Healthcare Cost Growth Benchmark Steering Committee Meeting February 27, 2023

"We collaborate, out of a shared concern and responsibility for all Connecticut residents, to develop consensus models that advance equity and consumer affordability of healthcare in our state."

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Welcome and Roll Call

Meeting Agenda

Time	Topic
3:00 p.m.	I. Welcome and Roll Call
3:05 p.m.	II. Public Comment
3:10 p.m.	III. Approval of November Meeting Minutes – Vote
3:15 p.m.	IV. OHS Consideration of Inflation and the Cost Growth Benchmark
3:30 p.m.	V. Benchmark Timeline and Performance Reporting Approach
3:45 p.m.	VI. 2023 Steering Committee Goals
4:00 p.m.	VII. Commercial Cost Driver Analysis
4:30 p.m.	VIII. Medicaid Cost Driver Analysis
4:55 p.m.	IX. Wrap-Up and Next Steps
5:00 p.m.	X. Adjournment

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Public Comment

Approval of November 21st Meeting Minutes - Vote

OHS Consideration of Inflation and the Cost Growth Benchmark

Inflation and the Cost Growth Benchmark

- The Connecticut Healthcare Benchmark Initiative, including the Cost Growth Benchmark, was placed into statute by the General Assembly last year as part of Public Act No. 22-118.
- §219 of Public Act 22-118 (now codified as new section 19a-754g) requires OHS to *annually review the current and projected rate of inflation and determine whether the rate of inflation requires modification of the Healthcare Cost Growth Benchmark*.

Inflation and the Cost Growth Benchmark

Over the course of the past few months OHS performed an analysis of inflation trends and research into the relationship between inflation and healthcare spending. Key findings were as follows:

1. Inflation impacts healthcare spending growth.
2. Inflation's impact is not immediate, but rather delayed ("lagged").
3. General inflation in the U.S., as measured using Personal Consumption Expenditures (PCE), was higher in 2022 than it was from 2011 through mid-2021.
4. General inflation has been dropping; it is forecast to drop further in 2023.

Inflation and the Cost Growth Benchmark

OHS then considered the question of whether recent and forecast inflation requires modification of the Cost Growth Benchmark. In so doing, OHS considered the following:

1. General inflation impacts not only healthcare prices. It increases all other prices consumers face. Median income is forecast to grow only 2.8% in 2023
2. Recent OHS analysis of healthcare spending data indicates that, after a one-year dip in 2020, commercial market healthcare spending growth continued its recent historical pattern of outpacing resident median income growth in 2021.*
3. Because there is a two-year lag for inflation's impact on healthcare prices, we would not anticipate much impact until 2024.
4. Most other states have chosen not to adjust their 2023 benchmark values.
5. Any upward modification of the benchmark would exacerbate the already severe problem of healthcare affordability.

* The Steering Committee will review these data during its March meeting.

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Inflation and the Cost Growth Benchmark

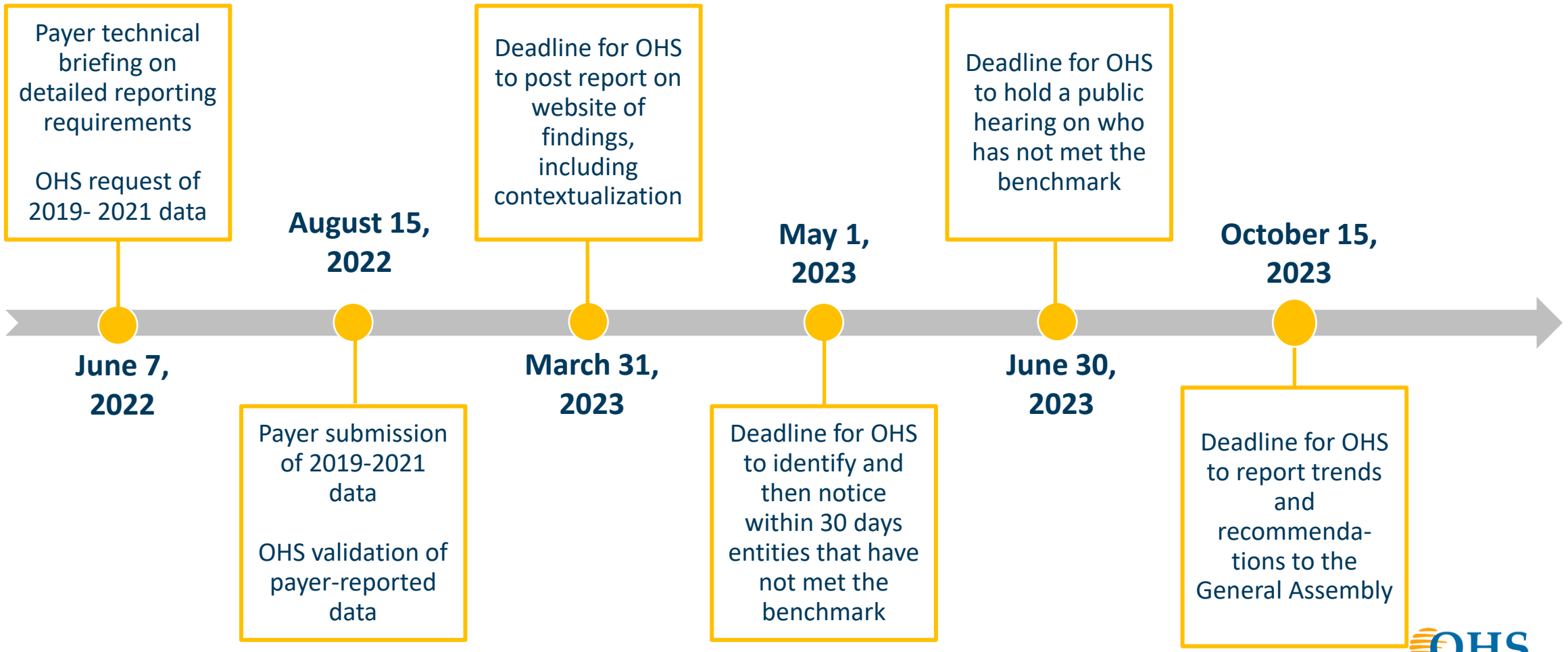
- As a result of the aforementioned considerations, OHS has decided that the 2.9% cost growth benchmark should be retained for 2023.
- As required by law, OHS will again review the current and projected rate of inflation towards the end of 2023 and determine whether the rate of inflation requires modification of the Healthcare Cost Growth Benchmark values.

Benchmark Timeline and Performance Reporting Approach

Reporting Cost Growth Benchmark Performance

- During the **March Steering Committee Meeting**, OHS will be presenting state, market, insurer and Advanced Network 2019-2020 cost growth and 2020-2021 performance against the cost growth benchmark.
- During a prior meeting, a Steering Committee member requested that OHS share its approach for reporting performance at the insurer and Advanced Network levels. We do so on the following slides, after providing a reminder about the cost growth benchmark reporting timeline and the benchmark definition.

Data Collection and Reporting Timeline



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Connecticut's Healthcare Cost Growth Benchmark

Calendar Year	Benchmark Values
2021	3.4%
2022	3.2%
2023	2.9%
2024	2.9%
2025	2.9%

- Connecticut's cost growth benchmark is an **annual rate-of-growth** benchmark for statewide healthcare spending.
- The benchmark values are based on a methodology developed through the work of an advisory group to OHS. That body considered multiple economic indicators to serve as the basis for the benchmark values

Total Healthcare Expenditures

Total Medical Expense (TME) + **Net Cost of Private Health Insurance (NCPHI)** = **Total Healthcare Expenditures (THCE)**

All incurred expenses for CT residents for all health care services, regardless of where the care was delivered and regardless of the situs of the member's plan.

The **costs to CT residents associated with the administration of private health insurance.**

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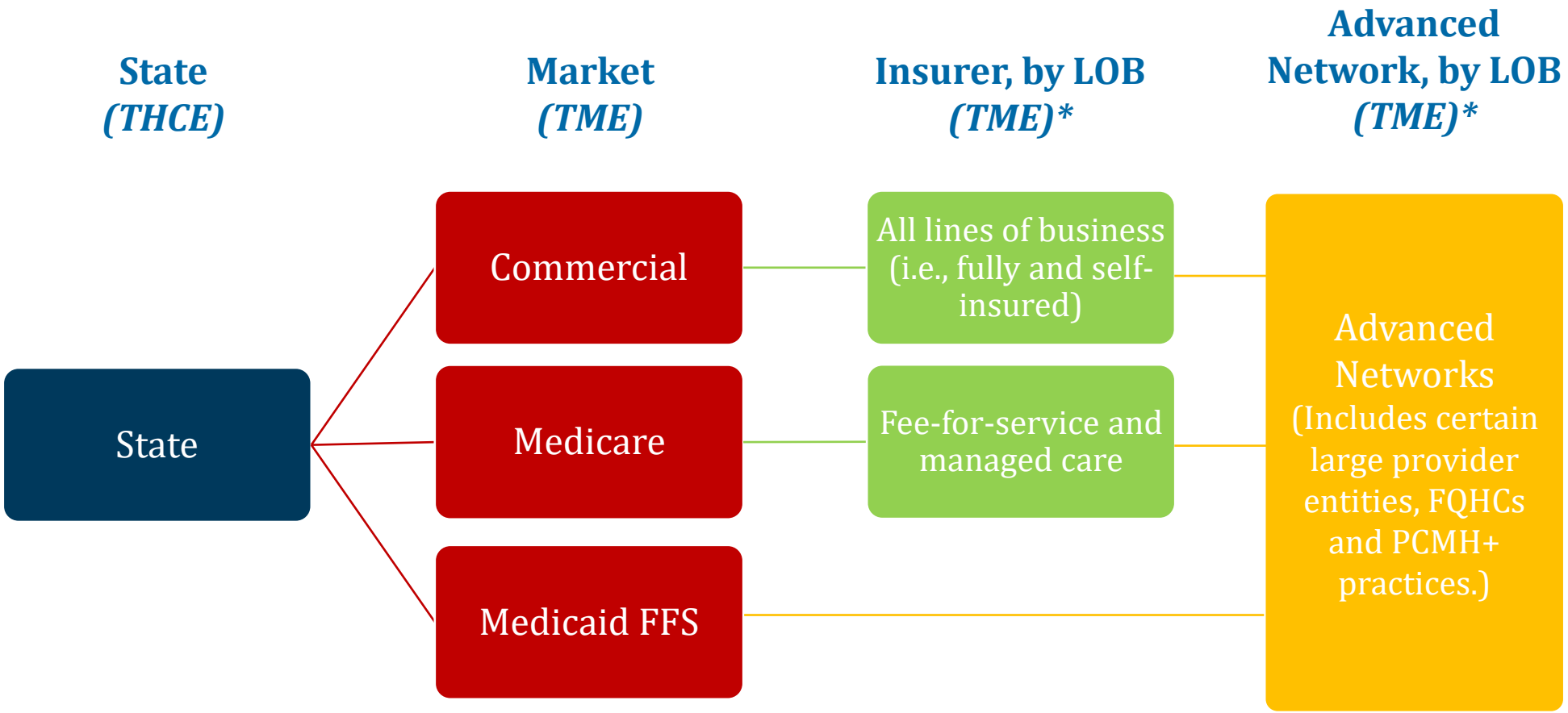
Four Levels of Public Reporting of Performance Against the Benchmark



* *OHS will only publicly report on Insurers and Advanced Networks with a minimum of 5,000 attributed lives per market*

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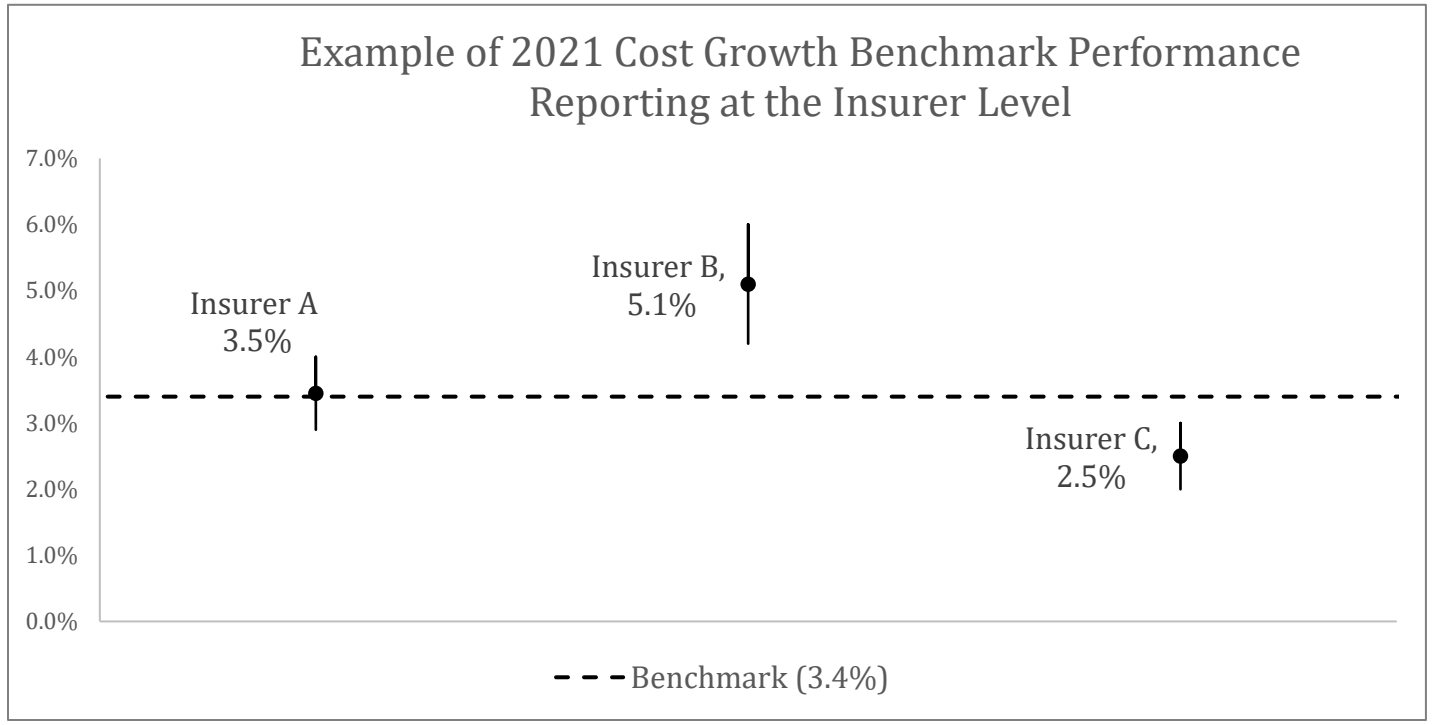
Contextualizing 2021 Cost Growth

- OHS anticipated that 2021 trend would be high, especially for the commercial market, due to the COVID-19-induced decline in utilization and spending in 2020.
- To contextualize cost growth from 2020 to 2021, OHS plans to:
  - Acknowledge the impact of 2020 depressed utilization on 2021 trend when reporting results publicly
  - Present the cumulative 2019-2021 growth at the state and market levels (in addition to annual 2020 and 2021 growth).

Example: Reporting at the Insurer Level



The vertical lines represent "confidence intervals." They indicate the range in which we can be 95% confident that the actual trend fell. If the interval crosses the benchmark, we can't be certain if the benchmark was met.

- This figure will be reproduced for each market (i.e., commercial and Medicare Advantage).
- Medicaid trend will be reported at the market level.
- OHS will only report on insurers with a minimum of 5,000 enrolled lives per market.

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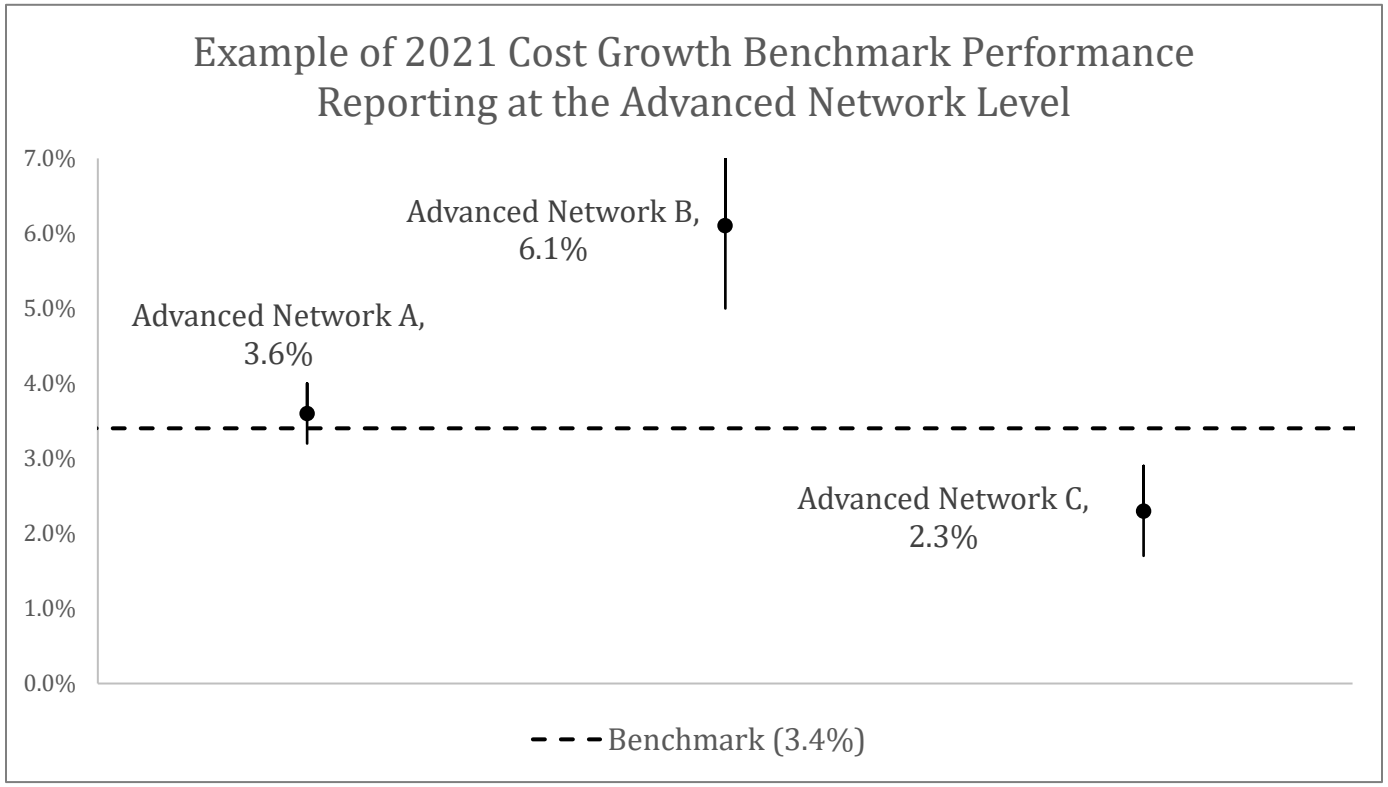
Example: Reporting at the Advanced Network Level



- The Advanced Network reporting will take the same approach as with insurers, but confidence intervals may be larger due to smaller population size.
- Formatting may be modified given the large number of Advanced Networks.

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2023 Steering Committee Goals

2023 Steering Committee Goals (1 of 2)

- OHS believes that the primary focus of the Steering Committee in 2023 should be on **recommending practical, implementable cost growth mitigation strategies to OHS**.
- You may recall that last summer Claudio challenged the Steering Committee to produce two cost growth mitigation strategies, which led to the formation of two work groups: one focused on pharmacy spending, and a second focused on hospital readmissions and avoidable ED visits.
- You may also be aware that Governor Lamont has introduced two bills to address what data show to be the two primary drivers of commercial market spending growth in Connecticut: inpatient and outpatient hospital spending, and pharmacy spending.

2023 Steering Committee Goals (2 of 2)

- In the coming months, we will review both the strategy recommendations to be produced by the aforementioned work groups, as well as the cost growth mitigation strategies that are included in the Governor's bills.
- For this reason, OHS proposes that the Steering Committee focus its meeting time in 2023 on two areas for cost growth mitigation:
  - Pharmacy spending
  - Hospital spending
- Does the Steering Committee concur with this approach for its work in 2023, or are there other areas where we should focus?
- Have workgroups been effective in working towards Steering Committee goals or should the Steering Committee consider alternative approaches?
- Have you other suggestions for OHS?

Updated Commercial Cost Driver Analysis

Cost Growth in the Commercial Market

- As a reminder, we analyze APCD data to give us insight into cost drivers that is not afforded us through analysis of the summary level benchmark data.
- The data we will review now track spending through 2021 for the commercial market. This updates prior analyses through 2019.
- The analysis looks at trends and patterns in:
  1. Per member per month (PMPM) spending
  2. The relative roles of changes in payment rates and utilization
     - Any changes in service mix is masked by changes in payment rates.

Cost Growth Benchmark Analysis vs. APCD Analysis

How will we determine the level of cost growth from one year to the next relative to the benchmark?

Benchmark Analysis

- **What is this?** A calculation of healthcare cost growth over a given time period using payer-collected aggregate data.
- **Data Type:** Aggregate data that allow assessment at four levels: 1) provider level, 2) insurer level, 3) market level, and 4) statewide.
- **Data Source:** Insurers and public payers
- **What's missing?** Claim-level detail to drill down into cost drivers

How will we determine the drivers of overall cost and cost growth? Where are there opportunities to contain spending?

APCD Analysis

- **What is this?** A study of cost drivers to help identify promising opportunities for reducing cost growth and inform policy decisions.
- **Data Type:** Granular data (claims and/or encounters)
- **Data Source:** All-Payer Claims Database (APCD)
- **What's missing?** Most self-insured commercial claims, non-claims payments, drug rebates from drug manufacturers, insurer administration costs and profit

Study Population

- Connecticut residents, 2017-2021
- Commercial (fully insured, and State employees and retirees)
  - Self-insured not included
- Exclusions
  - Non-Connecticut residents
  - Secondary payers
  - Denied, reversed, and non-primary claim lines
  - Claim lines with negative payment or cost-sharing
  - Payments made six months or longer after the service year
- Reminder: non-claims-based payments and pharmacy rebates are not in the APCD

Commercial medical spending declined slightly in 2020 before sharply rising by 24% in 2021

Payer	Commercial Medical PMPM 2017	2018	2019	2020	2021	Average annual change (%)	2020 – 2021 change (%)	Total change (%)
All-payer	$410.57	$436.39	$459.07	$423.88	$525.30	**6.9%**	**23.9%**	27.9%
Aetna	$366.38	$421.15	$447.43	$430.84	$523.87	9.8%	21.6%	43.0%
Anthem	$428.09	$470.50	$501.88	$441.84	$569.80	8.4%	29.0%	33.1%
Cigna	$387.01	$392.56	$406.37	$405.04	$480.75	5.8%	18.7%	24.2%
ConnectiCare	$490.93	$484.30	$490.45	$473.80	$517.55	1.4%	9.2%	5.4%
Harvard Pilgrim	$375.09	$401.05	$439.11	$421.92	$496.45	7.5%	17.7%	32.4%
UnitedHealthcare	$368.37	$389.55	$417.82	$379.13	$444.81	5.3%	17.3%	20.8%

- The average annual increase of **6.9%** compares to median annual household income growth of **2.7%** for the same time period. That's 2.5 times faster.
- The 2021 increase exceeds preliminary rates of increase observed in some other New England states.

Source: APCD

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Commercial retail pharmacy spending growth was lower than medical but higher than income growth

Payer	Commercial Retail Pharmacy PMPM 2017	2018	2019	2020	2021	Average annual change (%)	2020 – 2021 change (%)	Total change (%)
All-payer	$110.28	$112.52	$112.92	$115.61	$129.83	**4.3%**	**12.3%**	17.7%
Aetna	$121.47	$128.16	$117.74	$110.18	$110.79	-2.1%	0.6%	-8.8%
Anthem	$144.23	$151.07	$167.31	$167.43	$188.33	7.0%	12.5%	30.6%
Cigna	$100.48	$108.75	$115.80	$133.11	$160.98	12.6%	20.9%	60.2%
ConnectiCare	$108.24	$124.39	$131.65	$134.81	$162.48	10.9%	20.5%	50.1%
Express Scripts	$81.32	$75.85	$75.70	$79.15	$90.13	2.9%	13.9%	10.8%
Harvard Pilgrim	$92.24	$101.96	$120.62	$135.52	$153.33	13.6%	13.1%	66.2%
UnitedHealthcare	$95.21	$99.51	$107.62	$128.27	$138.49	10.0%	8.0%	45.5%

- The average annual increase of **4.3%** compares to median annual household income growth of **2.7%** for the same time period. That's 1.6 times faster.
- The 2021 increase exceeds preliminary rates of increase observed in some other New England states.
- Note: People with Express Scripts Rx coverage have medical coverage with another payer.

Source: APCD

Commercial hospital spending continues to consume a growing share of spending

Service Category	Percentage of Spending				
	2017	2018	2019	2020	2021
Total PMPM	**$520.85**	**$548.92**	**$571.99**	**$534.49**	**$655.13**
Inpatient	16.6%	16.8%	16.8%	16.8%	15.9%
Outpatient*	26.8%	27.6%	28.8%	28.3%	29.9%
Outpatient hospital	*25.1%*	*25.9%*	*26.9%*	*26.5%*	*27.9%*
Outpatient ASC	*1.6%*	*1.7%*	*1.8%*	*1.8%*	*2.1%*
Professional	32.5%	32.3%	31.9%	30.3%	30.7%
Retail Pharmacy**	21.2%	20.5%	19.7%	21.4%	19.8%
Other***	2.9%	2.8%	2.8%	3.2%	3.7%

* Outpatient includes outpatient hospital and ambulatory surgical center (ASC) spending.
** Retail pharmacy includes all members with pharmacy coverage, with or without medical coverage.
*** "Other" services include DME, home health, hospice, ICF and SNF claims.

Source: APCD

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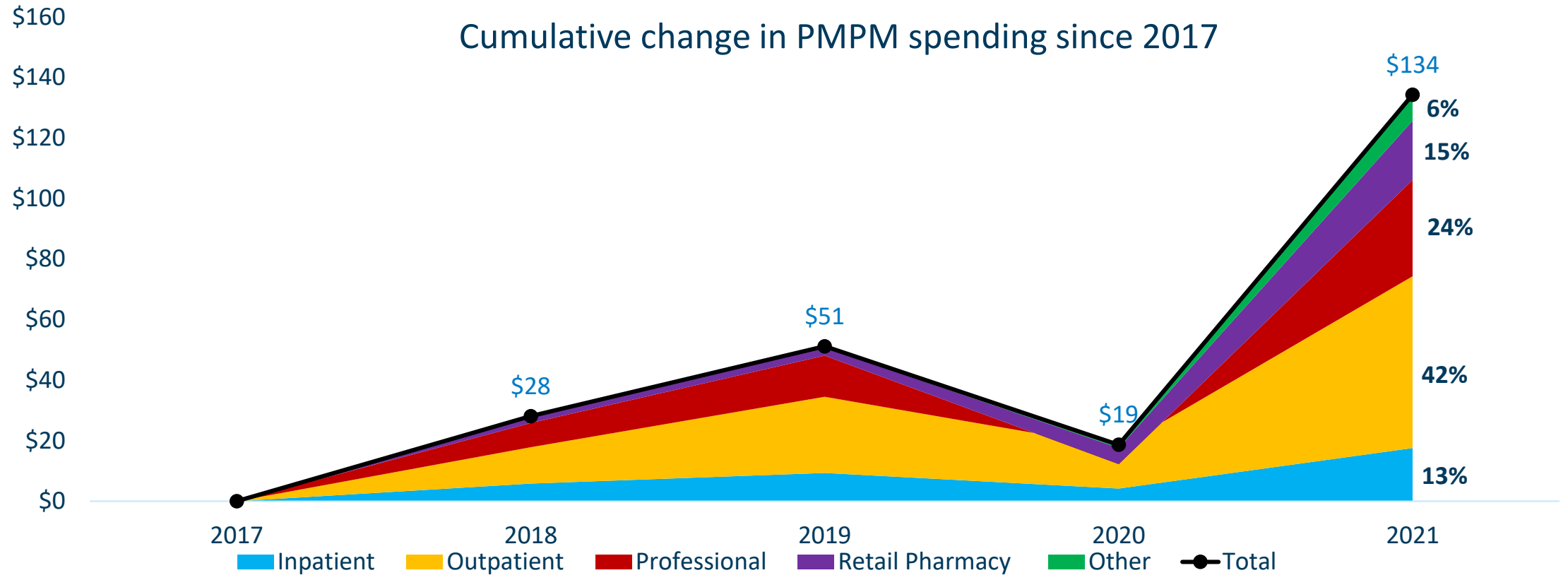
Commercial PMPM spending fell in 2020 due to the pandemic, then increased dramatically in 2021

Outpatient spending made up 42% of the cumulative increase



* 'Other' services include DME, home health, hospice, ICF and SNF claims.
** Retail pharmacy includes all members with pharmacy coverage, with or without medical coverage.
***Medical pharmacy PMPM amounts are subtracted from respective medical service categories

Source: APCD

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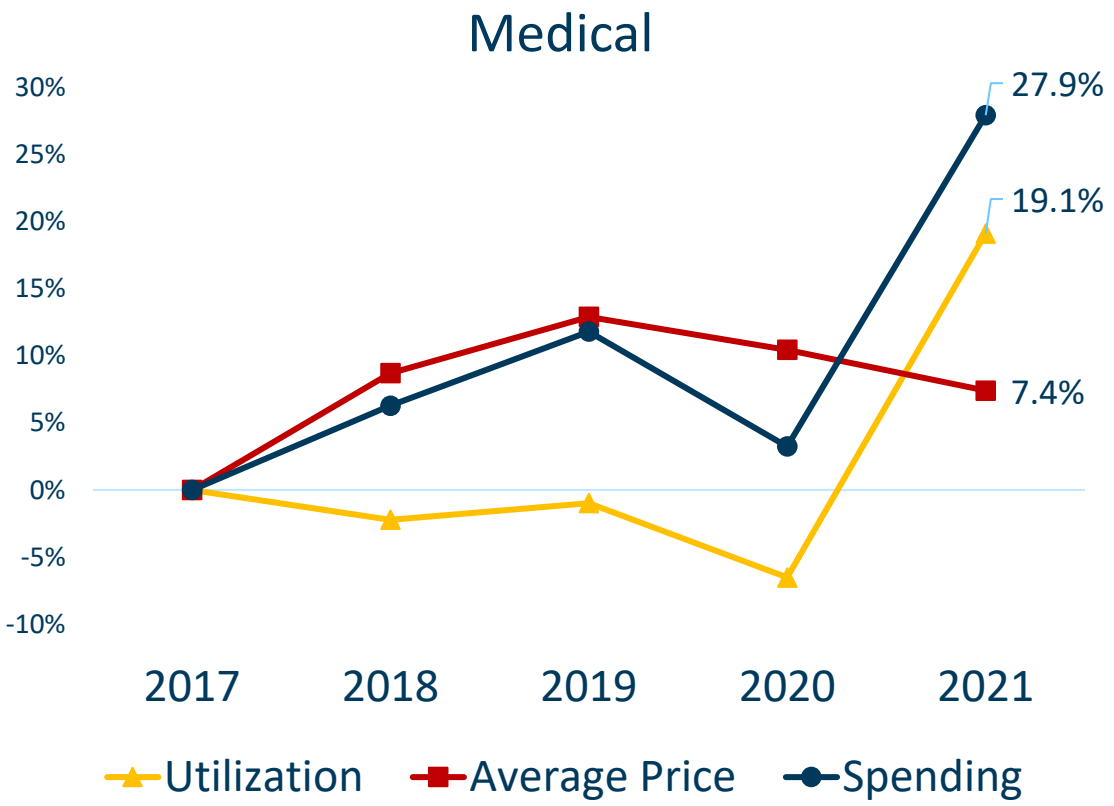
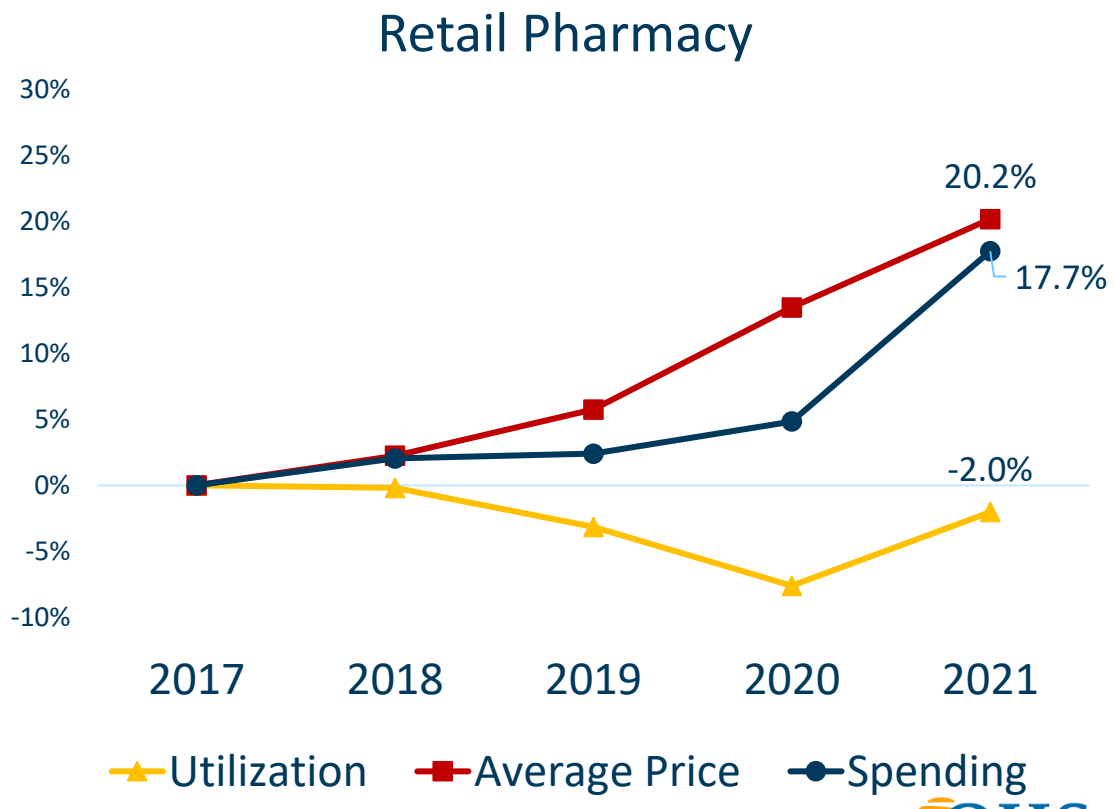
Commercial payment per medical service rose while utilization dropped, 2017-19; in 2021, utilization rebounded while payment per service declined

- **Retail pharmacy payments per script rose despite decreasing utilization through 2020, and outpaced an increase in utilization in 2021**



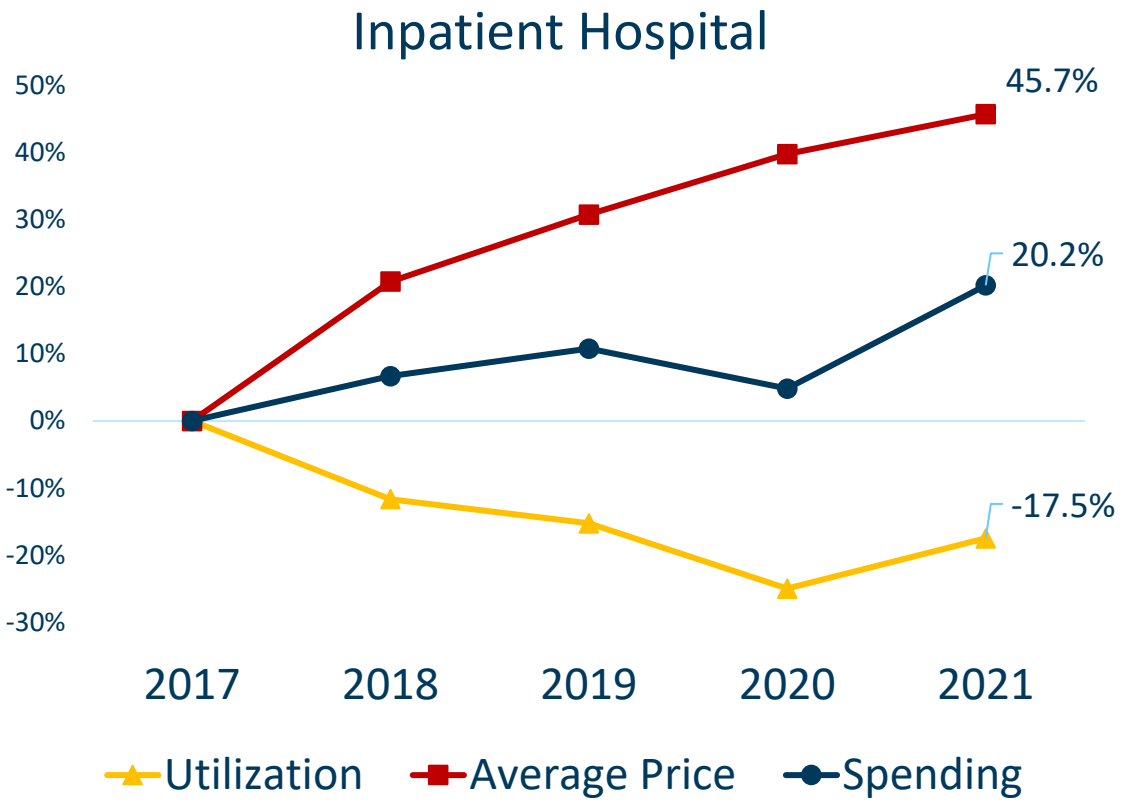


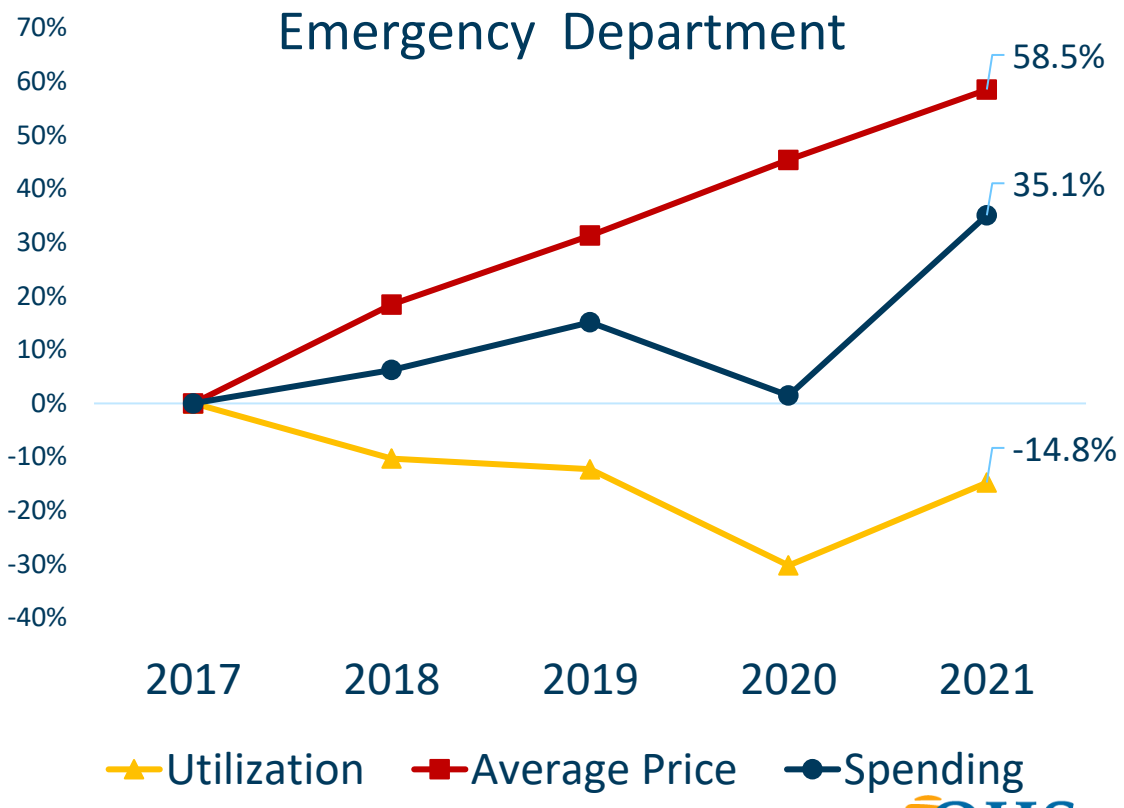
Spending = PMPM; Average price = Spending per service/prescription;
Utilization = services/prescriptions per member month

Source: APCD

Commercial inpatient hospital and emergency department payment per service increased each year, while utilization dropped significantly

- **Emergency department visits include both outpatient and professional spending**





Spending = PMPM; Average price = Spending per service; Utilization = services per member month

Source: APCD

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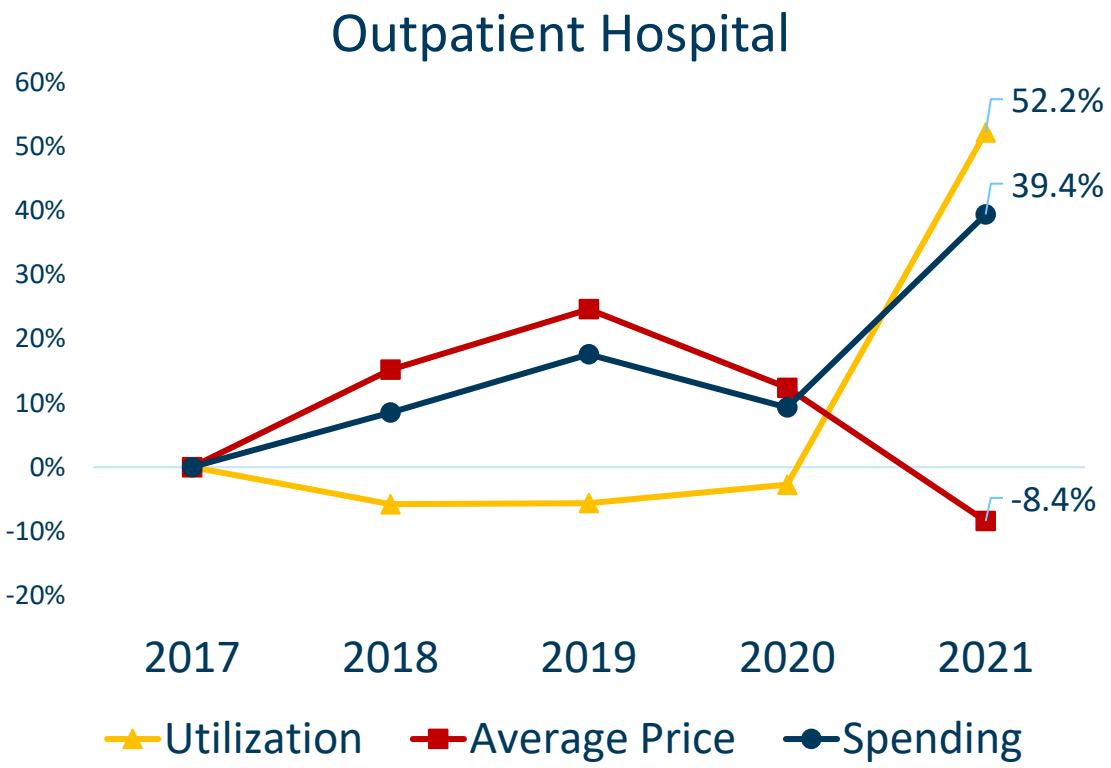
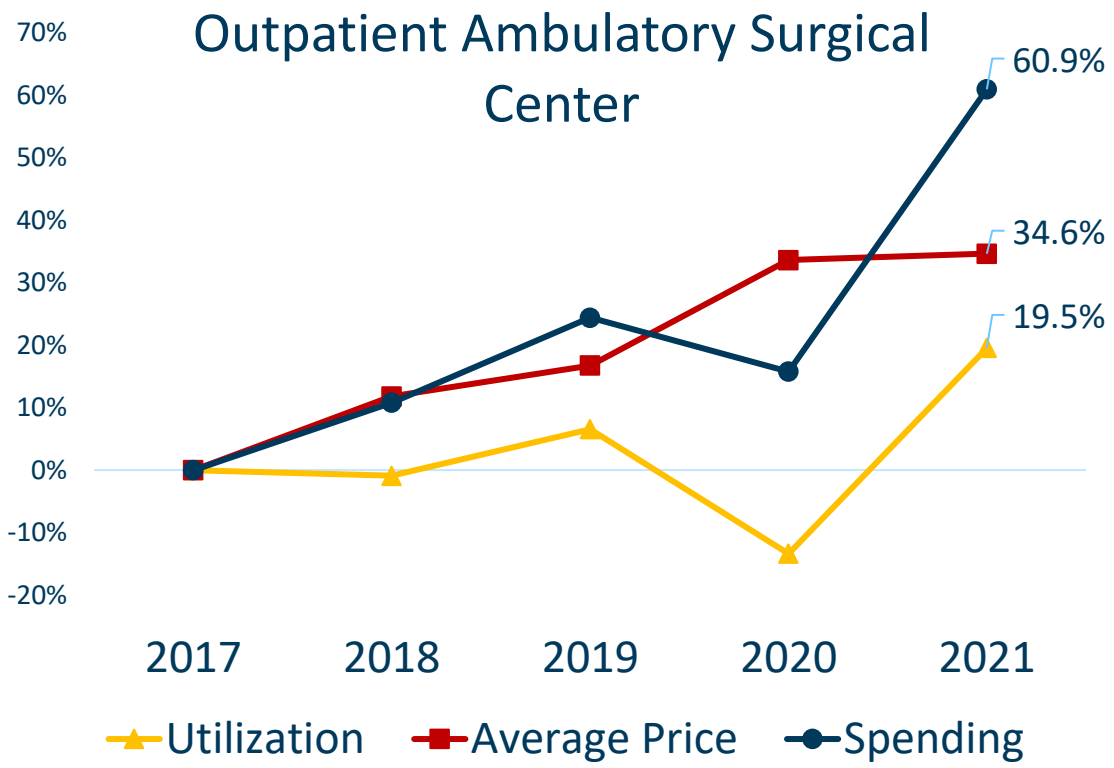
Commercial outpatient hospital payment per service fell in 2020 and 2021 after increases from 2015-2019, while utilization grew after years of declines

- **Outpatient ambulatory surgical center payment increases outpaced changes in utilization**

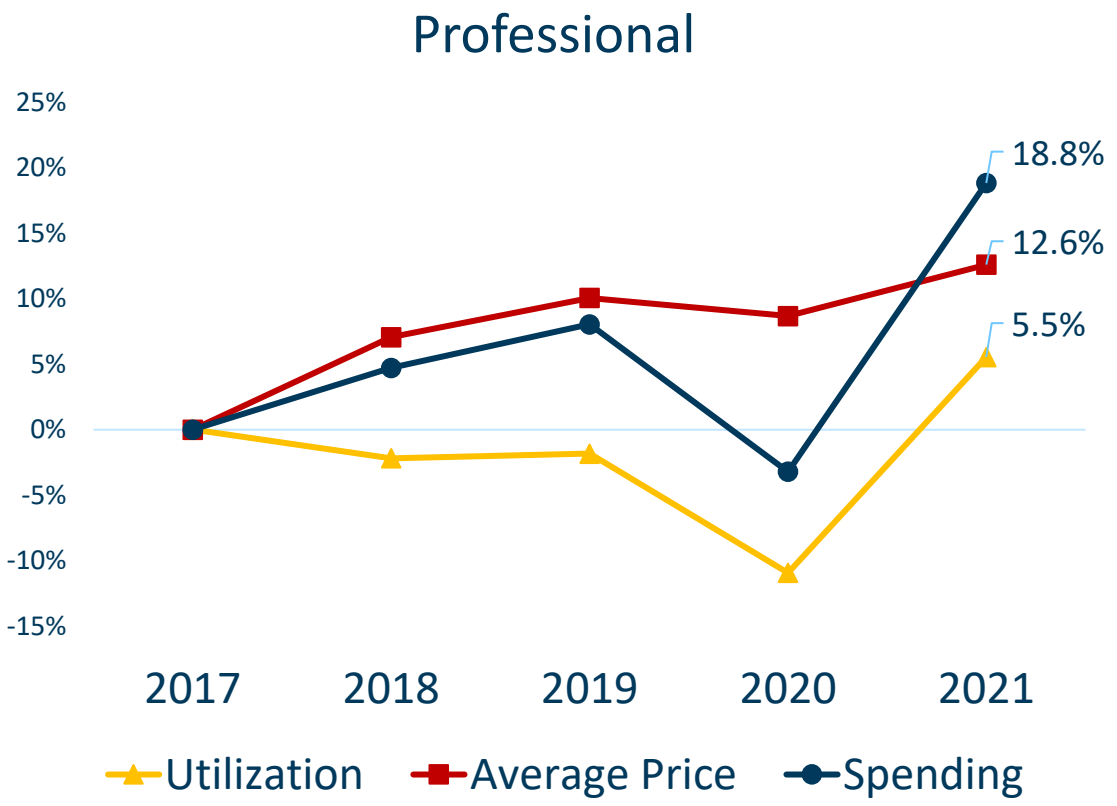




Spending = PMPM; Average price = Spending per service; Utilization = services per member month

Source: APCD

From 2017-20, commercial payment per professional service grew at a modest pace; utilization was steady, dropped in 2020 and then rebounded in 2021

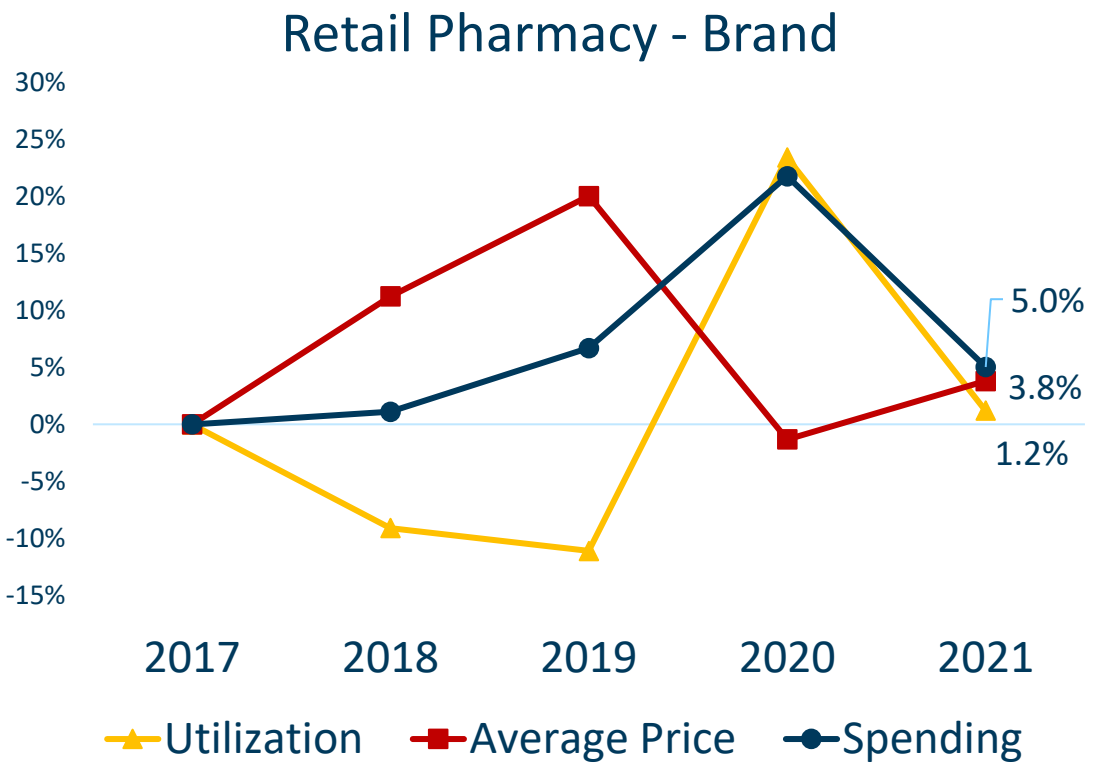


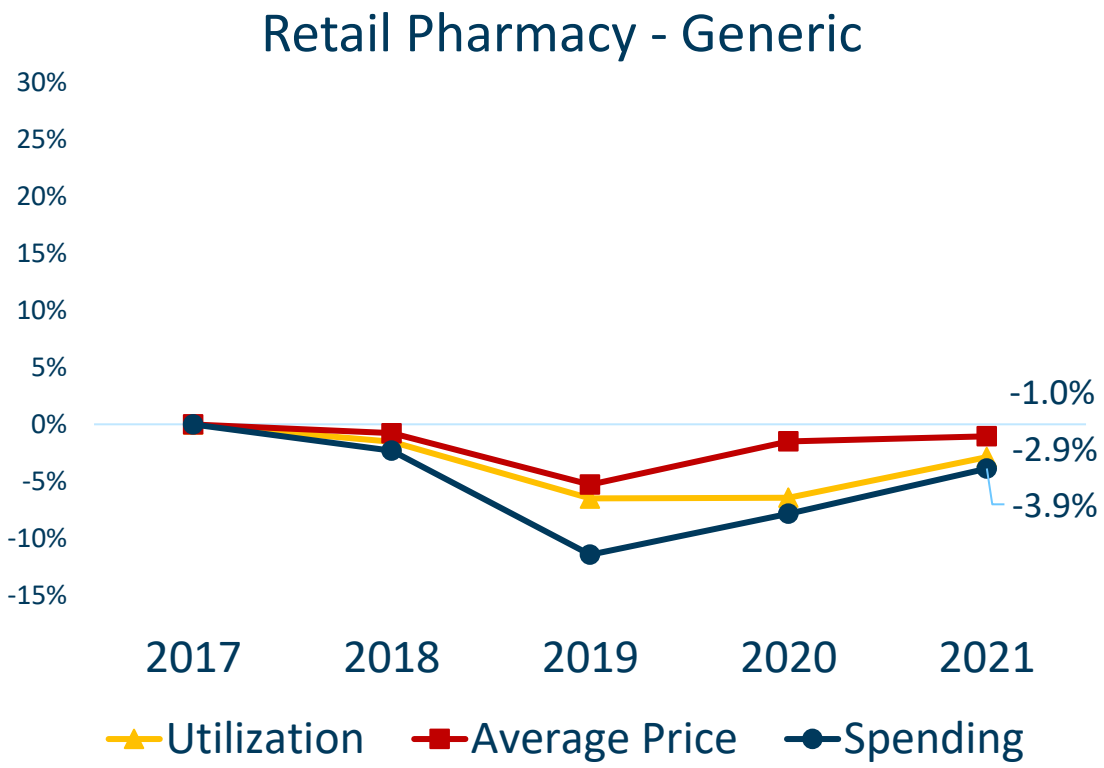
Spending = PMPM; Average price = Spending per service; Utilization = services per member month

Source: APCD

Commercial brand-name prescription drugs payment per script rose as use fell through 2019, reversed trend in 2020 and shows signs of reverting to pre-COVID trends in 2021

- **For generic prescription drugs, utilization, spending, and payment/prescription all declined slightly**





Spending = PMPM; Average price = Spending per prescription; Utilization = prescriptions per member month

Source: APCD

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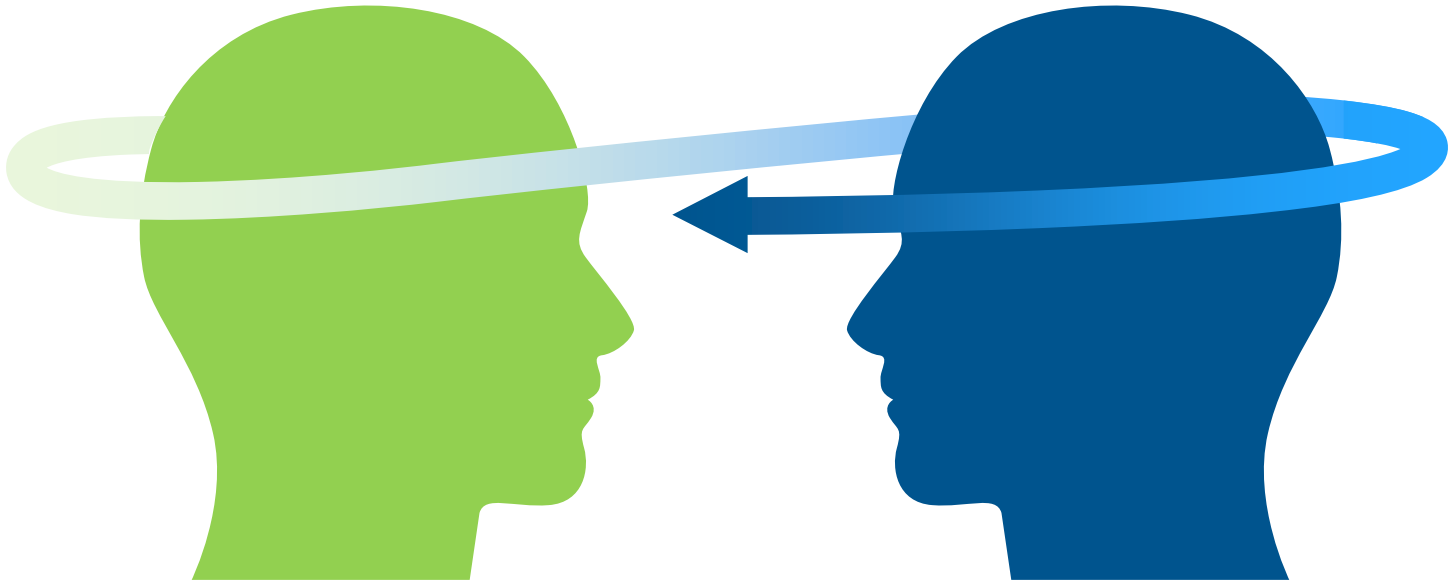
Key Takeaways

- Commercial spending growth continued to far exceed income growth of state residents; higher and higher percentages of resident income went to paying for healthcare.
- As expected, spending patterns in 2020 and 2021 were heavily impact by the pandemic.
  - Utilization dropped significantly in 2020, and then grew dramatically in 2021.
  - Payment per service continued to grow, with the exception of outpatient hospital in 2020 and 2021 and prescription drugs in 2021.
    - The 2021 hospital outpatient trend in payment per service and utilization warrant further analysis.

Discussion

What policy insights did this data analysis provide you?



What implications do you see for Steering Committee action, if any?

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Medicaid Cost Driver Analysis

Cost Growth in Medicaid

- The analyses we will review today track Medicaid spending through 2021 using APCD data.
  - Analysis was restricted to members with Medicaid as a primary insurer who were not dually-eligible for Medicare.
  - Future analysis will include members with dual eligibility.
  - Expanded Medicaid enrollment due to the Public Health Emergency probably depressed trend since the added population was relatively healthier, and some members subsequently obtained commercial coverage while remaining on Medicaid.

Cost Growth in Medicaid

- Because persons with dual eligibility are not yet in the APCD analysis, the results of analyses using APCD data vs. Cost Growth Benchmark data vary considerably. Some of the differences we can explain, while others we can not explain at present.

Medicaid Cost Growth Benchmark Analysis vs. APCD Analysis

	Cost Growth Benchmark			APCD		
Service Category	**2018**	**2019**	**Annual Change**	**2018**	**2019**	**Annual Change**
Total member months	**10,271,785**	**10,435,739**	**1.6%**	**8,774,306**	**9,025,136**	**2.9%**
Total PMPM	**$708.16**	**$701.55**	**-0.9%**	**$491.17**	**$514.81**	**4.8%**
Inpatient hospital	$97.65	$98.03	0.4%	$77.66	$81.92	5.5%
Outpatient	$77.65	$81.44	4.9%	$77.90	$82.55	6.0%
Professional	$101.33	$104.33	3.0%	$155.64	$164.60	5.8%
Long Term Care*	$285.44	$269.80	-5.5%	$21.12	$21.98	4.1%
Retail Pharmacy**	$43.38	$47.47	9.4%	$136.82	$141.55	3.5%
Other***	$41.69	$43.13	3.4%	$22.03	$22.21	0.8%
Non-Claims	$61.01	$57.35	-6.0%	N/A	N/A	2.9%

* Cost growth benchmark includes members with dual eligibility in long-term care spending, duals are excluded in APCD costs
** Cost growth benchmark pharmacy spending includes rebates; APCD pharmacy spending does not include rebates
*** APCD "Other" services include DME, home health, hospice, and laboratory spending..

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The Study Population

- Connecticut residents, 2017-2021
- Medicaid members
  - Dually eligible not included
- *Claims payments through September 2022*
- Exclusions
  - Non-Connecticut residents
  - Members with secondary coverage, including duals
  - Denied, reversed, and non-primary claim lines
  - Claim lines with negative payment or cost-sharing
- Reminder: non-claims-based payments and pharmacy rebates are not in the APCD

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PMPM Spending

Medicaid medical spending declined some in 2020 before rising by 5% in 2021; retail pharmacy spending grew 6% in 2021

Service Category	Medicaid Non-Dually Eligible Members PMPM by Service year					Average annual change (%)	2020 – 2021 change (%)	Total change (%)
	2017	2018	2019	2020	2021			
Medical	$341.83	$354.35	$373.26	$361.71	$380.49	**2.8%**	**5.2%**	11.3%
Retail Pharmacy	$138.70	$136.82	$141.55	$139.35	$147.78	1.6%	6.1%	6.5%

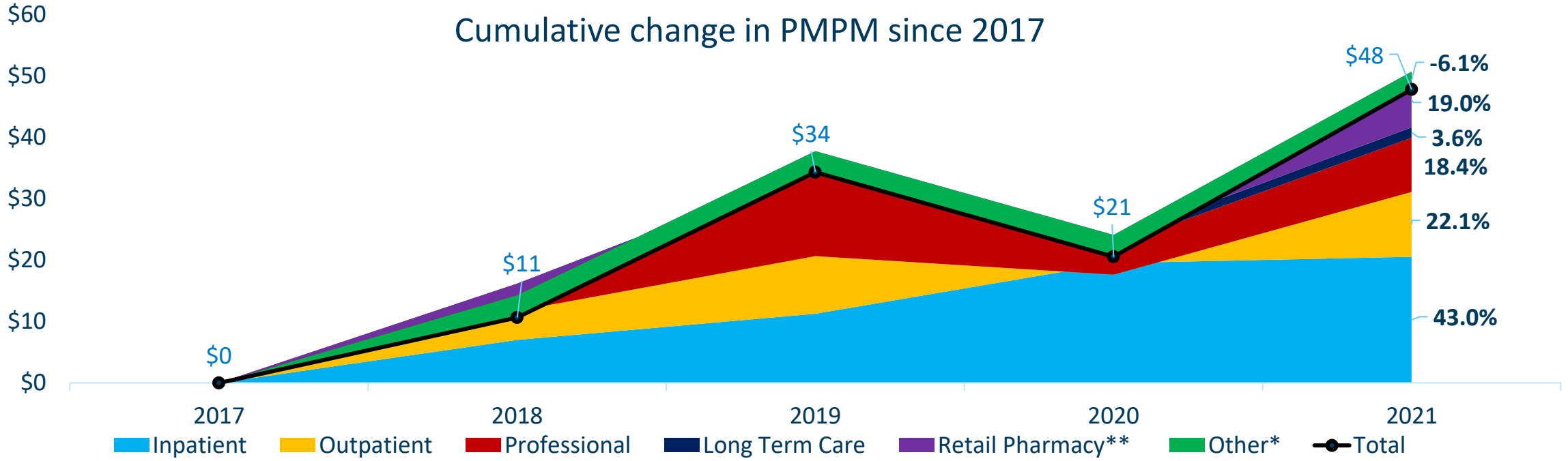
Notes:

- Data are from the CT APCD, extract 6005, which includes payments made through September 30, 2022.
- PMPM amounts do not include non-claims costs or pharmacy rebates.
- Members dually-eligible for Medicare and members with secondary Medicaid coverage are excluded.
- *Recent years might be understated due to retroactive Medicaid payments that may occur long after services are administered.*

Source: APCD

Medicaid PMPM spending fell in 2020 due to the pandemic, then increased dramatically in 2021

- **Effective January 2018, hospital rates were increased for both inpatient (31.7%) and outpatient (6.5%). A 2019 settlement increased Medicaid payment rates to hospitals effective January 2020 by a 2 percent annual rate increase for 7 years for both hospital inpatient and outpatient.**
- **Combined hospital spending (inpatient and outpatient) made up 65% of PMPM growth, 2017-21.**



* 'Other' services include DME, home health, hospice, and laboratory claims.

** Retail pharmacy includes all members with pharmacy coverage, regardless of medical coverage.

Source: APCD

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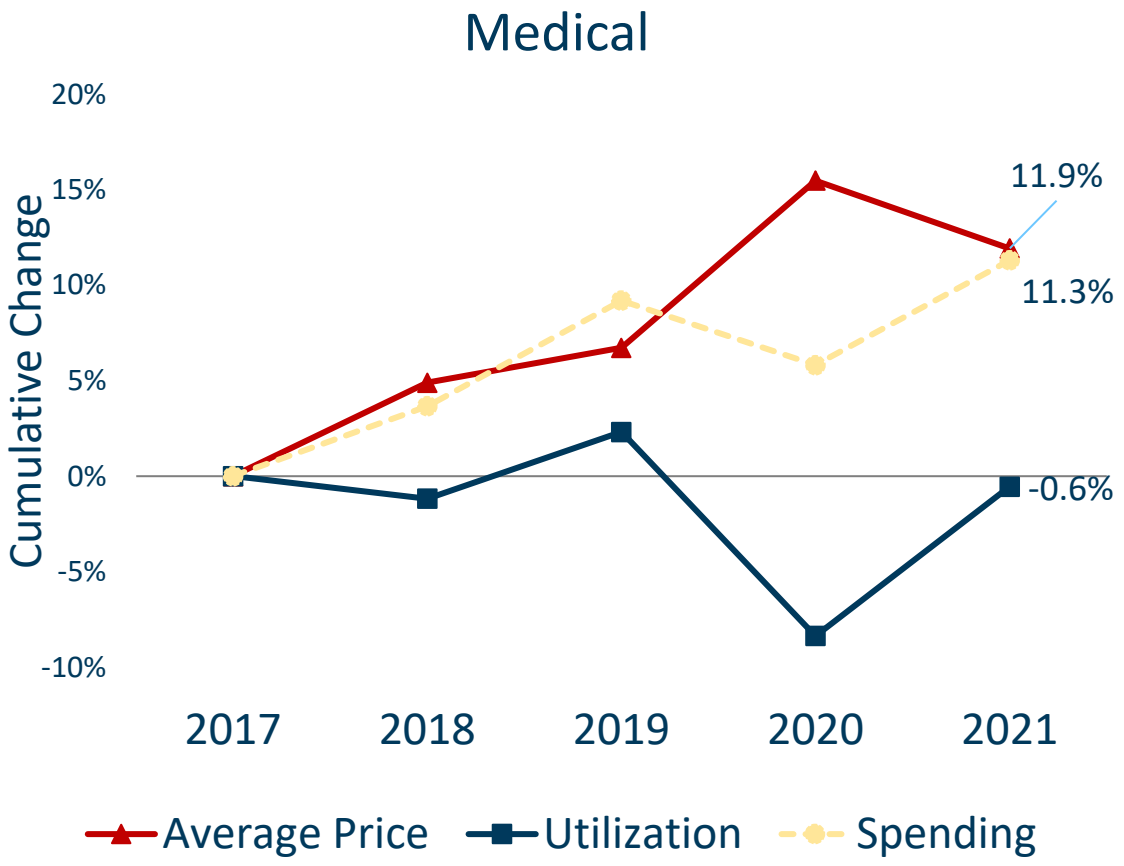
Utilization vs. Payment Rates

Medicaid medical spending and price increased while utilization remained steady

- PMPM spending also increased despite steady utilization.



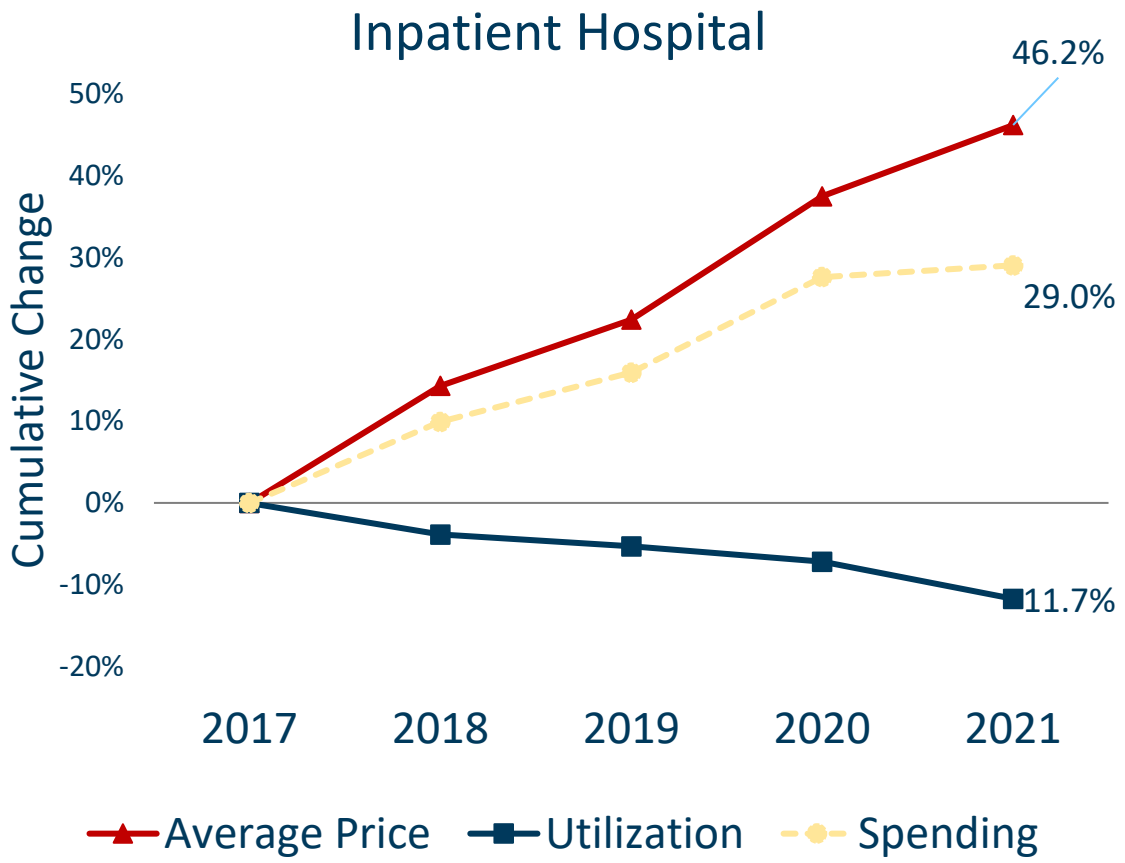
	Annual Change				Avg Change
	2018	2019	2020	2021	
Average Price	4.9%	1.7%	8.2%	-3.1%	2.9%
Utilization	-1.2%	3.5%	-10.4%	8.5%	0.1%
Spending	3.7%	5.3%	-3.1%	5.2%	2.8%

Note: Price is defined as average spending per service, where a service is defined as a single claim, except for inpatient hospital and LTC in which service is defined as an inpatient stay. Price is affected by changes in service mix.

Average price = Spending per service; Utilization = services per member month; Spending = PMPM

Source: APCD

Medicaid inpatient hospital prices increased each year; there was a cumulative decrease in utilization



	Annual Change				Avg Change
	2018	2019	2020	2021	
Average Price	14.3%	7.1%	12.3%	6.3%	10.0%
Utilization	-3.9%	-1.5%	-2.0%	-4.9%	-3.1%
Spending	9.9%	5.5%	10.1%	1.1%	6.6%

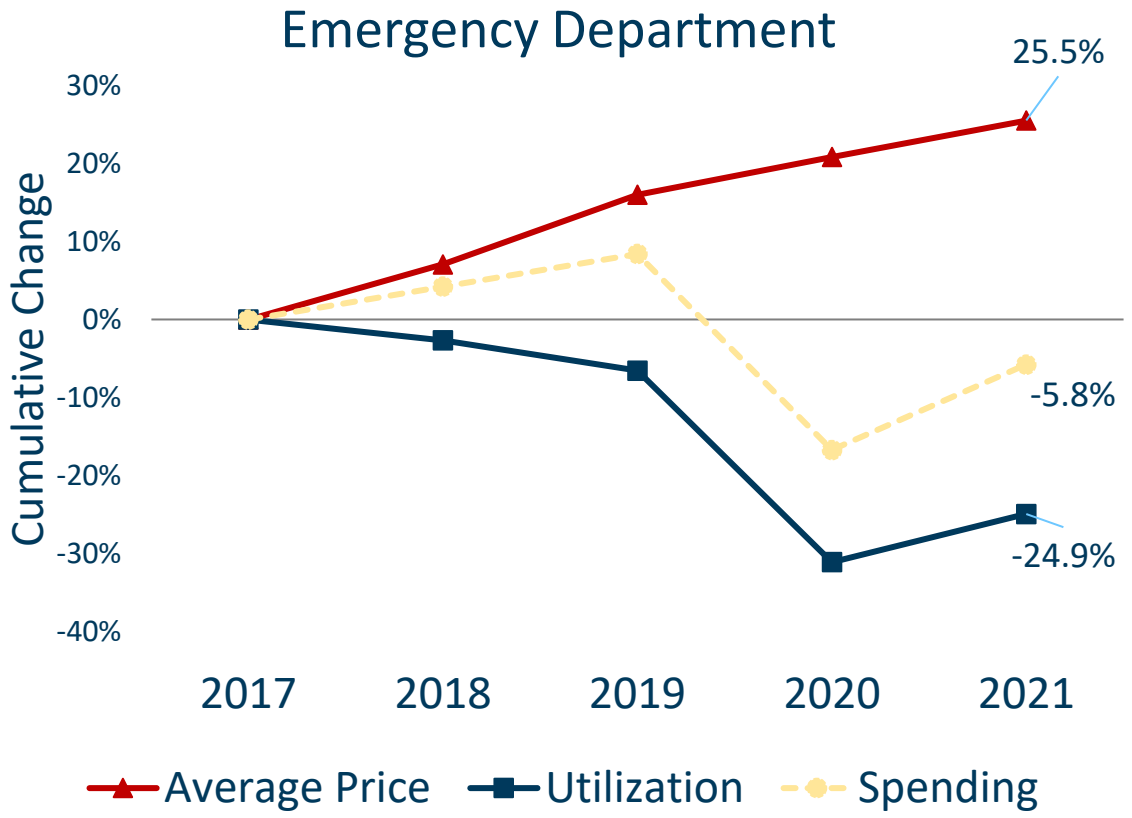
Note: Price is defined as average spending per service, where a service is defined as an inpatient stay, and limited to facility fees. Price is affected by changes in service mix.

Average price = Spending per service; Utilization = services per member month; Spending = PMPM

Source: APCD

Medicaid emergency department prices increased each year; there was a cumulative decrease in utilization

- Emergency department visits include both outpatient and professional spending



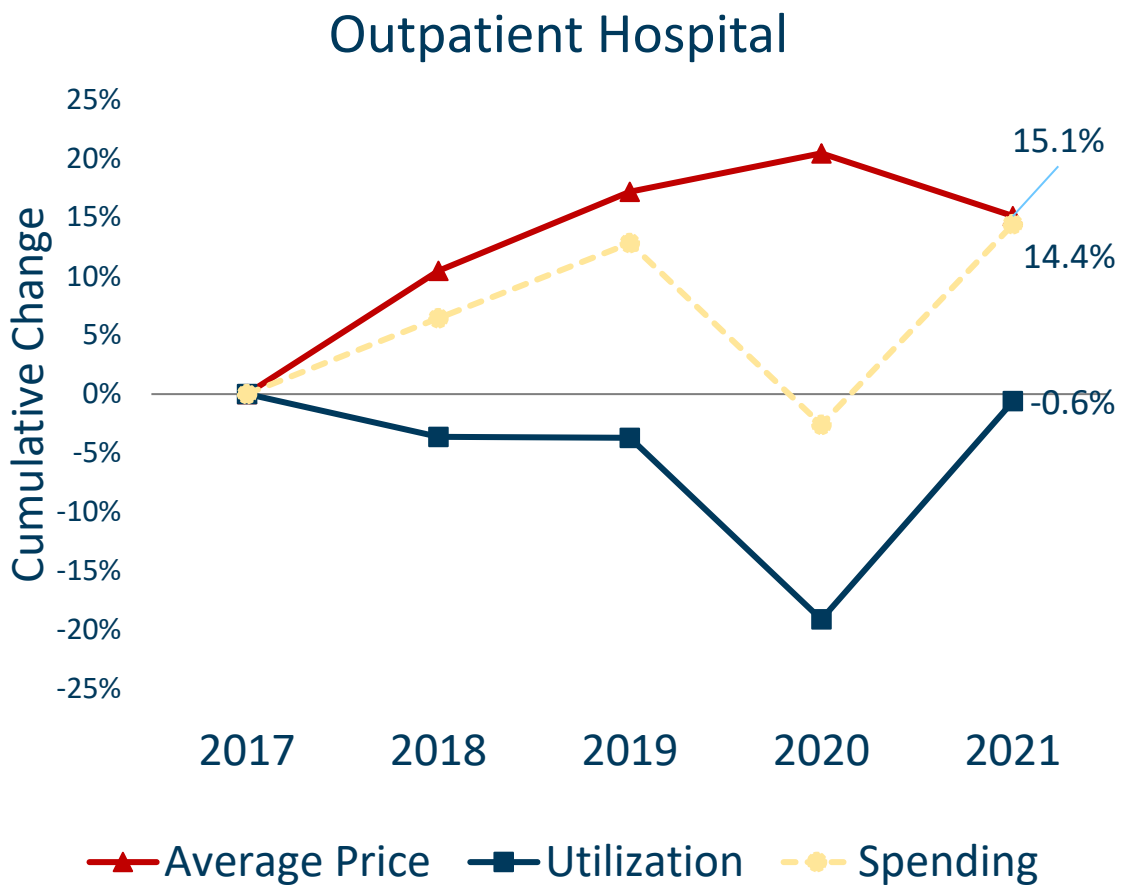
	Annual Change				Avg Change
	2018	2019	2020	2021	
Average Price	7.1%	8.3%	4.2%	3.9%	5.9%
Utilization	-2.7%	-4.0%	-26.3%	9.0%	-6.0%
Spending	4.2%	4.0%	-23.2%	13.2%	-0.4%

Note: Price is defined as average spending per service, where a service is defined as ED visit and includes professional and outpatient services. ED services overlap with outpatient and professional services and do not represent a distinct service category. Price is affected by changes in service mix.

Average price = Spending per service; Utilization = services per member month; Spending = PMPM

Source: APCD

Medicaid outpatient hospital prices increased and utilization dropped until 2021 when price dropped and use rose



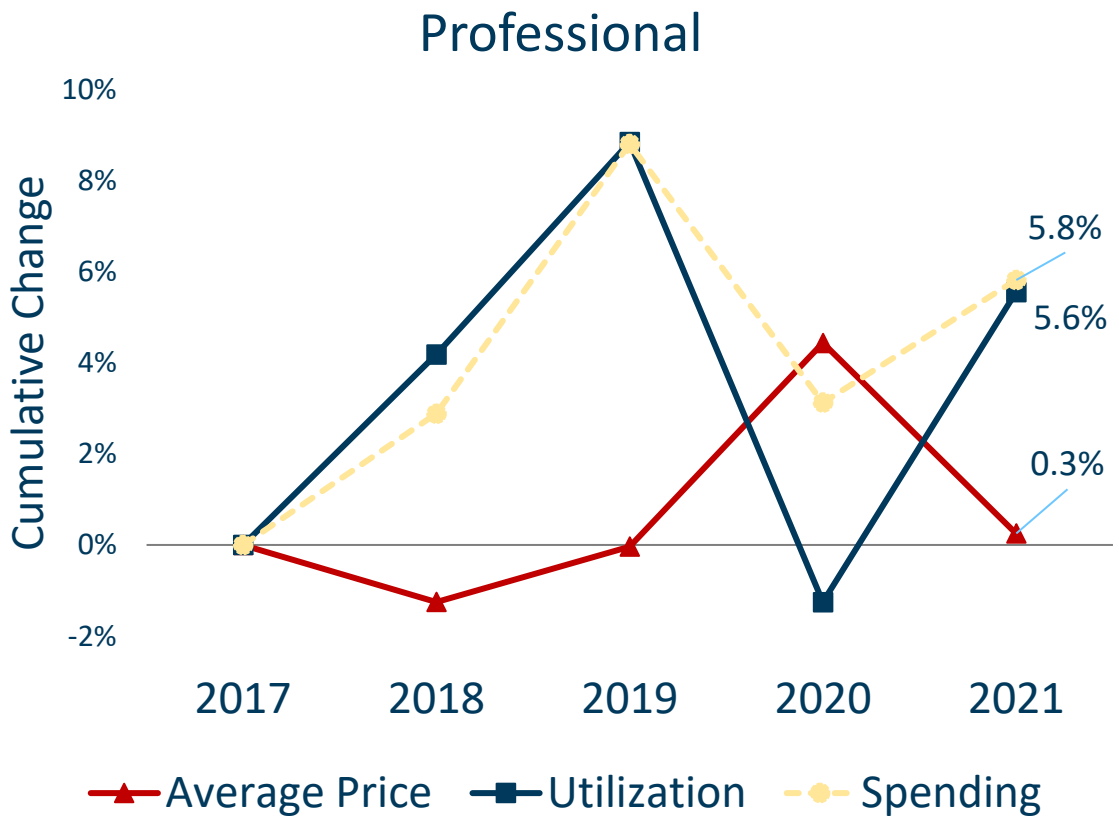
	Annual Change				Avg Change
	2018	2019	2020	2021	
Average Price	10.5%	6.1%	2.8%	-4.4%	3.7%
Utilization	-3.6%	-0.1%	-16.0%	22.9%	0.8%
Spending	6.4%	6.0%	-13.7%	17.5%	4.1%

Note: Price is defined as average spending per service, where a service is defined as outpatient hospital claim and limited to facility fees. Price is affected by changes in service mix.

Average price = Spending per service; Utilization = services per member month; Spending = PMPM

Source: APCD

From 2017-19, prices for Medicaid professional services were flat and use rose; in 2020 patterns changed for one year



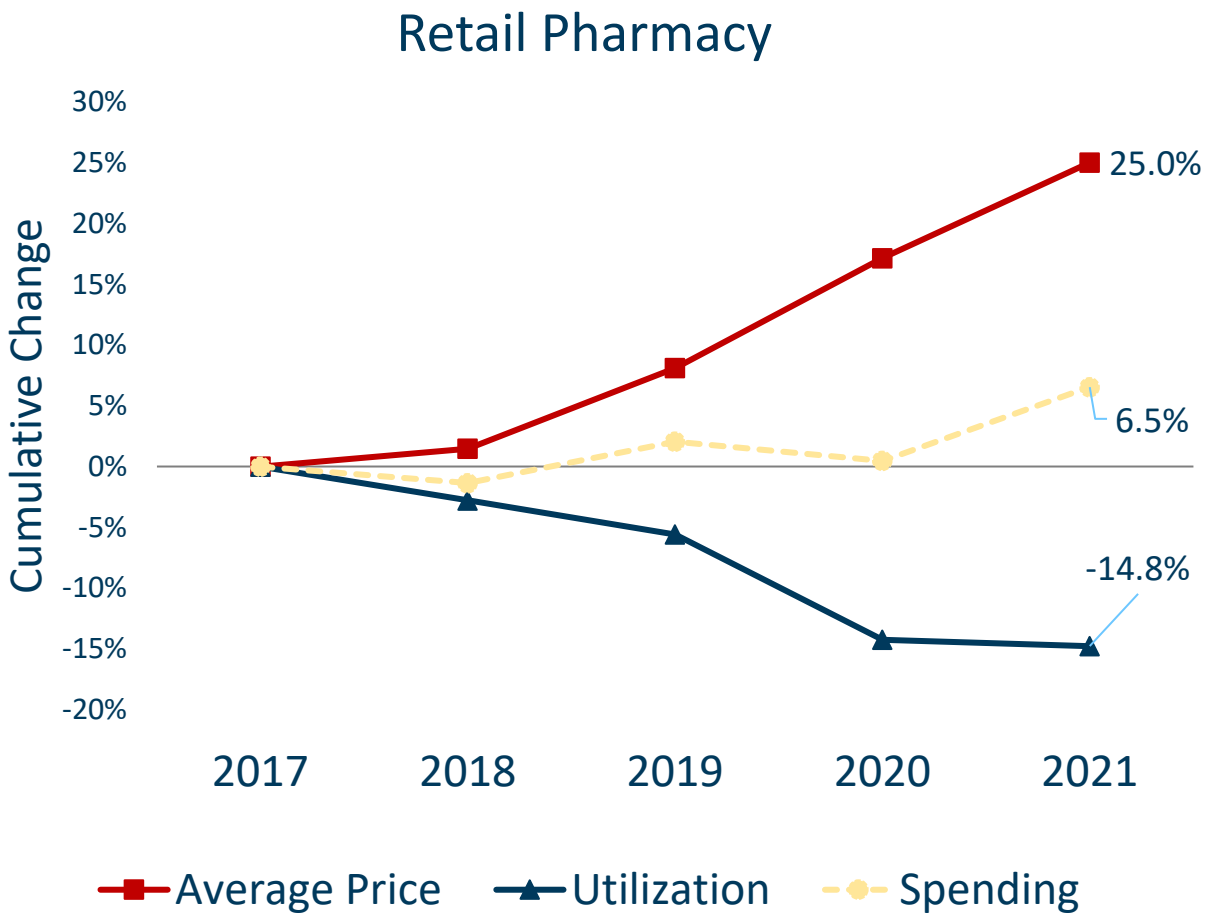
	Annual Change				Avg Change
	2018	2019	2020	2021	
Average Price	-1.2%	1.2%	4.5%	-4.0%	0.1%
Utilization	4.2%	4.5%	-9.3%	6.9%	1.6%
Spending	2.9%	5.8%	-5.2%	2.6%	1.5%

Note: Price is defined as average spending per service, where a service is defined as professional claim. Price is affected by changes in service mix.

Average price = Spending per service; Utilization = services per member month; Spending = PMPM

Source: APCD

Medicaid retail pharmacy prices rose and use decreased



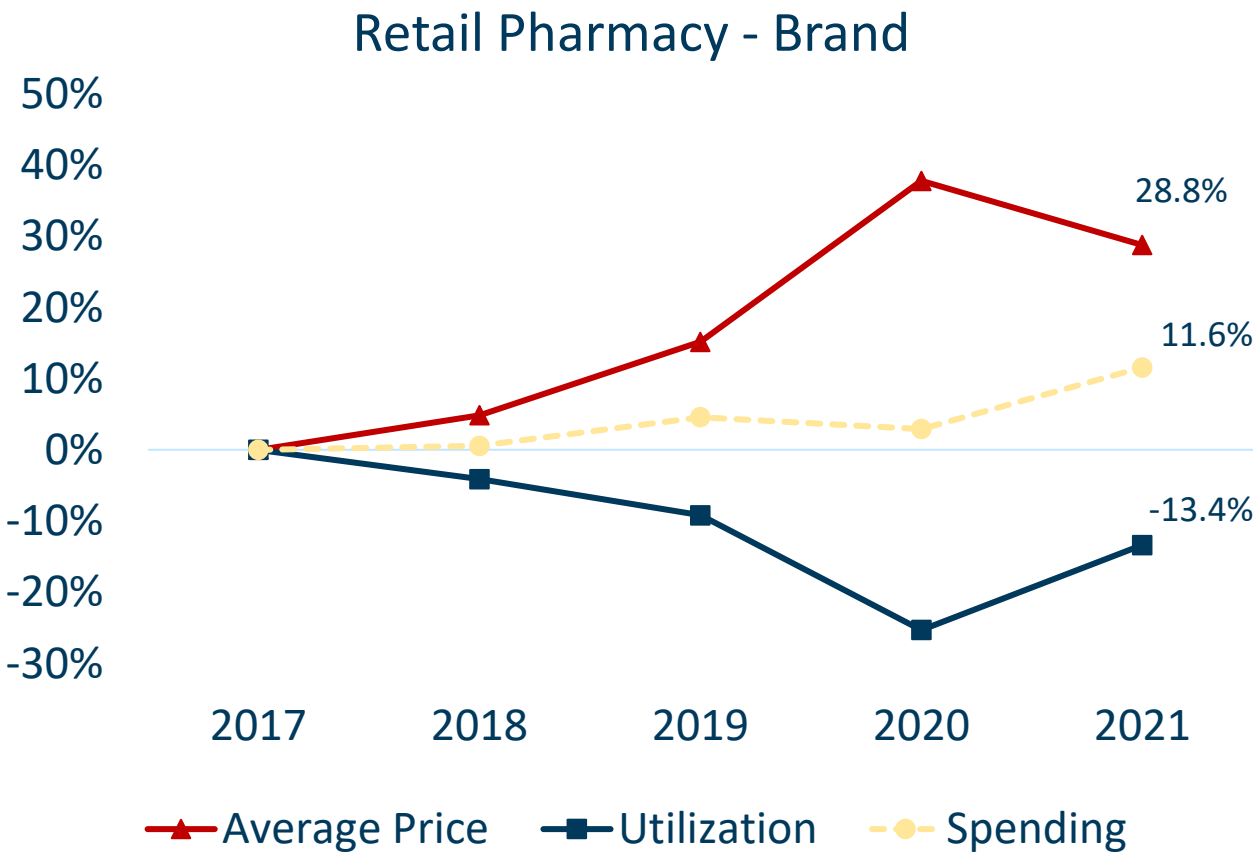
	Annual Change				Avg Change
	2018	2019	2020	2021	
Average Price	1.5%	6.5%	8.4%	6.7%	5.8%
Utilization	-2.8%	-2.9%	-9.2%	-0.6%	-3.9%
Spending	-1.4%	3.5%	-1.6%	6.1%	1.6%

Note: Price is defined as average spending per service, where a service is defined as a retail pharmacy claim. Price is affected by changes in service mix.

Average price = Spending per prescription; Utilization = prescriptions per member month; Spending = PMPM

Source: APCD

Medicaid brand-name prescription drug prices rose as use fell through 2020; trends reversed in 2021



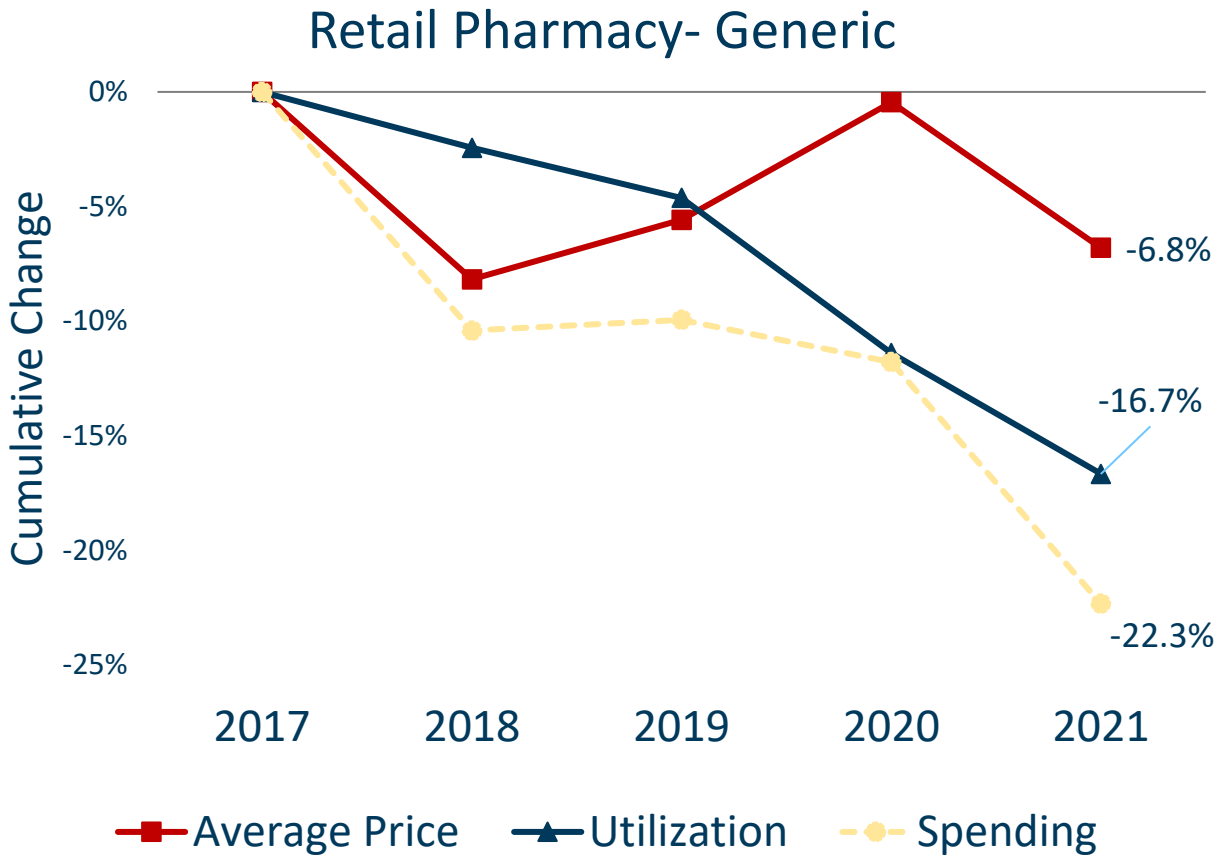
	Annual Change				Avg Change
	2018	2019	2020	2021	
Average Price	4.9%	9.8%	19.6%	-6.5%	6.9%
Utilization	-4.1%	-5.3%	-17.7%	16.0%	-2.8%
Spending	0.6%	4.0%	-1.6%	8.4%	2.8%

Note: Price is defined as average spending per service, where a service is defined as a retail pharmacy claim. Price is affected by changes in service mix.

Average price = Spending per prescription; Utilization = prescriptions per member month; Spending = PMPM

Source: APCD

2021 Medicaid generic prescription drug prices were lower than 2017 prices; utilization also declined



	Annual Change				Avg Change
	2018	2019	2020	2021	
Average Price	-8.2%	2.8%	5.4%	-6.4%	-1.6%
Utilization	-2.4%	-2.2%	-7.1%	-5.9%	-4.4%
Spending	-10.4%	0.5%	-2.1%	-11.9%	-6.0%

Note: Price is defined as average spending per service, where a service is defined as a retail pharmacy claim. Price is affected by changes in service mix.

Average price = Spending per prescription; Utilization = prescriptions per member month; Spending = PMPM

Source: APCD

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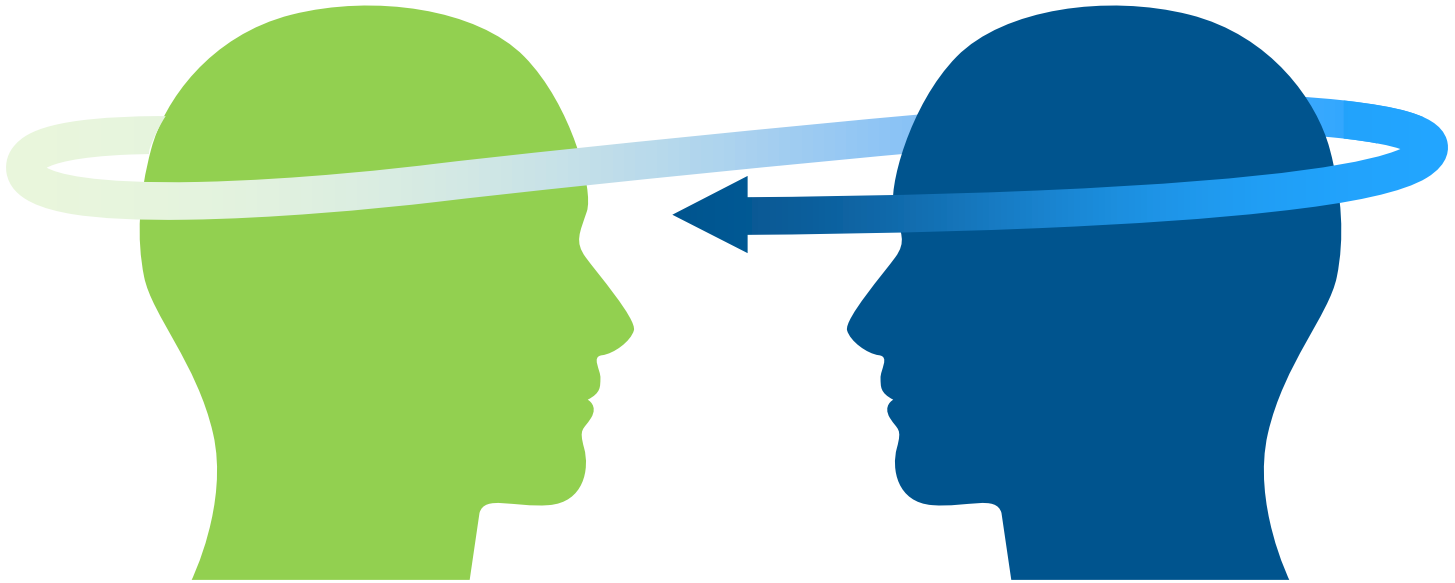
Discussion

What policy insights did this data analysis provide you?



What implications do you see for Steering Committee action, if any?

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Wrap-Up and Next Steps

Wrap-Up and Next Steps

- The March Steering Committee meeting will be held **in person** in Hartford.

Supplemental Slides

APCD Service Category Definitions, Part 1

claim_type_desc	type_of_setting_desc	place_of_setting_desc	Cost Driver Def
Facility	Inpatient	Acute Inpatient or Hospital	Inpatient acute
		Acute Inpatient or Hospital (Part B)	Inpatient acute
		Swing Bed	LTC
		SNF	LTC
		SNF (Part B)	LTC
		ICF	LTC
		Residential	LTC
		Other	Inpatient acute
	Outpatient	Hospital	Outpatient Hospital
		Free-Standing Ambulatory Surgery	Outpatient Free Standing
		FQHC	Other
		Rural Health Clinic	Other
		Mental Health Clinic	Other
		SNF	Other
		ICF	Other
		Other	Other

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APCD Service Category Definitions, Part 2

claim_type_desc	type_of_setting_desc	place_of_setting_desc	Cost Driver Def
Professional	Provider	Acute Inpatient or Hospital	Professional
		SNF	Professional
		ICF	Professional
		Residential	Professional
		Hospital	Professional
		Free-Standing Ambulatory Surgery	Professional
		FQHC	Professional
		Rural Health Clinic	Professional
		Mental Health Clinic	Professional
		Office	Professional
		Other	Professional
Professional	Independent Labs	Not Applicable	Other
Professional	Ambulance	Not Applicable	Other
Professional	Dental	Not Applicable	Other
Other services	Pharmacy	Not Applicable	Other
Other services	DME (Durable Medical Equipment)	Not Applicable	Other
Other services	Home Health	Not Applicable	Other
Other services	Unclassified/Other	Not Applicable	Other
Other services	Hospice	Not Applicable	Other