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STG_MedicarePhyscianAndSupplier
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LastName
FirstName
MiddleName
CredentialType
Gender
EntityType
AddressLine1
AddressLine2
CtyName
ZIPCode
StateCode
CountryCode

National Provider Identifier

Last Name Organization Name of the Provider

First Name of the Provider

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Middle Intal of the Provider

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Gender of the Provider

Street Address 1 of the Provider

Street Address 2 of the Provider

Street Address 2 of the Provider

City of the Provider
                  National Provider Identifie
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ganization Name of the Provider

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    ✓ Street Address 1 of the Prov
    ✓ Street Address 2 of the Prov
    ✓ City of the Provider
    ✓ Zip Code of the Provider

    Street Address 2 of the Prov
    City of the Provider
    Zip Code of the Provider
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    State Code of the Provider
    Country Code of the Provider
    Provider Type of the Provide
    Medicare Participation Indicat
    Number of HCPCS
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State Code of the Provider

Country Code of the Provider

Provider Type of the Provider

Medicare Participation Indicator

Number of HCPCS

Number of HCPCS

Number of Services

Number of Services

Total Submitted Charge Amount

Total Medicare Payment Amount

Total Medicare Payment Amount
                  Number of Services
Number of Medicare Beneficiaries

Number of Medicare Beneficiaries

Total Submitted Charge Amount

Total Medicare Alowed Amount

Total Suppress Indicator

Number of InCPCS Associated With Drug Services

Number of InCPCS Associated With Drug Services

Number of InCedera Beneficiaries With Drug Services

Total Drug Submitted Charge Amount

Total Drug Medicare Allowed Amount
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             ▼ Total Drug Submitted Charge Amount

◆ Total Drug Medicare Alowed Amount

◆ Total Drug Medicare Payment Amount

◆ Medical Suppress Indicator

◆ Mumber of HCPCS Associated With Medical Services

◆ Number of Medicare Beneficiaries With Medical Services

◆ Number of Medicare Beneficiaries With Medical Services

MedicalSuppress indicator
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                  Total Medical Submitted Charge Amount
Total Medical Medicare Allowed Amount

Number of Black or African American Beneficiaries
Number of Asian Pecific Islander Beneficiaries
Number of Hispanic Beneficiaries
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Percent (%) of Beneficianes Identified With Cancer
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Percent (%) of Beneficianes Identified With Chronic Kidney Disease
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Percent (%) of Beneficianes Identified With Schophrenia Other Psychotic Disorders
Number of Seneficianes Age Leas than 65
Number of Non-Rispanic White Beneficianes
Percent (%) of Beneficianes Identified With Alzheimer's Disease or Dementia
Percent

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→ Total Medicare Payment Amount

→ Drug Suppress Middard

Number of HCPCS Associated With Drug Services

Number of HCPCS Associated With Drug Services

Number of Suppress Middard

Number of Medicare Beneficiaries With Drug Services

→ Total Drug Medicare Allowed Amount

→ Total Drug Medicare Allowed Amount

→ Medical Suppress Indicator

Number of HCPCS Associated With Medical Services

→ Number of HCPCS Associated With Medical Services

→ Number of Medicare Payment Amount

→ Total Hedicad Medicare Allowed Amount

→ Average Age of Beneficiaries → Total Nedicare Payment Amount
→ Average Apo of Beneficiaries
→ Number of Beneficiaries Age 65 to 74
→ Number of Beneficiaries Age 75 to 84
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→ Number of Male Beneficiaries
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→ Percent (%) of Beneficiaries Identified V/th Alzheimer's Disease or Dementia
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Project	: Analysis of Providers through Yearly Medicare Beneficiary Coverage (2012 - 2015)
File Name	e : RelationalModel_Final_24042020
SubMode	I : Main Model
Author	: Team 8
Company	:
Version	: 1.0 Modified: 4/24/2020
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