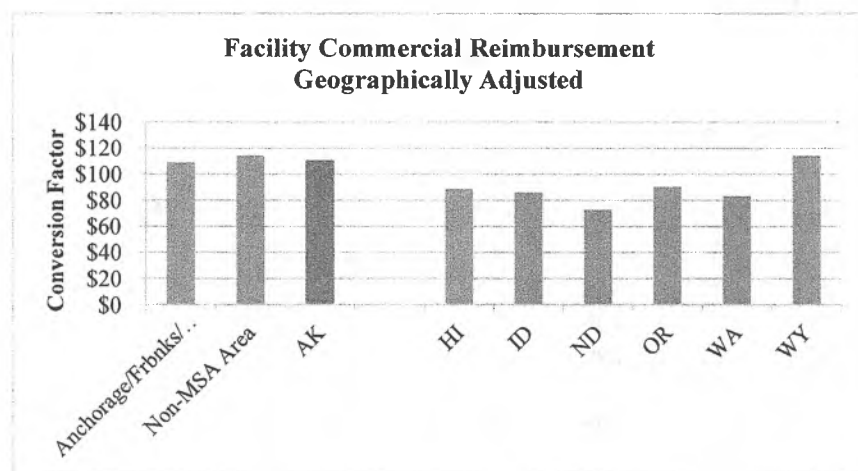


Exhibit 5
Medicare Allowed Charges per RVU
By Facility Type

Region	OPPS Facilities		Non-OPPS Facilities		Ratio: Non-OPPS / OPPS
	# of Facilities	Total	# of Facilities	Total	
Anchorage/Frbnks/Mat-Su	4	\$51	5	\$63	1.24
Non-MSA Area	2	\$52	17	\$92	1.78
AK	6	\$51	22	\$75	1.47
HI	14	\$43	48	\$55	1.30
ID	18	\$38	94	\$52	1.37
ND	10	\$34	107	\$44	1.29
OR	33	\$42	119	\$53	1.25
WA	51	\$44	253	\$52	1.18
WY	13	\$41	41	\$54	1.32
Comparison States	139	\$40	662	\$52	1.28

APPENDIX 1

RBRVS FOR HOSPITALSTM

Milliman RBRVS for Hospitals



Will Fox, FSA, MAAA
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WHAT IS RBRVS FOR HOSPITALS?

The Milliman RBRVS for Hospitals™ Fee Schedule provides a simple solution for comparing hospital contractual allowed amounts, billed charge master levels, efficiency, and patient mix differences. The fee schedule is based on Relative Value Units (RVUs). The RVUs are the same for procedures that require the same relative resources.

ADVANTAGES OF RBRVS FOR HOSPITALS

- RVUs have been developed for all hospital services (inpatient and outpatient), so they reflect the relative resources required to perform the care.
- The concept is similar to Medicare's RBRVS physician fee schedule, in that a conversion factor provides a valid comparison even for widely different provider types and patient populations.
- A single conversion factor can be used to benchmark a hospital contract. Lengthy summaries of hospital contracts with medical/surgical per diems, maternity case rates, ICU per diems, outlier arrangements, and miscellaneous outpatient reimbursement structures are no longer necessary.
- Allows insurers and hospitals to benchmark and compare contractual reimbursement levels, efficiency, billed charge master levels, and benchmark patient mix differences.

DEVELOPING RBRVS FOR HOSPITALS RVUS

All inpatient and outpatient procedures are assigned RVUs. Procedures requiring the same level of resources have the same RVUs. Both the inpatient and outpatient RVUs are developed using Medicare payment rates, which are then converted to RVUs using

Medicare's RBRVS conversion factor. Therefore, inpatient and outpatient RVUs are directly comparable.

INPATIENT RVU DEVELOPMENT AND ADJUDICATION

Inpatient RVUs are developed at the most detailed level possible using data commonly available in administrative claims, resulting in a very refined patient severity adjustment

- RVUs are assigned per day, rather than per case. The RBRVS for Hospitals RVUs are comprised of Diagnosis Related Group (DRG) specific First Day and Additional Day RVUs. The First Day RVUs are an estimate of the resources required for the first day of each admission. DRG-specific Additional Day RVUs are assigned for each additional day of acute care. The Additional Day RVUs are an estimate of the resources required for each subsequent day of acute care.
- The Additional Day RVUs are lower than the First Day RVUs, reflecting lower resource use on the additional days. Thus, the RVU fee schedule adjusts for differences in length of stay and patient mix among hospitals. As a result, hospital specific average inpatient conversion factors developed using the RVUs provide a direct comparison of historic or projected fee levels for different hospitals, even if the fee schedules for each hospital are structured differently.
- Using Medicare's average length of stay, the Milliman RVUs and the Medicare RBRVS conversion factor will produce payments that are similar to Medicare's case rates, as demonstrated in Table A.
- For more refined risk adjustment, Milliman has developed RVUs for inpatient services based on APR-DRGs at each severity level within the APR-DRG system (1,266 DRGs/severity levels versus

TABLE A

INPATIENT EXAMPLE #1

FY 2010 MEDICARE RELATIVE WEIGHTS TO MILLIMAN RBRVS FOR HOSPITALS RVUS (V2010.0) COMPARISON FOR DRG 069 - TRANSIENT ISCHEMIA

MEDICARE (FY 2010)		MILLIMAN RBRVS (V2010.0) - MS DRG	
RELATIVE WEIGHT	0.7289	INITIAL DAY RVU	66.848
CONVERSION FACTOR (NATIONWIDE)	\$5,652.40	ADDITIONAL DAY RVU	24.490
CASE PAYMENT	\$4,120.03	MEDICARE ALOS	2.933
		TOTAL RVUS FOR ALOS	114.187
		RBRVS CONVERSION FACTOR	\$36.0846
		AVERAGE CASE PAYMENT	\$4,120.40

746 MS DRGs). In Table B, we provide a comparison of the MS-DRG RVUs to the APR-DRG RVUs.

The RVUs for any inpatient admission are calculated as:

$$(\text{First Day RVUs} + (\text{Additional Day RVUs}))$$

Note that "Additional Days" includes all days after day 1.

RVUs can be assigned to claims on either a per case or a per day basis. The formula above illustrates the calculation of RVUs using a "per day" approach and incorporates the LOS in estimating the resources used to treat a patient. Alternatively, Case RVUs represent the average resources used for the given service independent of LOS.

Case RVUs are created to be consistent with the characteristics of the population to be measured. For example, resource consumption for a given APR-DRG may differ between commercial and Medicare populations, or potentially between populations in different geographic areas based on LOS management. Milliman develops population-specific case-based RVUs by setting average LOS assumptions using client and/or benchmark data combined with actuarial judgment.

With RVUs assigned on both a per day and per case basis, a LOS efficiency measure can be calculated as:

$$\frac{\text{RVUs on a per day basis}}{\text{RVUs on a per case basis}}$$

Using this method of comparison, a ratio of 1.0 indicates average efficiency. Values lower than 1.0 indicates better than average efficiency, as the hospital required fewer RVUs than average to deliver its mix of services.

Table C shows an example of the implied efficiency for a sample discharge using APR-DRG 047 and Severity Level 1. By summing the RVUs and Case RVUs for each discharge, we estimate the overall efficiency factor for each facility.

OUTPATIENT RVU DEVELOPMENT AND ADJUDICATION

The outpatient case mix and severity adjustment methodology assigns an RVU for each procedure performed by the hospital using HCPCS.

The Milliman RBRVS for Hospitals outpatient RVUs can be viewed as an extension of the Medicare RBRVS schedule. We use the

TABLE B

INPATIENT EXAMPLE #2 COMPARISON OF MEDICARE AND APR-DRG RVUS (V2010.0)

DRG	SEVERITY	DESCRIPTION	FIRST DAY RVUS	ADDITIONAL DAY RVUS
MEDICARE-DRG				
069		TRANSIENT ISCHEMIA	66.848	24.490
APR-DRG				
047	1	TRANSIENT ISCHEMIA	65.682	23.666
047	2	TRANSIENT ISCHEMIA	66.145	23.949
047	3	TRANSIENT ISCHEMIA	70.933	25.383
047	4	TRANSIENT ISCHEMIA	88.064	31.381

* THE FOUR SEVERITY LEVELS AVAILABLE USING APR-DRGS ALLOW FOR A MORE REFINED QUANTIFICATION OF THE RESOURCES REQUIRED FOR SPECIFIC PATIENTS.

* MEDICARE SETS DRG RELATIVE WEIGHTS AT THE CASE RATE LEVEL, NOT ACCOUNTING FOR LOS VARIATIONS.

TABLE C

EXAMPLE OF IMPLIED LOS EFFICIENCY

APR-DRG 047, SEVERITY LEVEL 1 (TRANSIENT ISCHEMIA)

BASE RVUS	BASE LOS	ADDITIONAL DAY RVUS	AVERAGE LOS	CASE RVUS
65.682	1.000	23.666	1.711	82.509

EXAMPLE OF EFFICIENCY CALCULATION

	(1)	(2)	(3)	(4) = (2) / (3)
ASSUMED LENGTH OF STAY (LOS)	ACTUAL LOS	LOS-ADJ. RVUS	CASE RVUS	EFFICIENCY FACTOR
AVERAGE LOS PATIENT	1.711	82.509	82.509	1.000
SHORT LOS PATIENT	1.000	65.682	82.509	0.796
LONG LOS PATIENT	3.000	113.014	82.509	1.370

RBRVS technical component RVUs as a basis for many procedures, such as X-rays and cardiovascular testing. We utilize many other data sources to create our outpatient RVUs including Medicare fee schedules, proprietary data sources and public data sources. Clinical and actuarial reviews are used to finalize the relative relationships.

Our 2010 outpatient hospital RVU schedule consists of 14,129 procedure codes. The breakdown of codes by source is as follows:

3,537	Medicare Fee Schedules
10,592	Milliman Defined
14,129	Total

There are many areas where publicly available fee schedules are not adequate for creating RVUs. We used other databases and our internal resources to estimate the relative resources to perform each of these services. For example, Medicare APCs include procedures of which the true cost may be as low as half of the APC average or as high as twice the average. Therefore, the actual resources required for a procedure within an APC can vary significantly. Since Medicare APCs do not define homogeneous patient services, Milliman Outpatient RVUs are assigned at the HCPCS level, rather than APC. By assigning RVUs at the HCPCS level for outpatient services, we are able to more precisely reflect the resources required for each specific service.

Table D illustrates the resource differences by HCPCS for a sample Medicare APC.

Most outpatient services have Milliman RVUs; however, the treatment of services with no RVUs is important in calculating conversion factors. The outpatient RVU fee schedule includes an identification field for all services that have no RVUs. Some procedures are not valued (NVS) because a more specific HCPCS should be coded. Some HCPCS are not valued because they are typically not paid to a facility, but to a professional provider type (NVO). Bundled procedures are labeled as NVB. Finally some low volume procedures

have not yet been valued (NYV) by Milliman and should be excluded from analysis.

Conditionally packaged codes (status indicator Q) have both an RVU value and a not valued reason (either Q-T or Q-STVX, depending upon the bundling rules applicable to each HCPCS).

Following is a summary of entries for codes with no RVUs:

- NYV = Not Yet Valued
- NVS = Not Valued—non-specific procedure code
- NVO = Not Valued—Other provider type should bill
- NVB = Not Valued—Bundled procedure
- Q-T = Bundled if another code with status indicator T is included in the same claim. Otherwise, RVUs are separately assigned.
- Q-STVX = Bundled if another code with status indicator S, T, V, or X is included in the same claim. Otherwise, RVUs are separately assigned.

Reimbursement analyses can usually be performed with less than perfect data, since we can assume that the calculated conversion factor for the partial data is representative of the complete outpatient data set.

The RVU schedule includes a field labeled "maximum procs," which puts a limit on the number of times a procedure should be performed during a single encounter. This field can be helpful in evaluating reimbursement levels (attaching RVUs) and adjudicating claims. Our adjudication process limits units to the maximum procs for a HCPCS.

RBRVS for Hospitals includes a listing of revenue codes that represent bundled services. No RVUs should be calculated for line items with these revenue codes (unless there is a valid non-bundled CPT/HCPCS code), as the workload is implicitly covered in other lines within the encounter. CPT/HCPCS codes with N status indicators have no RVUs since they are bundled items.

TABLE D

**COMPARISON OF 2010 APC VS RBRVS FOR APC 0269
APC 0269 - LEVEL II ECHOCARDIOGRAM WITHOUT CONTRAST**

CPT/ HCPC	STATUS INDICATOR	DESCRIPTION	APC	APC RATE	MILLIMAN	MEDICARE FREQUENCY
76826	S	ECHO EXAM OF FETAL HEART	0269	\$450.97	\$209.44	41
93304	S	ECHO TRANSTHORACIC	0269	\$450.97	\$251.73	414
93306	S	TTE W/DOPPLER, COMPLETE	0269	\$450.97	\$470.22	546,266
93313	S	ECHO TRANSESOPHAGEAL	0269	\$450.97	\$442.72	1,428
93350	S	STRESS TTE ONLY	0269	\$450.97	\$350.42	103,575
				MINIMUM	\$209.44	
				MAXIMUM	\$470.22	
				WEIGHTED AVERAGE	\$450.96	

TABLE E

SAMPLE OUTPATIENT CLAIM RVU ASSIGNMENT

CLAIM NUMBER	CLAIM LINE	REVENUE CODE	PROCEDURE CODE	STATUS INDICATOR	UNITS	RVUS	ADJUDICATED RVUS	COMMENTS
2004999	1	250			5	-	-	BUNDLED REVENUE CODE AND NO HCPCS.
2004999	2	258			1	-	-	BUNDLED REVENUE CODE AND NO HCPCS.
2004999	3	270	A4649	N	3	-	-	BUNDLED CPT/HCPCS CODE. NO RVUS.
2004999	4	300	88302	X	1	0.354	0.354	PAID IN FULL.
2004999	5	360	49580	T	1	56.505	56.505	1ST "T" PROCEDURE. PAID IN FULL.
2004999	6	360	11100	T	1	2.458	1.229	2ND "T" PROCEDURE. REDUCED TO 50%.
2004999	7	370			4	-	-	BUNDLED REVENUE CODE AND NO HCPCS.
2004999	8	636	J2180	N	1	-	-	BUNDLED CPT/HCPCS CODE. NO RVUS.
2004999	9	636	J2270	N	1	-	-	BUNDLED CPT/HCPCS CODE. NO RVUS.
2004999	10	762			1	-	-	BUNDLED REVENUE CODE AND NO HCPCS.
TOTAL						58.088		

Multiple procedure discounting follows the CMS rules. The code with the greatest RVUs and with status T is paid at 100%. Other codes with a T status are paid at 50% and, therefore, assigned half of the standard RVUs.

Table E shows the adjudication of a sample claim.

Note that, as a result of the bundling rules implicit in RBRVS for Hospitals, payment amounts should be compared on a claim-by-claim basis and should not use individual service lines. Payment systems that separately pay bundled services will have higher values for those amounts, but lower values for the main procedure(s) within each encounter.

Outpatient claims do not fall into homogeneous case categories as easily as inpatient claims. However, RBRVS for Hospitals supports hospital efficiency evaluations for emergency room and surgeries. In addition to the procedure RVUs, the user can assign a separate single RVU for the entire case, allowing the user to evaluate efficiency by comparing the case RVUs to the service RVUs. The efficiency-adjusted RVUs can be used to create efficiency-adjusted outpatient conversion factors.

Emergency Room case RVUs assume an average level of ancillary diagnostic and minor surgical procedures that varies by emergency room encounter level. The surgery case RVUs include an average level of ancillaries and additional surgeries for each primary surgical procedure. On average, the total RVUs should be approximately the same for procedure RVUs or case RVUs.

Case RVUs are not a standard part of the HECS license and need to be customized for the provider practice patterns in each service area. Customizing case RVUs for each line of business is a highly technical undertaking. Contact Milliman for help creating case RVUs.

CALCULATING CONVERSION FACTORS

Benchmarking contracts is as straightforward as adding up the allowed charges and RVUs for all procedures performed under that contract.

Table F shows an example of calculating an average conversion factor for a data set including one inpatient claim and one outpatient claim.

The procedural basis can be a CPT/HCPCS procedure code (i.e., outpatient hospital services) or a DRG (i.e., inpatient hospital stays). For DRGs, the RVUs vary with the LOS to further reflect the severity within a DRG.

A conversion factor may be calculated for any number and/or mix of services performed under the contract. If a procedure can be performed multiple times in one encounter (i.e., 15-minute physical therapy), then the procedure can either be listed multiple times or with multiple units of service on a single line. In either case, the units will be multiplied by the RVUs per unit of service to show RVUs consistent with the charges on the claim.

The HECS case mix and severity adjusted conversion factors provide a means to compare average per-unit costs among contracts, lines of business, health plans, service categories, hospitals or health

TABLE F

CALCULATING A CONVERSION FACTOR

	ALLOWED CHARGES	LOS	RVUS
APR 047-1	\$6,000	3	113.014
82441	\$20		0.237
99284	\$275		6.185
A4642*	\$95		-
74150	\$425		5.709
TOTAL	\$6,815		125.145
CONVERSION FACTOR			\$54.46
[ALLOWED CHARGES/RVUS]			

* BUNDLED SERVICE. RVUS ARE IMPLICITLY INCLUDED IN RVUS FOR OTHER CPT/HCPCS CODES.

systems. Since the RBRVS for Hospitals RVUs adjust for the relative resources required to perform the services, the calculated conversion factors are comparable regardless of the underlying population, hospital type, or location. See Table G for an example of conversion factors for six contracts and their relative cost differences.

Users interested in developing a better understanding of the components affecting the average conversion factor may drill down to review the results by type of service. Table H expands the six-contract conversion factor summary from Table G to include each major type of inpatient and outpatient service.

A summary like Table H can be useful in identifying where a contract is high or low and allows the user to develop an action plan to change the contract details in order to improve the desired results. For example, assume that Table H represents six contracts for a payer and the payer wants to re-negotiate Contract #3 rates to be more in line with the other contracts. Rather than just ask for an overall rate decrease, the payer may want to focus on a particular area, such as outpatient radiology. The payer may either propose that the contract move to use the RBRVS for Hospitals RVUs and a lower conversion factor, or they may simply negotiate a lower payment using the current payment methodology (e.g., percent of billed charges).

TABLE G

CONTRACT SUMMARY TABLE

	TOTAL CONVERSION FACTOR	CONVERSION FACTOR RELATIVE TO TOTAL
CONTRACT #1	\$55.48	1.000
CONTRACT #2	\$46.29	0.834
CONTRACT #3	\$80.43	1.450
CONTRACT #4	\$60.64	1.093
CONTRACT #5	\$63.70	1.148
CONTRACT #6	\$48.46	0.874
TOTAL	\$55.47	1.000

Alternatively, assume that Table H represents six contracts for a hospital and the hospital identifies that Contract #2 is a low outlier. The hospital can use the information in Table G to quantify the amount of increase needed. They may decide that they need a 25% increase in inpatient rates, but the outpatient rates are satisfactory.

RBRVS FOR HOSPITALS USERS AND REVIEWS

There are a large number of companies that have or currently use the RBRVS for Hospitals. They include:

- twenty Blue Cross Blue Shield plans
- many other insurers
- three state Medicaid plans
- hospitals (academic, tertiary, community)
- CalPERS (used to create a high performance network)

The RVUs were first developed in 1994 and are updated and reviewed at least once a year, in accordance with Milliman's strict internal peer-review standards. In addition, the RVUs are receiving continuous outside review as they are used by a wide variety of clients.

At the request of a client, an independent actuarial consulting firm performed a review. This review encompassed not only the RVUs themselves, but also the worksheets used to calculate relative provider costs, and ultimately, determine relative facility rankings.

A complete audit of the RVUs and hospital rankings was performed by the California Bureau of State Audits. The audit was comprehensive, covering all aspects of the hospital ranking process. The audit included an on-site review of the RVU development and documentation by an independent actuary hired by the state.

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TABLE H

CONVERSION FACTORS BY MAJOR TYPE OF SERVICE

CONTRACT	INPATIENT CFS					OUTPATIENT CFS					AVG	TOTAL AVG
	MED	SURG	MH/SA	MAT	AVG	ER	SURG	RAD	LAB	OTHER		
CONTRACT #1	\$65	\$52	\$61	\$58	\$58	\$53	\$32	\$68	\$89	\$57	\$50	\$55
CONTRACT #2	\$48	\$30	\$37	\$53	\$40	\$45	\$41	\$77	\$60	\$60	\$53	\$46
CONTRACT #3	\$85	\$92	N/A	\$79	\$86	\$49	\$77	\$95	\$94	\$80	\$77	\$80
CONTRACT #4	\$54	\$41	\$70	\$53	\$53	\$36	\$50	\$81	\$83	\$74	\$67	\$61
CONTRACT #5	\$58	\$44	\$75	\$57	\$57	\$42	\$49	\$87	\$88	\$79	\$69	\$64
CONTRACT #6	\$51	\$33	\$56	\$53	\$45	\$38	\$47	\$54	\$58	\$68	\$50	\$48
TOTAL	\$62	\$48	\$59	\$57	\$55	\$47	\$41	\$72	\$77	\$67	\$56	\$55

APPENDIX 2

ALASKA HOSPITAL LIST

Appendix 2 - Alaska Hospital List

Following is the list of facilities included in the analysis of Medicare allowed amounts for this report.

Anchorage / Fairbanks

- Alaska Native Medical Center
- Alaska Psychiatric Institute
- Alaska Regional Hospital
- Denali Center
- Fairbanks Memorial Hospital
- Mat-Su Regional Medical Center
- Providence Alaska Medical Center
- Providence Extended Care Ctr
- St Elias Specialty Hospital

Non-MSA Area

- Bartlett Regional Hospital
- Central Peninsula General Hospital
- Cordova Community Medical Center
- Kanakanak Hospital
- Ketchikan General Hospital
- Maniilaq Health Center
- Mt Edgecumbe Hospital
- Norton Sound Regional Hospital
- Petersburg Medical Center
- Providence Kodiak Island Medical Ctr
- Providence Seward Hospital
- Providence Seward Med & Care Center Ltc
- Providence Valdez Medical Center
- Samuel Simmonds Memorial Hospital
- Sitka Community Hospital
- South Peninsula Hospital
- Wildflower Court
- Wrangell Medical Center
- Yukon Kuskokwim Delta Reg Hospital



Drivers of Health Care Costs in Alaska and Comparison States

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TABLE OF CONTENTS

1.	EXECUTIVE SUMMARY.....	1
2.	COMMERCIAL HEALTH INSURANCE PREMIUMS.....	5
3.	HEALTHCARE RESOURCE USE	8
4.	INPATIENT LENGTH-OF-STAY.....	12
5.	HOSPITAL OPERATING COSTS	14
6.	HOSPITAL MARGINS	19
7.	OCCUPANCY RATES.....	24
8.	STAFFING RATIOS	26
9.	PROFESSIONAL SALARIES.....	28
10.	HEALTH CARE PROFESSIONAL SHORTAGE AREAS.....	32
11.	COMMERCIAL DISCOUNTS.....	33
12.	COST OF LIVING	35
13.	LIMITATIONS AND CONSIDERATIONS	37
	APPENDIX 1. LIST OF HOSPITALS.....	38

1. EXECUTIVE SUMMARY

BACKGROUND

The Alaska Health Care Commission (“AHCC”) engaged Milliman to compare Alaska’s health care payment rates and underlying drivers to those in certain other states. The comparison states are Washington, Oregon, Idaho, Wyoming, and North Dakota. Hawaii was also included in the comparison states where practical. The comparison states were selected by the AHCC.



This report is the third of three reports. This report is focused on how Alaska’s health care costs and underlying drivers compare to other states. The first report analyzed physician payment rates in Alaska. The second report analyzed facility payment rates in Alaska.

The previous two reports indicated that Alaska’s reimbursement exceeds that in the comparison states for both physician and hospital services. Our analysis of the drivers behind those higher reimbursements suggests that some portion results from higher costs incurred by the providers. However, some component of the higher reimbursement is resulting in higher profit for private sector facilities in Alaska, particularly in the urban areas, and higher compensation for physician services relative to the overall cost of living. A brief summary of conclusions is presented below.

Our initial reports showed that the mean physician reimbursement from commercial payers in Alaska is approximately 169% of the average in the comparison states, and that across all payers, physician reimbursement is approximately 160% of the comparison state average. Similarly, commercial reimbursement for facilities in Alaska is approximately 137% of the average in the comparison states.

KEY CONCLUSIONS

- Commercial health care premiums in Alaska are approximately 130% of the average in the comparison states.
- Commercial hospital reimbursement is approximately 137% of the average in the comparison states.
- Average hospital costs are approximately 138% of the average in the comparison states.
- Hospital operating margins in Alaska were 13.4% on average in 2010, compared with 5.7% for the comparison states (or in other words, average hospital margins in Alaska are 233% of those in the comparison states). Margins for hospitals in rural areas were similar to the comparison states. Margins for hospitals in urban areas were 16.2%, driven largely by higher margins in two for-profit hospitals.
- Physician reimbursement in Alaska is approximately 160% of the average in the comparison states. Looking only at commercial payers, this increases to approximately 169%.
- Our analysis of discounts revealed that physicians have significant negotiating leverage relative to insurers in the State of Alaska relative to the comparison states.
- Salaries for health care professionals (excluding self-employed) are between 100% and 110% of those in the comparison states.
- Overall health care utilization rates for Medicare patients are similar to the comparison states. Utilization rates for commercial patients are similar to the comparison states for urban areas, but significantly higher in rural areas.

SUMMARY OF ANALYSES

Section 2 of this report shows that commercial premiums in Alaska are approximately 130% of the average in the comparison states. This is directionally consistent with the higher physician and facility costs, but is likely dampened somewhat by other elements of health care such as prescription drugs, which may have costs that are more similar to the comparison states.

The remaining report can be subdivided into two categories, utilization and unit cost. Sections 3 and 4 compare the utilization of health care services in Alaska against the comparison states. More efficient use of health care resources can offset higher unit costs. Our analyses found that urban areas in Alaska are similar to the comparison states in its resource utilization which makes it more efficient

than the nationwide average. Utilization in rural Alaska areas appears to be higher than in the comparison states. Utilization efficiency in rural areas is likely constrained by the delivery system and the relative lack of population density.

The remaining sections of the report focus on the cost per unit of service. On the hospital side, this can be further subdivided into the operating costs incurred by the facility (Section 5) and the profit margin (Section 6). Operating costs for hospitals in Alaska are approximately 138% of the average operating costs in the comparison states. This ratio increases to 186% when restricting to only the rural Alaska facilities. As a result, Alaska facilities have suffered higher losses from Medicare patients than in the comparison states. However, across all payers, average margins for Alaska facilities exceed those in the comparison states in each year of our analysis. The higher margins are driven primarily by two of the urban facilities, which have margins that are considerably higher than averages elsewhere in Alaska or the comparison states.

Sections 7 and 8 look at hospital occupancy rates and staffing ratios to explore contributors to the higher costs for Alaska facilities. Occupancy rates in Alaska are lower than the comparison states, particularly in the rural areas, consistent with the relationship between rurality and occupancy across the comparison states. As a result, there are fewer admissions over which to spread the fixed costs of operation, raising unit costs. Staffing ratios (measured as nurses per occupied bed) in Alaska are also higher than in the comparison states, further increasing costs.

Section 9 compares compensation for nurses and other employed health care professionals in Alaska against those in the comparison states. The analysis shows that salaries for nurses in Alaska are approximately 100% to 110% of those in the comparison states, as compared to the 160% ratio in commercial professional unit cost reimbursement. Similarly, Section 12 shows that the composite cost of living in Alaska is approximately 120% – 130% of the average in the comparison states excluding Hawaii.

Section 10 compares the relative availability of primary care by state. Approximately 12% of Alaska residents live in medically underserved areas. While this issue is a concern, it is not limited to Alaska, as the nationwide average is similar (and the percentage of medically underserved is higher in three of the six comparison states).

Section 11 compares negotiated discounts for commercial payers by state. Hospital discounts are similar to the comparison states (though the comparison states have a considerable range), but physician discounts are lower than each of the comparison states, which contributes to the higher reimbursement. We believe that the low discounts are indicative of physician negotiating leverage relative to the health plans, which is likely driven in turn by the relative scarcity of physicians (particularly specialists).

Overall, the higher commercial premiums in Alaska are being driven by higher unit costs, rather than by higher utilization of health care resources. The higher physician reimbursement is caused, at least in part, by the relative scarcity of providers. On the hospital side, higher reimbursement can be explained by higher facility costs in the rural areas, but is leading to higher profit margins in urban areas where the reimbursement in Alaska (relative to the comparison states) is greater than the relative cost.

This report did not review the relative quality of care provided to Alaskans, nor the relative health outcomes from treatment. Those issues were beyond the scope of our report but should be considered when evaluating the relative value of health care in Alaska.

2. COMMERCIAL HEALTH INSURANCE PREMIUMS

The level of a state's commercial health insurance premiums is a key indicator of the level of its health insurance costs. In this section we compare the level of Alaska's commercial health insurance premiums to the level in other states, and to the national average.

A. DETAILED RESULTS

Health insurance premiums are the amounts that health insurance companies charge individuals and businesses to pay for healthcare expenses. This section compares premiums that insurance companies in various states would have charged in 2010 to cover a typical company with 100 employees, for a Preferred Provider Organization (PPO) healthcare plan with specified benefits, including prescription drug coverage.

Data for the comparison of premiums in this section is from the Milliman 2010 Group Health Insurance Survey (see the sidebar). To learn more about how we compiled the premium data, see Section 2.B: Methodology.

Table 2A.1 below shows 2010 average commercial PPO premium levels for Alaska and the comparison states where there were 3 or more survey responses (states with fewer than 3 respondents are not included to preserve the confidentiality of respondents). The nationwide average premium shown in the table is the weighted average of premiums for all states with 3 or more survey responses, using census bureau data for persons under age 65 as the relative weight for each state.

For each state, the table shows monthly premiums for single employee coverage, family coverage and per member per month (PMPM). Results are shown relative to the average of the comparison states. Alaska's PMPM premiums are approximately 130% of the comparison states' average.

2010 Group Health Insurance Survey

Milliman conducts surveys of the premiums charged by the nation's health insurers that serve the commercial large- or small-group markets. Over sixty health insurers participated in the Milliman 2010 Group Health Insurance Survey, the 17th edition, representing a total enrollment of about one hundred million members.

For the 2010 survey, respondents were asked to provide single employee, family, and per covered member premium rates for a specified group of 100 employees covered by a specified PPO plan, including prescription drug coverage as well as administrative costs and profit, but excluding broker commissions, with a July 1, 2010 renewal date.¹

¹ For more information about the survey, see www.milliman.com/news-events/press/pdfs/milliman-group-health-survey.pdf

Table 2A.1
Health Insurance PPO Premium Levels as a Percentage of the Comparison States' Average (2010)

State	Health insurance PPO premiums					
	Single employee coverage		Family coverage		Per member	
	Monthly amount	Relative to comparison state average	Monthly amount	Relative to comparison state average	Monthly amount	Relative to comparison state average
Idaho	\$486	91%	\$1,358	98%	\$451	95%
Washington	552	103%	1,413	102%	482	102%
Oregon	571	106%	1,406	101%	486	103%
Alaska	684	128%	1,817	130%	613	130%
Comparison State Average	\$536	100%	\$1,392	100%	\$473	100%
Nationwide Average	\$508		\$1,390		\$465	

In order to validate the results of the Milliman survey, we compared them to results obtained by the Agency for Healthcare Research and Quality (AHRQ) in their annual Medicare Expenditure Panel Survey (MEPS) for 2010. Results from MEPS are shown in Table 2A.2 and are similar to the Milliman survey results. MEPS showed that Alaska single-employee premiums were 126% of the comparison states' average, and family premiums were 110% of the average. These results include all six comparison states.² We suspect that the 110% value for families is driven by a different average family demographic in Alaska relative to the other states (e.g. fewer members per family), and we consider the 126% single-employee value to be the more meaningful value.

² For more information on the AHRP MEPS study, see <http://meps.ahrq.gov/mepsweb/>

Table 2A.2
Premium Levels from AHRQ as a Percentage of the Comparison States' Average (2010)

State	Health Insurance Premiums			
	Single employee coverage		Family coverage	
	Monthly amount	Relative to comparison state average	Monthly amount	Relative to comparison state average
Idaho	\$375	94%	\$948	88%
Hawaii	358	89%	1,005	93%
North Dakota	393	98%	1,045	97%
Oregon	432	108%	1,146	106%
Wyoming	434	108%	1,158	107%
Washington	415	103%	1,182	109%
Alaska	507	126%	1,186	110%
Comparison State Average	\$401	100%	\$1,081	100%
Nationwide Average	\$412		\$1,156	

B. METHODOLOGY

The 2010 Milliman *Group Health Insurance Survey* presents state-specific health insurance premiums for a specified PPO plan for 32 states.³

The Milliman *Group Health Insurance Survey* requires three responses before including states. For the state of Washington, PPO premium data was not directly available from the survey, because Milliman received only two relevant responses from Washington healthcare insurers. To supplement the two responses, we used the publicly-available small group PPO rate filing for July 1, 2010 from a large Washington health insurer that was not included in the survey. From this insurer, we used the rate filing for the plan that most closely matches the specified plan for the survey. To put this additional plan on a comparable basis with survey responses, we used Milliman's *Health Cost Guidelines*[™] to calculate the actuarial differential between the additional plan and the specified survey plan. We then adjusted the additional plan's premium rates to reflect this differential. Lastly, we averaged three premium rates (two from the survey, and one from the additional plan) to obtain the Washington premiums to compare to other states. We calculated average PMPMs using the specified demographics and the single employee and family rates.

³ For more information about the survey, see www.milliman.com/news-events/press/pdfs/milliman-group-health-survey.pdf.

3. HEALTHCARE RESOURCE USE

A. DETAILED RESULTS

In this section, we compare the level of Alaska's healthcare resource use and healthcare utilization to the levels in other states and to national averages.

In the US, there is wide variation from state to state in healthcare resource use and healthcare utilization. To compare healthcare resource use among the states, we employ a metric called "Adjusted Resource Use". It is the amount of healthcare resources used by Medicare beneficiaries in a particular state, adjusted for demographics (including health status) and the relative cost of health care services so that states are directly comparable. To learn more about the metric, see Section 3B: Methodology.

Wide variation in healthcare resource use

As an illustration, consider the rate of hip replacements per 1,000 people. In 2005 – 2006, Bryan, Texas had the nation's lowest rate—1.8 replacements per 1,000 Medicare beneficiaries—while Ogden, Utah had the nation's highest rate—7.2, four times higher than in Bryan, Texas. During the same period, Anchorage had a rate of 3.6.

These results are from the Dartmouth Atlas Project.⁴

Table 3A.1 below shows the Adjusted Resource Use for Alaska and each comparison state during the period 2006 – 2008, both as a percent of the national average and relative to the comparison states' average. Alaska's Adjusted Resource Use is 87% of the national average, meaning that Alaska uses 13% fewer services than the nationwide average to treat a similar patient. The comparison states all have below average Adjusted Resource Use as well. Alaska's Adjusted Resource Use is equal to the average of the comparison states.

Table 3A.1
Healthcare Resource Use Among Medicare Beneficiaries (2006-2008)⁵

State	Adjusted Resource Use (% of national average)	Adjusted Resource Use (relative to comparison states)
Hawaii	76%	87%
Oregon	86%	98%
Alaska	87%	100%
North Dakota	88%	101%
Washington	89%	102%
Idaho	92%	105%
Wyoming	94%	107%
Comparison States	87%	100%
Nationwide	100%	

⁴ Fisher, E. S., Bell, J.-E., Tomek, I. M., Esty, A. R., & Goodman, D. C. (2010). Trends and regional variation in hip, knee, and shoulder replacement A Dartmouth Atlas Surgery Report (pp. 24): The Dartmouth Institute for Health Policy & Clinical Practice.

⁵ Medicare Payment Advisory Commission (2011), www.medpac.gov/document_TOC.cfm?id=631

Tables 3A.2 and 3A.3 show how Alaska compares to other areas on key healthcare utilization metrics. The utilization results in Table 3A.2 are based on data from Milliman's 2011 Commercial (i.e. Under Age 65) *Health Cost Guidelines*TM.

Table 3A.2
Healthcare Utilization Results – Utilization per 1,000 (2011)

State	Utilization per 1,000 people (2011)							
	Inpatient bed days		ER Visits		Office/home physician		Prescription Drug Scripts	
	Days	Relative to Comparison States	Visits	Relative to Comparison States		Relative to Comparison States	Scripts	Relative to Comparison States
Washington	202	87%	190	99%	2,828	104%	8,558	100%
Idaho	206	88%	205	106%	2,548	94%	9,034	105%
Oregon	206	88%	205	106%	2,800	103%	8,083	94%
Wyoming	237	102%	214	111%	2,744	101%	8,748	102%
Hawaii	266	114%	135	70%	2,884	106%	7,797	91%
North Dakota	283	121%	206	107%	2,492	92%	9,224	108%
Alaska - Anch/Frbnk/Mat-Su	193	82%	221	115%	2,772	102%	8,273	96%
Alaska - Non-MSA	467	200%	224	116%	2,884	106%	8,843	103%
Alaska	283	121%	221	115%	2,800	103%	8,463	99%
Comparison State Average	233	100%	193	100%	2,716	100%	8,574	100%
National Average	283		178		2,800		9,509	

Table 3A.2 shows that Alaska ranks high in inpatient bed days, and ER visits, which are major components of healthcare resource use. However, a closer look reveals the broad disparity between the urban and rural areas within Alaska. Claims are assigned to geographic areas in Table 3A.2 based on the member's residence. Members in Alaska's urban areas have significantly lower utilization rates than those in rural areas, particularly for inpatient days. This result is not surprising, since the rural areas may not have the health care delivery systems in place to discharge patients quickly. This problem is exacerbated since many rural members receive treatment far from home, particularly for more complex cases, making discharge more difficult.

Table 3A.3
Healthcare Utilization Results – Surgical Replacements per 1,000 Medicare
Enrollees (2005-2006)

State	Region	Surgical replacements per 1,000 Medicare enrollees (2005-2006)		
		Hip	Knee	Shoulder
Alaska	Anchorage	3.6	9.3	0.9
Hawaii	Honolulu	1.9	4.1	0.4
Idaho	Boise	5.9	11.9	1.7
	Idaho Falls	5.4	12.5	N/A
North Dakota	Bismarck	5.8	13.6	1.4
	Fargo/Moorhead	5.6	12.5	1.0
	Grand Forks	6.3	11.3	N/A
	Minot	4.9	10.1	N/A
Oregon	Bend	5.5	9.5	1.7
	Eugene	4.4	8.1	0.6
	Medford	4.9	8.0	1.3
	Portland	4.7	8.3	0.8
Washington	Salem	6.5	6.9	N/A
	Everett	4.8	8.3	1.0
	Olympia	4.5	10.5	0.8
	Seattle	5.3	8.5	1.0
	Spokane	5.7	11.2	0.9
	Tacoma	4.8	9.0	0.8
Wyoming	Yakima	3.6	9.9	1.1
	Casper	4.4	12.9	1.5
Nationwide Average		4.0	8.8	0.8

Dartmouth Atlas of Health Care

The Dartmouth Atlas of Health Care is a well-known and respected series of reports about unwarranted variation in US healthcare service use (as well as in healthcare expenditures and quality) founded by Dr. Jack Wennberg. Over his forty-year career, Dr. Wennberg has thoroughly demonstrated that the amount of health care one receives in the US varies widely from state to state, city to city, hospital to hospital, and even doctor to doctor, for reasons often unrelated to demographics, health status, or good medical practice.

Dartmouth Atlas reports and articles have included studies of unwarranted variation in:

- Elective surgery
- End-of-life cancer care
- Chronic illness care
- Endoscopic sinus surgery
- Hip, knee, and shoulder replacement
- Prostate-specific antigen screening
- Carotid artery stenting
- Inpatient use of services during the last six months of life⁶

Table 3A.3 shows the frequency of surgical replacements for a number of procedures. Results shown in Table 3A.3 are taken from the Dartmouth Atlas project (see the sidebar).⁷

The number of hip replacements in Anchorage is lower than or equal to every region in the comparison states except Honolulu. The number of knee and shoulder replacements appear about equal to the comparison regions.

⁶ See www.dartmouthatlas.org/publications/reports.aspx and www.dartmouthatlas.org/publications/articles.aspx

⁷ Fisher, E. S., Bell, J.-E., Tomek, I. M., Esty, A. R., & Goodman, D. C. (2010). Trends and regional variation in hip, knee, and shoulder replacement A Dartmouth Atlas Surgery Report (pp. 22): The Dartmouth Institute for Health Policy & Clinical Practice.

B. METHODOLOGY

To compare healthcare resource use among states, we employed a metric called "Adjusted Resource Use". This metric was developed by the Medicare Payment Advisory Commission (MedPAC), in order to identify geographic variation in the volume and intensity of services that comparable Medicare beneficiaries use.⁸ MedPAC starts with fee-for-service Medicare expenditures for beneficiaries. It then adjusts the result to remove geographic variation in provider reimbursement levels, beneficiary health status, and beneficiary demographic characteristics.

The MedPAC report presents results for most states by Metropolitan Statistical Areas (MSAs). To obtain the Adjusted Resource Use for each comparison state, we weighted the MedPAC results for each of the MSAs in each state using the Census Bureau's count of people age 65 and over. For example, as shown in the following table, we calculated Washington's Adjusted Resource Use, expressed as a percentage of the national average, to be 89 percent. Note that some states, such as Alaska, were reported at the state level in the MedPAC report, and therefore no summarization was needed.

Table 3B.1
Calculation of the Washington Adjusted Resource Use as a Percent of the National Average

Metropolitan statistical area (MSA)	Adjusted Resource Use (percent of national average)	Population age 65 and over
Bellingham, WA	85	23,117
Bremerton-Silverdale, WA	85	28,979
Kennewick-Pasco-Richland, WA	88	22,651
Lewiston, ID-WA	83	3,797
Longview, WA	87	13,933
Mount Vernon-Anacortes, WA	94	16,942
Olympia, WA	84	28,059
Portland-Vancouver, OR-WA	85	43,027
Seattle-Bellevue-Everett, WA	90	265,880
Spokane, WA	91	55,894
Tacoma, WA	90	82,264
Wenatchee, WA	85	14,936
Yakima, WA	83	26,321
Non-MSA areas	<u>89</u>	<u>128,549</u>
Weighted average/total	89	754,349

⁸ MedPAC calls the metric "Medicare Service Use". For details about this metric, see Medicare Payment Advisory Commission (2011). The report is found at www.medpac.gov/document_TOC.cfm?id=631. Its Appendix B contains the Adjusted Resource Use for Medicare beneficiaries in each US Metropolitan Statistical Area (MSA) and in non-metropolitan areas, expressed as a percentage of the national average.

4. INPATIENT LENGTH-OF-STAY

A. DETAILED RESULTS

When trying to explain variations in health care costs for inpatient services, analyses typically focus on inpatient days (as we did in Section 3), rather than admissions, since facilities continue to incur costs for each day of a patient's stay. However, it is also informative to disaggregate the utilization of inpatient days into the portions driven by admissions and by the average length of stay (LOS) per admission.

In order to create a valid comparison of LOS across states, we compared the actual average LOS in each state to a benchmark based on the nationwide average LOS by APR-DRG. The benchmark is adjusted for each state to reflect the mix of admissions. This methodology ensures that states are not penalized for having a greater percentage of higher severity cases, such as cardiology, while also ensuring that each state is evaluated based on a mix of cases appropriate to that state. For more information on how this metric is calculated, see Section 4B: Methodology.

Table 4A.1 shows the relative length of stay for urban (i.e. Anchorage, Fairbanks and Mat-Su) and rural areas within Alaska and for each of the comparison states.

Table 4A.1
Inpatient Average LOS Relative to Benchmark for Medicare Beneficiaries (2009)⁹

Region	Admits	Days	ALOS	Benchmark Days	Benchmark ALOS	Actual to Benchmark	Relative to Comparison State Average
Anchorage/Frbnks/Mat-Su, AK	9,617	50,189	5.2	50,558	5.3	0.99	112%
Non-MSA, AK	3,269	14,974	4.6	14,507	4.4	1.03	116%
Alaska	12,886	65,163	5.1	65,066	5.0	1.00	113%
Hawaii	21,793	142,018	6.5	118,056	5.4	1.20	135%
Idaho	34,011	145,842	4.3	176,881	5.2	0.82	93%
North Dakota	34,516	158,818	4.6	185,123	5.4	0.86	96%
Oregon	79,163	368,803	4.7	422,281	5.3	0.87	98%
Washington	178,270	833,226	4.7	952,459	5.3	0.87	98%
Wyoming	16,837	73,213	4.3	80,987	4.8	0.90	102%
Comparison State Average	364,590	1,721,920	4.7	1,935,787	5.3	0.89	100%
Nationwide Average	11,357,376	61,135,387	5.4	61,135,387	5.4	1.00	112%

⁹ Medicare Provider Analysis and Review (MedPAR) file (2010),
https://www.cms.gov/IdentifiableDataFiles/05_MedicareProviderAnalysisandReviewFile.asp

This table shows that Alaska's LOS is 113% of the comparison state average after adjusting for case mix. It is higher than all of the comparison states except Hawaii. However, it is also interesting to note that the length of stay in Alaska relative to the benchmark is close to the nationwide average, which is 112% of the average in the comparison states.

We note that Table 4A.1 shows similar results for both urban and rural areas within Alaska, in contrast to the large difference in total bed days shown in Table 3A.2. This can be partly explained by a difference in methodology. Whereas Table 3A.2 allocated admissions to areas based on the member's location, Table 4A.1 is based on the location of the facility where the admission occurs. Therefore, admissions for members in rural areas who are being transported to facilities in Fairbanks and Anchorage are counted within the urban areas. To the extent that the lengths of stay for those admissions are higher than average (even for those facilities) due to either the lengthy travel required for those members to return home or the need to find adequate care upon returning, those additional days of stay are being attributed to those urban facilities.

B. METHODOLOGY

We used publicly available data from the 2010 Medicare Provider Analysis and Review (MedPAR) file. Data was restricted to include only short term acute care hospitals, including critical access hospitals and sole community hospitals and to include only Medicare FFS admissions (removing those that occurred in Medicare Advantage plans). We retained admissions for all hospitals in the data, including tribal health facilities.

Each admit was grouped to APR-DRG and severity level using 3M's All Payer Refined DRG grouper. For each APR-DRG and severity level, we calculated the nationwide average LOS. The nationwide average LOS for each APR-DRG and severity level was used as the benchmark. For each region, we then summed up the actual days of stay and the benchmark days. The relative LOS statistic was then calculated as the ratio of the actual days of stay to the benchmark days based on the region-specific case mix.

5. HOSPITAL OPERATING COSTS

Hospital operating costs have a significant impact on commercial reimbursement levels. Higher operating costs have a direct impact on commercial reimbursement, and lead to greater losses for Medicare and Medicaid patients, thus leading to even higher commercial reimbursement. In this section, we compare the level of Alaska's non-federal hospital operating costs to the level in comparison states.

A. DETAILED RESULTS

Hospital operating costs are the expenses a hospital must pay to stay in business. They include staff wages and benefits; buildings, equipment, supplies, utilities and other items.

To measure relative hospital operating costs among the states, we employ a metric called the "Adjusted Hospital Costs per Relative Value Unit". For a state, the Adjusted Hospital Costs per RVU is the average amount of total operating costs per RVU for all hospitals located within the state. The cost per RVU is shown with or without a geographic adjustment to level out differences among states in wages and capital costs. Because the metric reflects costs per resource unit, it levels out differences in patient and service mix.

For this metric, operating costs are the expenses hospitals report to the Centers for Medicare and Medicaid Services (CMS) as part of the annual Medicare Cost Reports (see the sidebar), and "relative value units" for healthcare services are determined with the Milliman *RBRVS for Hospitals*TM. For a complete description of the way we calculated this metric, see Section 5B: Methodology.

Because tribal hospitals and government hospitals (i.e. military and VA) do not file cost reports in the same manner as other facilities, they are excluded from this analysis. The tribal health system is unique to Alaska and therefore, comparing costs at those facilities against acute care facilities in the other states would not necessarily be an appropriate comparison even if cost information were available.

Table 5A.1 reports payment levels relative to the cost per RVU weighted average in the six comparison states. For example, it shows that the Alaska total non-federal hospital operating cost is 138% of the average in the six comparison states. As with other analyses, there is a considerable difference in the costs for facilities in urban areas compared with rural areas. At least some of this difference can be attributed to the higher costs of living in more rural areas of Alaska, as well as necessary inefficiencies resulting from the operation of smaller facilities.

Medicare Cost Reports

Every year, each non-federal hospital that treats Medicare patients provides an extensive financial report, called the Medicare Cost Report, to the Centers for Medicare and Medicaid Services (CMS). In the report, the hospital provides data about its billed charges, operating expenses, net income, patient visits, and patient mix. A report is typically several hundred pages long.

The Medicare Cost Reports are publicly available through CMS.

To develop the Adjusted Hospital Costs per RVU for each hospital, we extracted the ratio of operating costs to billed charges by department.

Table 5A.1
Cost per RVU Relative to the Comparison State Average

Region	Inpatient Average	Outpatient Average	Total Average
Anchrg/Frbanks/Mat-Su, AK	132%	114%	129%
Non-MSA Area, AK	182%	202%	186%
AK	137%	139%	138%
HI	95%	99%	97%
ID	92%	89%	90%
ND	73%	79%	74%
OR	109%	104%	107%
WA	103%	106%	104%
WY	109%	110%	110%
Comparison States	100%	100%	100%

Table 5A.2 is similar to table 5A.1, but adjusts costs to reflect anticipated differences in input costs based on the geographic adjustment factors that Medicare uses for Inpatient Prospective Payment System (IPPS) and Outpatient Prospective Payment System (OPPS) hospital payments, including the Wage Index and Capital Geographic Adjustment Factor. Table 5A.2 is included for informational purposes only; our analysis focuses primarily on Table 5A.1 since it is consistent with other analyses in this report which do not reflect geographic differences in Medicare payment. Relative to Table 5A.1, the costs for Alaska are lower in Table 5A.2.

Table 5A.2
Geographically Adjusted Cost per RVU Relative to the Comparison State Average

Region	Inpatient Average	Outpatient Average	Total Average
Anchrg/Frbanks/Mat-Su, AK	122%	108%	120%
Non-MSA Area, AK	168%	161%	160%
AK	127%	124%	126%
HI	89%	95%	91%
ID	102%	93%	98%
ND	88%	86%	87%
OR	105%	101%	104%
WA	100%	104%	101%
WY	119%	114%	118%
Comparison States	100%	100%	100%

Table 5A.3 presents results by state and type of hospital – either paid by OPPS or not. We divided hospitals into two categories based on whether Medicare pays outpatient services based on OPPS. This was a convenient attribute for us to use to split the data since our data source for Medicare outpatient services was split between OPPS and non-OPPS facilities. It also nicely defines a split between hospitals that are generally paid on a cost-related basis (non-OPPS) versus a prospective payment, fee schedule basis (OPPS).

Table 5A.3
Geographically Adjusted Cost per RVU

Region	OPPS Facilities		Non-OPPS Facilities		Ratio: Non-OPPS / OPPS
	# of Facilities	Total	# of Facilities	Total	
Anchrg/Frbanks/Mat-Su, AK	4	\$55	2	\$44	0.81
Non-MSA Area, AK	2	\$50	11	\$86	1.72
AK	6	\$55	13	\$65	1.20
HI	14	\$41	10	\$53	1.30
ID	16	\$44	25	\$50	1.13
ND	8	\$38	33	\$49	1.26
OR	33	\$47	18	\$53	1.13
WA	49	\$46	27	\$39	0.83
WY	13	\$53	15	\$58	1.10
Comparison States	133	\$45	128	\$48	1.05

Table 5A.3 shows that operating costs tend to be higher for hospitals that are paid on a cost-basis compared to those reimbursed under OPPS. Part of the differential is likely driven by the higher cost of living in rural Alaska areas and also by efficiencies lost by needing to maintain access to services for a much more variable patient load. The cost level may also be influenced by the Medicare payment system; facilities that are reimbursed on a cost basis have less incentive to reduce costs than those paid on a fixed fee schedule. While the higher costs for Medicare patients are reimbursed by Medicare, the higher costs incurred in the treatment of Medicaid and commercial patients will be passed along to payers in Alaska.

B. METHODOLOGY

The following table illustrates how we calculated Adjusted Hospital Costs per RVU for each hospital (including the geographic adjustment). The total within each state (and across the comparison states) was calculated by dividing the total adjusted costs across all facilities in each state by the total RVUs in that state.

Table 5B.1
Illustration of Adjusted Hospital Costs per RVU calculation

Medicare claim codes for state A	Billed amount	Ratio of costs to billed amounts	Geographic adjustment factor	Adjusted costs	Relative value unit	Adjusted hospital costs per RVU
Service 1	B_1	R_A	G_A	$AC_1 = (B_1 * R_A) / G_A$	RVU_1	
Service 2	B_2	R_A	G_A	$AC_2 = (B_2 * R_A) / G_A$	RVU_2	
...	...	...	...	...	...	
Service n	B_n	R_A	G_A	$AC_n = (B_n * R_A) / G_A$	RVU_3	
Total				$\sum_n AC_i$	$\sum_n RVU_i$	$\frac{\sum_n AC_i}{\sum_n RVU_i}$

The inpatient results are based on analysis of the publicly available 2009 Medicare Provider Analysis and Review (MedPAR) file. The outpatient results are based on analysis of the publicly available 2009 Medicare OPPS data and the publicly available 2009 Medicare Standard Analytic File 5% Sample (5% Sample)¹⁰. The OPPS data only includes data on services paid under OPPS. We used the 5% Sample data to supplement the OPPS data set, in order to include results for Critical Access hospitals and other hospitals not paid on OPPS. We defined the split of OPPS/non-OPPS on whether a hospital's provider ID appeared in the OPPS data set.

The 5% Sample, not surprisingly, includes data for 5% of Medicare fee-for-service beneficiaries. In order to combine the Medicare outpatient results obtained from the 5% sample with those from the OPPS data (which is a 100% sample), we multiplied the 5% Sample results by a weighing factor of 20 (5% x 20 = 100%).

For each hospital, we used the cost-to-charge ratio from the CMS 2009 Medicare Inpatient Provider Specific (IPPSF) file¹¹ when available, and otherwise directly from 2009 Medicare Cost Reports.¹² Next, for each hospital we adjusted its operating cost amounts for geographic differences in staff wages and capital costs using the CMS 2009 Medicare Wage Index and Capital Geographic Adjustment factors.¹³ We then calculated an adjusted cost amount for each service, as the billed amount times the cost-to-charge ratio, divided by the geographic adjustment factor.

¹⁰ All data sources are publicly-available through CMS. For information about OPPS data, see www.cms.gov/LimitedDataSets/06_HospitalOPPS.asp.

For MedPAR, see www.cms.gov/IdentifiableDataFiles/05_MedicareProviderAnalysisandReviewFile.asp.

For the 5% Sample, see https://www.cms.gov/LimitedDataSets/12_StandardAnalyticalFiles.asp

¹¹ IPPSF data is publicly available through CMS. For information about this data source, see www.cms.gov/AcuteInpatientPPS/FFD.

¹² Medicare Cost Reports are publicly available through CMS. For information about them, see www.cms.gov/CostReports.

¹³ For information about the Medicare Wage Index and Capital Geographic Adjustment factors, see www.cms.gov/AcuteInpatientPPS/03_wageindex.asp#TopOfPage.

The following table shows the relative geographic adjustments by service type.

Table 5C.1
Geographic Adjustment Factors

State	Geographic Adjustment Factor	
	IP	OP
North Dakota	0.832	0.888
Idaho	0.901	0.942
Wyoming	0.932	0.958
Oregon	1.049	1.033
Washington	1.056	1.040
Hawaii	1.076	1.051
Alaska	1.102	1.065
Nationwide	1.000	1.000

We assigned Milliman *RBRVS for Hospitals*™ RVUs to both the inpatient and outpatient claims data. Lastly, we divided the sum of adjusted cost amounts by the sum of RVUs. We did this for the total of all hospital services, as well as separately for inpatient and outpatient services. The total cost amount divided by the total RVUs results in a conversion factor. The application of the RVUs provides the case-mix and severity adjustment, such that the conversion factors can be compared directly at whatever level of aggregation is desired.

6. HOSPITAL MARGINS

This section compares the level of Alaska's non-federal hospital margins to the level in other states, and to the national average. Higher margins contribute to higher commercial reimbursement levels and higher commercial premiums.

A. DETAILED RESULTS

A hospital margin is its gain or loss divided by revenue, for a particular time period. We developed hospital margins from data in the Medicare Cost Reports (see the sidebar about Medicare Cost Reports in the previous section). For details about the methodology we used to determine this metric, see Section 6B: Methodology.

The table below shows the average non-federal hospital margins for Alaska and each comparison state for the period 2008 – 2010. The All Payer margins are calculated for all patients, including Medicare. Medicare operating margins are also shown separately. In order to compare to the Medicare operating margin, the All Payer Operating Margin is approximated by removing investment income and contributions from the All Payer Total Margin.

The average All Payer margin for non-federal hospitals in Alaska is approximately 13.8%, compared to 6.9% in the comparison states in 2010. This means that the Alaska margin for non-federal hospitals is 6.9 percentage points higher than the comparison state average, or stated differently, that the average margin in Alaska is 200% of that in the comparison states. When restricting to operating margins for all payers, the average margin in Alaska is approximately 7.7 percentage points higher than the average in the comparison states (13.4% in Alaska vs 5.7% in the comparison states, meaning that All Payer operating margins in Alaska are 233% of those in the comparison states). For Medicare patients, the operating margin is more negative (by 2.6 percentage points) than the comparison state average (-11.5% vs. -8.9%). As demonstrated in the attached exhibits, the margins vary considerably across facilities.

Such markedly negative Medicare margins in Alaska cause upward pressure on commercial premiums, in order to offset hospital losses from Medicare business. This phenomenon is called "Medicare cost shifting".

Medicare cost shifting

In many states, Medicare hospital reimbursements do not fully cover the costs of treating Medicare patients, and thus lead to hospital operating losses. Hospitals often cover these losses by negotiating higher reimbursements from other payers, such as from health insurers covering employer populations. This phenomenon is called Medicare "cost shifting".

A similar phenomenon occurs with Medicaid reimbursements, and is called Medicaid cost shifting.

Table 6A.1
All Payer and Medicare Hospital Margins (2008-2010)

Region	FY10 Number of Hospitals	All Payer Total Margin			All Payer Approximate Operating Margin			Medicare Operating Margin		
		2008	2009	2010	2008	2009	2010	2008	2009	2010
Anchrg / Frbnks / Mat-Su, AK	4	9.9%	12.7%	16.5%	11.5%	13.4%	16.2%	-18.4%	-18.1%	-9.1%
Non-MSA Area, AK	12	5.8%	5.4%	6.8%	5.4%	5.2%	6.1%	-20.6%	-17.8%	-17.4%
AK	16	8.8%	10.7%	13.8%	9.8%	11.2%	13.4%	-19.0%	-18.0%	-11.5%
HI	24	1.0%	-2.0%	4.7%	-1.3%	-2.7%	3.4%	-11.8%	-8.3%	-2.7%
ID	40	6.9%	6.9%	7.8%	5.8%	6.8%	6.1%	-15.1%	-9.4%	-9.2%
ND	41	-0.7%	2.2%	5.4%	-0.6%	2.1%	4.0%	-5.6%	-0.6%	-1.7%
OR	56	2.8%	4.1%	7.5%	2.9%	3.7%	6.1%	-13.9%	-11.5%	-10.5%
WA	87	4.4%	6.1%	6.7%	4.2%	4.9%	5.8%	-9.9%	-9.5%	-9.9%
WY	27	8.0%	3.7%	10.9%	6.5%	2.6%	9.4%	-20.1%	-21.6%	-10.8%
Comparison State Average	275	3.7%	4.6%	6.9%	3.3%	3.9%	5.7%	-11.5%	-9.6%	-8.9%
Nationwide Average	4,135	1.9%	4.4%	6.3%	1.5%	3.8%	5.3%	-5.3%	-3.3%	-2.1%
Ratio of Margins (AK / Comparison States)		239%	232%	200%	297%	289%	233%	166%	187%	129%
Anchrg / Frbnks / Mat-Su, AK										
Alaska Regional Hospital		21.3%	26.8%	29.5%	21.3%	26.7%	29.4%	-14.8%	-15.3%	-10.0%
Fairbanks Memorial Hospital		4.3%	7.3%	5.0%	4.1%	7.1%	4.8%	-47.5%	-19.8%	-13.2%
Mat-Su Regional Medical Center		21.1%	24.4%	25.8%	21.1%	24.4%	25.8%	2.6%	-0.2%	4.0%
Providence Alaska Medical Center		4.7%	6.4%	13.7%	8.0%	7.9%	13.0%	-17.6%	-23.4%	-10.9%
Non-MSA Area, AK										
Bartlett Regional Hospital		3.6%	6.2%	7.3%	2.5%	5.3%	6.5%	-22.4%	-22.1%	-26.5%
Central Peninsula General Hospital		2.2%	2.4%	2.7%	2.2%	2.4%	2.7%	-26.4%	-22.1%	-15.4%
Cordova Community Medical Center		1.7%	4.6%	-2.9%	1.7%	4.6%	-9.2%	-22.5%	-22.8%	-14.6%
Ketchikan General Hospital		1.2%	2.6%	8.9%	1.2%	2.6%	6.4%	-14.3%	-11.2%	-13.6%
Norton Sound Regional Hospital		20.7%	13.2%	13.8%	20.2%	12.8%	13.1%	1.0%	1.0%	1.0%
Petersburg Medical Center		6.4%	-4.3%	2.6%	5.3%	2.0%	2.6%	-34.0%	-30.3%	-23.2%
Providence Kodiak Island Medical Ctr		11.5%	7.3%	4.8%	11.4%	7.2%	4.8%	-13.7%	-9.5%	-16.4%
Providence Seward Hospital		-7.6%	1.4%	12.2%	-8.0%	1.4%	12.2%	-33.9%	-20.6%	-27.9%
Providence Valdez Medical Center		-14.2%	-1.2%	-0.8%	-14.6%	-1.2%	-0.8%	-41.3%	-33.1%	-32.9%
Sitka Community Hospital		-2.0%	-4.4%	6.2%	-2.0%	-4.4%	6.2%	-20.9%	-21.1%	-18.3%
South Peninsula Hospital		3.3%	7.3%	3.9%	1.9%	5.3%	3.6%	-9.2%	-7.8%	-9.8%
Wrangell Medical Center		1.7%	13.9%	6.2%	1.4%	13.9%	6.2%	-16.2%	-20.8%	-26.2%

Notes:

- 1) Based on Medicare Cost Reports.
- 2) All Payer Approximate Operating Margin removes investment income and contributions from the All Payer Total Margin.
- 3) Medicare values based on cost report allocation process and Medicare allowed costs. This typically leads to better margins than if all costs are included and allocated by LOB.

Separating results in Alaska into the urban and rural areas reveals that the higher margins in Alaska are caused mostly by the urban areas. Margins in the rural areas are similar to those in the comparison states and nationwide. However, margins in the urban areas are significantly higher than elsewhere. Even within the urban areas, there is considerable variance in the margins by hospital. The higher average margin for urban Alaska facilities can be largely explained by high margins at two for-profit facilities (Alaska Regional Hospital and Mat-Su Regional Medical Center).

It is important to remember that hospital margins have a leveraged effect on commercial reimbursement. Since payment from Medicare is on a fixed fee schedule (or fixed percent of cost), a 1% increase or decrease in commercial reimbursement will lead to a smaller change in a hospital's total operating margin.

The negative Medicare margins in the non-MSA areas were a somewhat surprising result. Many of these facilities are critical access facilities and therefore are reimbursed at a rate 1% above cost for inpatient and outpatient services. A closer examination of these cost reports revealed that the losses were being incurred on swing-bed skilled nursing services.

B. METHODOLOGY

For this report, we define hospital margin as a hospital's revenue minus expenses divided by revenue, for a particular period of time. To calculate the hospital total margin (for revenue and expenses related to all patients) and the Medicare operating margin (for Medicare patients only) for each state, we used data from the Medicare Cost Reports.

The following table shows how we calculated the 2010 margins for Alaska and the comparison states. The dollar amounts in the table are aggregate amounts for all hospitals in the state. As the table shows, margins are equal to income divided by net revenue.

Table 6B.1
Calculation of the Hospital Total Margin and Medicare Margin for Alaska and Comparison States (2010)
(dollar amounts in millions)

Region	FY10 Number of Hospitals	All Payer							Medicare			
		A Total Net Revenue	B Total Expenses	C=A-B Total Income	D=C/A Total Margin	E Contributions	F Investments	G = (C-E-F)/(A-E-F) Approximate Operating Margin	H Operating Revenue	I Operating Expenses	J=H-I Operating Income	K=J/H Operating Margin
Anchrg / Frbnks / Mat-Su, AK	4	1,208	1,009	199	16.5%	0	5	16.2%	184	201	(17)	-9.1%
Non-MSA Area, AK	12	463	431	32	6.8%	0	3	6.1%	73	86	(13)	-17.4%
AK	16	1,671	1,440	231	13.8%	1	8	13.4%	257	287	(29)	-11.5%
HI	24	2,826	2,693	132	4.7%	14	24	3.4%	443	454	(12)	-2.7%
ID	40	3,160	2,914	246	7.8%	14	42	6.1%	617	674	(57)	-9.2%
ND	41	2,088	1,976	113	5.4%	3	27	4.0%	510	519	(8)	-1.7%
OR	56	8,478	7,841	637	7.5%	8	120	6.1%	1,440	1,592	(152)	-10.5%
WA	87	15,977	14,908	1,069	6.7%	39	108	5.8%	3,150	3,462	(312)	-9.9%
WY	27	1,380	1,230	151	10.9%	7	17	9.4%	291	322	(31)	-10.8%
Comparison State Average	275	33,908	31,560	2,348	6.9%	85	338	5.7%	6,451	7,023	(572)	-8.9%
Nationwide Average	4,135	667,210	625,210	42,000	6.3%	1,431	5,825	5.3%	153,408	156,671	(3,263)	-2.1%
Anchrg / Frbnks / Mat-Su, AK												
Alaska Regional Hospital		207	146	61	29.5%	0	0	29.4%	32	35	(3)	-10.0%
Fairbanks Memorial Hospital		217	206	11	5.0%	0	0	4.8%	33	37	(4)	-13.2%
Mat-Su Regional Medical Center		169	125	44	25.8%	0	0	25.8%	25	24	1	4.0%
Providence Alaska Medical Center		615	531	84	13.7%	0	4	13.0%	95	105	(10)	-10.9%
Non-MSA Area, AK												
Bartlett Regional Hospital		78	72	6	7.3%	0	1	6.5%	10	13	(3)	-26.5%
Central Peninsula General Hospital		98	96	3	2.7%	0	0	2.7%	19	22	(3)	-15.4%
Cordova Community Medical Center		8	8	(0)	-2.9%	0	0	-9.2%	1	1	(0)	-14.6%
Ketchikan General Hospital		65	60	6	8.9%	0	2	6.4%	10	11	(1)	-13.6%
Norton Sound Regional Hospital		77	66	11	13.8%	0	1	13.1%	3	3	0	1.0%
Petersburg Medical Center		10	10	0	2.6%	0	0	2.6%	2	3	(0)	-23.2%
Providence Kodiak Island Medical Ctr		36	35	2	4.8%	0	0	4.8%	6	7	(1)	-16.4%
Providence Seward Hospital		18	16	2	12.2%	0	0	12.2%	2	3	(1)	-27.9%
Providence Valdez Medical Center		11	11	(0)	-0.8%	0	0	-0.8%	3	4	(1)	-32.9%
Sitka Community Hospital		19	18	1	6.2%	0	0	6.2%	5	6	(1)	-18.3%
South Peninsula Hospital		35	33	1	3.9%	0	0	3.6%	9	10	(1)	-9.8%
Wrangell Medical Center		8	8	1	6.2%	0	0	6.2%	2	3	(1)	-26.2%

Notes:

- 1) Based on Medicare Cost Reports.
- 2) All Payer Approximate Operating Margin removes investment income and contributions from the All Payer Total Margin.
- 3) Medicare values based on cost report allocation process and Medicare allowed costs. This typically leads to better margins than if all costs are included and allocated by LOB.

For total margins, we extracted total revenue and total expenses from the G series of the Medicare Cost Reports. These results include both operating and non-operating revenue and expense amounts. An approximate All Payer Operating Margin is calculated by removing investment income and contributions from the All Payer Total Margin.

For the Medicare margins, to obtain Medicare revenue amounts we extracted Medicare allowed amounts reported in the E series of the Medicare Cost Reports, and we obtained Medicare expenses from the D series. These are operating revenue and expenses, and do not include non-operating income and expenses. The Medicare expenses are limited to Medicare allowable expenses (e.g. excluding physician practice expenses and other items not allowed by Medicare). Thus, the financial basis of the two margins is different.

Since the margin analysis is based on Medicare Cost Reports, federal government facilities are excluded from the analysis as are all but one tribal health facility.

7. OCCUPANCY RATES

A. DETAILED RESULTS

The number of occupied bed days divided by total bed days for a hospital is called the occupancy rate. These rates show the percent of staffed beds that are occupied, as reported by the Medicare cost reports. For more information on the Medicare cost reports, see the sidebar in Section 5A.

Higher occupancy rates will lead to lower costs per admission and higher margins. The expenses of the building and equipment will not vary as the occupancy rate fluctuates, but the revenue earned from occupied beds will help to offset those expenses. Table 7A.1 below shows the occupancy rates for Alaska and the comparison states from 2008 to 2010. The table includes only acute care hospitals (including critical access facilities) but includes sub-providers (i.e. psych and rehab units) within those facilities.

Table 7A.1
Occupancy Rates for Alaska and Comparison States (2008-2010)

Region	FY10 Number of Hospitals	Total		
		2008	2009	2010
Anchrg / Frbnks / Mat-Su, AK	4	55.5%	53.7%	53.6%
Non-MSA Area, AK	12	39.4%	38.4%	38.8%
AK	16	51.3%	49.5%	49.9%
HI	24	67.8%	64.2%	62.4%
ID	40	48.8%	46.6%	45.9%
ND	41	49.9%	48.8%	49.5%
OR	58	62.3%	61.4%	60.2%
WA	87	65.7%	64.3%	62.9%
WY	27	43.0%	41.3%	39.1%
Comparison State Average	277	60.6%	59.1%	58.1%
Nationwide Average	4,318	62.2%	61.2%	60.2%

Alaska's average occupancy rate for all providers was 49.9% in 2010, lower than the 58.1% average for the comparison states (which was in turn slightly below the nationwide average). The 58.1% average was calculated by summing total occupied bed days in comparison states and dividing by total available bed days in those states, so states with more bed days, like Washington, have more weight. Comparison state total rates range from 39.1% to 62.9%, with higher occupancy rates in the more densely populated states. In general, we expect to see higher occupancy rates in larger facilities (which typically coincide with urban settings) since those facilities should have more stable inpatient demand and therefore, would require less of a buffer in order to accommodate periods of high demand.

The Anchorage and Fairbanks areas have a significantly higher occupancy rate than the non-MSA areas, consistent with the higher occupancy rates in more densely populated states.

B. METHODOLOGY

For this report, we define occupancy rate as a hospital's occupied bed days divided by their available bed days, for a particular period of time. To calculate the rates for each state, we used data from the Medicare Cost Reports.

The following table shows how we calculated the 2010 occupancy rates for Alaska and the comparison states. The amounts in the table are aggregate amounts for all hospitals in the state that completed Medicare cost reports. Of note, as with other analyses based on the cost reports, federal government and tribal health hospitals are excluded.

Table 7B.1
Calculation of Occupancy Rates for Alaska and Comparison States (2010)

Region	FY10 Number of Hospitals	Total		
		A Available Bed Days	B Occupied Bed Days	C=B/A Occupancy Rate
Anchrg / Frbnks / Mat-Su, AK	4	271,375	145,365	53.6%
Non-MSA Area, AK	12	91,250	35,442	38.8%
AK	16	362,625	180,807	49.9%
HI	24	913,830	569,977	62.4%
ID	40	1,021,657	469,429	45.9%
ND	41	763,341	377,998	49.5%
OR	58	2,344,186	1,412,196	60.2%
WA	87	3,874,019	2,438,222	62.9%
WY	27	467,660	182,822	39.1%
Comparison State Average	277	9,384,693	5,450,644	58.1%
Nationwide Average	4,318	244,628,574	147,354,738	60.2%

8. STAFFING RATIOS

A. DETAILED RESULTS

A significant component of facility operating costs is the number of nurses per hospital bed. In this section we compare Alaska's staffing ratios to the level in the comparison states.

Staffing ratios are a measure of the number of full time equivalent (FTE) professional staff in a hospital relative to the size of the facility. The number of staff for a given hospital is divided by the number of occupied beds for the hospital, resulting in a ratio that is comparable across hospitals and across states. For example, a nurse ratio of 2.0 indicates that on average, each bed is staffed by two nurses. This does not imply that there are two nurses on duty per bed at any given time. The nurse count is based on FTEs (where "full time" represents a typical work week) but hospitals are open at all times and therefore, require multiple FTEs per occupied bed.

Data for the staffing ratios in this section are from the CMS Provider of Services file from the second quarter of 2011¹⁴ (the most recently available data period at the time to the analysis). To learn more about how we calculated the staffing ratios, see Section 8B: Methodology.

Table 8A.1 below shows 2011 FTE registered nurse staffing ratios for Alaska and the comparison states. Overall, Alaska's ratio of registered nurses per occupied bed is 129% of the ratio in the comparison states, though the ratio is similar to that in four of the six comparison states. Staffing ratios for the comparison states range widely from 1.67 (Washington) to 2.90 (Wyoming). Within Alaska, staffing ratios are fairly similar between urban and rural areas. We note however, that when comparing staffing ratios per bed (regardless of occupancy) the lower occupancy rates in the rural areas lead to a lower staffing ratio per bed.

We are not aware of a broadly accepted consensus on the ideal staffing ratio. Higher staffing ratios may lead to higher quality care (up to a certain point), but also lead to higher costs. Therefore, our analysis should not be used to conclude that Alaska's staffing ratio should be reduced to that of the comparison states. However, we can state that the higher staffing ratio adds to the higher facility costs in Alaska.

¹⁴ For more information on this file, see https://www.cms.gov/nonidentifiabledatafiles/04_providerofservicesfile.asp

Table 8A.1
FTE Registered Nurses per Occupied Bed (2nd Quarter of 2011Q2)

State	FTE Registered Nurses Per Occupied Bed	
	Ratio	Relative to comparison state average
Anchrg/Frbnks/Mat-Su, AK	2.74	136%
Non-MSA, AK	2.34	116%
Alaska	2.59	129%
Hawaii	2.47	122%
Idaho	2.70	134%
North Dakota	1.69	84%
Oregon	2.26	112%
Washington	1.67	83%
Wyoming	2.90	144%
Comparison State Average	2.01	100%

B. METHODOLOGY

The Provider of Services (POS) file is a publicly available file from CMS that contains data on providers. The file is updated quarterly and contains information such as type of hospital, staffing, beds, and services offered by each Medicare-approved provider. For this analysis, we used the latest version of the file, updated through the second quarter of 2011. This file includes all types of facilities (including tribal health and federal government facilities). We estimated occupancy rates for facilities that did not report that information using the statewide average occupancy rate (or the averages by MSA within Alaska).

After calculating the ratio of nurses to total beds for each area, we divided this ratio by the occupancy rate discussed in Section 7 of this report. Since the occupancy rate is the number of occupied beds divided by total beds, this results in the number of nurses per occupied bed.

9. PROFESSIONAL SALARIES

A. DETAILED RESULTS

Professional salaries are a significant driver of health care costs for both professional and facility services. We have summarized statistics on annual base salary from both a Milliman salary survey and data from the Bureau of Labor and Statistics (BLS) for several health care jobs.

Milliman data are compiled from salary survey responses in Alaska, Idaho, Oregon, and Washington. Comparable information is not available for Wyoming, North Dakota or Hawaii and therefore, those states are excluded from this analysis.

In Table 9A.1, the "Number of Firms" statistic represents how many responding companies surveyed employed that occupation. The "Number of Employees" is the total number of people with that occupation across all respondents. The "Average" is a straight average across companies. "Weighted Average" is weighted by number of employees in the position, so larger companies have a larger weight. We have also reported various percentile estimates based on the survey responses.

Over half of the employees represented by the surveys are Registered Nurses (RNs). The results show that Alaska's RNs are paid approximately the same amount as RNs in the Pacific Northwest states. The other occupations range from 98% of the comparison states (Radiology Technician) to 112% (LPN and Nurse Practitioner) with an average of approximately 105%.

The results reported on Table 9A.1 reflect base salaries only. The Alaska survey also summarizes total cash compensation, though those results were very similar to the base salary information.

Table 9A.1
Health Care Salaries for Alaska and Select Comparison States (2010)

State	Job Title	Number of Firms	Number of Employees	Base Salary						
				Average (1)	Average (1)	1st Quartile	Median	3rd Quartile	Minimum	Maximum
Alaska	Certified Nursing Assistant	6	399	33,627	34,452	31,918	34,120	35,535	29,842	41,367
	LPN - Acute Care	8	89	52,277	53,532	46,043	54,281	57,697	40,548	54,687
	RN - Acute Care	8	870	77,061	76,910	69,345	73,940	82,811	56,683	88,290
	Physician Assistant	6	12	100,221	101,520	91,198	96,669	113,458	79,563	109,268
	Physical Therapist	6	20	79,607	82,845	72,102	80,529	88,700	60,609	84,410
	Social Worker - Master's	9	29	65,027	69,496	59,702	65,106	68,650	50,680	74,630
	Medical Lab Technician	5	16	46,966	47,624	42,648	48,103	50,715	38,244	52,388
	Pharmacy Technician	7	76	40,287	40,755	36,918	40,914	42,845	33,374	45,849
	Pharmacist	6	35	120,465	122,155	114,213	121,147	124,526	90,737	125,940
	Radiology Technologist - Registered	5	27	55,552	56,655	52,364	57,037	57,999	47,243	68,677
	Ultrasonographer	6	21	76,966	77,448	72,290	77,713	80,955	58,444	85,989
	Nursing Manager	7	44	102,031	111,158	86,995	105,680	117,413	76,854	113,358
	Nurse Practitioner - General	8	36	101,245	113,065	91,364	103,132	115,151	71,877	107,943
Northwest ⁽²⁾	Certified Nursing Assistant	92	7,451	30,659	31,678	27,706	30,243	32,802	25,979	37,981
	LPN - Acute Care	73	1,217	47,757	47,778	43,472	47,882	52,000	35,797	54,309
	RN - Acute Care	96	37,442	75,213	77,730	69,950	77,376	80,829	54,766	94,328
	Physician Assistant ⁽³⁾		684	99,766	98,054	86,413	97,880	109,770	73,390	111,626
	Physical Therapist	95	1,911	80,226	78,478	74,422	79,040	84,843	61,630	90,563
	Social Worker - Master's	89	1,263	60,507	63,419	55,827	60,174	66,040	47,715	71,178
	Medical Lab Technician	79	609	47,445	47,986	43,389	47,112	51,605	37,398	56,160
	Pharmacy Technician	99	2,171	38,646	39,978	35,672	39,000	41,226	31,491	46,030
	Pharmacist	102	2,147	113,568	117,104	109,762	113,672	118,685	90,147	124,592
	Radiology Technologist - Registered	115	2,059	55,557	57,949	51,230	55,411	59,758	45,323	67,267
	Ultrasonographer	94	949	75,442	76,544	69,576	75,088	79,706	58,635	86,798
	Nursing Manager ⁽³⁾		880	100,172	104,553	93,445	101,329	108,388	75,924	115,425
	Nurse Practitioner - General	73	985	92,976	101,379	83,346	92,622	100,256	72,446	107,245
Alaska vs Northwest	Certified Nursing Assistant			110%	109%	115%	113%	108%	115%	109%
	LPN - Acute Care			109%	112%	106%	113%	111%	113%	101%
	RN - Acute Care			102%	99%	99%	96%	102%	103%	94%
	Physician Assistant			100%	104%	106%	99%	103%	108%	98%
	Physical Therapist			99%	106%	97%	102%	105%	98%	93%
	Social Worker - Master's			107%	110%	107%	108%	104%	106%	105%
	Medical Lab Technician			99%	99%	98%	102%	98%	102%	93%
	Pharmacy Technician			104%	102%	103%	105%	104%	106%	100%
	Pharmacist			106%	104%	104%	107%	105%	101%	101%
	Radiology Technologist - Registered			100%	98%	102%	103%	97%	104%	102%
	Ultrasonographer			102%	101%	104%	103%	102%	100%	99%
	Nursing Manager			102%	106%	93%	104%	108%	101%	98%
	Nurse Practitioner - General			109%	112%	110%	111%	115%	99%	101%
Average				104%	102%	102%	100%	104%	105%	97%

(1) "Average" is a straight average across firms. "Weighted average" is weighted by number of employees, so larger firms have a larger weight.

(2) Includes Washington, Oregon, and Idaho. Hourly figures are multiplied by 2,080 to approximate yearly salary.

(3) Physician Assistants and Nursing Managers were both separated into multiple "sub-occupations" in the Northwest survey. Total statistics for these lines were weighted together by the number of employees in each sub-occupation. The number of firms for these jobs is not able to be calculated, since there is overlap between the sub-occupations.

The second source of compensation data is from BLS's May 2010 Occupational Employment and Wages estimates. Although the data include over 40 healthcare occupations, we have simplified the results by combining all physician and surgeon categories and excluding occupations with fewer than 200 estimated full time equivalents in Alaska.

Table 9A.2 shows the salaries in Alaska and the comparison states for each occupation. BLS wage information includes incentive pay and production bonuses, but does not include overtime, shift differentials or the employer cost of benefits.

Table 9A.2
Health Care Salaries (excluding Self Employed) for Alaska and Comparison States (2010 – from BLS)

Job Title	Mean Annual Income							Comparison St Avg	AK vs Avg
	AK	HI	ID	ND	OR	WA	WY		
Physicians and Surgeons	195,864	177,817	179,810	170,131	178,393	173,006	190,044	178,348	110%
Physician Assistants	91,810	78,870	89,720	79,310	93,580	98,620	97,890	93,870	98%
Pharmacists	118,060	106,360	102,540	99,700	111,160	107,060	105,200	107,159	110%
Registered Nurses	79,350	82,130	62,720	57,020	75,350	73,680	58,750	72,201	110%
Physical Therapists	92,720	71,940	69,130	62,490	75,150	75,180	75,130	73,546	126%
Speech-Language Pathologists	85,440	58,850	61,980	50,400	73,290	69,660	62,030	67,139	127%
Medical and Clinical Laboratory Technologists	63,920	61,550	53,510	48,280	63,270	62,250	56,900	60,472	106%
Medical and Clinical Laboratory Technicians	44,520	42,500	36,650	33,600	43,220	39,840	28,630	39,360	113%
Radiologic Technologists and Technicians*	64,870	65,220	50,000	44,550	61,550	62,670	51,090	59,712	109%
Emergency Medical Technicians and Paramedics	48,050	47,920	39,670	29,720	44,570	43,530	32,190	41,810	115%
Pharmacy Technicians	39,210	34,920	29,500	31,820	34,080	37,290	31,960	34,927	112%
Psychiatric Technicians	32,120	0	28,410	27,330	39,030	36,790	29,510	34,865	92%
Licensed Practical and Licensed Vocational Nurses	47,100	44,640	38,120	35,320	45,370	45,400	39,810	42,479	111%
Medical Records and Health Information Technicians	39,300	42,430	30,910	30,730	35,970	37,630	34,450	36,329	108%

Consistent with Table 9A.1, salaries in Alaska are higher than in the comparison states. The BLS data indicates a slightly higher relative reimbursement in Alaska. However, in both cases, the relative salaries in Alaska are lower than the relative facility and professional unit cost reimbursement identified in our initial reports.

B. METHODOLOGY

Salary statistics were taken from the 2011 Alaska Cross-Industry Survey and the 2011 Northwest Health Care Industry Salary Survey, both administered by Milliman, Inc.

The data for the Alaska survey were compiled from 50 major employers with operations located throughout the state. The survey includes data on many occupations not related to health care, but we have included only the health care occupations in our analysis. Specific health care respondents include Alaska Native Tribal Health Consortium, Alaska VA Healthcare System, Fairbanks Memorial Hospital, PeaceHealth Ketchikan General Hospital and Providence Health & Services Alaska. The data is effective June 2011.

The data for the Northwest survey was compiled from 161 major hospital, clinic, home care, and long-term care organizations across Washington, Oregon, and Idaho. The data is effective January 2011. Since the Northwest salaries were reported on an hourly basis, and the Alaska survey was reported on an annual basis, we multiplied the hourly pay rates by 2,080 (52 weeks times 40 hours per week) to approximate annual salaries for the Northwest.

Physician Assistants and Nursing Managers were both separated into multiple "sub-occupations" in the Northwest survey. Total statistics for these lines were weighted together by the number of employees in each sub-occupation. The number of firms for these jobs cannot be calculated, since there is overlap between the sub-occupations.

The average salary across all listed positions is an average of the salary ratios by position, weighted based on the number of jobs in Alaska for each position.

BLS data contain mean salaries for each position. These numbers are reported directly in our results with the exception of the "physician and surgeon" category, which aggregates results from seven separate jobs included in the BLS data. The average salary for physicians and surgeons in each state is based on the relative number of employees for each position in Alaska.

The comparison states average salary for each job position is weighted across states in proportion to the number of employees in each state for that job. For the physician and surgeon subtotal, the comparison states average is calculated for each of the seven jobs, then weighted together using the distribution of those jobs within Alaska, so that differences in the mix of physician and surgeon jobs would not skew the comparison.

Note that the BLS data excludes self-employed individuals (which may therefore exclude any independently practicing physicians¹⁵).

¹⁵ See <http://www.bls.gov/oes/>

10. HEALTH CARE PROFESSIONAL SHORTAGE AREAS

Health care prices are subject to the laws of supply and demand, like most other goods and services. While those market forces are somewhat hampered for hospitals due to the high cost of opening a new facility, they can be applied to professional health care services. Anecdotally, it is broadly accepted that the relative scarcity of health care professionals in Alaska is part of the reason for the high cost of services.

In order to compare supply and demand, we used data on Health Professional Shortage Areas (HPSAs), which are developed by the Office of Shortage Designation, Bureau of Health Professions, Health Resources and Services Administration (HRSA).¹⁶ HPSAs are identified for primary care, mental health and dental services, but we have focused on the primary care physician shortages for this study.

Table 10A.1 below shows the percentage of the population in each state living in primary care HPSAs, indicating that they have a shortage of primary care providers.

Table 10A.1
Underserved Population in Primary Care HPSAs (2008)

Estimated Underserved Population (2008)	
United States	11.8%
Alaska	12.1%
Hawaii	2.6%
Idaho	17.4%
North Dakota	22.0%
Oregon	7.1%
Washington	9.5%
Wyoming	20.3%

The percentage of the population in primary care shortage areas in Alaska, at 12.1%, is close to the nationwide average of 11.8%, while the comparison states range from 2.6% (Hawaii) to 22.0% (North Dakota). Looking only at this information would suggest that reimbursement for primary care physicians in Alaska is at a level that attracts enough primary care providers to generate a reasonable HPSA population percentage. Of note, Alaska's underserved population percentage is lower than that of the two comparison states without medical schools (Idaho and Wyoming), suggesting that Alaska is attracting more physicians from out of state, possibly because of the relative difference in reimbursement.

In the bigger picture, this result does point out the nationwide shortage of primary care doctors.

¹⁶ For more information, see <http://statehealthfacts.org/comparemaptable.jsp?ind=682&cat=8>

11. COMMERCIAL DISCOUNTS

A. DETAILED RESULTS

Commercial discounts represent the difference between provider charges (the “billed” amount) and provider reimbursement (the “allowed” amount). While discounts without billed charge level information cannot be used to compare absolute reimbursement levels, discount levels may be indicative of the degree to which commercial payers have negotiating leverage relative to providers.

The Milliman Discount Benchmark Model shows discount information for carriers in each state, excluding Blue Cross and Blue Shield (BCBS) plans. Although much of the commercial care in Alaska is through Premiera Blue Cross Blue Shield, there is a sufficient volume of Alaska commercial data in our database (over \$30 million in billed charges) to produce credible discounts estimates.

Using the model, we calculated average provider commercial discounts for Alaska and each of the comparison states (where data was sufficiently credible). For more information on this model, please see Section 11B: Methodology. Results are shown in Table 11A.1 below.

Table 11A.1
Commercial discounts by major category of service (2008-2009)

State	Provider Discounts			
	Inpatient Hospital	Outpatient Hospital	Professional	Overall
Alaska	32%	35%	20%	28%
Idaho	27%	20%	29%	25%
Oregon	36%	35%	32%	34%
Washington	46%	49%	35%	42%
Wyoming	19%	16%	26%	21%

Overall, hospital discounts in Alaska are higher than Idaho and Wyoming, similar to Oregon and below Washington. Professional discounts are lower than the comparison states.

The lower physician discounts in Alaska can be at least partly explained by the relative lack of competition among providers, particularly for specialty care. In many areas, including Anchorage, there are a limited number of providers in any given specialty (sometimes only one provider group). As a result, physicians can largely dictate the fees they are paid by commercial payers.

The relative provider leverage may be further exacerbated by Alaska’s regulation requiring usual and customary charge payments to be at least equal to the 80th percentile of charges by geographic area. We are not aware of similar provisions in other states. Since many providers have over 20% of their

market share, this implies that those providers can ensure that their charges are below the 80th percentile and therefore, receive payment for their full billed charges.

A separate state law in Alaska requires payers to reimburse even non-contracted providers directly (instead of reimbursing them through the patient). This provision removes another incentive typically used by payers to encourage providers to join their networks.

Indeed, at least one major commercial payer sets its contractual fee schedule using a percentile of charge approach, and a high percentile, presumably in order to ensure sufficient physician participation. This approach and fee level is unique to Alaska; we have not seen a similar approach used for a PPO product in the rest of the United States.

B. METHODOLOGY

Beginning in 2001, Milliman started collecting employer group historical medical claims data to determine the lowest cost solution from a network reimbursement perspective. We typically collect more than a billion dollars of health care data each year. This data becomes the basis for our annual market reimbursement benchmarking.

The data we have compiled for the 2010 benchmark analysis includes employer group data collected during 2009 and 2008 and represents primarily 2008 – 2009 incurred dates. By combining two years worth of data, we were able to benchmark 158 Metropolitan Statistical Areas (“MSAs”) amounting to approximately \$3.41 billion in billed charges. Discounts reflect claim reimbursement for major national carriers/networks and several self-administered networks and TPAs; however, BCBS data is not included in the benchmark data.

Claims are mapped to MSAs (and states) based on the residential zip code of the patient when provided in the claims data; otherwise, the provider zip code is used. The benchmarks are measured using discounts off of billed charges.

12. COST OF LIVING

A. DETAILED RESULTS

The overall cost of living in a given region affects the cost of health care. Hospitals and physicians in more expensive areas will need to pay higher salaries. In addition, non-staff costs such as property, construction/leasing, utilities and transportation will affect the relative cost to provide health care in each area (and therefore, provider reimbursement).

The Council for Community and Economic Research calculates the ACCRA Cost of Living Index (COLI) for select urban areas, which is referenced in the US Census Bureau's Statistical Abstract of the US.¹⁷ The COLI is a measure of prices for consumer goods and services in a certain area. Taxes are excluded from the calculation. The composite COLI is calculated from smaller components, such as health care, that are weighted together based on each component's share of consumer spending. Weights are based on nationwide results from the Bureau of Labor Statistics' 2004 Consumer Expenditure Survey.

The COLI for urban areas in Alaska and the comparison states is shown below. The COLI is restricted to urban centers and therefore, no equivalent values are available for rural areas. Note that each number is to be read as a percentage over or under the nationwide average.

¹⁷ http://www.census.gov/compendia/statab/cats/prices/consumer_price_indexes_cost_of_living_index.html

Table 12A.1
Cost of Living Index (2010)¹⁸

Urban Area	Cost of Living Index (2010)						
	Composite Index (100%)	Grocery Items (13%)	Housing (29%)	Utilities (10%)	Transportation (12%)	Health Care (4%)	Miscellaneous Goods and Services (32%)
Anchorage, AK	128.4	134.5	142.9	94.1	122.0	135.7	124.8
Fairbanks, AK	137.4	127.9	148.5	193.1	118.7	144.9	118.8
Juneau, AK	136.5	133.1	165.7	135.1	121.2	144.4	116.1
Kodiak, AK	128.7	149.4	127.8	131.9	143.4	130.7	115.4
Honolulu, HI	165.7	160.1	249.0	146.6	126.2	120.0	117.9
Boise, ID	97.2	98.5	84.0	99.6	108.0	106.6	103.3
Idaho, Falls, ID	90.6	99.5	78.0	84.9	102.1	93.2	96.3
Twin, Falls, ID	91.5	95.5	81.4	97.0	99.2	93.3	94.6
Bismarck-Mandan, ND	95.3	105.9	91.5	70.1	102.6	100.5	99.4
Fargo-Moorhead, ND-MN	92.7	99.8	87.4	78.7	95.8	102.4	96.6
Minot, ND	99.9	99.3	95.9	73.5	98.2	91.0	113.6
Eugene, OR	109.8	93.8	132.3	85.3	110.0	118.2	102.9
Portland, OR	111.3	105.8	130.8	87.1	105.8	113.6	105.1
Bellingham, WA	113.0	114.9	135.9	83.8	113.2	115.3	100.8
Everett, WA	111.3	112.0	128.1	85.4	110.4	129.1	102.1
Kennewick-Richland-Pasco, WA	92.6	90.9	85.9	85.1	106.1	109.9	95.2
Olympia, WA	104.1	107.4	102.2	82.1	114.9	120.5	106.0
Seattle, WA	121.4	115.1	140.3	85.7	118.8	119.9	119.1
Spokane, WA	93.9	92.4	85.7	89.5	109.1	110.0	96.5
Tacoma, WA	109.5	111.3	116.6	83.1	109.0	115.1	110.2
Vancouver, WA	94.8	96.9	82.2	91.8	106.1	114.3	100.1
Yakima, WA	95.8	99.8	86.9	86.8	105.5	117.1	99.2
Cheyenne, WY	100.5	101.7	107.9	96.3	95.0	98.3	96.5
Laramie, WY	97.0	105.1	102.3	90.5	91.6	97.5	92.7
Nationwide	100.0	100.0	100.0	100.0	100.0	100.0	100.0

The composite COLI for the four Alaska areas range from 128% to 137% of the nationwide average. The health care component is 130% to 145% of the nationwide average. These high costs are roughly consistent with the hospital operating cost results seen in Table 5A.1.

¹⁸ http://www.census.gov/compendia/statab/cats/prices/consumer_price_indexes_cost_of_living_index.html

13. LIMITATIONS AND CONSIDERATIONS

Any opinions expressed in this report are solely those of the authors.

Any reader of this report must possess a certain level of expertise in areas relevant to this analysis to appreciate the significance of the approaches and assumptions and the impact of these approaches and assumptions on the results. The reader should be advised by their own actuaries or other qualified professionals competent in the subject matter of this report, so as to properly interpret the material.

This report is subject to the terms of the contract between the Alaska Health Care Commission and Milliman. This report is not intended to benefit third parties. Regarding the contents of this report, Milliman makes no representations or warranties to third parties. Third parties are to place no reliance upon this report that would result in the creation of any duty or liability for Milliman or its employees to third parties, under any theory of law. Third parties receiving this report must rely on their own experts to draw conclusions about the report's contents.

As documented in the report, this analysis has relied extensively on historical data. The data were reviewed for reasonableness, but no independent audits were performed. Should errors or omissions be discovered in the source data, the results of our analysis would need to be modified. Future results will differ from the historic estimates in this report.

This report did not review the relative quality of care provided to Alaskans, nor the relative health outcomes from treatment. Those issues were beyond the scope of our report but should be considered when evaluating the relative value of health care in Alaska.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. We are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses in this report.

APPENDIX 1. LIST OF HOSPITALS

Following is the list of hospitals included in each of the analyses in this report. The list differs across analyses due to the availability of data. For each analysis, we have included all hospitals with sufficient data.

Alaska Hospitals Included in Analysis						
	Reimbursement (From Previous Report)	ALOS	Cost	Margin	Occupancy Rates	Staffing Ratios
Anchorage / Fairbanks / Mat-Su						
Alaska Native Medical Center	✓	✓				✓
Alaska Psychiatric Institute	✓		✓			
Alaska Regional Hospital	✓	✓	✓	✓	✓	✓
Denali Center	✓					
Fairbanks Memorial Hospital	✓	✓	✓	✓	✓	✓
Mat-Su Regional Medical Center	✓	✓	✓	✓	✓	✓
Providence Alaska Medical Center	✓	✓	✓	✓	✓	✓
Providence Extended Care Ctr	✓					
St Elias Specialty Hospital	✓		✓			✓
Non-MSA Area						
Bartlett Regional Hospital	✓	✓	✓	✓	✓	✓
Bristol Bay Area Health Corp						✓
Central Peninsula General Hospital	✓	✓	✓	✓	✓	✓
Cordova Community Medical Center	✓	✓	✓	✓	✓	✓
Faith Hospital						✓
Hospice & Home Care of Juneau						✓
Kanakanak Hospital	✓	✓				✓
Ketchikan General Hospital	✓	✓	✓	✓	✓	✓
Maniilaq Health Center	✓	✓				✓
Mt Edgecumbe Hospital	✓	✓	✓			✓
Norton Sound Regional Hospital	✓	✓	✓	✓	✓	✓
Petersburg Medical Center	✓	✓	✓	✓	✓	✓
Providence Kodiak Island Medical Ctr	✓	✓	✓	✓	✓	✓
Providence Seward Hospital	✓	✓	✓	✓	✓	✓
Providence Seward Med & Care Center Ltc	✓					
Providence Valdez Medical Center	✓	✓	✓	✓	✓	✓
Samuel Simmonds Memorial Hospital	✓	✓				✓
Sitka Community Hospital	✓	✓	✓	✓	✓	✓
South Peninsula Hospital	✓	✓	✓	✓	✓	✓
Valdez Community Hospital						✓
Wildflower Court	✓					
Wrangell Medical Center	✓	✓	✓	✓	✓	✓
Yukon Kuskokwim Delta Reg Hospital	✓	✓				✓

Appendix C

Overview & Update Federal Health Care Reform (ChartPack)

Overview & Update Federal Health Care Reform

Alaska Health Care Commission Meeting

Deborah Erickson

Alaska Health Care Commission

October 11, 2011

UPDATED 12-14-11

Presentation Overview

- Legal Challenges & Political Realities
- Status of Federal Implementation
- Structure of the Affordable Care Act
- Key Provisions in the Act (with Alaska Updates)
- Alaska Impact
- Timeline for Implementation

Legal Challenges & Political Realities



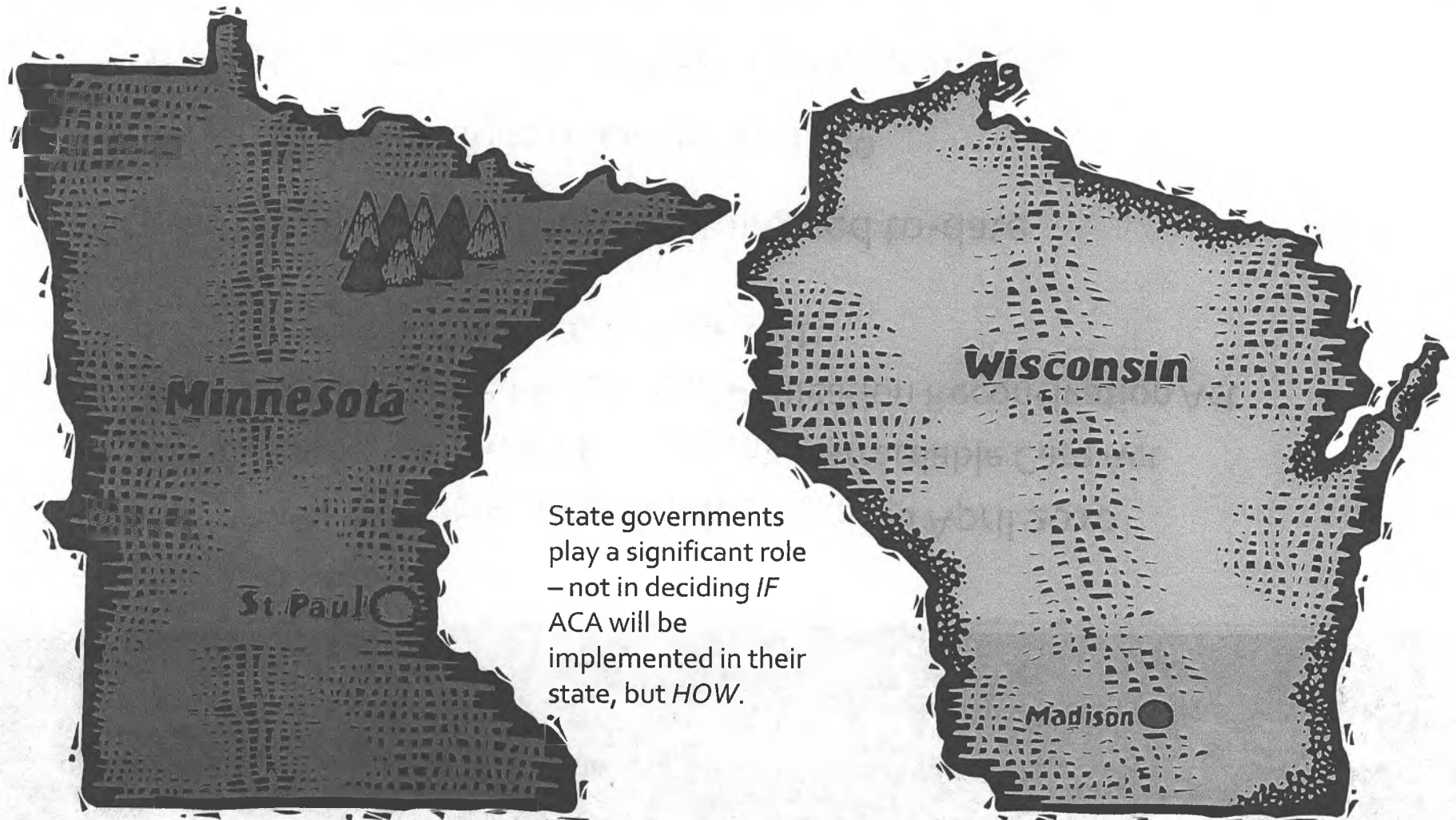
- Alaska is participating as a plaintiff in the 26-state lawsuit led by Florida. (11th Circuit)
- Challenging the Constitutionality of:
 - The individual mandate requiring individuals to purchase health insurance
 - Unfunded mandates imposed on state governments (Medicaid Expansion)
 - Question regarding severability
- Appellate Court Ruling Scorecard:
 - 2 rulings upheld ACA (6th and D.C. Circuits)
 - 1 ruling against individual mandate, but upheld Medicaid expansion (11th Circuit)
 - 1 ruling avoided merits of the case; ruled against plaintiffs on jurisdictional grounds (4th Circuit)
 - Supreme Court will Review this year – ruling expected June 2012

Legal Challenges & Political Realities



- **What has the 2010 election meant for the ACA?**
 - There's a big difference between campaigning and legislating....
 - Wholesale repeal unlikely
 - Increased congressional oversight of implementation
 - Provisions with no appropriation in original bill may not be funded
 - Some provisions are supported by GOP (e.g., fraud and abuse)
 - Repeal of some provisions would increase deficit

Legal Challenges & Political Realities



State governments
play a significant role
– not in deciding *IF*
ACA will be
implemented in their
state, but *HOW*.

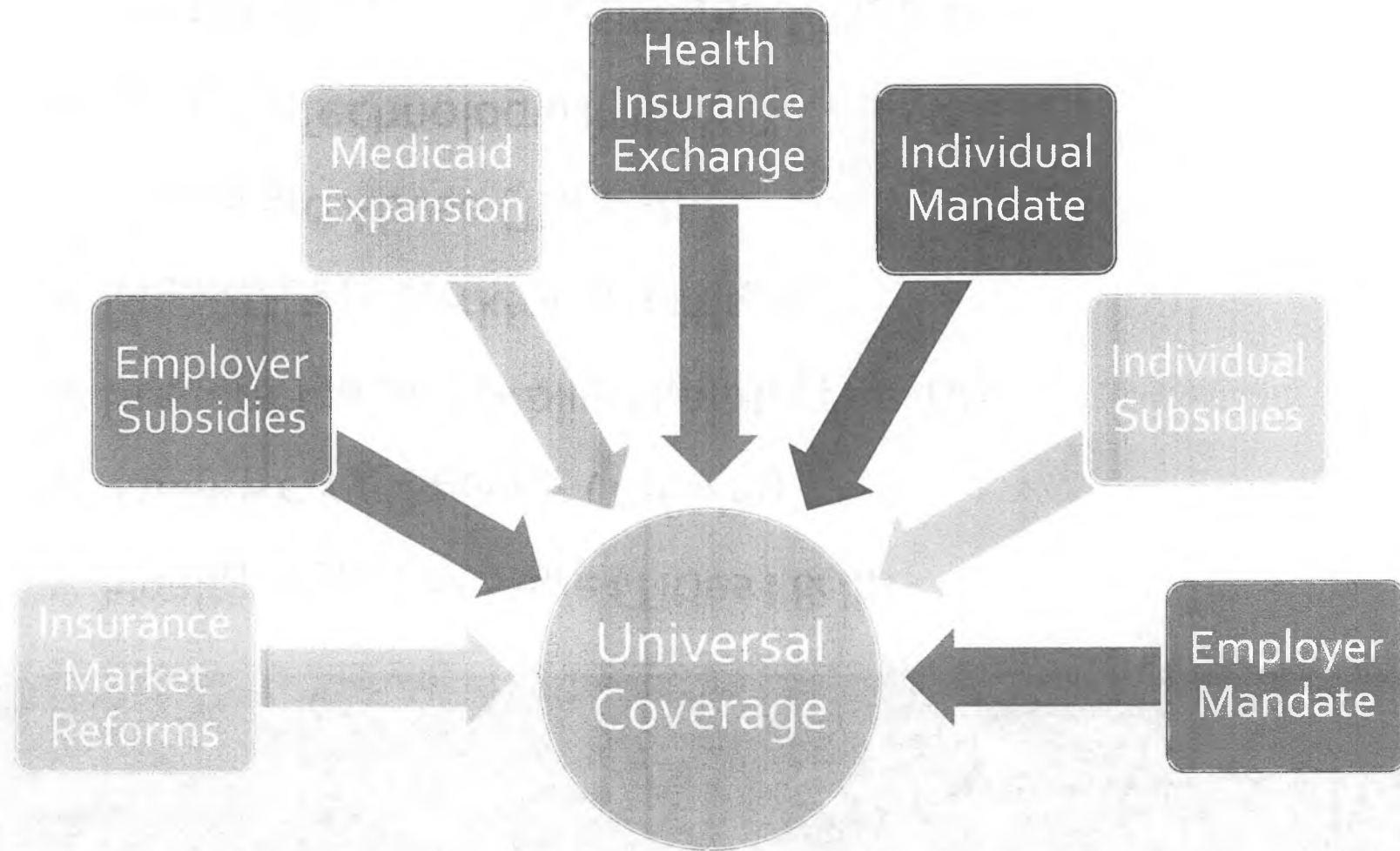
Federal Implementation To-Date

- Three new federal laws enacted March and April 2010
 - P.L. 111-148: The Patient Protection & Affordable Care Act
 - P.L. 111-152: The Health Care and Education Reconciliation Act
 - P.L. 111-159: TRICARE Affirmation Act
- Scores of funding opportunities released to-date
- 34 Regulation packages released to-date
- 4 New federal offices established; 1 new non-profit
- 4 New councils/boards/committees formed
- New website live – www.healthcare.gov

Components of the Act

- Health Care Coverage (Titles I & II)
- Health Care Delivery (Title III)
- Prevention and Public Health (Title IV)
- Health Care Workforce (Title V)
- Fraud and Abuse (Title VI)
- Medical Technology (Title VII)
- Community Living Assistance (Title VIII)
- Taxes and Fees (Title IX)
- Amendments (Title X)

Move Towards Universal Coverage



Insurance Market Reforms

- New Private Insurance Market Rules
 - Exclusions for pre-existing conditions prohibited
 - For children in 2010
 - For adults in 2014
 - Dependent coverage extended to 26 years of age (2010)
 - Lifetime limits prohibited (2010)
 - Annual limits restricted (2010), then prohibited (2014)
 - Prohibition on rescissions (2010)
 - Medical Loss Ratio: Reporting (2010); Restricted (2011)
 - Guaranteed issue and renewal rules (2014)
 - Adjusted community rating rules limit variations in premiums to region, tobacco use, age, and family composition (2014)
 - Gender discrimination prohibited

Insurance Market Reforms

- New Insurance Plan Options

- Temporary high-risk health insurance pool (2010 - 2014)

- *Alaska Update: Alaska's ACHIA Fed Pre-Existing Conditions Plan started 8/1/10; there were 46 Alaskans enrolled on 12/02/11*

- Health Care Cooperatives ("Co-Ops") (2013)

- Non-profit member-operated health insurance companies created through loans and grants

- Multi-state health plans (2014)

- Health Choice Compacts (2016)

Insurance Market Reforms

- State Insurance Oversight and Consumer Assistance
 - Review of Health Plan Premiums (2010)
 - *Alaska Update: SOA declined fed funds as unnecessary and potentially burdensome; HB 164 passed during 2011 legislative session expanded authority of AK Division of Insurance to pre-approve rate increases for all private health insurers operating in Alaska; Alaska was deemed by US DHHS as having an effective review program in July 2011.*
 - State Consumer Assistance Programs (2010)
 - *Alaska Update: SOA declined fed funds as unnecessary and potentially burdensome; AK Division of Insurance maintains an adequately staffed consumer assistance program.*

Employer Subsidies

- Tax Credit (2010)
 - For businesses with ≤ 25 employees and average annual wages $< \$50,000$
 - *Unable to determine participation by Alaskan employers at this time*
- Temporary Early Retiree Reinsurance Program (2010 - 2014)
 - Employers reimbursed 80% of retiree claims between \$15,000 and \$90,000 until 2014
 - *Alaska Update: 8 employers enrolled; \$1.1 million in reimbursement received as of Sept 2011*

Medicaid Expansion

- Eligibility expanded to all individuals/families under 65 years of age up to 133% FPL (2014)
- State share phased in 2017-2020 (max 10%)
- Alaska preliminary mid-range estimate
 - 30,000 new enrollees
 - Cost to State = \$20 M/year
- State option to implement immediately (2010)

Health Insurance Exchange (HIX)

- Electronic Market Place for Purchasing Insurance
 - State-based; Multi-state option
 - May be administered by gov't agency or non-profit
 - State gov't opt-out provision (fed gov't will then establish state's exchange) (2013)
 - For individuals and small business (<100 employees) (2014)
 - Federal subsidies for individuals will be applied through the exchange
 - Interface with State's Medicaid eligibility and enrollment system required
 - Large businesses allowed to participate starting 2017
 - Required to be self-sustaining (2015)
- Grants to states for planning and implementation (2010)
 - *Alaska Update: SOA declined fed funds as unnecessary and potentially burdensome, but is utilizing available funds to solicit contract with consultant to advise on design – RFP released Sept 2011, contract to be awarded Dec 2011, report due Apr 2012; Alaska Medicaid's Children's Health Insurance Program (CHIP) has won a number of financial awards from US DHHS for high performance in CHIP enrollment, and is being used as a model at the national level in the design of streamlined eligibility process and outreach templates for HIXs.*
- State innovation waiver (2017)

Individual Mandate

- Individuals must have a qualified health plan or pay a tax penalty (2014)
 - Tax penalty \$695/year (Family capped at 3x individual penalty (\$2,085)) or 2.5% of household income, whichever is greater (phased in)
- Exemptions include
 - Financial hardship
 - Religion
 - American Indians/Alaskan Natives
 - Lowest cost option exceeds 8% of income

Individual Subsidies

- Premium Credits (2014)

- Refundable/Advanceable credits for purchase of insurance through the Exchange
- Individuals/families with incomes between 133%-400% FPL
- Amounts tied to cost of plan and set on sliding scale based on income level

- Cost Sharing Subsidies (2014)

- Individuals/families between 100% - 400% FPL

Employer Mandate

- < 50 employees: Exempt
- > 50 employees - if 1 or more employee receives subsidy:
 - And employer does not offer coverage, employer required to pay fee of \$2,000/FTE (1st 30 FTEs excluded)
 - And employer provides coverage, employer required to pay fee of \$2,000/FTE or \$3,000 per subsidized employee (whichever is less)
- > 200 employees: Required to auto-enroll new employees
- Provide voucher to employees with incomes less than 400% FPL who chose to participate in Exchange
- Report value of health care benefits on employees' W-2 (2011)
 - IRS issued notice making this requirement optional for large employers (>250 employees) until 2012 and for small employers until 2013.

Health Care Delivery

- Evidence-Based Practice (Comparative Effectiveness Research)
 - New non-profit Patient-Centered Outcomes Research Institute was established Sept 2010
- Quality Improvement (National Strategy)
 - National Health Care Quality Strategy report was issued March 2011
- Care Coordination and Service Integration
 - Community-Based Care Transitions Program *at least 1 AK HC provider intends to apply*
 - Primary Care & Behavioral Health Service Integration *grants to AICS (Wrangell) & SCF*
- Trauma System Enhancement *(funds not appropriated)*
- Enhanced funding for Community Health Centers
 - *Alaska Update: \$9.5 million in new and increased community health center funds awarded in Alaska as of Aug 2011; plus 13 AKn CHCs awarded \$35k each Sept 2011 for PCMH transition*
- Primary Care Enhancement
 - Medicare 10% bonus to primary care physicians (2011–2015)
 - Medicaid Medical Home State Plan Option (90% FMAP for 2 years) (2011) *AK Medicaid program will wait until medical home program fully operational to exercise option, as there is no expiration date on the option, and the 2-year clock on the enhanced FMAP starts ticking as soon as the State's application is approved by feds*
 - Increase Medicaid payment to Medicare rate *(n/a in AK)*

Payment Reform

- Center for Medicare & Medicaid Innovation (2011)
- Multi-Payer Advanced Primary Care Practice Demo (2011)
- Medicare Payment Reform ACA Provisions
 - Independent Payment Advisory Board (2011; 1st rpt due 2014)
 - FQHC Advanced PCP Demo (2011)
 - Hospital readmission reduction program (2012)
 - Shared savings program (Accountable Care Organizations) (2012)
 - Hospital value-based purchasing program (2012)
 - Bundled payment (episodes of care) pilot (2013)
 - Physician fee schedule value-based payment modifier (2015)
 - Payment adjustments for hospital-acquired conditions (2015)
- Medicaid Payment Reform ACA Provisions
 - Non-payment for healthcare-acquired conditions (2011)
 - Pediatric ACO demonstration (2012)
 - Hospital bundled payment (episodes of care) demonstration (2013)

Prevention & Public Health

- National Prevention Council and Fund
- Coverage of clinical preventive services
- Nutrition labeling on menus
- Community wellness grants
- Healthy lifestyles incentives (Medicare and Medicaid)
- Immunization program
- Epidemiology & PH laboratory capacity
- Childhood obesity demonstration project
- Maternal and child health programs

Alaska Update: Approximately \$7 M in grants for public health, prevention, workforce development, and programs for aged/disabled have been awarded to-date in AK; it's important to note that a number of these grants were previously authorized and funded but were reauthorized under and now appear as ACA programs

Health Care Workforce

- National HC Workforce Commission
- National health care workforce assessment
- National Health Service Corps increased
- State health care workforce plans
 - *Alaska Update: AK Dept of Labor and WF Development awarded grant last year, which was used to support AK Health Workforce Coalition and development of their recently released Action Plan*
- Recruitment and retention programs
- Training and education programs
 - Rural physician training grants
 - Area Health Education Center (AHEC) expansion
 - GME (graduate medical education) improvements
 - Resident training in community-based settings
 - Redistribution of GME slots

Fraud & Abuse

"2011 will be a turning point for compliance programs...."

Report on Medicare Compliance
January 17, 2011

"The stress level for compliance professionals will go off the charts this year."

Roy Snell, President
Health Care Compliance Association
January 17, 2011

ACA includes 32 sections on health care fraud and abuse and program integrity

Fraud & Abuse

- New Provider Enrollment Processes
- Data Sharing Across Federal Programs
- Overpayment Recovery Expanded
- Increased Penalties
- Disclosure of Financial Relationships Required
- Compliance Plans Required

Fraud & Abuse

- New Medicaid RAC Program
 - Federal regulations released September 2011
 - State Medicaid Program required to implement RAC Program by January 2012
 - *Alaska Update: AK DHSS is evaluating how to align new Medicaid RAC program with Medicaid audit program mandated under State law to minimize impact on providers.*

Community Living Assistance

- New long-term care insurance program (2011)
 - Voluntary
 - 5-year vesting
 - Cash benefit
 - to help aged/disabled stay in home or
 - cover nursing home costs

How the Act Pays for Itself

New Revenue

Tanning Tax

Industry Taxes

"Medicare"
Taxes

"Cadillac" Tax

Savings

Rate "Cuts"
(limits on growth)

Readmit
Penalties

Payment
Reforms

Fraud & Abuse

New Fees & Taxes

- 10% sales tax on indoor tanning (2010)
- \$2.8 billion annual fee on pharmaceutical industry (2012; increasing over time)
- 2.3% sales tax on medical devices (2013)
 - Glasses, contacts, hearing aids exempt
- Medicare payroll tax increased from 1.45% to 2.35% for individuals >\$200K and couples >\$250K; no increase to employer share (2013)
- New 3.8% Medicare tax on unearned income for individuals >\$200K and couples >\$250K (2013)
- Tax deduction for employers receiving Medicare Part D retiree subsidy eliminated (2013)
- \$8 billion annual fee on health insurance industry (2014; increasing over time)
- Excise tax on employer-sponsored high-value insurance plans (2018)
 - “Cadillac Plans” tax imposed on plans valued at more than \$10,200 for an individual plan and \$27,500 for family coverage

Other Provisions

- Amends FLSA to require break times/locations for nursing mothers
- Alaska Federal Health Care Access Task Force
 - *Alaska Update: Convened Jul-Aug 2010, produced report Sept 2010, dissolved with production of report.*
- Medicare “Donut Hole” Closure
 - *2,329 Alaskans received \$250 rebate in 2010; in 2011 those in the donut hole are receiving a 50% discount on covered brand name prescription drugs*
- Elder Justice Act
- Indian Health Care Improvement Act Reauthorized

Alaska Impact 2019 (MAFA Projections)

- Increase in health care spending: +\$289 M
 - State of Alaska: +41 M
 - Alaska Households: \$124 M
 - Federal Gov: \$124 M

- Increase in insurance coverage: +53,000 Alaskans
 - Medicare: 0
 - Medicaid: +38,000
 - Employer sponsored: - 45,000
 - Exchanges: +78,000 (60% supported by fed subsidies)
 - Other Private: - 18,000
 - Other Public: 0

Timeline

2010

- Smallest employers (≤ 25 FTEs) eligible for tax credits
- Medicaid Maintenance of Effort imposed (March)
- Temporary high-risk insurance pool program established (June)
- Temporary reinsurance program for early retirees established (June)
- Feds establish website to facilitate insurance information (July)
- Grants to states for
 - Exchange planning and implementation
 - Assistance with insurance premium review requirements
 - Establishing an office of health insurance consumer assistance
 - Numerous public health and workforce programs
- Insurance Market Reforms Implemented (new plans for plan years beginning after 9/23/10)
 - Pre-existing condition exclusion prohibited for children
 - Lifetime limits prohibited; annual limits restricted
 - Prohibition on rescission of coverage
 - Dependent coverage to 26 years of age
 - Medical loss ratio reporting required
 - Coverage of clinical preventive services required

Timeline

■ 2011

■ Medicaid Options & Requirements

- States eligible for 1% FMAP increase if certain preventive services covered with no cost-sharing
- Required to cover tobacco cessation for pregnant women
- New state option for home and community-based services for disabled

■ Insurance Market Reforms

- Medical Loss Ratio requirement imposed: Large group plans required to spend 85% of premium revenue on medical claims (80% for insurers covering individuals and small business)

■ New Fraud & Abuse Rules Implemented

■ 2013

- U.S. DHHS determines State readiness to establish Exchange
- Fed regulations for health care choice compacts issued

Timeline

2014

- Insurance Exchanges implemented

- Medicaid changes implemented

- Expansion to 133% FPL takes effect
- Required to implement enrollment simplification and coordination with Exchanges
- Required to offer premium assistance for employer-sponsored insurance.
- DSH funding reduced
- Prohibition on exclusion of coverage for barbiturates, benzodiazepines, and tobacco cessation products

- States required to establish at least one reinsurance entity

- Insurance Market Reforms Implemented

- Pre-existing condition exclusion prohibited for adults
- Guaranteed issue and renewal required
- Adjusted community rating rules take effect

- Individual and employer mandates and subsidies implemented

Timeline

- **2015**
 - Insurance Exchanges must be self-sustaining
 - Medicaid programs required to begin annual enrollment reporting
 - States eligible for 23% FMAP increase on regular CHIP match (FFY 16 – FFY 19)
- **2016**
 - Health Care Choice Compacts may take effect
- **2017**
 - States will begin funding share of Medicaid expansion
 - States may operate an alternative program in lieu of federal coverage reforms if waiver obtained in previous year
 - States may allow large companies (>100 employees) to participate in Exchange
- **2018**
 - Excise tax on high-value health insurance plans imposed

Thank You

For More Information Please Visit:

Alaska's federal health care law information website at:

<http://hss.state.ak.us/fedhealth/>

Alaska Health Care Commission's website at:

<http://hss.state.ak.us/healthcommission/>

Appendix D

Voting Records

Summary of Public Comments

Available on the Commission's 2011 Report webpage at:
<http://www.hss.state.ak.us/healthcommission/2011commissionreport.htm>



Alaska's Approach to Increasing Value in Health Care: Improve Quality, Lower Costs, Focus on Health

**Presentation at the Joint Senate and House Health & Social Services
Committee Hearing**

Dr. Ward Hurlburt and Deborah Erickson

Alaska Health Care Commission

February 1, 2012

Presentation Overview

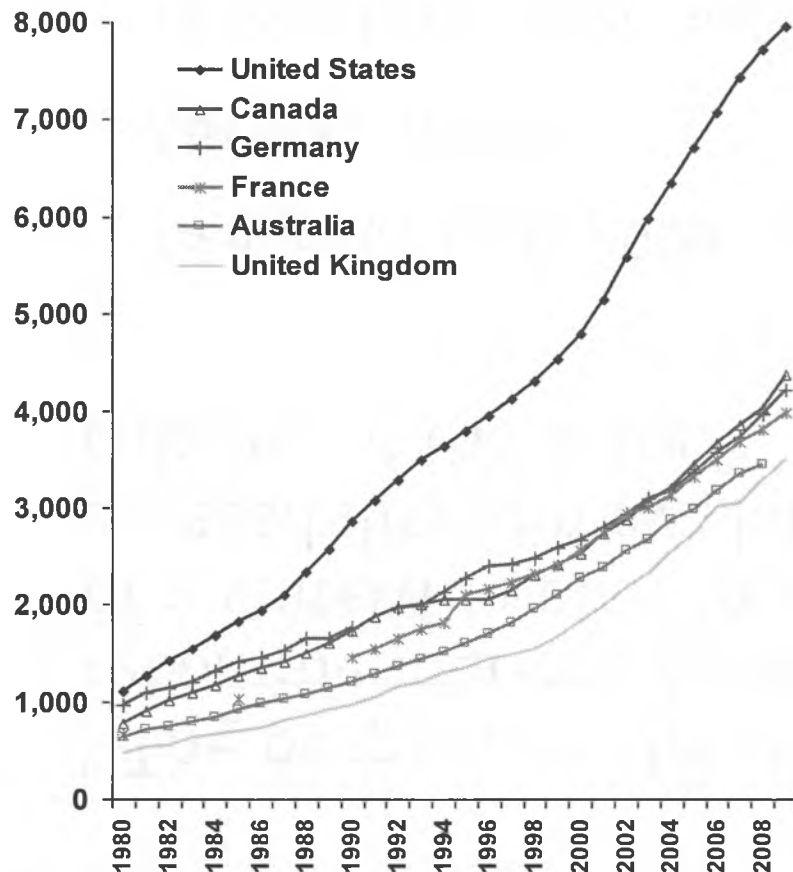
- ▶ Background on Commission
- ▶ Process & Strategy
- ▶ Findings to Date
- ▶ Recommendations to Date
- ▶ Next Steps
- ▶ A Note about Federal Reform

Commission Background

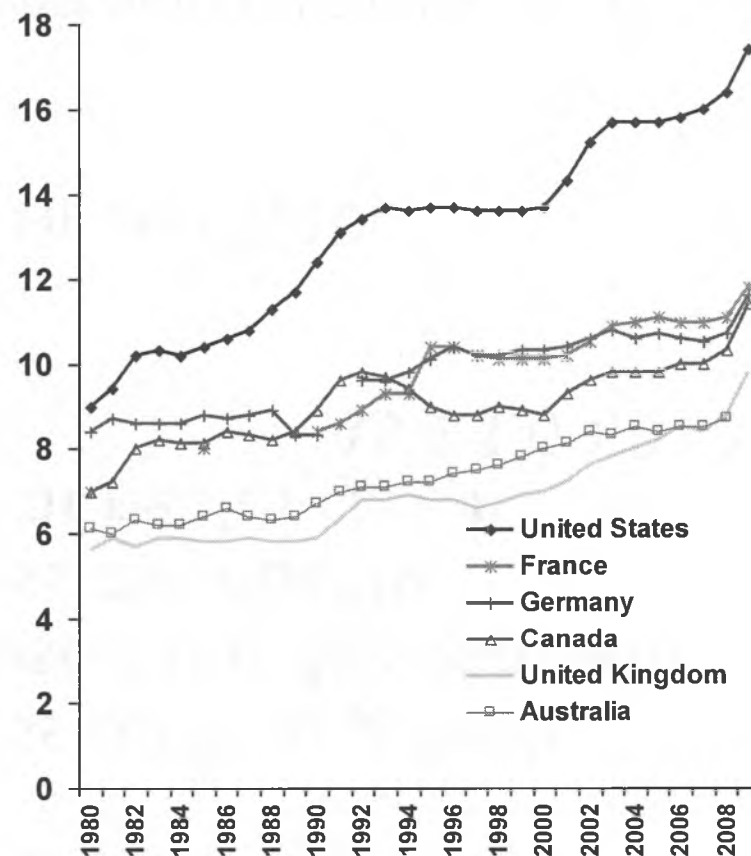
- ▶ “ The purpose of the commission is to provide recommendations for and foster the development of a statewide plan to address the quality, accessibility and availability of health care for all citizens of the state.” AS 18.09.010
- Temporary body 2009; Statute enacted 2010
- Advisory in nature
- 14 members, appointed by Governor except for 2 leg.s
- Policy recommendations due annually to Governor and Legislature

International Comparison of Spending on Health, 1980–2009

Average spending on health
per capita (\$US PPP*)



Total expenditures on health
as percent of GDP



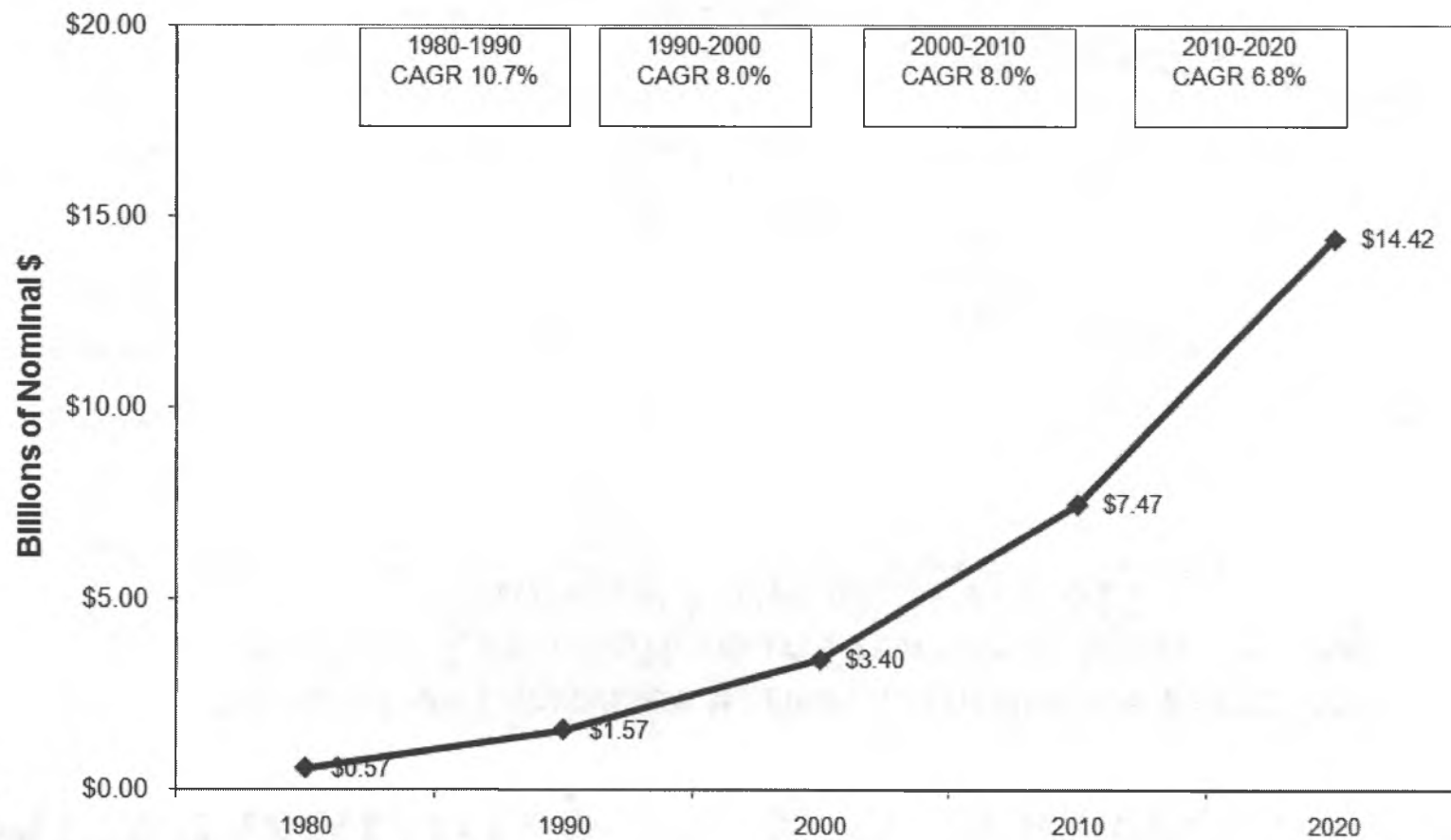
* PPP=Purchasing Power Parity.

Data: OECD Health Data 2011 (database), version 6/2011.

Cost of Health Care in Alaska (MAFA/ISER)

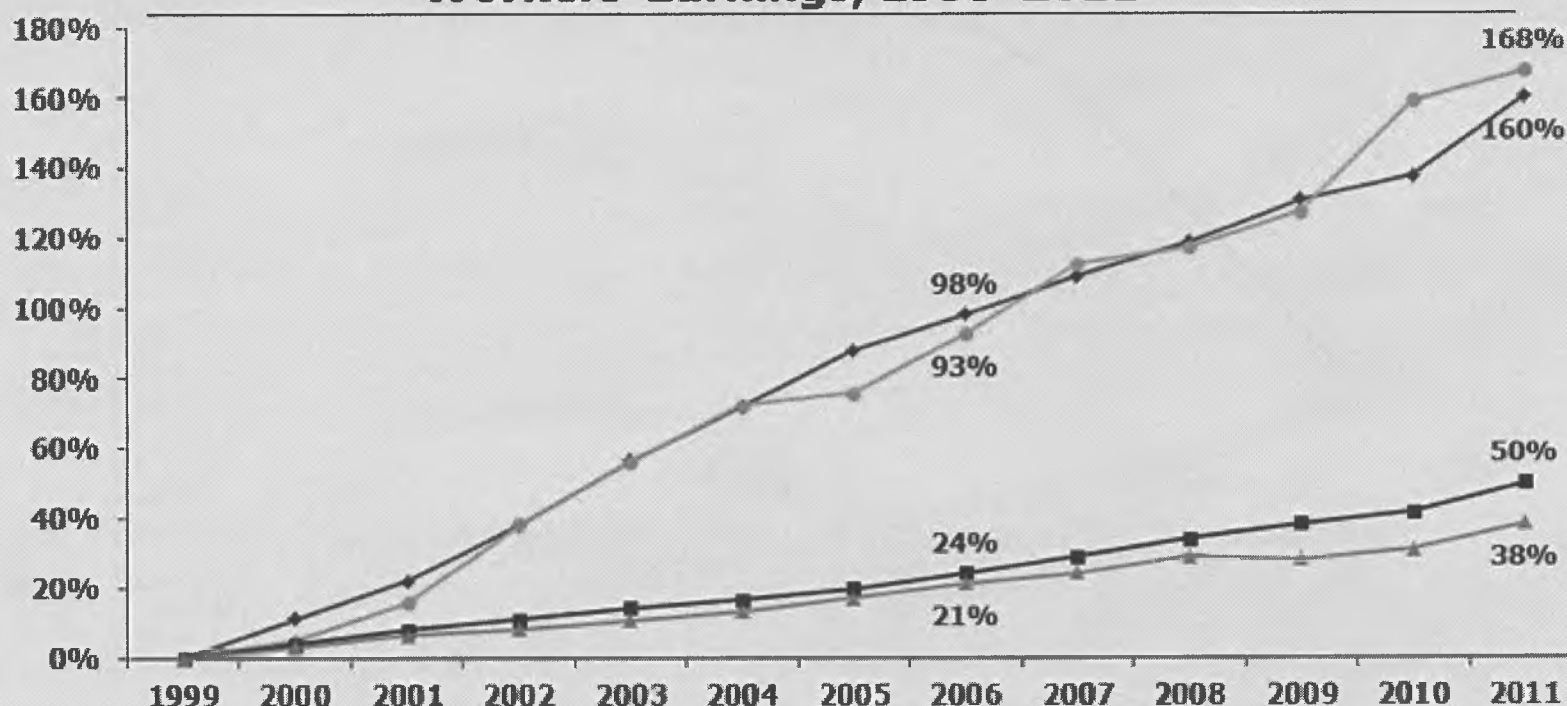
Next Ten Years – Baseline Projection

Alaska Health Care Expenditures History & Outlook



Affordability - Cost vs. Inflation, Earnings

Cumulative Increases in Health Insurance Premiums, Workers' Contributions to Premiums, Inflation, and Workers' Earnings, 1999-2011



Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2011. Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation (April to April), 1999-2011; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 1999-2011 (April to April).

- ◆ Health Insurance Premiums
- Workers' Contribution to Premiums
- Workers' Earnings
- ▲ Overall Inflation

THE ROBERT
KAISER
FAMILY
FOUNDATION

AND
HRET
HEALTH RESEARCH &
EDUCATIONAL TRUST

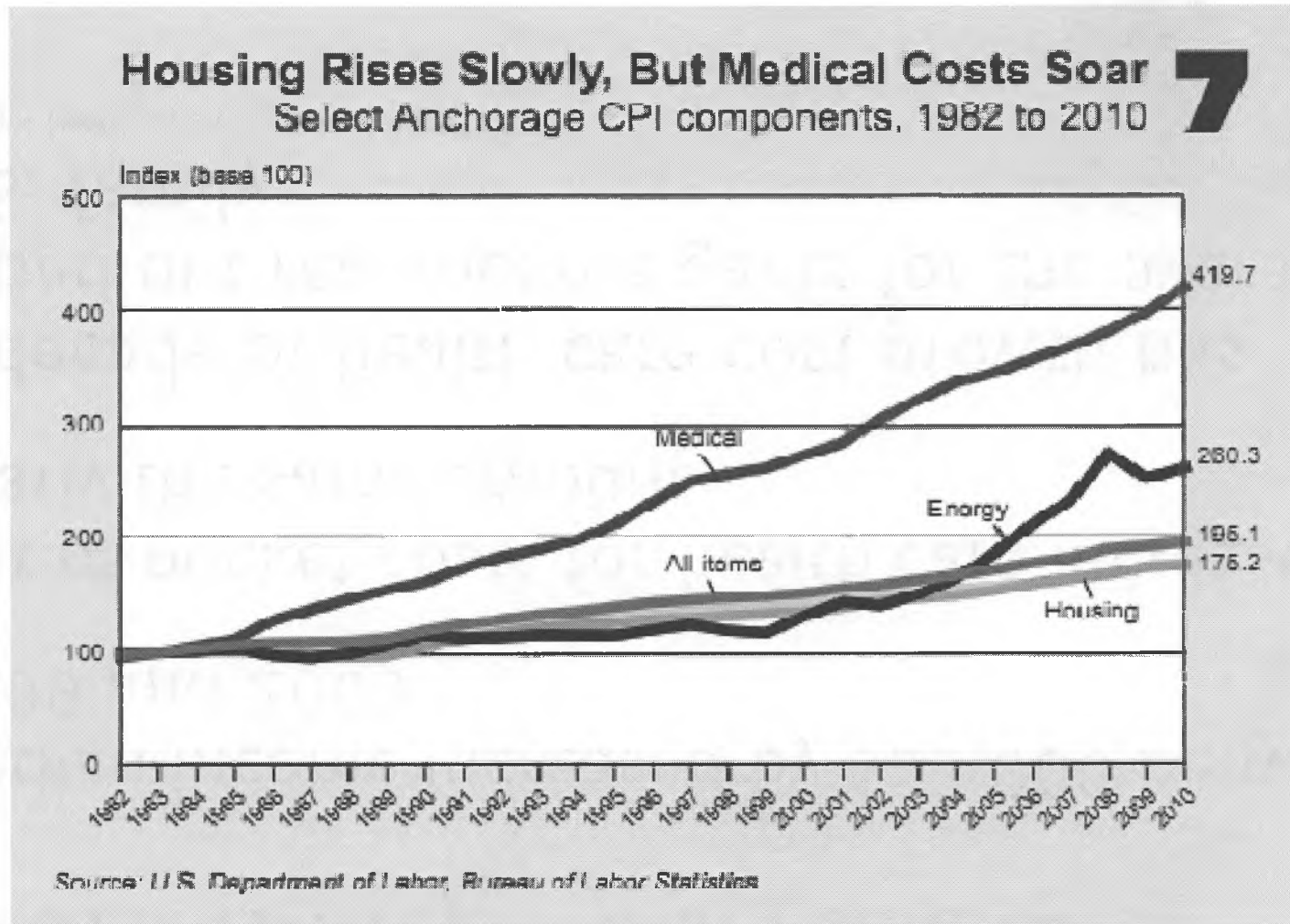
Affordability – U.S. Families

- ▶ Median income increased by \$23,000 between 1999 and 2009
- ▶ Out of pocket costs for health care increased by nearly the same amount
- ▶ A decade of health care cost growth has wiped out real income gains for the average U.S. family

Source – Health Affairs, September 2011 30:9



Affordability – Alaskan Families



Over the past decade, medical costs in Anchorage increased by 46% compared to 27% nationwide

Affordability – Alaskan Employers

- ▶ Fewer Alaskan employers offer employee health benefits in 2010 than in 2003
 - Large employers dropped from 95% to 93% (96% US)
 - Small employers dropped from 35% to 30% (39% US)

- ▶ Commercial premiums in Alaska are roughly 30% higher relative to comparison states
 - \$11,926/employee health benefits cost highest in the nation
 - Share employee pays increased from 17% to 22% for family coverage between 2003 and 2010

Value in Alaska's Health System

- ▶ **Coverage:** 14% – 19% uninsured¹
- ▶ **Costs:** 2nd highest per capita expenditures²
- ▶ **Quality:** Ranked 38th for health care quality³
- ▶ **Outcomes:** 35th healthiest state in the nation⁴

1. Varies dependent on whether IHS beneficiaries without 3rd party coverage are included in the uninsured count or not
2. CMS Personal Health Expenditure Data
3. 2010 US DHHS Agency for Healthcare Research & Quality State Dashboard on Health Care Quality
4. 2011 United Health Foundation America's Health Rankings

What System?

Our health care system is perfectly designed to deliver the results we get.

So...

How can we redesign (transform) the system to deliver the best possible health and health care at the lowest possible cost?

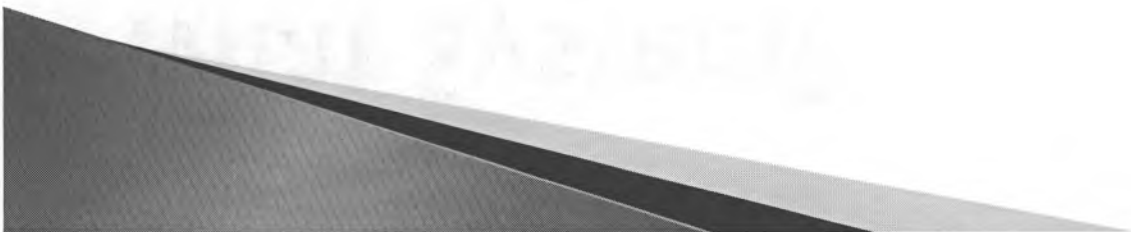
The Conundrum (at least one of them)

- ▶ “If we don’t cut costs, we’ll have to cut care.”

Don Berwick

- ▶ “Cutting costs does not cut costs.”

Joe Flower



The Answer

- ▶ “The way to make health care less expensive is to make it better.”

Don Berwick

So now how do we do that?

2009–2010

5-Year Strategic Planning Process

Develop Vision

Diagnose the
problems

Build
Foundation

Design
Transformation
Policies

Measure
Progress

2011

2012

2011

2012

2011

2012

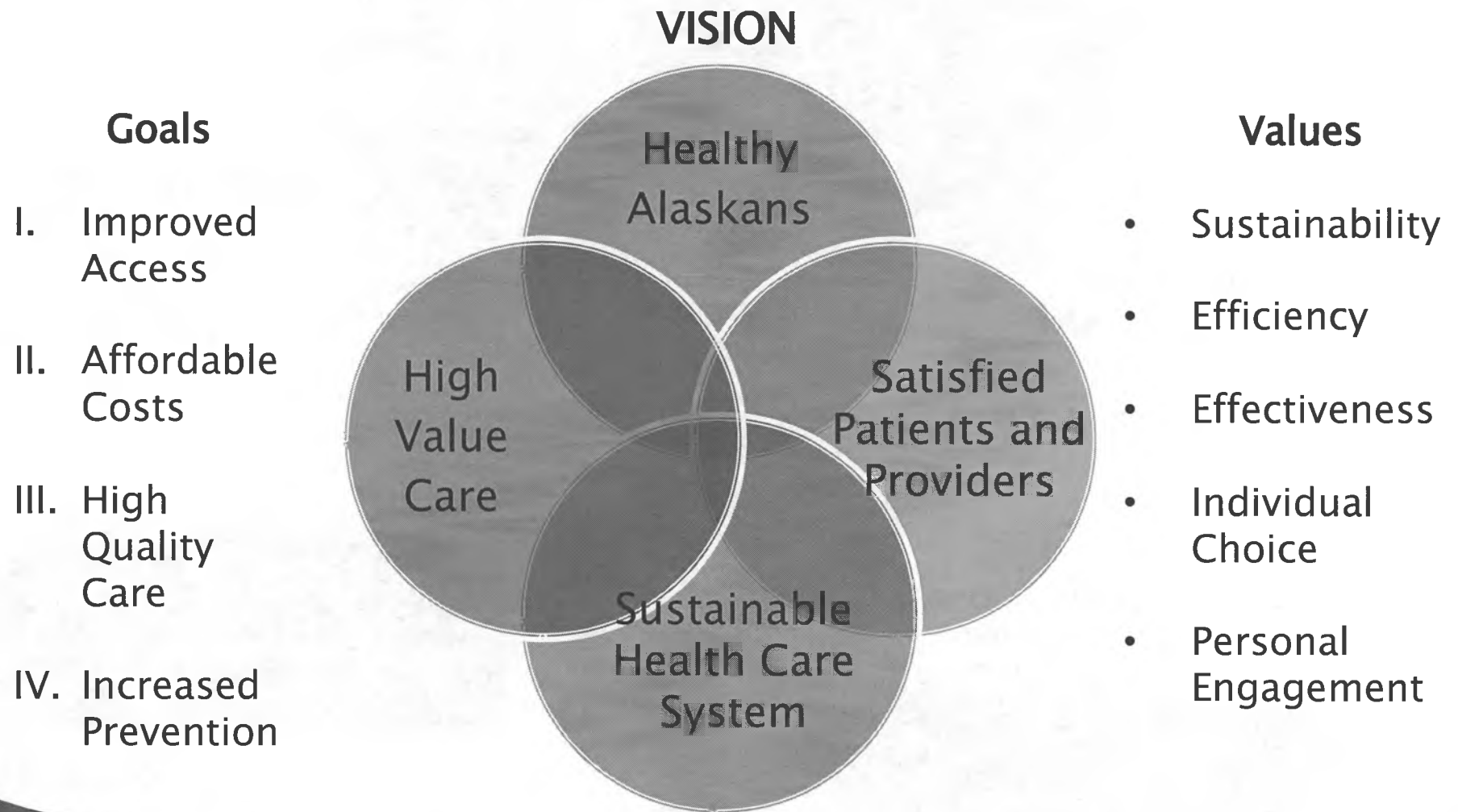
2013

2011

2012

2013

The Future



Health Care Transformation Strategy

Build the Foundation

- *Statewide Leadership*
- *Workforce*
- *Health Info Technology*

Design Policies to Enhance the Consumer's Role in Health

Through

- *Innovations in Patient-Centered Care*
- *Support for Healthy Lifestyles*

Consumer's Role in Health

Innovative Patient-Centered Care and Healthy Lifestyles

ACCESS

Statewide Leadership

VALUE

Workforce

Health Information Infrastructure

PREVENTION-BASED

Foundation

To Achieve Goals of

- **Increased Value**
 - Decreased Cost
 - Increased Quality
- **Improved Access**
- **Enhanced Prevention**

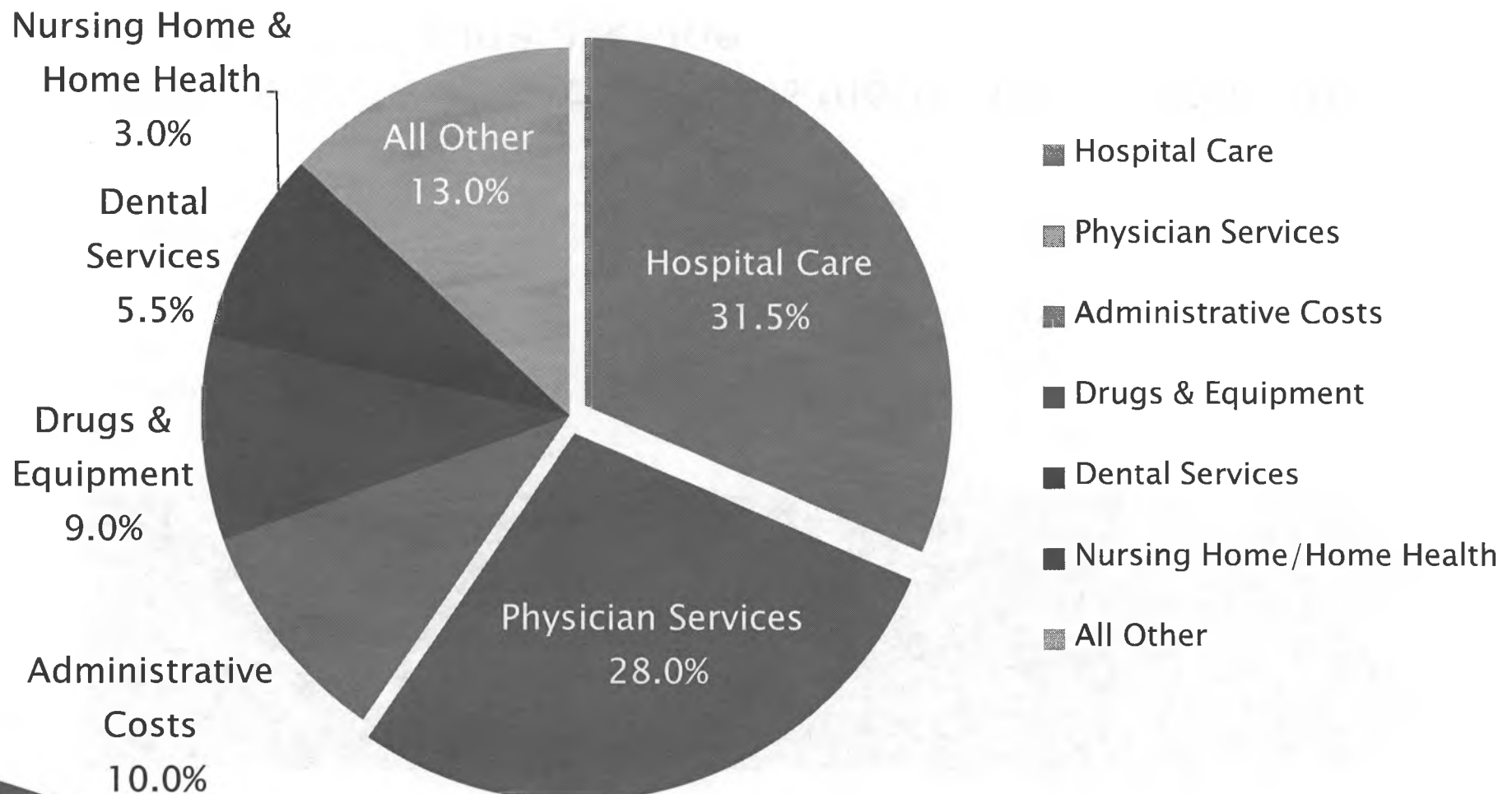
Diagnosing the Problem

- ▶ Description of Alaska's health care system (2009)
- ▶ Discussion of current challenges (2009)
 - Unsustainable costs
 - Inadequate insurance coverage
 - Logistical challenges
 - Fragmentation and duplication
 - Shortages and maldistribution in workforce
 - Health status, health risk behaviors and changing demographics
 - Use of health information technology
 - Urban Medicare access problem
- ▶ Overview of Affordable Care Act & Impact on Alaska (2010)

Diagnosing the Problem

- ▶ Understand health care cost drivers: Two complimentary analyses conducted in 2011
 1. Economic Analysis: Health Care Spending and Cost Drivers in Alaska
 - ISER/MAFA
 - Update of 2005 and 1992 analyses
 - Big picture: Total spending – by who, for what
 2. Actuarial Analysis: Health Care Prices and Cost Drivers in Alaska
 - Milliman, Inc.
 - Billed and allowed charges

What do Alaska's Health Care Dollars Buy?



Premiums

State	Health insurance PPO premiums					
	Single employee coverage		Family coverage		Per member	
	Monthly amount	Relative to comparison state average	Monthly amount	Relative to comparison state average	Monthly amount	Relative to comparison state average
Idaho	\$486	91%	\$1,358	98%	\$451	95%
Washington	552	103%	1,413	102%	482	102%
Oregon	571	106%	1,406	101%	486	103%
Alaska	684	128%	1,817	130%	613	130%
Comparison State Average	\$536	100%	\$1,392	100%	\$473	100%
Nationwide Average	\$508		\$1,390		\$465	

- ▶ Premiums in Alaska are 30% higher per member than comparison state average

Cost Drivers: Utilization (Kaiser FF)

Relative to National Average, Alaska had (in 2009)

- ▶ 29% fewer hospital admissions
 - Alaska: 82/1,000 pop
 - U.S.: 116/1,000 pop
- ▶ 23% fewer inpatient bed days
 - Alaska: 485/1,000 pop
 - U.S.: 628/1,000 pop
- ▶ 2% more emergency room visits
 - Alaska: 425/1,000 pop
 - U.S.: 415/1,000 pop
- ▶ 21% more hospital outpatient visits
 - Alaska: 2,530/1,000 pop
 - U.S.: 2,091/1,000 pop

Utilization – Milliman's Conclusion

- ▶ “Alaska’s utilization rates do not appear to be a major driver behind high premium rates.”
- ▶ “Alaska’s utilization is roughly in line with the comparison states, and significantly lower than the nationwide average.”
- ▶ *Caveat from the Commission: This is the answer to one specific question (why are premiums higher in Alaska than other states), but is not meant to imply that reducing utilization and making it more effective and efficient is not an important strategy – it is actually an essential strategy.*

Alaska prices* are significantly higher than comparison states'

▶ Physician Services

- 69% higher for commercial payers
- 60% higher for all payers combined
- Price differences between Alaska and the comparisons states vary significantly by specialty, e.g.,
 - Pediatrics: 43% higher for all payers; 39% higher for commercial
 - Cardiology: 83% higher for all payers; 101% higher for commercial

▶ Facility Services

- 37% higher for commercial payers
- 36% higher for Medicare
- Price differences within Alaska vary significantly by payer, e.g., commercial reimbursement is 113% higher than Medicare

* "Price" means paid claims (i.e., allowed, not billed, charges), including patient co-pay

Sample comparisons: Mean commercial allowed charges non-facility-based professional svcs

Description/ Code	AK	ID	ND	OR	WA	WY
Office/outpatient visit (99214)	194.83	133.62	140.11	164.90	140.23	117.70
Obstetrical care (59400)	4704.80	2457.25	2500.69	3183.41	2601.20	3061.87
Tissue exam by pathgst (88305)	226.49	72.40	65.94	77.08	64.43	127.60
Ultrasound therapy (97035)	43.54	14.27	17.48	18.59	13.73	27.93
Routine venipuncture (36415)	18.08	9.10	6.81	6.34	5.69	14.42
Insert intracoro-nary stent 92980	4486.68	1391.33	1524.52	1555.88	1331.22	2496.38

Sample comparisons: Mean commercial allowed charges non-facility-based professional svcs

Description/ Code	AK	ID	ND	OR	WA	WY
Total knee arth- roplasty (27447)	7264.91	2566.63	2269.14	2461.07	2288.07	5406.51
Total hip arth- roplasty (27130)	10557.38	2266.18	2175.36	2390.15	2263.44	3343.42
Frag. Kidney stone (50590)	4714.96	1227.63	1058.97	1344.22	1127.18	3548.51
Diagnostic col- onoscopy 45378	1199.45	618.32	399.59	587.87	448.27	772.43
Lap cholecyst- ectomy (47562)	4012.25	1433.64	1057.07	1253.79	1186.86	2588.80
Left heart cath (93510)	2203.48	389.01	416.15	453.32	389.54	605.25

Sample comparisons: within Alaska, by Payer

Description/ Code	Commercial	Medicare	TRICARE	VA	Medicaid	Work Comp
Office/outpatient visit (99214)	194.83	130.96	182.64	150.83	163.18	216.25
Obstetrical care (59400)	4704.80	2354.90	3181.81	4231.13	2821.81	5274.96
Tissue exam by pathgst (88305)	226.49	49.95	72.48	111.69	64.94	259.83
Ultrasound therapy (97035)	43.54	15.75	22.79	31.84	20.26	58.27
Routine venip- uncture (36415)	18.08	3.00	3.00	11.76	3.00	29.03
Insert intracoro- nary stent 92980	4486.68	1110.09	1626.42	3639.24	1398.93	5295.65

Sample comparisons: within Alaska, by Payer

Description/ Code	Commercial	Medicare	TRICARE	VA	Medicaid	Work Comp
Total knee arth- roplasty (27447)	7264.91	1934.46	2713.06	3832.63	2410.07	9278.23
Total hip arth- roplasty (27130)	10557.38	1810.11	2537.88	3560.16	2254.09	12671.59
Frag. Kidney stone (50590)	4714.96	1087.25	1650.32	2000.26	1468.81	5015.77
Diagnostic col- onoscopy 45378	1199.45	474.49	651.17	978.47	579.70	1494.59
Lap cholecyst- ectomy (47562)	4012.25	924.42	1297.66	1663.71	1152.54	5566.71
Left heart cath (93510)	2203.48	n/a	471.79	603.85	n/a	5657.83

Cost (Price) Drivers – Operating Costs

- ▶ Medical salaries in Alaska are 2% to 10% higher than comparison states (does not include benefit costs, and excludes non-salaried physician income)
- ▶ Cost of living in Alaska is 15% to 20% higher
- ▶ Hospital operating costs are 38% higher in Alaska than the comparison states on average
 - But rural hospital operating costs in Alaska are 86% higher on average than the average of all hospitals in the comparison states

Cost (Price) Drivers – Provider Discounts

State	Provider Discounts			
	Inpatient Hospital	Outpatient Hospital	Professional	Overall
Alaska	32%	35%	20%	28%
Idaho	27%	20%	29%	25%
Oregon	36%	35%	32%	34%
Washington	46%	49%	35%	42%
Wyoming	19%	16%	26%	21%

Private Hospital Sector Average Operating Margins

Region/State	2008	2009	2010
Hawaii	-1.3%	-2.7%	3.4%
Idaho	5.8%	6.8%	6.1%
North Dakota	-0.6%	2.1%	4.0%
Oregon	2.9%	3.7%	6.1%
Washington	4.2%	4.9%	5.8%
Wyoming	6.5%	2.6%	9.4%
COMP STATE AVG.	3.3%	3.9%	5.7%
NATIONWIDE AVG.	1.5%	3.8%	5.3%
Urban Alaska (Anch/Fbx/Mat-Su)	11.5%	13.4%	16.2%
Rural Alaska (non-MSA)	5.4%	5.2%	6.1%
ALASKA	9.8%	11.2%	13.4%
AK relative to comp states	297.4%	289.0%	232.8%

Milliman's Cost (Price) Driver Conclusions

▶ Private Hospital Sector

- Prices in Alaska are high relative to comparison states
 - Operating costs are driving higher prices in rural Alaska
 - Average of rural Alaskan hospitals' operating costs is 86% higher than average of all private comparison state hospitals
 - Operating margins are driving higher prices in urban Alaska
 - Average of private urban Alaskan hospitals' operating margins is 186% higher than the average of all private comparison state hospitals

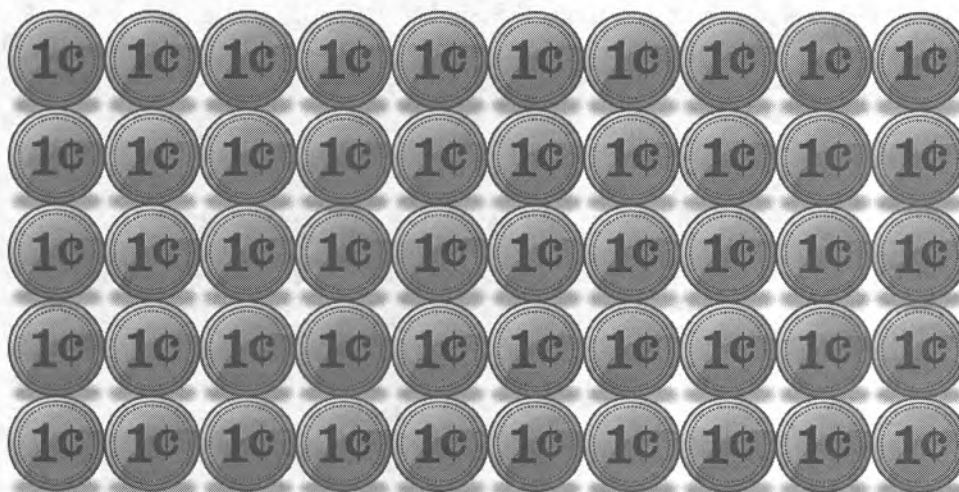
▶ Physician Services (non-facility-based)

- Prices for commercial payers are very high relative to comparison states
 - Low discounts indicative of high physician pricing power, likely due to relative scarcity particularly of specialists.

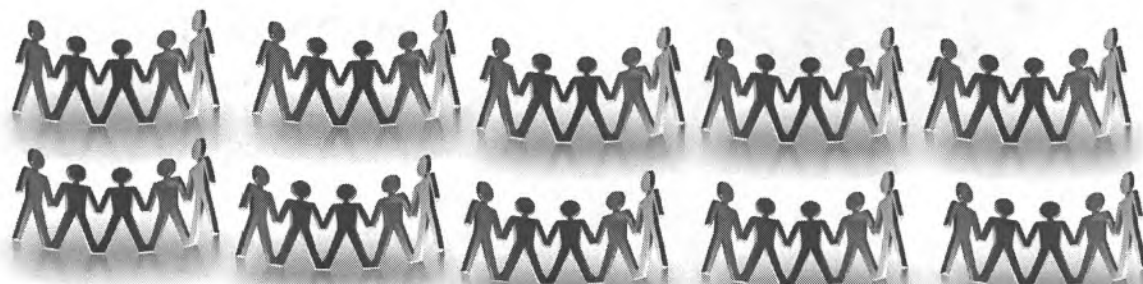
▶ Low Medicare rates create upward pressure on prices for other payers.

Solutions focused on Value and Health

5% of the U.S. population required 50% of health care spending in 2009*



50% of the population required 3% of health care spending in that same year



* U.S. Agency for Healthcare Research & Quality/DHHS, January 2012

Focus on Health & Value

Provide high quality, evidence-based efficient, effective care; prevent conditions from worsening and prevent hospitalizations if possible

Complex Conditions

Provide Care Coordination; Care Management; other needed Supports

Mild to Moderate Illness & Conditions

Healthy Population:
Focus on Prevention

**Ensure the best available evidence
is used for making decisions**

Solution #1

The need for application of high grade evidence

- ▶ Waste in the health care system due to misused medical resources is estimated to represent 30% of health care spending
- ▶ Just a few examples
 - Drugs pulled from the market due to dangerous side-effects: Vioxx, Avandia, Meridia
 - Therapies found to be harmful: Hormone therapy
 - Expensive invasive treatments no more effective than those less costly/invasive: arterial stents

Quality/Appropriateness of Care



- ▶ Evidence-based medicine aims to apply the best available evidence gained from the scientific method to medical decision making. It seeks to assess the quality of evidence of the risks and benefits of treatments (including lack of treatment).
- ▶ Isn't that what we've always done?
 - Not exactly
 - Requires understanding and interpretation of grades of evidence

Commission Recommendations

Foster the Use of Evidence-Based Medicine

- ▶ Encourage and support State health care programs to
 - engage in application of high grade evidence-based medicine (EBM) in benefit design and provider payment methods
 - ▶ Require/Direct State health care programs to
 - Coordinate development and application of EBM policies
 - involve health care providers and consumers in decision-making related to application of EBM to public policy
 - Incorporate data on patient compliance in developing provider payment methods and benefit design
 - ▶ Implement a web-based data system for public health information
- 

Enhance quality and efficiency of care on the front end

Solution #2

Commission Recommendations

▶ Patient-Centered Primary Care

- Recognize value through appropriate reimbursement
- Promote patient-clinician relationship
- Incorporate strategies proven to be successful
 - Vision focused on improving patient care
 - Phased approach to implementation
 - Tiered approach to managing patient populations
 - Local (practice-level) flexibility
 - Strong medical leadership and management
- Include attributes of successful initiatives
 - Resources
 - Tools
 - Shared learning environment
 - Timely data
 - Infrastructure support
 - System of review
- Support a State government led Patient-Centered Medical Home Initiative

Commission Recommendations

▶ Trauma System

- Support all the components of a strong trauma system
- Support continued implementation of 2008 ACS recommendations

Increase price and quality transparency

Solution #3

Commission Recommendations

- ▶ Preliminary Steps Toward Transparency
 - Encourage full participation in Hospital Discharge Database
 - Study feasibility of an All-Payers Claims Database

Alaska's Hospital Discharge Database

- ▶ Started in 2001
- ▶ Voluntary participation
- ▶ Utilization inconsistent due to:
 - Incomplete data
 - 11 of 27 hospital facilities (representing approximately 75% of discharges) participated in 2010
 - Unstable financial support
 - Lack of knowledge about potential uses and benefits

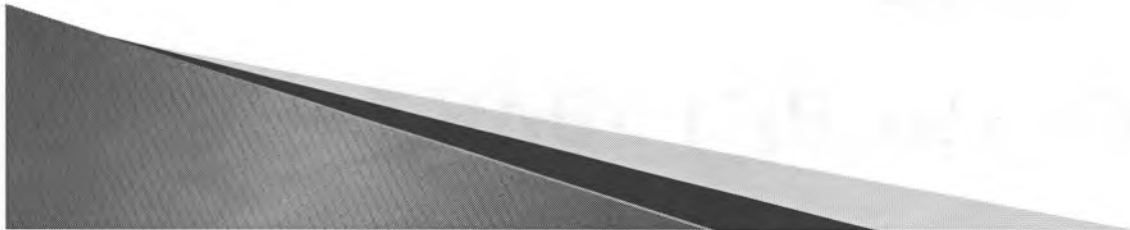
All-Payer Claims Databases (APCDs)

- Databases created by state mandate that include data derived from medical, pharmacy, and dental claims with eligibility and provider files from private and public payers:
 - Insurance carriers (medical, dental, 3rd-party administrators, pharmacy benefit managers)
 - Public payers (Medicaid, Medicare)
- Augment (do not replace) hospital discharge, Medicaid, Medicare, registries, and other datasets

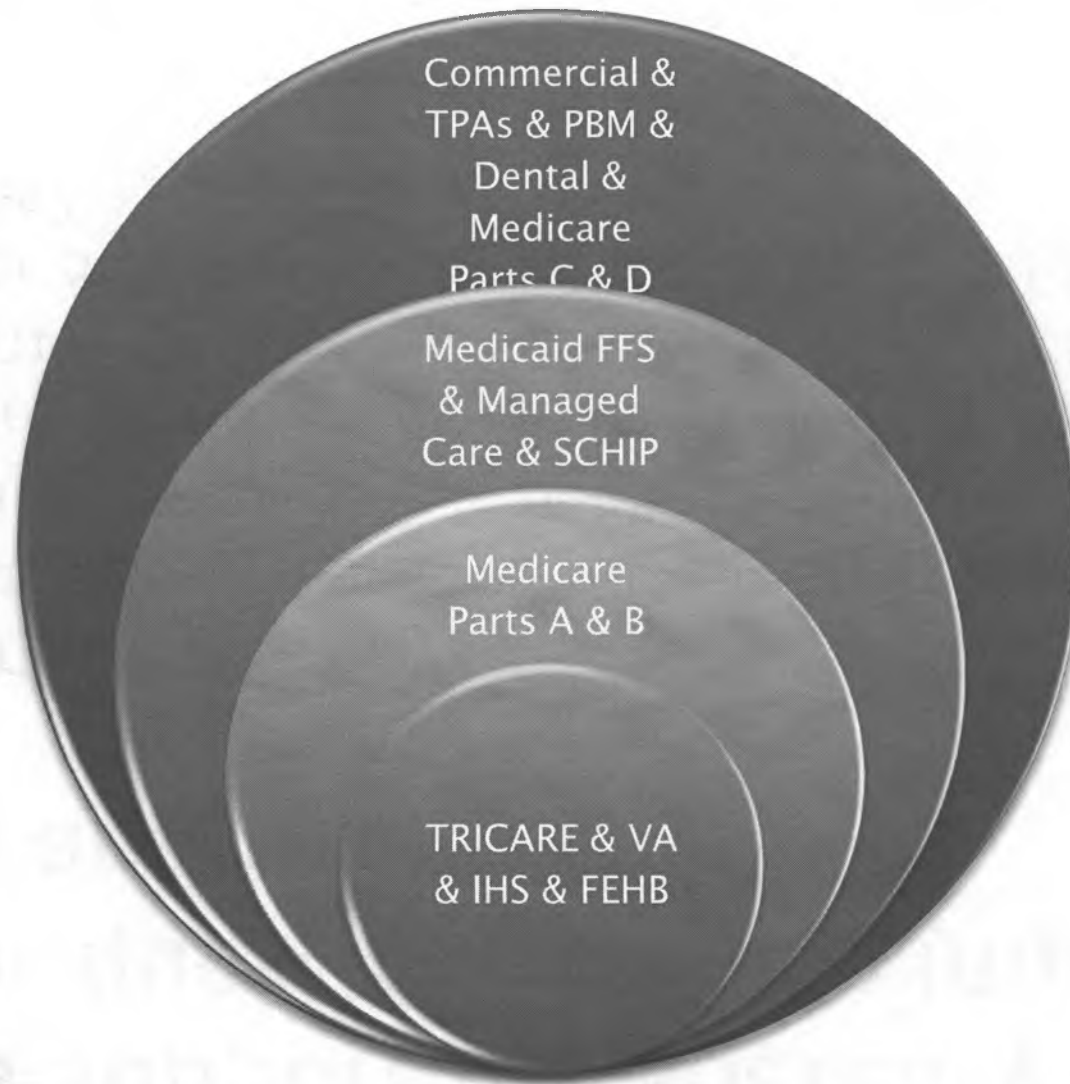
APCDs support transparency and answer questions to help improve health and health care

For Example:

- ▶ What does a MRI cost by provider and by payer?
- ▶ In what communities is public health improving?
- ▶ If emergency room usage in Medicaid is higher than the commercial population, what are the drivers?
- ▶ How far do people travel for services? Which services?

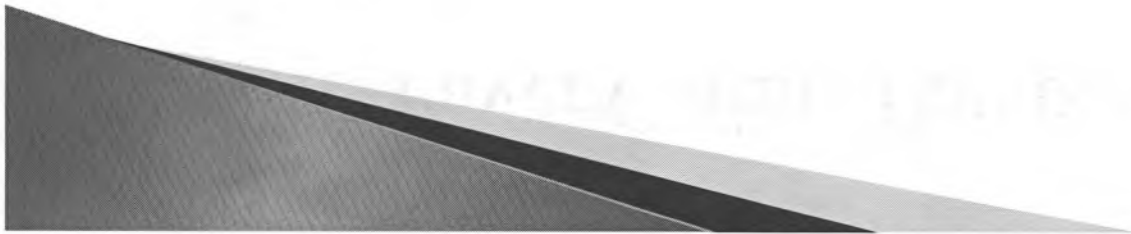


All-Payer Claims Data Sources

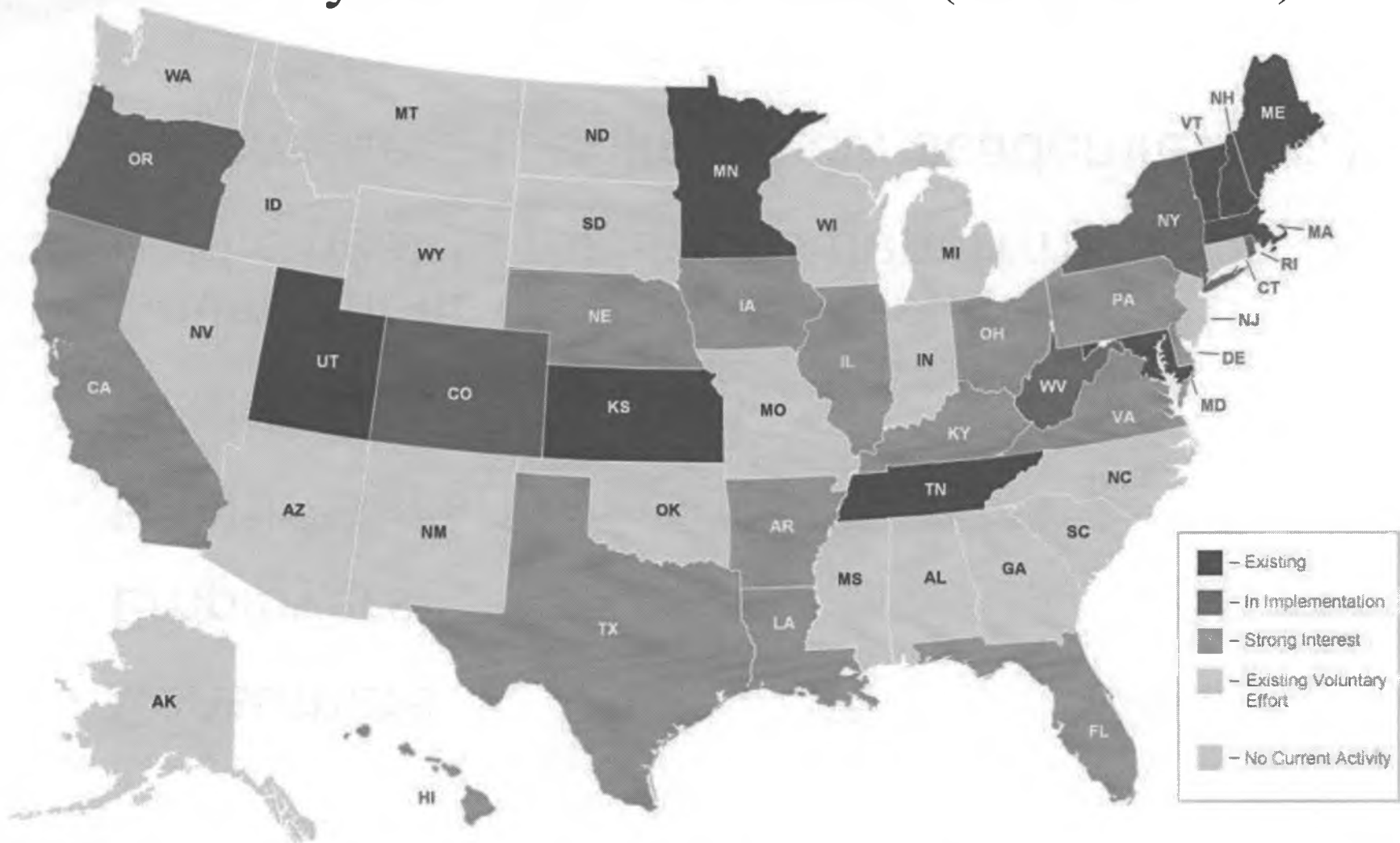


Users of All-Payer Claims Data

- Consumers
- Employers
- Health Plans/Payers
- Health Care Providers
- Government (policy makers, Medicaid, public health, insurance department, etc.)
- Researchers (public policy, academic, etc.)



All-Payer Claims Databases (as of June 2011)



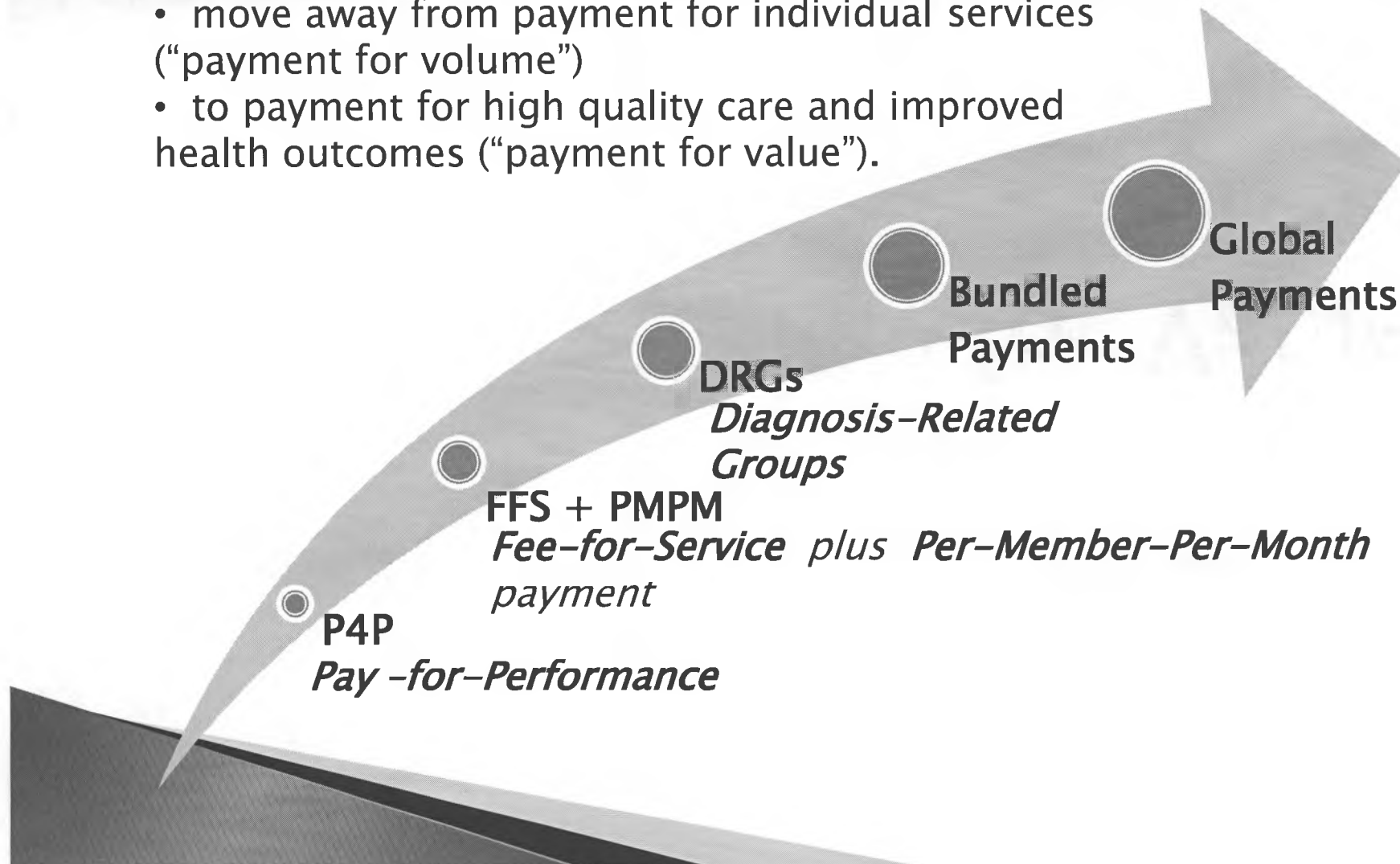
Pay for Value

Solution #4

“Continuum” of Payment Reform

Restructuring how we pay for health care to:

- move away from payment for individual services (“payment for volume”)
- to payment for high quality care and improved health outcomes (“payment for value”).



Payment Reform System Requirements



**Risk
Management**



**Population
Health
Management**

**Organizational
Alignment**



**Payment
Policy
Alignment**



System Requirements for Supporting Payment Reform

- ▶ Capability to manage financial risk (both payers and providers)
 - Data and analytics for monitoring utilization and quality
 - Actuarial expertise for financial risk analyses
- ▶ Capability to manage health (patients, providers, payers)
 - Methods for targeting high risk patients
 - Capability to track, coordinate and follow-up on patient care
 - Patient education and self-management support
- ▶ Alignment of organizational structures (providers, facilitator?)
 - Trust relationships between physicians and hospitals
- ▶ Alignment of payment policies (payers)
 - Multi-payer approaches to avoid further fragmentation of payment systems

Alaska at the back of the pack?

- ▶ Alaska is one of only three states that reimburses Medicaid strictly on a FFS basis (along with NH & WY)
- ▶ Lowest HMO Penetration in the U.S. at 0.1% (July 2010)
- ▶ FFS + PMPM --- Preliminary plans :
 - Alaskan FQHC applicant(s) for Medicare Demo (but unsuccessful...)
 - Medicaid Task Force: Patient-Centered Medical Homes
 - AK DHSS Pilot Program expected to begin Jan 2013
- ▶ Payment Bundling for Diagnoses or Episodes of Care
 - Alaska VA RFP for in-state cancer care includes option for service and payment bundling

Commission Recommendations

- ▶ Utilize payment policies for improving value
- ▶ Take a phased approach – start with primary care
- ▶ Develop data collection and analysis capacity as a tool for quality improvement and payment reform
- ▶ Support efforts by State government officials collaborating on health care purchasing strategies
- ▶ Take a multi-payer approach to minimize burden on providers

Build the foundation of a strong health care system

Solution #5

Health Workforce

- ▶ 2009 Commission Recommendations
 - Make workforce development a priority and support coordinated planning
 - Strengthen the pipeline
 - Support workforce innovation and adaption as care models evolve
 - Increase the supply of primary care providers
 - Support educational loan repayment and financial incentives
 - Expand WWAMI
 - Support primary care residency development
- ▶ Currently tracking the impressive work of the Alaska Health Workforce Coalition

Health Information Infrastructure

- ▶ 2009 Commission Recommendations
 - Support HIT (electronic health records, health information exchange, and telemedicine) adoption and utilization
 - Ensure HIT is utilized for public health purposes
 - Ensure data available through the health information exchange is used to improve health care
 - Ensure privacy and security of health information
 - Facilitate broadband telecommunication service access
 - Improve reimbursement for telemedicine-delivered services

Focus on Prevention

Solution #6

Support healthy lifestyles: Obesity Prevention

► Findings

- The most significant public health challenge facing Alaskans today
- Related medical spending in Alaska estimated at \$477 million
- As many as 40% of Alaska's children are overweight or obese.
- A child born today has a 34%–38% chance of developing diabetes in his or her lifetime

► Recommendation

- Implement evidence-based programs.

Support healthy lifestyles: Immunizations

- ▶ Alaska ranked 49th in 2009 for rate of immunization completion for children aged 19–35 months
- ▶ **Recommendation**
 - Ensure adequate funding and support for program.

Support healthy lifestyles: Behavioral Health

- ▶ Almost one-quarter of all adult stays in U.S. community hospitals involve mental health or substance use disorders.
- ▶ Alaskans experience high rates of violence, with 47.6% of adult women reporting having experienced intimate partner violence in their families.
- ▶ Binge alcohol use in Alaska is among the highest in the nation.
- ▶ The 2009 age-adjusted suicide rate for all Alaskans was 20.2/100,000 – 140 lives lost.
- ▶ **Recommendations**
 - Integrate behavioral health and primary care services; support with new payment methodologies
 - Screen using evidence-based tools:
 - History of adverse childhood events
 - Substance abuse
 - Depression

Next Steps

Commission's 2012 Agenda

- Continue learning about current health care system challenges
 - Pharmaceutical Costs
 - Behavioral Health System
 - Impact of 2005 Malpractice Reform
 - Track Federal Health Care Reform
- Consider additional strategies for future recommendation
 - Reduce government regulations that hamper innovation and increase costs
 - Enhance the employer's role in health and health care
 - Improve patient choice in end-of-life care decisions
 - Use technology to facilitate access to care.

Update on Affordable Care Act

Included as Appendix C in the Commission's
2011 Annual Report

Thank You

For more information, visit the Commission's
web site at:

<http://hss.state.ak.us/healthcommission>

For periodic updates, join the Commission's
listserve by:

1. Visiting the Commission's home page, and
2. Clicking on: “ Subscribe to our listserve”

Department of Health & Social Department Overview Services

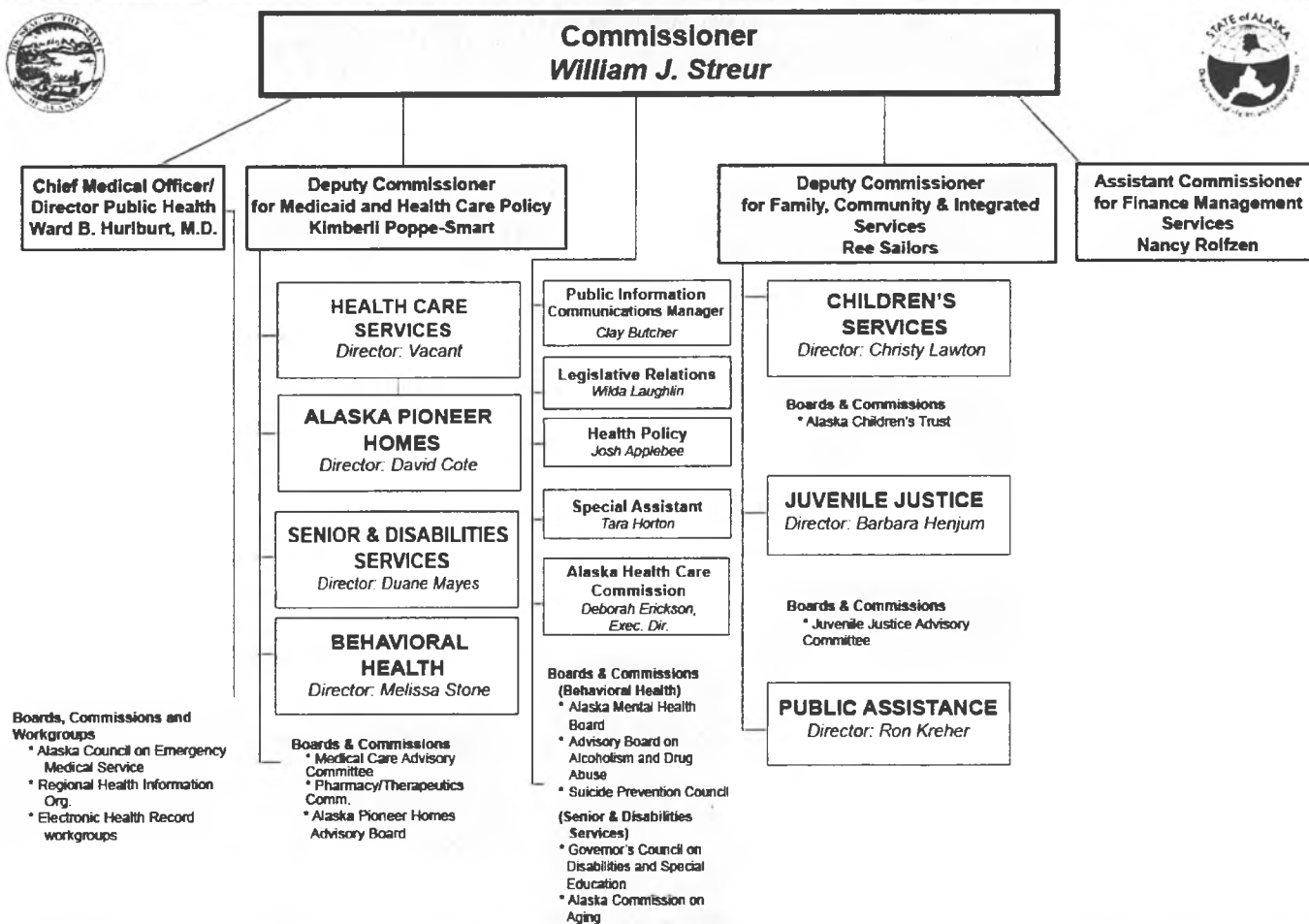


Partnerships

Commissioner William Streur
2012 Department Overview



Department of Health & Social Organization Services



Mission: to promote and protect the health and well-being of all Alaskans





Core Services

- Provide the highest quality of life in a safe home environment for older Alaskans and veterans.
- Manage an integrated and comprehensive behavioral health system based on sound policy, effective practices, and open partnerships.
- Promote safe children and strong families.
- Manage health care coverage for Alaskans in need.
- Hold juvenile offenders accountable for their behavior, promote the safety and restoration of victims and communities, and assist offenders and their families in developing skills to prevent crime.
- Provide self-sufficiency and basic living expenses to Alaskans in need.
- Protect and promote the health of Alaskans.
- Promote the independence of Alaskan seniors and persons with physical and developmental disabilities.
- Provide quality administrative services in support of the department's mission.

Priorities

- Integrated Health and Wellness
- Health Care Access and Delivery
- Sustainable Long-Term Care Delivery System
- Safe and Responsible Families and Communities

Mission: to promote and protect the health and well-being of all Alaskans





Priorities

- **Integrated Health and Wellness**
- Adult Preventative Dental Care: 14,821 Individual recipients over the age of 21
- H1N1 Pandemic Influenza vaccinations and distribution to providers
- Alaskans Taking on Childhood Obesity (ATCO)

Mission: to promote and protect the health and well-being of all Alaskans

Partnerships





Priorities

Health Care Access and Delivery

Medicaid Task Force

- Patient-centered medical homes
- Pharmacy – effective use of generic and formula drugs
- Community First Choice

Mission: to promote and protect the health and well-being of all Alaskans

Partnerships





Priorities

Sustainable Long-Term Care Delivery System

- Alaska Seniors and Veterans in the Pioneer Homes
- Served ~ 30,000 recipients through Senior and Disabilities service programs
- Partnering with Native Organizations for Nursing Home Care

Mission: to promote and protect the health and well-being of all Alaskans

Partnerships





Priorities

Safe and Responsible Families and Communities

- Support Child Advocacy Centers
- Child Welfare system Family-to-Family (F2F)
- Families First
- Bring the Kids Home

Mission: to promote and protect the health and well-being of all Alaskans

Partnerships





Priorities

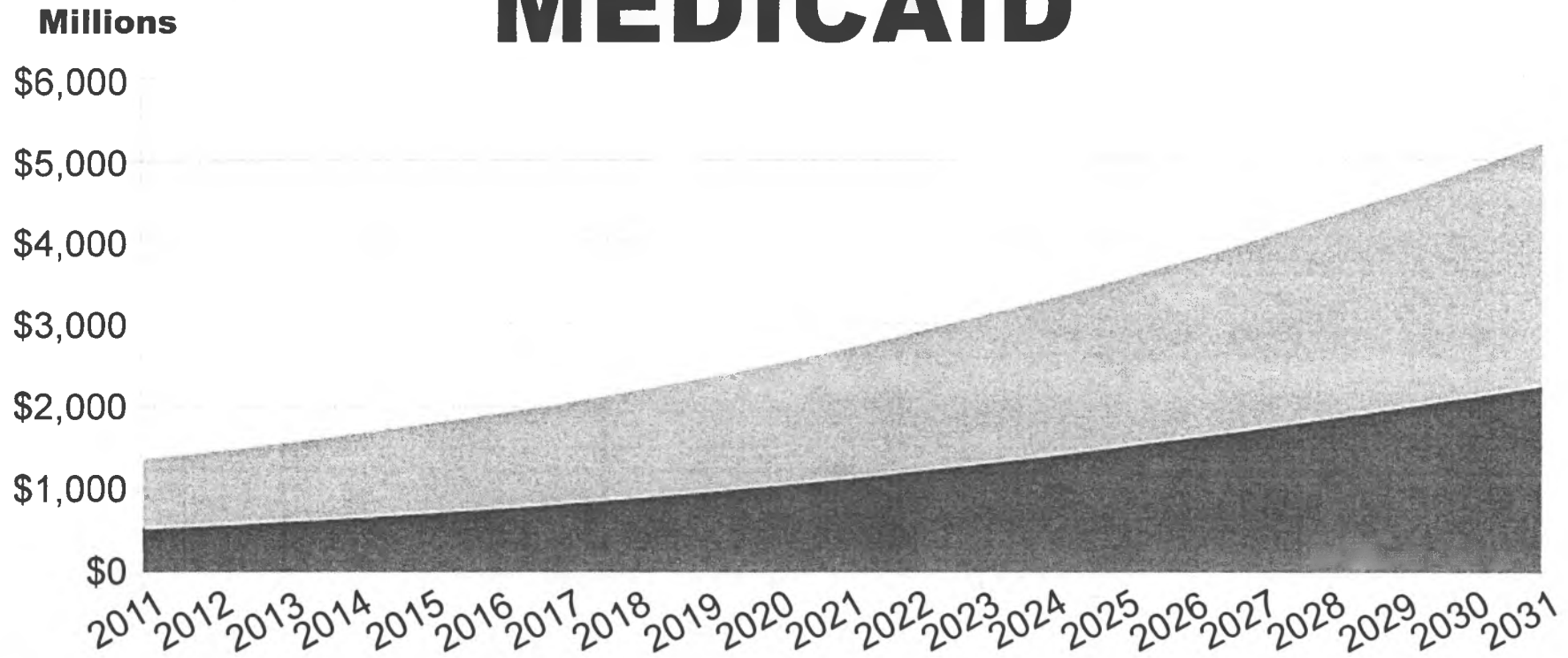
Safe and Responsible Families and Communities Cont.

- Juvenile Justice
 - Alaska Native Recidivism Committee
 - Behavioral Health Services for Juveniles within detention and treatment facilities
- Heating Assistance Grants – Over 14,500 during 2010-2011 heating season
- Home and Community-based senior and disabilities services



Challenge:

MEDICAID



Mission: to promote and protect the health and well-being of all Alaskans

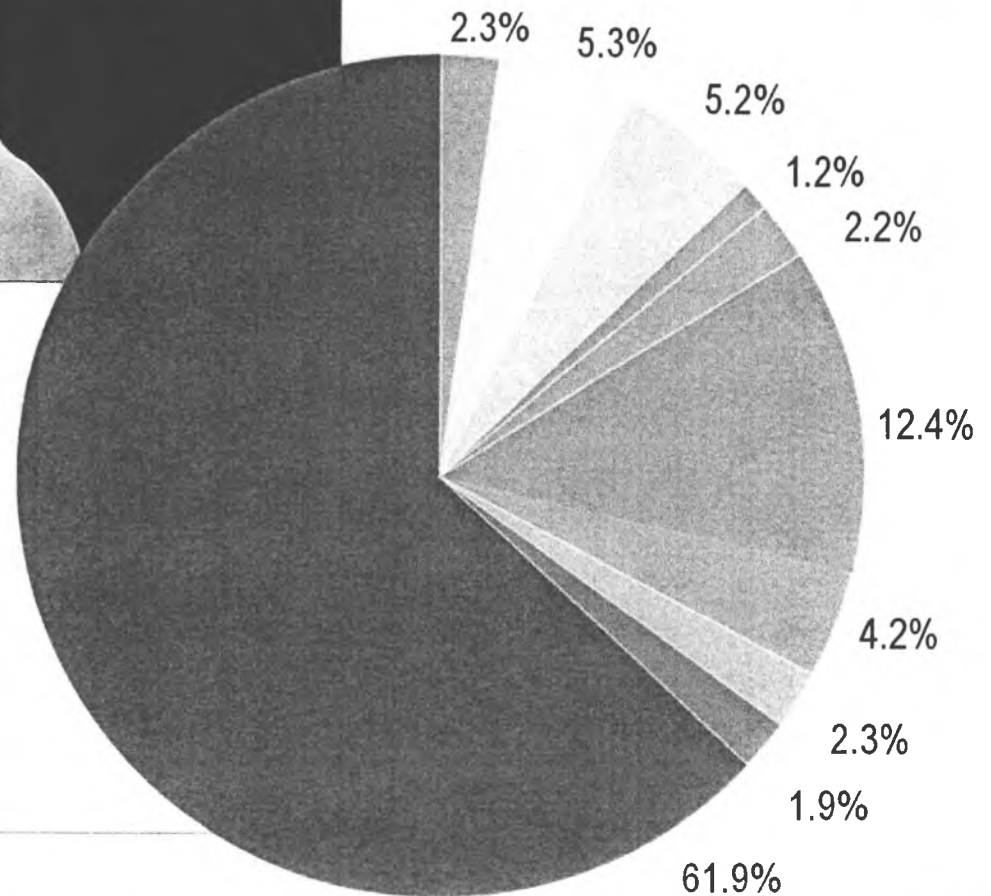
Partnerships



Department of Health & Social Services Budget Overview



Alaska Pioneers Homes	61,061.4
Behavioral Health	138,935.6
Office of Children's Services	135,470.0
Health Care Services	32,254.4
Juvenile Justice	58,175.2
Public Assistance	323,996.0
Public Health	109,935.7
Senior & Disabilities Services	61,173.8
Finance & Management Services	51,218.2
Medicaid Services	1,645,471.9
	2,617,692.2



Mission: to promote and protect the health and well-being of all Alaskans

Partnerships





Goals

- **Vulnerable Populations**
 - Increase the percentage of at-risk individuals who are able to live safely in their homes in Alaska.
- **Substance Abuse**
 - Decrease the negative impacts of alcohol and substance abuse in Alaska.
- **Long Term Care**
 - Increase the percentage of adults 65 and older living independently in Alaska.
- **Health and Wellness**
 - Improve the health status of Alaskans.
- **Health Care Reform**
 - Improve access to quality health care in Alaska.

Mission: to promote and protect the health and well-being of all Alaskans

Partnerships





Strategies

- **INTEGRATED SERVICES**
- Maximize resources for effective service delivery.
- Promote rural infrastructure development and standardization of regional structure.
- Promote accountability at all levels of the organization.
- Leverage technology in strategic ways to accomplish the department's goals.

Mission: to promote and protect the health and well-being of all Alaskans

Partnerships





Strategies

- Promoting and responding to overall health and wellness of Alaskans
- System Development/Improvements
- Partnerships
- Recruitment and retention of qualified employees

Mission: to promote and protect the health and well-being of all Alaskans

Partnerships



Department of Health & Social Alaska Pioneer Homes



Alaska Department of Health and Social Services
Alaska Pioneer Homes

search

DHSS State of Alaska

Health & Social Services > Alaska Pioneer Homes

NEWS

December 2011-Anchorage

Master Gardeners honored for their service

December 9th, the Anchorage Pioneer Home honored Judy Christinson and Mary Shier for their 20 years of volunteer service at our home through the Master Gardener Program. They were responsible for all the beautiful flowers in the front of our home each summer for the past two decades. They have grown the flowers from seeds, planted and cared for them each summer and prep everything for winter. Both Judy and Mary have volunteered thousands of hours of their time over the years taking care of the Anchorage Pioneer Home's gardens. We can't thank them enough.



Dave Cote
Director of Alaska Pioneer Homes

Serving dignity and
the Pioneer Homes are
providing a safe and
environment to
with a focus on people's
potential for personal

-Dave Cote, Director

From left to
right, Judy
Christinson and
Mary Shier are
presented their
awards.



December 2011-Fairbanks

Mission: assist older Alaskans to have the highest quality of life by providing assisted living in a safe home setting which promotes positive relationships, meaningful activities, and physical, emotional, and spiritual growth.

Our Statewide Homes



Our Main Number

1-888-355-3117

- > Anchorage
- > Fairbanks
- > Juneau
- > Ketchikan
- > Palmer
- > Sitka
- > Pioneer Homes Pharmacy

Important links

- > Resident & Family Information
- > Admission Forms
- > Q & A
- > Payment Assistance
- > Waitlist Information
- > Locations Map
- > Advisory Board



Department of Health & Social Behavioral Health



Alaska Department of Health and Social Services

Division of Behavioral Health

Health & Social Services > Behavioral Health

DHSS State of Alaska

CURRENT EVENTS & ANNOUNCEMENTS

Use this link for New Integrated Behavioral Health
Regulations Implementation



Melissa Witzler Stone
Director

ers promoting healthy
communities."

ission & Values

INE BEHAVIORAL
HEALTH
ora! Healthcare Services

ed about a
NERABLE
ULT?
00-478-9996

IDE
RTS

- Statewide suicide prevention plan now open for comment 10/2011
- Treatment and Recovery Grantees 12/2011
- Prevention and Early Intervention Grantees 12/2011
- SFY2011 Comprehensive Behavioral Health Treatment & Recovery (CBHTR) Grant Program Funding Summary and CBHTR PBF Letter
- Medicaid Billing and Provider Enrollment Information
- Alaska Scorecard: Key Issues Impacting Alaska Mental Health Trust Beneficiaries
- Individual Service Agreement Grants

Behavioral Health Block Grant Application 2012

The Alaska - 2012 Combined Behavioral Health Block Grant is available for comment. Persons wishing to comment on the draft plan are also invited to call or e-mail their suggestions to the Division Operations Manager Stacy Toner (907) 465-3370 or stacy.toner@alaska.gov Access the Block Grant application at the following:

<https://bgas.samhsa.gov>
User name: citizenak
Password: citizen

SECTIONS

- Home
- Division Contacts

Programs

- Alaska Psychiatric Ins
- Policy & Planning
- Prevention & Early Intervention
- Program Integrity
- Treatment & Recovery

Resources

- Advisory, Advocacy, & Planning Boards
- Division Initiatives
- Documents & Publications
- Forms
- Frequently Asked Questions (FAQ's)
- Grants & Contracts - Public Notice
- Lending Library
- Performance Manager System
- Provider Jobs
- Policies & Procedures

Mission: to manage an integrated and comprehensive behavioral health system based on sound policy, effective practices and partnerships.



Department of Health & Social Office of Children's Services



Alaska Department of Health and Social Services

Office of Children's Services



search

DHSS State of Alaska

> Office of Children's Services



Director



ns of healthy
oment here:
tion.alaska.gov

children safe
people strong

HEADLINES

- OCS Response to Citizens Review Panel (CRP) Report
- January Newsletter: The Pipeline
 - Alaska Staff Survey Report - 2011
 - Tribal Survey Report - 2011
 - Foster Parent Survey Report - 2011
 - OCS Comprehensive Assessment Process - 2011 Logic Model
 - Indian Child Welfare (ICWA) Desk Guide to ICWA Law & Culture
 - Television: New Foster Care PSA
- Report: Early Intervention: A Powerful Investment
- Foster Parent Survey Results
 - Radio PSA "It's My Job to Prevent Child Abuse"
- 2010 Tribal Report
- Protective Capacity Assessment Stakeholder Edition
- 2010-2014 Supervisors' Strategic Plan
- Children's Trust Annual Report
- 2010 Alaska Staff Survey Final Report
- 2010 Alaska Staff Survey Comparison Report
- Alaska Citizen Review Panel 2011 Report
- 2010 Annual Progress & Service Report
- Foster Care Rate Schedule
- Social Services Block Grant FY11
 - Parent's Rights Brochure
 - Become a Foster Parent (Commercial)
 - Alaska 2-1-1
 - Requesting Adam Walsh Checks from Alaska



Anchorage: 1-800-478-4444
Southcentral: 1-855-352-8934
Northern Alaska: 1-800-353-2
Southeast: 1-888-622-1650
Western Region: 1-800-557-3

PROGRAMS

- Adoption & Guardianship
- Alaska Early Intervention Infant Learning Program
- Children's Justice Act
- Children's Trust
- Early Childhood Comprehensive System Grant (ECCS)
- Family Preservation

Mission: to protect and serve Alaska's children and families.



Department of Health & Social Health Care Services



Alaska Department of Health and Social Services Division of Health Care Services

DHSS State of Alaska

Health & Social Services > Health Care Services



Kimberly Poppe-Smart
Director

 **Recipient
Help Lines**

**Preferred
Drug List**

 **alaska
Health Information
TECHNOLOGIES**

**Where to
More**

USEFUL LINKS

- **Alaska Medicaid Recipient Handbook**
- **Contacts**
- **Director's Office**
- **Directory of Alaska's Health Care Sites**
- **Certificate of Need**
- **Health Facilities Certification**
- **Help Beyond Medicaid**
- **HIPAA Information**
- **Medicaid State Plan**
- **Medical Care Advisory Committee**
- **Orthodontia guidelines**
- **Payment Error Rate Measurement (PERM)**
- **Physician Supply Taskforce Report**
- **Planning Links and Resources**
- **Provider Information**
- **Publications/Reports**
- **Prior Authorization**
- **Rate Review**
- **Recipient Help Line**
- **Resources**
- **Rural hospitals**
- **School Medicaid Administrative Claiming**
- **Tribal Health**
- **Useful Links**

PROGRAMS

- **Adult Dental Care Pro**
- **Case Management Services**
- **Certificate of Need**
- **Certification and Licer**
- **Chronic & Acute Med Assistance (CA/MA)**
- **Denali KidCare**
- **Early & Periodic Scre Diagnosis & Treatment (EPSDT)**
- **Medicaid**
- **Medicare Part "D"**
- **Preferred Drug List**
- **Transportation**

Health Care Provider
PEP Provider Enrollment Portal
now available for new Medicaid provider enrollment
Click Here 
ALASKA MEDICA

Mission: to provide health coverage to Alaskans in need.



Department of Health & Social Juvenile Justice Services



Alaska Department of Health and Social Services

Division of Juvenile Justice

Search

DMSS State of

Health & Social Services > Juvenile Justice



Barbara Henjum
DIRECTOR



Division of Juvenile Justice
Success Stories

OF INTEREST

- > Come work for us! Check out our new recruitment videos!
- > AJJAC 2010 Annual Report
- > Gang Reduction & Intervention Network (GRAIN) assesses Fairbanks gang activity with survey
- > Fact Sheet: Preventing abuse at McLaughlin Youth Center
Our plan for addressing victimization in state youth facilities
- > Disproportionate Minority Contact in Alaska
- > Success Stories
- > Threat Security and Safety:
An Assessment of Security Needs for Alaska's Juvenile Detention Facilities
- > Restorative Justice System
- > Who's Who in the DJJ State Office
- > Who's Who in DJJ

The mission of the Division of Juvenile Justice is:

- > Hold juvenile offenders accountable for their behavior
- > Promote the safety and restoration of victims and communities
- > Assist offenders and their families in developing skills to prevent crime

FOR MORE INFORMATION

State of Alaska
Division of Juvenile Justice
240 Main Street, Suite 701
P.O. Box 110635
Juneau, AK 99811-0635

OUR LOCATIONS

- > Map of DJJ Locations
- > List of DJJ Locations
- > Youth Facilities
- > Probation Services

WHAT WE ARE DOING

- > Statistics
- > Publications
- > Performance Measure
- > Capital Projects

ABOUT US

- > The Director
- > DJJ Contacts
- > AJJAC and DMC
- > JOMIS
- > Staff Training

RESOURCE LINK OUTSIDE OF DJJ

- > Alaska Court System
- > ICJ Forms
- > Juvenile Justice Links

Mission: We are committed to holding youths accountable for their actions while also protecting communities, repairing the harm to victims and working to ensure that youths gain necessary skills to function successfully in society



Department of Health & Social Services Public Assistance



Alaska Department of Health and Social Services
Division of Public Assistance

DHSS State of

DHSS > Public Assistance



Ron Kreher
Director

Director's Office

Our Mission

and Regulations
Public Notices

and Control

Manuals

HEADLINES...

- HHS awards \$5.6 million to Alaska as 'performance bonus'
- Child Care Assistance Program Transition for the Fairbanks North Star Borough Service Area Effective July 1, 2011.
- Text4Baby is a new resource for pregnant mothers. This is a service designed to provide free, health-related text messages to pregnant women and new mothers. Women who sign up for this service by texting BABY to 511411 will receive free SMS text messages each week, timed to their due date or baby's date of birth.
- View increased Food Stamp Benefits effective April 1, 2009
- Flyer for customers. Food Stamp Benefit Increase
- Poster: Food Stamp coupons expire June 17, 2009
- Poster: Stimulus Act increases Food Stamp benefit
- Native Family Assistance Program Guide
- State Response Team Travels to Emmonak
- Facing the Final Countdown: A Study of

FOR EMPLOYERS

- Job Start - Money for your Business!
- Tax Credits for Employers
- Calendar of Job Fairs

FOR CUSTOMERS

- Contact Us!
- Work for us!
- AK Job Centers Phone/Fax/TDD
- Alaska Quest Card
- Prescription Drug Resource List
- Printable Application for Public Assistance
- Printable Application for Senior Benefits
- What changes should be reported
- Program Manuals
- 2011 Alaska TANF State Plan (6/11). Certification and Appendices (6/11)
- Try our Food Stamps Eligibility Calculator!
- The Government may owe you money!!
- Consider Direct Deposit! Receive Public Assistance benefits easily and quickly through Direct Deposit.
- Register to vote online! Or print out a registration form.

PROGRAMS

- Adult Public Assistance
- Child Care
- Chronic and Acute Health Assistance
- Denali Kidcare
- Family Nutrition
- Food Stamps
- General Relief Assistance
- Heating Assistance
- Medicaid
- SeniorBenefits
- Temporary Assistance

GET HELP...

- ...finding a job?
- ...with Child Care?
- ...with Child Support
- ...with heating bills?
- ...with Food Assistance
- ...for elderly or disabled
- ...with cash assistance families?
- ...with medical?
- ...with the WIC program

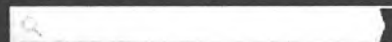
Mission: We promote self sufficiency and provide basic living expenses to Alaskans in need.



Department of Health & Social Services Public Health



Alaska Department of Health and Social Services Division of Public Health



DHSS State

Health & Social Services > Public Health



Ward Hurlburt, M.D., MPH
CHIEF MEDICAL OFFICER
AND DIRECTOR

Learn
the Signs.
Act Early.



Learn the signs of healthy
child development here:
www.earlyintervention.alaska.gov

Learning is different here.



Enhance Public Health
in rural Alaska.

Certificates



JANUARY IS...

- > Cervical Health Awareness Month

ANNOUNCEMENTS

- Subscribe to **Public Health Announcements**
- Human and Animal Brucellosis in Alaska
- New health department reports shows downward trend in STDs in Alaska
- Gonococcal Infection Update — Alaska, 2011
- Governor's Emergency Medical Services Awards announced
- State to make free flu vaccine available
- Free Adult Intradermal Fluzone Vaccine. Information for Providers and Organizations
- Outbreak of Methicillin-resistant *Staphylococcus aureus* in a Newborn Intensive Care Unit
- Psychoactive "Bath Salts" Toxicity in Alaska—A Case Series
- Centers for Disease Control and Prevention releases report on dental decay in Alaska Native children
- CDC Report on Dental Caries in Rural Alaska Native Children — Alaska, 2008
- Youth Risk Behavior Survey 2009 Highlights
Find out how Alaska high school student's behavior has changed!
- Prevalence of Overweight and Obesity among Matanuska-Susitna Borough School District Students, 2003-2010
- 2011 Clinic Schedule:
Pediatric Neurodevelopmental Outreach & Autism Screening Clinics
- View all Department of Health & Social Services Press Releases

PUBLIC HEALTH

- > Public Health Home
- > Chronic Disease Prevention & Health Promotion
- > Emergency Preparedness, EM, Trauma
- > Epidemiology
- > Health Planning & Development
- > Laboratories
- > Public Health Nursing
- > State Medical Examiner
- > Vital Statistics
- > Women's, Children's & Family Health

USEFUL LINKS

- > About the Division
- > Division Contacts
- > Health Data & Statistics
- > Preparedness
- > Programs & Services
- > Publications

Mission: to protect and promote the health of Alaskans



Department of Health & Social Senior & Disabilities Services



Alaska Department of Health and Social Services

Senior and Disabilities Services



search

DHSS State of Alaska

Social Services > Senior and Disability Services

Welcome to Senior and Disabilities Services

Our mission is to promote health, well being and safety for individuals with disabilities, seniors and vulnerable adults by facilitating access to quality services and supports that foster independence, personal choice and dignity.



Jane Mayes
Director

ABOUT US

Home
Chart

TRAINING

to
ts
Incident

HEADLINES

- Alaska Community First Choice Council (CFCC).** For more information about a new program allowed under the authority of federal legislation (Affordable Care Act), visit [here](#).
- Proposed Home and Community-Based Waiver Service Regulations Available for Public Comment Until January 23, 2012.** Follow this link for forms and information.
- Medicare Part D sign up ended Dec. 7.** For more information, visit [here](#).

[Go to SDS News Archives](#)

Alaskan Core Competencies for Direct Care Workers and Human Services



SECTIONS

- > Adult Protective Services
- > Aging and Disability Resource Centers
- > Developmental Disabilities
- > Grant Services
- > Medicare Information Office
- > Nursing Facility Transition Program
- > Personal Care Assistant Program
- > Policy and Program Development Unit
- > Quality Assurance Program
- > Research and Analysis Team
- > Rural Long-Term Care Development
- > Skilled Nursing Facilities
- > SDS Training

OF INTEREST

Mission: We serve Seniors • Adults with Physical Disabilities and Seniors on Medicaid Waivers • Persons with Developmental Disabilities • Vulnerable Adults • Assisted Living Providers



Department of Health & Social Financial Management Systems Services



Alaska Department of Health and Social Services Finance and Management Services

DHSS State of Alaska

State of Alaska > Health & Social Services > Finance & Management Services



Nancy Rolfzen
ASSISTANT
COMMISSIONER

ANNOUNCEMENTS

- > DHSS FY11 Operating Grants
- > DHSS FY12 Budget Overview
- > Facilities Funding Allocation Plan '12
- > Capital Grants Status Report '10

REPORTS & PUBLICATIONS

- > Long-term Forecast of Medicaid Enrollment and Spending in Alaska Supplement 2010-2030
- > Long-term Forecast of Medicaid Enrollment and Spending in Alaska Supplement 2009-2029
- > Long-term Forecast of Medicaid Enrollment and Spending in Alaska Supplement 2008-2028
- > Long-term Forecast of Medicaid Enrollment and Spending in Alaska Supplement 2007-2027
- > Long-term Forecast of Medicaid Enrollment and Spending in Alaska Supplement 2006-2026
- > Long-term Forecast of Medicaid Enrollment and Spending in Alaska Supplement 2005-2025

SECTIONS

- > Home
- > Audit
- > Budget
- > Facilities
- > Grants & Contracts
- > Human Resources
- > Information Services
- > Revenue & Finance
- > Hearing & Appeals

LINKS

- > Commissioners Office
- > Division Contacts
- > Program Overview
- > Safety Plan
- > Legislative Reports
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The overriding theme for future direction of the
Alaska Department of Health and Social Services is
*helping individuals and families create safe and
healthy communities.*

Mission: to promote and protect the health and well-being of all Alaskans



Conclusion

- Questions?

Mission: to promote and protect the health and well-being of all Alaskans

