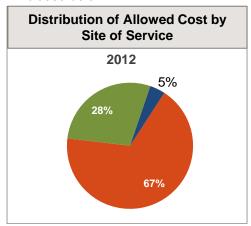
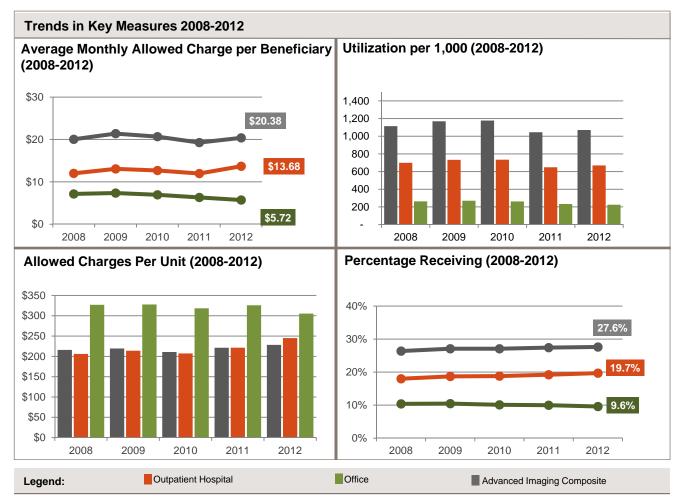
Medicare Advanced Imaging Trends

Milliman Inc. (Milliman) was retained by the American Medical Association (AMA) to perform a trend analysis of certain Medicare ancillary services. The results of the analysis for advanced imaging services are included below:



5 Year Annualized Trends 2008-2012									
Site of Service	АМРВ	Utilization per 1,000	Allowed Charges per Unit	Percent Receiving	Total Allowed Charges				
Advanced Imaging Composite	0.4%	(1.0%)	1.4%	1.2%	1.2%				
Advanced Imaging Outpatient Hospital	3.3%	(1.1%)	4.4%	2.3%	4.1%				
Advanced Imaging Office	(5.5%)	(3.8%)	(1.7%)	(2.0%)	(4.8%)				



This project was funded solely by the American Medical Association. The work was intended for use by the American Medical Association. Milliman does not intend to benefit any third-party recipient of its work product, even if Milliman consents to the release of its work product to such third party. Any third party recipient of this work product who desires professional guidance should not rely upon Milliman's work product, but should engage qualified professionals for advice appropriate to its own specific needs. Any release of this report to a third party should be in its entirety. For more detailed information regarding the material presented in this document readers should request and refer to our report dated October 31, 2014 titled Outpatient Ancillary Trends in the Medicare Fee-For-Service Population: 2008-2012 © 2014 American Medical Association. All rights reserved.

Medicare Advanced Imaging Trends

Metrics

Medical trend is driven by the cost of the service (fee), the number of people receiving the service, and the frequency of the service. The Medicare 5% Sample was analyzed to prepare data metrics that depict each trend component:

- Estimated total allowed cost. Allowed cost is the portion of the total billed charge that Medicare covers or "allows" the provider to collect from all sources prior to the application of member cost sharing;
- Annualized utilization per 1,000 members. This is the average number of units used by 1,000 enrollees in a year;
- Allowed charges per unit. This is the average allowed amount per units:
- AMPB. Average monthly allowed charges per beneficiary, based on the allowed amount on the claims:
- Percent receiving. Percentage of beneficiaries receiving the service, which is calculated as the number of unique beneficiaries receiving the service as a percentage of the total Part B fee-for-service enrollment.

Methodology

The Medicare 5% Sample files from calendar years 2008 through 2012 were used to perform the analysis. The 5% Sample contains de-identified publicly available data for the Medicare fee-for-service population. The results are multiplied by a factor of 20 to extrapolate to the entire Medicare FFS population.

The results of this analysis exclude any services performed while a Medicare beneficiary was enrolled in a Medicare Advantage plan. The scope of this analysis is limited to outpatient services.

It should be noted that allowed charges per unit may be influenced by service mix and the setting where the service was provided.

Supporting Data

	AMPB (2008-2012)				Utilization per 1,000 (2008-20012)					
Site of Service	2008	2009	2010	2011	2012	2008	2009	2010	2011	2012
Advanced Imaging Composite	\$20.04	\$21.39	\$20.67	\$19.27	\$20.38	1,114	1,169	1,177	1,046	1,071
Advanced Imaging Outpatient Hospital	\$12.00	\$13.06	\$12.69	\$11.97	\$13.68	699	733	735	649	670
Advanced Imaging Office	\$7.16	\$7.37	\$6.95	\$6.33	\$5.72	263	270	262	233	225
Other Therapeutic Radiology	\$5.90	\$6.07	\$5.79	\$6.06	\$6.03	410	400	381	379	373
Other Diagnostic Radiology	\$17.26	\$17.67	\$16.82	\$17.67	\$16.47	3,769	3,858	3,640	3,680	3,643

	Allowed Charges Per Unit (2008-2012)				Percentage Receiving (2008-2012)					
Site of Service	2008	2009	2010	2011	2012	2008	2009	2010	2011	2012
Advanced Imaging Composite	\$215.87	\$219.50	\$210.72	\$221.18	\$228.37	26.4%	27.1%	27.1%	27.4%	27.6%
Advanced Imaging Outpatient Hospital	\$206.01	\$213.84	\$207.30	\$221.46	\$245.12	18.0%	18.7%	18.8%	19.2%	19.7%
Advanced Imaging Office	\$326.94	\$327.80	\$318.32	\$325.87	\$305.34	10.4%	10.5%	10.1%	10.0%	9.6%
Other Therapeutic Radiology	\$172.73	\$182.24	\$182.36	\$191.72	\$193.79	2.6%	2.7%	2.9%	3.0%	3.3%
Other Diagnostic Radiology	\$54.96	\$54.97	\$55.45	\$57.63	\$54.25	60.0%	60.4%	59.9%	59.8%	59.2%

	Total Allowed Cost (2008-2012) (Value in millions; extrapolated to 100% of fee-for-service population)									
Site of Service	2008	2009	2010	2011	2012					
Advanced Imaging Composite	\$7,526.7	\$7,994.2	\$7,817.7	\$7,370.4	\$7,886.4					
Advanced Imaging Outpatient Hospital	\$4,508.7	\$4,881.3	\$4,801.8	\$4,579.1	\$5,293.1					
Advanced Imaging Office	\$2,691.6	\$2,755.3	\$2,629.9	\$2,419.3	\$2,214.6					
Other Therapeutic Radiology	\$2,216.9	\$2,269.1	\$2,189.8	\$2,318.1	\$2,333.8					
Other Diagnostic Radiology	\$6,485.7	\$6,603.8	\$6,362.2	\$6,758.8	\$6,374.0					

Composite values include some lower volume sites of service not highlighted in this analysis.

This project was funded solely by the American Medical Association. The work was intended for use by the American Medical Association. Milliman does not intend to benefit any third-party recipient of its work product, even if Milliman consents to the release of its work product to such third party. Any third party recipient of this work product who desires professional guidance should not rely upon Milliman's work product, but should engage qualified professionals for advice appropriate to its own specific needs. Any release of this report to a third party should be in its entirety. For more detailed information regarding the material presented in this document readers should request and refer to our report dated October 31, 2014 titled Outpatient Ancillary Trends in the Medicare Fee-For-Service Population: 2008-2012 © 2014 American Medical Association. All rights reserved.