Machine-Readable Data for HCCI's 2016 Health Care Cost and Utilization Report – Documentation

The machine-readable data that accompanies HCCI's *2016 Health Care Cost and Utilization Report* is available as a free .csv download from the HCCI website. The file contains aggregated claims data for 28,140 observations organized by 6 fields that correspond to 5 metrics.

Metrics:

1. Spending_per_person: total spending per insured-year includes both payer and out-of-pocket spending
2. OOP_spending_per_person: out-of-pocket spending per insured-year includes patient spending on co-payments, coinsurance, and deductibles (does not include premiums)
3. Payer_spending_per_person: payer or insurer spending per insured-year
4. Utilization_per_1000_persons: number of services used per 1000 insured years; units of service differ by service category. Inpatient services are counted by admissions; outpatient services are counted as either visits or procedures as indicated by HCCI_ML_CATEGORY; professional services are counted by procedure; prescription drugs are counted by filled day
5. Price: the average price per service, calculated as sum of spending divided by sum of utilization; for prescription drugs price is per filled day.

Fields:

1. HCCI_HL_CATEGORY: 4 high-level categories of health care services – inpatient, outpatient, professional services, and prescription drugs
2. HCCI_ML_CATEGORY: mid-level categories of services; for example, brand prescription drugs, generic prescription drugs, or acute inpatient admissions
3. HCCI_SUBCATEGORY: sub-categories of health care services as reported in the *2016 Health Care Cost and Utilization Report*, the most granular level of service categorization such as inpatient surgical admissions, emergency room visits, and administered drugs.
4. AGE_GROUP
5. GENDER
6. YEAR: calendar years 2012 through 2016