

CATEGORY DEFINITIONS

National Health Expenditures

The following list is a quick reference to definitions of some of the type-of-service and source-of-funds categories used with the NHEA. Figure 2 in "National Health Expenditure Accounts: Definitions, Sources and Methods" contains information from the North American Industrial Classification System (NAICS) and the Standard Industrial Classification (SIC) manuals for health care that are used in these definitions.

Dental Services:

Covers services provided in establishments operated by a Doctor of Dental Medicine (D.M.D.) or Doctor of Dental Surgery (D.D.S.) or a Doctor of Dental Science (D.D.Sc.) These establishments are classified as NAICS 6212 Offices of Dentists or SIC 802-Offices and clinics of dentists.

Durable Medical Equipment:

Covers "retail" sales of items such as contact lenses, eyeglasses and other ophthalmic products, surgical and orthopedic products, hearing aids, wheelchairs, and medical equipment rentals.

Home Health Care:

Covers medical care provided in the home by private and public non-facility-based home health agencies (HHAs). Medical equipment sales or rentals not billed through HHAs and non-medical types of home care (e.g., Meals on Wheels, chore-worker services, friendly visits, or other custodial services) are excluded. These freestanding HHAs are establishments that fall into NAICS 6216-Home Health Care Services or SIC 808-Home Health Agencies.

Hospital Care:

Covers all services provided by public and private hospitals to patients. These include room and board, ancillary charges, services of resident physicians, inpatient pharmacy, hospital-based nursing home and home health care, and any other services billed by hospitals in the United States. The value of hospital services is measured by total net revenue, which equals gross patient revenues (charges) less contractual adjustments, bad debts, and charity care. It also includes government tax appropriations as well as non-patient and non-operating revenues. Hospitals fall into NAICS 622 – Hospitals.

Nursing Home Care:

Covers services provided in private and public freestanding nursing home facilities. These include nursing and rehabilitative services generally for an extended period of time by staffs of registered or licensed practical nurses. Services provided in nursing facilities operated by the U.S. Department of Veterans Affairs and in intermediate care facilities for the mentally retarded financed by the Medicaid program are also included. These establishments are classified in NAICS 6231-Nursing Care Facilities and NAICS 623311-Continuing Care Retirement Communities with on-site nursing care facilities or in SIC 805-Nursing and personal care.

Other Personal Health Care:

Covers industrial in-plant medical care; that is medical care provided by private sector employers for employees at the work site. It also covers government expenditures for care not specified by service. These government expenditures are frequently for medical care delivered in unconventional provider's sites such as schools, military field stations, and community

centers. Payments provided through Home and Community-based waivers in the Medicaid program are included in other personal health care.

Other Professional Services:

Covers services provided in establishments operated by health practitioners other than physicians and dentists. These professional services include those provided by private-duty nurses, chiropractors, podiatrists, optometrists, and physical, occupational and speech therapists, among other. These establishments are classified in NAICS-6213 Offices of Other Health Practitioners or roughly the equivalent of SIC 804-Offices and Clinics of Other Health Practitioners. Ambulance services paid under Medicare are also included here.

Out-of-Pocket Payments:

Includes direct spending by consumers for all health care goods and services, including coinsurance, deductibles, and any amounts not covered by insurance. Health insurance premiums paid by individuals are not covered here, but are counted as part of Private Health Insurance.

Population:

The population used in the NHEA tables is defined as the U.S. Census resident population plus the net undercount.

Physician and Clinical Services:

Covers services provided in establishments operated by Doctors of Medicine (M.D.) and Doctors of Osteopathy (D.O.), outpatient care centers, plus the portion of medical laboratories services that are billed independently by the laboratories. This category also includes services rendered by a doctor of medicine (M.D.) or doctor of osteopathy (D.O.) in hospitals, if the physician bills independently for those services. Clinical services provided in freestanding outpatient clinics operated by the U.S. Department of Veterans Affairs, The U.S. Coast Guard Academy and the U.S. Indian Health Service are also included. The establishments included in Physician and Clinical Services are classified in NAICS 62111-Offices of Physicians, NAICS 6214-Outpatient Care Centers, and a portion of NAICS 62151-Medical and Diagnostic Laboratories. These establishments were classified in SIC 801-Offices and Clinics of Doctors of Medicine, SIC 803-Doctors of Osteopathy, and a portion of SIC 8071-Medical Laboratories and SIC 809 Miscellaneous Health and Allied Services.

Prescription Drugs and Non-Durable Medical Products:

Covers the "retail" sales of prescription drugs, non-prescription drugs, and medical sundries.

Private Health Insurance:

Equals the premiums earned by private health insurers, including premiums paid to Blue Cross Blue Shield, commercial insurance, HMOs, self-insured plans and property/casualty insurance coverage for health care. The difference between health premiums earned and benefits incurred is a measure of net cost, which includes insurers' costs of paying bills, advertising, sales commissions, and other administrative costs; net additions to reserves; rate credits and dividends; premium taxes; and profits or losses.