

## STATISTICAL BRIEF #403

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### Health Care Expenditures for the Most Commonly Treated Conditions of Women Ages 18 to 39, 2009

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#### Introduction

This Statistical Brief is one in a series presenting data from the Medical Expenditure Panel Survey's Household Component (MEPS-HC) on expenditures for the most commonly treated medical conditions. This Brief focuses on the health care expenditures for the conditions affecting the greatest number of women ages 18–39 in 2009. The most commonly treated conditions of this group included mental disorders, asthma/chronic obstructive pulmonary disease (COPD), bronchitis/upper respiratory infection (URI), and normal pregnancy/delivery. These conditions were identified by totaling the number of people who had expenses for care associated with each, and ranking them. Only differences between estimates that are statistically significant at the 0.05 level are discussed in the text.

#### Findings

The most common medical conditions among women ages 18–39 in 2009 included mental disorders, asthma/COPD, bronchitis/URI, and normal pregnancy/delivery. Of the 44.7 million civilian noninstitutionalized women ages 18–39, 17.3 million received health care services for at least one of these conditions, which together accounted for 33.7 percent of this group's total medical expenditures (data not shown).

Among women ages 18–39, 6.4 million had expenses for mental disorders (figure 1). Asthma/COPD was another common condition with an estimate of 5.5 million women incurring expenses. About 5.3 million women in this age group were treated for bronchitis/URI and 5.0 million for normal pregnancy/delivery.

The average annual expenditure per person with expenses was highest for normal pregnancy/delivery at \$5,853 (figure 2). The next highest average expense was for mental disorders at \$1,911. Of the most commonly treated conditions, the average expenditure was lowest for bronchitis/URI (\$289).

In 2009, a total of \$138.3 billion was spent on all conditions for women ages 18–39, of which \$46.6 billion was spent on the most commonly treated conditions (data not shown). Of these, total expenditures were highest for normal pregnancy/delivery at \$29.5 billion (figure 3). The next highest was for mental disorders at \$12.1 billion.

#### Highlights

- The conditions that ranked highest in terms of the number of individuals with expenses for care in 2009 were mental disorders, asthma/COPD, bronchitis/URI, and normal pregnancy/delivery for women between 18 and 39 years of age.
- Among the most commonly treated conditions of women ages 18–39, the average expenditure per person with expenses was highest for normal pregnancy/delivery at \$5,853.
- The largest portion of expenditures for bronchitis/URI was ambulatory care; for normal pregnancy/delivery, inpatient care.
- More than half of the expenditures for asthma/COPD, bronchitis/URI, and normal pregnancy/delivery were paid by private insurance while Medicaid paid for more than one-third of expenses for mental disorders.

Medical treatment includes different types of service such as ambulatory visits, inpatient stays, emergency care, prescription medications, and home health care. For normal pregnancy/delivery, the largest portion of expenditures was for inpatient care (70.3 percent) (figure 4). Ambulatory care composed the greatest share of expenditures for bronchitis/URI (71.4 percent), with most of the remainder split about evenly between prescription medicines and emergency room. The greatest portions of expenditures for mental disorders went to prescription medicines, ambulatory care, and inpatient stays. Expenditures for asthma/COPD were largely split between prescription medicine (44.5 percent) and ambulatory care (36.7 percent).

Among women ages 18–39 in 2009, private insurance paid the largest share of expenditures for all of the most commonly treated conditions except mental disorders, ranging from 54.6 percent for asthma/COPD to 64.8 percent for bronchitis/URI (figure 5). Medicaid paid for more than one-third of expenses for mental disorders (38.9 percent) and nearly one-quarter of normal pregnancy/delivery (24.0 percent), but ranged only from 5.6 percent to 12.3 percent for the other two conditions. The share paid out of pocket was lowest for normal pregnancy/delivery (7.0 percent).

## Data Source

The estimates in this Brief were derived using data from the MEPS-HC 2009 Full Year Consolidated, Events, and Medical Conditions files.

## Definitions

### *Medical Conditions*

Condition data associated with medical events were collected from household respondents during each round as verbatim text and coded by professional coders using the International Classification of Illness, Ninth Revision (ICD-9). ICD-9-CM condition codes were then aggregated into clinically meaningful categories that group similar conditions using the Clinical Classification System (CCS) software. Categories were collapsed when appropriate. Note that the reported ICD-9-CM condition code values were mapped to the appropriate clinical classification category prior to being collapsed to 3-digit ICD-9-CM condition codes. The result is that every record which has an ICD-9-CM diagnosis code also has a clinical classification code. For this Statistical Brief, asthma and chronic obstructive pulmonary disorder (COPD) are categorized together, as are acute bronchitis and upper respiratory infection (URI). The following CCS codes were used: mental disorders, 651–652, 654–655, 657–663, 670; acute bronchitis/URI, 125–126; asthma/COPD, 127–128, 130, 133–134; normal pregnancy/delivery, 196, 218.

### *Expenditures*

Expenditures refer to what is paid for health care services. More specifically, expenditures in MEPS are defined as the sum of direct payments for care provided during the year, including out-of-pocket payments and payments by private insurance, Medicaid, Medicare, and other sources. Expenditures for a condition are those paid for medical events associated with specific CCS codes. Payments for over-the-counter drugs are not included in MEPS total expenditures. Indirect payments not related to specific medical events, such as Medicaid Disproportionate Share and Medicare Direct Medical Education subsidies, are also excluded.

Expenditures for a medical event may be associated with more than one condition and are not unduplicated in the condition totals. Summing the condition totals would double-count expenses for some events. Total expenditures across all conditions and across the most commonly treated conditions do not double-count. Spending for conditions does not include amounts for other medical expenses, such as durable and nondurable supplies, medical equipment, eyeglasses, ambulance services, and dental expenses, because these items are not linked to specific conditions in MEPS. Total expenditures do include these amounts.

MEPS expenditure data are derived from both the Medical Provider Component (MPC) and Household Component (HC). MPC data are generally used for hospital-based events (e.g., inpatient stays, emergency room visits, and outpatient department visits), prescribed medicine purchases, and home health agency care. Office-based physician care estimates use a mix of HC and MPC data while estimates for non-physician office visits, dental and vision services, other medical equipment and services, and independent provider home health care services are based on HC provided data. Details on the estimation process can be found in:

Machlin, S.R. and Dougherty, D.D. *Overview of Methodology for Imputing Missing Expenditure Data in the Medical Expenditure Panel Survey*. Methodology Report No. 19. March 2007. Agency for Healthcare

Research and Quality, Rockville, MD. [http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/mr19/mr19.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr19/mr19.pdf)

## About MEPS-HC

MEPS-HC is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, and health status, as well as a wide variety of social, demographic, and economic characteristics of the U.S. civilian noninstitutionalized population. It is co-sponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics.

## References

For a detailed description of the MEPS-HC survey design, sample design, and methods used to minimize sources of nonsampling errors, see the following publications:

Cohen, J. *Design and Methods of the Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 1. AHCPR Pub. No. 970026. Rockville, MD. Agency for Health Care Policy and Research, 1997. [http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/mr1/mr1.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr1/mr1.pdf)

Cohen, S. *Sample Design of the 1996 Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 2. AHCPR Pub. No. 970027. Rockville, MD. Agency for Health Care Policy and Research, 1997. [http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/mr2/mr2.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr2/mr2.pdf)

Cohen, S. Design Strategies and Innovations in the Medical Expenditure Panel Survey. *Medical Care*, July 2003: 41(7) Supplement: III-5–III-12.

Cohen, J. and Krauss, N. *Spending and Service Use among People with the Fifteen Most Costly Medical Conditions, 1997*. *Health Affairs* 22(2):129–138, 2003.

Ezzati-Rice, T.M., Rohde, F., Greenblatt, J. *Sample Design of the Medical Expenditure Panel Survey Household Component, 1998–2007*. Methodology Report No. 22. March 2008. Agency for Healthcare Research and Quality, Rockville, MD. [http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/mr22/mr22.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr22/mr22.pdf)

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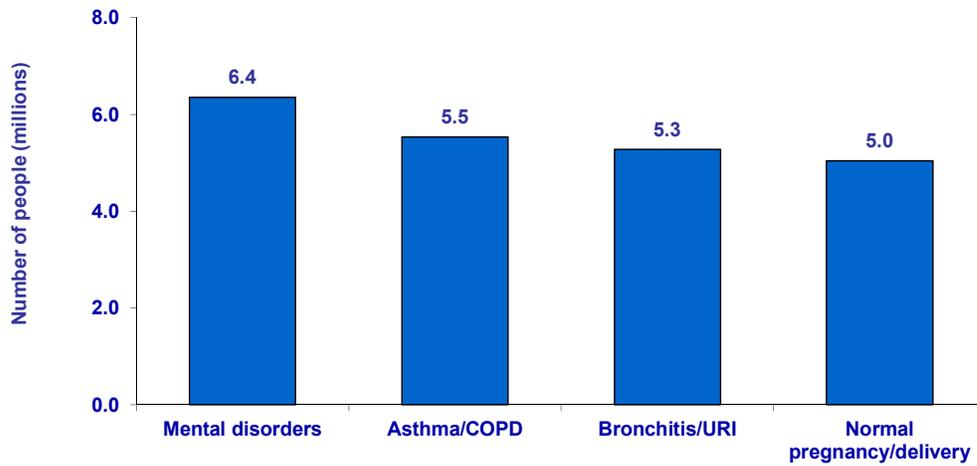
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AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using this Statistical Brief and other MEPS data and tools and to share suggestions on how MEPS products might be enhanced to further meet your needs. Please email us at [MEPSProjectDirector@ahrq.hhs.gov](mailto:MEPSProjectDirector@ahrq.hhs.gov) or send a letter to the address below:

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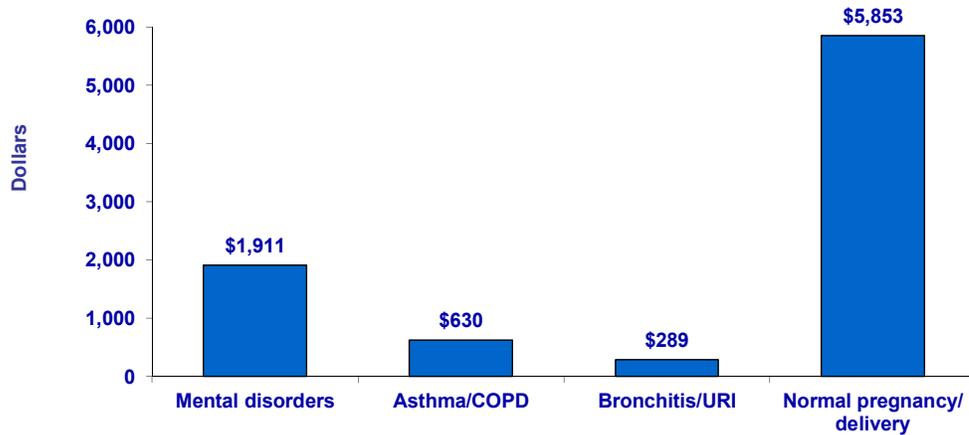
**Figure 1. Number of people treated for the most commonly treated conditions, women ages 18 to 39, 2009**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2009



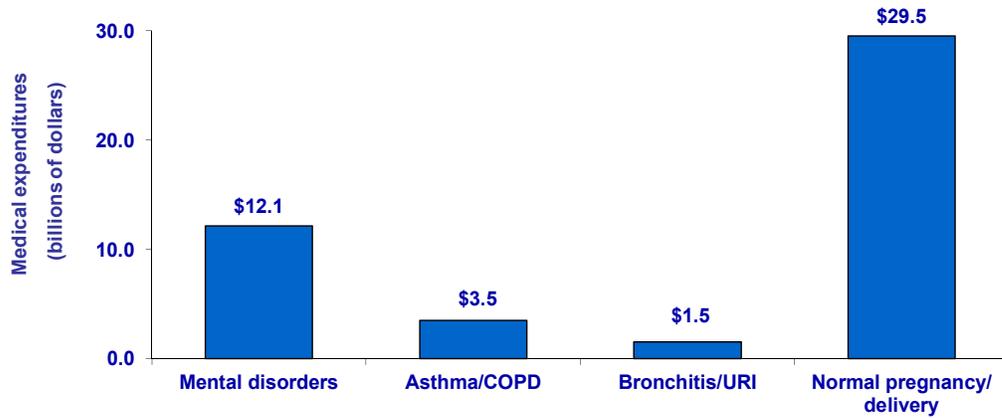
**Figure 2. Average expenditures per person with expenses for the most commonly treated conditions, women ages 18 to 39, 2009**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2009



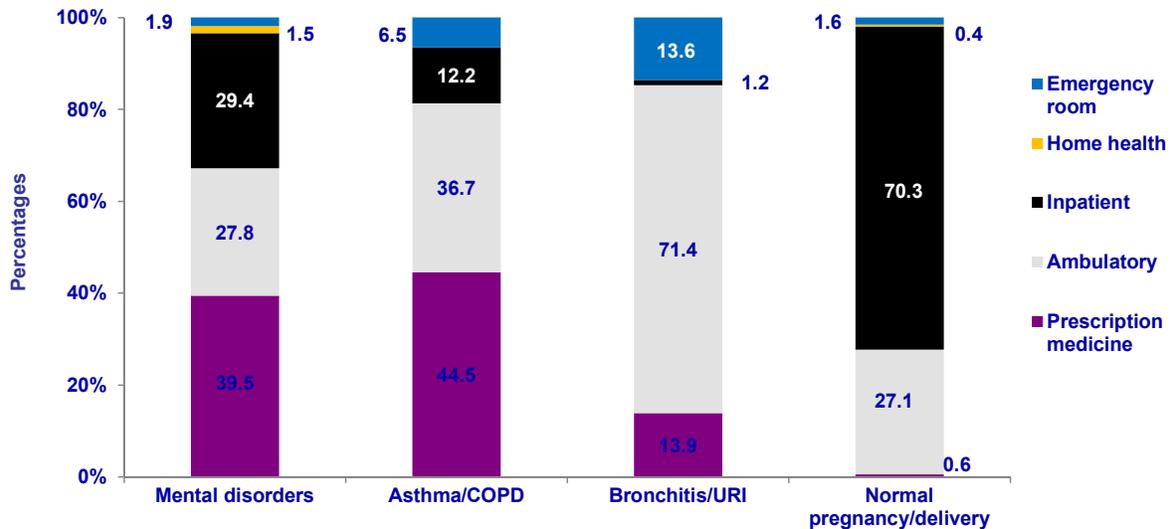
**Figure 3. Total expenditures for the most commonly treated conditions, women ages 18 to 39, 2009**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2009



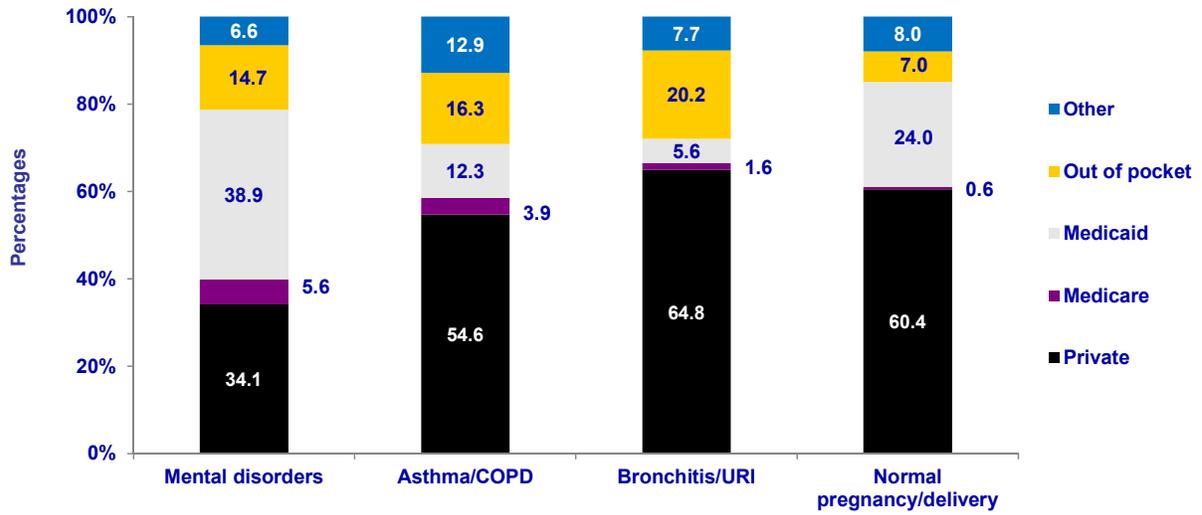
**Figure 4. Percentage distribution of expenditures for the most commonly treated conditions by type of service, women ages 18 to 39, 2009**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2009



**Figure 5. Percentage distribution of expenditures for the most commonly treated conditions by source of payment, women ages 18 to 39, 2009**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2009