**MEDICARE PROVIDER CHARGE INPATIENT DRG ALL FY2017**

**Data Definitions**

**DRG Definition:** The code and description identifying the MS-DRG. MS-DRGs are a classification system that groups similar clinical conditions (diagnoses) and the procedures furnished by the hospital during the stay.

**Provider Id:** The CMS Certification Number (CCN) assigned to the Medicare-certified hospital facility.

**Provider Name:** The name of the provider.

**Provider Street Address:** The provider’s street address.

**Provider City:** The city where the provider is located.

**Provider State:** The state where the provider is located.

**Provider Zip Code:** The provider’s zip code.

**Provider HRR:** The Hospital Referral Region (HRR) where the provider is located.

**Total Discharges**: The number of discharges billed by the provider for inpatient hospital services.

**Average Covered Charges:** The provider's average charge for services covered by Medicare for all discharges in the MS-DRG. These will vary from hospital to hospital because of differences in hospital charge structures.

1. **What the hospital charges and wants Medicare to pay for.**

**Average Total Payments**: The average total payments to all providers for the MS-DRG including the MSDRG amount, teaching, disproportionate share, capital, and outlier payments for all cases. Also included in average total payments are co-payment and deductible amounts that **the patient is responsible** for and any additional payments by third parties for coordination of benefits.

1. **How much the provider got from Medicare and from patients**

**Average Medicare Payments:** The average amount that Medicare pays to the provider for Medicare's share of the MS-DRG. Average Medicare payment amounts include the MS-DRG amount, teaching, disproportionate share, capital, and outlier payments for all cases. Medicare payments DO NOT include beneficiary co-payments and deductible amounts nor any additional payments from third parties for coordination of benefits.

1. **How much the provider got from Medicare only**

**Average Out of Pocket calculation:** Average Total Payments - Average Medicare Payment

**Example 1**

**You work for Medicare and are helping them create an analysis to sell their services to companies across the US. They want to identify the top 15 diagnosis claims they received in Fiscal Year 2017 (July 2016 – June 2017). They also want to see the how much the hospitals are charging them for these DRGs on average. Their last request is to see a comparison of the average cost they were able to pay to the hospitals by state, including the difference of what the hospital billed for (you can either stick with the top 15 DRGs, or create a filter that the customer can search for specific diagnoses).**

**Example 2**

**A few doctors are planning to relocate for their job. They hired an analyst to create a tool for to compare the average payments hospitals gets from Medicare including patient’s co-pay/deductibles for certain procedures (not specified). They want to see a chart showing the average out of pocket cost for a patient that has Medicare to help their patients go to a place with the most insurance coverage for their diagnosis (not specified). You also want to see which hospitals have done the specific procedure the most.**

**\*Feel free to pick a DRG to show how your dashboard functions when presenting to the doctors.**

Example 1:

1. Top 15 diagnosis clams in 2017 (June 2016-June 2017)
2. Avg charge for these DRGs
3. Comparison of avg cost paid to hospital by state (including the difference of what the hospital billed for: top 15 or filter for any diagnosis

Ex 2:

1. Avg total payments-
2. Chart showing avg out of pocket cost to go to place with most ins coverage for diagnosis.
3. See which hospital have tone a specific procedure the most.