APPENDIX

Table of Contents

Appendix Exhibit 1 Trends of Medicare spending geographic variation by care settings, measured by the differences in and ratios of price- and risk-adjusted per capita Medicare spending between high-cost and low-cost HRRs, 2007 - 2017

Appendix Exhibit 2 Characteristics of high- and low-spending HRRs at baseline of each subperiod

Appendix Exhibit 3 Trends of Medicare spending geographic variation, measured by the differences in and ratios of price-, age-, sex-, and race-adjusted per capita total Medicare spending between high-cost and low-cost HRRs using Dartmouth Atlas of Health Care data, 2007 - 2016

Appendix Exhibit 4 Relationship between 2007 and 2016 Medicare price-, age-, sex-, and race-adjusted per capita spending using Dartmouth Atlas of Health Care data

Appendix Exhibit 5 Trends of Medicare spending geographic variation by care settings, measured by the differences in and ratios of price-, age-, sex-, and race- adjusted per capita Medicare spending between high-cost and low-cost HRRs, using Dartmouth Atlas of Health Care data, 2007 - 2016

Appendix Exhibit 6 Characteristics of high- and low-spending HRRs at baseline of each subperiod using Dartmouth Atlas of Health Care data 2007 - 2016

Appendix Exhibit 7 HRRs with the highest and lowest annual growth rate in price-, age-, sex-, and race-adjusted per capita Medicare spending between 2007 and 2016

Appendix Exhibit 8 Association between baseline HRR characteristics and annual growth rate in price-, age-, sex-, and race- adjusted Medicare per capita spending using Dartmouth Atlas of Health Care data

Appendix Exhibit 1 Trends of Medicare spending geographic variation by care settings, measured by the differences in and ratios of price- and risk-adjusted per capita Medicare spending between high-cost and low-cost HRRs, 2007 - 2017

		Physic	ian (\$)		(Outpati	ent (\$))		Inpatio	ent (\$)		Po	st-acut	e care ((\$)		Hosp	ice (\$)	
	High	Low	Diff.	Ratio	High	Low	Diff.	Ratio	High	Low	Diff.	Ratio	High	Low	Diff.	Ratio	High	Low	Diff.	Ratio
2007	3,653	2,673	980	1.37	1,168	1,200	-32	0.97	3,247	2,631	616	1.23	2,573	1,030	1,542	2.50	389	192	197	2.03
2008	3,753	2,713	1,041	1.38	1,207	1,247	-40	0.97	3,271	2,781	490	1.18	2,632	1,085	1,547	2.43	392	205	187	1.91
2009	3,895	2,802	1,093	1.39	1,374	1,389	-15	0.99	3,336	2,776	560	1.20	2,931	1,208	1,723	2.43	411	209	203	1.97
2010	3,884	2,797	1,087	1.39	1,417	1,481	-64	0.96	3,134	2,848	285	1.10	2,970	1,229	1,741	2.42	447	218	229	2.05
2011	3,734	2,752	983	1.36	1,417	1,458	-41	0.97	2,948	2,583	365	1.14	2,914	1,220	1,694	2.39	435	224	210	1.94
2012	3,726	2,725	1,001	1.37	1,445	1,506	-61	0.96	2,885	2,616	269	1.10	2,651	1,092	1,559	2.43	463	235	228	1.97
2013	3,725	2,717	1,008	1.37	1,438	1,514	-76	0.95	2,811	2,515	295	1.12	2,566	1,164	1,402	2.20	444	241	203	1.84
2014	3,502	2,668	834	1.31	1,542	1,577	-35	0.98	2,764	2,446	319	1.13	2,614	1,168	1,447	2.24	429	251	179	1.71
2015	3,636	2,798	838	1.30	1,667	1,668	-1	1.00	2,804	2,459	344	1.14	2,531	1,198	1,334	2.11	425	250	175	1.70
2016	3,453	2,735	717	1.26	1,781	1,770	11	1.01	2,851	2,530	321	1.13	2,560	1,164	1,396	2.20	441	282	159	1.56
2017	3,510	2,709	802	1.30	1,856	1,853	3	1.00	2,818	2,521	297	1.12	2,436	1,118	1,318	2.18	475	279	197	1.71

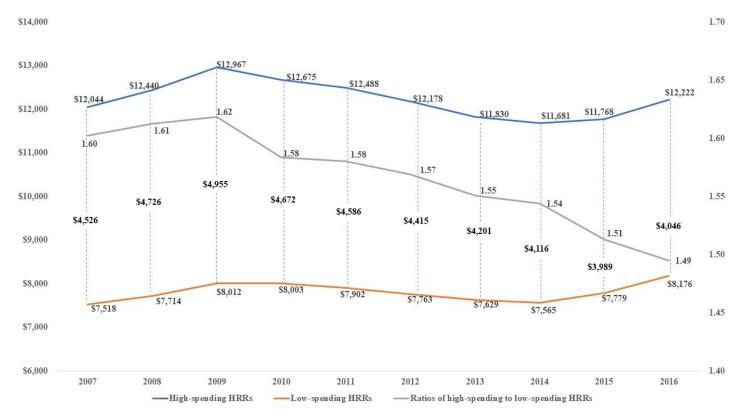
SOURCE Authors' analysis of data for 2007–2017 from the Medicare Geographic Variation Public Use File. **NOTES** High indicates high-spending HRRs that were in the top 10% of price- and risk-adjusted per capita total Medicare spending each year. Low indicates low-spending HRRs that were in the bottom 10% of price- and risk-adjusted per capita total Medicare spending each year. Physician costs include costs of all Part B services (e.g., evaluation & management and imaging). We also combined DME costs with physician costs due to the very small amount of per capita DME costs. Outpatient costs include hospital outpatient costs and outpatient dialysis facility costs. Inpatient costs include hospital inpatient costs; Post-acute care costs include long-term care hospital costs, inpatient rehabilitation costs, skilled nursing facility costs, and home health costs.

Appendix Exhibit 2 Characteristics of high- and low-spending HRRs at baseline of each subperiod

	High	-spending H	IRRs	Low	-spending I	IRRs	All HRRs			
	2007	2009	2014	2007	2009	2014	2007	2009	2014	
Beneficiary characteristics										
Average number of FFS beneficiaries	117,045	116,472	108,299	85,403	81,670	83,412	106,668	104,756	108,850	
Mean age	71.82	71.76	71.54	71.32	71.30	70.79	71.73	71.62	71.26	
Percent female	56.17	56.12	55.23	54.66	54.44	53.56	56.17	55.94	55.07	
Percent African American	14.02	14.26	13.10	4.23	4.00	5.07	9.39	9.57	9.70	
Percent Hispanic	8.03	8.56	7.93	7.77	8.39	10.62	5.09	5.41	5.61	
Percent dual-eligible patients	21.43	21.69	20.82	23.89	25.01	25.67	20.87	21.62	21.56	
Mean HCC score	1.04	1.04	1.04	0.94	0.93	0.94	0.98	0.98	0.98	
Market characteristics										
Percent average Medicare Advantage enrollment rate	20.13	25.37	34.48	32.55	34.99	45.83	21.69	26.16	33.40	
Number of primary care physicians per 1,000 population	0.67	0.66	0.65	0.86	0.84	0.84	0.75	0.73	0.76	
Number of hospital beds per 1,000 population	3.48	3.10	2.99	2.27	2.39	2.25	3.02	2.92	2.82	
Number of skilled nursing facility beds per 1,000 population	5.36	4.86	4.89	3.84	4.00	3.62	5.39	5.29	5.11	
Number of home health agencies per 1,000 population	0.10	0.08	0.09	0.01	0.01	0.02	0.04	0.03	0.04	
Number of ambulatory surgery centers per 1,000 population	0.02	0.02	0.02	0.02	0.02	0.01	0.02	0.02	0.02	
Number of registered nurses employed by hospices per 1,000 population	0.13	0.13	0.18	0.07	0.09	0.12	0.10	0.12	0.29	

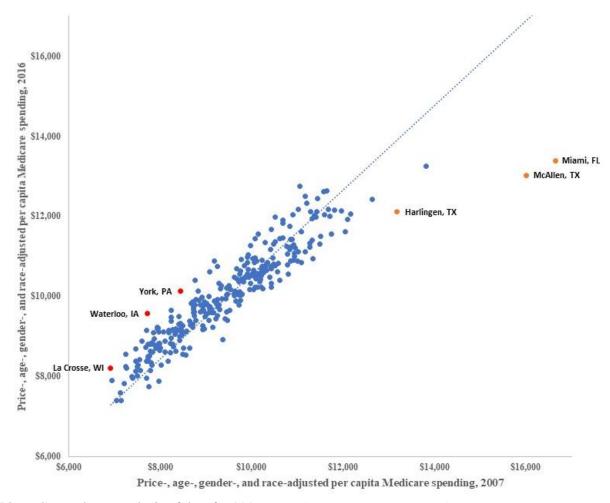
SOURCE Authors' analysis of data for 2007–2017 from the Medicare Geographic Variation Public Use File, Area Health Resource File, and Provider of Services File. **NOTES** High-spending HRRs were HRRs in the top 10% of price- and risk-adjusted per capita total Medicare spending each year. Low-spending HRRs were those in the bottom 10% of price- and risk-adjusted per capita total Medicare spending each year.

Appendix Exhibit 3 Trends of Medicare spending geographic variation, measured by the difference in and ratios of price-, age-, sex-, and race-adjusted per capita total Medicare spending between high-cost and low-cost HRRs using Dartmouth Atlas of Health Care data, 2007 - 2016



SOURCE Authors' analysis of data for 2007–2016 from Dartmouth Atlas of Health Care. **NOTES** High-spending HRRs were in the top 10% of price-, age-, sex-, and race-adjusted per capita total Medicare spending each year. Low-spending HRRs were in the bottom 10% of price-, age-, sex-, and race-adjusted per capita total Medicare spending each year.

Appendix Exhibit 4 Relationship between 2007 and 2016 Medicare price-, age-, sex-, and race-adjusted per capita spending using Dartmouth Atlas of Health Care data



SOURCE Authors' analysis of data for 2007–2016 from Dartmouth Atlas of Health Care.

Appendix Exhibit 5 Trends of Medicare spending geographic variation by care settings, measured by the differences in and ratios of price-, age-, sex-, and race- adjusted per capita Medicare spending between high-cost and low-cost HRRs, using Dartmouth Atlas of Health Care data 2007 - 2016

		Physic	ian (\$)			Outpati	ient (\$))	Inpa	atient a	nd SNF	7 (\$)	Н	ome H	lealth (S	\$)		Hosp	ice (\$)	
	High	Low	Diff.	Ratio	High	Low	Diff.	Ratio	High	Low	Diff.	Ratio	High	Low	Diff.	Ratio	High	Low	Diff.	Ratio
2007	3,574	2,359	1,215	1.52	1,129	1,011	118	1.12	5,538	3,604	1,934	1.54	1,270	278	992	4.57	421	261	160	1.61
2008	3,680	2,304	1,376	1.60	1,203	1,118	85	1.08	5,604	3,724	1,880	1.50	1,388	294	1,094	4.72	429	267	162	1.61
2009	3,876	2,361	1,515	1.64	1,265	1,243	22	1.02	5,860	3,795	2,065	1.54	1,424	320	1,104	4.45	426	284	142	1.50
2010	3,849	2,308	1,541	1.67	1,199	1,296	-97	0.93	5,792	3,782	2,010	1.53	1,342	319	1,023	4.21	442	289	153	1.53
2011	3,825	2,320	1,505	1.65	1,198	1,298	-100	0.92	5,735	3,680	2,055	1.56	1,225	301	924	4.07	451	292	159	1.54
2012	3,776	2,273	1,503	1.66	1,310	1,375	-65	0.95	5,456	3,500	1,956	1.56	1,116	296	820	3.77	474	311	163	1.52
2013	3,592	2,200	1,392	1.63	1,429	1,488	-59	0.96	5,216	3,340	1,876	1.56	1,082	294	788	3.68	465	300	165	1.55
2014	3,529	2,215	1,314	1.59	1,506	1,504	2	1.00	5,119	3,256	1,863	1.57	1,031	290	741	3.56	464	291	173	1.59
2015	3,593	2,312	1,281	1.55	1,551	1,571	-20	0.99	5,103	3,279	1,824	1.56	1,032	303	729	3.41	471	303	168	1.55
2016	3,678	2,325	1,353	1.58	1,655	1,726	-71	0.96	5,388	3,492	1,896	1.54	1,012	312	700	3.24	472	316	156	1.49

SOURCE Authors' analysis of data for 2007–2016 from Dartmouth Atlas of Health Care. **NOTES** High indicates high-spending HRRs that were in the top 10% of price-, age-, sex-, and race- adjusted per capita Medicare spending each year. Low indicates low-spending HRRs that were in the bottom 10% of price-, age-, sex-, and race- adjusted per capita Medicare spending each year. Dartmouth Atlas of Health Care used different categories for Medicare spending as compared to CMS data. We combined DME costs with physician costs due to the very small amount of per capita DME costs. SNF is skilled nursing facility.

Appendix Exhibit 6 Characteristics of high- and low-spending HRRs at baseline of each subperiod using Dartmouth Atlas of Health Care data, 2007 - 2016

	High	-spending H	IRRs	Low	-spending I	IRRs	All HRRs			
	2007	2009	2014	2007	2009	2014	2007	2009	2014	
Beneficiary characteristics										
Average number of FFS beneficiaries	99,844	116,855	119,316	66,022	60,703	82,552	106,668	104,756	108,850	
Mean age	71.98	71.82	71.43	71.74	71.50	71.19	71.73	71.62	71.26	
Percent female	56.33	56.07	55.39	54.31	53.92	53.21	56.17	55.94	55.07	
Percent African American	11.58	13.13	13.16	1.82	1.51	2.30	9.39	9.57	9.70	
Percent Hispanic	10.78	13.42	12.51	6.11	5.94	6.67	5.09	5.41	5.61	
Percent dual-eligible patients	21.90	26.97	24.95	19.58	19.98	20.64	20.87	21.62	21.56	
Mean HCC score	1.07	1.10	1.12	0.89	0.88	0.87	0.98	0.98	0.98	
Supply-side characteristics										
Percent average Medicare Advantage enrollment rate	27.72	31.31	42.12	31.11	32.15	35.58	21.69	26.16	33.40	
Number of primary care physicians per 1,000 population	0.67	0.66	0.68	0.88	0.83	0.91	0.75	0.73	0.76	
Number of hospital beds per 1,000 population	3.32	2.78	2.70	2.19	2.36	2.34	3.02	2.92	2.82	
Number of skilled nursing facility beds per 1,000 population	5.40	4.51	4.40	3.76	3.78	3.34	5.39	5.29	5.11	
Number of home health agencies per 1,000 population	0.11	0.09	0.10	0.02	0.02	0.02	0.04	0.03	0.04	
Number of ambulatory surgery centers per 1,000 population	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	
Number of registered nurses employed by hospices per 1,000 population	0.11	0.11	0.15	0.08	0.11	0.13	0.10	0.12	0.29	

SOURCE Authors' analysis of data for 2007–2016 from the Dartmouth Atlas of Health Care, Area Health Resource file, and Provider of Services file. **NOTES** High-spending HRRs were those in the top 10% of price-, age-, sex-, and race-adjusted per capita total Medicare spending each year. Low-spending HRRs were those in the bottom 10% of price-, age-, sex-, and race-adjusted per capita total Medicare spending each year.

Appendix Exhibit 7 HRRs with the highest and lowest annual growth rate in price-, age-, sex-, and race-adjusted per capita Medicare spending between 2007 and 2016

	HRR name	Deci	les of	Annual
			are per	growth
		capita s	pending	rate, %
		2007	2016	
Top 10	IA-Waterloo	1	4	2.4
HRRs by	PA-York	3	6	2.0
Annual	WI-La Crosse	1	1	1.9
Growth	CA-Ventura	4	6	1.9
Rate	NY-Binghamton	1	3	1.9
	TX-Temple	5	8	1.9
	SD-Rapid City	1	2	1.9
	ID-Idaho Falls	3	4	1.8
	ID-Boise	1	2	1.7
	IL-Urbana	5	7	1.7
Bottom 10	FL-Miami	10	10	-2.4
HRRs by	TX-McAllen	10	10	-2.3
Annual	TX-Harlingen	10	10	-0.9
Growth	LA-Monroe	10	10	-0.5
Rate	CO-Boulder	5	2	-0.5
	LA-Lafayette	10	9	-0.4
	PA-Johnstown	10	8	-0.4
	LA-New Orleans	9	7	-0.3
	LA-Houma	9	8	-0.2
	AL-Mobile	9	6	-0.2

SOURCE Authors' analysis of data for 2007–2016 from the Dartmouth Atlas of Health Care.

Appendix Exhibit 8 Association between baseline HRR characteristics and annual growth rate in price-, age-, sex-, and race- adjusted Medicare per capita spending using Dartmouth Atlas of Health Care data

	2007-20	09	2009-20	14	2014-20)16	
	Coefficients	SE	Coefficients	SE	Coefficients	SE	
Beneficiary characteristics							
Mean age	0.060	0.098	0.131 **	0.059	-0.010	0.175	
Percent female	-0.134 *	0.079	0.020	0.048	-0.010	0.120	
Percent African American	-0.009	0.018	0.003	0.008	-0.001	0.013	
Percent Hispanic	-0.031 **	0.015	-0.004	0.010	0.003	0.021	
Percent dual-eligible patients	-0.018	0.016	-0.002	0.013	0.055	0.041	
Mean HCC score	5.55 ***	1.743	-1.571 *	0.820	-9.394 ****	1.858	
Market characteristics							
Percent average Medicare Advantage enrollment rate	-0.001	0.009	-0.002	0.005	0.014	0.010	
Number of primary care physicians per 1,000 population	-0.300	0.615	-0.791	0.485	0.102	0.926	
Number of hospital beds per 1,000 population	-0.044	0.089	0.077	0.065	-0.116	0.170	
Number of skilled nursing facility beds per 1,000 population	-0.081	0.052	0.018	0.032	0.015	0.088	
Number of home health agencies per 1,000 population	1.384	2.726	-9.256 ***	3.458	3.966	3.936	
Number of ambulatory surgery centers per 1,000 population	8.276	8.345	-9.354 **	4.234	14.061	11.635	
Number of registered nurses employed by hospices per 1,000 population	-1.235	1.271	-0.671	0.460	-0.058 ****	0.013	
Number of observations	306		306		306		

SOURCE Authors' analysis of data for 2007–2016 from the Dartmouth Atlas of Health Care, Area Health Resource file, and Provider of Services file. **NOTES** MA is Medicare Advantage; HCC is Hierarchical Condition Category. * P < 0.10, *** P < 0.05, *** P < 0.01, **** P < 0.001.