

**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 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.

**Average Total Payments:** The average total payments to all providers for the MS-DRG including the MS- DRG 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.

**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. Note: In general, Medicare FFS claims with dates-of-service or dates-of-discharge on or after April 1, 2013, incurred a 2 percent reduction in Medicare payment. This is in response to mandatory across-the-board reductions in Federal spending, also known as sequestration