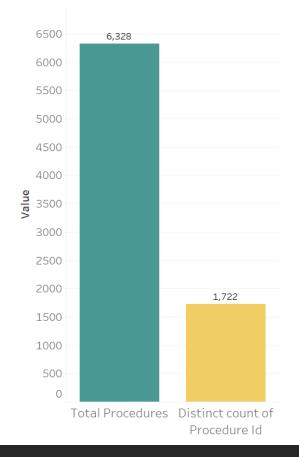


Data Analysis – Health Data Practice Set

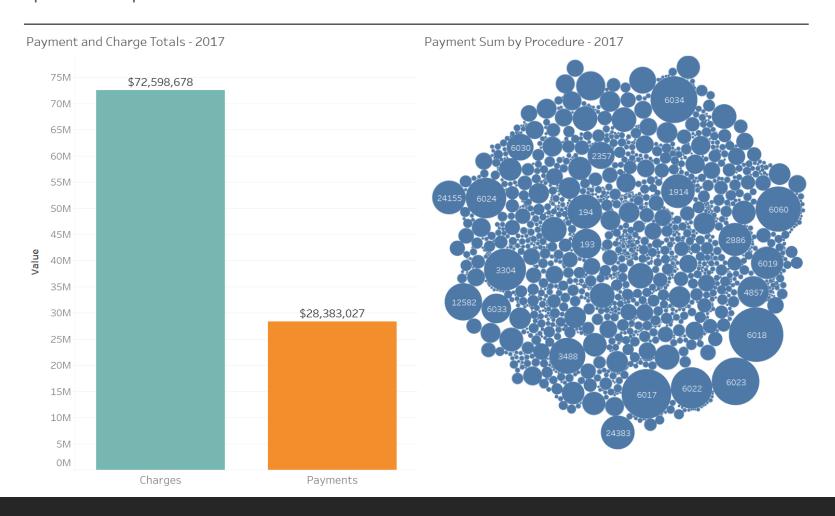
ALVIN D. ANDERSON

- SLC Surgical Services performed 6328 procedures from June to November
- Including 1722 distinct procedures

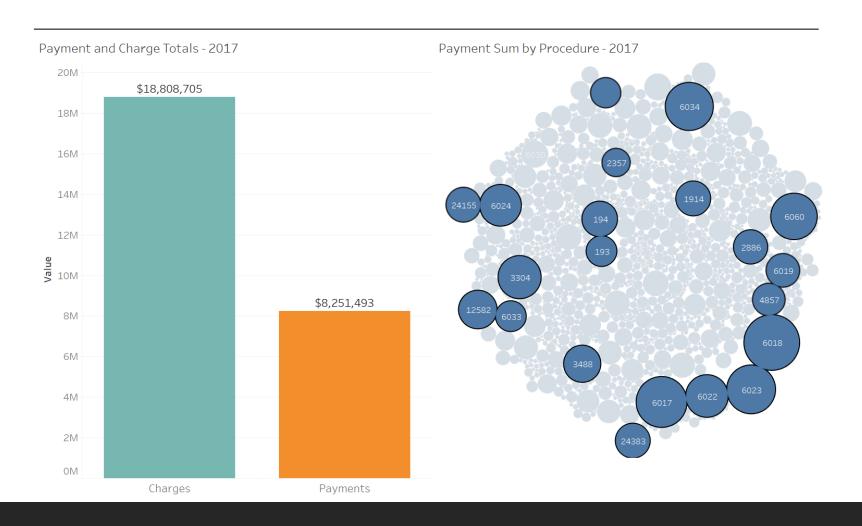




SLC Surgical Services charged \$73 million dollars and received \$28 million in payment for procedures performed from June - November 2017.



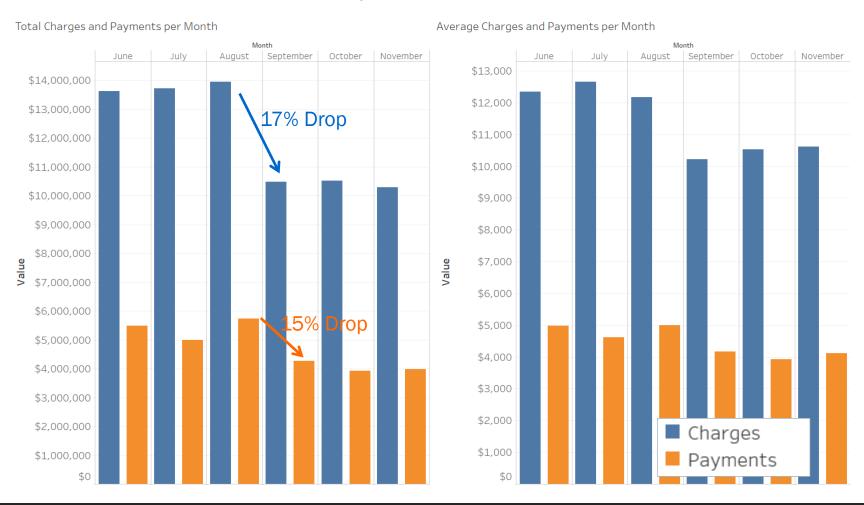
For this same period, the top 20 procedures account for ~30% of the total payments.



Payments and Charges Through Time

Charges and payments dropped sharply in September and remained low through November.

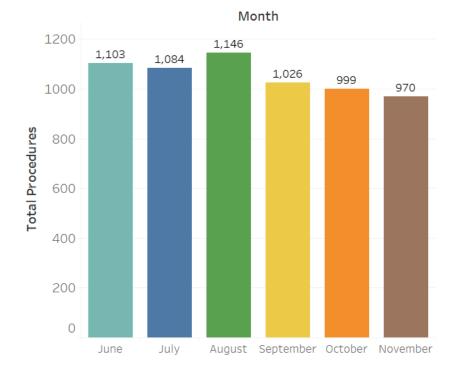
What is the cause of this drop?



Could a decrease in performed procedures explain the drop in charges and payments?

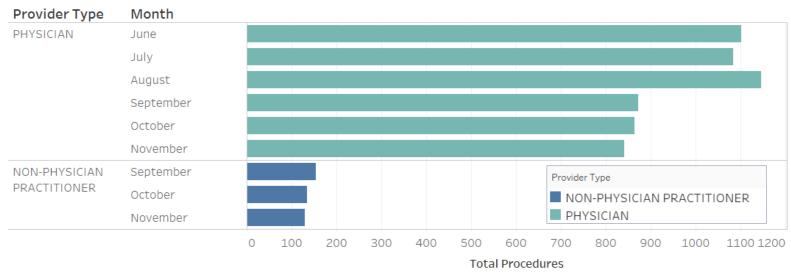
- The number of procedures generally decreased throughout the year.
- Procedures dropped 11% from August to September, compared to a decrease of 17% and 15% for charges and payments respectively.
- The decrease in procedures appears to only partially explain the significant drop in charges and payments.



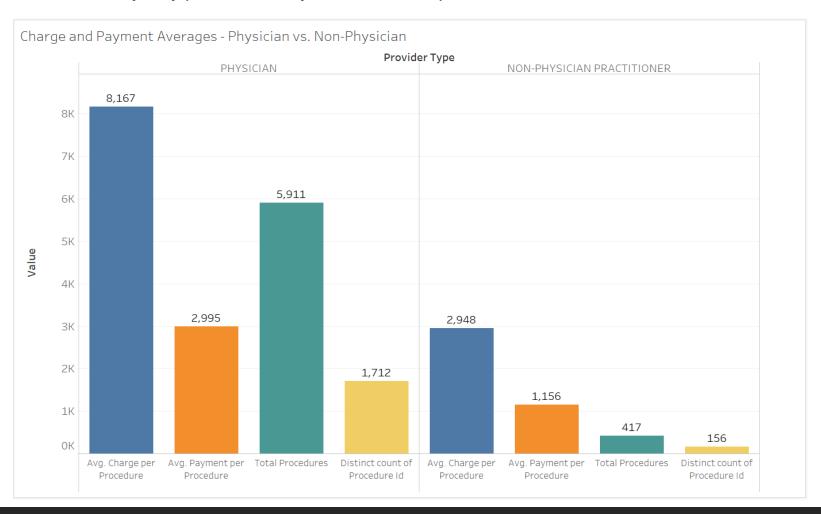


The decrease in charges and payments coincides with a change of provider for 156 distinct procedures. Starting in September, physicians performed ~300 fewer procedures per month. Non-physician practitioners only partially made up the difference. They only performed about 130 procedures per month.

Total Procedures by Month and Provider Type

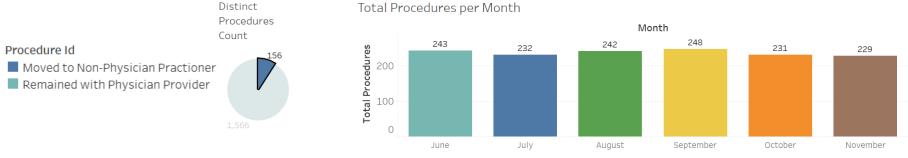


In addition to the decrease in total procedures performed, non-physician practitioners charged an average of 64% less per procedure, and received an average of 61% less in payments. However, they only performed only 7% of the total procedures.

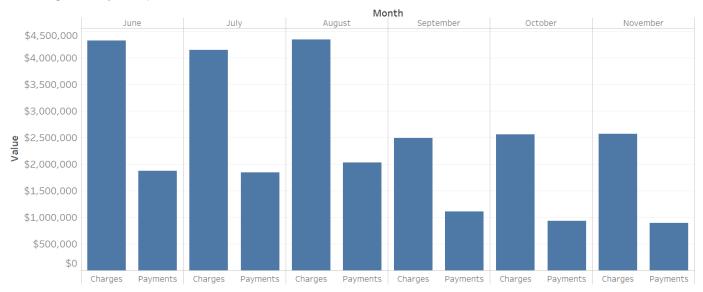


Group that Moved to Non-Physician Practitioners

For the group of procedures that moved to non-physician practitioners, there was actually an increase in total procedures from August to September. However, during this same time, total charges and dropped from ~\$4.3 to \$2.5 million and total payments dropped from ~\$2 million to ~\$1million.





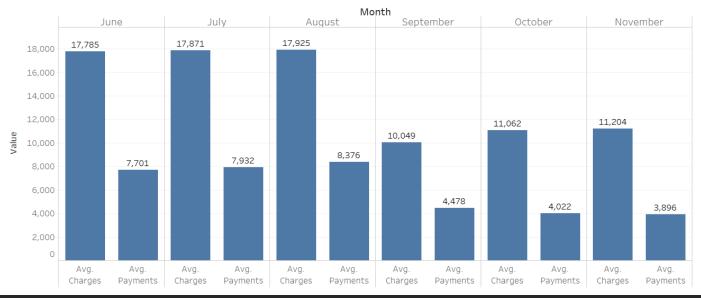


Group that Moved to Non-Physician Practitioners

For this group, the drop in total payments and charges per procedure correlates with a drop in the average charges and payments per procedure. Average charges per procedure dropped from ~\$18 to ~\$11 thousand. Average payments dropped from ~8,000 to ~4,000.

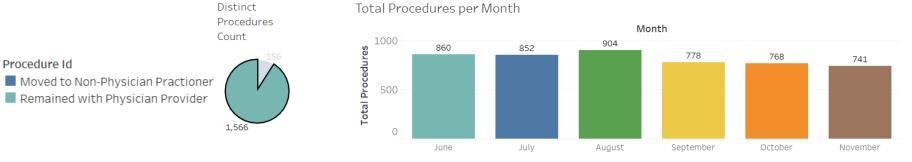




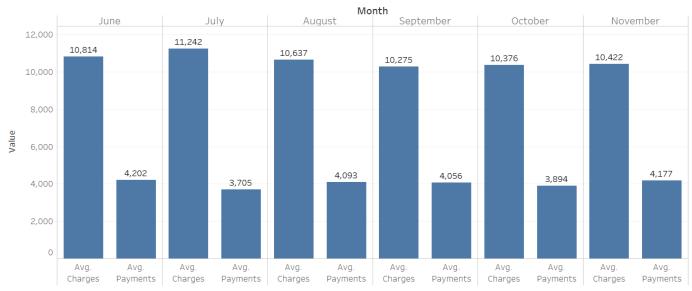


Group that Remained with Physician Providers

In contrast, the group of procedures that remained with physician providers had similar average payments and charges throughout the year. However, total procedures decreased significantly from August to September and remained low through November.

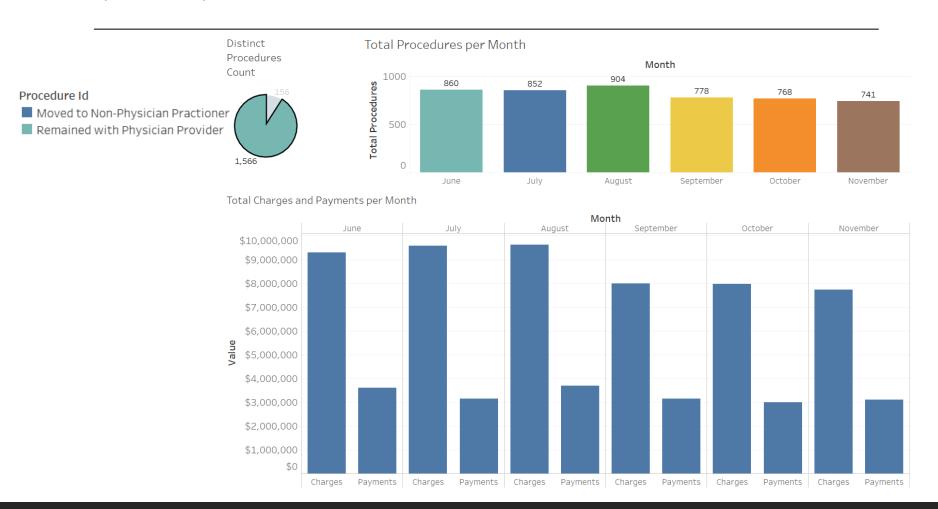






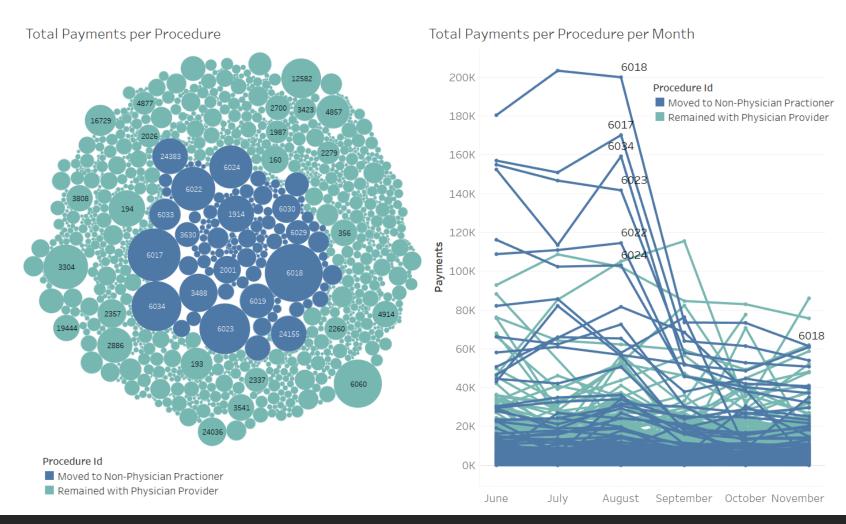
Group that Remained with Physician Providers

For this group, the decrease in payments and charges correlates with the decrease in procedures performed.



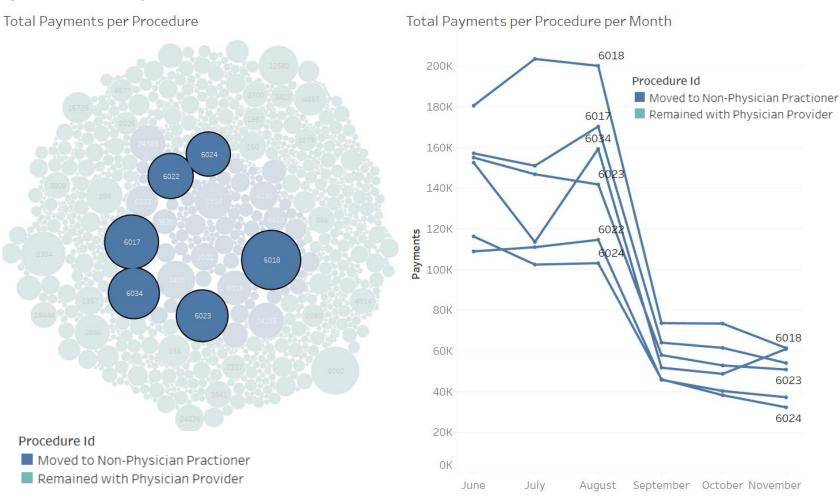
Payments per Procedure

The significant drop in payments for the non-physician practitioners group, appears to be largely driven by a small number of high payment procedures.



Payments per Procedure

The six procedures with the largest payments from June-August, show dramatically lower payments from September-November.



Payment Percentage

Some procedures get a higher percentage of the charge price on average. 6018, 6017, and 6023 receive the most payments of any procedure, partly because they received payment equal to more than 50% of the charge price. Some procedures like 3488 and 3304 received much less on average.

