

**UNITED STATES OF AMERICA
BEFORE THE FEDERAL TRADE COMMISSION**



- **BENCHMARKING** – A method of measuring performance against established standards of best practice.
- **BIRTH TRAUMA** – A physical injury to the newborn infant sustained during the birth process.
- **BOARD CERTIFICATION** – Board certification is a process that

diagnoses. The case mix index of a hospital reflects the average complexity of all cases

- **CASE RATE REIMBURSEMENT** – A financial method of payment where reimbursement is a pre-determined amount for a particular type of patient, such as an obstetrics patient or an open heart surgery patient, without regard to the hospital services that the patient actually receives throughout the patient stay.

CONTRACT YEAR

A period of twelve consecutive months ending 12/31

may constitute a calendar year beginning on January 1 and ending on December 31 of that year or it may be based on the fiscal year of either the provider or the managed care

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EXPECTED MORTALITY DATE The sum of the predicted number of days to live is 11

patients with specific diagnosis (or procedure), divided by the total number of patients

admitted with the same diagnosis (or procedure) for a specified time period. For

ICD-9-CM diagnosis codes 199-200

CPI.

- **MEDICARE COST REPORT** - An annual report required of all hospitals participating in the Medicare program. The Medicare cost report records each institution's total costs and charges associated with providing services to all patients, the majority of whom are Medicare beneficiaries.

is in the hospital, regardless of the amount of services or the costs or charges for the services that actually must be rendered to that patient. Separate per diem rates may be set

- **PERCUTANEOUS CORONARY INTERVENTIONS (PCI)** – A family of procedures performed by interventional cardiologists whose purpose is to restore normal blood flow to the heart muscle by removing or compressing plaque with a catheter.

can be used in hospitals and elsewhere. Do not use in the presence of children.

Under "first dollar" coverage, a managed care plan will compensate the hospital at the contractually specified rate. Once the payment amount is established, the managed care plan will pay the hospital the specified amount for each covered patient.

however, the managed care plan payment formula will be changed so that the managed care plan compensates the hospital on a per-diem basis. The managed care plan will pay the hospital a fixed amount for each covered patient per day of care.

Respectfully Submitted,

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CERTIFICATE OF SERVICE

I hereby certify that on July 15, 2005, a copy of the foregoing Joint Exhibit Containing

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