



The Healthy Marketplace Index (HMI) Metro Area Snapshot: Medicare examines health care spending and its components (prices, health care use, and service mix) for people insured by Medicare. We use a measure called “national median per person health care spending” to describe what the Medicare program and people insured by Medicare across the U.S. spend on health care. We calculate similar measures for health care use, prices, and service mix. The methodology used in the Medicare report is consistent with our main HMI Report. You can learn more about these methods in the [Technical Appendix](#) and [Frequently Asked Questions](#).

The HMI Metro Area Snapshot: Medicare report uses Medicare’s fee-for-service (FFS) claims for people who are fully enrolled in Medicare (Parts A and B), including those who are dually eligible for Medicare and Medicaid. For metrics in the inpatient and outpatient service categories, we use the 100% Medicare sample, and for professional services, we use the 20% sample.

## 1. Fields

**1.1 Year (year):** calendar year 2018.

**1.2 CBSA Code (cbsa):** Core Based Statistical Area (CBSA) code; a CBSA is a U.S. geographic region determined by the Office of Management and Budget.

**1.3 CBSA Title (cbsa\_title):** name(s) of the main urban area(s) in each CBSA.

**1.4 State (state):** abbreviations for state names.

**1.5 Geographic Level (geo\_level):** the level of geographic specification (CBSA, values reported at the CBSA level, or state, values reported at the state level).

**1.6 Metric Type (metric\_type):** the level at which services prices are measured.

### 1.6.1 Index

**1.6 Moment (moment):** the statistical distribution value reported.

### 1.6.2 Mean

**1.7 Category of Services (service\_category):** high level category of services; we calculate price measures separately for a set of common services within four high level categories:

**1.7.1 Inpatient:** services rendered to patients who are kept in a health care facility overnight for treatment but not for observation.

**1.7.2 Outpatient:** services rendered to patients by sections of a hospital that provide medical services not requiring an overnight stay or hospitalization (e.g., emergency room, outpatient surgery, observation room).

**1.7.3 Professional:** services rendered to patients by a health care professional. Service claims with no valid revenue code are assumed to be professional services (e.g., office and preventative visits, administered drugs).

**1.7.4 All three categories of services combined (overall)**

**1.8 Index Name (index\_name):** For each metric, the measure to which that metric refers. We calculate each metric for each of the following measures:

**1.8.1 Price:** for each category of services, the weighted price per service among the services used in a CBSA.

**1.8.2 Use:** for each category of services, the weighted number of services used per capita per service among the services used in a CBSA.

**1.8.3 Mix:** for each category of services, the difference between the spending index and the product of the price and use indices per service among the services used in a CBSA.

**1.8.4 Spending:** for each category of services, the weighted total spending per capita per service among the services used in a CBSA.

## 2. Metrics

**2.1 Index Value (index\_value):** for each index, the reported indices as deviations from the national median.

**2.2 Index Median (index\_median):** for each index, the weighted index (as indicated by index name) per service among the services used in a CBSA in a year.

**2.3 Insurer (insurer):** Medicare.