



In most cases, CompareMaine reports the average costs for a single procedure, which may include both a professional and a facility component. However, for the bundled episodes that are reported on CompareMaine, we use Optum’s Symmetry® Episode Treatment Groups® (ETG) grouper to develop an episode of care. Below is an overview of the process.

Bundled Episodes Reported on CompareMaine

For the bundled episodes reported on CompareMaine (18 procedures), episodes of care are created using Optum’s Symmetry® Episode Treatment Groups® (ETG) grouper.

The ETG software is an illness classification tool that groups medical and pharmacy claim line information together into episodes of care – detailed information on Optum’s ETG can be found here: [Symmetry® Episode Treatment Groups® \(optum.com\)](https://www.optum.com/symmetry-etg).

NOTE: Although pharmacy claim lines are considered in the tool, **only medical claims are used as part of the payment calculations on CompareMaine.**

To ensure that only relevant services are included, the CompareMaine payment calculations use the following methodology:

1. First, the claims data is processed by the ETG software, which groups claim lines into healthcare episodes.
2. Then, only episodes with the proper ETG base code (such as “pregnancy, with delivery” for vaginal birth) are selected.
3. Episodes that do not include one of our “trigger” CPT codes (i.e., CPT codes on the list of codes we include in our cost calculations for a procedure) as well as an ETG treatment indicator code associated with the procedure of interest are eliminated.
4. Lastly, any episode that includes any other treatment indicator codes are eliminated.

Healthcare events for a procedure such as “pregnancy, with delivery” that the grouper does not categorize under a delivery-related ETG category, lacks trigger CPT codes, or includes treatment indicator codes other than those related to the delivery within the delivery-related episode, are not included in the CompareMaine calculations. Services received at the same time but not associated with the bundled episode, as determined by the grouper, are not grouped into the episode.

The median payments are calculated by considering all eligible episodes, regardless of severity. However, since we use the median to calculate the average payment and the median episode tends to be the most common type, the episode typically has no complications. The level of resource usage associated with ETG episodes are characterized by a severity level. The severity level includes a consideration of underlying conditions, co-morbidities, and demographics. A score of 1 represents the lowest level of risk, while a score of 2 represents a moderate risk category, and so forth (the number of severity levels varies by base ETG—some, such as anxiety disorder, have 3, while others, like diabetes, may have 4). Over 80% of the episodes included in the development of the payment estimates on

CompareMaine have a severity level of 1; and 6% have a severity level of 3 or above. The median case used for payment calculation typically has a severity level of 1.

Inpatient vs. Outpatient Encounters

Of the 18 bundled episodes, 3 colonoscopy procedures (CPT Codes 45378, 45380, and 45385) are restricted to outpatient encounters; and the remaining 15 bundled episodes may be inpatient or outpatient encounters, though the majority are typically in the outpatient setting.

Episodes with any of the following attributes are not included in the development of CompareMaine's payment estimates: Public payer, patients older than 65, missing both a professional and facility component (we have neither bill type codes, which come from the UB-04 claim form or place of service, which comes from the CMS 1500 form), no professional modification codes when we have facility modification codes (used for global billing scenarios), and encounters without payment information.