

Affordability Dashboard: Cost of Care

Definitions



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Main Service Categories

Inpatient: Services delivered at acute care hospitals, skilled nursing facilities (SNF), and hospice where the patient stayed in the hospital overnight. Costs displayed include patient and health plan patients for facility services only, and do not include professional payments which may occur for the same visit.

Outpatient: Services for ambulatory surgery, observation stays, and emergency department visits that did not result in an overnight hospital stay. Costs displayed include patient and health plan patients for facility services only, and do not include professional payments which may occur for the same visit.

Professional: Services provided by a physician or other health care provider for evaluation visits, management visits, and procedures. **Note: Professional payments are separate from Inpatient and Outpatient facility payments but often occur as a result of the same visit.**

Prescription Drugs: Prescription drug payments reflect only drugs dispensed at a pharmacy. Costs do *not* include any drugs administered by physicians in a facility or office setting, and do *not* reflect any rebates received from drug manufacturers.

Long-Term Care: Medicaid services for Home and Community Based, Long-Term Home Health, and Nursing Home services. In a very small percentage of claims, Long Term Care benefits are paid through the Qualified Medicare Beneficiary (QMB) Program via Medicare Advantage.

Durable Medical Equipment (DME): Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or home glucose monitors. The payments for DMEs are identified using HCPCS codes.

- While this category is not displayed in the interactive report, users can access data from supporting excel file. Request data [here](#).