

# 2012 Health Care Cost and Utilization Report Appendix

September 2013

[www.healthcostinstitute.org](http://www.healthcostinstitute.org)

**Table A1: Expenditures Per Capita by Service Category (2010–2012)**

	2010	2011	2012	Percent Change 2009 / 2010	Percent Change 2010 / 2011	Percent Change 2011 / 2012
<b>Inpatient</b>						
Labor and Delivery	\$120	\$128	\$134	6.3%	7.1%	4.1%
Medical	\$271	\$281	\$289	0.3%	3.7%	2.8%
Mental Health and Substance Use	\$27	\$32	\$32	19.1%	18.3%	1.9%
Skilled Nursing Facility and Hospice	\$9	\$9	\$9	11.6%	-0.5%	4.3%
Surgery	\$480	\$497	\$506	1.6%	3.7%	1.8%
Ungroupable	\$7	\$2	\$2	84.8%	-63.8%	-15.9%
<b>Outpatient Visits</b>						
Emergency Room	\$221	\$241	\$267	5.9%	9.0%	10.8%
Observation	\$34	\$35	\$37	11.4%	2.8%	6.0%
Outpatient Surgery	\$450	\$476	\$504	6.7%	5.9%	5.8%
<b>Outpatient Other</b>						
Ancillary Services	\$70	\$74	\$77	3.3%	5.7%	4.0%
Lab/Pathology	\$65	\$67	\$70	4.9%	2.4%	4.7%
Other Services	\$141	\$154	\$165	6.1%	9.1%	7.5%
Radiology Services	\$182	\$187	\$194	-0.6%	2.8%	3.6%
<b>Professional Procedures</b>						
Administered Drugs	\$137	\$149	\$160	4.0%	8.2%	7.7%
Anesthesia	\$92	\$97	\$101	3.5%	5.3%	4.3%
Office Visits - Primary Care Provider	\$137	\$140	\$141	-0.6%	2.2%	0.6%
Office Visits - Specialist	\$118	\$127	\$134	9.2%	7.6%	6.1%
Other	\$432	\$449	\$459	1.1%	3.9%	2.3%
Pathology/Lab	\$117	\$124	\$131	2.7%	6.2%	6.1%
Preventive Visits - Primary Care Provider	\$36	\$39	\$42	6.2%	8.1%	7.0%
Preventive Visit - Specialist	\$16	\$17	\$17	2.1%	4.4%	3.2%
Radiology	\$143	\$139	\$136	-4.8%	-2.9%	-1.9%
Surgery	\$265	\$270	\$274	1.2%	1.9%	1.8%

**Table A1: Expenditures Per Capita by Service Category – Continued (2010–2012)**

	2010	2011	2012	Percent Change 2009 / 2010	Percent Change 2010 / 2011	Percent Change 2011 / 2012
<b>Prescriptions – Filled Days<sup>1</sup></b>						
<b>Brand</b>						
Anti-Infective Agents	\$43	\$50	\$53	-7.3%	15.5%	5.6%
Cardiovascular Drugs	\$88	\$86	\$65	11.7%	-1.9%	-24.6%
Central Nervous System Agents	\$98	\$99	\$91	8.0%	0.4%	-7.2%
Gastrointestinal Drugs	\$31	\$29	\$31	-8.7%	-6.6%	6.9%
Hormones and Synthetic Substitutes	\$88	\$104	\$92	19.3%	18.6%	-11.4%
Other Therapeutic Classes	\$173	\$175	\$207	6.9%	0.8%	18.5%
<b>Generic</b>						
Anti-Infective Agents	\$29	\$25	\$25	5.2%	-13.6%	0.1%
Cardiovascular Drugs	\$32	\$31	\$44	-17.0%	-4.5%	40.5%
Central Nervous System Agents	\$79	\$78	\$88	-8.9%	-2.0%	13.2%
Gastrointestinal Drugs	\$16	\$12	\$11	-11.7%	-26.9%	-11.3%
Hormones and Synthetic Substitutes	\$28	\$30	\$33	-14.6%	6.6%	8.5%
Other Therapeutic Classes	\$67	\$68	\$77	7.7%	2.3%	13.1%

Source: HCCI, 2013.

Notes: All data weighted to represent the total population of insureds younger than 65 and covered by ESI. Completion was performed on the 2011 and 2012 data. All per capita dollars calculated from allowed costs. All figures rounded.

1. Not shown are the uncategorizable prescription dollars which were less than \$0.50 per capita in all years.

**Table A2: Expenditures Per Capita by Service Category and Region (2010–2012)**

	2010	2011	2012	Percent Change 2009 / 2010	Percent Change 2010 / 2011	Percent Change 2011 / 2012
<b>Midwest</b>						
Inpatient	\$906	\$943	\$964	3.1%	4.0%	2.3%
Inpatient Subset <sup>1</sup>	\$891	\$931	\$952	2.8%	4.5%	2.2%
Outpatient	\$1,289	\$1,370	\$1,462	4.9%	6.2%	6.7%
Visits	\$749	\$801	\$861	6.4%	6.9%	7.5%
Other	\$540	\$568	\$600	2.9%	5.2%	5.6%
Professional Procedures	\$1,430	\$1,485	\$1,535	1.3%	3.8%	3.4%
Prescriptions – Filled Days <sup>2</sup>	\$740	\$752	\$774	3.8%	1.7%	2.9%
Brand	\$493	\$508	\$500	8.6%	3.1%	-1.7%
Generics	\$247	\$244	\$275	-4.2%	-0.9%	12.4%
<b>Northeast</b>						
Inpatient	\$862	\$902	\$938	3.4%	4.6%	4.0%
Inpatient Subset <sup>1</sup>	\$844	\$888	\$925	2.7%	5.3%	4.2%
Outpatient	\$1,109	\$1,181	\$1,275	5.7%	6.5%	7.9%
Visits	\$587	\$627	\$687	7.6%	6.9%	9.5%
Other	\$522	\$554	\$588	3.7%	6.1%	6.1%
Professional Procedures	\$1,641	\$1,716	\$1,779	2.1%	4.6%	3.7%
Prescriptions – Filled Days <sup>2</sup>	\$826	\$842	\$876	2.3%	1.9%	4.1%
Brand	\$563	\$592	\$591	6.6%	5.1%	-0.3%
Generics	\$263	\$249	\$286	-5.9%	-5.0%	14.5%

**Table A2: Expenditures Per Capita by Service Category and Region – Continued (2010–2012)**

	2010	2011	2012	Percent Change 2009 / 2010	Percent Change 2010 / 2011	Percent Change 2011 / 2012
<b>South</b>						
Inpatient	\$899	\$934	\$961	1.9%	4.0%	2.8%
Inpatient Subset <sup>1</sup>	\$885	\$924	\$950	1.6%	4.3%	2.8%
Outpatient	\$1,152	\$1,227	\$1,315	5.2%	6.5%	7.2%
Visits	\$735	\$788	\$855	7.0%	7.1%	8.5%
Other	\$417	\$439	\$460	2.4%	5.3%	4.8%
Professional Procedures	\$1,514	\$1,568	\$1,629	1.2%	3.6%	3.8%
Prescriptions – Filled Days <sup>2</sup>	\$836	\$847	\$886	2.1%	1.3%	4.6%
Brand	\$569	\$586	\$587	7.0%	3.0%	0.1%
Generics	\$267	\$261	\$299	-6.6%	-2.5%	14.6%
<b>West</b>						
Inpatient	\$985	\$1,021	\$1,028	3.0%	3.7%	0.7%
Inpatient Subset <sup>1</sup>	\$969	\$1,012	\$1,019	2.5%	4.4%	0.7%
Outpatient	\$1,100	\$1,156	\$1,200	4.5%	5.1%	3.8%
Visits	\$717	\$757	\$790	5.9%	5.7%	4.3%
Other	\$383	\$399	\$410	2.1%	4.1%	2.8%
Professional Procedures	\$1,393	\$1,440	\$1,449	2.2%	3.4%	0.6%
Prescriptions – Filled Days <sup>2</sup>	\$669	\$684	\$705	2.7%	2.3%	3.1%
Brand	\$442	\$469	\$465	7.3%	6.0%	-0.9%
Generics	\$226	\$215	\$240	-5.2%	-4.8%	11.6%

Source: HCCI, 2013.

Notes: All data weighted to represent the total population of insureds younger than 65 and covered by ESI. Completion was performed on the 2011 and 2012 data. All per capita dollars calculated from allowed costs. All figures rounded.

1. Skilled nursing facility (SNF), hospice, and ungroupable claims were excluded from analysis of inpatient spending trends due to the lack of information about the intensity and intensity-adjusted prices of those services at the time of analysis.
2. Not shown are the uncategorizable prescription dollars which were less than \$0.50 per capita in all years.

**Table A3: Expenditures Per Capita by Service Category and Age Group (2010–2012)**

	2010	2011	2012	Percent Change 2009 / 2010	Percent Change 2010 / 2011	Percent Change 2011 / 2012
<b>Ages 18 and younger</b>						
Inpatient	\$491	\$544	\$548	7.6%	10.7%	0.8%
Inpatient Subset <sup>1</sup>	\$486	\$542	\$546	7.3%	11.5%	0.8%
Outpatient	\$517	\$556	\$593	4.8%	7.6%	6.6%
Visits	\$334	\$358	\$382	5.0%	7.5%	6.5%
Other	\$183	\$198	\$211	4.6%	7.9%	6.6%
Professional Procedures	\$862	\$925	\$960	2.6%	7.3%	3.8%
Prescriptions – Filled Days <sup>2</sup>	\$299	\$313	\$336	4.8%	5.0%	7.1%
Brand	\$193	\$200	\$207	10.4%	3.6%	3.3%
Generics	\$106	\$113	\$129	-3.8%	7.4%	13.7%
<b>Ages 19-25</b>						
Inpatient	\$441	\$493	\$507	-0.5%	11.7%	2.9%
Inpatient Subset <sup>1</sup>	\$435	\$489	\$503	-0.9%	12.4%	3.0%
Outpatient	\$643	\$719	\$782	4.4%	11.8%	8.8%
Visits	\$436	\$486	\$524	4.3%	11.6%	7.7%
Other	\$207	\$233	\$258	4.6%	12.3%	11.1%
Professional Procedures	\$795	\$846	\$883	0.6%	6.4%	4.5%
Prescriptions – Filled Days <sup>2</sup>	\$353	\$360	\$375	3.4%	1.9%	4.3%
Brand	\$201	\$209	\$212	5.8%	3.9%	1.1%
Generics	\$152	\$151	\$164	0.5%	-0.8%	8.7%
<b>Ages 26-44</b>						
Inpatient	\$745	\$771	\$798	1.2%	3.4%	3.5%
Inpatient Subset <sup>1</sup>	\$738	\$766	\$794	0.9%	3.8%	3.6%
Outpatient	\$1,046	\$1,100	\$1,177	5.1%	5.2%	7.0%
Visits	\$671	\$710	\$768	6.8%	5.8%	8.1%
Other	\$375	\$390	\$409	2.4%	4.0%	5.0%
Professional Procedures	\$1,414	\$1,459	\$1,513	1.5%	3.2%	3.7%
Prescriptions – Filled Days <sup>2</sup>	\$602	\$604	\$635	2.0%	0.4%	5.1%
Brand	\$383	\$396	\$407	3.9%	3.3%	2.9%
Generics	\$219	\$208	\$228	-0.9%	-4.8%	9.2%

**Table A3: Expenditures Per Capita by Service Category and Age Group – Continued (2010–2012)**

	2010	2011	2012	Percent Change 2009 / 2010	Percent Change 2010 / 2011	Percent Change 2011 / 2012
<b>Ages 45-54</b>						
Inpatient	\$1,078	\$1,104	\$1,145	0.4%	2.4%	3.7%
Inpatient Subset <sup>1</sup>	\$1,059	\$1,091	\$1,132	-0.1%	3.0%	3.8%
Outpatient	\$1,586	\$1,684	\$1,795	4.9%	6.1%	6.6%
Visits	\$946	\$1,014	\$1,094	6.8%	7.2%	7.9%
Other	\$640	\$669	\$700	2.2%	4.5%	4.7%
Professional Procedures	\$1,878	\$1,947	\$2,003	1.0%	3.6%	2.9%
Prescriptions – Filled Days <sup>2</sup>	\$1,110	\$1,130	\$1,169	1.9%	1.8%	3.4%
Brand	\$764	\$802	\$797	7.1%	5.0%	-0.6%
Generics	\$346	\$328	\$372	-7.6%	-5.2%	13.3%
<b>Ages 55-64</b>						
Inpatient	\$1,970	\$2,010	\$2,027	3.1%	2.0%	0.9%
Inpatient Subset <sup>1</sup>	\$1,922	\$1,970	\$1,987	2.7%	2.5%	0.9%
Outpatient	\$2,187	\$2,313	\$2,436	5.0%	5.7%	5.3%
Visits	\$1,218	\$1,295	\$1,380	7.4%	6.3%	6.5%
Other	\$969	\$1,018	\$1,056	2.1%	5.1%	3.8%
Professional Procedures	\$2,567	\$2,640	\$2,688	1.3%	2.9%	1.8%
Prescriptions – Filled Days <sup>2</sup>	\$1,718	\$1,744	\$1,770	2.1%	1.5%	1.5%
Brand	\$1,216	\$1,263	\$1,206	8.2%	3.8%	-4.5%
Generics	\$501	\$481	\$563	-9.8%	-4.1%	17.2%

Source: HCCI, 2013.

Notes: All data weighted to represent the total population of insureds younger than 65 and covered by ESI. Completion was performed on the 2011 and 2012 data. All per capita dollars calculated from allowed costs. All figures rounded.

1. Skilled nursing facility (SNF), hospice, and ungroupable claims were excluded from analysis of inpatient spending trends due to the lack of information about the intensity and intensity-adjusted prices of those services at the time of analysis.
2. Not shown are the uncategorizable prescription dollars which were less than \$0.50 per capita in all years.

**Table A4: Expenditures Per Capita by Service Category and Gender (2010–2012)**

	2010	2011	2012	Percent Change 2009 / 2010	Percent Change 2010 / 2011	Percent Change 2011 / 2012
<b>Men</b>						
Inpatient	\$855	\$891	\$910	2.5%	4.2%	2.1%
Inpatient Subset <sup>1</sup>	\$839	\$881	\$900	1.9%	5.0%	2.2%
Outpatient	\$1,022	\$1,085	\$1,145	5.3%	6.2%	5.5%
Visits	\$621	\$662	\$702	6.5%	6.5%	6.1%
Other	\$400	\$424	\$443	3.5%	5.8%	4.7%
Professional Procedures	\$1,208	\$1,260	\$1,298	1.8%	4.3%	3.0%
Prescriptions – Filled Days <sup>2</sup>	\$716	\$740	\$771	4.0%	3.3%	4.2%
Brand	\$509	\$541	\$536	10.2%	6.3%	-1.0%
Generics	\$208	\$199	\$236	-8.5%	-3.9%	18.2%
<b>Women</b>						
Inpatient	\$967	\$1,005	\$1,031	2.9%	3.9%	2.6%
Inpatient Subset <sup>1</sup>	\$952	\$993	\$1,019	2.6%	4.3%	2.6%
Outpatient	\$1,297	\$1,375	\$1,475	5.0%	6.0%	7.3%
Visits	\$785	\$839	\$910	6.9%	6.9%	8.5%
Other	\$513	\$536	\$565	2.2%	4.7%	5.4%
Professional Procedures	\$1,761	\$1,822	\$1,879	1.5%	3.4%	3.1%
Prescriptions – Filled Days <sup>2</sup>	\$829	\$832	\$861	1.5%	0.3%	3.5%
Brand	\$534	\$544	\$544	4.7%	2.0%	-0.1%
Generics	\$295	\$287	\$317	-3.7%	-2.7%	10.4%

Source: HCCI, 2013.

Notes: All data weighted to represent the total population of insureds younger than 65 and covered by ESI. Completion was performed on the 2011 and 2012 data. All per capita dollars calculated from allowed costs. All figures rounded.

1. Skilled nursing facility (SNF), hospice, and ungroupable claims were excluded from analysis of inpatient spending trends due to the lack of information about the intensity and intensity-adjusted prices of those services at the time of analysis.
2. Not shown are the uncategorizable prescription dollars which were less than \$0.50 per capita in all years.



**Table A5: Utilization per 1,000 Insureds by Subservice Category (2010–2012)**

	2010	2011	2012	Percent Change 2009 / 2010	Percent Change 2010 / 2011	Percent Change 2011 / 2012
<b>Inpatient</b>						
Labor and Delivery	16	16	16	0.8%	0.9%	-0.1%
Medical	22	21	20	-4.3%	-2.3%	-4.0%
Mental Health and Substance Use	4	4	4	8.6%	9.6%	0.5%
Skilled Nursing Facility and Hospice	2	2	2	0.7%	3.2%	8.3%
Surgery	18	17	16	-4.5%	-5.0%	-5.9%
Ungroupable	1	1	1	-14.8%	-9.9%	-9.0%
<b>Outpatient Visits</b>						
Emergency Room	169	175	180	-4.2%	3.4%	2.7%
Observation	19	20	20	9.8%	2.8%	2.3%
Outpatient Surgery	131	130	130	-0.8%	-0.6%	-0.5%
<b>Outpatient Other</b>						
Ancillary Services	421	421	429	-1.7%	-0.1%	1.9%
Lab/Pathology	1,164	1,178	1,175	1.3%	1.2%	-0.2%
Other Services	597	612	628	-1.0%	2.5%	2.6%
Radiology Services	400	399	399	-3.9%	-0.3%	0.1%
<b>Professional Procedures</b>						
Administered Drugs	387	383	386	-0.3%	-0.9%	0.8%
Anesthesia	133	136	140	-0.4%	2.0%	2.9%
Office Visits - Primary Care Provider	1,596	1,571	1,524	-5.5%	-1.6%	-3.0%
Office Visits - Specialist	1,304	1,344	1,374	3.7%	3.1%	2.2%
Other	5,834	5,857	5,986	-1.3%	0.4%	2.2%
Pathology/Lab	4,296	4,438	4,639	0.1%	3.3%	4.5%
Preventive Visits - Primary Care Provider	315	329	341	3.5%	4.7%	3.6%
Preventive Visit - Specialist	127	131	131	0.5%	2.9%	0.7%
Radiology	1,227	1,177	1,158	-6.9%	-4.1%	-1.7%
Surgery	718	715	711	-2.6%	-0.5%	-0.5%

**Table A5: Utilization per 1,000 Insureds by Subservice Category – Continued (2010–2012)**

	2010	2011	2012	Percent Change 2009 / 2010	Percent Change 2010 / 2011	Percent Change 2011 / 2012
<b>Prescriptions – Filled Days<sup>1</sup></b>						
<b>Brand</b>						
Anti-Infective Agents	1,834	1,759	1,538	-31.7%	-4.1%	-12.6%
Cardiovascular Drugs	23,523	20,554	13,768	0.5%	-12.6%	-33.0%
Central Nervous System Agents	14,927	12,974	10,150	-1.8%	-13.1%	-21.8%
Gastrointestinal Drugs	4,087	3,474	3,337	-20.4%	-15.0%	-3.9%
Hormones and Synthetic Substitutes	16,050	16,195	12,370	5.2%	0.9%	-23.6%
Other Therapeutic Classes	19,037	14,988	14,307	-4.8%	-21.3%	-4.5%
<b>Generic</b>						
Anti-Infective Agents	10,925	11,220	11,313	6.3%	2.7%	0.8%
Cardiovascular Drugs	49,996	52,718	59,098	0.0%	5.4%	12.1%
Central Nervous System Agents	53,612	57,608	62,069	4.2%	7.5%	7.7%
Gastrointestinal Drugs	7,491	8,274	8,907	9.6%	10.5%	7.6%
Hormones and Synthetic Substitutes	35,877	37,333	38,951	-1.4%	4.1%	4.3%
Other Therapeutic Classes	42,417	42,949	46,024	2.0%	1.3%	7.2%

Source: HCCI, 2013.

Notes: All data weighted to represent the total population of insureds younger than 65 and covered by ESI. Completion was performed on the 2011 and 2012 data. All per capita dollars calculated from allowed costs. All figures rounded.

1. Not shown are the uncategorizable prescription dollars which were less than \$0.50 per capita in all years.

**Table A6: Average Price Paid by Subservice Category (2010–2012)**

	2010	2011	2012	Percent Change 2009 / 2010	Percent Change 2010 / 2011	Percent Change 2011 / 2012
<b>Inpatient</b>						
Labor and Delivery	\$7,488	\$7,951	\$8,284	5.5%	6.2%	4.2%
Medical	\$12,492	\$13,259	\$14,197	4.8%	6.1%	7.1%
Mental Health and Substance Use	\$7,187	\$7,755	\$7,864	9.7%	7.9%	1.4%
Skilled Nursing Facility and Hospice	\$4,780	\$4,610	\$4,439	10.8%	-3.6%	-3.7%
Surgery	\$27,168	\$29,644	\$32,051	6.4%	9.1%	8.1%
Ungroupable	\$7,233	\$2,907	\$2,686	116.8%	-59.8%	-7.6%
<b>Outpatient Visits</b>						
Emergency Room	\$1,311	\$1,381	\$1,489	10.5%	5.4%	7.9%
Observation	\$1,804	\$1,803	\$1,867	1.5%	-0.1%	3.6%
Outpatient Surgery	\$3,429	\$3,655	\$3,889	7.6%	6.6%	6.4%
<b>Outpatient Other</b>						
Ancillary Services	\$166	\$176	\$179	5.1%	5.7%	2.0%
Lab/Pathology	\$56	\$57	\$60	3.5%	1.1%	4.9%
Other Services	\$236	\$251	\$263	7.1%	6.4%	4.8%
Radiology Services	\$455	\$469	\$486	3.5%	3.2%	3.6%
<b>Professional Procedures</b>						
Administered Drugs	\$355	\$388	\$414	4.3%	9.2%	6.9%
Anesthesia	\$690	\$712	\$722	3.9%	3.2%	1.4%
Office Visits - Primary Care Provider	\$86	\$89	\$92	5.2%	3.9%	3.7%
Office Visits - Specialist	\$90	\$94	\$98	5.3%	4.4%	3.8%
Other	\$74	\$77	\$77	2.4%	3.5%	0.1%
Pathology/Lab	\$27	\$28	\$28	2.7%	2.8%	1.5%
Preventive Visits - Primary Care Provider	\$115	\$119	\$123	2.6%	3.3%	3.3%
Preventive Visit - Specialist	\$126	\$128	\$131	1.6%	1.5%	2.5%
Radiology	\$116	\$118	\$118	2.2%	1.2%	-0.2%
Surgery	\$368	\$377	\$386	4.0%	2.4%	2.3%

**Table A6: Average Price Paid by Subservice Category – Continued (2010–2012)**

	2010	2011	2012	Percent Change 2009 / 2010	Percent Change 2010 / 2011	Percent Change 2011 / 2012
<b>Prescriptions – Filled Days<sup>1</sup></b>						
<b>Brand</b>						
Anti-Infective Agents	\$24	\$29	\$34	35.7%	20.4%	20.8%
Cardiovascular Drugs	\$4	\$4	\$5	11.1%	12.3%	12.6%
Central Nervous System Agents	\$7	\$8	\$9	10.0%	15.5%	18.6%
Gastrointestinal Drugs	\$8	\$8	\$9	14.7%	9.9%	11.2%
Hormones and Synthetic Substitutes	\$5	\$6	\$7	13.4%	17.5%	16.0%
Other Therapeutic Classes	\$9	\$12	\$14	12.2%	28.0%	24.2%
<b>Generic</b>						
Anti-Infective Agents	\$3	\$2	\$2	-1.1%	-15.9%	-0.7%
Cardiovascular Drugs	\$1	\$1	\$1	-17.0%	-9.4%	25.4%
Central Nervous System Agents	\$1	\$1	\$1	-12.6%	-8.8%	5.1%
Gastrointestinal Drugs	\$2	\$1	\$1	-19.5%	-33.9%	-17.6%
Hormones and Synthetic Substitutes	\$1	\$1	\$1	-13.4%	2.5%	4.0%
Other Therapeutic Classes	\$2	\$2	\$2	5.6%	1.0%	5.5%

Source: HCCI, 2013.

Notes: All data weighted to represent the total population of insureds younger than 65 and covered by ESI. Completion was performed on the 2011 and 2012 data. All per capita dollars calculated from allowed costs. All figures rounded.

1. Not shown are the uncategorizable prescription dollars which were less than \$0.50 per capita in all years.

**Table A7: Average Intensity by Subservice Category (2010–2012)**

	2010	2011	2012	Percent Change 2009 / 2010	Percent Change 2010 / 2011	Percent Change 2011 / 2012
<b>Inpatient<sup>1</sup></b>						
Labor and Delivery	0.76	0.75	0.75	1.2%	-0.9%	-0.3%
Medical	0.98	0.99	1.00	0.8%	0.9%	1.4%
Mental Health and Substance Use	0.80	0.79	0.79	-0.3%	-1.0%	-0.5%
Surgery	2.26	2.33	2.38	1.4%	2.9%	2.1%
<b>Outpatient Visits</b>						
Emergency Room	6.30	6.18	6.16	2.9%	-1.9%	-0.3%
Observation	7.15	7.17	7.03	-1.3%	0.2%	-1.9%
Outpatient Surgery	30.19	29.72	29.15	0.3%	-1.6%	-1.9%
<b>Outpatient Other</b>						
Ancillary Services	3.52	3.61	3.60	2.4%	2.5%	-0.3%
Lab/Pathology	0.23	0.23	0.24	1.1%	1.4%	1.3%
Other Services	1.20	1.22	1.23	-5.0%	1.6%	1.0%
Radiology Services	2.09	2.05	2.05	-5.9%	-1.8%	0.1%
<b>Professional Procedures</b>						
Administered Drugs	1.01	1.08	1.09	-3.6%	7.1%	0.3%
Anesthesia	6.36	6.34	6.28	0.0%	-0.3%	-0.9%
Office Visits - Primary Care Provider	2.16	2.17	2.18	1.0%	0.5%	0.4%
Office Visits - Specialist	2.21	2.24	2.26	2.0%	1.2%	0.7%
Other	1.40	1.44	1.43	1.3%	3.0%	-0.7%
Pathology/Lab	0.58	0.59	0.60	1.2%	1.5%	1.9%
Preventive Visits - Primary Care Provider	2.51	2.51	2.52	-0.1%	0.2%	0.1%
Preventive Visit - Specialist	2.75	2.74	2.73	-0.5%	-0.3%	-0.4%
Radiology	2.10	2.19	2.17	-2.8%	4.3%	-0.8%
Surgery	7.29	7.27	7.28	0.6%	-0.2%	0.1%

Source: HCCI, 2013.

Notes: All data weighted to represent the total population of insureds younger than 65 and covered by ESI. Completion was performed on the 2011 and 2012 data. All per capita dollars calculated from allowed costs. All figures rounded.

1. Skilled nursing facility (SNF), hospice, and ungroupable claims excluded due to lack of information about intensity.

**Table A8: Average Intensity-Adjusted Price by Subservice Category (2010–2012)**

	2010	2011	2012	Percent Change 2009 / 2010	Percent Change 2010 / 2011	Percent Change 2011 / 2012
<b>Inpatient<sup>1</sup></b>						
Labor and Delivery	\$9,898	\$10,611	\$11,083	4.3%	7.2%	4.5%
Medical	\$12,728	\$13,383	\$14,132	4.0%	5.2%	5.6%
Mental Health and Substance Use	\$8,992	\$9,806	\$9,998	10.1%	9.1%	2.0%
Surgery	\$12,017	\$12,740	\$13,487	4.9%	6.0%	5.9%
<b>Outpatient Visits</b>						
Emergency Room	\$208	\$224	\$242	7.5%	7.4%	8.2%
Observation	\$252	\$252	\$265	2.9%	-0.3%	5.5%
Outpatient Surgery	\$114	\$123	\$133	7.3%	8.3%	8.5%
<b>Outpatient Other</b>						
Ancillary Services	\$47	\$49	\$50	2.7%	3.2%	2.4%
Lab/Pathology	\$245	\$244	\$253	2.4%	-0.2%	3.6%
Other Services	\$196	\$206	\$213	12.7%	4.8%	3.7%
Radiology Services	\$218	\$229	\$237	10.0%	5.0%	3.4%
<b>Professional Procedures</b>						
Administered Drugs	\$351	\$358	\$381	8.2%	2.0%	6.5%
Anesthesia	\$109	\$112	\$115	3.9%	3.5%	2.4%
Office Visits - Primary Care Provider	\$40	\$41	\$42	4.1%	3.4%	3.2%
Office Visits - Specialist	\$41	\$42	\$43	3.2%	3.2%	3.0%
Other	\$53	\$53	\$54	3.7%	0.4%	0.8%
Pathology/Lab	\$47	\$47	\$47	1.5%	1.3%	-0.4%
Preventive Visits - Primary Care Provider	\$46	\$47	\$49	2.7%	3.1%	3.2%
Preventive Visit - Specialist	\$46	\$47	\$48	2.2%	1.8%	3.0%
Radiology	\$56	\$54	\$54	5.2%	-3.0%	0.6%
Surgery	\$51	\$52	\$53	3.3%	2.6%	2.3%

Source: HCCI, 2013.

Notes: All data weighted to represent the total population of insureds younger than 65 and covered by ESI. Completion was performed on the 2011 and 2012 data. All per capita dollars calculated from allowed costs. All figures rounded.

1. Skilled nursing facility (SNF), hospice, and ungroupable claims excluded due to lack of information about intensity.

**Table A9: Decomposition of Spending on Major Diagnostic Categories (MDCs) with Inpatient Facility Expenditures over \$25 (2011–2012)**

	Expenditures	Percent Change 2011 / 2012	Utilization	Percent Change 2011 / 2012	Intensity	Percent Change 2011 / 2012	Intensity- Adjusted Price	Percent Change 2011 / 2012
<b>Major Diagnostic Categories</b>								
Musculoskeletal System and Connective Tissue	\$160	4.6%	6	-2.5%	2.09	1.7%	\$12,957	5.4%
Circulatory System	\$126	-0.9%	5	-7.0%	1.90	2.3%	\$13,657	4.1%
Pregnancy, Childbirth and Puerperium	\$94	5.5%	12	-0.5%	0.65	0.1%	\$12,260	5.9%
Digestive System	\$93	4.4%	5	-3.1%	1.40	1.4%	\$12,326	6.2%
Nervous System	\$63	4.6%	3	-3.4%	1.50	1.7%	\$14,552	6.4%
Respiratory System	\$57	0.4%	3	-5.0%	1.31	0.8%	\$12,899	4.9%
Newborn and other Neonates (Perinatal Period)	\$47	0.6%	5	0.2%	0.95	-0.9%	\$9,556	1.3%
Hepatobiliary System and Pancreas	\$31	2.1%	2	-3.4%	1.46	0.1%	\$12,303	5.6%
Infectious and Parasitic DDs	\$33	8.0%	1	2.7%	1.84	1.8%	\$13,137	3.3%
Kidney and Urinary Tract	\$25	6.2%	2	-2.8%	1.21	1.3%	\$12,591	7.9%
Female Reproductive System	\$21	-7.6%	2	-18.3%	1.05	2.2%	\$12,356	10.7%

Source: HCCI, 2013.

Notes: All data weighted to represent the total population of insureds younger than 65 and covered by ESI. Completion was performed on the 2011 and 2012 data. All per capita dollars calculated from allowed costs. All figures rounded.