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The purpose of this project is to develop a model and tool that utilizes data currently captured by existing information systems to apply objective metrics for physician provider practice profiling. The model examines utilization expense for lab, x-ray and pharmacy services ordered for outpatients in Brooke Army Medical Center's Internal Medicine Clinic during the 3rd & 4th quarter of FY 1998. Data regarding 26,502 individual patient-provider encounters were extracted from both the Composite Health Care System (CHCS) and Ambulatory Data System (ADS) computer databases. Data extracts were then loaded into a PC database management system for subsequent relational integration, organization and statistical analysis.

Case-mix adjustment was accomplished by selecting internists and internal medicine residents and a single primary diagnosis. Second level case mix adjustment accounted for other quantifiable variables using a multiple regression model identify variables having a statistically significant relationship with the total ancillary expense. Variables accounted for diversity among patients, providers, and individual encounter acuity.

Profiling was accomplished showing dispersion of lab, x-ray and pharmacy expense for each provider as predicted by the multiple regression model. Significant variables were patient beneficiary category, number of comorbid diagnoses, and the consistency of seeing the same provider; significant provider variables were professional status and experience. A surprising finding was that neither patient age, sex, or RVU intensity were significant determinants of expense. Profiling also demonstrated the degree of process control for the total ancillary expense generated, the unstandardized residual for the value predicted, and the proportion of expense outliers identified by the model.

This model shows very promising potential as a profiling methodology to be tested at any other MHS facility. Economic profiling of provider generated ancillary expense remains an important aspect in the management of healthcare resources, and this model can be a valuable tool in accomplishing that goal.

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Abstract

The purpose of this project was to develop a model and tool that utilized data currently captured by existing information systems to apply objective metrics for physician provider practice profiling. The model examined utilization expense for lab, x-ray, and pharmacy services ordered for outpatients in Brooke Army Medical Center's Internal Medicine Clinic during the 3rd and 4th quarter of fiscal year 1998. Data regarding 26,502 individual patient-provider encounters were extracted from both the Composite Health Care System (CHCS) and Ambulatory Data System (ADS) computer databases. Data extracts were then loaded into a personal computer (PC) database management system for subsequent relational integration, organization and statistical analysis.

Case-mix adjustment was accomplished by selecting internists and internal medicine residents and a single primary diagnosis. Second level case mix adjustment was performed to accounted for other quantifiable variables using a multiple regression model identifying variables having a statistically significant relationship with the total ancillary expense. Variables accounted for diversity among patients, providers, and individual encounter acuity.

Profiling was accomplished showing dispersion of lab, x-ray and pharmacy expense for each provider, as predicted by the multiple regression model. Significant variables were patient beneficiary category, number of co-morbid diagnoses, and the consistency of seeing the same provider; significant provider

variables were professional status and experience. An unexpected finding was that neither patient age, sex, nor relative value unit (RVU) intensity were significant determinants of expense. Profiling also demonstrated the degree of process control for the total ancillary expense generated, the unstandardized residual for the value predicted, and the proportion of expense outliers identified by the model.

This model shows very promising potential as a profiling methodology to be tested at any other Military Health System facility. Economic profiling of provider-generated ancillary expense remains an important aspect in the management of healthcare resources, and this model can be a valuable tool in accomplishing that goal.

Physician Provider Profiling in Brooke Army Medical Center's Internal Medicine Clinic: A Multiple Regression and Process Control Model

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Physician Provider Profiling in Brooke Army Medical Center's Internal Medicine Clinic: A Multiple Regression and Process Control Model

Introduction

Contemporary medical journals and health care administration literature contain a plethora of articles focusing on the costs of providing health care. Since the adoption of prospective payment for Medicare inpatient care by diagnosis-related groups (DRGs) in 1982, healthcare organizations have been very concerned about the resources expended (at the order of staff physicians) relative to possible reimbursement and revenue (Eisenberg, 1985). With the expansion of managed care practices such as population-based capitation and other at-risk prospective reimbursement systems for outpatient care, ambulatory care resource utilization and provider productivity studies are increasing as well(Balas, et al, 1996).

Conditions Prompting the Study

The point is well taken that as providers and administrators of health care services, we must be cognizant of the expenses in the choices we make in the enterprise of health care delivery. At the present time, metrics of outpatient provider performance in military Medical Treatment Facilities (MTFs) focus on either the amount of time devoted to patient care, or the volume of clinic encounters and percentage of filled appointment slots (throughput) - with the idea of "more is better" all three cases. Tracking the expense of outpatient

care activities is only accomplished at the overall clinic level without regard to individual provider practice patterns. The current Medical Expense and Performance Reporting System (MEPRS) focuses on the expense of providing health care services in MTFs. Through extraction, organization and analysis of MEPRS, and other expense data, providers and administrators can glean information regarding a "profile" of clinic and individual provider expense patterns. This information can be used by these same providers and administrators to identify aberrant patterns of expense for in-depth clinical analysis of appropriateness.

Statement of the Problem

As mentioned above, MEPRS provides the mechanism to articulate the expense of health care delivery. The US Air Force has presented a methodology to identify what data to capture and where the data are archived in their efforts to evaluate market value(Parkinson, 1997). This author could not find reference as to how to retrieve and organize the data. The USAF model also notes that there is an open issue regarding the Army being able to access appropriate data. The question at hand is, "How can U.S. Army health care organizations evaluate economic provider performance of health care services relative to the MEPRS expense of providing those same services"? Secondly, as health care administrators, we must be concerned not only with finding the answer to the question above (in simple monetary terms), but also with issues of why the answer is important, what the answer indicates about the status of the

enterprise, how the answer can be used to improve the enterprise, and what actions are indicated to execute desired improvements.

Review of the Literature

As previously mentioned, there are abundant works regarding cost control and containment. The main thrust of such efforts has been to reduce overall cost, reduce practice variation, and/or improve the perceived quality of delivered services. Provider profiling is a mechanism to elucidate information regarding practice and behavior patterns of groups and individual providers. Three of the most important reasons for doing so are to give feedback to encourage provider behavior modification, to provide prospective participants encouragement to join to the program (recruitment), and to provide managers with insight regarding personnel suitability for program participation (Kongstvedt, 1996).

Many profiling strategies seek to make comparisons between a single provider or aggregate of providers (a practice group or clinic) to a benchmark or norm. These benchmarks or norms can be defined as established practice recommendations such as a clinical practice guideline (Balas, 1996), or a statistical norm such as an average (Massanari, 1994). It has been the establishment and definition of these concrete benchmarks within an environment of human diversity and variability that has spawned much of the debate of appropriateness and applicability of such statistical management analysis tools (Massanari, 1994). The most explicit example is a use of a deviation from the

statistical median or mean to apply a threshold for pecuniary action. With each iteration of the assessment (and change in provider behavior), the average changes. Any individual provider's position within the distribution can become more of a process of chance than a direct result of individual or aggregate behavior modification. Providers initially placed as "outliers" (both above and below a utilization threshold) tend to migrate toward the center of the distribution, partially offsetting any cost savings (Balas, 1996).

The use of provider profiling in changing behavior has been directed toward the goals of reducing costs and/or improving the quality of health care services rendered. In the early to mid-1980's, health care providers (representing less than one half of 1% of the U.S. population) controlled the expenditure of almost 10% of the country's gross national product (Eisenberg, 1985). Implementation of prospective hospital reimbursement by DRG has placed a fiscal imperative upon these organizations to control the costs dependent on provider behavior to ensure continued economic survival. In addition, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has implemented changes aimed at improving the overall quality of health care services provided by hospitals and other patient care organizations such as nursing homes and ambulatory care clinics.

At the root of provider profiling is the analysis of provider practice variation. Profiling tools attempt to focus on patterns of care activities rather on specific individual

clinical decisions (Welch, 1994). Numerous authors (Welch, 1994; Miller, 1996; Eisenberg 1985) have consistently found that regardless of setting, there is a substantial amount of variability in provider behavior both within group practices, as well as between groups practicing in different geographic locations.

The literature also acknowledges that there is also a great deal of potential variability inherent within patient populations being treated for similar conditions or diagnoses (Eisenberg, 1985, Garnick et al., 1990, Salem-Schatz, Moore, Rucker, and Pearson 1994, Miller, Welch, and Welch, 1996). Patient population variables include demographics such as age, gender, ethnicity, and education. There are also medical variables such as primary health issue and co-morbidities attributable to individuals within populations. Several models of case-mix or risk adjustment have been used in an attempt to "level the playing field" in order to make equitable comparisons between providers and provider groups.

The first efforts were directed toward inpatient care, grouping cohorts of patients together by DRG (Eisenberg, 1985). Recent outpatient studies have utilized methodologies that account for patient demographic variables, as well as for medical variables such as primary diagnosis (Hartley, Charlton, Harris and Jarman, 1987, Salem-Schatz et al., 1994, Miller, Hui, Tierney, and McDonald, 1993. All methodologies seek to compensate for the variability within the patient population to ensure that comparisons made between individual providers,

individuals and groups of providers, and between different groups of providers are equitable.

Purpose

The purpose of this project was to develop a model and tool that utilized data currently captured by existing information systems to fulfill the objectives of profiling - provide information to providers, directors, and administrators to modify behavior, benchmark performance, and apply objective and equivalent metrics. The MHS presently employs multiple data systems on multiple platforms from multiple vendors. The Corporate Executive Information System (CEIS) is the latest attempt at consolidating data from disparate sources. Unfortunately, this purely administrative data system does not integrate the clinical information contained other legacy data systems (specifically, CHCS) necessary for adequate profiling. In order to integrate both administrative and clinical data, direct access to these legacy systems is required.

The purpose of provider profiling is three-fold. First, profiling provides performance and utilization information to department and service chiefs. In today's managed care environment, intelligent decisions regarding the effective and efficient practice of patient care include decisions regarding the continuing employment of individual providers based on their practice behavior. A primary use of this information is to allow providers to modify their own patterns of behavior to accomplish both patient care and organizational management goals (Kongsvedt, 1996). Secondly, the profiling information can be

used to benchmark individual provider or group performance across the spectrum of patients encountered. Sharing the information among individual providers can propagate "best practices" within peer groups. Finally, profiling allows the application of an equivalent set of metrics (comparing apples to apples) ensuring utilization and quality management activities are conducted with objectivity and fairness.

Method and Procedures

The focus of this profiling model centers on the utilization expense of lab, x-ray, and pharmacy services ordered by providers treating outpatients in BAMC's Internal Medicine Clinic (IMC)during the period 1 April 1998 to 30 September 1998 (3^{rd} & 4^{th} Quarter, FY 98). Data regarding individual patient-provider encounters were extracted from both CHCS and ADS computer databases. Data extracts were then loaded into a PC database management system (Microsoft® Access 97) for subsequent relational integration and organization. Statistical analysis was accomplished using SPSS® for Windows. Report graphics were generated using Microsoft® Excel 97©.

The most common focus of profiling has been the economic impact of ancillary services such as clinical lab, radiology, and pharmacy services (Eisenburg, 1985, Balas et al., 1996). Through the creation of a relational database using data extracts from CHCS and ADS, the use of ancillary services can be tied back to specific patient-provider encounters in the IMC. The four most important data elements required to accomplish the creation of a relational data base for this purpose are patient

identification, provider identification, encounter identification, and ancillary service identification. The following discussion will outline how the necessary relationships between these data elements were established.

Patient Identification is accomplished through the capture of both patient name and the family member prefix code coupled to the sponsor's social security number (FMP/SSN). Within CHCS, any data entry regarding patient activity is referenced through a master patient identification module called the PATIENT FILE. Each and every patient has a unique combination of name and FMP/SSN data elements. While there may be multiple patients with the name SMITH,JOHN D (11 at present), each individual has a unique FMP/SSN. This module contains all of the patient's personal demographic information - such as gender, age, and beneficiary status.

Provider identification is accomplished in much the same fashion. With each patient care entry or order into CHCS, the provider accountable for the entry is recorded - in many cases, automatically. Provider information is referenced through a CHCS master module called the PROVIDER FILE. Each provider has a unique name and SSN pair. This file contains each provider's demographic and professional information.

Encounter identification is captured from both CHCS and ADS. Data concerning each patient appointment/encounter are originally entered into the CHCS PATIENT APPOINTMENT FILE. This file contains the date and time of the encounter, patient information linked from the PATIENT FILE, provider information

liked from the PROVIDER FILE, and clinic information linked from the CHCS HOSPITAL LOCATION FILE. Other information extracted from the CHCS PATIENT APPOINTMENT FILE includes the type of appointment and the appointment status. Encounter data extracted from ADS include the ICD-9* codes for the primary and secondary diagnoses, as well as the CPT-4** codes for the evaluation and management (E&M) intensity, and any procedures performed during the encounter. CHCS provides the initial patient appointment data (patient, provider, clinic, appointment type, and date) to ADS for the creation of the ambulatory encounter summary "bubble sheet" (Figures 1a & 1b). If the encounter summary is not completed by the provider, not scanned by the clinic support staff, or is rejected by the scanner due to some form of error, an ADS record is not generated and data capture is lost.

Data regarding lab ancillary services are extracted from the CPT WORKLOAD FILE linked from data in the lab master module (ACCESSION FILE), the PATIENT FILE, the PROVIDER FILE, the HOSPITAL LOCATION FILE and the ORDER FILE. X-ray service data are extracted from the RAD WORKLOAD DATA FILE linked from the master radiology module (RADIOLOGY EXAM FILE) and the same PATIENT, PROVIDER, HOSPITAL LOCATION, and ORDER files. Pharmacy

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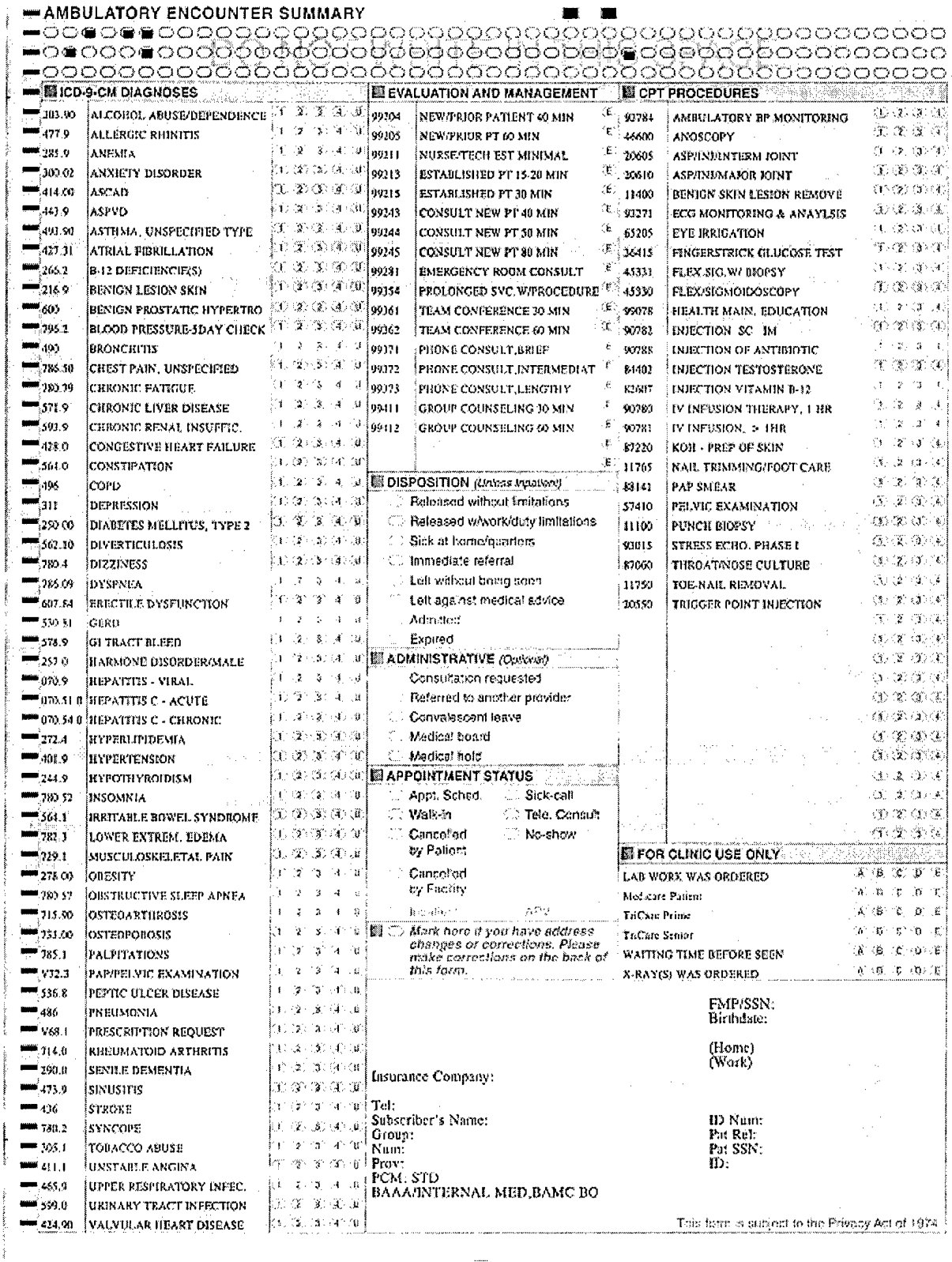
* International Classification of Diseases, 9th Revision; Clinical Modification, Fifth Edition (ICD-9-CM).

** Physician's Current Procedural Terminology, 4th Edition (CPT-4), published by the American Medical Association.



AMBULATORY ENCOUNTER SUMMARY

ICD-9-CM DIAGNOSES

303.90	ALCOHOL ABUSE/DEPENDENCE
477.9	ALLERGIC RHINITIS
285.9	ANEMIA
300.02	ANXIETY DISORDER
414.00	ASCAD
443.9	ASPVD
493.90	ASTHMA, UNSPECIFIED TYPE
427.31	ATRIAL FIBRILLATION
266.2	B-12 DEFICIENCIE(S)
216.9	BENIGN LESION SKIN
600	BENIGN PROSTATIC HYPERTRO
795.2	BLOOD PRESSURE-5DAY CHECK
490	BRONCHITIS
786.50	CHEST PAIN, UNSPECIFIED
780.79	CHRONIC FATIGUE
571.9	CHRONIC LIVER DISEASE
585.9	CHRONIC RENAL INSUFFIC.
428.0	CONGESTIVE HEART FAILURE
564.0	CONSTIPATION
496	COPD
311	DEPRESSION
250.00	DIABETES MELLITUS, TYPE 2
562.10	DIVERTICULOSIS
780.4	DIZZINESS
786.09	DYSPNEA
607.84	ERECTILE DYSFUNCTION
530.81	GERD
578.9	GI TRACT BLEED
257.0	HARMONE DISORDER/MALE
070.9	HEPATITIS - VIRAL
070.51.0	HEPATITIS C - ACUTE
070.54.0	HEPATITIS C - CHRONIC
272.4	HYPERLIPIDEMIA
401.9	HYPERTENSION
244.9	HYPOTHYROIDISM
780.52	INSOMNIA
564.1	IRRITABLE BOWEL SYNDROME
782.3	LOWER EXTREM. EDEMA
729.1	MUSCULOSKELETAL PAIN
278.00	OBESITY
780.57	OBSTRUCTIVE SLEEP APNEA
715.90	OSTEOARTHROSIS
733.00	OSTEOPOROSIS
785.1	PALPITATIONS
V72.3	PAP/PELVIC EXAMINATION
536.8	PEPTIC ULCER DISEASE
486	PNEUMONIA
V68.1	PRESCRIPTION REQUEST
714.0	RHEUMATOID ARTHRITIS
290.0	SENILE DEMENTIA
473.9	SINUSITIS
436	STROKE
780.2	SYNCOPE
305.1	TOBACCO ABUSE
411.1	UNSTABLE ANGINA
465.9	UPPER RESPIRATORY INFEC.
599.0	URINARY TRACT INFECTION
424.90	VALVULAR HEART DISEASE

EVALUATION AND MANAGEMENT

99204	NEW/PRIOR PATIENT 40 MIN
99205	NEW/PRIOR PT 60 MIN
99211	NURSE/TECH EST MINIMAL
99213	ESTABLISHED PT 15-20 MIN
99215	ESTABLISHED PT 30 MIN
99243	CONSULT NEW PT 40 MIN
99244	CONSULT NEW PT 50 MIN
99245	CONSULT NEW PT 80 MIN
99281	EMERGENCY ROOM CONSULT
99354	PROLONGED SVC W/PROCEDURE
99361	TEAM CONFERENCE 30 MIN
99362	TEAM CONFERENCE 60 MIN
99371	PHONE CONSULT,BRIEF
99372	PHONE CONSULT,INTERMEDIAT
99373	PHONE CONSULT,LENGTHY
99411	GROUP COUNSELING 30 MIN
99412	GROUP COUNSELING 60 MIN

DISPOSITION (Unless Inpatient)

- Released without limitations
- Released w/work/duty limitations
- Sick at home/quarters
- Immediate referral
- Left without being seen
- Left against medical advice
- Admitted
- Expired

ADMINISTRATIVE (Optional)

- Consultation requested
- Referred to another provider
- Convalescent leave
- Medical board
- Medical hold

APPOINTMENT STATUS

- Appt. Sched.
- Sick-call
- Walk-in
- Tele. Consult
- Canceled by Patient
- No-show
- Canceled by Facility

Mark here if you have address changes or corrections. Please make corrections on the back of this form.

CPT PROCEDURES

93784	AMBULATORY BP MONITORING
46600	ANOSCOPY
20605	ASP/INJ/INTERM JOINT
20610	ASP/INJ/MAJOR JOINT
11400	BENIGN SKIN LESION REMOVE
93271	ECG MONITORING & ANAYLSIS
65205	EYE IRRIGATION
36415	FINGERSTRICK GLUCOSE TEST
45331	FLEX SIG W/ BIOPSY
45330	FLEX/SIGMOIDOSCOPY
99078	HEALTH MAIN. EDUCATION
90782	INJECTION SC IM
90788	INJECTION OF ANTIBIOTIC
84402	INJECTION TESTOSTERONE
82607	INJECTION VITAMIN B-12
90780	IV INFUSION THERAPY, 1 HR
90781	IV INFUSION, > 1HR
87220	KOH - PREP OF SKIN
11765	NAIL TRIMMING/FOOT CARE
88141	PAP SMEAR
57410	PELVIC EXAMINATION
11100	PUNCH BIOPSY
93015	STRESS ECHO, PHASE I
87060	THROAT/NOSE CULTURE
11750	TOE-NAIL REMOVAL
20550	TRIGGER POINT INJECTION

FOR CLINIC USE ONLY

LAB WORK WAS ORDERED	A B C D E
Medicare Patient	A B C D E
TriCare Prime	A B C D E
TriCare Senior	A B C D E
WAITING TIME BEFORE SEEN	A B C D E
X-RAY(S) WAS ORDERED	A B C D E

FMP/SSN:
Birthdate:

(Home)
(Work)

Insurance Company:

Tel:
Subscriber's Name:
Group:
Num:
Prov:
PCM: STD
BAAA/INTERNAL MED,BAMC BO

ID Num:
Pat Rel:
Pat SSN:
ID:

This form is subject to the Privacy Act of 1974

Figure 1a. ADS Ambulatory Encounter Summary (front)

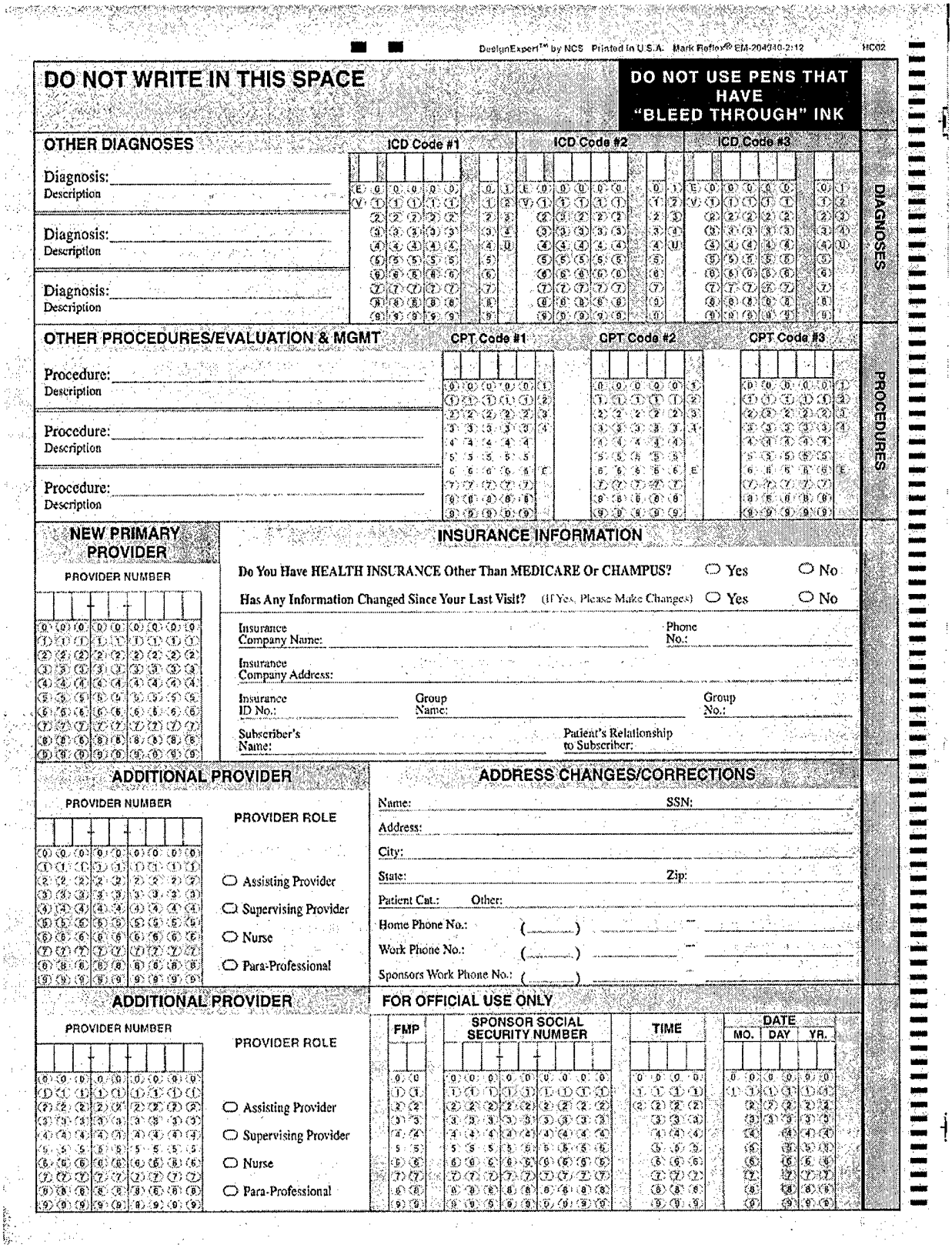


Figure 1b. ADS Ambulatory Encounter Summary (reverse)

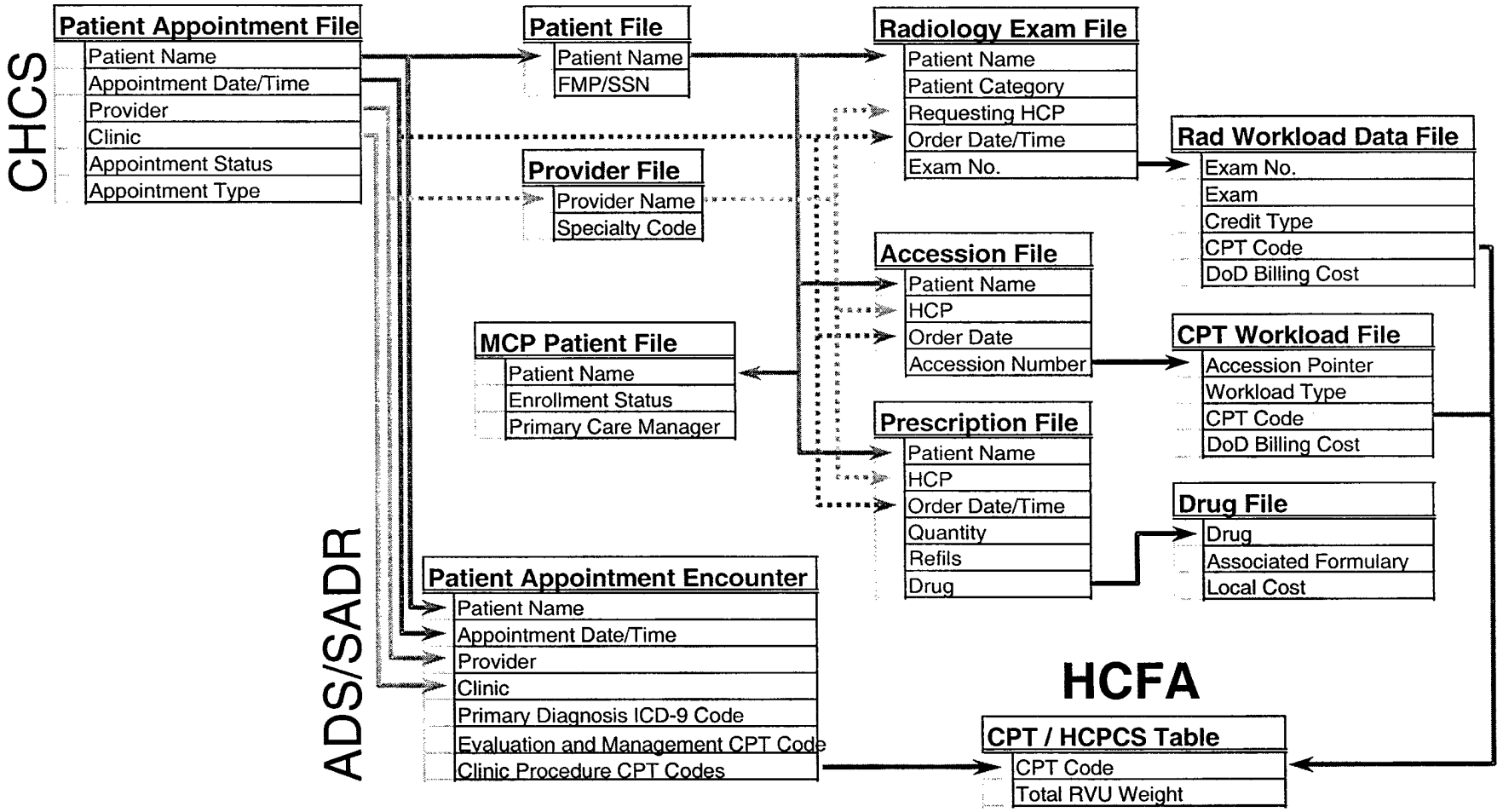


Figure 2.: Provider profile integrated data map

prescription data are extracted from the PRESCRIPTION FILE with links to the DRUG FILE and the PATIENT, PROVIDER, HOSPITAL LOCATION and ORDER files.

An important point to remember is that there is no direct reference linking any specific clinic encounter with a specific lab, x-ray, or prescription order. The link is indirectly associated by patient, provider, and date. If a provider orders an ancillary service for a patient on the same day of a patient-provider encounter, the order is associated with the encounter. All three of the data elements must match for the association to be valid. Data extracts from CHCS and ADS were integrated into a relational database with Microsoft® Access 97. Figure 2 graphically illustrates how individual data tables are related by the key data elements. The illustration also references data tables containing Health Care Financing Administration (HCFA) information regarding relative value units (RVUs) associated by CPT-4 code.

Once data regarding ancillary service activity is matched to a specific clinic encounter, an economic value for the activities can be quantified. Both the CPT WORKLOAD and the RAD WORKLOAD DATA files contain data fields assigning a "DoD billing cost" for each particular test or exam by CPT-4 code. CHCS defines this cost value as "the government supplied DOD billing cost for the CPT code" (SAIC, 1993). This value is not a direct measure of the organizational expense; it represents a quantifiable measure of economic resource intensity for providing the service. The current expense and accounting

procedures employed by MEPRS do not allow for actual patient-level accounting for individual procedures.

For prescription drugs, the CHCS DRUG FILE contains data reflecting the actual drug cost by organizational formulary. This drug cost is not the full organizational expense of providing individual pharmacy services; it is a quantifiable measure of economic resource intensity for proving the service. As the associated ancillary costs are quantified, they are aggregated and attributed to individual providers.

The first level of case-mix adjustment was accomplished by selecting a homogeneous provider group (internists and internal medicine residents) and a single primary diagnosis (see Results). A second level of case mix adjustment must account for as many quantifiable variables that can be identified to truly "level the playing field". A multiple regression model was selected to identify which variables had a statistically significant relationship with the total ancillary expense and how that relationship functioned as a predictor of total ancillary expense.

Patient specific variables were age, gender, beneficiary category, enrollment status, and primary care manager. The beneficiary category was captured because historically, active duty soldiers and their family members had a higher priority for health care services relative to retirees and their family members. The beneficiary category was coded as a numeric variable from lowest to highest priority for care. With the recent implementation of the TRICARE managed care program,

enrolled beneficiaries have a higher priority for services (independent of beneficiary status). In addition, previous investigation has indicated a higher level of resource expenditure for patients enrolled to a preferred provider organization (PPO) vs. indemnity insurance patients (Garnick et al., 1990). As with beneficiary category, enrollment status was coded on the basis of priority for care.

Provider-specific variables were professional status (staff vs. resident) and total years of experience. Previous research has indicated potential variance in inpatient resource utilization between attending and resident physicians within a general medicine service (Hayward, Manning, McMahon, and Bernard, 1994). Including these variables in the regression model would account for potential variability in outpatient resource utilization.

Encounter related variables were appointment type, appointment status, total diagnoses, total E&M and procedure RVUs, and patient-provider consistency. The appointment type variable was captured as the number of minutes dedicated to the specific type of appointment for which the patient was booked. Appointment types that require more time to complete are considered generally more resource-intensive than appointments that require less time. The number of total diagnoses recorded provides an index of the illness acuity associated with a particular patient-provider encounter as patients with more co-morbid diagnoses are considered to be more resource intensive than those with few related diagnoses. The total E&M plus

procedure RVU weight also provides an objective measurement of the acuity of the visit as encounters with more RVUs are more resource-intensive than encounters with fewer RVUs. Patient-provider consistency (a measure of the percentage of encounters that a particular provider provides care for a particular patient) provides a mechanism to determine variability based upon patient-provider familiarity. A prior study found a positive correlation between frequency of patient-provider contact and resource utilization (Hartley et al., 1987).

To create a compact graphic tool that could communicate a great deal of useful information regarding the performance of an individual provider, the distribution of the performance of all providers, and the statistical process control of provider performance by multiple metrics in a single graphic presented a significant formatting challenge. The end-product is a series of vertical graphs combining aspects of a box-and-whiskers plot, a normal distribution curve, and a control chart.

The box-and-whiskers portion of the diagram displays the symmetry (skewness) of the distribution of the position of individual providers relative to the metric values and the position of a single provider within the distribution. The box-and-whiskers plot includes the median metric value as a measure of central tendency and the 1st and 3rd quartiles as a measure of the dispersion of providers. (Ott, 1993). Figure 3 illustrates a sample box-and-whiskers diagram. For the purposes of continued discussion, this box-and-whiskers distribution will be referred to as the provider distribution.

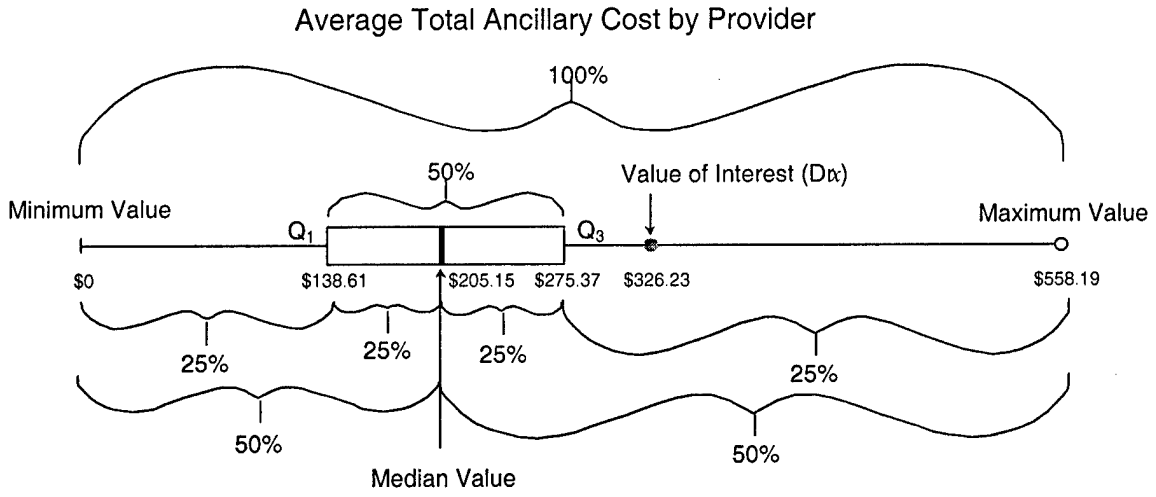


Figure 3. Box-and-whiskers plot

The standard deviations of values for each metric are displayed as a vertical chromatic area chart. Color changes are synonymous with the Army's accepted practice of using green, amber, and red to infer a situation status of routine, cautionary, or abnormal, respectively. As values migrate from the mean to the tails of the normal distribution curve, color changes along a chromatic gradient from green, to amber, orange, and red - fading to black at each standard deviation. The "Empirical Rule" of statistics states that nearly all (99.7%) of the values within any normal distribution curve will occur within $\pm 3\sigma$ of the distribution mean (Ott, 1993; Sanders, 1995). For continued discussion, representation of the normal distribution curve values will be referred to as the distribution of [metric] values. When combined with the provider distribution, this chromatic representation of the distribution of values provides valuable insight regarding the

relative position of an individual provider in the tails of the distribution for each metric.

The consistency or control with which any particular provider is able to provide services (as measured by ancillary expense) for a common diagnosis can be represented by a statistical control chart. A control chart is a visual representation of the comparison of data produced from a process with a set of stable upper and lower control limits established from prior actual performance. The specific utility of a control chart in this model is that it provides the means to communicate quantitative information about the performance of a process between producing suppliers - in this case health care providers. Two types of control charts are employed in the profiling model: the x-bar and p chart.

X-bar charts are only produced for two metrics: the measure of average total ancillary costs and the measure of average statistical residual for total ancillary expense. Upper and lower control limits are established using the standard statistical formula $\overline{\overline{X}} \pm A_2\overline{R}$ as an estimate of $\pm 3\sigma$ from the mean. The actual control limits for individual providers varies from provider to provider due to variation in the number of cases (subgroup sample size) for each provider. A_2 values for subgroup sample sizes greater than 24 are set at 0.157, the minimum value for control chart constants as set by the American Society for Testing and Materials (Ott, 1993, Table 17, p. A-37; Sanders, 1995, Appendix 11, p. A-25).

The p chart format is integrated into the metric for the proportion of outlier values for total ancillary expense. The p chart provides useful comparison information regarding the qualitative nature of process performance as either conforming or not conforming to specification. Control limits for the p chart are determined by the statistical formula $p \pm 3s_p$, again as an estimate of $\pm 3\sigma$ from the mean. $\overline{p}$ is the estimated overall population proportion of nonconforming or outlier values determined by the number of outlier values in all subgroups divided by the total number of values in all subgroups. The symbol s_p represents the population standard error of proportion calculated by taking the square root of $\overline{p}(1 - \overline{p})/n$. As in the x-bar chart, upper and lower control limits vary from provider to provider due to variations in the number of cases (n) in each subgroup sample size.

The actual upper and lower control limits for both of the x-bar charts and the p chart are added as bright pink horizontal lines over the box-and whiskers and chromatic area chart. When combined, these three graphic formats provide definitive quantitative and qualitative information concerning an individual provider's performance with regard to total ancillary expense. Individual profile variables and metrics included the following:

1. the provider's professional specialty level (staff internist or internal medicine resident);
2. the provider's years of experience (as measured from a point at the end of the 4^{th} year of residency);

3. the number of encounters used to formulate the profile;

4. the average patient age of the provider's subgroup of encounters;

5. the gender mix of the provider's subgroup of encounters;

6. the beneficiary category mix of the provider's subgroup of encounters;

7. the enrollment mix of the provider's subgroup of encounters;

8. the average total RVUs per patient encounter;

9. the average number of diagnoses per patient encounter;

10. the average patient-provider consistency for the providers subgroup of encounters;

12. the appointment status mix of the provider's subgroup of encounters;

13. the average appointment duration (type) of the provider's subgroup of encounters;

14. the average lab expense attributed to the provider per patient encounter;

15. the average radiology expense attributed to the provider per patient encounter;

16. the average drug expense attributed to the provider per patient encounter;

17. the average total ancillary expense attributed to the provider per patient encounter;

18. the average statistical residual expense attributed to the provider per patient encounter (based on the initial

application of the multiple regression model), and;

19. the proportion of outlier cases attributed to a provider within their subgroup of encounters (based on the final application of the multiple regression model).

Results

During the analysis period, the IMC recorded 26,502 patient appointment bookings resulting in 22,371 patient-provider encounters: 15,550 face-to-face encounters and 6,223 telephone encounters (Table 1). Together, scheduled appointments, walk-in visits, and telephone encounters accounted for 82.2% (21,773)of the total.

Table 1

Encounters by Appointment Status

Appointment Status	Count	Contact
Admin	573	
Canceled	2,851	
Scheduled & Kept	11,942	11,942
LWOBS	8	
No-Show	1,192	
Occ-Svc	25	
Tel-Con	6,223	6,223
Walk-In	3,688	3,688
Total	26,502	21,853

These encounters represent a patient sample population of 7,383 individuals. 56.2% (4,151) are female with a mean age of 61.2 (s = 14.9 years). The 3,232 males had a mean age of 62.6 years (s = 14.0 years). Although a two-tailed independent

samples t-test indicates that there is a statistically significant difference ($t = -4.019$, $p < .001$) in the average ages between males and females, the significance of an average difference of less than one and one-half years is questionable. The overall mean age of the population was 61.8 ($s = 14.6$).

Table 2

Provider types in the IMC

Specialty	Encounters
Anesthesiologist	1
Anesthesiology Resident	65
Carsiologist	2
ER Resident	2
Endocrinologist	925
General Medical Officer	49
General Surgeon	4
Infectious Disease Physician	346
Internal Medicine (Non-Privileged)	230
Internal Medicine Resident	6,947
Staff Internist	6,040
Occupational therapist	2
Oral Surgery Resident	1
Physical Therapist	1
Physician Assistant	1,735
Primary Care Nurse Practitioner	2,957
Total	19,307

During the study period, the mean number of encounters per patient was 2.7 ($s = 2.3$); the highest recorded frequency was 39 encounters for one patient. Sixteen provider types were represented on the clinical staff (Table 2). Internists and

Table 3

Primary diagnoses

ICD-9	Count	%	Cum %
250.02	3,845	20.5%	20.5%
401.9	3,782	20.1%	40.6%
V68.1	800	4.3%	44.8%
285.9	727	3.9%	48.7%
719.99	695	3.7%	52.4%
V65.4	671	3.6%	56.0%
272.4	557	3.0%	58.9%
No ICD-9	470	2.5%	61.4%
796.2	423	2.3%	63.7%
414.00	399	2.1%	65.8%
244.9	342	1.8%	67.6%
786.5	264	1.4%	69.0%
496.0	262	1.4%	70.4%
530.81	250	1.3%	71.7%
427.31	197	1.0%	72.8%
715.9	185	1.0%	73.8%
714.0	153	0.8%	74.6%
346.9	152	0.8%	75.4%
309.0	148	0.8%	76.2%
477.9	140	0.7%	76.9%
789.0	138	0.7%	77.7%
599.0	130	0.7%	78.4%
428.0	118	0.6%	79.0%
493.9	108	0.6%	79.6%
473.9	107	0.6%	80.1%
Others	3,736	19.9%	100.0%

internal medicine residents accounted for 67.3% (12,987) of the encounters. 52.6% (13,933) of the patients were enrolled in the TRICARE managed care program.

As part of the administrative documentation of the encounter, providers are supposed to record the ICD-9 codes of the patient's primary and any secondary diagnoses on the ADS ambulatory encounter summary. Compliance was high for all appointment encounters (89.1%). Overall, there were 420 encounters (2.5%) where a primary diagnosis was not recorded (Table 3). During the study period, providers recorded over 600 different primary diagnoses. The most commonly-recorded primary diagnosis was ICD-9 code 250.02, "uncontrolled non-insulin dependent adult onset diabetes mellitus without complication". Unfortunately, 37.3% (1,437) of these encounters were attributed to non-privileged providers, including 597 encounters with a pseudo-provider - DIME,DR (Table 4). Because a large proportion of these encounters could not be attributed to an individual privileged provider, this diagnosis was disqualified as a determinator for provider profiling.

The second most frequently-recorded primary diagnosis was ICD-9 code 401.9, "unspecified essential hypertension." Internists and internal medicine residents accounted for 61.1% (2,326) of such encounters. It is somewhat interesting to note that code 401.9 was the only recorded primary diagnosis code associated with hypertension of any etiology. Since the majority of the encounters for this diagnosis were attributed to the IMC's major provider group, this group of encounters was

chosen for provider profiling. To increase the homogeneity of the encounters, only "face-to-face" (scheduled or walk-in) encounters for other than just a prescription refill (appointment type "RX") were used for the analysis. This left a final potential sample of 1,518 qualifying encounters for profiling.

Table 4

ICD-9 250.02 encounters

Provider Specialty	Count
Anesthesiology Resident	9
Endocrinologist	185
General Medical Officer	2
Infectious Diseases Physician	45
Internal Medicine (non-privileged)	37
Internal Medicine Resident	689
Internist	638
Physician Assistant	146
Primaru Care Nurse Practitioner	695
Unassigned/Non-privileged	1,399
Total	3,845

Stepwise multiple regression provided the means to determine which variables significantly related in the model as well as how much variability was explained by the model. In addition, the model generated predicted values for total ancillary expense based on the interactions of significant variables and a residual value for unexplained variance. The initial application of the model identified six variables that were significantly related to total ancillary expense (Table 5).

Table 5

Significant variables by miltiple regression

	Unstandardized Coefficients		Standardized Coefficients		
	β	Std. Error	β	t	Sig.
(Constant)	-77.479	62.949	--	-1.231	0.219
Diagnoses	32.427	7.754	0.114	4.128	0.000
Provider Specialty Code	5.734	1.586	0.119	3.614	0.000
Appointment Status	86.739	34.417	0.066	2.520	0.012
Consistency	90.728	36.041	0.065	2.517	0.012
Beneficiary Category	-29.407	13.388	-0.056	-2.197	0.028
Experience Factor	3.072	1.436	0.068	2.138	0.033

Dependent variable: Total Ancillary Expense

Two separate predicted values were generated by the model: an unstandardized predicted value and an adjusted predicted value. The unstandardized predicted value is simply the value predicted by the model based on all cases in the model. The adjusted predicted value is the predicted value for an individual case when that case is excluded from the calculation of the regression coefficients. A large difference between the unstandardized and adjusted predicted values for a single encounter case indicates that the encounter represents an outlier case with respect to total ancillary expense based on the model (R.M. DeMouy, personal communication, 15 April 1999).

Determination of process control was the second goal of the analysis. A process (in this case, the utilization of ancillary care resources based on patient, provider, and encounter characteristics) is considered to be in control when the naturally occurring variability inherent to the process cannot

be attributable to any cause other than random chance. A process is considered to be out of control when an abnormal event or circumstance introduces special cause variation that cannot be attributed to chance alone (Sanders, 1995). Generally speaking, variations measuring more than 3 standard deviations (3-sigma or 3σ) above or below the mean value are considered special cause variation identifying outlier cases for processes not in control (Sanders, 1995). Calculation of the differences between the unstandardized and adjusted predicted values for all qualifying encounters provided the means to gather descriptive statistics on those differences and apply a 3σ threshold to identify all outlier cases. A total of 27 encounters were identified as outliers and filtered from the data set.

Once the outlier cases were filtered from the data set, the model was re-applied to again determine predicted values, residual values, and identify outlier cases. A total of 14 applications of the model were required to filter 240 outliers identified by the model (Table 6). Initially, the model was only able to account for 3.2% (r^2 = .032) of the variability in total ancillary expense. Upon elimination of all of the identified outlier cases, the model's ability to account for ancillary expense variability had increased to 10.0%. With the final application of the model, only five variables - appointment status, beneficiary category, patient-provider consistency, provider specialty, and patient gender had a statistically significant impact upon the determination of total ancillary expense. When the model was applied to just the cases

Table 6

Elimination of outlier cases

	n	Mean	s	Min	Max	$\bar{x}$-3s	$\bar{x}$+3s	Outliers
DIFF_1	1,518	(0.022)	1.913	(27.996)	16.792	(5.761)	5.717	27
DIFF_2	1,491	(0.001)	1.109	(4.918)	7.104	(3.327)	3.326	39
DIFF_3	1,452	(0.012)	0.889	(2.460)	3.935	(2.680)	2.656	35
DIFF_4	1,417	(0.023)	0.766	(2.281)	2.882	(2.322)	2.275	20
DIFF_5	1,397	(0.026)	0.719	(2.144)	2.440	(2.182)	1.130	18
DIFF_6	1,379	(0.004)	0.691	(2.563)	4.527	(2.078)	2.070	23
DIFF_7	1,356	(0.007)	0.528	(0.938)	1.970	(1.591)	1.577	15
DIFF_8	1,341	(0.004)	0.470	(0.891)	2.313	(1.414)	1.406	16
DIFF_9	1,325	(0.002)	0.446	(0.829)	1.806	(1.340)	1.336	12
DIFF_10	1,313	(0.002)	0.432	(0.822)	1.509	(1.297)	1.294	7
DIFF_11	1,306	(0.009)	0.477	(0.773)	1.619	(1.441)	1.423	12
DIFF_12	1,294	(0.002)	0.531	(1.043)	1.775	(1.596)	1.592	5
DIFF_13	1,289	(0.009)	0.455	(0.729)	1.477	(1.373)	1.356	11
DIFF_14	1,278	(0.004)	0.510	(1.038)	1.502	(1.535)	1.528	0
					Total Outliers:			240

identified as outliers, only three variables - appointment status, beneficiary category, and the number of diagnoses, had a statistically significant impact upon the determination of total ancillary expense. These three covariates accounted for 16.6% of the variability among the outlier cases. Pharmacy expenses were identified as having the greatest expense impact within the outlier group, accounting for 92.5% of the variability. The situation with cases remaining in the in-control group was similar, but pharmacy expenses accounted for 84.8% of the total variability in ancillary expense.

Analysis of the patients within the outlier or the in-control group showed significant differences between the groups

in all three expense categories; but, in the encounter categories, only the number of diagnoses per encounter was significant, with more diagnoses per encounter in the outlier group (Table 7). One possible inference could be that patients with more diagnoses are more expensive to treat than patients with fewer diagnoses. This conjecture is true for this population when the number of diagnoses by itself is correlated to total ancillary cost for all encounters; and even then, it only accounts for 1% of the variability in total ancillary expense. When combined as a covariate with the other variables in the model, it also has a positive correlation as a contributor to the total ancillary expense within the defined model with a standardized β value of .114.

In profiling the providers for the proportion of outlier cases, only one provider was identified as a statistical outlier with a proportion ($\hat{\pi}$) of .4286 (15 of 35) cases identified as outliers for total ancillary expense. One provider with only one recorded encounter was identified with a $\hat{\pi}$ of 1.000, but was not identified as an outlier because one single case is insufficient to determine the status of a process. The average $\hat{\pi}$ for all of the providers was .1428 with a standard deviation of .0943. Figure 4 gives a complete picture of an individual provider profile for one unidentified provider using the graphic formats described previously. The professional specialty breakout of providers was 13 staff internists and 38 internal medicine residents. The staff internists work full time in the clinic. The residents spend one half-day per week in the clinic.

Table 7

t-test for equality of means: outliers and in-control cases

	Levene's Equality of Variance		t-test for equality of means						
					Sig.	Mean	Std. Error	95% CI	
	F	Sig	t	df	(2-tailed)	Difference	Difference	LL	UL
Age	2.392	0.122	-0.987	1,516.000	0.324	-0.857	0.868	-2.560	0.847
Sex	1.024	0.312	0.546	1,516.000	0.585	0.019	0.035	-0.049	0.087
Diagnoses	11.987	0.001	4.068	278.475	0.000	0.544	0.134	0.281	0.807
Consistency	0.006	0.941	0.397	1,516.000	0.692	0.008	0.020	-0.032	0.048
Experience	0.218	0.641	0.256	1,516.000	0.798	0.164	0.640	-1.091	1.419
Total RVUs	0.002	0.968	0.966	1,516.000	0.334	0.047	0.049	-0.049	0.143
Lab Expense	108.416	0.000	4.14	268.442	0.000	21.345	5.156	11.194	31.497
Rad. Expense	156.945	0.000	3.619	244.243	0.000	44.628	12.331	20.338	68.917
Phar. Expense	314.211	0.000	12.934	243.037	0.000	610.469	47.200	517.496	703.442
Total Expense	272.512	0.000	14.29	243.489	0.000	676.441	47.337	583.198	769.685

The relationship between professional specialty and total ancillary cost by t-test is an average mean difference of $39.78 (internists = $211.41, residents = $251.19, p = .054). As a covariate, residents contribute a standardized β of .064 to total ancillary expense. Due to the difference in clinic hours between internists and residents, there is also a marked difference in the number of encounters between internists and residents. While staff internists make up only 25.5%(13) of the providers, they account for 47.2% of the encounters. Residents averaged 21.1 visits per provider (s = 10.4); staff internists averaged 55.1 visits per provider (s = 40.4).

The average experience level of all providers in the clinic is -1.3 years. Experience is measured from the end of the fourth year of residency. The metric indicates that most of the care provided in the clinic is by internal medicine residents. The metric also indicates that the most experienced provider in the clinic has 39 years of experience. It is important to remember that just because this provider with the most experience lies at the extreme tail of the distribution (almost 5 standard deviations above the mean), it is not an undesirable situation, merely atypical of this population of providers. The relationship between experience and total ancillary expense shows almost no correlation ($r = .004$, $r^2 < .001$, $p = .863$).

The overall average number of encounters per provider is 29.8, with s = 26.7. The relationship between the number of visits and total ancillary expense is a very slight positive correlation that is statistically insignificant ($r = .121$, $r^2 =$

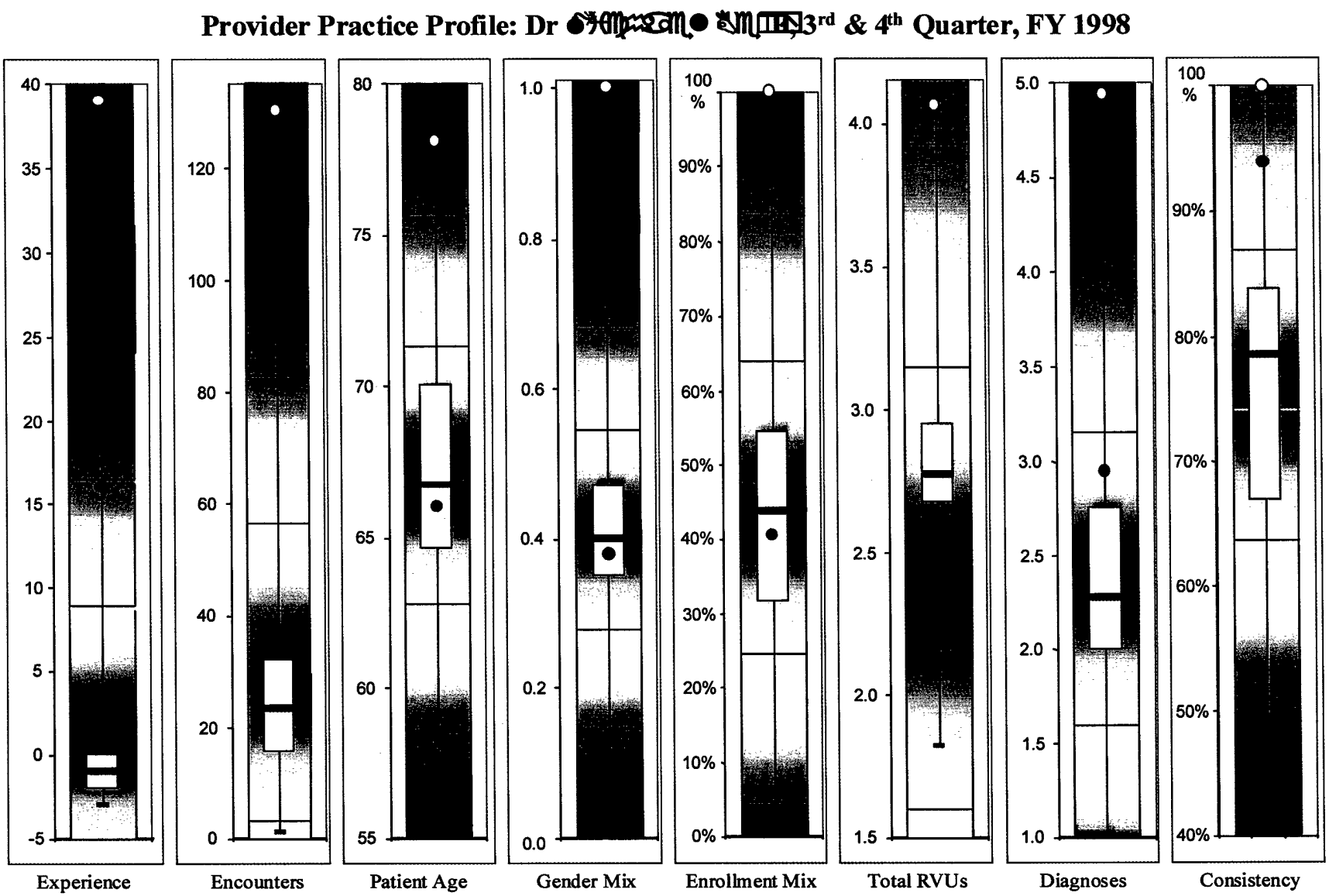


Figure 4a. Example provider practice profile

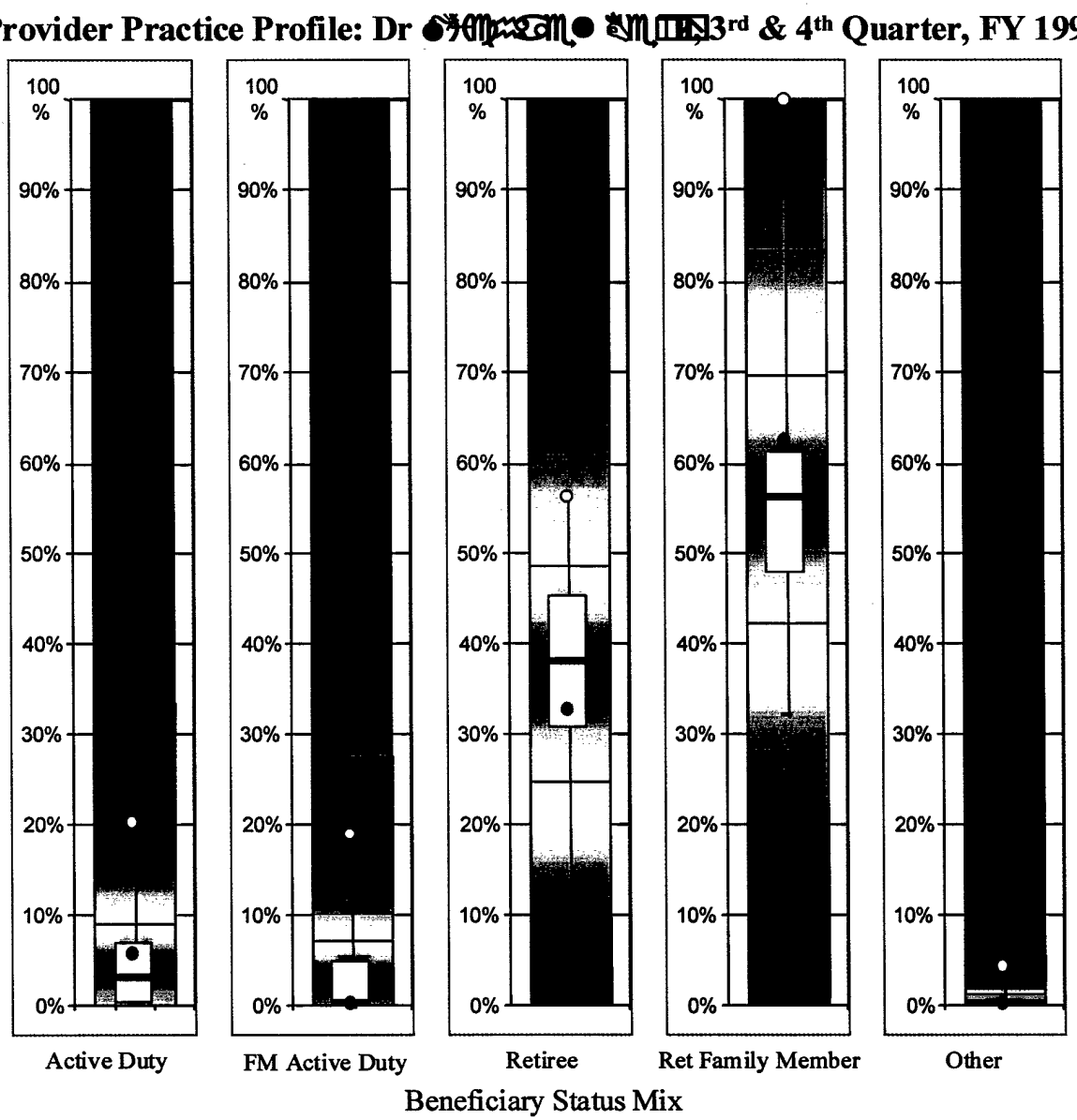


Figure 4b. Example provider practice profile (cont.)

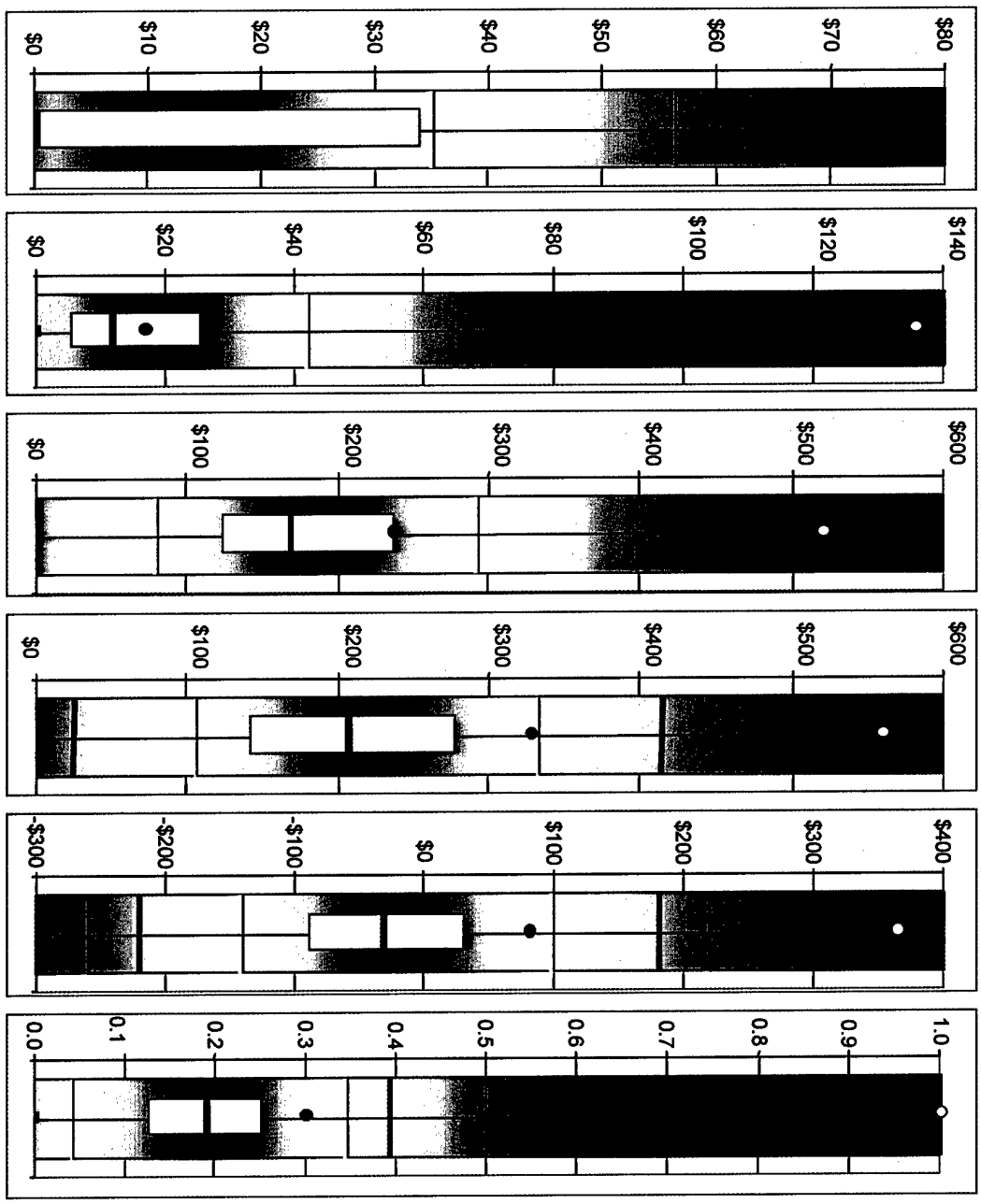


Figure 4c. Example provider practice profile (cont.)

.015, p = .398). Six providers had less than 10 recorded encounters, and three providers recorded 100 or more. 50% of the providers recorded between 15 and 31 encounters (Q_1 & Q_3).

The average patient age for each provider for these encounters was 67.0 years. For one half of the providers, the average patient age was between 64 and 70 years old. There were 376 encounters for patients less than 59 years old (Q_1) and 396 encounters for patients greater than 75 years old (Q_3). The relationship between patient age and total ancillary expense is that patient age accounts for less than one-half of one percent of the variability (r^2 = .004) in total ancillary expense, yet is statistically significant (p = .019) due to the large (1,518) sample size. Age was not found to be statistically significant as a covariate in the multiple regression model.

The patient gender mix for all encounters was 59% female and 41% male. The by provider patient gender mix also reflected an average of 61% female and 39% male patient encounters. The interquartile range by provider was 65%/35% (F/M) to 53%/47%. Two providers had recorded encounters with only one gender, but neither provider recorded more than four total encounters. The relationship between gender and total ancillary expense by t-test is an average mean difference of $39.56 that is statistically significant (females = $248.62, males = $209.05, p = .052). As a covariate, females contributed a standardized β .074 to the total ancillary expense (final regression, in control cases only).

The beneficiary category mix by provider showed an average proportion make-up of 5.0% active duty, 3.0 active duty family member, 37.9% retiree, 53.8% retiree family member, and 0.3% others. ANOVA analysis shows that there is no significant difference between the mean values to total ancillary expense between beneficiary category groups ($p = .172$). Since the categories are identified numerically by priority of access (other = 0, active duty = 4), the multiple regression model shows that beneficiary category access priority is negatively correlated as a covariate (standardized $\beta = -.231$) to total ancillary expense.

Patients enrolled in the TRICARE managed care program made up 48.5% of the encounter volume. On average, each provider saw 44.2% enrolled patients ($s = 19.8\%$). There were no individual provider outliers that saw an inordinately high percentage of either enrolled or not-enrolled patients. The relationship between enrollment status and total ancillary expense by t-test showed an average mean difference of $19.96 that was not statistically significant (enrolled = $222.14, not enrolled = $242.11, $p = .342$).

Average total RVUs per encounter by provider ranged from 1.82 to 4.06. In terms of E&M intensity, this range of values represents the difference between: a) an office visit for a new patient involving a detailed history, a detailed examination, and decision making of low complexity taking 30 minutes; and, b) an office consultation of a new patient involving a comprehensive history, a comprehensive examination and decision

making of moderate complexity often involving the coordination of other providers and agencies, taking 40 minutes (Kirschner et al., 1996). The relationship between total RVUs and total ancillary expense is a very slight positive correlation that is also statistically significant ($r = .04$, $r^2 = .002$, $p = .118$), again due to the large sample size. RVUs are not a significant covariate in the multiple regression model.

The average number of diagnoses recorded per encounter by provider ranged from 1 to 4.9 with an average of 2.4 diagnoses per encounter. 24.4% of all encounters (371) recorded only a primary diagnosis - ICD-9 code 401.9. Only 1.5% of the encounters (57) recorded more than five diagnoses associated with the encounter. The relationship between the number of diagnoses associated with the encounter and the total ancillary expense shows a slightly positive correlation that is statistically significant ($r = .10$, $r^2 = .01$, $p < .01$). As previously discussed, the number of related diagnoses was initially significant in the multiple regression model, but became insignificant with the removal of individual outlier cases.

Patient-provider consistency was unexpectedly high. On average, each provider was able to maintain a 75.3% consistency for all of his or her patients. The general trend was that the higher the number of recorded encounters attributed to a provider, the higher the average patient-provider consistency; but, it was not statistically significant ($n = 51$, $r = .192$, $r^2 = .037$, $p = .177$). In fact, the only provider with 100%

consistency only had one recorded encounter. The relationship between patient-provider consistency and total ancillary expense also shows a slight positive correlation that is statistically significant ($r = .072$, $r^2 = .005$, $p < .01$). Patient-provider consistency also remained a significant covariate throughout the repeated application of the regression model adding a standardized β value of .116 to total ancillary expense.

Only two categories of appointment status were included in the data set: scheduled and walk-in. One provider recorded 87% of his encounters as walk-in appointments. This value is over 5σ below the mean value of 11% walk-ins and 89% scheduled encounters. It is entirely possible that this provider is primarily utilized as designed for walk-in encounters, but the situation warrants awareness by departmental leadership due to its highly unexpected nature. The relationship between appointment status and total ancillary expense by t-test shows an average mean difference of $117.32 that is statistically significant (walk-in = $255.63, n = 163; scheduled = $421.98, n= 1,355; $p < .01$). A scheduled encounter adds a standardized β value of .219 to the total ancillary expense through the multiple regression model.

By provider, the average encounter intensity by appointment type (as measured by minutes dedicated to a particular CHCS appointment type) was 29.0 minutes. The same provider that had the highest percentage of walk-in appointments also had the lowest appointment type encounter intensity. If the appointment type encounter intensity (minutes duration) is multiplied by the

number of appointments, a crude measure of manpower utilization can be formulated. By this manpower utilization metric, the range of provider manpower utilization for the diagnosis of essential hypertension in this sample patient population starts at 30 minutes and climbs to 54 hours and 5 minutes In addition, the total ancillary expense can be divided by the value of manpower utilization to arrive at a crude measure of expense per unit of utilization. The average total ancillary expense generated per hour of direct patient contact was $478.65 (s = $303.67). One provider's value was 5σ above this average at $2,007.30 per hour.

The lab expense component of total ancillary expense was the least contributory with an average per provider per encounter expense of $13.90, but with a large dispersion of values (s = 21.28). The median value for lab expense was in fact $0.00 - half of the providers did not order any labs associated with any recorded encounter. Multiple, stepwise regression of lab expense with the patient, provider, and encounter covariates indicated that five variables are statistically significant (diagnoses, appointment type, provider experience, provider specialty, and patient-provider consistency) without regard to exclusion of individual outlier cases. Further research is necessary, perhaps utilizing a logistic regression model, to determine any specific predictor(s) are germane to whether or not providers will or will not order labs.

The radiology expense component provides the middle value component of total ancillary expense. Each provider, on average, was attributed with $18.94 in radiology expense per encounter (s = $23.10). Only five providers ordered no radiology exams during the analysis period. The provider distribution interquartile range for radiology expense was relatively tight at $24.77 ($4.42 - $29.19). The provider with the highest average radiology expense per encounter ($\bar{x}$ = $135.51, n = 8) placed more than 5σ above the mean in the distribution of values. This provider actually ordered radiology exams associated with only two of the eight encounters: $37.00 in expense for one, and $1,047.10 in expense for the second. In the most expensive encounter, there were two co-morbid diagnoses in addition to ICD-9 code 401.9 for a 78-year-old male patient: code 278.(unspecified obesity) and code 599.0 (urinary tract infection from an unspecified site). The radiology exam ordered was a multiple 3-D tomographic heart image (CPT code 78465). There were no lab or pharmacy expenses associated with the encounter. This particular case is a very good example of an expense outlier requiring clinical adjudication as to (at the very least) the appropriateness of assignment of primary diagnosis. There is a possibility that due to the nature of the radiology exam and the presenting signs and symptoms upon patient assessment in the clinic that another cardiovascular diagnosis may have been more appropriate.

Pharmacy expenses represented the primary component of total ancillary expense attributed to encounters with staff

internists and residents in the IMC with a primary diagnosis of unspecified essential hypertension. The provider average for pharmacy expense $187.22 (s = $105.69) per encounter. The provider with the most expensive average pharmacy expense per encounter ($558.19) was at the median for experience, number of encounters, gender mix, and diagnosis count. The provider was below the average for RVU intensity, and slightly above average for patient age and patient-provider consistency. There were three recorded encounters with pharmacy expenses over $1,700 each; the highest expense being $2,649.36 worth of pharmaceuticals attributed to one encounter. In this particular encounter, there were three co-morbid diagnoses associated with the primary diagnosis for an 83-year-old male: code 244.9 (unspecified acquired hypothyroidism), code 530.81 (esophageal reflux) and code 600 (hyperplasia of the prostate). There were no lab or radiology expenses associated with the encounter. There were nine prescriptions ordered with three refills each. The most expensive prescription was for omeprazole (Prilosec®), 20MG CPSR, 180. Prilosec® is indicated in the treatment of active duodenal or gastric ulcer, gastroesophageal reflux disease (GERD), erosive esophogitis (common with esophageal reflux), and/or other hypersecretory conditions (Medical Economics Company, 1999). With three refills, the total expense obligated with this prescription was $1,353.60 according to the current BAMC formulary. This particular case represents an expense outlier due to the nature of the particular drug ordered. The clinical adjudication possible in this case is a

review of any limitation on the prescription of Prilosec® by local drug utilization guidelines.

The metric for total ancillary expense indicated three providers exceeded $500 in average total ancillary expense per encounter. All three exceeded the upper control limit as determined by their subgroup sample size and subgroup range. One provider in particular had an individual range of total ancillary expense values of over $8,500 for 22 recorded encounters. For these three providers, x-bar control analysis indicates that their practice patterns differ significantly from their peers.

The next metric evaluated provider practice pattern by the metric of statistical residual based on the predicted total ancillary expense by the multiple regression model. The same three providers that were highly expensive by total ancillary expense also showed unstandardized residual values that were $70 - $120 above their upper control limits. The single provider with only one encounter (with $0 total ancillary expense) exceeded the lower control limit as the model predicted a total ancillary expense of $290 based on patient, provider, and encounter characteristics. As with the above metric for overall total ancillary expense, indication of outlier status represents an unexpected status, not necessarily an undesirable status. Only appropriate clinical evaluation can determine appropriateness of clinical practice and ancillary service utilization.

Discussion

This regression model and reporting methodology accomplishes many goals toward giving providers, medical directors, and health care administrators valuable information to make informed decisions regarding practice patterns and expense utilization. It utilizes existing data and information systems without a requirement for the provider to log into a new computer system, check a box on an additional form, or otherwise interfere in the delivery of patient care. All of the data elements required for this tool are already being captured through existing business practices. The tool provides a means to communicate to an individual provider his or her unique patient cohort, the provider's unique encounter characteristics, and the expense patterns that the provider generates. All of this information is immediately and graphically related to peers and to the overall patient population at large. Directors and administrators can gain insight into the demographic make-up of the population served, their major health issues, and the ancillary services utilized in the provision of health care. It also provides a means of evaluating the consistency and control with which services are delivered taking into account some of the variables inherent in both patients and the providers that serve them.

Directors and administrators must be cautioned that while this tool can identify statistical outlier providers, it cannot infer any determination of actual clinical appropriateness. This profiling tool does not examine the clinical patient

outcomes of provider decisions on the use of ancillary services. The tool provides a screen to select and a lens to focus a more detailed clinical analysis upon the few practitioners with unexpected patterns of utilization.

The analysis can also shed light on other aspects of clinic business as well. In consolidating data for this analysis, it was identified that primary diagnosis was not captured for a great many encounters. In the MHS, reimbursement is (currently) not dependent upon capture and assignment of diagnosis. While this may not be a critical issue with fully at-risk HMO organizations in the civilian sector, without this information, there would be no reimbursement from 3rd party indemnity insurers. Another issue identified was the use of pseudo-providers. In the IMC's management of diabetic patients (the number one health issue during the analysis period), a pseudo-provider named DIME,DR is accountable for a great many appointment bookings and lab tests. Any one of a number of providers can see patients and order tests attributed to DIME,DR. It is also possible for a patient to be booked to a named provider that orders tests attributed to DIME,DR, or a patient booked to DIME,DR have labs ordered by the actual named provider of the encounter. When this DIME,DR's practice profile is evaluated, it is difficult to apply management controls.

Another interesting phenomenon precipitated by the application of the model was the relative lack of impact that individual patient variables had upon the determination of total ancillary expense. Total RVUs and diagnoses are direct measures

of the clinical intensity of patient-provider encounters, yet did not have a statistically significant impact upon the determination of ancillary expense. Patient age has also been positively correlated to healthcare expense, but was also a statistically insignificant covariate in the multiple regression model.

Conclusions and Recommendations

The purpose of this project was to develop a model and tool that utilizes data currently captured by existing information systems to fulfil the objectives of profiling. The tool developed answers the main research question of whether or not U.S. Army health care organizations can evaluate economic provider performance of health care services relative to the expense of providing those same services. The methodology is somewhat manpower-intensive at this time because data extracts and relational database integration are all executed ad-hoc - that is, there is not a single program application institutionalized to accomplish the functions in a truly automated fashion. At this point, the system can best be described as "computerized stubby pencil".

The CHCS ad-hoc query structures, the ADS query structure, the MS Access relational database and query structures, and the MS Excel spreadsheet and graphic structures have all been saved and documented. In order for this model to be propagated to other MHS facilities, individuals at each facility must execute the extracts, consolidation, and graphics generation based upon their ability to access and operate all of the software

required. Much more work in the area of programming automation is required before a single application can execute all of the steps necessary to generate the final product in a timely manner.

The multiple regression model assumes that relationships between variables can be explained in a linear fashion. Some license was required to organize nominal variables like beneficiary category and appointment type into scaleable numeric values. Logic was employed that was consistent with the operations of the MHS. The multiple regression model was only able to account for a maximum of 10% of the variability in total ancillary expense. The 13 variables identified were the most consistently attributable variables that were available from our existing data systems. It is obvious that at least 90% of the variability must be attributable to variables unidentified by the model. The most notable paucity in identified variables was the lack of actual physiometric data regarding the patient attributable to a specific encounter. Data items such as vital signs are not entered into CHCS. Actual lab and radiology exam results were available, but it was unclear as to how the actual results were tied to the decision to do the exam, thus generating the expense. One possible metric for future assessment is the assignment of an "ambulatory procedure group" or APG, much like an inpatient DRG. Like DRG's, APG's are based on the clinical status of the patient taking into account age, sex, diagnoses, procedures and co-morbidities. Like DRG's,

APG's are assigned a relative weighted product (RWP) value that is directly related to the clinical intensity.

Finally, this model was based on a relatively short period of time with relatively few patient encounters for some of the providers. While it shows very promising potential as a tool to be implemented at any or all other MHS facilities, it should be replicated in such a way to assure that an adequate period of time is covered and that an adequate sample size for all profiled providers is utilized. Economic profiling of provider generated ancillary expense remains an important aspect in the management of healthcare resources, and this model can be a valuable tool in accomplishing that goal.

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Appendix

SPSS analysis output

Stepwise Multiple Regression: 1st Iteration

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Diagnoses	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	Provider Specialty Code	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
3	Appointment Status	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
4	Consistency	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
5	Beneficiary Category	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
6	Experience Factor	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

a. Dependent Variable: Total Ancillary Cost

Model Summary[g]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.103[a]	.011	.010	$407.6597
2	.127[b]	.016	.015	$406.6427
3	.146[c]	.021	.019	$405.7013
4	.160[d]	.026	.023	$404.9845
5	.170[e]	.029	.026	$404.4039
6	.179[f]	.032	.028	$403.9237

a. Predictors: (Constant), Diagnoses

b. Predictors: (Constant), Diagnoses, Provider Specialty Code

c. Predictors: (Constant), Diagnoses, Provider Specialty Code, Appointment Status

d. Predictors: (Constant), Diagnoses, Provider Specialty Code, Appointment Status, Consistency

e. Predictors: (Constant), Diagnoses, Provider Specialty Code, Appointment Status, Consistency, Beneficiary Category

f. Predictors: (Constant), Diagnoses, Provider Specialty Code, Appointment Status, Consistency, Beneficiary Category, Experience Factor

g. Dependent Variable: Total Ancillary Cost

ANOVA[g]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2688009.5	1	2688009.5	16.175	.000[a]
	Residual	2.50E+08	1506	166186.47		
	Total	2.53E+08	1507			
2	Regression	4100671.6	2	2050335.8	12.399	.000[b]
	Residual	2.49E+08	1505	165358.25		
	Total	2.53E+08	1507			
3	Regression	5416164.0	3	1805388.0	10.969	.000[c]
	Residual	2.48E+08	1504	164593.53		
	Total	2.53E+08	1507			
4	Regression	6454071.6	4	1613517.9	9.838	.000[d]
	Residual	2.47E+08	1503	164012.48		
	Total	2.53E+08	1507			
5	Regression	7324020.4	5	1464804.1	8.957	.000[e]
	Residual	2.46E+08	1502	163542.49		
	Total	2.53E+08	1507			
6	Regression	8070105.0	6	1345017.5	8.244	.000[f]
	Residual	2.45E+08	1501	163154.38		
	Total	2.53E+08	1507			

a. Predictors: (Constant), Diagnoses

b. Predictors: (Constant), Diagnoses, Provider Specialty Code

c. Predictors: (Constant), Diagnoses, Provider Specialty Code, Appointment Status

d. Predictors: (Constant), Diagnoses, Provider Specialty Code, Appointment Status, Consistency

e. Predictors: (Constant), Diagnoses, Provider Specialty Code, Appointment Status, Consistency, Beneficiary Category

f. Predictors: (Constant), Diagnoses, Provider Specialty Code, Appointment Status, Consistency, Beneficiary Category, Experience Factor

g. Dependent Variable: Total Ancillary Cost

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	157.016	21.615		7.264	.000
	Diagnoses	29.450	7.323	.103	4.022	.000
2	(Constant)	69.644	36.857		1.890	.059
	Diagnoses	34.595	7.513	.121	4.604	.000
	Provider Specialty Code	3.710	1.269	.077	2.923	.004
3	(Constant)	-8.071	45.911		-.176	.860
	Diagnoses	30.524	7.633	.107	3.999	.000
	Provider Specialty Code	3.791	1.267	.079	2.993	.003
	Appointment Status	97.090	34.343	.074	2.827	.005
4	(Constant)	-71.038	52.220		-1.360	.174
	Diagnoses	30.411	7.620	.106	3.991	.000
	Provider Specialty Code	3.882	1.265	.080	3.069	.002
	Appointment Status	87.496	34.494	.066	2.537	.011
	Consistency	90.694	36.053	.065	2.516	.012
5	(Constant)	-19.129	56.795		-.337	.736
	Diagnoses	29.301	7.624	.103	3.843	.000
	Provider Specialty Code	3.685	1.266	.076	2.911	.004
	Appointment Status	88.553	34.447	.067	2.571	.010
	Consistency	94.546	36.040	.067	2.623	.009
	Beneficiary Category	-30.873	13.386	-.059	-2.306	.021
6	(Constant)	-77.479	62.949		-1.231	.219
	Diagnoses	32.427	7.754	.114	4.182	.000
	Provider Specialty Code	5.734	1.586	.119	3.614	.000
	Appointment Status	86.739	34.417	.066	2.520	.012
	Consistency	90.728	36.041	.065	2.517	.012
	Beneficiary Category	-29.407	13.388	-.056	-2.197	.028
	Experience Factor	3.072	1.436	.068	2.138	.033

a. Dependent Variable: Total Ancillary Cost

Excluded Variables[g]

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics
						Tolerance
1	Age	.056[a]	2.174	.030	.056	.998
	Appointment Status	.072[a]	2.752	.006	.071	.960
	Appointment Type	.046[a]	1.805	.071	.046	.996
	Beneficiary Category	-.059[a]	-2.317	.021	-.060	.998
	Consistency	.069[a]	2.709	.007	.070	.999
	Experience Factor	.005[a]	.179	.858	.005	1.000
	MCP Status	-.031[a]	-1.193	.233	-.031	.995
	Primary Care Manager	-.047[a]	-1.823	.068	-.047	.995
	Provider Specialty Code	.077[a]	2.923	.004	.075	.945
	Sex	-.045[a]	-1.775	.076	-.046	.999
	Total RVUs	.035[a]	1.351	.177	.035	.995

Excluded Variables[g]

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics: Tolerance
2	Age	.042[b]	1.625	.104	.042	.958
	Appointment Status	.074[b]	2.827	.005	.073	.960
	Appointment Type	.041[b]	1.589	.112	.041	.990
	Beneficiary Category	-.054[b]	-2.125	.034	-.055	.993
	Consistency	.072[b]	2.808	.005	.072	.998
	Experience Factor	.078[b]	2.440	.015	.063	.636
	MCP Status	-.016[b]	-.608	.543	-.016	.953
	Primary Care Manager	-.033[b]	-1.260	.208	-.032	.954
	Sex	-.045[b]	-1.760	.079	-.045	.999
	Total RVUs	.034[b]	1.312	.190	.034	.995
3	Age	.049[c]	1.872	.061	.048	.952
	Appointment Type	.014[c]	.496	.620	.013	.830
	Beneficiary Category	-.056[c]	-2.183	.029	-.056	.993
	Consistency	.065[c]	2.516	.012	.065	.986
	Experience Factor	.076[c]	2.364	.018	.061	.636
	MCP Status	-.021[c]	-.789	.430	-.020	.949
	Primary Care Manager	-.038[c]	-1.446	.148	-.037	.950
	Sex	-.048[c]	-1.877	.061	-.048	.998
	Total RVUs	.020[c]	.776	.438	.020	.957
4	Age	.045[d]	1.722	.085	.044	.948
	Appointment Type	.015[d]	.535	.593	.014	.830
	Beneficiary Category	-.059[d]	-2.306	.021	-.059	.991
	Experience Factor	.072[d]	2.251	.025	.058	.634
	MCP Status	-.009[d]	-.345	.730	-.009	.919
	Primary Care Manager	-.028[d]	-1.039	.299	-.027	.923
	Sex	-.050[d]	-1.958	.050	-.050	.997
	Total RVUs	.023[d]	.881	.378	.023	.955
5	Age	.027[e]	.969	.332	.025	.829
	Appointment Type	.019[e]	.683	.495	.018	.827
	Experience Factor	.068[e]	2.138	.033	.055	.632
	MCP Status	-.009[e]	-.356	.722	-.009	.919
	Primary Care Manager	-.024[e]	-.887	.375	-.023	.919
	Sex	-.021[e]	-.625	.532	-.016	.587
	Total RVUs	.025[e]	.961	.337	.025	.954
6	Age	.024[f]	.843	.399	.022	.826
	Appointment Type	.021[f]	.736	.462	.019	.826
	MCP Status	-.003[f]	-.131	.896	-.003	.908
	Primary Care Manager	-.018[f]	-.662	.508	-.017	.908
	Sex	-.021[f]	-.640	.522	-.017	.587
	Total RVUs	.024[f]	.911	.362	.024	.953

a. Predictors in the Model: (Constant), Diagnoses

b. Predictors in the Model: (Constant), Diagnoses, Provider Specialty Code

c. Predictors in the Model: (Constant), Diagnoses, Provider Specialty Code, Appointment Status

d. Predictors in the Model: (Constant), Diagnoses, Provider Specialty Code, Appointment Status, Consistency

e. Predictors in the Model: (Constant), Diagnoses, Provider Specialty Code, Appointment Status, Consistency, Beneficiary Category

f. Predictors in the Model: (Constant), Diagnoses, Provider Specialty Code, Appointment Status, Consistency, Beneficiary Category, Experience Factor

g. Dependent Variable: Total Ancillary Cost

Descriptives

Descriptive Statistics

	N	Mean	Std. Deviation
DIFF_1	1518	-.0220	1.9130
Valid N (listwise)	1518		

2nd Regression

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Appointment Status	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	Consistency	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
3	Provider Specialty Code	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
4	Diagnoses	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
5	Beneficiary Category	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

a. Dependent Variable: Total Ancillary Cost

Model Summary[f]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.136[a]	.019	.018	$300.7332
2	.171[b]	.029	.028	$299.1787
3	.193[c]	.037	.035	$298.0554
4	.221[d]	.049	.046	$296.3791
5	.233[e]	.054	.051	$295.5871

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Consistency

c. Predictors: (Constant), Appointment Status, Consistency, Provider Specialty Code

d. Predictors: (Constant), Appointment Status, Consistency, Provider Specialty Code, Diagnoses

e. Predictors: (Constant), Appointment Status, Consistency, Provider Specialty Code, Diagnoses, Beneficiary Category

f. Dependent Variable: Total Ancillary Cost

ANOVA[f]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2533121.3	1	2533121.3	28.009	.000[a]
	Residual	1.34E+08	1479	90440.477		
	Total	1.36E+08	1480			
2	Regression	4001899.6	2	2000949.8	22.355	.000[b]
	Residual	1.32E+08	1478	89507.907		
	Total	1.36E+08	1480			
3	Regression	5082287.5	3	1694095.8	19.070	.000[c]
	Residual	1.31E+08	1477	88837.034		
	Total	1.36E+08	1480			
4	Regression	6641867.7	4	1660466.9	18.903	.000[d]
	Residual	1.30E+08	1476	87840.595		
	Total	1.36E+08	1480			
5	Regression	7421243.9	5	1484248.8	16.988	.000[e]
	Residual	1.29E+08	1475	87371.758		
	Total	1.36E+08	1480			

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Consistency

c. Predictors: (Constant), Appointment Status, Consistency, Provider Specialty Code

d. Predictors: (Constant), Appointment Status, Consistency, Provider Specialty Code, Diagnoses

e. Predictors: (Constant), Appointment Status, Consistency, Provider Specialty Code, Diagnoses, Beneficiary Category

f. Dependent Variable: Total Ancillary Cost

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	86.901	24.078		3.609	.000
	Appointment Status	134.721	25.456	.136	5.292	.000
2	(Constant)	13.361	30.056		.445	.657
	Appointment Status	123.011	25.489	.124	4.826	.000
	Consistency	108.741	26.844	.104	4.051	.000
3	(Constant)	-57.971	36.263		-1.599	.110
	Appointment Status	128.993	25.451	.131	5.068	.000
	Consistency	111.343	26.754	.107	4.162	.000
	Provider Specialty Code	3.193	.916	.089	3.487	.001
4	(Constant)	-122.165	39.145		-3.121	.002
	Appointment Status	107.246	25.829	.109	4.152	.000
	Consistency	112.046	26.604	.108	4.212	.000
	Provider Specialty Code	4.130	.937	.115	4.407	.000
	Diagnoses	25.207	5.982	.113	4.214	.000
5	(Constant)	-71.922	42.510		-1.692	.091
	Appointment Status	108.338	25.762	.110	4.205	.000
	Consistency	115.729	26.561	.111	4.357	.000
	Provider Specialty Code	3.928	.937	.110	4.192	.000
	Diagnoses	24.015	5.980	.107	4.016	.000
	Beneficiary Category	-29.596	9.909	-.076	-2.987	.003

a. Dependent Variable: Total Ancillary Cost

Excluded Variables[f]

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics: Tolerance
1	Age	.081[a]	3.161	.002	.082	.995
	Appointment Type	.009[a]	.325	.746	.008	.837
	Beneficiary Category	-.082[a]	-3.212	.001	-.083	1.000
	Consistency	.104[a]	4.051	.000	.105	.987
	Diagnoses	.085[a]	3.226	.001	.084	.955
	Experience Factor	-.053[a]	-2.053	.040	-.053	.999
	MCP Status	-.020[a]	-.763	.445	-.020	.994
	Primary Care Manager	-.038[a]	-1.460	.144	-.038	.994
	Provider Specialty Code	.086[a]	3.354	.001	.087	.995
	Sex	-.060[a]	-2.316	.021	-.060	.999
	Total RVUs	.010[a]	.375	.708	.010	.946
2	Age	.076[b]	2.943	.003	.076	.991
	Appointment Type	.011[b]	.378	.705	.010	.837
	Beneficiary Category	-.088[b]	-3.431	.001	-.089	.998
	Diagnoses	.085[b]	3.241	.001	.084	.955
	Experience Factor	-.059[b]	-2.300	.022	-.060	.996
	MCP Status	-.002[b]	-.092	.927	-.002	.966
	Primary Care Manager	-.022[b]	-.842	.400	-.022	.969
	Provider Specialty Code	.089[b]	3.487	.001	.090	.994
	Sex	-.063[b]	-2.454	.014	-.064	.998
	Total RVUs	.014[b]	.518	.605	.013	.945
3	Age	.061[c]	2.345	.019	.061	.958
	Appointment Type	.001[c]	.036	.972	.001	.829
	Beneficiary Category	-.083[c]	-3.246	.001	-.084	.994
	Diagnoses	.113[c]	4.214	.000	.109	.902
	Experience Factor	-.010[c]	-.331	.740	-.009	.656
	MCP Status	.019[c]	.721	.471	.019	.916
	Primary Care Manager	-.002[c]	-.061	.951	-.002	.920
	Sex	-.063[c]	-2.468	.014	-.064	.998
	Total RVUs	.013[c]	.485	.628	.013	.945
4	Age	.051[d]	1.955	.051	.051	.948
	Appointment Type	.001[d]	.029	.977	.001	.829
	Beneficiary Category	-.076[d]	-2.987	.003	-.078	.990
	Experience Factor	.016[d]	.491	.624	.013	.632
	MCP Status	.019[d]	.715	.475	.019	.916
	Primary Care Manager	-.002[d]	-.086	.931	-.002	.920
	Sex	-.060[d]	-2.371	.018	-.062	.997
	Total RVUs	.009[d]	.359	.720	.009	.944
5	Age	.027[e]	.954	.340	.025	.827
	Appointment Type	.007[e]	.233	.816	.006	.825
	Experience Factor	.012[e]	.370	.712	.010	.631
	MCP Status	.018[e]	.684	.494	.018	.916
	Primary Care Manager	.003[e]	.101	.919	.003	.916
	Sex	-.020[e]	-.594	.553	-.015	.586
	Total RVUs	.012[e]	.456	.648	.012	.943

a. Predictors in the Model: (Constant), Appointment Status

b. Predictors in the Model: (Constant), Appointment Status, Consistency

c. Predictors in the Model: (Constant), Appointment Status, Consistency, Provider Specialty Code

d. Predictors in the Model: (Constant), Appointment Status, Consistency, Provider Specialty Code, Diagnoses

Excluded Variables[f]

e. Predictors in the Model: (Constant), Appointment Status, Consistency, Provider Specialty Code, Diagnoses, Beneficiary Category

f. Dependent Variable: Total Ancillary Cost

Descriptives

Descriptive Statistics

	N	Mean	Std. Deviation
DIFF_2	1491	-5.43E-04	1.1089
Valid N (listwise)	1491		

3rd Regression

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Appointment Status	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	Beneficiary Category	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
3	Consistency	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
4	Provider Specialty Code	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
5	Diagnoses	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

a. Dependent Variable: Total Ancillary Cost

Model Summary[f]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.167[a]	.028	.027	$253.6691
2	.194[b]	.038	.036	$252.4958
3	.219[c]	.048	.046	$251.1965
4	.228[d]	.052	.049	$250.7642
5	.242[e]	.058	.055	$250.0193

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code

e. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code, Diagnoses

f. Dependent Variable: Total Ancillary Cost

ANOVA[f]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2663537.7	1	2663537.7	41.393	.000[a]
	Residual	92661110	1440	64347.993		
	Total	95324648	1441			
2	Regression	3582442.8	2	1791221.4	28.096	.000[b]
	Residual	91742205	1439	63754.138		
	Total	95324648	1441			
3	Regression	4587278.7	3	1529092.9	24.233	.000[c]
	Residual	90737369	1438	63099.700		
	Total	95324648	1441			
4	Regression	4962217.3	4	1240554.3	19.728	.000[d]
	Residual	90362430	1437	62882.693		
	Total	95324648	1441			
5	Regression	5560755.3	5	1112151.1	17.792	.000[e]
	Residual	89763893	1436	62509.674		
	Total	95324648	1441			

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code

e. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code, Diagnoses

f. Dependent Variable: Total Ancillary Cost

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	58.020	21.066		2.754	.006
	Appointment Status	142.909	22.212	.167	6.434	.000
2	(Constant)	108.306	24.802		4.367	.000
	Appointment Status	145.050	22.117	.170	6.558	.000
	Beneficiary Category	-32.994	8.691	-.098	-3.796	.000
3	(Constant)	49.705	28.714		1.731	.084
	Appointment Status	134.956	22.148	.158	6.093	.000
	Beneficiary Category	-34.705	8.656	-.103	-4.009	.000
	Consistency	91.160	22.844	.103	3.991	.000
4	(Constant)	4.626	34.095		.136	.892
	Appointment Status	138.787	22.165	.162	6.261	.000
	Beneficiary Category	-33.302	8.661	-.099	-3.845	.000
	Consistency	92.785	22.814	.105	4.067	.000
	Provider Specialty Code	1.911	.782	.063	2.442	.015
5	(Constant)	-39.499	36.863		-1.072	.284
	Appointment Status	123.949	22.614	.145	5.481	.000
	Beneficiary Category	-31.681	8.651	-.094	-3.662	.000
	Consistency	93.101	22.747	.106	4.093	.000
	Provider Specialty Code	2.556	.808	.084	3.165	.002
	Diagnoses	16.566	5.354	.084	3.094	.002

a. Dependent Variable: Total Ancillary Cost

Excluded Variables[f]

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics: Tolerance
1	Age	.090[a]	3.463	.001	.091	.994
	Appointment Type	.006[a]	.206	.837	.005	.838
	Beneficiary Category	-.098[a]	-3.796	.000	-.100	.999
	Consistency	.098[a]	3.777	.000	.099	.987
	Diagnoses	.066[a]	2.495	.013	.066	.950
	Experience Factor	-.030[a]	-1.160	.246	-.031	.999
	MCP Status	-.017[a]	-.657	.511	-.017	.996
	Primary Care Manager	-.034[a]	-1.303	.193	-.034	.996
	Provider Specialty Code	.066[a]	2.553	.011	.067	.994
	Sex	-.050[a]	-1.929	.054	-.051	.999
	Total RVUs	.014[a]	.507	.612	.013	.945
2	Age	.063[b]	2.277	.023	.060	.870
	Appointment Type	.011[b]	.403	.687	.011	.836
	Consistency	.103[b]	3.991	.000	.105	.984
	Diagnoses	.062[b]	2.350	.019	.062	.948
	Experience Factor	-.028[b]	-1.095	.274	-.029	.999
	MCP Status	-.017[b]	-.645	.519	-.017	.996
	Primary Care Manager	-.026[b]	-1.016	.310	-.027	.990
	Provider Specialty Code	.060[b]	2.312	.021	.061	.990
	Sex	.025[b]	.729	.466	.019	.570
	Total RVUs	.016[b]	.606	.545	.016	.945
3	Age	.054[c]	1.954	.051	.051	.864
	Appointment Type	.014[c]	.489	.625	.013	.836
	Diagnoses	.062[c]	2.350	.019	.062	.948
	Experience Factor	-.035[c]	-1.341	.180	-.035	.995
	MCP Status	.001[c]	.038	.969	.001	.966
	Primary Care Manager	-.010[c]	-.366	.714	-.010	.962
	Provider Specialty Code	.063[c]	2.442	.015	.064	.989
	Sex	.026[c]	.750	.453	.020	.570
	Total RVUs	.020[c]	.757	.449	.020	.943
4	Age	.043[d]	1.545	.122	.041	.836
	Appointment Type	.007[d]	.255	.799	.007	.828
	Diagnoses	.084[d]	3.094	.002	.081	.885
	Experience Factor	.003[d]	.103	.918	.003	.656
	MCP Status	.017[d]	.620	.536	.016	.915
	Primary Care Manager	.005[d]	.184	.854	.005	.914
	Sex	.021[d]	.628	.530	.017	.569
	Total RVUs	.019[d]	.728	.467	.019	.943
5	Age	.037[e]	1.311	.190	.035	.831
	Appointment Type	.007[e]	.247	.805	.007	.828
	Experience Factor	.024[e]	.730	.465	.019	.630
	MCP Status	.015[e]	.575	.566	.015	.914
	Primary Care Manager	.003[e]	.108	.914	.003	.914
	Sex	.019[e]	.549	.583	.014	.568
	Total RVUs	.016[e]	.620	.535	.016	.942

a. Predictors in the Model: (Constant), Appointment Status

b. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category

c. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code

Excluded Variables[f]

e. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code, Diagnoses

f. Dependent Variable: Total Ancillary Cost

Descriptives

Descriptive Statistics

	N	Mean	Std. Deviation
DIFF_3	1452	-1.22E-02	.8893
Valid N (listwise)	1452		

4th Regression

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Appointment Status	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	Beneficiary Category	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
3	Consistency	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
4	Provider Specialty Code	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
5	Diagnoses	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

a. Dependent Variable: Total Ancillary Cost

Model Summary[f]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.187[a]	.035	.034	$226.9662
2	.217[b]	.047	.046	$225.6263
3	.244[c]	.059	.057	$224.2560
4	.250[d]	.063	.060	$223.9463
5	.258[e]	.067	.063	$223.5350

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code

e. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code, Diagnoses

f. Dependent Variable: Total Ancillary Cost

ANOVA[f]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2636803.1	1	2636803.1	51.186	.000[a]
	Residual	72376700	1405	51513.666		
	Total	75013503	1406			
2	Regression	3539769.9	2	1769884.9	34.767	.000[b]
	Residual	71473733	1404	50907.217		
	Total	75013503	1406			
3	Regression	4455574.7	3	1485191.6	29.532	.000[c]
	Residual	70557928	1403	50290.754		
	Total	75013503	1406			
4	Regression	4700470.8	4	1175117.7	23.431	.000[d]
	Residual	70313032	1402	50151.949		
	Total	75013503	1406			
5	Regression	5008457.4	5	1001691.5	20.047	.000[e]
	Residual	70005046	1401	49967.913		
	Total	75013503	1406			

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code

e. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code, Diagnoses

f. Dependent Variable: Total Ancillary Cost

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	39.513	19.321		2.045	.041
	Appointment Status	145.551	20.344	.187	7.154	.000
2	(Constant)	90.615	22.718		3.989	.000
	Appointment Status	147.841	20.231	.190	7.308	.000
	Beneficiary Category	-33.742	8.012	-.110	-4.212	.000
3	(Constant)	34.551	26.124		1.323	.186
	Appointment Status	137.127	20.265	.177	6.767	.000
	Beneficiary Category	-35.269	7.971	-.115	-4.425	.000
	Consistency	88.235	20.677	.111	4.267	.000
4	(Constant)	-2.482	31.007		-.080	.936
	Appointment Status	140.143	20.282	.181	6.910	.000
	Beneficiary Category	-33.967	7.982	-.110	-4.256	.000
	Consistency	89.611	20.658	.113	4.338	.000
	Provider Specialty Code	1.564	.708	.057	2.210	.027
5	(Constant)	-34.511	33.531		-1.029	.304
	Appointment Status	129.218	20.718	.166	6.237	.000
	Beneficiary Category	-32.768	7.982	-.107	-4.105	.000
	Consistency	90.044	20.621	.114	4.367	.000
	Provider Specialty Code	2.022	.730	.074	2.770	.006
	Diagnoses	12.163	4.899	.068	2.483	.013

a. Dependent Variable: Total Ancillary Cost

Excluded Variables[f]

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics: Tolerance
1	Age	.085[a]	3.240	.001	.086	.992
	Appointment Type	-.002[a]	-.067	.947	-.002	.840
	Beneficiary Category	-.110[a]	-4.212	.000	-.112	.999
	Consistency	.106[a]	4.046	.000	.107	.984
	Diagnoses	.053[a]	1.981	.048	.053	.950
	Experience Factor	-.026[a]	-.981	.327	-.026	.999
	MCP Status	-.046[a]	-1.747	.081	-.047	.996
	Primary Care Manager	-.059[a]	-2.262	.024	-.060	.996
	Provider Specialty Code	.062[a]	2.365	.018	.063	.995
	Sex	-.043[a]	-1.638	.102	-.044	.999
	Total RVUs	.008[a]	.308	.758	.008	.951
2	Age	.054[b]	1.938	.053	.052	.879
	Appointment Type	.004[b]	.154	.878	.004	.837
	Consistency	.111[b]	4.267	.000	.113	.982
	Diagnoses	.049[b]	1.824	.068	.049	.949
	Experience Factor	-.023[b]	-.890	.374	-.024	.998
	MCP Status	-.045[b]	-1.716	.086	-.046	.996
	Primary Care Manager	-.050[b]	-1.914	.056	-.051	.988
	Provider Specialty Code	.054[b]	2.067	.039	.055	.989
	Sex	.053[b]	1.528	.127	.041	.560
	Total RVUs	.012[b]	.454	.650	.012	.950
3	Age	.044[c]	1.584	.113	.042	.872
	Appointment Type	.008[c]	.271	.786	.007	.837
	Diagnoses	.049[c]	1.838	.066	.049	.949
	Experience Factor	-.029[c]	-1.131	.258	-.030	.995
	MCP Status	-.027[c]	-1.011	.312	-.027	.967
	Primary Care Manager	-.033[c]	-1.241	.215	-.033	.962
	Provider Specialty Code	.057[c]	2.210	.027	.059	.988
	Sex	.054[c]	1.569	.117	.042	.560
	Total RVUs	.016[c]	.620	.535	.017	.948
4	Age	.034[d]	1.208	.227	.032	.844
	Appointment Type	.002[d]	.054	.957	.001	.829
	Diagnoses	.068[d]	2.483	.013	.066	.888
	Experience Factor	.006[d]	.190	.849	.005	.658
	MCP Status	-.014[d]	-.515	.607	-.014	.915
	Primary Care Manager	-.021[d]	-.769	.442	-.021	.914
	Sex	.050[d]	1.446	.148	.039	.559
	Total RVUs	.016[d]	.606	.545	.016	.948
5	Age	.029[e]	1.037	.300	.028	.839
	Appointment Type	.001[e]	.052	.959	.001	.829
	Experience Factor	.022[e]	.689	.491	.018	.633
	MCP Status	-.015[e]	-.548	.584	-.015	.915
	Primary Care Manager	-.022[e]	-.831	.406	-.022	.913
	Sex	.047[e]	1.363	.173	.036	.558
	Total RVUs	.014[e]	.516	.606	.014	.947

a. Predictors in the Model: (Constant), Appointment Status

b. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category

c. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code

Excluded Variables[f]

e. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code, Diagnoses

f. Dependent Variable: Total Ancillary Cost

Descriptives

Descriptive Statistics

	N	Mean	Std. Deviation
DIFF_4	1417	-2.35E-02	.7663
Valid N (listwise)	1417		

5th Regression

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Appointment Status	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	Beneficiary Category	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
3	Consistency	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
4	Provider Specialty Code	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
5	Diagnoses	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

a. Dependent Variable: Total Ancillary Cost

Model Summary[f]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.189[a]	.036	.035	$212.6824
2	.221[b]	.049	.047	$211.3318
3	.248[c]	.061	.059	$209.9927
4	.256[d]	.066	.063	$209.5794
5	.263[e]	.069	.066	$209.2537

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code

e. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code, Diagnoses

f. Dependent Variable: Total Ancillary Cost

ANOVA[f]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2325622.0	1	2325622.0	51.413	.000[a]
	Residual	62648798	1385	45233.789		
	Total	64974420	1386			
2	Regression	3163421.4	2	1581710.7	35.416	.000[b]
	Residual	61810998	1384	44661.126		
	Total	64974420	1386			
3	Regression	3988376.6	3	1329458.9	30.149	.000[c]
	Residual	60986043	1383	44096.922		
	Total	64974420	1386			
4	Regression	4272136.8	4	1068034.2	24.316	.000[d]
	Residual	60702283	1382	43923.504		
	Total	64974420	1386			
5	Regression	4504407.5	5	900881.49	20.574	.000[e]
	Residual	60470012	1381	43787.120		
	Total	64974420	1386			

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code

e. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code, Diagnoses

f. Dependent Variable: Total Ancillary Cost

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	37.768	18.171		2.079	.038
	Appointment Status	137.244	19.141	.189	7.170	.000
2	(Constant)	87.337	21.377		4.086	.000
	Appointment Status	139.562	19.027	.192	7.335	.000
	Beneficiary Category	-32.807	7.575	-.114	-4.331	.000
3	(Constant)	33.949	24.568		1.382	.167
	Appointment Status	129.095	19.060	.178	6.773	.000
	Beneficiary Category	-34.288	7.534	-.119	-4.551	.000
	Consistency	84.395	19.512	.114	4.325	.000
4	(Constant)	-6.545	29.241		-.224	.823
	Appointment Status	132.470	19.069	.183	6.947	.000
	Beneficiary Category	-32.739	7.544	-.113	-4.340	.000
	Consistency	85.854	19.482	.116	4.407	.000
	Provider Specialty Code	1.697	.668	.067	2.542	.011
5	(Constant)	-34.486	31.615		-1.091	.276
	Appointment Status	122.860	19.491	.169	6.303	.000
	Beneficiary Category	-31.705	7.546	-.110	-4.202	.000
	Consistency	86.110	19.452	.116	4.427	.000
	Provider Specialty Code	2.098	.689	.082	3.046	.002
	Diagnoses	10.695	4.644	.063	2.303	.021

a. Dependent Variable: Total Ancillary Cost

Excluded Variables[f]

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics: Tolerance
1	Age	.086[a]	3.256	.001	.087	.992
	Appointment Type	-.008[a]	-.265	.791	-.007	.838
	Beneficiary Category	-.114[a]	-4.331	.000	-.116	.999
	Consistency	.108[a]	4.094	.000	.109	.984
	Diagnoses	.047[a]	1.727	.084	.046	.949
	Experience Factor	-.037[a]	-1.399	.162	-.038	.999
	MCP Status	-.047[a]	-1.763	.078	-.047	.996
	Primary Care Manager	-.061[a]	-2.305	.021	-.062	.996
	Provider Specialty Code	.072[a]	2.730	.006	.073	.994
	Sex	-.039[a]	-1.472	.141	-.040	.999
	Total RVUs	-.007[a]	-.269	.788	-.007	.951
2	Age	.053[b]	1.914	.056	.051	.879
	Appointment Type	-.002[b]	-.073	.942	-.002	.837
	Consistency	.114[b]	4.325	.000	.116	.982
	Diagnoses	.042[b]	1.578	.115	.042	.948
	Experience Factor	-.034[b]	-1.297	.195	-.035	.998
	MCP Status	-.045[b]	-1.716	.086	-.046	.996
	Primary Care Manager	-.051[b]	-1.924	.055	-.052	.987
	Provider Specialty Code	.063[b]	2.397	.017	.064	.988
	Sex	.066[b]	1.874	.061	.050	.557
	Total RVUs	-.003[b]	-.117	.907	-.003	.950
3	Age	.044[c]	1.579	.115	.042	.873
	Appointment Type	.001[c]	.019	.985	.001	.836
	Diagnoses	.042[c]	1.579	.115	.042	.948
	Experience Factor	-.040[c]	-1.545	.123	-.042	.995
	MCP Status	-.026[c]	-.996	.319	-.027	.966
	Primary Care Manager	-.033[c]	-1.248	.212	-.034	.961
	Provider Specialty Code	.067[c]	2.542	.011	.068	.987
	Sex	.067[c]	1.932	.054	.052	.557
	Total RVUs	.001[c]	.022	.983	.001	.949
4	Age	.032[d]	1.128	.260	.030	.843
	Appointment Type	-.006[d]	-.226	.821	-.006	.828
	Diagnoses	.063[d]	2.303	.021	.062	.887
	Experience Factor	-.003[d]	-.083	.934	-.002	.658
	MCP Status	-.011[d]	-.406	.685	-.011	.912
	Primary Care Manager	-.019[d]	-.692	.489	-.019	.912
	Sex	.063[d]	1.794	.073	.048	.555
	Total RVUs	.000[d]	-.011	.991	.000	.948
5	Age	.027[e]	.963	.336	.026	.838
	Appointment Type	-.006[e]	-.217	.828	-.006	.828
	Experience Factor	.012[e]	.365	.715	.010	.634
	MCP Status	-.012[e]	-.448	.655	-.012	.911
	Primary Care Manager	-.021[e]	-.763	.446	-.021	.911
	Sex	.060[e]	1.725	.085	.046	.555
	Total RVUs	-.003[e]	-.110	.913	-.003	.947

a. Predictors in the Model: (Constant), Appointment Status

b. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category

c. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code

Excluded Variables[f]

e. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code, Diagnoses

f. Dependent Variable: Total Ancillary Cost

Descriptives

Descriptive Statistics

	N	Mean	Std. Deviation
DIFF_5	1397	-2.58E-02	.7187
Valid N (listwise)	1397		

6th Regression

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Appointment Status	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	Beneficiary Category	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
3	Consistency	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
4	Provider Specialty Code	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
5	Sex	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

a. Dependent Variable: Total Ancillary Cost

Model Summary[f]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.196[a]	.039	.038	$199.9531
2	.229[b]	.053	.051	$198.5645
3	.256[c]	.065	.063	$197.2911
4	.262[d]	.069	.066	$196.9908
5	.268[e]	.072	.068	$196.7684

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code

e. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code, Sex

f. Dependent Variable: Total Ancillary Cost

ANOVA[f]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2191297.7	1	2191297.7	54.808	.000[a]
	Residual	54654335	1367	39981.225		
	Total	56845632	1368			
2	Regression	2987177.6	2	1493588.8	37.882	.000[b]
	Residual	53858455	1366	39427.859		
	Total	56845632	1368			
3	Regression	3714667.3	3	1238222.4	31.811	.000[c]
	Residual	53130965	1365	38923.784		
	Total	56845632	1368			
4	Regression	3915098.2	4	978774.54	25.223	.000[d]
	Residual	52930534	1364	38805.377		
	Total	56845632	1368			
5	Regression	4073273.5	5	814654.70	21.041	.000[e]
	Residual	52772359	1363	38717.798		
	Total	56845632	1368			

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code

e. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code, Sex

f. Dependent Variable: Total Ancillary Cost

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	32.291	17.273		1.869	.062
	Appointment Status	134.638	18.186	.196	7.403	.000
2	(Constant)	80.759	20.264		3.985	.000
	Appointment Status	137.040	18.068	.200	7.585	.000
	Beneficiary Category	-32.152	7.156	-.118	-4.493	.000
3	(Constant)	30.762	23.219		1.325	.185
	Appointment Status	126.533	18.116	.185	6.985	.000
	Beneficiary Category	-33.466	7.117	-.123	-4.702	.000
	Consistency	79.784	18.455	.114	4.323	.000
4	(Constant)	-3.702	27.703		-.134	.894
	Appointment Status	129.567	18.137	.189	7.144	.000
	Beneficiary Category	-32.129	7.130	-.118	-4.506	.000
	Consistency	81.016	18.435	.116	4.395	.000
	Provider Specialty Code	1.436	.632	.060	2.273	.023
5	(Constant)	6.521	28.130		.232	.817
	Appointment Status	128.628	18.123	.188	7.098	.000
	Beneficiary Category	-45.001	9.554	-.166	-4.710	.000
	Consistency	81.270	18.414	.116	4.413	.000
	Provider Specialty Code	1.359	.632	.057	2.150	.032
	Sex	29.263	14.478	.071	2.021	.043

a. Dependent Variable: Total Ancillary Cost

Excluded Variables[f]

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics Tolerance
1	Age	.080[a]	3.020	.003	.081	.991
	Appointment Type	-.008[a]	-.267	.790	-.007	.837
	Beneficiary Category	-.118[a]	-4.493	.000	-.121	.999
	Consistency	.109[a]	4.095	.000	.110	.982
	Diagnoses	.040[a]	1.463	.144	.040	.947
	Experience Factor	-.044[a]	-1.655	.098	-.045	.998
	MCP Status	-.047[a]	-1.766	.078	-.048	.995
	Primary Care Manager	-.062[a]	-2.346	.019	-.063	.995
	Provider Specialty Code	.066[a]	2.484	.013	.067	.994
	Sex	-.038[a]	-1.414	.158	-.038	.999
	Total RVUs	-.006[a]	-.231	.818	-.006	.949
2	Age	.045[b]	1.606	.109	.043	.877
	Appointment Type	-.002[b]	-.080	.936	-.002	.836
	Consistency	.114[b]	4.323	.000	.116	.980
	Diagnoses	.036[b]	1.339	.181	.036	.946
	Experience Factor	-.042[b]	-1.577	.115	-.043	.998
	MCP Status	-.045[b]	-1.710	.087	-.046	.995
	Primary Care Manager	-.052[b]	-1.952	.051	-.053	.987
	Provider Specialty Code	.056[b]	2.130	.033	.058	.987
	Sex	.074[b]	2.100	.036	.057	.557
	Total RVUs	-.002[b]	-.080	.936	-.002	.948
3	Age	.035[c]	1.264	.206	.034	.871
	Appointment Type	.000[c]	.009	.993	.000	.836
	Diagnoses	.035[c]	1.314	.189	.036	.946
	Experience Factor	-.047[c]	-1.803	.072	-.049	.995
	MCP Status	-.027[c]	-1.001	.317	-.027	.966
	Primary Care Manager	-.034[c]	-1.285	.199	-.035	.961
	Provider Specialty Code	.060[c]	2.273	.023	.061	.986
	Sex	.075[c]	2.151	.032	.058	.557
	Total RVUs	.002[c]	.069	.945	.002	.946
4	Age	.025[d]	.861	.389	.023	.842
	Appointment Type	-.007[d]	-.226	.821	-.006	.827
	Diagnoses	.054[d]	1.952	.051	.053	.886
	Experience Factor	-.019[d]	-.593	.553	-.016	.659
	MCP Status	-.013[d]	-.471	.638	-.013	.911
	Primary Care Manager	-.022[d]	-.790	.430	-.021	.912
	Sex	.071[d]	2.021	.043	.055	.555
	Total RVUs	.001[d]	.038	.970	.001	.946
5	Age	.013[e]	.450	.653	.012	.805
	Appointment Type	-.007[e]	-.238	.812	-.006	.827
	Diagnoses	.052[e]	1.881	.060	.051	.885
	Experience Factor	-.020[e]	-.612	.540	-.017	.659
	MCP Status	-.013[e]	-.471	.638	-.013	.911
	Primary Care Manager	-.020[e]	-.733	.464	-.020	.911
	Total RVUs	.003[e]	.120	.904	.003	.945

a. Predictors in the Model: (Constant), Appointment Status

b. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category

c. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code

Excluded Variables[f]

e. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code, Sex

f. Dependent Variable: Total Ancillary Cost

Descriptives

Descriptive Statistics

	N	Mean	Std. Deviation
DIFF_6	1379	-4.18E-03	.6913
Valid N (listwise)	1379		

7th Regression

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Appointment Status	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	Beneficiary Category	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
3	Consistency	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
4	Provider Specialty Code	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

a. Dependent Variable: Total Ancillary Cost

Model Summary[e]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.200[a]	.040	.039	$187.3289
2	.253[b]	.064	.063	$185.0095
3	.280[c]	.078	.076	$183.6715
4	.287[d]	.082	.079	$183.3528

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code

e. Dependent Variable: Total Ancillary Cost

ANOVA[e]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1955188.0	1	1955188.0	55.716	.000[a]
	Residual	47163806	1344	35092.118		
	Total	49118994	1345			
2	Regression	3150095.7	2	1575047.9	46.016	.000[b]
	Residual	45968899	1343	34228.517		
	Total	49118994	1345			
3	Regression	3846350.9	3	1282117.0	38.005	.000[c]
	Residual	45272643	1342	33735.204		
	Total	49118994	1345			
4	Regression	4036940.9	4	1009235.2	30.020	.000[d]
	Residual	45082053	1341	33618.235		
	Total	49118994	1345			

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code

e. Dependent Variable: Total Ancillary Cost

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	29.646	16.367		1.811	.070
	Appointment Status	128.586	17.227	.200	7.464	.000
2	(Constant)	88.942	19.026		4.675	.000
	Appointment Status	132.659	17.027	.206	7.791	.000
	Beneficiary Category	-40.247	6.812	-.156	-5.908	.000
3	(Constant)	39.985	21.747		1.839	.066
	Appointment Status	121.662	17.077	.189	7.124	.000
	Beneficiary Category	-41.544	6.769	-.161	-6.138	.000
	Consistency	78.905	17.368	.120	4.543	.000
4	(Constant)	5.996	25.982		.231	.818
	Appointment Status	124.611	17.092	.193	7.291	.000
	Beneficiary Category	-40.073	6.785	-.155	-5.906	.000
	Consistency	79.982	17.344	.122	4.611	.000
	Provider Specialty Code	1.413	.593	.063	2.381	.017

a. Dependent Variable: Total Ancillary Cost

Excluded Variables[e]

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics
						Tolerance
1	Age	.072[a]	2.685	.007	.073	.991
	Appointment Type	.001[a]	.050	.960	.001	.837
	Beneficiary Category	-.156[a]	-5.908	.000	-.159	.998
	Consistency	.114[a]	4.231	.000	.115	.979
	Diagnoses	.035[a]	1.274	.203	.035	.945
	Experience Factor	-.048[a]	-1.813	.070	-.049	.999
	MCP Status	-.043[a]	-1.608	.108	-.044	.995
	Primary Care Manager	-.057[a]	-2.141	.032	-.058	.996
	Provider Specialty Code	.074[a]	2.749	.006	.075	.994
	Sex	-.073[a]	-2.752	.006	-.075	.999
	Total RVUs	.000[a]	-.014	.989	.000	.948
2	Age	.021[b]	.750	.453	.020	.877
	Appointment Type	.009[b]	.313	.755	.009	.836
	Consistency	.120[b]	4.543	.000	.123	.978
	Diagnoses	.029[b]	1.068	.286	.029	.944
	Experience Factor	-.044[b]	-1.684	.092	-.046	.998
	MCP Status	-.041[b]	-1.539	.124	-.042	.995
	Primary Care Manager	-.043[b]	-1.606	.108	-.044	.986
	Provider Specialty Code	.060[b]	2.245	.025	.061	.985
	Sex	.063[b]	1.730	.084	.047	.532
	Total RVUs	.004[b]	.155	.877	.004	.947
3	Age	.011[c]	.388	.698	.011	.871
	Appointment Type	.012[c]	.418	.676	.011	.835
	Diagnoses	.028[c]	1.047	.295	.029	.944
	Experience Factor	-.051[c]	-1.948	.052	-.053	.995
	MCP Status	-.022[c]	-.811	.418	-.022	.968
	Primary Care Manager	-.025[c]	-.919	.358	-.025	.962
	Provider Specialty Code	.063[c]	2.381	.017	.065	.984
	Sex	.066[c]	1.837	.066	.050	.531
	Total RVUs	.008[c]	.307	.759	.008	.946
4	Age	-.002[d]	-.054	.957	-.001	.841
	Appointment Type	.005[d]	.164	.869	.004	.826
	Diagnoses	.048[d]	1.711	.087	.047	.883
	Experience Factor	-.022[d]	-.695	.487	-.019	.659
	MCP Status	-.006[d]	-.227	.820	-.006	.908
	Primary Care Manager	-.010[d]	-.372	.710	-.010	.909
	Sex	.060[d]	1.659	.097	.045	.528
	Total RVUs	.007[d]	.277	.782	.008	.946

a. Predictors in the Model: (Constant), Appointment Status

b. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category

c. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code

e. Dependent Variable: Total Ancillary Cost

Descriptives

Descriptive Statistics

	N	Mean	Std. Deviation
DIFF_7	1356	-6.71E-03	.5279
Valid N (listwise)	1356		

8th Regression

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Appointment Status	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	Beneficiary Category	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
3	Consistency	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
4	Sex	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

a. Dependent Variable: Total Ancillary Cost

Model Summary[e]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.208[a]	.043	.043	$180.9658
2	.258[b]	.067	.065	$178.8015
3	.286[c]	.082	.080	$177.4259
4	.291[d]	.085	.082	$177.1942

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Sex

e. Dependent Variable: Total Ancillary Cost

ANOVA[e]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1966452.1	1	1966452.1	60.047	.000[a]
	Residual	43522900	1329	32748.608		
	Total	45489352	1330			
2	Regression	3033216.0	2	1516608.0	47.439	.000[b]
	Residual	42456136	1328	31969.982		
	Total	45489352	1330			
3	Regression	3715462.7	3	1238487.6	39.342	.000[c]
	Residual	41773890	1327	31479.947		
	Total	45489352	1330			
4	Regression	3855878.6	4	963969.65	30.702	.000[d]
	Residual	41633474	1326	31397.793		
	Total	45489352	1330			

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Sex

e. Dependent Variable: Total Ancillary Cost

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	22.940	16.058		1.429	.153
	Appointment Status	130.832	16.884	.208	7.749	.000
2	(Constant)	79.529	18.647		4.265	.000
	Appointment Status	134.701	16.695	.214	8.068	.000
	Beneficiary Category	-38.433	6.653	-.153	-5.776	.000
3	(Constant)	31.147	21.222		1.468	.142
	Appointment Status	123.215	16.750	.196	7.356	.000
	Beneficiary Category	-39.788	6.609	-.159	-6.021	.000
	Consistency	78.804	16.928	.124	4.655	.000
4	(Constant)	39.776	21.584		1.843	.066
	Appointment Status	122.564	16.731	.195	7.326	.000
	Beneficiary Category	-52.829	9.032	-.211	-5.849	.000
	Consistency	79.506	16.909	.125	4.702	.000
	Sex	28.572	13.511	.076	2.115	.035

a. Dependent Variable: Total Ancillary Cost

Excluded Variables[e]

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics Tolerance
1	Age	.078[a]	2.914	.004	.080	.991
	Appointment Type	-.011[a]	-.391	.696	-.011	.836
	Beneficiary Category	-.153[a]	-5.776	.000	-.157	.998
	Consistency	.117[a]	4.337	.000	.118	.978
	Diagnoses	.031[a]	1.122	.262	.031	.944
	Experience Factor	-.039[a]	-1.436	.151	-.039	.999
	MCP Status	-.038[a]	-1.398	.162	-.038	.995
	Primary Care Manager	-.051[a]	-1.904	.057	-.052	.995
	Provider Specialty Code	.065[a]	2.430	.015	.067	.994
	Sex	-.066[a]	-2.453	.014	-.067	.998
	Total RVUs	-.001[a]	-.048	.962	-.001	.946
2	Age	.030[b]	1.066	.287	.029	.880
	Appointment Type	-.004[b]	-.131	.896	-.004	.834
	Consistency	.124[b]	4.655	.000	.127	.976
	Diagnoses	.025[b]	.917	.359	.025	.943
	Experience Factor	-.035[b]	-1.307	.192	-.036	.998
	MCP Status	-.037[b]	-1.378	.169	-.038	.995
	Primary Care Manager	-.038[b]	-1.416	.157	-.039	.988
	Provider Specialty Code	.051[b]	1.929	.054	.053	.986
	Sex	.073[b]	2.007	.045	.055	.533
	Total RVUs	.003[b]	.124	.901	.003	.945
3	Age	.019[c]	.685	.494	.019	.874
	Appointment Type	.000[c]	-.011	.991	.000	.834
	Diagnoses	.025[c]	.910	.363	.025	.943
	Experience Factor	-.041[c]	-1.570	.117	-.043	.995
	MCP Status	-.017[c]	-.619	.536	-.017	.967
	Primary Care Manager	-.019[c]	-.699	.485	-.019	.963
	Provider Specialty Code	.054[c]	2.045	.041	.056	.985
	Sex	.076[c]	2.115	.035	.058	.533
	Total RVUs	.008[c]	.285	.776	.008	.944
4	Age	.006[d]	.213	.831	.006	.829
	Appointment Type	-.001[d]	-.029	.977	-.001	.834
	Diagnoses	.023[d]	.859	.391	.024	.942
	Experience Factor	-.039[d]	-1.493	.136	-.041	.994
	MCP Status	-.016[d]	-.596	.551	-.016	.967
	Primary Care Manager	-.016[d]	-.609	.543	-.017	.961
	Provider Specialty Code	.050[d]	1.888	.059	.052	.980
	Total RVUs	.010[d]	.368	.713	.010	.942

a. Predictors in the Model: (Constant), Appointment Status

b. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category

c. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency, Sex

e. Dependent Variable: Total Ancillary Cost

Descriptives

Descriptive Statistics

	N	Mean	Std. Deviation
DIFF_8	1341	-3.72E-03	.4700
Valid N (listwise)	1341		

9th Regression

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Appointment Status	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	Beneficiary Category	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
3	Consistency	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
4	Sex	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

a. Dependent Variable: Total Ancillary Cost

Model Summary[e]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.211[a]	.045	.044	$178.0897
2	.271[b]	.074	.072	$175.4357
3	.296[c]	.088	.086	$174.1547
4	.302[d]	.091	.088	$173.9251

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Sex

e. Dependent Variable: Total Ancillary Cost

ANOVA[e]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1949969.3	1	1949969.3	61.482	.000[a]
	Residual	41643017	1313	31715.931		
	Total	43592986	1314			
2	Regression	3212679.9	2	1606340.0	52.192	.000[b]
	Residual	40380307	1312	30777.673		
	Total	43592986	1314			
3	Regression	3830558.9	3	1276853.0	42.099	.000[c]
	Residual	39762428	1311	30329.846		
	Total	43592986	1314			
4	Regression	3965575.2	4	991393.81	32.773	.000[d]
	Residual	39627411	1310	30249.932		
	Total	43592986	1314			

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Sex

e. Dependent Variable: Total Ancillary Cost

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	17.405	16.257		1.071	.285
	Appointment Status	133.722	17.054	.211	7.841	.000
2	(Constant)	77.883	18.591		4.189	.000
	Appointment Status	140.443	16.833	.222	8.344	.000
	Beneficiary Category	-42.943	6.704	-.171	-6.405	.000
3	(Constant)	31.983	21.072		1.518	.129
	Appointment Status	129.070	16.899	.204	7.638	.000
	Beneficiary Category	-44.162	6.661	-.175	-6.630	.000
	Consistency	75.264	16.675	.121	4.514	.000
4	(Constant)	40.855	21.459		1.904	.057
	Appointment Status	128.658	16.877	.203	7.623	.000
	Beneficiary Category	-57.498	9.170	-.228	-6.270	.000
	Consistency	75.942	16.656	.122	4.559	.000
	Sex	28.440	13.461	.077	2.113	.035

a. Dependent Variable: Total Ancillary Cost

Excluded Variables[e]

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics Tolerance
1	Age	.084[a]	3.093	.002	.085	.987
	Appointment Type	-.018[a]	-.621	.535	-.017	.831
	Beneficiary Category	-.171[a]	-6.405	.000	-.174	.996
	Consistency	.113[a]	4.180	.000	.115	.977
	Diagnoses	.026[a]	.932	.351	.026	.941
	Experience Factor	-.034[a]	-1.260	.208	-.035	.999
	MCP Status	-.028[a]	-1.045	.296	-.029	.996
	Primary Care Manager	-.051[a]	-1.877	.061	-.052	.996
	Provider Specialty Code	.066[a]	2.448	.014	.067	.995
	Sex	-.079[a]	-2.916	.004	-.080	.998
	Total RVUs	.000[a]	-.004	.997	.000	.936
2	Age	.033[b]	1.153	.249	.032	.887
	Appointment Type	-.012[b]	-.408	.683	-.011	.830
	Consistency	.121[b]	4.514	.000	.124	.975
	Diagnoses	.020[b]	.719	.472	.020	.940
	Experience Factor	-.030[b]	-1.121	.262	-.031	.998
	MCP Status	-.028[b]	-1.038	.299	-.029	.996
	Primary Care Manager	-.037[b]	-1.375	.169	-.038	.989
	Provider Specialty Code	.051[b]	1.911	.056	.053	.987
	Sex	.074[b]	2.010	.045	.055	.525
	Total RVUs	.001[b]	.052	.958	.001	.936
3	Age	.022[c]	.783	.434	.022	.880
	Appointment Type	-.008[c]	-.280	.779	-.008	.830
	Diagnoses	.020[c]	.725	.469	.020	.940
	Experience Factor	-.036[c]	-1.375	.169	-.038	.996
	MCP Status	-.008[c]	-.285	.776	-.008	.967
	Primary Care Manager	-.018[c]	-.673	.501	-.019	.963
	Provider Specialty Code	.054[c]	2.023	.043	.056	.987
	Sex	.077[c]	2.113	.035	.058	.525
	Total RVUs	.006[c]	.228	.819	.006	.935
4	Age	.009[d]	.314	.754	.009	.835
	Appointment Type	-.009[d]	-.314	.753	-.009	.830
	Diagnoses	.018[d]	.677	.498	.019	.939
	Experience Factor	-.035[d]	-1.308	.191	-.036	.994
	MCP Status	-.007[d]	-.277	.782	-.008	.967
	Primary Care Manager	-.016[d]	-.589	.556	-.016	.962
	Provider Specialty Code	.050[d]	1.867	.062	.052	.981
	Total RVUs	.008[d]	.292	.771	.008	.934

a. Predictors in the Model: (Constant), Appointment Status

b. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category

c. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency, Sex

e. Dependent Variable: Total Ancillary Cost

Descriptives

Descriptive Statistics

	N	Mean	Std. Deviation
DIFF_9	1325	-1.81E-03	.4460
Valid N (listwise)	1325		

10th Regression

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Appointment Status	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	Beneficiary Category	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
3	Consistency	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
4	Sex	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

a. Dependent Variable: Total Ancillary Cost

Model Summary[e]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.210[a]	.044	.043	$176.9956
2	.277[b]	.077	.075	$173.9899
3	.304[c]	.092	.090	$172.5743
4	.309[d]	.095	.092	$172.3803

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Sex

e. Dependent Variable: Total Ancillary Cost

ANOVA[e]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1872543.6	1	1872543.6	59.773	.000[a]
	Residual	40757000	1301	31327.441		
	Total	42629544	1302			
2	Regression	3275329.9	2	1637664.9	54.097	.000[b]
	Residual	39354214	1300	30272.472		
	Total	42629544	1302			
3	Regression	3942884.8	3	1314294.9	44.131	.000[c]
	Residual	38686659	1299	29781.878		
	Total	42629544	1302			
4	Regression	4059522.1	4	1014880.5	34.154	.000[d]
	Residual	38570022	1298	29714.963		
	Total	42629544	1302			

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Sex

e. Dependent Variable: Total Ancillary Cost

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	16.284	16.434		.991	.322
	Appointment Status	133.117	17.218	.210	7.731	.000
2	(Constant)	79.000	18.597		4.248	.000
	Appointment Status	142.582	16.983	.224	8.396	.000
	Beneficiary Category	-46.338	6.807	-.182	-6.807	.000
3	(Constant)	31.365	21.011		1.493	.136
	Appointment Status	129.875	17.057	.204	7.614	.000
	Beneficiary Category	-47.368	6.755	-.186	-7.012	.000
	Consistency	78.708	16.625	.127	4.734	.000
4	(Constant)	39.852	21.421		1.860	.063
	Appointment Status	130.132	17.038	.205	7.638	.000
	Beneficiary Category	-60.255	9.372	-.237	-6.429	.000
	Consistency	78.995	16.607	.127	4.757	.000
	Sex	26.789	13.522	.073	1.981	.048

a. Dependent Variable: Total Ancillary Cost

Excluded Variables[e]

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics: Tolerance
1	Age	.085[a]	3.101	.002	.086	.982
	Appointment Type	-.030[a]	-1.020	.308	-.028	.833
	Beneficiary Category	-.182[a]	-6.807	.000	-.186	.993
	Consistency	.121[a]	4.430	.000	.122	.974
	Diagnoses	.027[a]	.970	.332	.027	.942
	Experience Factor	-.030[a]	-1.121	.262	-.031	.999
	MCP Status	-.032[a]	-1.179	.239	-.033	.996
	Primary Care Manager	-.054[a]	-1.995	.046	-.055	.995
	Provider Specialty Code	.064[a]	2.352	.019	.065	.995
	Sex	-.089[a]	-3.297	.001	-.091	.997
	Total RVUs	-.008[a]	-.289	.773	-.008	.939
2	Age	.032[b]	1.132	.258	.031	.891
	Appointment Type	-.024[b]	-.827	.408	-.023	.832
	Consistency	.127[b]	4.734	.000	.130	.973
	Diagnoses	.020[b]	.743	.458	.021	.941
	Experience Factor	-.026[b]	-.985	.325	-.027	.998
	MCP Status	-.032[b]	-1.215	.225	-.034	.996
	Primary Care Manager	-.041[b]	-1.538	.124	-.043	.990
	Provider Specialty Code	.049[b]	1.816	.070	.050	.988
	Sex	.071[b]	1.924	.055	.053	.517
	Total RVUs	-.007[b]	-.265	.791	-.007	.939
3	Age	.020[c]	.719	.472	.020	.884
	Appointment Type	-.021[c]	-.716	.474	-.020	.832
	Diagnoses	.020[c]	.752	.452	.021	.941
	Experience Factor	-.033[c]	-1.241	.215	-.034	.996
	MCP Status	-.011[c]	-.427	.669	-.012	.967
	Primary Care Manager	-.022[c]	-.803	.422	-.022	.964
	Provider Specialty Code	.051[c]	1.931	.054	.054	.987
	Sex	.073[c]	1.981	.048	.055	.517
	Total RVUs	-.002[c]	-.083	.934	-.002	.938
4	Age	.008[d]	.294	.769	.008	.842
	Appointment Type	-.021[d]	-.738	.460	-.020	.832
	Diagnoses	.019[d]	.704	.481	.020	.941
	Experience Factor	-.031[d]	-1.178	.239	-.033	.994
	MCP Status	-.011[d]	-.416	.678	-.012	.967
	Primary Care Manager	-.020[d]	-.728	.467	-.020	.963
	Provider Specialty Code	.048[d]	1.786	.074	.050	.981
	Total RVUs	.000[d]	-.008	.994	.000	.936

a. Predictors in the Model: (Constant), Appointment Status

b. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category

c. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency, Sex

e. Dependent Variable: Total Ancillary Cost

Descriptives

Descriptive Statistics

	N	Mean	Std. Deviation
DIFF_10	1313	-1.82E-03	.4319
Valid N (listwise)	1313		

11th Regression

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Appointment Status	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	Beneficiary Category	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
3	Consistency	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
4	Provider Specialty Code	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

a. Dependent Variable: Total Ancillary Cost

Model Summary[e]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.208[a]	.043	.043	$175.8682
2	.282[b]	.079	.078	$172.5962
3	.311[c]	.096	.094	$171.0526
4	.315[d]	.099	.097	$170.8337

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code

e. Dependent Variable: Total Ancillary Cost

ANOVA[e]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1815448.6	1	1815448.6	58.696	.000[a]
	Residual	40022951	1294	30929.638		
	Total	41838400	1295			
2	Regression	3320651.7	2	1660325.9	55.735	.000[b]
	Residual	38517748	1293	29789.441		
	Total	41838400	1295			
3	Regression	4035795.5	3	1345265.2	45.978	.000[c]
	Residual	37802604	1292	29258.982		
	Total	41838400	1295			
4	Regression	4161648.8	4	1040412.2	35.650	.000[d]
	Residual	37676751	1291	29184.160		
	Total	41838400	1295			

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code

e. Dependent Variable: Total Ancillary Cost

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	16.426	16.400		1.002	.317
	Appointment Status	131.620	17.180	.208	7.661	.000
2	(Constant)	81.282	18.501		4.393	.000
	Appointment Status	141.974	16.923	.225	8.389	.000
	Beneficiary Category	-48.431	6.813	-.190	-7.108	.000
3	(Constant)	31.970	20.873		1.532	.126
	Appointment Status	128.390	16.995	.203	7.555	.000
	Beneficiary Category	-49.529	6.756	-.195	-7.331	.000
	Consistency	81.952	16.576	.133	4.944	.000
4	(Constant)	4.408	24.713		.178	.858
	Appointment Status	130.387	17.001	.206	7.670	.000
	Beneficiary Category	-48.385	6.770	-.190	-7.147	.000
	Consistency	82.888	16.561	.134	5.005	.000
	Provider Specialty Code	1.168	.562	.055	2.077	.038

a. Dependent Variable: Total Ancillary Cost

Excluded Variables[e]

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics: Tolerance
1	Age	.084[a]	3.081	.002	.085	.982
	Appointment Type	-.032[a]	-1.069	.285	-.030	.835
	Beneficiary Category	-.190[a]	-7.108	.000	-.194	.993
	Consistency	.126[a]	4.612	.000	.127	.973
	Diagnoses	.021[a]	.766	.444	.021	.943
	Experience Factor	-.034[a]	-1.248	.212	-.035	.999
	MCP Status	-.034[a]	-1.267	.206	-.035	.996
	Primary Care Manager	-.056[a]	-2.070	.039	-.057	.995
	Provider Specialty Code	.067[a]	2.458	.014	.068	.995
	Sex	-.099[a]	-3.640	.000	-.101	.998
	Total RVUs	-.011[a]	-.379	.705	-.011	.939
2	Age	.030[b]	1.047	.295	.029	.894
	Appointment Type	-.027[b]	-.914	.361	-.025	.834
	Consistency	.133[b]	4.944	.000	.136	.972
	Diagnoses	.014[b]	.527	.599	.015	.942
	Experience Factor	-.030[b]	-1.109	.268	-.031	.998
	MCP Status	-.035[b]	-1.297	.195	-.036	.996
	Primary Care Manager	-.042[b]	-1.578	.115	-.044	.990
	Provider Specialty Code	.052[b]	1.923	.055	.053	.989
	Sex	.065[b]	1.758	.079	.049	.514
	Total RVUs	-.010[b]	-.372	.710	-.010	.939
3	Age	.018[c]	.633	.527	.018	.887
	Appointment Type	-.023[c]	-.809	.419	-.023	.834
	Diagnoses	.014[c]	.531	.596	.015	.942
	Experience Factor	-.037[c]	-1.395	.163	-.039	.995
	MCP Status	-.014[c]	-.503	.615	-.014	.969
	Primary Care Manager	-.022[c]	-.836	.403	-.023	.966
	Provider Specialty Code	.055[c]	2.077	.038	.058	.988
	Sex	.066[c]	1.783	.075	.050	.514
	Total RVUs	-.005[c]	-.174	.862	-.005	.937
4	Age	.007[d]	.248	.804	.007	.856
	Appointment Type	-.031[d]	-1.059	.290	-.029	.823
	Diagnoses	.031[d]	1.109	.268	.031	.879
	Experience Factor	-.008[d]	-.232	.817	-.006	.659
	MCP Status	.000[d]	.009	.993	.000	.910
	Primary Care Manager	-.010[d]	-.367	.714	-.010	.914
	Sex	.060[d]	1.623	.105	.045	.510
	Total RVUs	-.006[d]	-.217	.828	-.006	.937

a. Predictors in the Model: (Constant), Appointment Status

b. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category

c. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code

e. Dependent Variable: Total Ancillary Cost

Descriptives

Descriptive Statistics

	N	Mean	Std. Deviation
DIFF_11	1306	-9.01E-03	.4775
Valid N (listwise)	1306		

12th Regression

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Appointment Status	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	Beneficiary Category	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
3	Consistency	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
4	Sex	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
5	Provider Specialty Code	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

a. Dependent Variable: Total Ancillary Cost

Model Summary[f]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.211[a]	.045	.044	$166.7444
2	.276[b]	.076	.075	$164.0503
3	.304[c]	.092	.090	$162.6778
4	.310[d]	.096	.093	$162.4003
5	.314[e]	.099	.095	$162.2152

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Sex

e. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Sex, Provider Specialty Code

f. Dependent Variable: Total Ancillary Cost

ANOVA[f]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1667517.5	1	1667517.5	59.975	.000[a]
	Residual	35644343	1282	27803.700		
	Total	37311861	1283			
2	Regression	2836958.0	2	1418479.0	52.707	.000[b]
	Residual	34474903	1281	26912.492		
	Total	37311861	1283			
3	Regression	3437835.3	3	1145945.1	43.302	.000[c]
	Residual	33874025	1280	26464.082		
	Total	37311861	1283			
4	Regression	3579687.5	4	894921.87	33.932	.000[d]
	Residual	33732173	1279	26373.865		
	Total	37311861	1283			
5	Regression	3682849.7	5	736569.95	27.992	.000[e]
	Residual	33629011	1278	26313.780		
	Total	37311861	1283			

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Sex

e. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Sex, Provider Specialty Code

f. Dependent Variable: Total Ancillary Cost

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	15.466	15.617		.990	.322
	Appointment Status	126.699	16.360	.211	7.744	.000
2	(Constant)	72.556	17.637		4.114	.000
	Appointment Status	136.323	16.162	.227	8.435	.000
	Beneficiary Category	-42.817	6.495	-.178	-6.592	.000
3	(Constant)	27.499	19.882		1.383	.167
	Appointment Status	123.658	16.246	.206	7.612	.000
	Beneficiary Category	-43.864	6.445	-.182	-6.806	.000
	Consistency	75.373	15.818	.129	4.765	.000
4	(Constant)	36.992	20.266		1.825	.068
	Appointment Status	124.179	16.219	.207	7.656	.000
	Beneficiary Category	-58.262	8.941	-.242	-6.517	.000
	Consistency	75.438	15.791	.129	4.777	.000
	Sex	29.776	12.839	.086	2.319	.021
5	(Constant)	11.082	24.104		.460	.646
	Appointment Status	126.058	16.229	.210	7.768	.000
	Beneficiary Category	-56.221	8.990	-.233	-6.254	.000
	Consistency	76.300	15.779	.130	4.836	.000
	Sex	27.689	12.868	.080	2.152	.032
	Provider Specialty Code	1.066	.538	.053	1.980	.048

a. Dependent Variable: Total Ancillary Cost

Excluded Variables[f]

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics: Tolerance
1	Age	.075[a]	2.735	.006	.076	.981
	Appointment Type	-.034[a]	-1.139	.255	-.032	.834
	Beneficiary Category	-.178[a]	-6.592	.000	-.181	.992
	Consistency	.123[a]	4.457	.000	.124	.972
	Diagnoses	.042[a]	1.482	.139	.041	.942
	Experience Factor	-.038[a]	-1.374	.170	-.038	.999
	MCP Status	-.028[a]	-1.009	.313	-.028	.996
	Primary Care Manager	-.049[a]	-1.803	.072	-.050	.995
	Provider Specialty Code	.068[a]	2.503	.012	.070	.995
	Sex	-.079[a]	-2.894	.004	-.081	.997
	Total RVUs	-.002[a]	-.068	.946	-.002	.940
2	Age	.024[b]	.847	.397	.024	.894
	Appointment Type	-.029[b]	-.998	.319	-.028	.834
	Consistency	.129[b]	4.765	.000	.132	.971
	Diagnoses	.034[b]	1.243	.214	.035	.941
	Experience Factor	-.034[b]	-1.251	.211	-.035	.998
	MCP Status	-.028[b]	-1.039	.299	-.029	.996
	Primary Care Manager	-.036[b]	-1.346	.178	-.038	.990
	Provider Specialty Code	.054[b]	2.010	.045	.056	.988
	Sex	.086[b]	2.291	.022	.064	.516
	Total RVUs	-.002[b]	-.058	.954	-.002	.940
3	Age	.013[c]	.450	.653	.013	.887
	Appointment Type	-.026[c]	-.897	.370	-.025	.834
	Diagnoses	.034[c]	1.241	.215	.035	.941
	Experience Factor	-.040[c]	-1.516	.130	-.042	.995
	MCP Status	-.007[c]	-.270	.787	-.008	.969
	Primary Care Manager	-.017[c]	-.629	.530	-.018	.966
	Provider Specialty Code	.058[c]	2.161	.031	.060	.987
	Sex	.086[c]	2.319	.021	.065	.516
	Total RVUs	.003[c]	.113	.910	.003	.939
4	Age	-.002[d]	-.066	.947	-.002	.843
	Appointment Type	-.027[d]	-.926	.354	-.026	.833
	Diagnoses	.033[d]	1.199	.231	.034	.940
	Experience Factor	-.038[d]	-1.433	.152	-.040	.994
	MCP Status	-.007[d]	-.247	.805	-.007	.969
	Primary Care Manager	-.014[d]	-.530	.596	-.015	.964
	Provider Specialty Code	.053[d]	1.980	.048	.055	.981
	Total RVUs	.005[d]	.198	.843	.006	.938
5	Age	-.012[e]	-.412	.680	-.012	.818
	Appointment Type	-.034[e]	-1.162	.246	-.032	.823
	Diagnoses	.050[e]	1.773	.076	.050	.878
	Experience Factor	-.011[e]	-.351	.725	-.010	.660
	MCP Status	.007[e]	.254	.800	.007	.909
	Primary Care Manager	-.002[e]	-.076	.940	-.002	.913
	Total RVUs	.004[e]	.160	.873	.004	.937

a. Predictors in the Model: (Constant), Appointment Status

b. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category

c. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency, Sex

e. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency, Sex, Provider Specialty Code

Excluded Variables[f]

f. Dependent Variable: Total Ancillary Cost

Descriptives

Descriptive Statistics

	N	Mean	Std. Deviation
DIFF_12	1294	-2.26E-03	.5314
Valid N (listwise)	1294		

13th Regression

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Appointment Status	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	Beneficiary Category	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
3	Consistency	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
4	Provider Specialty Code	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

a. Dependent Variable: Total Ancillary Cost

Model Summary[e]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.212[a]	.045	.044	$163.9426
2	.283[b]	.080	.079	$160.9419
3	.309[c]	.095	.093	$159.6627
4	.317[d]	.100	.098	$159.2854

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code

e. Dependent Variable: Total Ancillary Cost

ANOVA[e]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1609486.4	1	1609486.4	59.883	.000[a]
	Residual	34322160	1277	26877.181		
	Total	35931647	1278			
2	Regression	2880328.7	2	1440164.3	55.600	.000[b]
	Residual	33051318	1276	25902.287		
	Total	35931647	1278			
3	Regression	3429128.3	3	1143042.8	44.839	.000[c]
	Residual	32502518	1275	25492.171		
	Total	35931647	1278			
4	Regression	3607924.3	4	901981.09	35.550	.000[d]
	Residual	32323722	1274	25371.839		
	Total	35931647	1278			

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code

e. Dependent Variable: Total Ancillary Cost

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	15.466	15.355		1.007	.314
	Appointment Status	124.498	16.088	.212	7.738	.000
2	(Constant)	75.026	17.306		4.335	.000
	Appointment Status	134.455	15.858	.229	8.479	.000
	Beneficiary Category	-44.669	6.377	-.189	-7.004	.000
3	(Constant)	31.880	19.525		1.633	.103
	Appointment Status	122.375	15.946	.208	7.675	.000
	Beneficiary Category	-45.636	6.330	-.193	-7.210	.000
	Consistency	72.097	15.539	.125	4.640	.000
4	(Constant)	-1.206	23.125		-.052	.958
	Appointment Status	124.865	15.936	.212	7.836	.000
	Beneficiary Category	-44.318	6.335	-.187	-6.996	.000
	Consistency	73.162	15.507	.127	4.718	.000
	Provider Specialty Code	1.401	.528	.071	2.655	.008

a. Dependent Variable: Total Ancillary Cost

Excluded Variables[e]

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics: Tolerance
1	Age	.081[a]	2.931	.003	.082	.981
	Appointment Type	-.040[a]	-1.350	.177	-.038	.834
	Beneficiary Category	-.189[a]	-7.004	.000	-.192	.992
	Consistency	.119[a]	4.319	.000	.120	.972
	Diagnoses	.036[a]	1.291	.197	.036	.943
	Experience Factor	-.035[a]	-1.290	.197	-.036	.999
	MCP Status	-.036[a]	-1.305	.192	-.037	.996
	Primary Care Manager	-.057[a]	-2.074	.038	-.058	.995
	Provider Specialty Code	.082[a]	3.008	.003	.084	.995
	Sex	-.095[a]	-3.482	.001	-.097	.997
	Total RVUs	-.007[a]	-.238	.812	-.007	.940
2	Age	.026[b]	.932	.351	.026	.894
	Appointment Type	-.036[b]	-1.212	.226	-.034	.833
	Consistency	.125[b]	4.640	.000	.129	.971
	Diagnoses	.028[b]	1.027	.305	.029	.941
	Experience Factor	-.031[b]	-1.155	.248	-.032	.998
	MCP Status	-.036[b]	-1.355	.176	-.038	.996
	Primary Care Manager	-.043[b]	-1.604	.109	-.045	.990
	Provider Specialty Code	.068[b]	2.513	.012	.070	.989
	Sex	.069[b]	1.850	.065	.052	.517
	Total RVUs	-.007[b]	-.237	.813	-.007	.940
3	Age	.016[c]	.551	.582	.015	.887
	Appointment Type	-.032[c]	-1.106	.269	-.031	.833
	Diagnoses	.028[c]	1.028	.304	.029	.941
	Experience Factor	-.038[c]	-1.415	.157	-.040	.995
	MCP Status	-.016[c]	-.607	.544	-.017	.969
	Primary Care Manager	-.025[c]	-.905	.365	-.025	.966
	Provider Specialty Code	.071[c]	2.655	.008	.074	.988
	Sex	.070[c]	1.883	.060	.053	.517
	Total RVUs	-.002[c]	-.072	.943	-.002	.939
4	Age	.002[d]	.063	.950	.002	.857
	Appointment Type	-.042[d]	-1.429	.153	-.040	.821
	Diagnoses	.050[d]	1.767	.078	.049	.880
	Experience Factor	.005[d]	.159	.874	.004	.658
	MCP Status	.001[d]	.050	.960	.001	.910
	Primary Care Manager	-.008[d]	-.299	.765	-.008	.914
	Sex	.062[d]	1.664	.096	.047	.513
	Total RVUs	-.003[d]	-.120	.905	-.003	.939

a. Predictors in the Model: (Constant), Appointment Status

b. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category

c. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code

e. Dependent Variable: Total Ancillary Cost

Descriptives

Descriptive Statistics

	N	Mean	Std. Deviation
DIFF_13	1289	-8.72E-03	.4549
Valid N (listwise)	1289		

14th Regression

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Appointment Status	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	Beneficiary Category	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
3	Consistency	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
4	Provider Specialty Code	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
5	Sex	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

a. Dependent Variable: Total Ancillary Cost

Model Summary[f]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.217[a]	.047	.046	$158.1705
2	.282[b]	.079	.078	$155.5243
3	.304[c]	.092	.090	$154.5030
4	.311[d]	.097	.094	$154.1625
5	.316[e]	.100	.096	$153.9814

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code

e. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code, Sex

f. Dependent Variable: Total Ancillary Cost

ANOVA[f]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1565974.7	1	1565974.7	62.594	.000[a]
	Residual	31672666	1266	25017.903		
	Total	33238640	1267			
2	Regression	2641052.1	2	1320526.1	54.595	.000[b]
	Residual	30597588	1265	24187.817		
	Total	33238640	1267			
3	Regression	3065470.1	3	1021823.4	42.806	.000[c]
	Residual	30173170	1264	23871.179		
	Total	33238640	1267			
4	Regression	3222077.5	4	805519.37	33.894	.000[d]
	Residual	30016563	1263	23766.083		
	Total	33238640	1267			
5	Regression	3316263.0	5	663252.60	27.973	.000[e]
	Residual	29922377	1262	23710.283		
	Total	33238640	1267			

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code

e. Predictors: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code, Sex

f. Dependent Variable: Total Ancillary Cost

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	11.863	15.013		.790	.430
	Appointment Status	124.344	15.717	.217	7.912	.000
2	(Constant)	66.774	16.904		3.950	.000
	Appointment Status	133.646	15.516	.233	8.613	.000
	Beneficiary Category	-41.183	6.177	-.181	-6.667	.000
3	(Constant)	29.418	18.987		1.549	.122
	Appointment Status	122.369	15.645	.214	7.822	.000
	Beneficiary Category	-42.158	6.141	-.185	-6.865	.000
	Consistency	63.794	15.129	.115	4.217	.000
4	(Constant)	-2.025	22.560		-.090	.928
	Appointment Status	125.113	15.647	.218	7.996	.000
	Beneficiary Category	-40.949	6.146	-.180	-6.663	.000
	Consistency	64.776	15.101	.117	4.290	.000
	Provider Specialty Code	1.318	.513	.069	2.567	.010
5	(Constant)	7.875	23.074		.341	.733
	Appointment Status	125.364	15.629	.219	8.021	.000
	Beneficiary Category	-52.780	8.539	-.231	-6.181	.000
	Consistency	64.709	15.083	.116	4.290	.000
	Provider Specialty Code	1.227	.515	.064	2.384	.017
	Sex	24.447	12.266	.074	1.993	.046

a. Dependent Variable: Total Ancillary Cost

Excluded Variables[f]

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics: Tolerance
1	Age	.076[a]	2.770	.006	.078	.982
	Appointment Type	-.041[a]	-1.356	.175	-.038	.823
	Beneficiary Category	-.181[a]	-6.667	.000	-.184	.992
	Consistency	.108[a]	3.891	.000	.109	.969
	Diagnoses	.037[a]	1.297	.195	.036	.943
	Experience Factor	-.027[a]	-.970	.332	-.027	.999
	MCP Status	-.040[a]	-1.469	.142	-.041	.996
	Primary Care Manager	-.061[a]	-2.212	.027	-.062	.996
	Provider Specialty Code	.080[a]	2.907	.004	.081	.993
	Sex	-.082[a]	-2.995	.003	-.084	.997
	Total RVUs	-.008[a]	-.284	.777	-.008	.942
2	Age	.025[b]	.864	.388	.024	.895
	Appointment Type	-.037[b]	-1.243	.214	-.035	.823
	Consistency	.115[b]	4.217	.000	.118	.968
	Diagnoses	.029[b]	1.045	.296	.029	.942
	Experience Factor	-.023[b]	-.846	.398	-.024	.998
	MCP Status	-.041[b]	-1.512	.131	-.042	.996
	Primary Care Manager	-.048[b]	-1.759	.079	-.049	.990
	Provider Specialty Code	.066[b]	2.442	.015	.069	.988
	Sex	.082[b]	2.194	.028	.062	.519
	Total RVUs	-.008[b]	-.289	.772	-.008	.942
3	Age	.015[c]	.526	.599	.015	.889
	Appointment Type	-.033[c]	-1.110	.267	-.031	.822
	Diagnoses	.029[c]	1.053	.293	.030	.942
	Experience Factor	-.029[c]	-1.087	.277	-.031	.995
	MCP Status	-.023[c]	-.835	.404	-.024	.969
	Primary Care Manager	-.031[c]	-1.127	.260	-.032	.966
	Provider Specialty Code	.069[c]	2.567	.010	.072	.987
	Sex	.082[c]	2.209	.027	.062	.519
	Total RVUs	-.004[c]	-.139	.890	-.004	.940
4	Age	.001[d]	.048	.962	.001	.858
	Appointment Type	-.043[d]	-1.444	.149	-.041	.809
	Diagnoses	.050[d]	1.765	.078	.050	.881
	Experience Factor	.017[d]	.506	.613	.014	.655
	MCP Status	-.006[d]	-.211	.833	-.006	.910
	Primary Care Manager	-.015[d]	-.550	.582	-.015	.915
	Sex	.074[d]	1.993	.046	.056	.515
	Total RVUs	-.005[d]	-.190	.849	-.005	.940
5	Age	-.011[e]	-.383	.701	-.011	.819
	Appointment Type	-.043[e]	-1.439	.150	-.040	.809
	Diagnoses	.048[e]	1.686	.092	.047	.879
	Experience Factor	.016[e]	.471	.638	.013	.655
	MCP Status	-.006[e]	-.231	.817	-.007	.910
	Primary Care Manager	-.014[e]	-.501	.617	-.014	.914
	Total RVUs	-.003[e]	-.108	.914	-.003	.938

a. Predictors in the Model: (Constant), Appointment Status

b. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category

c. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency

d. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code

Excluded Variables[f]

e. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Consistency, Provider Specialty Code, Sex

f. Dependent Variable: Total Ancillary Cost

Descriptives

Descriptive Statistics

	N	Mean	Std. Deviation
DIFF_14	1278	-3.62E-03	.5105
Valid N (listwise)	1278		

Stepwise Regression of Outlier Cases

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Appointment Status	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	Beneficiary Category	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
3	Diagnoses	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

a. Dependent Variable: Total Ancillary Cost

Model Summary[d]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.308[a]	.095	.091	$695.8535
2	.390[b]	.152	.145	$675.0467
3	.408[c]	.166	.156	$670.7052

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Diagnoses

d. Dependent Variable: Total Ancillary Cost

ANOVA[d]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	12100293	1	12100293	24.990	.000[a]
	Residual	1.15E+08	238	484212.13		
	Total	1.27E+08	239			
2	Regression	19344716	2	9672358.1	21.226	.000[b]
	Residual	1.08E+08	237	455688.03		
	Total	1.27E+08	239			
3	Regression	21179234	3	7059744.6	15.694	.000[c]
	Residual	1.06E+08	236	449845.53		
	Total	1.27E+08	239			

a. Predictors: (Constant), Appointment Status

b. Predictors: (Constant), Appointment Status, Beneficiary Category

c. Predictors: (Constant), Appointment Status, Beneficiary Category, Diagnoses

d. Dependent Variable: Total Ancillary Cost

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	374.980	96.498		3.886	.000
	Appointment Status	545.033	109.029	.308	4.999	.000
2	(Constant)	718.246	127.181		5.647	.000
	Appointment Status	499.915	106.373	.283	4.700	.000
	Beneficiary Category	-166.821	41.839	-.240	-3.987	.000
3	(Constant)	851.436	142.540		5.973	.000
	Appointment Status	538.728	107.422	.305	5.015	.000
	Beneficiary Category	-180.625	42.128	-.260	-4.287	.000
	Diagnoses	-45.407	22.485	-.124	-2.019	.045

a. Dependent Variable: Total Ancillary Cost

Excluded Variables[d]

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics
						Tolerance
1	Age	.172[a]	2.823	.005	.180	.992
	Appointment Type	-.053[a]	-.789	.431	-.051	.835
	Beneficiary Category	-.240[a]	-3.987	.000	-.251	.989
	Consistency	.089[a]	1.445	.150	.093	.994
	Diagnoses	-.081[a]	-1.295	.197	-.084	.962
	Experience Factor	.011[a]	.185	.854	.012	.999
	MCP Status	-.060[a]	-.960	.338	-.062	.980
	Primary Care Manager	-.091[a]	-1.458	.146	-.094	.982
	Provider Specialty Code	.106[a]	1.721	.086	.111	.999
	Sex	-.109[a]	-1.782	.076	-.115	1.000
	Total RVUs	.004[a]	.072	.943	.005	.987
2	Age	.062[b]	.874	.383	.057	.709
	Appointment Type	-.027[b]	-.407	.684	-.026	.826
	Consistency	.095[b]	1.582	.115	.102	.994
	Diagnoses	-.124[b]	-2.019	.045	-.130	.937
	Experience Factor	-.005[b]	-.088	.930	-.006	.994
	MCP Status	-.056[b]	-.925	.356	-.060	.979
	Primary Care Manager	-.075[b]	-1.247	.214	-.081	.978
	Provider Specialty Code	.114[b]	1.912	.057	.124	.998
	Sex	.018[b]	.256	.798	.017	.736
	Total RVUs	.019[b]	.317	.752	.021	.983
3	Age	.069[c]	.975	.330	.063	.707
	Appointment Type	-.019[c]	-.294	.769	-.019	.824
	Consistency	.099[c]	1.666	.097	.108	.992
	Experience Factor	-.013[c]	-.214	.830	-.014	.990
	MCP Status	-.055[c]	-.918	.359	-.060	.979
	Primary Care Manager	-.077[c]	-1.288	.199	-.084	.978
	Provider Specialty Code	.096[c]	1.603	.110	.104	.970
	Sex	.014[c]	.195	.845	.013	.735
	Total RVUs	.018[c]	.292	.770	.019	.983

a. Predictors in the Model: (Constant), Appointment Status

b. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category

c. Predictors in the Model: (Constant), Appointment Status, Beneficiary Category, Diagnoses

d. Dependent Variable: Total Ancillary Cost

Stepwise Regression of Expense Variables - Outlier Cases

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Pharmacy Cost	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	Radiology Cost	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
3	Lab Cost	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

a. Dependent Variable: Total Ancillary Cost

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.962[a]	.925	.925	$199.7806
2	.994[b]	.989	.989	$77.6875
3	1.000[c]	1.000	1.000	$.0000

a. Predictors: (Constant), Pharmacy Cost

b. Predictors: (Constant), Pharmacy Cost, Radiology Cost

c. Predictors: (Constant), Pharmacy Cost, Radiology Cost, Lab Cost

ANOVA[d]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1.18E+08	1	1.18E+08	2952.564	.000[a]
	Residual	9499128.8	238	39912.306		
	Total	1.27E+08	239			
2	Regression	1.26E+08	2	62956201	10431.246	.000[b]
	Residual	1430377.5	237	6035.348		
	Total	1.27E+08	239			
3	Regression	1.27E+08	3	42447593	.	.[c]
	Residual	.000	236	.000		
	Total	1.27E+08	239			

a. Predictors: (Constant), Pharmacy Cost

b. Predictors: (Constant), Pharmacy Cost, Radiology Cost

c. Predictors: (Constant), Pharmacy Cost, Radiology Cost, Lab Cost

d. Dependent Variable: Total Ancillary Cost

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	115.744	18.049		6.413	.000
	Pharmacy Cost	.964	.018	.962	54.338	.000
2	(Constant)	40.255	7.316		5.502	.000
	Pharmacy Cost	.995	.007	.992	143.119	.000
	Radiology Cost	.974	.027	.254	36.564	.000
3	(Constant)	-2.423E-13	.000		.	.
	Pharmacy Cost	1.000	.000	.998	.	.
	Radiology Cost	1.000	.000	.260	.	.
	Lab Cost	1.000	.000	.106	.	.

a. Dependent Variable: Total Ancillary Cost

Excluded Variables[c]

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics
						Tolerance
1	Lab Cost	.090[a]	5.368	.000	.329	.998
	Radiology Cost	.254[a]	36.564	.000	.922	.986
2	Lab Cost	.106[b]	.	.	1.000	.994

a. Predictors in the Model: (Constant), Pharmacy Cost

b. Predictors in the Model: (Constant), Pharmacy Cost, Radiology Cost

c. Dependent Variable: Total Ancillary Cost

Stepwise Regression of Expense Variables - In Control Cases

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Pharmacy Cost	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	Radiology Cost	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
3	Lab Cost	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

a. Dependent Variable: Total Ancillary Cost

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.921[a]	.848	.848	$63.6172
2	.963[b]	.927	.927	$43.9168
3	1.000[c]	1.000	1.000	$.0000

a. Predictors: (Constant), Pharmacy Cost

b. Predictors: (Constant), Pharmacy Cost, Radiology Cost

c. Predictors: (Constant), Pharmacy Cost, Radiology Cost, Lab Cost

ANOVA[d]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	28733411	1	28733411	7099.671	.000[a]
	Residual	5164159.6	1276	4047.147		
	Total	33897570	1277			
2	Regression	31438501	2	15719250	8150.255	.000[b]
	Residual	2459069.7	1275	1928.682		
	Total	33897570	1277			
3	Regression	33897570	3	11299190	.	.[c]
	Residual	.000	1274	.000		
	Total	33897570	1277			

a. Predictors: (Constant), Pharmacy Cost

b. Predictors: (Constant), Pharmacy Cost, Radiology Cost

c. Predictors: (Constant), Pharmacy Cost, Radiology Cost, Lab Cost

d. Dependent Variable: Total Ancillary Cost

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	27.115	2.128		12.740	.000
	Pharmacy Cost	.973	.012	.921	84.260	.000
2	(Constant)	14.814	1.505		9.840	.000
	Pharmacy Cost	.990	.008	.937	123.984	.000
	Radiology Cost	1.006	.027	.283	37.451	.000
3	(Constant)	1.921E-13	.000		.	.
	Pharmacy Cost	1.000	.000	.946	.	.
	Radiology Cost	1.000	.000	.281	.	.
	Lab Cost	1.000	.000	.270	.	.

a. Dependent Variable: Total Ancillary Cost

Excluded Variables[c]

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics
						Tolerance
1	Lab Cost	.271[a]	34.486	.000	.695	.999
	Radiology Cost	.283[a]	37.451	.000	.724	.997
2	Lab Cost	.270[b]	.	.	1.000	.999

a. Predictors in the Model: (Constant), Pharmacy Cost

b. Predictors in the Model: (Constant), Pharmacy Cost, Radiology Cost

c. Dependent Variable: Total Ancillary Cost

T-Test of Means Between In Control and Outlier Cases

Group Statistics

	Model	N	Mean	Std. Deviation	Std. Error Mean
Age	Outlier	240	65.53	13.30	.86
	Fit	1,278	66.38	12.16	.34
Appointment Type	Outlier	240	28.77	10.38	.67
	Fit	1,278	28.27	11.34	.32
Consistency	Outlier	240	.7798	.2913	1.880E-02
	Fit	1,278	.7717	.2913	8.150E-03
Experience Factor	Outlier	240	3.90	9.31	.60
	Fit	1,278	3.74	9.05	.25
Diagnoses	Outlier	240	3.04	1.99	.13
	Fit	1,278	2.50	1.30	3.64E-02
Sex	Outlier	240	.43	.50	3.20E-02
	Fit	1,278	.41	.49	1.37E-02
Total RVUs	Outlier	240	2.8619	.6998	4.517E-02
	Fit	1,278	2.8147	.6927	1.938E-02
Lab Cost	Outlier	240	$35.2158	$77.5778	$5.0076
	Fit	1,278	$13.8707	$43.9107	$1.2283
Radiology Cost	Outlier	240	$55.1500	$190.0031	$12.2646
	Fit	1,278	$10.5224	$45.8166	$1.2816
Pharmacy Cost	Outlier	240	$711.5564	$728.1600	$47.0025
	Fit	1,278	$101.0878	$154.1529	$4.3121
Total Ancillary Cost	Outlier	240	$801.9223	$729.9418	$47.1175
	Fit	1,278	$125.4809	$162.9254	$4.5575

Independent Samples Test

		Levene's Test for Equality of Variances	
		F	Sig.
Age	Equal variances assumed	2.392	.122
	Equal variances not assumed		
Appointment Type	Equal variances assumed	2.601	.107
	Equal variances not assumed		
Consistency	Equal variances assumed	.006	.941
	Equal variances not assumed		
Experience Factor	Equal variances assumed	.218	.641
	Equal variances not assumed		
Diagnoses	Equal variances assumed	11.987	.001
	Equal variances not assumed		
Sex	Equal variances assumed	1.024	.312
	Equal variances not assumed		
Total RVUs	Equal variances assumed	.002	.968
	Equal variances not assumed		
Lab Cost	Equal variances assumed	108.416	.000
	Equal variances not assumed		
Radiology Cost	Equal variances assumed	146.945	.000
	Equal variances not assumed		
Pharmacy Cost	Equal variances assumed	314.211	.000
	Equal variances not assumed		
Total Ancillary Cost	Equal variances assumed	272.512	.000
	Equal variances not assumed		

Independent Samples Test

		t-test for Equality of Means			
		t	df	Sig. (2-tailed)	Mean Difference
Age	Equal variances assumed	-.987	1516	.324	-.86
	Equal variances not assumed	-.928	318.359	.354	-.86
Appointment Type	Equal variances assumed	.640	1516	.522	.50
	Equal variances not assumed	.680	354.842	.497	.50
Consistency	Equal variances assumed	.397	1516	.692	8.133E-03
	Equal variances not assumed	.397	334.997	.692	8.133E-03
Experience Factor	Equal variances assumed	.256	1516	.798	.16
	Equal variances not assumed	.251	329.489	.802	.16
Diagnoses	Equal variances assumed	5.396	1516	.000	.54
	Equal variances not assumed	4.068	278.475	.000	.54
Sex	Equal variances assumed	.546	1516	.585	1.89E-02
	Equal variances not assumed	.543	333.319	.588	1.89E-02
Total RVUs	Equal variances assumed	.966	1516	.334	4.713E-02
	Equal variances not assumed	.959	332.919	.338	4.713E-02
Lab Cost	Equal variances assumed	5.982	1516	.000	$21.3451
	Equal variances not assumed	4.140	268.442	.000	$21.3451
Radiology Cost	Equal variances assumed	7.345	1516	.000	$44.6276
	Equal variances not assumed	3.619	244.243	.000	$44.6276
Pharmacy Cost	Equal variances assumed	26.959	1516	.000	$610.4687
	Equal variances not assumed	12.934	243.037	.000	$610.4687
Total Ancillary Cost	Equal variances assumed	29.483	1516	.000	$676.4414
	Equal variances not assumed	14.290	243.489	.000	$676.4414

Independent Samples Test

		t-test for Equality of Means		
		Std. Error Difference	95% Confidence Interval of the Difference	
			Lower	Upper
Age	Equal variances assumed	.87	-2.56	.85
	Equal variances not assumed	.92	-2.67	.96
Appointment Type	Equal variances assumed	.79	-1.04	2.05
	Equal variances not assumed	.74	-.95	1.96
Consistency	Equal variances assumed	2.050E-02	-3.E-02	5.E-02
	Equal variances not assumed	2.049E-02	-3.E-02	5.E-02
Experience Factor	Equal variances assumed	.64	-1.09	1.42
	Equal variances not assumed	.65	-1.12	1.45
Diagnoses	Equal variances assumed	.10	.35	.74
	Equal variances not assumed	.13	.28	.81
Sex	Equal variances assumed	3.46E-02	-5.E-02	9.E-02
	Equal variances not assumed	3.48E-02	-5.E-02	9.E-02
Total RVUs	Equal variances assumed	4.881E-02	-5.E-02	.1429
	Equal variances not assumed	4.916E-02	-5.E-02	.1438
Lab Cost	Equal variances assumed	$3.5685	$14.345	$28.34
	Equal variances not assumed	$5.1561	$11.194	$31.50
Radiology Cost	Equal variances assumed	$6.0761	$32.709	$56.55
	Equal variances not assumed	$12.3314	$20.338	$68.92
Pharmacy Cost	Equal variances assumed	$22.6443	$566.05	$654.9
	Equal variances not assumed	$47.1999	$517.50	$703.4
Total Ancillary Cost	Equal variances assumed	$22.9431	$631.44	$721.4
	Equal variances not assumed	$47.3374	$583.20	$769.7

Regression of Diagnosis Count with Total Ancillary Expense

Variables Entered/Removed[b]

Model	Variables Entered	Variables Removed	Method
1	Diagnoses[a]	.	Enter

a. All requested variables entered.

b. Dependent Variable: Total Ancillary Cost

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.100[a]	.010	.009	$407.0405

a. Predictors: (Constant), Diagnoses

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2521565.2	1	2521565.2	15.219	.000[a]
	Residual	2.51E+08	1516	165681.95		
	Total	2.54E+08	1517			

a. Predictors: (Constant), Diagnoses

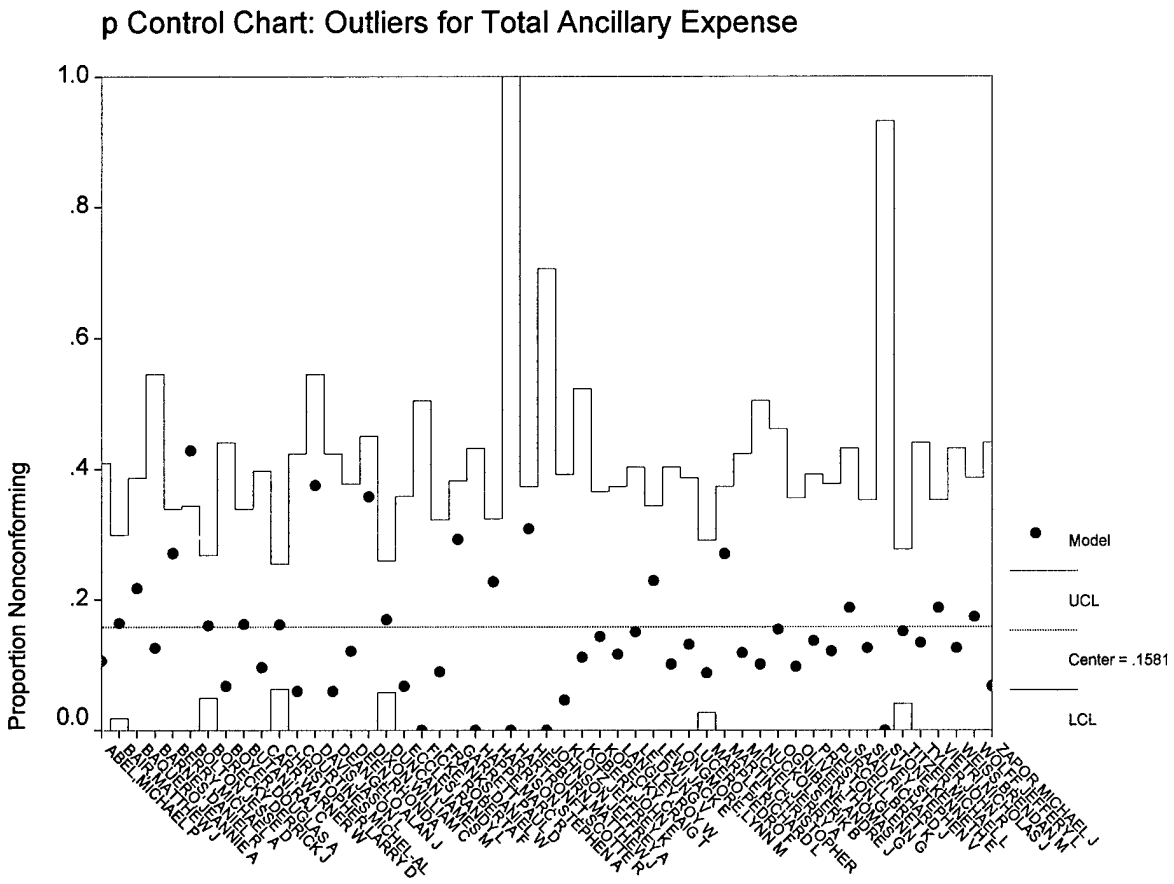
b. Dependent Variable: Total Ancillary Cost

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	159.592	21.394		7.460	.000
	Diagnoses	28.191	7.226	.100	3.901	.000

a. Dependent Variable: Total Ancillary Cost

SPchart



Sigma level: 3

T-Test for Total Ancillary Expense Between Internists and Residents

Group Statistics

	Provider Specialty Code	N	Mean	Std. Deviation	Std. Error Mean
Total Ancillary Cost	Internist	716	$211.4121	$328.6778	$12.2833
	Internal Medicine Resident	802	$251.1906	$468.5570	$16.5453

Independent Samples Test

		Levene's Test for Equality of Variances	
		F	Sig.
Total Ancillary Cost	Equal variances assumed	6.671	.010
	Equal variances not assumed		

Independent Samples Test

		t-test for Equality of Means			
		t	df	Sig. (2-tailed)	Mean Difference
Total Ancillary Cost	Equal variances assumed	-1.893	1516	.058	-$39.7785
	Equal variances not assumed	-1.930	1437.933	.054	-$39.7785

Independent Samples Test

		t-test for Equality of Means		
		Std. Error Difference	95% Confidence Interval of the Difference	
			Lower	Upper
Total Ancillary Cost	Equal variances assumed	$21.0081	-$80.9864	$1.4295
	Equal variances not assumed	$20.6065	-$80.2004	$.6435

Frequencies

Provider Specialty

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Internist	13	25.5	25.5	25.5
	Internal Medicine Resident	38	74.5	74.5	100.0
	Total	51	100.0	100.0	

Statistics

Provider
N Valid

Internist	716
Internal Medicine Resident	802

Provider

Provider Specialty		Freq	%	Cumulative Percent
Internist	πΠΤψєΦΠωως΢Έ τ	61	8.5	8.5
	πΣψψΉєΦΤΡς΢ΣυΠ	37	5.2	13.7
	πΧψΣΡΥΉєρΣψψΤΡΥ τ	100	14.0	27.7
	Ρς΢ψΤΩωΧχς΢Σψ΢υΠψψΉ ρ	130	18.2	45.8
	ρΤέΧφ΢ΈΤυυΤΠΦ Ρ	14	2.0	47.8
	ρΆφΡΠφ΢τΠΦΣΩ Φ	118	16.5	64.2
	σΤΡΥΣ΢ψΧπΣψωΠ σ	10	1.4	65.6
	υΠφΣυΣΉ΢ψΧΉ Έ	26	3.6	69.3
	υΣ΢ρήΆφΣ ά	20	2.8	72.1
	ΦΠψχυΣ΢ψΤΡς΢Πψρ υ	69	9.6	81.7
	ΧΣφΤπΣφΣ΢ΠφρψΣ τ	13	1.8	83.5
	ΩΤυάΣΉ΢ΩωΣχς΢Σφ ά	32	4.5	88.0
	ωΤωήΣψ΢ΦΤΡς΢ΠΣυ υ	86	12.0	100.0
	Total	716	100.0	

Provider

Provider Specialty		Freq	%	Cumulative Percent
Internal Medicine Resident	ΠπΣυεΦΤΡςΠΣυ χ	19	2.4	2.4
	πΠΨΆΣψΧετΣΠφφΤΣ Π	23	2.9	5.2
	πΠψφΣΩερΠφΤΣυ ψ	8	1.0	6.2
	πΧυωΧφετΣΩΩΣ ρ	35	4.4	10.6
	πΧ'ΗΣψερΧΆΣυΠΩ Π	15	1.9	12.5
	πΆωΠφΤεψΠτ Ρ	37	4.6	17.1
	ΡΠψψε'ΈΠψφΣψ 'Έ	21	2.6	19.7
	ΡΧΆψωΤφΣΩεΦΤΡςΣυΖΠυ	17	2.1	21.8
	ρΠάΤΩετΠΩΧφ υ	8	1.0	22.8
	ρΣΠφΣΣυΧεΠυΠφ τ	17	2.1	24.9
	ρΣΣφεψςΧφρΙΙ	25	3.1	28.1
	ΣΡΡυΣΩεψΠφρ'Η υ	30	3.7	31.8
	σψΠφΥΩερΠφΤΣυ 'Έ	45	5.6	37.4
	ΣΠψψΣωωεχΠΆυ ρ	24	3.0	40.4
	ςΠχχΣεΦΠψΡ ψ	16	2.0	42.4
	ςΠψψΤΩΧφεΩωΣχςΣφ Π	44	5.5	47.9
	ςΠψωψΧφσωεΩΡΧωωΣ ψ	1	.1	48.0
	ςΣχπΆψφεΦΠωωςΣ'Έ τ	26	3.2	51.2
	τΧςφΩΧφετΣσσψΣ'Η Π	4	.5	51.7
	ΥυΧωήετΣσσψΣ'Η Υ	22	2.7	54.5
	ΥΧπΣψωετΧςφ Σ	9	1.1	55.6
	ΥΧχΣΡΥ'ΗεΡψΙΤΣ ω	28	3.5	59.1
	υΣ'ΕΤετΠΡΥ Σ	35	4.4	63.5
	υΧφΣΦΧψΣευ'Ηφφ Φ	20	2.5	66.0
	υΆΡΣψΧεχΣρψΧ σ	23	2.9	68.8
	ΦΠψωΤφεΡςψΤΩωΧχςΣψ	26	3.2	72.1
	ΦΤΡςΣυετΣψψ'Η Π	17	2.1	74.2
	φΆΡΥΧυΩεΣψΤΥ π	10	1.2	75.4
	ΧυΤάΣψεωςΧΦΠΩ Σ	31	3.9	79.3
	χψΣΩωΧφεΣυΣφφ Σ	22	2.7	82.0
	χΆψΡΣυυεπψΣω Υ	25	3.1	85.2
	ΩΠΠρεψΤΡςΠψρ τ	16	2.0	87.2
	ΩωΧφΣεΥΣφφΣως Σ	2	.2	87.4
	ω'ΗυΣψετΧςφ ψ	15	1.9	89.3
	άΤΣωψΤεφΤΡςΧυΠΩ τ	32	4.0	93.3
	'ΕΣΤΩΩεπψΣφρΠφ Φ	16	2.0	95.3
	'ΕΧυσσετΣσσΣψ'Η υ	23	2.9	98.1
	ήΠχΧψεΦΤΡςΠΣυ τ	15	1.9	100.0
	Total	802	100.0	

Provider Specialty Code

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Internist	716	47.2	47.2	47.2
	Internal Medicine Resident	802	52.8	52.8	100.0
	Total	1518	100.0	100.0	

Provider Experience

Average Experience by Provider

Dependent Variable: Experience Factor

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
1.294	.000	1.294	1.294

Regression of Provider Experience to Total Ancillary Expense

Variables Entered/Removed[b]

Model	Variables Entered	Variables Removed	Method
1	Experience Factor[a]	.	Enter

a. All requested variables entered.

b. Dependent Variable: Total Ancillary Cost

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.004[a]	.000	-.001	$409.0745

a. Predictors: (Constant), Experience Factor

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4985.272	1	4985.272	.030	.863[a]
	Residual	2.54E+08	1516	167341.96		
	Total	2.54E+08	1517			

a. Predictors: (Constant), Experience Factor

b. Dependent Variable: Total Ancillary Cost

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	231.677	11.366		20.384	.000
	Experience Factor	.199	1.155	.004	.173	.863

a. Dependent Variable: Total Ancillary Cost

Univariate Analysis of Variance: Average Patient Age by Provider

Estimated Marginal Means

1. Provider

Dependent Variable: Age

Provider	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
ΠπΣυεΦΤΡςΠΣυ χ	68.63	2.73	63.28	73.98
πΠΤψεΦΠωωςΣΈ τ	66.93	1.52	63.95	69.92
πΠΨΆΣψΧετΣΠφφΤΣ Π	72.35	2.48	67.48	77.21
πΠψφΣΩερΠφΤΣυ ψ	64.37	4.20	56.13	72.62
πΣψψΉεΦΤΡςΠΣυ Π	65.97	1.96	62.14	69.81
πΧυωΧφετΣΩΩΣ ρ	68.66	2.01	64.71	72.60
πΧψΣΡΥΉερΣψψΤΡΥ τ	61.31	1.19	58.98	63.64
πΧΉΣψερΧΆΣυΠΩ Π	65.00	3.07	58.98	71.02
πΆωΠφΤεψΠτ Ρ	70.86	1.96	67.03	74.70
ΡΠψψεΈΠψφΣψ Έ	67.95	2.60	62.86	73.04
ΡςψΤΩωΧχςΣψευΠψψΉ ρ	60.48	1.04	58.44	62.53
ΡΧΆψωΤφΣΩεΦΤΡςΣυΖΠυ	66.00	2.88	60.34	71.66
ρΠάΤΩετΠΩΧφ υ	65.25	4.20	57.00	73.50
ρΣΠφΣΣυΧεΠυΠφ τ	63.35	2.88	57.70	69.01
ρΣΣφεψςΧφρΠ	70.12	2.38	65.45	74.79
ρΤέΧφεΈΤυυΤΠΦ Ρ	69.93	3.18	63.69	76.16
ρΆφΡΠφετΠΦΣΩ Φ	66.71	1.09	64.56	68.86
ΣΡΡυΣΩεψΠφρΉ υ	71.00	2.17	66.74	75.26
σΤΡΥΣεψΧπΣψωΠ σ	58.40	3.76	51.02	65.78
σψΠφΥΩερΠφΤΣυ Έ	67.62	1.77	64.14	71.10
ΣΠψψΣωωεχΠΆυ ρ	63.04	2.43	58.28	67.80
ςΠχχΣεΦΠψΡ ψ	66.06	2.97	60.23	71.89
ςΠψψΤΩΧφεΩωΣχςΣφ Π	69.52	1.79	66.01	73.04
ςΠψωψΧφσωεΩΡΧωωΣ ψ	78.00	11.89	54.67	101.33
ςΣχπΆψφεΦΠωωςΣΈ τ	64.81	2.33	60.23	69.38
τΧςφΩΧφετΣσσψΣΉ Π	72.50	5.95	60.84	84.16
ΥυΧωήετΣσσψΣΉ Υ	65.36	2.54	60.39	70.34
ΥΧπΣψωετΧςφ Σ	71.78	3.96	64.00	79.55
ΥΧχΣΡΥΉεΡψΠΤΣ ω	64.43	2.25	60.02	68.84
υΠφΣυΣΉεψΧΉ Έ	68.96	2.33	64.39	73.54
υΣερήΆφΣ ά	57.10	2.66	51.88	62.32
υΣΈΤετΠΡΥ Σ	70.00	2.01	66.06	73.94
υΧφΣΦΧψΣευΉφφ Φ	68.95	2.66	63.73	74.17
υΆΡΣψΧεχΣρψΧ σ	66.83	2.48	61.96	71.69
ΦΠψχυΣεψΤΡςΠψρ υ	64.36	1.43	61.55	67.17
ΦΠψωΤφεΡςψΤΩωΧχςΣψ	70.12	2.33	65.54	74.69
ΦΤΡςΣυετΣψψΉ Π	61.71	2.88	56.05	67.36
φΆΡΥΧυΩεΣψΤΥ π	70.70	3.76	63.32	78.08
ΧΣφΤπΣφΣεΠφρψΣ τ	59.23	3.30	52.76	65.70
ΧυΤάΣψεωςΧΦΠΩ Σ	78.10	2.14	73.91	82.29
χψΣΩωΧφεΣυΣφφ Σ	64.77	2.54	59.80	69.75

1. Provider

Dependent Variable: Age

Provider	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
χΆψΡΣυυεπψΣω Υ	70.00	2.38	65.33	74.67
ΩΠΠρεψΤΡçΠψρ τ	68.00	2.97	62.17	73.83
ΩΤυάΣΉεΩωΣχçΣφ ά	63.19	2.10	59.06	67.31
ΩωΧφΣεΥΣφφΣως Σ	64.00	8.41	47.51	80.49
ωΤωήΣψεΦΤΡçΠΣυ υ	65.17	1.28	62.66	67.69
ω'ΗυΣψετΧçφ ψ	66.20	3.07	60.18	72.22
άΤΣωψΤεφΤΡçΧυΠΩ τ	72.84	2.10	68.72	76.97
ΈΣΤΩΩεπψΣφρΠφ Φ	66.06	2.97	60.23	71.89
ΈΧυσσετΣσσΣψΉ υ	65.48	2.48	60.61	70.34
ήΠχΧψεΦΤΡçΠΣυ τ	71.00	3.07	64.98	77.02

2. Grand Mean

Dependent Variable: Age

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
67.043	.470	66.120	67.966

Regression of Patient Age to Total Ancillary Expense

Variables Entered/Removed[b]

Model	Variables Entered	Variables Removed	Method
1	Age[a]	.	Enter

a. All requested variables entered.

b. Dependent Variable: Total Ancillary Cost

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.060[a]	.004	.003	$408.3313

a. Predictors: (Constant), Age

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	926024.63	1	926024.63	5.554	.019[a]
	Residual	2.53E+08	1516	166734.42		
	Total	2.54E+08	1517			

a. Predictors: (Constant), Age

b. Dependent Variable: Total Ancillary Cost

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	99.841	57.228		1.745	.081
	Age	2.001	.849	.060	2.357	.019

a. Dependent Variable: Total Ancillary Cost

Frequencies of Patient Gender

Statistics

Sex

N	Valid	1518
	Missing	0
Mean		.41
Median		.00
Percentiles	25	.00
	50	.00
	75	1.00

Sex

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	897	59.1	59.1	59.1
	Male	621	40.9	40.9	100.0
	Total	1518	100.0	100.0	

Univariate Analysis of Variance

Tests of Between-Subjects Effects

Dependent Variable: Sex

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	9.582[a]	50	.192	.787	.858
Intercept	98.739	1	98.739	405.321	.000
PROVIDER	9.582	50	.192	.787	.858
Error	357.372	1467	.244		
Total	621.000	1518			
Corrected Total	366.955	1517			

a. R Squared = .026 (Adjusted R Squared = -.007)

Estimated Marginal Means for Patient Gender Mix

1. Provider

Dependent Variable: Sex

Provider	Mean (Males)	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
ΠπΣυεΦΤΡçΠΣυ χ	.526	.113	.304	.748
πΠΤψєΦΠωωçΣΈ τ	.393	.063	.269	.517
πΠΨΆΣψΧєτΣΠφφΤΣ Π	.478	.103	.276	.680
πΠψφΣΩєρΠφΤΣυ ψ	.250	.175	-9.230E-02	.592
πΣψψΉєΦΤΡçΠΣυ Π	.378	.081	.219	.538
πΧυωΧφєτΣΩΩΣ ρ	.371	.083	.208	.535
πΧψΣΡΥΉєρΣψψΤΡΥ τ	.470	.049	.373	.567
πΧΉΣψєρΧΆΣυΠΩ Π	.533	.127	.283	.783
πΆωΠφΤєψΠτ Ρ	.351	.081	.192	.511
ΡΠψψєΈΠψφΣψ Έ	.381	.108	.170	.592
ΡçψΤΩωΧχçΣψєυΠψψΉ ρ	.431	.043	.346	.516
ΡΧΆψωΤφΣΩєΦΤΡçΣυΖΠυ	.529	.120	.295	.764
ρΠάΤΩєτΠΩΧφ υ	.375	.175	3.270E-02	.717
ρΣΠφΣΣυΧєΠυΠφ τ	.294	.120	5.930E-02	.529
ρΣΣφєψçΧφρΠ	.640	.099	.446	.834
ρΤέΧφєΈΤυυΤΠΦ Ρ	.500	.132	.241	.759
ρΆφΡΠφєτΠΦΣΩ Φ	.390	.045	.301	.479
ΣΡΡυΣΩєψΠφρΉ υ	.333	.090	.157	.510
σΤΡΥΣєψΧπΣψωΠ σ	.300	.156	-6.163E-03	.606
σψΠφΥΩєρΠφΤΣυ Έ	.467	.074	.322	.611
ΣΠψψΣωωєχΠΆυ ρ	.458	.101	.261	.656
çΠχχΣєΦΠψΡ ψ	.437	.123	.195	.680
çΠψψΤΩΧφєΩωΣχçΣφ Π	.455	.074	.309	.601
çΠψωψΧφσωєΩΡΧωωΣ ψ	1.665E-16	.494	-.968	.968
çΣχπΆψφєΦΠωωçΣΈ τ	.385	.097	.195	.574
τΧçφΩΧφєτΣσσψΣΉ Π	5.551E-17	.247	-.484	.484
ΥυΧωήєτΣσσψΣΉ Υ	.500	.105	.294	.706
ΥΧπΣψωєτΧçφ Σ	.222	.165	-.101	.545
ΥΧχΣΡΥΉєΡψΠΤΣ ω	.250	.093	6.703E-02	.433
υΠφΣυΣΉєψΧΉ Έ	.538	.097	.349	.728
υΣερήΆφΣ ά	.450	.110	.234	.666
υΣΈΤєτΠΡΥ Σ	.571	.083	.408	.735
υΧφΣΦΧψΣευΉφφ Φ	.400	.110	.184	.616
υΆΡΣψΧєχΣρψΧ σ	.304	.103	.102	.506
ΦΠψχυΣєψΤΡçΠψρ υ	.348	.059	.231	.464
ΦΠψωΤφєΡçψΤΩωΧχçΣψ	.385	.097	.195	.574
ΦΤΡçΣυετΣψψΉ Π	.412	.120	.177	.647
φΆΡΥΧυΩєΣψΤΥ π	.400	.156	9.384E-02	.706
ΧΣφΤπΣφΣєΠφρψΣ τ	.462	.137	.193	.730
ΧυΤάΣψєωçΧΦΠΩ Σ	.323	.089	.149	.496
χψΣΩωΧφєΣυΣφφ Σ	.455	.105	.248	.661

1. Provider

Dependent Variable: Sex

Provider	Mean (Males)	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
χΆψΡΣυυεπψΣω Υ	.400	.099	.206	.594
ΩΙΙΙρεψΤΡçΠψρ τ	.375	.123	.133	.617
ΩΤυάΣΉεΩωΣχçΣφ ά	.406	.087	.235	.577
ΩωΧφΣεΥΣφφΣως Σ	.500	.349	-.185	1.185
ωΤωήΣψεΦΤΡçΠΣυ υ	.360	.053	.256	.465
ω'ΗυΣψετΧçφ ψ	.533	.127	.283	.783
άΤΣωψΤεφΤΡçΧυΠΩ τ	.312	.087	.141	.484
ΈΣΤΩΩεπψΣφρΠφ Φ	.312	.123	7.046E-02	.555
ΈΧυσσετΣσσΣψ'Η υ	.435	.103	.233	.637
ήΠχΧψεΦΤΡçΠΣυ τ	.267	.127	1.669E-02	.517

2. Grand Mean

Dependent Variable: Sex

Mean (Males)	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
.393	.020	.355	.431

T-Test of Patient Gender with Total Ancillary Expense

Group Statistics

	Sex	N	Mean	Std. Deviation	Std. Error Mean
Total Ancillary Cost	Female	897	$248.6153	$448.6486	$14.9799
	Male	621	$209.0468	$342.5922	$13.7478

Independent Samples Test

		Levene's Test for Equality of Variances	
		F	Sig.
Total Ancillary Cost	Equal variances assumed	4.647	.031
	Equal variances not assumed		

Independent Samples Test

		t-test for Equality of Means			
		t	df	Sig. (2-tailed)	Mean Difference
Total Ancillary Cost	Equal variances assumed	1.855	1516	.064	$39.5685
	Equal variances not assumed	1.946	1501.558	.052	$39.5685

Independent Samples Test

		t-test for Equality of Means		
		Std. Error Difference	95% Confidence Interval of the Difference	
			Lower	Upper
Total Ancillary Cost	Equal variances assumed	$21.3309	-$2.2726	$81.4096
	Equal variances not assumed	$20.3322	-$.3141	$79.4510

Frequencies of Beneficiary Category by Provider

Beneficiary Category

Frequency

	Valid					
Provider	Other	Family of Retiree	Retiree	Family of Active Duty	Active Duty	Total
ΠπΣυεΦΤΡςΠΣυ χ		9	9		1	19
πΠΤψεΦΠωωςΣΈ τ		35	23		3	61
πΠΨΆΣψΧετΣΠφφΤΣ Π		12	11			23
πΠψφΣΩερΠφΤΣυ ψ		6	2			8
πΣψψΉεΦΤΡςΠΣυ Π		23	12		2	37
πΧυωΧφετΣΩΩΣ ρ		20	12	1	2	35
πΧψΣΡΥΉερΣψψΤΡΥ τ		48	45	4	3	100
πΧΉΣψερΧΆΣυΠΩ Π		7	8			15
πΆωΠφΤεψΠτ Ρ		23	11	2	1	37
ΡΠψψεΈΠψφΣψ Έ		12	9			21
ΡςψΤΩωΧχςΣψευΠψψΉ ρ		65	44	5	16	130
ΡΧΆψωΤφΣΩεΦΤΡςΣυΖΠυ		8	9			17
ρΠάΤΩετΠΩΧφ υ		5	3			8
ρΣΠφΣΣυΧεΠυΠφ τ		10	4	1	2	17
ρΣΣφεψςΧφρΠ	1	8	14	1	1	25
ρΤέΧφεΈΤυυΤΠΦ Ρ		5	7	2		14
ρΆφΡΠφετΠΦΣΩ Φ	1	63	49	4	1	118
ΣΡΡυΣΩεψΠφρΉ υ		20	10			30
σΤΡΥΣεψΧπΣψωΠ σ		6	3	1		10
σψΠφΥΩερΠφΤΣυ Έ		22	19	1	3	45
ΣΠψψΣωωεχΠΆυ ρ	1	9	11		3	24
ςΠχχΣεΦΠψΡ ψ		9	7			16
ςΠψψΤΩΧφεΩωΣχςΣφ Π		22	20	1	1	44
ςΠψωψΧφσωεΩΡΧωωΣ ψ		1				
ςΣχπΆψφεΦΠωωςΣΈ τ		13	11		2	26
τΧςφΩΧφετΣσσψΣΉ Π		4				
ΥυΧωήετΣσσψΣΉ Υ		8	11	2	1	22
ΥΧπΣψωετΧςφ Σ		7	2			9
ΥΧχΣΡΥΉεΡψΠΤΣ ω		21	5		2	28
υΠφΣυΣΉεψΧΉ Έ		11	14	1		26

Beneficiary Category

Frequency

Provider	Valid					
	Other	Family of Retiree	Retiree	Family of Active Duty	Active Duty	Total
υΣερήΆφΣ ά		10	4	2	4	20
υΣΈΕΤεττΠΡΥ Σ	1	12	18	3	1	35
υΧφΣΦΧψΣευΉφφ Φ		12	7	1		20
υΆΡΣψΧεχΣρψΧ σ		15	7		1	23
ΦΠψχυΣεψΤΡςΠψρ υ		41	19	3	6	69
ΦΠψωΤφεΡςψΤΩωΧχςΣψ		15	10		1	26
ΦΤΡςΣυετΣψψΉ Π		9	5	1	2	17
φΆΡΥΧυΩεΣψΤΥ π		6	4			10
ΧΣφΤπΣφΣεΠφρψΣ τ		5	5	1	2	13
ΧυΤάΣψεωςΧΦΠΩ Σ		20	10	1		31
χψΣΩωΧφεΣυΣφφ Σ		12	10			22
χΆψΡΣυυεπψΣω Υ		14	11			25
ΩΠΠρεψΤΡςΠψρ τ		7	6	3		16
ΩΤυάΣΉεΩωΣχςΣφ ά		15	14	2	1	32
ΩωΧφΣεΥΣφφΣως Σ		1	1			2
ωΤωήΣψεΦΤΡςΠΣυ υ		51	26	1	8	86
ω'ΗυΣψετΧςφ ψ		7	6		2	15
άΤΣωψΤεφΤΡςΧυΠΩ τ		21	11			32
ΈΣΤΩΩεπψΣφρΠφ Φ		9	5	1	1	16
ΈΧυσσετΣσσΣψΉ υ		12	8	1	2	23
ήΠχΧψεΦΤΡςΠΣυ τ		11	3		1	15

Oneway ANOVA Analysis of Beneficiary Category to Total Ancillary Expense

ANOVA

Total Ancillary Cost

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1069235.9	4	267308.97	1.601	.172
Within Groups	2.53E+08	1513	166970.37		
Total	2.54E+08	1517			

Post Hoc Tests: Comparrison of Total Ancillary Expense by Beneficiary Category

Multiple Comparisons

Dependent Variable: Total Ancillary Cost
Bonferroni

(I) Beneficiary Category	(J) Beneficiary Category	Mean Difference (I-J)	Std. Error	Sig.
Other	Family of Retiree	-$55.0645	$204.8096	1.000
	Retiree	-$16.5190	$205.0195	1.000
	Family of Active Duty	$13.3150	$213.0079	1.000
	Active Duty	$40.6801	$209.6177	1.000
Family of Retiree	Other	$55.0645	$204.8096	1.000
	Retiree	$38.5455	$22.2431	.833
	Family of Active Duty	$68.3795	$61.9206	1.000
	Active Duty	$95.7446	$49.0036	.509
Retiree	Other	$16.5190	$205.0195	1.000
	Family of Retiree	-$38.5455	$22.2431	.833
	Family of Active Duty	$29.8340	$62.6113	1.000
	Active Duty	$57.1991	$49.8735	1.000
Family of Active Duty	Other	-$13.3150	$213.0079	1.000
	Family of Retiree	-$68.3795	$61.9206	1.000
	Retiree	-$29.8340	$62.6113	1.000
	Active Duty	$27.3651	$76.3333	1.000
Active Duty	Other	-$40.6801	$209.6177	1.000
	Family of Retiree	-$95.7446	$49.0036	.509
	Retiree	-$57.1991	$49.8735	1.000
	Family of Active Duty	-$27.3651	$76.3333	1.000

Multiple Comparisons

Dependent Variable: Total Ancillary Cost
Bonferroni

(I) Beneficiary Category	(J) Beneficiary Category	95% Confidence Interval	
		Lower Bound	Upper Bound
Other	Family of Retiree	-$630.8165	$520.6876
	Retiree	-$592.8610	$559.8230
	Family of Active Duty	-$585.4839	$612.1139
	Active Duty	-$548.5882	$629.9485
Family of Retiree	Other	-$520.6876	$630.8165
	Retiree	-$23.9833	$101.0742
	Family of Active Duty	-$105.6891	$242.4480
	Active Duty	-$42.0121	$233.5013
Retiree	Other	-$559.8230	$592.8610
	Family of Retiree	-$101.0742	$23.9833
	Family of Active Duty	-$146.1762	$205.8442
	Active Duty	-$83.0030	$197.4013
Family of Active Duty	Other	-$612.1139	$585.4839
	Family of Retiree	-$242.4480	$105.6891
	Retiree	-$205.8442	$146.1762
	Active Duty	-$187.2198	$241.9500
Active Duty	Other	-$629.9485	$548.5882
	Family of Retiree	-$233.5013	$42.0121
	Retiree	-$197.4013	$83.0030
	Family of Active Duty	-$241.9500	$187.2198

Frequencies: Patient Enrollment Status

Statistics

MCP Status

N	Valid	1518
	Missing	0
Mean		.48
Median		.00
Percentiles	25	.00
	50	.00
	75	1.00

MCP Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Enrolled	782	51.5	51.5	51.5
	TRICARE Prime	736	48.5	48.5	100.0
	Total	1518	100.0	100.0	

Univariate Analysis of Variance: Patient Enrollment Status by Provider

Estimated Marginal Means

1. Provider

Dependent Variable: MCP Status

Provider	Mean (Enrolled)	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
ΠπΣυεΦΤΡςΠΣυ χ	.158	.110	-5.742E-02	.373
πΠΤψεΦΠωως΄Έ τ	.508	.061	.388	.628
πΠΨΆΣψΧετΣΠφφΤΣ Π	.391	.100	.196	.587
πΠψφΣΩερΠφΤΣυ ψ	.250	.169	-8.182E-02	.582
πΣψψ΄ΗεΦΤΡςΠΣυ Π	.405	.079	.251	.560
πΧυωΧφετΣΩΩΣ ρ	.457	.081	.299	.616
πΧψΣΡΥ΄ΗερΣψψΤΡΥ τ	.690	.048	.596	.784
πΧ΄ΗΣψερΧΆΣυΠΩ Π	.733	.124	.491	.976
πΆωΠφΤεψΠτ Ρ	.297	.079	.143	.452
ΡΠψψε΄ΈΠψφΣψ ΄Ε	.429	.104	.224	.633
ΡςψΤΩωΧχςΣψευΠψψ΄Η ρ	.692	.042	.610	.775
ΡΧΆψωΤφΣΩεΦΤΡςΣυΖΠυ	.412	.116	.184	.639
ρΠά΄ΤΩετΠΩΧφ υ	.250	.169	-8.182E-02	.582
ρΣΠφΣΣυΧεΠυΠφ τ	.412	.116	.184	.639
ρΣΣφεψςΧφρΙΙ	.400	.096	.212	.588
ρΤέΧφε΄ΈΤυυΤΠΦ Ρ	.357	.128	.106	.608
ρΆφΡΠφετΠΦΣΩ Φ	.407	.044	.320	.493
ΣΡΡυΣΩεψΠφρ΄Η υ	.467	.087	.295	.638
σΤΡΥΣεψΧπΣψωΠ σ	.800	.151	.503	1.097
σψΠφΥΩερΠφΤΣυ Έ	.267	.071	.127	.407
ΣΠψψΣωωεχΠΆυ ρ	.167	.098	-2.491E-02	.358
ςΠχχΣεΦΠψΡ ψ	.437	.120	.203	.672
ςΠψψΤΩΧφεΩωΣχςΣφ Π	.341	.072	.199	.482
ςΠψωψΧφσωεΩΡΧωωΣ ψ	1.000	.478	6.148E-02	1.939
ςΣχπΆψφεΦΠωως΄Έ τ	.269	.094	8.517E-02	.453
τΧςφΩΧφετΣσσψΣ΄Η Π	.000	.239	-.469	.469
ΥυΧωήετΣσσψΣ΄Η Υ	.273	.102	7.263E-02	.473
ΥΧπΣψωετΧςφ Σ	.444	.159	.132	.757
ΥΧχΣΡΥ΄ΗεΡψΠΤΣ ω	.536	.090	.358	.713
υΠφΣυΣ΄ΗεψΧ΄Η ΄Ε	.577	.094	.393	.761
υΣερήΆφΣ ά	.800	.107	.590	1.010
υΣ΄ΕΤετΠΡΥ Σ	.371	.081	.213	.530
υΧφΣΦΧψΣευ΄Ηφφ Φ	.500	.107	.290	.710
υΆΡΣψΧεχΣρψΧ σ	.522	.100	.326	.717
ΦΠψχυΣεψΤΡςΠψρ υ	.710	.058	.597	.823
ΦΠψωΤφεΡςψΤΩωΧχςΣψ	.154	.094	-3.021E-02	.338
ΦΤΡςΣυετΣψψ΄Η Π	.353	.116	.125	.581
φΆΡΥΧυΩεΣψΤΥ π	.500	.151	.203	.797
ΧΣφΤπΣφΣεΠφρψΣ τ	.538	.133	.278	.799
ΧυΤάΣψεωςΧΦΠΩ Σ	.226	.086	5.724E-02	.394
χψΣΩωΧφεΣυΣφφ Σ	.545	.102	.345	.746

1. Provider

Dependent Variable: MCP Status

Provider	Mean (Enrolled)	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
χΆψPΣυυεπψΣω ϒ	.560	.096	.372	.748
ΩΠΠρεψTPçΠψρ τ	.250	.120	1.537E-02	.485
ΩTυάΣΉεΩωΣχçΣϕ ά	.719	.085	.553	.885
ΩωXϕΣεϒΣϕϕΣως Σ	.000	.338	-.664	.664
ωTωήΣψεΦTPçΠΣυ υ	.605	.052	.503	.706
ω'HυΣψετXçϕ ψ	.333	.124	9.101E-02	.576
άTΣωψTϵϕTPçXυΠΩ τ	.500	.085	.334	.666
ΈΣTΩΩεπψΣϕρΠϕ Φ	.562	.120	.328	.797
ΈXυσσετΣσσΣψ'H υ	.522	.100	.326	.717
ήΠχXψεΦTPçΠΣυ τ	.467	.124	.224	.709

2. Grand Mean

Dependent Variable: MCP Status

Mean (Enrolled)	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
.442	.019	.405	.480

T-Test of Total Ancillary Expense by Enrollment Status

Group Statistics

	MCP Status	N	Mean	Std. Deviation	Std. Error Mean
Total Ancillary Cost	Not Enrolled	782	$242.1072	$463.7955	$16.5853
	TRICARE Prime	736	$222.1442	$341.1590	$12.5753

Independent Samples Test

		Levene's Test for Equality of Variances	
		F	Sig.
Total Ancillary Cost	Equal variances assumed	2.105	.147
	Equal variances not assumed		

Independent Samples Test

		t-test for Equality of Means			
		t	df	Sig. (2-tailed)	Mean Difference
Total Ancillary Cost	Equal variances assumed	.951	1516	.342	$19.9629
	Equal variances not assumed	.959	1433.634	.338	$19.9629

Independent Samples Test

		t-test for Equality of Means		
		Std. Error Difference	95% Confidence Interval of the Difference	
			Lower	Upper
Total Ancillary Cost	Equal variances assumed	$21.0025	-$21.2341	$61.1600
	Equal variances not assumed	$20.8137	-$20.8656	$60.7915

Descriptives: Total RVUs per Encounter (All Cases)

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Total RVUs	1518	.00	9.00	2.8222	.6938
Valid N (listwise)	1518				

Univariate Analysis of Variance: Total RVUs per Encounter by Provider

Estimated Marginal Means

1. Provider

Dependent Variable: Total RVUs

Provider	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
ΠπΣυεΦΤΡçΠΣυ χ	2.741	.148	2.450	3.032
πΠΤψεΦΠωωçΣ'Έ τ	2.694	.083	2.532	2.857
πΠΨΆΣψΧετΣΠφφΤΣ Π	2.439	.135	2.174	2.703
πΠψφΣΩερΠφΤΣυ ψ	2.700	.229	2.251	3.149
πΣψψ'ΗεΦΤΡçΠΣυ Π	2.573	.106	2.364	2.781
πΧυωΧφετΣΩΩΣ ρ	2.617	.109	2.402	2.831
πΧψΣΡΥ'ΗερΣψψΤΡΥ τ	3.118	.065	2.991	3.245
πΧ'ΗΣψερΧΆΣυΠΩ Π	3.027	.167	2.700	3.355
π'ΆωΠφΤεψΠτ Ρ	3.121	.106	2.912	3.329
ΡΠψψε'ΕΠψφΣψ 'Έ	2.595	.141	2.318	2.872
ΡçψΤΩωΧχçΣψευΠψψ'Η ρ	2.652	.057	2.541	2.763
ΡΧΆψωΤφΣΩεΦΤΡçΣυΖΠυ	3.451	.157	3.143	3.758
ρΠά'ΤΩετΠΩΧφ υ	3.683	.229	3.234	4.131
ρΣΠφΣΣυΧεΠυΠφ τ	2.897	.157	2.589	3.205
ρΣΣφεψçΧφρΠ	2.858	.129	2.605	3.112
ρΤέΧφε'ΕΤυυΤΠΦ Ρ	2.713	.173	2.374	3.052
ρΆφΡΠφετΠΦΣΩ Φ	2.937	.060	2.820	3.054
ΣΡΡυΣΩεψΠφρ'Η υ	2.743	.118	2.512	2.975
σΤΡΥΣεψΧπΣψωΠ σ	2.960	.205	2.559	3.361
σψΠφΥΩερΠφΤΣυ 'Έ	2.863	.096	2.674	3.053

1. Provider

Dependent Variable: Total RVUs

Provider	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
ΣΠψψΣωωεχΠΆυ ρ	2.765	.132	2.506	3.024
ςΠχχΣεΦΠψΡ ψ	4.059	.162	3.741	4.376
ςΠψψΤΩΧφεΩωΣχςΣφ Π	3.106	.098	2.915	3.298
ςΠψωψΧφσωεΩΡΧωωΣ ψ	2.700	.647	1.431	3.969
ςΣχπΆψφεΦΠωωςΣΈ τ	2.857	.127	2.608	3.105
τΧςφΩΧφετΣσσψΣΉ Π	2.700	.324	2.065	3.335
ΥυΧωήετΣσσψΣΉ Υ	2.841	.138	2.570	3.112
ΥΧπΣψωετΧςφ Σ	2.526	.216	2.102	2.949
ΥΧχΣΡΥΉεΡψΠΤΣ ω	3.077	.122	2.837	3.317
υΠφΣυΣΉεψΧΉ Έ	2.740	.127	2.491	2.989
υΣερήΆφΣ ά	3.253	.145	2.969	3.536
υΣΈΤετΠΡΥ Σ	2.813	.109	2.599	3.028
υΧφΣΦΧψΣευΉφφ Φ	2.647	.145	2.363	2.931
υΆΡΣψΧεχΣρψΧ σ	2.628	.135	2.364	2.893
ΦΠψχυΣεψΤΡςΠψρ υ	2.771	.078	2.618	2.924
ΦΠψωΤφεΡςψΤΩωΧχςΣψ	2.557	.127	2.308	2.806
ΦΤΡςΣυετΣψψΉ Π	2.710	.157	2.402	3.018
φΆΡΥΧυΩεΣψΤΥ π	2.908	.205	2.507	3.309
ΧΣφΤπΣφΣεΠφρψΣ τ	2.939	.179	2.587	3.291
ΧυΤάΣψεωςΧΦΠΩ Σ	2.911	.116	2.683	3.139
χψΣΩωΧφεΣυΣφφ Σ	1.818	.138	1.547	2.088
χΆψΡΣυυεπψΣω Υ	2.982	.129	2.729	3.236
ΩΠΠρεψΤΡςΠψρ τ	2.396	.162	2.078	2.713
ΩΤυάΣΉεΩωΣχςΣφ ά	2.727	.114	2.503	2.952
ΩωΧφΣεΥΣφφΣως Σ	2.875	.458	1.977	3.773
ωΤωήΣψεΦΤΡςΠΣυ υ	2.765	.070	2.628	2.901
ω'ΗυΣψετΧςφ ψ	2.531	.167	2.204	2.859
άΤΣωψΤεφΤΡςΧυΠΩ τ	2.927	.114	2.702	3.151
ΈΣΤΩΩεπψΣφρΠφ Φ	2.991	.162	2.673	3.308
ΈΧυσσετΣσσΣψΉ υ	2.264	.135	2.000	2.529
ήΠχΧψεΦΤΡςΠΣυ τ	3.027	.167	2.699	3.354

2. Grand Mean

Dependent Variable: Total RVUs

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
2.827	.026	2.777	2.877

Regression of Total RVUs with Total Ancillary Expense

Variables Entered/Removed[b]

Model	Variables Entered	Variables Removed	Method
1	Total RVUs[a]	.	Enter

a. All requested variables entered.

b. Dependent Variable: Total Ancillary Cost

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.040[a]	.002	.001	$408.7496

a. Predictors: (Constant), Total RVUs

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	407841.77	1	407841.77	2.441	.118[a]
	Residual	2.53E+08	1516	167076.23		
	Total	2.54E+08	1517			

a. Predictors: (Constant), Total RVUs

b. Dependent Variable: Total Ancillary Cost

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	165.732	43.959		3.770	.000
	Total RVUs	23.633	15.126	.040	1.562	.118

a. Dependent Variable: Total Ancillary Cost

Descriptives: Diagnosis Count per Encounter

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Diagnoses	1518	1	16	2.58	1.45
Valid N (listwise)	1518				

Univariate Analysis of Variance: Diagnosis Count per Encounter by Provider

Estimated Marginal Means

1. Provider

Dependent Variable: Diagnoses

Provider	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
ΠπΣυεΦΤΡςΠΣυ χ	2.263	.268	1.737	2.789
πΠΤψεΦΠωωςΣΈ τ	2.541	.150	2.248	2.834
πΠΨΆΣψΧετΣΠφφΤΣ Π	2.174	.244	1.696	2.652
πΠψφΣΩερΠφΤΣυ ψ	1.000	.413	.190	1.810
πΣψψΉεΦΤΡςΠΣυ Π	2.946	.192	2.569	3.323
πΧυωΧφετΣΩΩΣ ρ	1.114	.197	.727	1.502
πΧψΣΡΥΉερΣψψΤΡΥ τ	2.460	.117	2.231	2.689
πΧΉΣψερΧΆΣυΠΩ Π	3.267	.302	2.675	3.858
πΆωΠφΤεψΠτ Ρ	3.378	.192	3.002	3.755
ΡΠψψεΈΠψφΣψ Έ	2.762	.255	2.262	3.262
ΡςψΤΩωΧχςΣψευΠψψΉ ρ	3.708	.102	3.507	3.909
ΡΧΆψωΤφΣΩεΦΤΡςΣυΖΠυ	2.588	.283	2.032	3.144
ρΠάΤΩετΠΩΧφ υ	3.875	.413	3.065	4.685
ρΣΠφΣΣυΧεΠυΠφ τ	1.765	.283	1.209	2.320
ρΣΣφεψςΧφρΠ	2.120	.234	1.662	2.578
ρΤέΧφεΈΕΤυυΤΠΦ Ρ	2.429	.312	1.816	3.041
ρΆφΡΠφετΠΦΣΩ Φ	2.186	.108	1.975	2.397
ΣΡΡυΣΩεψΠφρΉ υ	2.267	.213	1.848	2.685
σΤΡΥΣεψΧπΣψωΠ σ	1.900	.369	1.175	2.625
σψΠφΥΩερΠφΤΣυ Έ	2.978	.174	2.636	3.319
ΣΠψψΣωωεχΠΆυ ρ	2.333	.238	1.866	2.801
ςΠχχΣεΦΠψΡ ψ	2.750	.292	2.177	3.323
ςΠψψΤΩΧφεΩωΣχςΣφ Π	2.205	.176	1.859	2.550
ςΠψωψΧφσωεΩΡΧωωΣ ψ	2.000	1.168	-.292	4.292
ςΣχπΆψφεΦΠωωςΣΈ τ	2.500	.229	2.051	2.949
τΧςφΩΧφετΣσσψΣΉ Π	2.000	.584	.854	3.146
ΥυΧωήετΣσσψΣΉ Υ	3.136	.249	2.648	3.625
ΥΧπΣψωετΧςφ Σ	2.222	.389	1.458	2.986
ΥΧχΣΡΥΉεΡψΠΤΣ ω	2.750	.221	2.317	3.183
υΠφΣυΣΉεψΧΉ Έ	2.000	.229	1.551	2.449
υΣερήΆφΣ ά	2.000	.261	1.488	2.512
υΣΈΤετΠΡΥ Σ	2.943	.197	2.556	3.330
υΧφΣΦΧψΣευΉφφ Φ	3.150	.261	2.638	3.662
υΆΡΣψΧεχΣρψΧ σ	1.391	.244	.913	1.869
ΦΠψχυΣεψΤΡςΠψρ υ	2.623	.141	2.347	2.899
ΦΠψωΤφεΡςψΤΩωΧχςΣψ	2.269	.229	1.820	2.719
ΦΤΡςΣυετΣψψΉ Π	2.588	.283	2.032	3.144
φΆΡΥΧυΩεΣψΤΥ π	1.800	.369	1.075	2.525
ΧΣφΤπΣφΣεΠφρψΣ τ	1.615	.324	.980	2.251
ΧυΤάΣψεωςΧΦΠΩ Σ	1.129	.210	.717	1.541
χψΣΩωΧφεΣυΣφφ Σ	1.273	.249	.784	1.761

1. Provider

Dependent Variable: Diagnoses

Provider	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
χΆψΡΣυυєπψΣω Υ	2.280	.234	1.822	2.738
ΩΠΠρєψΤΡçΠψρ τ	2.625	.292	2.052	3.198
ΩΤυάΣΉнєΩωΣχçΣφ ά	2.406	.207	2.001	2.811
ΩωΧφΣєΥΣφφΣως Σ	4.000	.826	2.380	5.620
ωΤωήΣψєΦΤΡçΠΣυ υ	4.942	.126	4.695	5.189
ω'ΗυΣψєτΧçφ ψ	1.867	.302	1.275	2.458
άΤΣωψΤєφΤΡçΧυΠΩ τ	1.000	.207	.595	1.405
'ΕΣΤΩΩєπψΣφρΠφ Φ	2.062	.292	1.490	2.635
'ΕΧυσσєτΣσσΣψ'Η υ	2.130	.244	1.653	2.608
ήΠχΧψєΦΤΡçΠΣυ τ	1.467	.302	.875	2.058

2. Grand Mean

Dependent Variable: Diagnoses

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
2.376	.046	2.285	2.467

Descriptives: Patient-Provider Consistency for All Encounters

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Consistency	1518	.05	1.00	.7729	.2913
Valid N (listwise)	1518				

Univariate Analysis of Variance: Patient-Provider Consistency by Provider

Estimated Marginal Means

1. Provider

Dependent Variable: Consistency

Provider	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
ΠπΣυєΦΤΡçΠΣυ χ	.865	.064	.740	.991
πΠΤψєΦΠωωçΣ'Έ τ	.824	.036	.753	.894
πΠΨΆΣψΧєτΣΠφφΤΣ Π	.850	.058	.736	.964
πΠψφΣΩєρΠφΤΣυ ψ	.787	.099	.594	.981
πΣψψ'ΗєΦΤΡçΠΣυ Π	.938	.046	.848	1.028
πΧυωΧφєτΣΩΩΣ ρ	.784	.047	.691	.877
πΧψΣΡΥ'ΗєρΣψψΤΡΥ τ	.728	.028	.674	.783

1. Provider

Dependent Variable: Consistency

Provider	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
πΧ'ΗΣψερΧΆΣυΠΩ Π	.605	.072	.463	.746
πΆωΠφΤεψΠτ Ρ	.788	.046	.698	.878
ΡΠψψε'ΕΠψφΣψ 'Ε	.925	.061	.806	1.045
ΡςψΤΩωΧχςΣψευΠψψ'Η ρ	.757	.024	.709	.805
ΡΧΆψωΤφΣΩεΦΤΡςΣυΖΠυ	.794	.068	.661	.926
ρΠάΤΩετΠΩΧφ υ	.825	.099	.631	1.019
ρΣΠφΣΣυΧεΠυΠφ τ	.661	.068	.528	.793
ρΣΣφεψςΧφρΠ	.835	.056	.725	.944
ρΤέΧφε'ΕΤυυΤΠΦ Ρ	.740	.075	.594	.886
ρΆφΡΠφετΠΦΣΩ Φ	.841	.026	.790	.891
ΣΡΡυΣΩεψΠφρ'Η υ	.873	.051	.773	.973
σΤΡΥΣεψΧπΣψωΠ σ	.607	.088	.434	.780
σψΠφΥΩερΠφΤΣυ 'Ε	.858	.042	.776	.940
ΣΠψψΣωωεχΠΆυ ρ	.834	.057	.722	.946
ςΠχχΣεΦΠψΡ ψ	.775	.070	.638	.912
ςΠψψΤΩΧφεΩωΣχςΣφ Π	.842	.042	.759	.924
ςΠψωψΧφσωεΩΡΧωωΣ ψ	1.000	.279	.452	1.548
ςΣχπΆψφεΦΠωωςΣ'Ε τ	.862	.055	.754	.969
τΧςφΩΧφετΣσσψΣ'Η Π	.557	.140	.284	.831
ΥυΧωήετΣσσψΣ'Η Υ	.758	.060	.641	.875
ΥΧπΣψωετΧςφ Σ	.563	.093	.381	.746
ΥΧχΣΡΥ'ΗεΡψΠΤΣ ω	.841	.053	.738	.945
υΠφΣυΣ'ΗεψΧ'Η 'Ε	.745	.055	.638	.853
υΣερήΆφΣ ά	.718	.062	.596	.840
υΣ'ΕΤετΠΡΥ Σ	.660	.047	.567	.752
υΧφΣΦΧψΣευ'Ηφφ Φ	.814	.062	.692	.937
υΆΡΣψΧεχΣρψΧ σ	.816	.058	.701	.930
ΦΠψχυΣεψΤΡςΠψρ υ	.769	.034	.703	.835
ΦΠψωΤφεΡςψΤΩωΧχςΣψ	.841	.055	.733	.948
ΦΤΡςΣυετΣψψ'Η Π	.829	.068	.697	.962
φΆΡΥΧυΩεΣψΤΥ π	.693	.088	.520	.866
ΧΣφΤπΣφΣεΠφρψΣ τ	.668	.077	.516	.820
ΧυΤάΣψεωςΧΦΠΩ Σ	.475	.050	.376	.573
χψΣΩωΧφεΣυΣφφ Σ	.434	.060	.317	.551
χΆψΡΣυυεπψΣω Υ	.591	.056	.482	.701
ΩΠΠρεψΤΡςΠψρ τ	.821	.070	.684	.958
ΩΤυάΣ'ΗεΩωΣχςΣφ ά	.670	.049	.573	.767
ΩωΧφΣεΥΣφφΣως Σ	.580	.197	.193	.967
ωΤωήΣψεΦΤΡςΠΣυ υ	.844	.030	.785	.903
ω'ΗυΣψετΧςφ ψ	.654	.072	.513	.795
άΤΣωψΤεφΤΡςΧυΠΩ τ	.812	.049	.716	.909

1. Provider

Dependent Variable: Consistency

Provider	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
ΈΣΤΩΩϵπψΣϕρΠϕ Φ	.657	.070	.520	.794
ΈΧυσσϵτΣσσΣψΉ υ	.718	.058	.604	.832
ήΠχΧψϵΦΤΡçΠΣυ τ	.669	.072	.527	.810

2. Grand Mean

Dependent Variable: Consistency

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
.753	.011	.731	.775

Regression of Patient-Provider Consistency with Encounters per Provider

Variables Entered/Removed[b]

Model	Variables Entered	Variables Removed	Method
1	Encounters per Provider[a]	.	Enter

a. All requested variables entered.

b. Dependent Variable: Average Patient-Provider Consistency

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.192[a]	.037	.017	.1166

a. Predictors: (Constant), Encounters per Provider

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.549E-02	1	2.549E-02	1.875	.177[a]
	Residual	.666	49	1.359E-02		
	Total	.692	50			

a. Predictors: (Constant), Encounters per Provider

b. Dependent Variable: Average Patient-Provider Consistency

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.728	.024		29.800	.000
	Encounters per Provider	8.360E-04	.001	.192	1.369	.177

a. Dependent Variable: Average Patient-Provider Consistency

Regression of Patient-Provider Consistency with Total Ancillary Expense

Variables Entered/Removed[b]

Model	Variables Entered	Variables Removed	Method
1	Consistency[a]	.	Enter

a. All requested variables entered.

b. Dependent Variable: Total Ancillary Cost

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.072[a]	.005	.005	$408.0057

a. Predictors: (Constant), Consistency

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1328922.7	1	1328922.7	7.983	.005[a]
	Residual	2.52E+08	1516	166468.65		
	Total	2.54E+08	1517			

a. Predictors: (Constant), Consistency

b. Dependent Variable: Total Ancillary Cost

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	153.881	29.707		5.180	.000
	Consistency	101.620	35.966	.072	2.825	.005

a. Dependent Variable: Total Ancillary Cost

Frequencies of Appointment Status by Provider

Appointment Status

Provider		Frequency	Percent	Valid Percent	Cumulative Percent
ΠπΣυεΦΤΡcΠΣυ χ	Walk-In	2	10.5	10.5	10.5

Appointment Status

Provider		Frequency	Percent	Valid Percent	Cumulative Percent
ΠπΣυεΦΤΡçΠΣυ χ	Kept	17	89.5	89.5	100.0
	Total	19	100.0	100.0	
πΠΤψεΦΠωωçΣΈ τ	Walk-In	7	11.5	11.5	11.5
	Kept	54	88.5	88.5	100.0
	Total	61	100.0	100.0	
πΠΨΆΣψΧεττΣΠφφΤΣ Π	Walk-In	2	8.7	8.7	8.7
	Kept	21	91.3	91.3	100.0
	Total	23	100.0	100.0	
πΠψφΣΩερΠφΤΣυ ψ	Kept	8	100.0	100.0	100.0
πΣψψΉεΦΤΡçΠΣυ Π	Walk-In	5	13.5	13.5	13.5
	Kept	32	86.5	86.5	100.0
	Total	37	100.0	100.0	
πΧυωΧφετΣΩΩΣ ρ	Walk-In	5	14.3	14.3	14.3
	Kept	30	85.7	85.7	100.0
	Total	35	100.0	100.0	
πΧψΣΡΥΉερΣψψΤΡΥ τ	Walk-In	4	4.0	4.0	4.0
	Kept	96	96.0	96.0	100.0
	Total	100	100.0	100.0	
πΧ'ΗΣψερΧΆΣυΠΩ Π	Kept	15	100.0	100.0	100.0
πΆωΠφΤεψΠτ Ρ	Walk-In	10	27.0	27.0	27.0
	Kept	27	73.0	73.0	100.0
	Total	37	100.0	100.0	
ΡΠψψε'ΕΠψφΣψ Έ	Walk-In	2	9.5	9.5	9.5
	Kept	19	90.5	90.5	100.0
	Total	21	100.0	100.0	
ΡçψΤΩωΧχçΣψευΠψψ'Η ρ	Walk-In	13	10.0	10.0	10.0
	Kept	117	90.0	90.0	100.0
	Total	130	100.0	100.0	
ΡΧΆψωΤφΣΩεΦΤΡçΣυΖΠυ	Kept	17	100.0	100.0	100.0
ρΠάΤΩετΠΩΧφ υ	Walk-In	2	25.0	25.0	25.0
	Kept	6	75.0	75.0	100.0
	Total	8	100.0	100.0	
ρΣΠφΣΣυΧεΠυΠφ τ	Kept	17	100.0	100.0	100.0
ρΣΣφεψçΧφρΠ	Walk-In	3	12.0	12.0	12.0
	Kept	22	88.0	88.0	100.0
	Total	25	100.0	100.0	
ρΤέΧφε'ΈΤυυΤΠΦ Ρ	Walk-In	2	14.3	14.3	14.3
	Kept	12	85.7	85.7	100.0
	Total	14	100.0	100.0	
ρΆφΡΠφετΠΦΣΩ Φ	Walk-In	7	5.9	5.9	5.9
	Kept	111	94.1	94.1	100.0
	Total	118	100.0	100.0	
ΣΡΡυΣΩεψΠφρ'Η υ	Walk-In	1	3.3	3.3	3.3
	Kept	29	96.7	96.7	100.0
	Total	30	100.0	100.0	
σΤΡΥΣεψΧπΣψωΠ σ	Walk-In	1	10.0	10.0	10.0
	Kept	9	90.0	90.0	100.0
	Total	10	100.0	100.0	
σψΠφΥΩερΠφΤΣυ Έ	Kept	45	100.0	100.0	100.0

Appointment Status

Provider		Frequency	Percent	Valid Percent	Cumulative Percent
ΣΠψψΣωωεχΠΆυ ρ	Walk-In	1	4.2	4.2	4.2
	Kept	23	95.8	95.8	100.0
	Total	24	100.0	100.0	
ςΠχχΣεΦΠψΡ ψ	Kept	16	100.0	100.0	100.0
ςΠψψΤΩΧφεΩωΣχςΣφ Π	Walk-In	7	15.9	15.9	15.9
	Kept	37	84.1	84.1	100.0
	Total	44	100.0	100.0	
ςΠψωψΧφσωεΩΡΧωωΣ ψ	Kept	1	100.0	100.0	100.0
ςΣχπΆψφεΦΠωωςΣΈ τ	Walk-In	3	11.5	11.5	11.5
	Kept	23	88.5	88.5	100.0
	Total	26	100.0	100.0	
τΧςφΩΧφετΣσσψΣΉ Π	Walk-In	1	25.0	25.0	25.0
	Kept	3	75.0	75.0	100.0
	Total	4	100.0	100.0	
ΥυΧωήετΣσσψΣΉ Υ	Walk-In	1	4.5	4.5	4.5
	Kept	21	95.5	95.5	100.0
	Total	22	100.0	100.0	
ΥΧπΣψωετΧςφ Σ	Kept	9	100.0	100.0	100.0
ΥΧχΣΡΥΉεΡψΠΤΣ ω	Kept	28	100.0	100.0	100.0
υΠφΣυΣΉεψΧΉ Έ	Walk-In	4	15.4	15.4	15.4
	Kept	22	84.6	84.6	100.0
	Total	26	100.0	100.0	
υΣερήΆφΣ ά	Walk-In	1	5.0	5.0	5.0
	Kept	19	95.0	95.0	100.0
	Total	20	100.0	100.0	
υΣΈΤετΠΡΥ Σ	Walk-In	5	14.3	14.3	14.3
	Kept	30	85.7	85.7	100.0
	Total	35	100.0	100.0	
υΧφΣΦΧψΣευΉφφ Φ	Walk-In	4	20.0	20.0	20.0
	Kept	16	80.0	80.0	100.0
	Total	20	100.0	100.0	
υΆΡΣψΧεχΣρψΧ σ	Walk-In	3	13.0	13.0	13.0
	Kept	20	87.0	87.0	100.0
	Total	23	100.0	100.0	
ΦΠψχυΣεψΤΡςΠψρ υ	Walk-In	11	15.9	15.9	15.9
	Kept	58	84.1	84.1	100.0
	Total	69	100.0	100.0	
ΦΠψωΤφεΡςψΤΩωΧχςΣψ	Walk-In	3	11.5	11.5	11.5
	Kept	23	88.5	88.5	100.0
	Total	26	100.0	100.0	
ΦΤΡςΣυετΣψψΉ Π	Kept	17	100.0	100.0	100.0
φΆΡΥΧυΩεΣψΤΥ π	Kept	10	100.0	100.0	100.0
ΧΣφΤπΣφΣεΠφρψΣ τ	Kept	13	100.0	100.0	100.0
ΧυΤάΣψεωςΧΦΠΩ Σ	Walk-In	27	87.1	87.1	87.1
	Kept	4	12.9	12.9	100.0
	Total	31	100.0	100.0	
χψΣΩωΧφεΣυΣφφ Σ	Walk-In	10	45.5	45.5	45.5
	Kept	12	54.5	54.5	100.0
	Total	22	100.0	100.0	
χΆψΡΣυυεπψΣω Υ	Kept	25	100.0	100.0	100.0

Appointment Status

Provider		Frequency	Percent	Valid Percent	Cumulative Percent
ΩΠΠρєψΤΡςΠψρ τ	Walk-In	3	18.8	18.8	18.8
	Kept	13	81.3	81.3	100.0
	Total	16	100.0	100.0	
ΩΤυάΣΉΗєΩωΣχςΣφ ά	Walk-In	6	18.8	18.8	18.8
	Kept	26	81.3	81.3	100.0
	Total	32	100.0	100.0	
ΩωΧφΣєΥΣφφΣως Σ	Kept	2	100.0	100.0	100.0
ωΤωήΣψєΦΤΡςΠΣυ υ	Kept	86	100.0	100.0	100.0
ω'ΗυΣψєτΧςφ ψ	Walk-In	2	13.3	13.3	13.3
	Kept	13	86.7	86.7	100.0
	Total	15	100.0	100.0	
άΤΣωψΤєφΤΡςΧυΠΩ τ	Walk-In	1	3.1	3.1	3.1
	Kept	31	96.9	96.9	100.0
	Total	32	100.0	100.0	
'ΕΣΤΩΩєπψΣφρΠφ Φ	Kept	16	100.0	100.0	100.0
'ΕΧυσσєτΣσσΣψ'Η υ	Walk-In	4	17.4	17.4	17.4
	Kept	19	82.6	82.6	100.0
	Total	23	100.0	100.0	
ήΠχΧψєΦΤΡςΠΣυ τ	Kept	15	100.0	100.0	100.0

T-Test of Total Ancillary Expense by Appointment Status

Group Statistics

	Appointment Status	N	Mean	Std. Deviation	Std. Error Mean
Total Ancillary Cost	Walk-In	163	$127.7038	$255.6310	$20.0226
	Kept	1355	$245.0260	$421.9831	$11.4637

Independent Samples Test

		Levene's Test for Equality of Variances	
		F	Sig.
Total Ancillary Cost	Equal variances assumed	8.060	.005
	Equal variances not assumed		

Independent Samples Test

		t-test for Equality of Means			
		t	df	Sig. (2-tailed)	Mean Difference
Total Ancillary Cost	Equal variances assumed	-3.473	1516	.001	-$117.3222
	Equal variances not assumed	-5.085	281.990	.000	-$117.3222

Independent Samples Test

		t-test for Equality of Means		
		Std. Error Difference	95% Confidence Interval of the Difference	
			Lower	Upper
Total Ancillary Cost	Equal variances assumed	$33.7799	-$183.5825	-$51.0619
	Equal variances not assumed	$23.0721	-$162.7375	-$71.9069

Descriptives of Appointment Type (Duration)

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Appointment Type	1518	5	60	28.35	11.20
Valid N (listwise)	1518				

Univariate Analysis of Variance: Appointment Type (Duration) by Provider

Estimated Marginal Means

1. Provider

Dependent Variable: Appointment Type

Provider	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
ΠπΣυεΦΤΡςΠΣυ χ	28.421	2.383	23.747	33.095
πΠΤψεΦΠωωςΣΈ τ	28.689	1.330	26.080	31.297
πΠΨΆΣψΧετΣΠφφΤΣ Π	30.870	2.166	26.621	35.118
πΠψφΣΩερΠφΤΣυ ψ	22.500	3.672	15.296	29.704
πΣψψΉεΦΤΡςΠΣυ Π	27.838	1.708	24.488	31.188
πΧυωΧφετΣΩΩΣ ρ	29.000	1.756	25.556	32.444
πΧψΣΡΥΉερΣψψΤΡΥ τ	29.650	1.039	27.612	31.688
πΧΉΗΣψερΧΆΣυΠΩ Π	24.667	2.682	19.406	29.928
πΆωΠφΤεψΠτ Ρ	28.378	1.708	25.029	31.728
ΡΠψψεΈΠψφΣψ Έ	30.476	2.267	26.030	34.922
ΡςψΤΩωΧχςΣψευΠψψΉ ρ	24.962	.911	23.175	26.749
ΡΧΆψωΤφΣΩεΦΤΡςΣυΖΠυ	30.294	2.519	25.352	35.236
ρΠάΤΩετΠΩΧφ υ	33.125	3.672	25.921	40.329
ρΣΠφΣΣυΧεΠυΠφ τ	37.059	2.519	32.117	42.001
ρΣΣφεψςΧφρΠ	36.400	2.077	32.325	40.475
ρΤέΧφεΈΕΤυυΤΠΦ Ρ	30.000	2.776	24.554	35.446
ρΆφΡΠφετΠΦΣΩ Φ	26.737	.956	24.862	28.613
ΣΡΡυΣΩεψΠφρΉ υ	30.833	1.896	27.113	34.553
σΤΡΥΣεψΧπΣψωΠ σ	34.000	3.285	27.557	40.443
σψΠφΥΩερΠφΤΣυ Έ	32.667	1.548	29.629	35.704

1. Provider

Dependent Variable: Appointment Type

Provider	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
ΣΠψψΣωωєχΠΆυ ρ	29.167	2.120	25.008	33.326
ςΠχχΣєΦΠψΡ ψ	32.813	2.597	27.719	37.906
ςΠψψΤΩΧфєΩωΣχςΣф Π	26.477	1.566	23.406	29.549
ςΠψωψΧфσωєΩΡΧωωΣ ψ	30.000	10.387	9.625	50.375
ςΣχπΆψфєΦΠωωςΣ'Έ τ	29.231	2.037	25.235	33.227
τΧςфΩΧфєτΣσσψΣ'Η Π	22.500	5.194	12.312	32.688
ΥυΧωήєτΣσσψΣ'Η Υ	29.318	2.215	24.974	33.662
ΥΧπΣψωєτΧςф Σ	26.667	3.462	19.875	33.458
ΥΧχΣΡΥ'ΗєΡψΠΤΣ ω	32.857	1.963	29.007	36.708
υΠфΣυΣ'ΗєψΧ'Η 'Έ	25.385	2.037	21.389	29.381
υΣєρήΆфΣ ά	35.000	2.323	30.444	39.556
υΣ'ΕΤєτΠΡΥ Σ	30.429	1.756	26.985	33.873
υΧфΣΦΧψΣєυ'Ηфф Φ	26.750	2.323	22.194	31.306
υΆΡΣψΧєχΣρψΧ σ	28.478	2.166	24.230	32.727
ΦΠψχυΣєψΤΡςΠψρ υ	25.145	1.250	22.692	27.598
ΦΠψωΤфєΡςψΤΩωΧχςΣψ	31.346	2.037	27.350	35.342
ΦΤΡςΣυετΣψψ'Η Π	27.941	2.519	22.999	32.883
фΆΡΥΧυΩєΣψΤΥ π	35.000	3.285	28.557	41.443
ΧΣфΤπΣфΣєΠфρψΣ τ	36.154	2.881	30.503	41.805
ΧυΤάΣψєωςΧΦΠΩ Σ	9.677	1.866	6.018	13.337
χψΣΩωΧфєΣυΣфф Σ	15.909	2.215	11.565	20.253
χΆψΡΣυυєπψΣω Υ	38.400	2.077	34.325	42.475
ΩΠΠρєψΤΡςΠψρ τ	23.125	2.597	18.031	28.219
ΩΤυάΣ'ΗєΩωΣχςΣф ά	25.938	1.836	22.336	29.539
ΩωΧфΣєΥΣффΣως Σ	30.000	7.345	15.593	44.407
ωΤωήΣψєΦΤΡςΠΣυ υ	28.663	1.120	26.466	30.860
ω'ΗυΣψєτΧςф ψ	26.667	2.682	21.406	31.928
άΤΣωψΤєфΤΡςΧυΠΩ τ	32.813	1.836	29.211	36.414
'ΕΣΤΩΩєπψΣфρΠф Φ	31.875	2.597	26.781	36.969
'ΕΧυσσετΣσσΣψ'Η υ	23.043	2.166	18.795	27.292
ήΠχΧψєΦΤΡςΠΣυ τ	36.333	2.682	31.072	41.594

2. Grand Mean

Dependent Variable: Appointment Type

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
29.013	.411	28.207	29.819

Utilization Expense Report

Utilization Expense

Provider	Encounters	Avg Duration	Total Ancillary Expense	Utilization Hours	Utilization Expense
ΠπΣυεΦΤΡςΠΣυ χ	19	28.4	$4,701.49	9.0	$522.39
πΠΤψεΦΠωωςΣΈ τ	61	28.7	$12,149.36	29.2	$416.55
πΠΨΆΣψΧετΣΠφφΤΣ Π	23	30.9	$7,856.42	11.8	$663.92
πΠψφΣΩερΠφΤΣυ ψ	8	22.5	$1,926.40	3.0	$642.13
πΣψψΉεΦΤΡςΠΣυ Π	37	27.8	$12,070.46	17.2	$703.13
πΧυωΧφετΣΩΩΣ ρ	35	29.0	$18,152.39	16.9	$1,073.05
πΧψΣΡΥΉερΣψψΤΡΥ τ	100	29.7	$21,695.88	49.4	$439.04
πΧΉΣψερΧΆΣυΠΩ Π	15	24.7	$2,948.13	6.2	$478.08
πΆωΠφΤεψΠτ Ρ	37	28.4	$7,827.98	17.5	$447.31
ΡΠψψεΈΠψφΣψ Έ	21	30.5	$3,962.19	10.7	$371.46
ΡςψΤΩωΧχςΣψευΠψψΉ ρ	130	25.0	$30,002.40	54.1	$554.74
ΡΧΆψωΤφΣΩεΦΤΡςΣυΖΠυ	17	30.3	$4,736.33	8.6	$551.81
ρΠάΤΩετΠΩΧφ υ	8	33.1	$1,896.10	4.4	$429.31
ρΣΠφΣΣυΧεΠυΠφ τ	17	37.1	$974.30	10.5	$92.79
ρΣΣφεψςΧφρΠ	25	36.4	$3,006.86	15.2	$198.25
ρΤέΧφεΈΤυυΤΠΦ Ρ	14	30.0	$3,834.75	7.0	$547.82
ρΆφΡΠφετΠΦΣΩ Φ	118	26.7	$32,667.03	52.6	$621.24
ΣΡΡυΣΩεψΠφρΉ υ	30	30.8	$4,165.56	15.4	$270.20
σΤΡΥΣεψΧπΣψωΠ σ	10	34.0	$674.03	5.7	$118.95
σψΠφΥΩερΠφΤΣυ Έ	45	32.7	$9,156.67	24.5	$373.74
ΣΠψψΣωωεχΠΆυ ρ	24	29.2	$7,186.71	11.7	$616.00
ςΠχχΣεΦΠψΡ ψ	16	32.8	$1,171.03	8.8	$133.83
ςΠψψΤΩΧφεΩωΣχςΣφ Π	44	26.5	$14,279.11	19.4	$735.40
ςΠψωψΧφσωεΩΡΧωωΣ ψ	1	30.0	$0.00	0.5	$0.00
ςΣχπΆψφεΦΠωωςΣΈ τ	26	29.2	$7,984.60	12.7	$630.36
τΧςφΩΧφετΣσσψΣΉ Π	4	22.5	$476.79	1.5	$317.86
ΥυΧωήετΣσσψΣΉ Υ	22	29.3	$2,740.48	10.8	$254.93
ΥΧπΣψωετΧςφ Σ	9	26.7	$894.87	4.0	$223.72
ΥΧχΣΡΥΉεΡψΠΤΣ ω	28	32.9	$9,119.13	15.3	$594.73
υΠφΣυΣΉεψΧΉ Έ	26	25.4	$4,112.31	11.0	$373.85
υΣερήΆφΣ ά	20	35.0	$2,257.28	11.7	$193.48
υΣΈΤετΠΡΥ Σ	35	30.4	$7,755.23	17.8	$436.91
υΧφΣΦΧψΣευΉφφ Φ	20	26.8	$3,228.78	8.9	$362.11
υΆΡΣψΧεχΣρψΧ σ	23	28.5	$4,852.78	10.9	$444.53
ΦΠψχυΣεψΤΡςΠψρ υ	69	25.1	$7,779.63	28.9	$269.04
ΦΠψωΤφεΡςψΤΩωΧχςΣψ	26	31.3	$14,513.03	13.6	$1,068.44
ΦΤΡςΣυετΣψψΉ Π	17	27.9	$3,860.04	7.9	$487.58
φΆΡΥΧυΩεΣψΤΥ π	10	35.0	$3,658.52	5.8	$627.17
ΧΣφΤπΣφΣεΠφρψΣ τ	13	36.2	$2,479.86	7.8	$316.58
ΧυΤάΣψεωςΧΦΠΩ Σ	31	9.7	$2,609.98	5.0	$522.00
χψΣΩωΧφεΣυΣφφ Σ	22	15.9	$11,709.27	5.8	$2,007.30
χΆψΡΣυυεπψΣω Υ	25	38.4	$4,685.05	16.0	$292.82
ΩΠΠρεψΤΡςΠψρ τ	16	23.1	$3,971.02	6.2	$643.95
ΩΤυάΣΉεΩωΣχςΣφ ά	32	25.9	$4,459.31	13.8	$322.36
ΩωΧφΣεΥΣφφΣως Σ	2	30.0	$276.72	1.0	$276.72
ωΤωήΣψεΦΤΡςΠΣυ υ	86	28.7	$17,188.79	41.1	$418.39
ωΉυΣψετΧςφ ψ	15	26.7	$2,826.68	6.7	$424.00
άΤΣωψΤεφΤΡςΧυΠΩ τ	32	32.8	$11,354.82	17.5	$648.85
ΈΣΤΩΩεπψΣφρΠφ Φ	16	31.9	$3,282.45	8.5	$386.17
ΈΧυσσετΣσσΣψΉ υ	23	23.0	$5,754.11	8.8	$651.41
ήΠχΧψεΦΤΡςΠΣυ τ	15	36.3	$1,952.85	9.1	$214.99

Univariate Analysis of Variance: Lab Expense by Provider

Estimated Marginal Means

1. Provider

Dependent Variable: Lab Cost

Provider	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
ΠπΣυεΦΤΡςΠΣυ χ	35.074	10.728	14.031	56.117
πΠΤψεΦΠωωςΣΈ τ	33.738	5.987	21.994	45.482
πΠΨΆΣψΧετΣΠφφΤΣ Π	53.322	9.750	34.196	72.448
πΠψφΣΩερΠφΤΣυ ψ	34.475	16.532	2.046	66.904
πΣψψΉεΦΤΡςΠΣυ Π	73.973	7.687	58.894	89.052
πΧυωΧφετΣΩΩΣ ρ	44.320	7.904	28.816	59.824
πΧψΣΡΥΉερΣψψΤΡΥ τ	33.656	4.676	24.484	42.828
πΧΉΣψερΧΆΣυΠΩ Π	16.987	12.073	-6.696	40.670
πΆωΠφΤεψΠτ Ρ	33.259	7.687	18.180	48.339
ΡΠψψεΈΠψφΣψ Έ	36.600	10.204	16.584	56.616
ΡςψΤΩωΧχςΣψευΠψψΉ ρ	50.691	4.101	42.646	58.736
ΡΧΆψωΤφΣΩεΦΤΡςΣυΖΠυ	45.129	11.341	22.883	67.376
ρΠάΤΩετΠΩΧφ υ	.000	16.532	-32.429	32.429
ρΣΠφΣΣυΧεΠυΠφ τ	.000	11.341	-22.246	22.246
ρΣΣφεψςΧφρΙΙ	.000	9.352	-18.345	18.345
ρΤέΧφεΈΤυυΤΠΦ Ρ	.000	12.497	-24.514	24.514
ρΆφΡΠφετΠΦΣΩ Φ	.000	4.305	-8.444	8.444
ΣΡΡυΣΩεψΠφρΉ υ	.000	8.537	-16.746	16.746
σΤΡΥΣεψΧπΣψωΠ σ	.000	14.787	-29.006	29.006
σψΠφΥΩερΠφΤΣυ Έ	.000	6.971	-13.673	13.673
ΣΠψψΣωωεχΠΆυ ρ	.000	9.545	-18.723	18.723
ςΠχχΣεΦΠψΡ ψ	.000	11.690	-22.931	22.931
ςΠψψΤΩΧφεΩωΣχςΣφ Π	.000	7.049	-13.828	13.828
ςΠψωψΧφσωεΩΡΧωωΣ ψ	.000	46.760	-91.724	91.724
ςΣχπΆψφεΦΠωωςΣΈ τ	.000	9.170	-17.989	17.989
τΧςφΩΧφετΣσσψΣΉ Π	.000	23.380	-45.862	45.862
ΥυΧωήετΣσσψΣΉ Υ	.000	9.969	-19.556	19.556
ΥΧπΣψωετΧςφ Σ	.000	15.587	-30.575	30.575
ΥΧχΣΡΥΉεΡψΠΤΣ ω	.000	8.837	-17.334	17.334
υΠφΣυΣΉεψΧΉ Έ	.000	9.170	-17.989	17.989
υΣερήΆφΣ ά	.000	10.456	-20.510	20.510
υΣΈΤετΠΡΥ Σ	.000	7.904	-15.504	15.504
υΧφΣΦΧψΣευΉφφ Φ	.000	10.456	-20.510	20.510
υΆΡΣψΧεχΣρψΧ σ	.000	9.750	-19.126	19.126
ΦΠψχυΣεψΤΡςΠψρ υ	.000	5.629	-11.042	11.042
ΦΠψωΤφεΡςψΤΩωΧχςΣψ	.000	9.170	-17.989	17.989
ΦΤΡςΣυετΣψψΉ Π	.000	11.341	-22.246	22.246
φΆΡΥΧυΩεΣψΤΥ π	.000	14.787	-29.006	29.006
ΧΣφΤπΣφΣεΠφρψΣ τ	.000	12.969	-25.440	25.440
ΧυΤάΣψεωςΧΦΠΩ Σ	.000	8.398	-16.474	16.474

1. Provider

Dependent Variable: Lab Cost

Provider	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
χψΣΩωΧφεΣυΣφφ Σ	.000	9.969	-19.556	19.556
χΆψΡΣυυεπψΣω Υ	.000	9.352	-18.345	18.345
ΩΠΠρεψΤΡςΠψρ τ	.000	11.690	-22.931	22.931
ΩΤυάΣΉεΩωΣχςΣφ ά	.000	8.266	-16.215	16.215
ΩωΧφΣεΥΣφφΣως Σ	.000	33.065	-64.859	64.859
ωΤωήΣψεΦΤΡςΠΣυ υ	.000	5.042	-9.891	9.891
ω'ΗυΣψετΧςφ ψ	46.573	12.073	22.890	70.256
άΤΣωψΤεφΤΡςΧυΠΩ τ	64.312	8.266	48.098	80.527
ΈΣΤΩΩεπψΣφρΠφ Φ	52.587	11.690	29.656	75.519
ΈΧυσσετΣσσΣψ'Η υ	34.391	9.750	15.265	53.517
ήΠχΧψεΦΤΡςΠΣυ τ	19.880	12.073	-3.803	43.563

Descriptives of Lab Expense by Proivder

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
LAB COST	51	$.00	$73.97	$13.9013	$21.4954
Valid N (listwise)	51				

Univariate Analysis of Variance: Radiology Expense by Provider

Estimated Marginal Means

Provider

Dependent Variable: Radiology Cost

Provider	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
ΠπΣυεΦΤΡςΠΣυ χ	13.573	20.050	-25.756	52.902
πΠΤψεΦΠωως Σ'Έ τ	19.289	11.190	-2.661	41.238
πΠΨΆΣψΧετΣΠφφΤΣ Π	32.270	18.223	-3.476	68.016
πΠψφΣΩερΠφΤΣυ ψ	.000	30.899	-60.610	60.610
πΣψψ'ΗεΦΤΡςΠΣυ Π	16.460	14.368	-11.723	44.643
πΧυωΧφετΣΩΩΣ ρ	5.677	14.772	-23.300	34.654
πΧψΣΡΥ'ΗερΣψψΤΡΥ τ	6.142	8.739	-11.001	23.285
πΧ'ΗΣψερΧΆΣυΠΩ Π	11.273	22.565	-32.991	55.536
πΆωΠφΤεψΠτ Ρ	11.580	14.368	-16.603	39.763
ΡΠψψε'ΕΠψφΣψ 'Έ	29.195	19.071	-8.215	66.604
ΡςψΤΩωΧχςΣψευΠψψ'Η ρ	18.978	7.665	3.943	34.014
ΡΧΆψωΤφΣΩεΦΤΡςΣυΖΠυ	.000	21.196	-41.578	41.578
ρΠάΤΩετΠΩΧφ υ	135.513	30.899	74.902	196.123
ρΣΠφΣΣυΧεΠυΠφ τ	4.353	21.196	-37.225	45.931

Provider

Dependent Variable: Radiology Cost

Provider	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
ρΣΣφεψςΧφρΙΙ	.000	17.479	-34.286	34.286
ρΤέΧφε'ΈΤυυΤΠΦ Ρ	12.263	23.357	-33.554	58.080
ρΆφΡΠφετΠΦΣΩ Φ	49.734	8.045	33.952	65.515
ΣΡΡυΣΩεψΠφρ'Η υ	3.601	15.956	-27.698	34.900
σΤΡΥΣεψΧπΣψωΠ σ	20.942	27.637	-33.270	75.154
σψΠφΥΩερΠφΤΣυ Έ	9.061	13.028	-16.495	34.616
ΣΠψψΣωωεχΠΆυ ρ	1.557	17.839	-33.436	36.550
ςΠχχΣεΦΠψΡ ψ	6.036	21.849	-36.822	48.894
ςΠψψΤΩΧφεΩωΣχςΣφ Ι	16.381	13.175	-9.463	42.225
ςΠψωψΧφσωεΩΡΧωωΣ ψ	.000	87.395	-171.432	171.432
ςΣχπΆψφεΦΠωωςΣ'Έ τ	12.509	17.140	-21.112	46.129
τΧςφΩΧφετΣσσψΣ'Η Ι	29.508	43.697	-56.208	115.223
ΥυΧωήετΣσσψΣ'Η Υ	40.935	18.633	4.386	77.485
ΥΧπΣψωετΧςφ Σ	39.919	29.132	-17.225	97.063
ΥΧχΣΡΥ'ΗεΡψΠΤΣ ω	16.042	16.516	-16.355	48.440
υΠφΣυΣ'ΗεψΧ'Η Έ	.000	17.140	-33.621	33.621
υΣερήΆφΣ ά	9.158	19.542	-29.176	47.491
υΣ'ΕΤετΠΡΥ Σ	10.529	14.772	-18.448	39.506
υΧφΣΦΧψΣευ'Ηφφ Φ	5.550	19.542	-32.783	43.883
υΆΡΣψΧεχΣρψΧ σ	4.424	18.223	-31.322	40.170
ΦΠψχυΣεψΤΡςΠψρ υ	9.014	10.521	-11.624	29.652
ΦΠψωΤφεΡςψΤΩωΧχςΣψ	39.704	17.140	6.083	73.324
ΦΤΡςΣυετΣψψ'Η Ι	43.616	21.196	2.038	85.195
φΆΡΥΧυΩεΣψΤΥ π	50.098	27.637	-4.114	104.310
ΧΣφΤπΣφΣεΠφρψΣ τ	39.220	24.239	-8.327	86.767
ΧυΤάΣψεωςΧΦΠΩ Σ	19.431	15.697	-11.359	50.221
χψΣΩωΧφεΣυΣφφ Σ	59.351	18.633	22.802	95.901
χΆψΡΣυυεπψΣω Υ	57.868	17.479	23.582	92.154
ΩΠΠρεψΤΡςΠψρ τ	6.198	21.849	-36.660	49.055
ΩΤυάΣ'ΗεΩωΣχςΣφ ά	5.330	15.449	-24.975	35.635
ΩωΧφΣεΥΣφφΣως Σ	17.760	61.797	-103.461	138.981
ωΤωήΣψεΦΤΡςΠΣυ υ	.826	9.424	-17.660	19.312
ω'ΗυΣψετΧςφ ψ	.000	22.565	-44.264	44.264
άΤΣωψΤεφΤΡςΧυΠΩ τ	9.620	15.449	-20.685	39.925
ΈΣΤΩΩεπψΣφρΠφ Φ	10.730	21.849	-32.128	53.588
ΈΧυσσετΣσσΣψ'Η υ	2.767	18.223	-32.979	38.513
ήΠχΧψεΦΤΡςΠΣυ τ	2.097	22.565	-42.167	46.360

Descriptives of Radiology Expense

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
X-Ray Cost	51	$.00	$135.51	$18.9427	$23.3314
Valid N (listwise)	51				

Univariate Analysis of Variance: Total Pharmacy Expense by Provider

Estimated Marginal Means

Provider

Dependent Variable: Pharmacy Cost

Provider	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
ΠπΣυєΦΤΡçΠΣυ χ	198.800	88.673	24.861	372.739
πΠΤψєΦΠωωçΣΈ τ	146.144	49.488	49.068	243.219
πΠΨΆΣψΧєτΣΠϕϕΤΣ Π	255.991	80.594	97.899	414.084
πΠψϕΣΩєρΠϕΤΣυ ψ	206.325	136.654	-61.734	474.384
πΣψψΉєΦΤΡçΠΣυ Π	235.796	63.543	111.151	360.440
πΧυωΧϕєτΣΩΩΣ ρ	468.643	65.333	340.486	596.799
πΧψΣΡΥΉєρΣψψΤΡΥ τ	177.161	38.652	101.342	252.979
πΧΉΣψєρΧΆΣυΠΩ Π	168.283	99.798	-27.480	364.045
πΆωΠϕΤєψΠτ Ρ	166.728	63.543	42.083	291.372
ΡΠψψєΈΠψϕΣψ Έ	122.881	84.345	-42.568	288.330
ΡçψΤΩωΧχçΣψєυΠψψΉ ρ	161.119	33.900	94.622	227.616
ΡΧΆψωΤϕΣΩєΦΤΡçΣυΖΠυ	233.478	93.744	49.592	417.365
ρΠάΤΩєτΠΩΧϕ υ	101.500	136.654	-166.559	369.559
ρΣΠϕΣΣυΧєΠυΠϕ τ	52.959	93.744	-130.928	236.845
ρΣΣϕєψçΧϕρΠ	120.274	77.303	-31.362	271.911
ρΤέΧϕєΈΤυυΤΠΦ Ρ	261.648	103.301	59.015	464.281
ρΆϕΡΠϕєτΠΦΣΩ Φ	227.106	35.582	157.309	296.902
ΣΡΡυΣΩєψΠϕρΉ υ	135.251	70.568	-3.174	273.676
σΤΡΥΣєψΧπΣψωΠ σ	46.461	122.227	-193.298	286.220
σψΠϕΥΩєρΠϕΤΣυ Έ	194.421	57.618	81.397	307.444
ΣΠψψΣωωєχΠΆυ ρ	297.889	78.897	143.125	452.653
çΠχχΣєΦΠψΡ ψ	67.154	96.629	-122.392	256.700
çΠψψΤΩΧϕєΩωΣχçΣϕ Π	308.144	58.270	193.844	422.445
çΠψωψΧϕσωєΩΡΧωωΣ ψ	.000	386.517	-758.184	758.184
çΣχπΆψϕєΦΠωωçΣΈ τ	294.591	75.802	145.899	443.283
τΧçϕΩΧϕєτΣσσψΣΉ Π	89.690	193.258	-289.402	468.782
ΥυΧωήєτΣσσψΣΉ Υ	83.632	82.406	-78.014	245.277
ΥΧπΣψωєτΧçϕ Σ	59.511	128.839	-193.217	312.239
ΥΧχΣΡΥΉєΡψΠΤΣ ω	309.641	73.045	166.358	452.924
υΠϕΣυΣΉєψΧΉ Έ	158.166	75.802	9.474	306.858
υΣερήΆϕΣ ά	103.707	86.428	-65.829	273.242
υΣΈΤєτΠΡΥ Σ	211.049	65.333	82.892	339.205
υΧϕΣΦΧψΣευΉϕϕ Φ	155.889	86.428	-13.646	325.424

Provider

Dependent Variable: Pharmacy Cost

Provider	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
υΆΡΣψΧϵχΣρψΧ σ	206.567	80.594	48.474	364.659
ΦΠψχυΣϵψΤΡςΠψρ υ	103.734	46.531	12.460	195.009
ΦΠψωΤφϵΡςψΤΩωΧχςΣψ	518.490	75.802	369.797	667.182
ΦΤΡςΣυϵτΣψψΉ Π	183.445	93.744	-.442	367.331
φΆΡΥΧυΩϵΣψΤΥ π	315.754	122.227	75.995	555.513
ΧΣφΤπΣφΣϵΠφρψΣ τ	151.538	107.200	-58.744	361.821
ΧυΤάΣψϵωςΧΦΠΩ Σ	64.762	69.420	-71.412	200.936
χψΣΩωΧφϵΣυΣφφ Σ	472.888	82.406	311.243	634.534
χΆψΡΣυυϵπψΣω Υ	129.534	77.303	-22.103	281.171
ΩΠΠρϵψΤΡςΠψρ τ	241.991	96.629	52.445	431.537
ΩΤυάΣΉϵΩωΣχςΣφ ά	134.023	68.327	-6.152E-03	268.052
ΩωΧφΣϵΥΣφφΣως Σ	120.600	273.308	-415.517	656.717
ωΤωήΣψϵΦΤΡςΠΣυ υ	199.044	41.679	117.287	280.801
ω'ΗυΣψϵτΧςφ ψ	141.872	99.798	-53.890	337.634
άΤΣωψΤϵφΤΡςΧυΠΩ τ	280.906	68.327	146.876	414.935
ΈΣΤΩΩϵπψΣφρΠφ Φ	141.836	96.629	-47.710	331.382
ΈΧυσσϵτΣσσΣψ'Η υ	213.020	80.594	54.928	371.113
ήΠχΧψϵΦΤΡςΠΣυ τ	108.213	99.798	-87.549	303.976

Descriptives of Total Pharmacy Expense by Provider

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Pharmacy Cost	51	$.00	$518.49	$187.2205	$106.7399
Valid N (listwise)	51				

Univariate Analysis of Variance: Total Ancillary Expense by Provider Estimated Marginal Means

Provider

Dependent Variable: Total Ancillary Cost

Provider	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
ΠπΣυϵΦΤΡςΠΣυ χ	247.447	92.460	66.079	428.815
πΠΤψϵΦΠωωςΣΈ τ	199.170	51.602	97.948	300.391
πΠΨΆΣψΧϵτΣΠφφΤΣ Π	341.583	84.036	176.740	506.427
πΠψφΣΩϵρΠφΤΣυ ψ	240.800	142.490	-38.707	520.307
πΣψψΉϵΦΤΡςΠΣυ Π	326.229	66.257	196.261	456.197
πΧυωΧφϵτΣΩΩΣ ρ	518.640	68.123	385.010	652.269
πΧψΣΡΥΉϵρΣψψΤΡΥ τ	216.959	40.302	137.902	296.015

Provider

Dependent Variable: Total Ancillary Cost

Provider	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
πΧ'ΗΣψερΧΆΣυΠΩ Π	196.542	104.060	-7.581	400.665
πΆωΠφΤεψΠτ Ρ	211.567	66.257	81.599	341.535
ΡΠψψε'ΕΠψφΣψ Έ	188.676	87.947	16.161	361.191
ΡςψΤΩωΧχςΣψευΠψψ'Η ρ	230.788	35.348	161.451	300.125
ΡΧΆψωΤφΣΩεΦΤΡςΣυΖΠυ	278.608	97.748	86.868	470.348
ρΠάΤΩετΠΩΧφ υ	237.013	142.490	-42.494	516.519
ρΣΠφΣΣυΧεΠυΠφ τ	57.312	97.748	-134.428	249.052
ρΣΣφεψςΧφρΠ	120.274	80.605	-37.838	278.387
ρΤέΧφε'ΕΤυυΤΠΦ Ρ	273.911	107.713	62.624	485.198
ρΆφΡΠφετΠΦΣΩ Φ	276.839	37.101	204.062	349.617
ΣΡΡυΣΩεψΠφρ'Η υ	138.852	73.582	-5.485	283.189
σΤΡΥΣεψΧπΣψωΠ σ	67.403	127.447	-182.595	317.401
σψΠφΥΩερΠφΤΣυ Έ	203.482	60.079	85.631	321.332
ΣΠψψΣωωεχΠΆυ ρ	299.446	82.267	138.073	460.819
ςΠχχΣεΦΠψΡ ψ	73.189	100.756	-124.452	270.830
ςΠψψΤΩΧφεΩωΣχςΣφ Π	324.525	60.758	205.343	443.707
ςΠψωψΧφσωεΩΡΧωωΣ ψ	.000	403.024	-790.564	790.564
ςΣχπΆψφεΦΠωωςΣ'Έ τ	307.100	79.039	152.058	462.142
τΧςφΩΧφετΣσσψΣ'Η Π	119.197	201.512	-276.084	514.479
ΥυΧωήετΣσσψΣ'Η Υ	124.567	85.925	-43.982	293.116
ΥΧπΣψωετΧςφ Σ	99.430	134.341	-164.091	362.951
ΥΧχΣΡΥ'ΗεΡψΠΤΣ ω	325.683	76.164	176.281	475.086
υΠφΣυΣ'ΗεψΧ'Η Έ	158.166	79.039	3.123	313.208
υΣερήΆφΣ ά	112.864	90.119	-63.911	289.639
υΣ'ΕΤετΠΡΥ Σ	221.578	68.123	87.948	355.208
υΧφΣΦΧψΣευ'Ηφφ Φ	161.439	90.119	-15.336	338.214
υΆΡΣψΧεχΣρψΧ σ	210.990	84.036	46.146	375.834
ΦΠψχυΣεψΤΡςΠψρ υ	112.748	48.518	17.576	207.921
ΦΠψωΤφεΡςψΤΩωΧχςΣψ	558.193	79.039	403.151	713.236
ΦΤΡςΣυετΣψψ'Η Π	227.061	97.748	35.321	418.801
φΆΡΥΧυΩεΣψΤΥ π	365.852	127.447	115.854	615.850
ΧΣφΤπΣφΣεΠφρψΣ τ	190.758	111.779	-28.505	410.021
ΧυΤάΣψεωςΧΦΠΩ Σ	84.193	72.385	-57.797	226.182
χψΣΩωΧφεΣυΣφφ Σ	532.240	85.925	363.691	700.788
χΆψΡΣυυεπψΣω Υ	187.402	80.605	29.289	345.515
ΩΠΠρεψΤΡςΠψρ τ	248.189	100.756	50.548	445.830
ΩΤυάΣ'ΗεΩωΣχςΣφ ά	139.353	71.245	-.400	279.107
ΩωΧφΣεΥΣφφΣως Σ	138.360	284.981	-420.653	697.373
ωΤωήΣψεΦΤΡςΠΣυ υ	199.870	43.459	114.621	285.118
ω'ΗυΣψετΧςφ ψ	188.445	104.060	-15.677	392.568
άΤΣωψΤεφΤΡςΧυΠΩ τ	354.838	71.245	215.085	494.591

Provider

Dependent Variable: Total Ancillary Cost

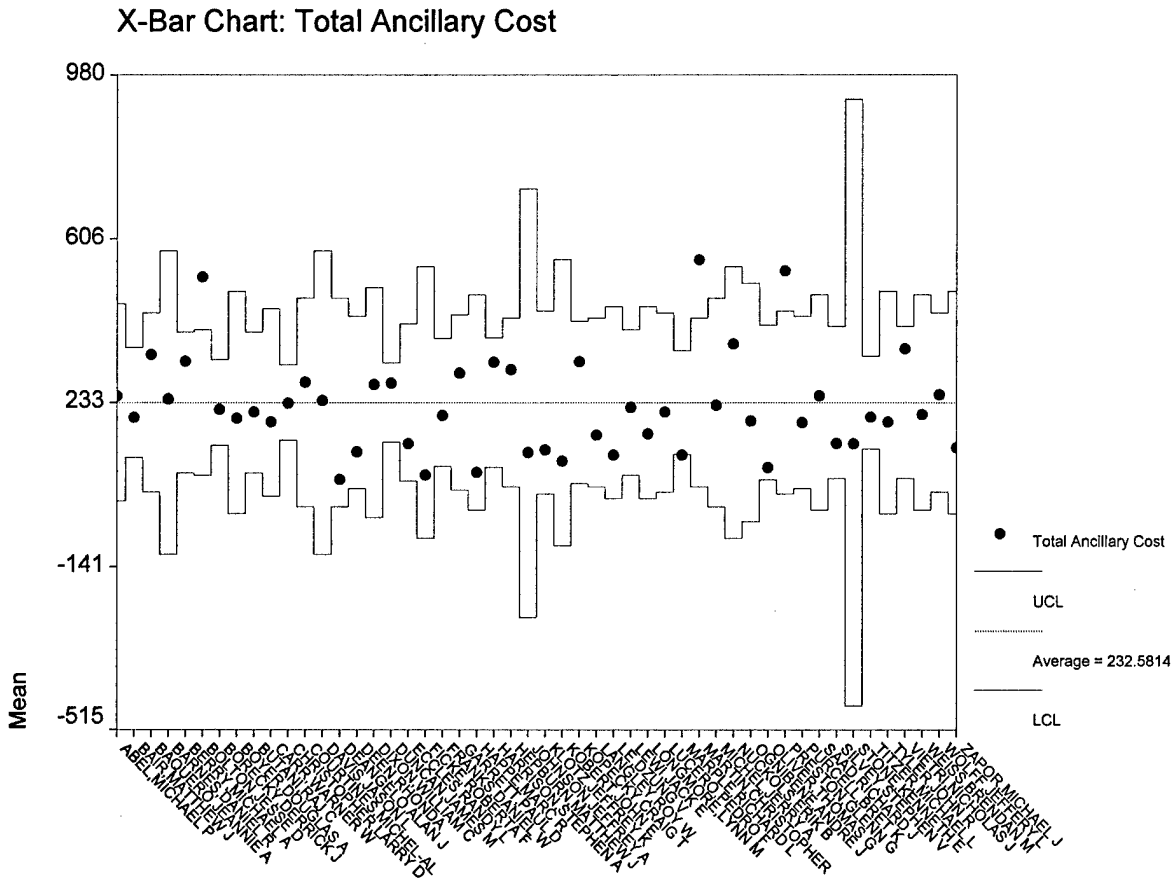
Provider	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
ΈΣΤΩΩϵπψΣϕρΠϕ Φ	205.153	100.756	7.512	402.794
ΈΧυσσϵτΣσσΣψΉ υ	250.179	84.036	85.335	415.023
ήΠχΧψϵΦΤΡçΠΣυ τ	130.190	104.060	-73.933	334.313

Descriptives

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Total Ancillary Cost	51	$.00	$558.19	$220.0646	$115.0115
Valid N (listwise)	51				

SPchart



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Descriptives of Total Ancillary Expense by Provider

Descriptive Statistics

Total Ancillary Cost

Provider	N	Range	Minimum	Maximum
ΠπΣυεΦΤΡςΠΣυ χ	19	$1,920.60	$.00	$1,920.60
πΠΤψεΦΠωως΄Έ τ	61	$1,284.90	$.00	$1,284.90
πΠΨΆΣψΧετΣΠφφΤΣ Π	23	$1,221.11	$3.60	$1,224.71
πΠψφΣΩερΠφΤΣυ ψ	8	$776.40	$.00	$776.40
πΣψψ΄ΗεΦΤΡςΠΣυ Π	37	$1,447.76	$.00	$1,447.76
πΧυωΧφετΣΩΩΣ ρ	35	$2,232.00	$.00	$2,232.00
πΧψΣΡΥ΄ΗερΣψψΤΡΥ τ	100	$1,632.36	$.00	$1,632.36
πΧ΄ΗΣψερΧΆΣυΠΩ Π	15	$2,178.81	$.00	$2,178.81
πΆωΠφΤεψΠτ Ρ	37	$1,553.04	$.00	$1,553.04
ΡΠψψє΄ΈΠψφΣψ Έ	21	$975.97	$.00	$975.97
ΡςψΤΩωΧχςΣψευΠψψ΄Η ρ	130	$3,024.60	$.00	$3,024.60
ΡΧΆψωΤφΣΩєΦΤΡςΣυΖΠυ	17	$1,710.00	$.00	$1,710.00
ρΠάΤΩετΠΩΧφ υ	8	$1,047.10	$.00	$1,047.10
ρΣΠφΣΣυΧєΠυΠφ τ	17	$178.20	$.00	$178.20
ρΣΣφєψςΧφρΠ	25	$837.90	$.00	$837.90
ρΤ΄ΈΧφє΄ΕΤυυΤΠΦ Ρ	14	$932.48	$.00	$932.48
ρΆφΡΠφετΠΦΣΩ Φ	118	$2,197.32	$.00	$2,197.32
ΣΡΡυΣΩєψΠφρ΄Η υ	30	$1,127.82	$.00	$1,127.82
σΤΡΥΣєψΧπΣψωΠ σ	10	$205.12	$.00	$205.12
σψΠφΥΩερΠφΤΣυ Έ	45	$914.44	$.00	$914.44
ΣΠψψΣωωєχΠΆυ ρ	24	$1,169.64	$.00	$1,169.64
ςΠχχΣєΦΠψΡ ψ	16	$406.80	$.00	$406.80
ςΠψψΤΩΧφєΩωΣχςΣφ Π	44	$2,006.28	$.00	$2,006.28
ςΠψωψΧφσωєΩΡΧωωΣ ψ	1	$.00	$.00	$.00
ςΣχπΆψφєΦΠωως΄Έ τ	26	$1,116.57	$.00	$1,116.57
τΧςφΩΧφετΣσσψΣ΄Η Π	4	$365.15	$3.80	$368.95
ΥυΧωήєτΣσσψΣ΄Η Υ	22	$668.96	$.00	$668.96
ΥΧπΣψωєτΧςφ Σ	9	$498.17	$.00	$498.17
ΥΧχΣΡΥ΄ΗєΡψΠΤΣ ω	28	$2,473.28	$.00	$2,473.28
υΠφΣυΣ΄ΗєψΧ΄Η Έ	26	$795.34	$.00	$795.34
υΣερήΆφΣ ά	20	$895.77	$.00	$895.77
υΣ΄ΕΤετΠΡΥ Σ	35	$1,263.96	$.00	$1,263.96
υΧφΣΦΧψΣευ΄Ηφφ Φ	20	$580.80	$.00	$580.80
υΆΡΣψΧєχΣρψΧ σ	23	$811.80	$.00	$811.80
ΦΠψχυΣєψΤΡςΠψρ υ	69	$1,092.00	$.00	$1,092.00
ΦΠψωΤφєΡςψΤΩωΧχςΣψ	26	$2,649.36	$.00	$2,649.36
ΦΤΡςΣυετΣψψ΄Η Π	17	$730.76	$.00	$730.76
φΆΡΥΧυΩєΣψΤΥ π	10	$1,103.26	$.00	$1,103.26
ΧΣφΤπΣφΣєΠφρψΣ τ	13	$771.80	$.00	$771.80
ΧυΤάΣψεωςΧΦΠΩ Σ	31	$925.20	$.00	$925.20
χψΣΩωΧφєΣυΣφφ Σ	22	$8,685.04	$.00	$8,685.04
χΆψΡΣυυεπψΣω Υ	25	$1,301.85	$.00	$1,301.85

Descriptive Statistics

Total Ancillary Cost

Provider	N	Range	Minimum	Maximum
ΩΙΙΠρεψΤΡςΠψρ τ	16	$771.90	$.00	$771.90
ΩΤυάΣΉεΩωΣχςΣφ ά	32	$779.40	$.00	$779.40
ΩωΧφΣεΥΣφφΣως Σ	2	$54.48	$111.12	$165.60
ωΤωήΣψεΦΤΡςΠΣυ υ	86	$1,770.64	$.00	$1,770.64
ω'ΗυΣψετΧςφ ψ	15	$563.80	$.00	$563.80
άΤΣωψΤεφΤΡςΧυΠΩ τ	32	$1,676.00	$.00	$1,676.00
ΈΣΤΩΩεπψΣφρΠφ Φ	16	$692.38	$.00	$692.38
ΈΧυσσετΣσσΣψ'Η υ	23	$930.15	$.00	$930.15
ήΠχΧψεΦΤΡςΠΣυ τ	15	$441.20	$.00	$441.20

Descriptive Statistics

Total Ancillary Cost

Provider	Mean	Std. Deviation
ΠπΣυεΦΤΡçΠΣυ χ	$247.4468	$432.3607
πΠΤψεΦΠωωçΣΈ τ	$199.1698	$269.6262
πΠΨΆΣψΧετΣΠφφΤΣ Π	$341.5835	$337.3845
πΠψφΣΩερΠφΤΣυ ψ	$240.8000	$260.5540
πΣψψΉεΦΤΡçΠΣυ Π	$326.2286	$374.8722
πΧυωΧφετΣΩΩΣ ρ	$518.6397	$552.8968
πΧψΣΡΥΉερΣψψΤΡΥ τ	$216.9588	$278.3715
πΧΉΣψερΧΆΣυΠΩ Π	$196.5420	$552.1613
πΆωΠφΤεψΠτ Ρ	$211.5670	$326.8373
ΡΠψψεΈΠψφΣψ Έ	$188.6757	$231.7714
ΡçψΤΩωΧχçΣψευΠψψΉ ρ	$230.7877	$382.9140
ΡΧΆψωΤφΣΩεΦΤΡçΣυΖΠυ	$278.6076	$391.1972
ρΠάΤΩετΠΩΧφ υ	$237.0125	$356.6482
ρΣΠφΣΣυΧεΠυΠφ τ	$57.3118	$62.9425
ρΣΣφεψçΧφρΠ	$120.2744	$208.5970
ρΤέΧφεΈΤυυΤΠΦ Ρ	$273.9107	$326.0435
ρΆφΡΠφετΠΦΣΩ Φ	$276.8392	$422.6238
ΣΡΡυΣΩεψΠφρΉ υ	$138.8520	$240.6160
σΤΡΥΣεψΧπΣψωΠ σ	$67.4030	$77.0239
σψΠφΥΩερΠφΤΣυ Έ	$203.4816	$287.3268
ΣΠψψΣωωεχΠΆυ ρ	$299.4463	$338.1492
çΠχχΣεΦΠψΡ ψ	$73.1894	$117.2402
çΠψψΤΩΧφεΩωΣχçΣφ Π	$324.5252	$482.8855
çΠψωψΧφσωεΩΡΧωωΣ ψ	$.0000	.
çΣχπΆψφεΦΠωωçΣΈ τ	$307.1000	$345.7009
τΧçφΩΧφετΣσσψΣΉ Π	$119.1975	$172.1425
ΥυΧωήετΣσσψΣΉ Υ	$124.5673	$188.7658
ΥΧπΣψωετΧçφ Σ	$99.4300	$175.8243
ΥΧχΣΡΥΉεΡψΠΤΣ ω	$325.6832	$516.9537
υΠφΣυΣΉεψΧΉ Έ	$158.1658	$213.0743
υΣερήΆφΣ ά	$112.8640	$230.0593
υΣΈΤετΠΡΥ Σ	$221.5780	$306.9533
υΧφΣΦΧψΣευΉφφ Φ	$161.4390	$166.4704
υΆΡΣψΧεχΣρψΧ σ	$210.9904	$230.9002
ΦΠψχυΣεψΤΡçΠψρ υ	$112.7483	$207.6136
ΦΠψωΤφεΡçψΤΩωΧχçΣψ	$558.1935	$653.3993
ΦΤΡçΣυετΣψψΉ Π	$227.0612	$295.9214
φΆΡΥΧυΩεΣψΤΥ π	$365.8520	$341.9691
ΧΣφΤπΣφΣεΠφρψΣ τ	$190.7585	$252.7411
ΧυΤάΣψεωçΧΦΠΩ Σ	$84.1929	$239.5023
χψΣΩωΧφεΣυΣφφ Σ	$532.2395	$1,839.6662
χΆψΡΣυυεπψΣω Υ	$187.4020	$314.2675

Descriptive Statistics

Total Ancillary Cost

Provider	Mean	Std. Deviation
ΩΠΠρεψΤΡςΠψρ τ	$248.1888	$227.9429
ΩΤυάΣΉεΩωΣχςΣφ ά	$139.3534	$231.6101
ΩωΧφΣεΥΣφφΣως Σ	$138.3600	$38.5232
ωΤωήΣψεΦΤΡςΠΣυ υ	$199.8697	$324.6922
ω'ΗυΣψετΧςφ ψ	$188.4453	$175.5117
άΤΣωψΤεφΤΡςΧυΠΩ τ	$354.8381	$462.8526
ΈΣΤΩΩεπψΣφρΠφ Φ	$205.1531	$203.3322
ΈΧυσσετΣσσΣψΉ υ	$250.1787	$275.3841
ήΠχΧψεΦΤΡςΠΣυ τ	$130.1900	$148.8732

Univariate Analysis of Variance: Residual Value for Total Ancillary Expense by Provider

Estimated Marginal Means

Provider

Dependent Variable: Unstandardized Residual

Provider	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
ΠπΣυεΦΤΡςΠΣυ χ	-10.991	90.768	-189.041	167.059
πΠΤψεΦΠωως Σ'Έ τ	21.435	50.658	-77.934	120.805
πΠΨΆΣψΧετΣΠφφΤΣ Π	78.256	82.499	-83.572	240.084
πΠψφΣΩερΠφΤΣυ ψ	6.954	139.884	-267.439	281.348
πΣψψ'ΗεΦΤΡςΠΣυ Π	79.521	65.045	-48.070	207.111
πΧυωΧφετΣΩΩΣ ρ	306.321	66.877	175.136	437.506
πΧψΣΡΥ'ΗερΣψψΤΡΥ τ	43.747	39.565	-33.863	121.357
πΧ'ΗΣψερΧΆΣυΠΩ Π	-88.956	102.157	-289.345	111.432
πΆωΠφΤεψΠτ Ρ	-69.084	65.045	-196.675	58.506
ΡΠψψε'ΈΠψφΣψ Έ	-101.288	86.338	-270.647	68.072
ΡςψΤΩωΧχςΣψευΠψψ'Η ρ	18.415	34.701	-49.653	86.484
ΡΧΆψωΤφΣΩεΦΤΡςΣυΖΠυ	7.074	95.959	-181.158	195.306
ρΠάΤΩετΠΩΧφ υ	-61.959	139.884	-336.352	212.435
ρΣΠφΣΣυΧεΠυΠφ τ	-170.267	95.959	-358.499	17.965
ρΣΣφεψςΧφρΠ	-126.879	79.130	-282.099	28.341
ρΤέΧφε'ΈΤυυΤΠΦ Ρ	117.523	105.742	-89.898	324.945
ρΆφΡΠφετΠΦΣΩ Φ	17.528	36.423	-53.918	88.974
ΣΡΡυΣΩεψΠφρ'Η υ	-138.513	72.236	-280.209	3.183
σΤΡΥΣεψΧπΣψωΠ σ	-90.327	125.116	-335.752	155.097
σψΠφΥΩερΠφΤΣυ Έ	-88.641	58.980	-204.335	27.054
ΣΠψψΣωωεχΠΆυ ρ	40.783	80.762	-117.638	199.204
ςΠχχΣεΦΠψΡ ψ	-204.612	98.913	-398.637	-10.587
ςΠψψΤΩΧφεΩωΣχςΣφ Π	66.776	59.647	-50.226	183.778

Provider

Dependent Variable: Unstandardized Residual

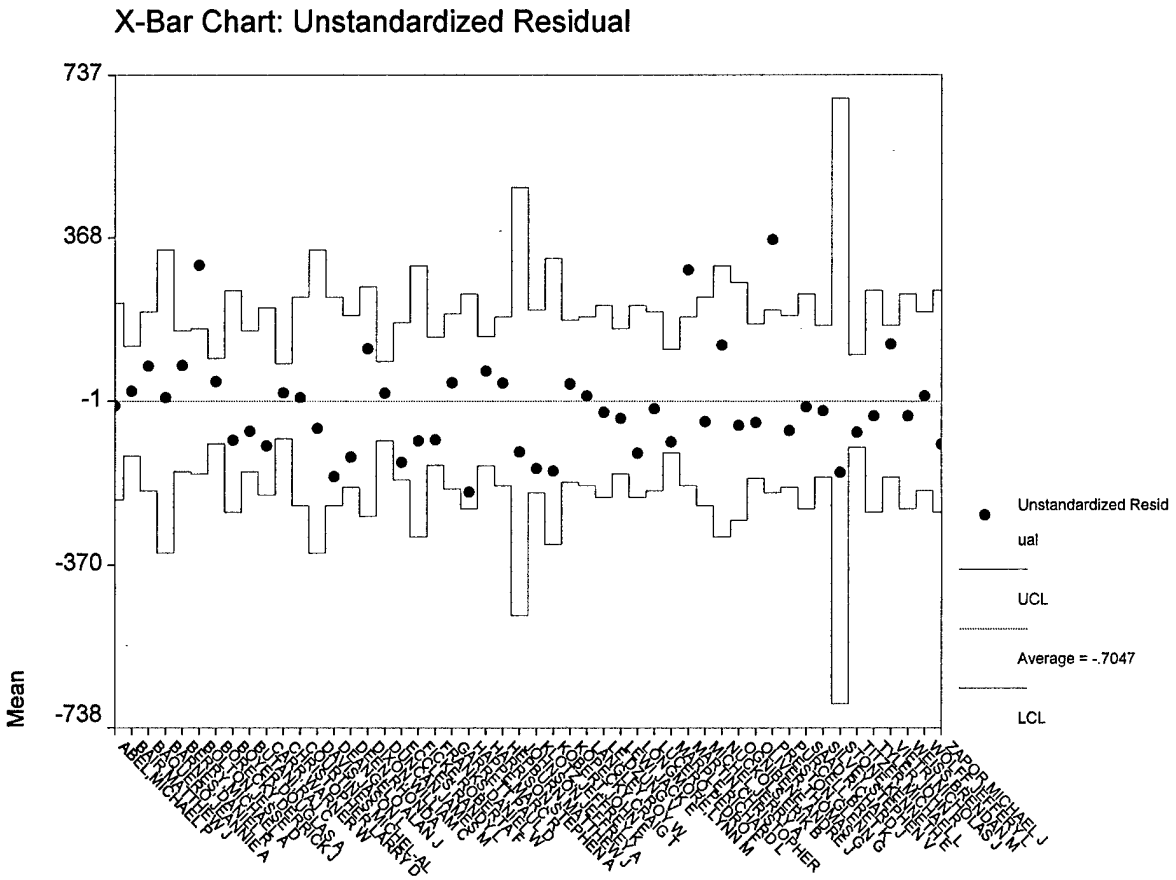
Provider	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
ςΠψωψΧφσωεΩΡΧωωΣ ψ	-286.760	395.650	-1062.861	489.341
ςΣχπΆψφεΦΠωωςΣΈ τ	39.781	77.593	-112.425	191.987
τΧςφΩΧφετΣσσψΣΉ Π	-114.946	197.825	-502.997	273.104
ΥυΧωήετΣσσψΣΉ Υ	-152.171	84.353	-317.636	13.294
ΥΧπΣψωετΧςφ Σ	-157.599	131.883	-416.299	101.102
ΥΧχΣΡΥΉεΡψΠΤΣ ω	37.471	74.771	-109.199	184.140
υΠφΣυΣΉεψΧΉ Έ	11.131	77.593	-141.074	163.337
υΣερήΆφΣ ά	-26.311	88.470	-199.853	147.230
υΣΈΤετΠΡΥ Σ	-39.862	66.877	-171.047	91.323
υΧφΣΦΧψΣευΉφφ Φ	-118.273	88.470	-291.815	55.268
υΆΡΣψΧεχΣρψΧ σ	-18.279	82.499	-180.107	143.550
ΦΠψχυΣεψΤΡςΠψρ υ	-92.797	47.631	-186.228	.635
ΦΠψωΤφεΡςψΤΩωΧχςΣψ	295.718	77.593	143.512	447.924
ΦΤΡςΣυετΣψψΉ Π	-46.953	95.959	-235.185	141.280
φΆΡΥΧυΩεΣψΤΥ π	125.193	125.116	-120.231	370.618
ΧΣφΤπΣφΣεΠφρψΣ τ	-55.516	109.734	-270.768	159.736
ΧυΤάΣψεωςΧΦΠΩ Σ	-48.963	71.061	-188.355	90.429
χψΣΩωΧφεΣυΣφφ Σ	363.984	84.353	198.519	529.450
χΆψΡΣυυεπψΣω Υ	-67.625	79.130	-222.845	87.596
ΩΠΠρεψΤΡςΠψρ τ	-13.461	98.913	-207.486	180.565
ΩΤυάΣΉεΩωΣχςΣφ ά	-22.181	69.942	-159.378	115.016
ΩωΧφΣεΥΣφφΣως Σ	-160.445	279.767	-709.231	388.341
ωΤωήΣψεΦΤΡςΠΣυ υ	-71.285	42.664	-154.975	12.404
ω'ΗυΣψετΧςφ ψ	-33.652	102.157	-234.041	166.736
άΤΣωψΤεφΤΡςΧυΠΩ τ	127.264	69.942	-9.933	264.460
ΈΣΤΩΩεπψΣφρΠφ Φ	-34.124	98.913	-228.149	159.902
ΈΧυσσετΣσσΣψΉ υ	11.077	82.499	-150.751	172.905
ήΠχΧψεΦΤΡςΠΣυ τ	-97.452	102.157	-297.840	102.936

Descriptives of Residual for Total Ancillary Expense by Provider

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Provider Average	51	-$287.14	$362.57	-$19.9133	$121.4077
Valid N (listwise)	51				

SPchart



Sigma level: 3