

What the 2008 Data Represent

The inpatient claims data reported on this web site were submitted by a limited number of carriers. These data should be interpreted with caution. They represent Oregon patients treated in Oregon acute-care hospitals who were discharged during calendar year 2008. The data are subject to numerous validations and exclusions and should not be considered comprehensive. The information below is intended to clarify how the data should be interpreted.

The data represent:

1. Oregonians only
2. Oregon hospitals
3. Inpatient claims
4. Total allowed payments
 - a. Includes co-insurance (if any)
5. Discharges from January 1, 2008 to December 31, 2008
6. Final claims (admit thru discharge)
7. Carriers that earned at least \$50 million in Oregon premiums
8. About half of non-HMO commercial inpatient claims during 2008
9. About 85% of the claims that were submitted by the represented carriers
 - a. After exclusions and validations
10. About one-eighth of all inpatient discharges during 2008
11. The top 129 APR-DRGs
 - a. At least 150 observations in the submitted data OR
 - b. At least \$1 million in payments and at least 25 observations in the submitted data.

The data do not represent:

1. All carriers
2. All submitted claims from all represented carriers
3. Capitated health plans
4. Disallowed claims
5. Claims from self-insured organizations for which a represented carrier served as the third-party administrator
6. Medicare or Medicaid claims
7. Claims for coordination of benefits
8. Claims for patients who expired, discharged against medical advice, or transferred in from another hospital
9. Claims for patients treated in the ER
10. Claims for patients treated in an outpatient clinic located at a hospital
11. Claims where the payments are outliers (± 4 SD from the log-transformed mean)
12. Claims for professional services that are billed separately (such as anesthesiology)