OHCA
Office of Health Care Affordability
Department of Health Care Access and Information

April 2026

Examining Hospital Inpatient and Outpatient Spending in California, 2022-2023

Authors: Marina Lovchikova, Gozde Meseli Teague, Vishaal Pegany and Andrew Feher

Abstract

We use data from California's Health Care Payments Database, Patient Discharge Data and Hospital Annual Financial Disclosure Reports to examine statewide variation in hospital inpatient and outpatient spending across the commercial, Medi-Cal and Medicare markets. In 2022 and 2023, median commercial inpatient and outpatient spending were more than twice the level of Medicare, which approximates the cost of efficiently delivering care. When examining year-over-year growth, median commercial inpatient and outpatient spending increased 7.1% and 4.2%, respectively. Among public payers, median Medicare inpatient spending decreased 1.4% while Medicare outpatient spending increased 8.9% and Medi-Cal inpatient spending decreased 1.2% while Medi-Cal outpatient spending increased 2.5%. These findings can inform state policymakers seeking to understand hospital spending levels and growth within and between markets.

Department of Health Care Access and Information
Main Office: 2020 West El Camino Avenue, Suite 800, Sacramento CA 95833
Los Angeles Office: 355 South Grand Avenue, Suite 1900, Los Angeles, CA 90071
Website www.hcai.ca.gov

Contents

Key points

- Between 2022 and 2023, median commercial inpatient spending increased 7.1%, while Medicare and Medi-Cal spending decreased 1.4% and 1.2%, respectively.
- Between 2022 and 2023, median commercial outpatient spending increased 4.2%, while Medicare and Medi-Cal spending increased 8.9% and 2.5%, respectively.
- At the hospital-level, both inpatient and outpatient spending are marked by substantial variation in growth rates between 2022 and 2023.
- In 2022 and 2023, commercial inpatient and outpatient spending were more than twice the level of Medicare spending measures, which approximate the cost of efficiently delivering care.

Background

High and rising hospital prices in California place a financial burden on households, employers and governments.[1,2] To address these affordability concerns, in April 2024, California's Health Care Affordability Board established statewide spending growth targets for health care entities, including payers, providers and fully integrated delivery systems.

In December 2025, the Office of Health Care Affordability (OHCA) presented its methodology for hospital inpatient and outpatient measurement that includes adjustments for volume and intensity. Volume adjustments account for the number of services provided from year to year while intensity adjustments account for differences in clinical resources used in caring for populations served across years. In this brief, we describe the results of applying the methodology, using data from California's Health Care Payments Database, Patient Discharge Data and Hospital Annual Financial Disclosure Reports (hereafter referred to as hospital financial reports) for fiscal years ending in 2022 and 2023. In so doing, we establish a foundation for OHCA and the public to understand hospital inpatient and outpatient spending levels and growth across the commercial, Medicare and Medi-Cal market categories.

Methods

We explore two types of spending measures. First, we examine volume-adjusted inpatient (outpatient) spending defined as inpatient (outpatient) net patient revenue divided by discharges (outpatient visits) for each market. Markets are defined by a payer allocation in hospital financial reports.[1] The advantage of this measure is that it

[1] We use market and payer interchangeably in this brief.

uses publicly available hospital financial reports without having to be combined with other data sources. The disadvantage is that volume-only adjusted measures do not account for the intensity of clinical resource use, which in turn poses challenges when trying to understand year-over-year changes in hospital-level spending.

Second, we examine volume- and intensity-adjusted inpatient and outpatient spending measures. Intensity adjustment for inpatient services is based on case mix calculated using Diagnostic-Related Groups (DRG) and their weights. For outpatient services, we calculate average visit intensity based on Ambulatory Payment Classification (APC) codes and weights. Since hospital financial reports do not contain any measures of intensity, we use Patient Discharge Data to measure inpatient intensity and the Health Care Payments Database data to measure outpatient intensity. The methodology for constructing volume- and intensity-adjusted spending measures are available on the OHCA website.[3] Along with the methodology, OHCA also published the underlying hospital-level dataset on its website.[4]

Not all hospitals have calculated measures for each market; thus, descriptive statistics are based only on hospitals with measures available. Common reasons for a missing calculated measure are that a hospital might not report inpatient or outpatient services for a particular market, or an intensity adjustment calculation is not available for a given hospital. See appendix B for an overview of the number of hospitals with available measures for each year.

In this analysis, we focus on comparable hospitals as designated by HCAI. We use hospital financial reports for fiscal years ending in 2022 and 2023. There are 368 and 366 comparable hospitals in 2022 and 2023, respectively. In 2022, comparable hospitals reported $135.5B in operating revenue, with operating net income of $1.4B and profit of $1.8B. In 2023, operating revenue increased to $145.7B (a relative increase of 7.5%), operating net income decreased to $0.02B (-98.9%) and profit increased to $7.4B (311.1%) (see Table 3 in Appendix B).

Findings

Median spending measures and growth

Table 1 presents median values and growth rates for two types of inpatient and outpatient spending measures in 2022 and 2023 for the commercial, Medicare and Medi-Cal markets.

When examining volume-adjusted median inpatient spending measures, commercial measures were $32,930 in 2022 and $34,709 in 2023, an increase of $1,779 or 5.4%. Medicare inpatient spending measures were $19,295 in 2022 and $19,438 in 2023, an

increase of $143 or 0.7%. Medi-Cal inpatient spending measures were $19,751 in 2022 and $20,057 in 2023, an increase of $306 or 1.5%.

Turning to volume-adjusted median outpatient spending measures, commercial measures were $1,795 in 2022 and $1,669 in 2023, a decrease of $126 or 7.0%. Medicare outpatient spending measures were $648 in 2022 and $656 in 2023, an increase of $8 or 1.2%. Medi-Cal outpatient spending measures were $775 in 2022 and $801 in 2023, an increase of $26 or 3.4%.

When adjusting both for volume and intensity, median commercial inpatient spending measures were $22,045 in 2022 and $23,609 in 2023, an increase of $1,564 or 7.1%. Median Medicare inpatient spending measures were $10,376 in 2022 and $10,228 in 2023, a decrease of $148 or 1.4%. Median Medi-Cal inpatient spending measures were $14,522 in 2022 and $14,352 in 2023, a decrease of $170 or 1.2%.

Turning to volume- and intensity-adjusted median outpatient spending measures, commercial measures were $215 in 2022 and $224 in 2023, an increase of $9 or 4.2%. Medicare outpatient measures were $90 in 2022 and $98 in 2023, an increase of $8 or 8.9%. Medi-Cal outpatient measures were $160 in 2022 and $164 in 2023, an increase of $4 or 2.5%.

Table 1. Median inpatient and outpatient payer-specific unit spending measure, volume and intensity adjusted

	Reporting period end year		2022-2023
	2022	2023	Growth, %
Volume-adjusted measures			
Commercial IP NPR per discharge	$32,930	$34,709	5.4%
Medicare IP NPR per discharge	$19,295	$19,438	0.7%
Medi-Cal IP NPR per discharge	$19,751	$20,057	1.5%
Commercial OP NPR per visit	$1,795	$1,669	-7.0%
Medicare OP NPR per visit	$648	$656	1.2%
Medi-Cal OP NPR per visit	$775	$801	3.4%
Volume and intensity adjusted measures			
Commercial IP NPR per CMAD	$22,045	$23,609	7.1%
Medicare IP NPR per CMAD	$10,376	$10,228	-1.4%
Medi-Cal IP NPR per CMAD	$14,522	$14,352	-1.2%
Commercial OP NPR per intensity adjusted visit	$215	$224	4.2%
Medicare OP NPR per intensity adjusted visit	$90	$98	8.9%
Medi-Cal OP NPR per intensity adjusted visit	$160	$164	2.5%

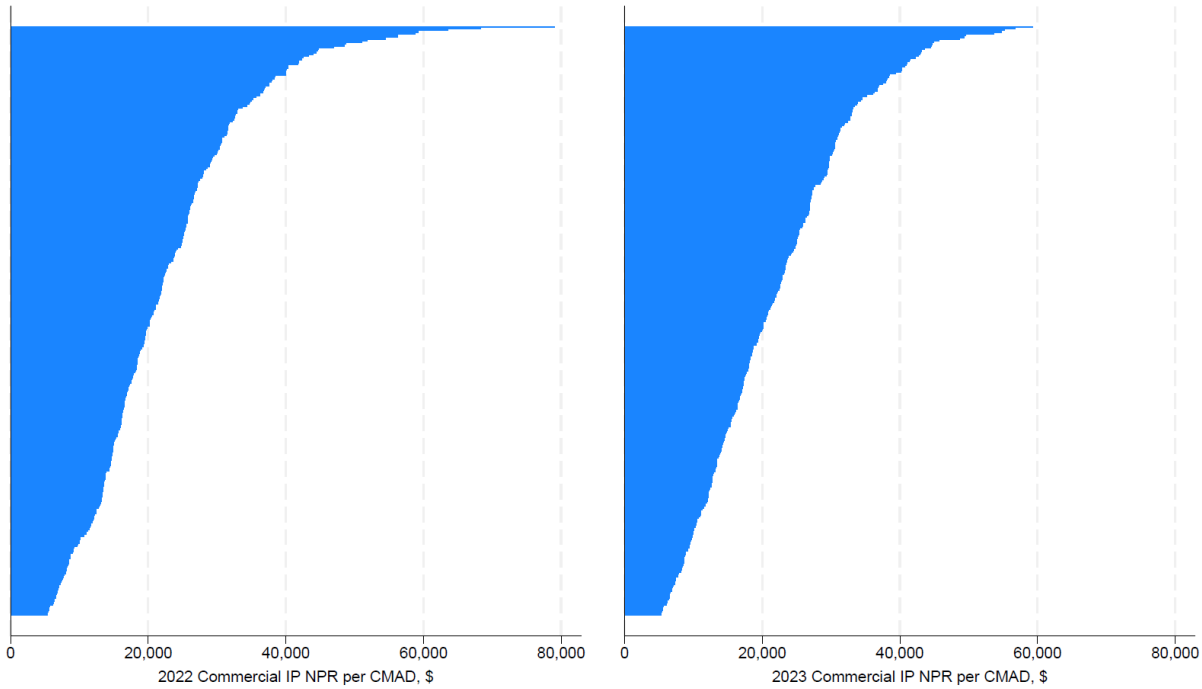
Notes: IP=Inpatient, OP=Outpatient, NPR = Net Patient Revenue, CMAD= Case-mix adjusted discharges. Payer-specific medians are weighed by the corresponding payer discharges or visits. All comparable hospitals are included. Growth rates in column 4 are calculated using median values.

Distribution of commercial inpatient and outpatient spending measures and growth rates

Tables 4 through 7 in Appendix B show the descriptive statistics for inpatient and outpatient spending across the commercial, Medicare and Medi-Cal markets. In this section, we report variation in commercial volume- and intensity-adjusted spending measures across hospitals and years.

In 2022, the average commercial intensity-adjusted inpatient spending measure was $25K with a standard deviation of $13K, minimum of $143 and maximum of $79K (Table 4). In 2023, the average was $26K with a standard deviation of $13K, minimum of $35 and maximum of $524K (Table 6). Figure 1 shows variation in volume- and intensity-adjusted commercial inpatient spending across hospitals in both 2022 and 2023. For visualization purposes, we excluded hospitals that were below the 1st percentile or above the 99th percentile for either year.

Figure 1. Commercial inpatient unit spending measure variability across comparable hospitals

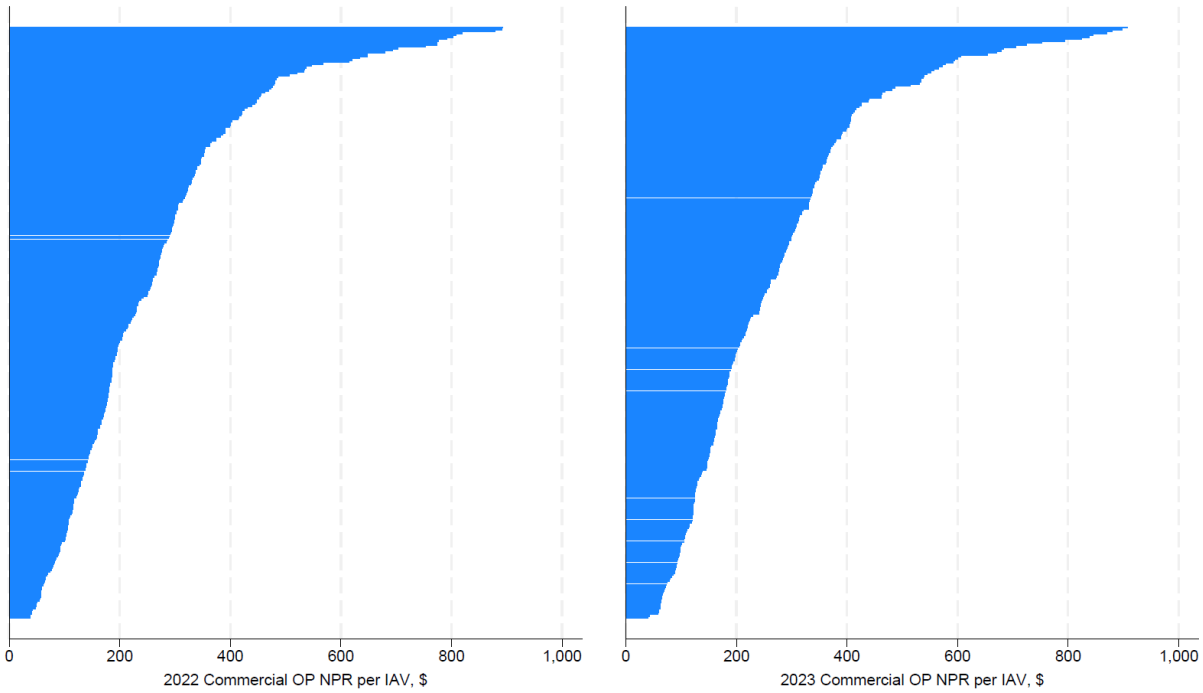


Notes: IP=inpatient, CMAD = case-mix adjusted discharge, NPR = net patient revenue. The figure excludes hospitals that were below 1st percentile or above 99th percentile for commercial inpatient unit spending measure in both years.

In 2022, the average commercial intensity-adjusted outpatient spending measure was $252 with a standard deviation of $211, minimum of $9 and maximum of $5,004 (Table 5). In 2023, the average was $246 with a standard deviation of $158, minimum of $0.85

and maximum of $1,261 (Table 7). Similarly, Figure 2 show variation in volume- and intensity-adjusted commercial outpatient spending across hospitals in both 2022 and 2023.

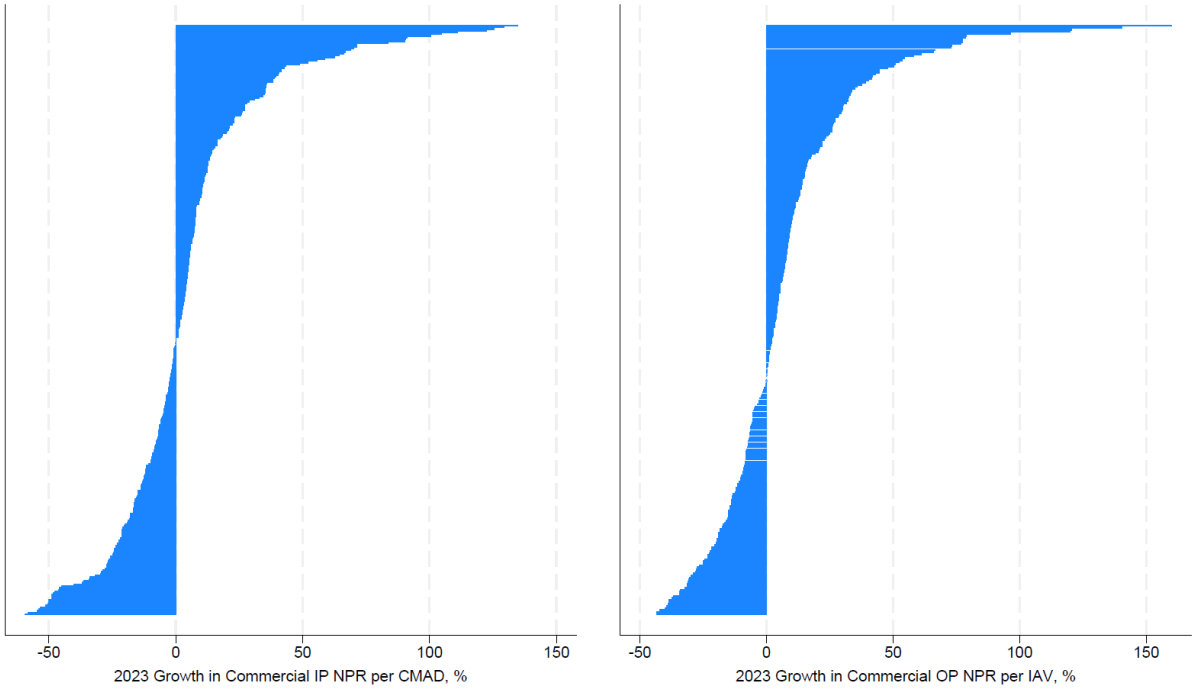
Figure 2. Commercial outpatient unit spending measure variability across hospitals



Notes: OP=outpatient, IAV = intensity adjusted visit, NPR = net patient revenue. The figure excludes hospitals that were below 1st percentile or above 99th percentile for commercial outpatient unit spending measure in both years.

Table 8 and 9 in Appendix B show the descriptive statistics for 2022-2023 growth rates in inpatient and outpatient spending measures across payers. From 2022 to 2023, the average growth rate in commercial volume- and intensity adjusted inpatient spending was 7.5% with a standard deviation of 61 percentage points, minimum of -96% and maximum of 9,210%. For commercial outpatient spending, from 2022 to 2023, the average growth rate was 3.8% with a standard deviation of 34 percentage points, minimum of -99% and maximum of 444%. Figure 3 shows variation in 2022-2023 growth rates in commercial inpatient and outpatient spending across comparable hospitals.

Figure 3. 2022-2023 growth rates in commercial inpatient and outpatient spending measures, %



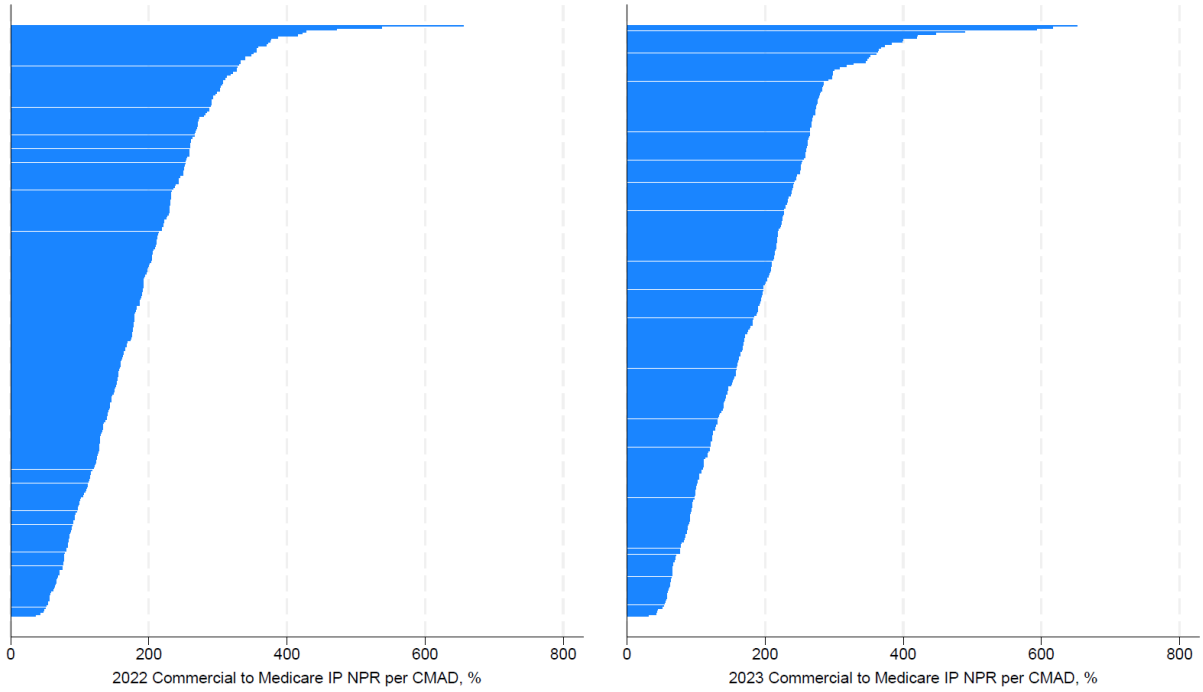
Notes: IP=inpatient, CMAD = case-mix adjusted discharge, OP=outpatient, IAV = intensity adjusted visit, NPR = net patient revenue. The figure excludes hospitals that were below 1st percentile or above 99th percentile for commercial growth rates.

Commercial to Medicare spending measure ratios

Using the summary statistics reported in Table 1, we can calculate commercial to Medicare ratios using median spending measures. Compared to Medicare inpatient spending, median commercial inpatient volume-and intensity adjusted spending measures were approximately 212% higher in 2022 and 231% higher in 2023. For the volume-only measure, median commercial inpatient spending measures were approximately 170% higher in 2022 and 179% higher in 2023 compared to Medicare inpatient spending measures.

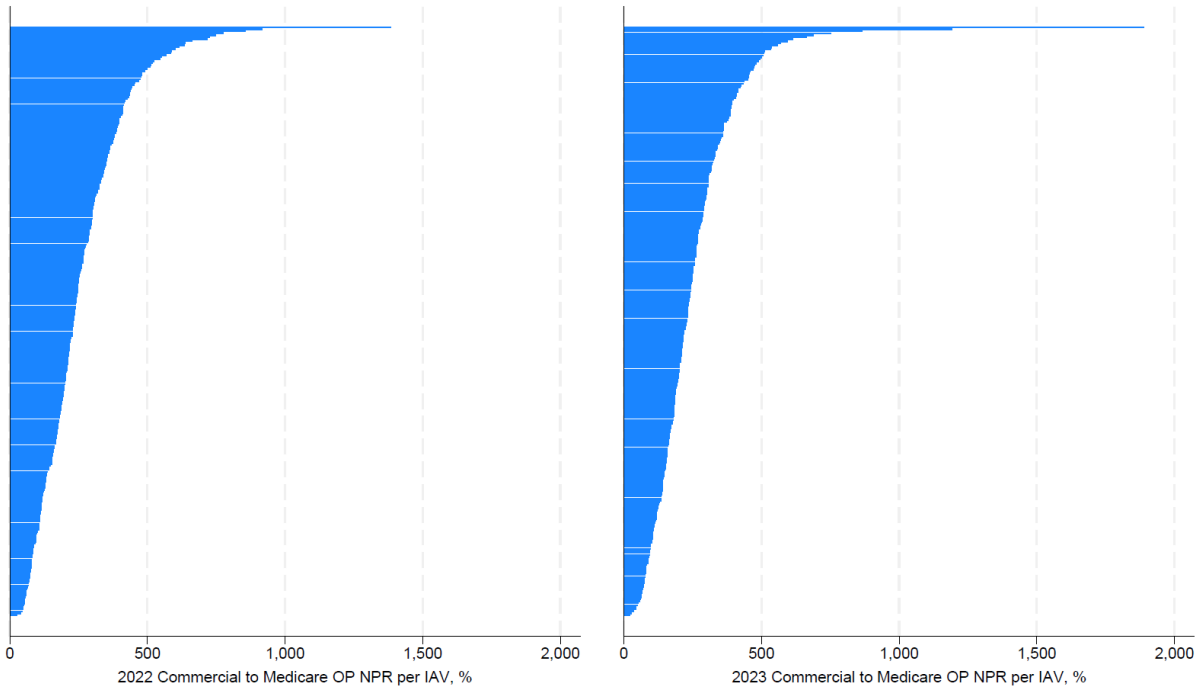
Compared to Medicare outpatient spending measures, commercial outpatient volume- and intensity adjusted measures were approximately 239% higher in 2022 and 229% higher in 2023. For the volume-only measure, median commercial outpatient spending measures were approximately 277% higher in 2022 and 254% higher in 2023 compared to Medicare outpatient spending measures. Figure 4 and Figure 5 below show variation in the ratios for inpatient and outpatient spending measures across hospitals.

Figure 4. Commercial to Medicare inpatient spending measure ratio, %



Notes: IP=inpatient, CMAD = case-mix adjusted discharge, NPR = net patient revenue. The figure excludes hospitals that were below 1st percentile or above 99th percentile for commercial and Medicare inpatient spending measures in each year.

Figure 5. Commercial to Medicare outpatient spending measure ratio, %



Notes: OP=outpatient, NPR = net patient revenue, IAV = intensity-adjusted visit. The figure excludes hospitals that were below 1st percentile or above 99th percentile for commercial and Medicare outpatient spending measures in each year.

Discussion

States are pursuing a variety of policy approaches to address high and rising hospital prices. Building on prior public reporting of spending performance of health plans and fully integrated delivery systems, this brief expands the scope of entities OHCA reports on to include comparable hospitals based on hospital inpatient and outpatient spending levels and growth for fiscal years 2022 and 2023.

We found that, from 2022 to 2023, median commercial inpatient and outpatient spending measures grew 7.1% and 4.6%, respectively; median Medicare inpatient spending decreased 1.4% while median Medicare outpatient spending increased 8.9%; and median Medi-Cal inpatient spending decreased 1.2%, while median Medi-Cal outpatient spending increased 2.5%. In addition, we found that median commercial inpatient and outpatient spending measures were more than double the spending of Medicare, which approximates the cost of efficiently delivering care.

Beyond reporting median spending measures across major markets, we also documented the substantial hospital-level variation in commercial inpatient and outpatient measures. In 2022, for example, commercial intensity-adjusted inpatient

spending had a standard deviation of $12.9K, with a minimum of $143 and maximum of $79K. Similarly, commercial outpatient spending ranged from $9 to $5K in 2022 with a standard deviation of $211. This variation represents an important direction for future research; to effectively address high levels of spending and year-over-year growth, it will be critical for the state's policymakers to understand the hospital-level characteristics underlying these patterns.

These results broadly align with recent analyses from both state and federal government agencies using a variety of different empirical approaches. Using a price index for hospital outpatient services, the Massachusetts Health Policy Commission reported a 7.2% increase from 2018 to 2020.[5] Examining both average payments for inpatient procedures as well as outpatient surgical procedures from 2019 to 2023, the Oregon Health Authority reported nominal growth of 23% and 14.5%, respectively.[6] Finally, in its review of the published literature, a 2022 Congressional Budget Office (CBO) report found that, on average, commercial inpatient and outpatient prices were 182% and 240%, respectively, of Medicare fee-for-service (FFS) prices.[7]

Limitations

There are some limitations to our analysis. First, both inpatient and outpatient spending measures depend on net patient revenue values from hospital financial reports and allocation across payers. Similarly, in HCAI's Patient Discharge Data, hospitals report "expected" source of payment (i.e., the payer that is expected to cover the greatest share of the patient's bill at the time of admission). If a facility changes their net patient revenue allocation by payer, or if the final source of payment is different from the expected one, our spending measure calculations by payer might be affected.

Second, California's HPD has limited data from private self-insured plans.[8] To the extent self-insured commercial enrollees use hospital outpatient services in systematically different ways than fully-insured commercial enrollees, there may be differences in the average visit intensity calculation.

Third, we use CMS Outpatient Prospective Payment system (OPPS) ambulatory payment classification (APC) weights to define the intensity, but some types of claims do not have an APC code assigned. A claim may not have an APC code for several reasons. Some new services may not yet have an assigned APC, or the service may not be considered payable under OPPS. Services provided by Federally Qualified Health Centers (FQHC), rural health centers (RHC) and end-stage renal disease service centers (ESRD) are not subject to OPPS system and thus APC codes are not assigned to these claims. We filtered the data to place of setting for hospitals only, excluding other types of facilities. We identified APC codes and weights for about two-thirds of outpatient visits found in HPD.

Fourth, to calculate outpatient visit intensity, we replicate hospital financial reports' visit definition in Chapter 4000 of the Accounting Manual as closely as possible within the HPD data.[9] This presents several challenges. To link each parent facility from hospital financial reports to the HPD, we created the crosswalk between parent facility and National Provider Identifier (NPIs).[10] To align with the HAFDR definition of ambulatory or ancillary visits, we identified the revenue codes in HPD (see Table 2 in Appendix A). Finally, in hospital financial reports, each visit is counted once even when multiple payers are involved, whereas in HPD, each visit is listed separately for each payer. At this time, we kept visits with more than two payers as these visits represent only about 2 percent of claims.

Finally, we are only analyzing two fiscal years, which does not allow for examining long-term trends in levels of spending and growth. In the upcoming years, as we continue to analyze hospital spending measures on a yearly basis, we will have opportunity to better understand long-term trends.

Conclusions

California has some of the highest hospital prices in the nation,[11] leading the state's Office of Health Care Affordability to develop a methodology to measure hospital inpatient and outpatient spending. In this brief, we described the results of applying that methodology, using a combination of Health Care Payments Data, Patient Discharge Data and Hospital Annual Financial Disclosure Reports to analyze intensity-adjusted inpatient and outpatient hospital spending in California at the payer level for fiscal years 2022 and 2023. As such, this analysis marks an important step toward increasing public transparency on hospital inpatient and outpatient spending levels and growth.

Between 2022 and 2023, we found that median commercial inpatient spending grew at 7.1% rate, while Medicare (-1.4%) and Medi-Cal (-1.2%) measures decreased. Between 2022 and 2023, median commercial outpatient spending increased 4.6%, while Medicare outpatient spending increased 8.9% and Medi-Cal outpatient spending increased 2.5%. In 2022 and 2023, commercial inpatient and outpatient spending measures were 230% of the Medicare measures on average.

On an annual basis, OHCA will continue reporting hospital-level inpatient and outpatient spending levels and growth by payer. In future briefs, OHCA will explore what hospital-level characteristics are associated with high spending and growth, which could assist policymakers seeking to improve the affordability of health care in California.

References

1. Arnold DR, Whaley CM. Who Pays for Health Care Costs? The Effects of Health Care Prices on Wages. *Work Pap*. Published online June 24, 2020. Accessed April 8, 2026. https://www.ftc.gov/system/files/documents/public_events/1567421/whaleyarnold.pdf

2. Brot-Goldberg Z, Cooper Z, Craig S, Klarnet L, Lurie I, Miller C. *Who Pays for Rising Health Care Prices? Evidence from Hospital Mergers*. National Bureau of Economic Research; 2024:w32613. doi:10.3386/w32613

3. *Methodology to Calculate Inpatient Net Patient Revenue per Case Mix Adjusted Discharges and Outpatient Net Patient Revenue per Intensity Adjusted Outpatient Visits by Payer*. California Department of Health care Access and Information; 2026. Accessed April 17, 2026. https://hcai.ca.gov/wp-content/uploads/2025/06/Hospital-Documentation-Updated-June-2025-1.pdf

4. California Department of Health Care Access and Information. Hospital Measurement Combined Dataset. Published online April 17, 2026. Accessed April 17, 2026. https://hcai.ca.gov/document/ohca-hospital-cost-data-set/

5. James HO, Fonkych K, Nasuti LJ, Auerbach DI. Assessment of a Price Index for Hospital Outpatient Department Services Using Commercial Claims Data in Massachusetts. *JAMA Health Forum*. 2023;4(4):e230650. doi:10.1001/jamahealthforum.2023.0650

6. *2023 Oregon Hospital Payment Report.* Oregon Health Authority Hospital Reporting Program; 2025. Accessed March 23, 2026. https://www.oregon.gov/oha/hpa/analytics/pages/hospital-payment-report.aspx

7. *The Prices That Commercial Health Insurers and Medicare Pay for Hospitals' and Physicians' Services*. Congressional Budget Office; 2022. Accessed April 8, 2026. http://www.cbo.gov/publication/57422

8. Departments of Health Care Access and Information. *The Health Care Payments Data Program: Report to the Legislature*. 2024. Accessed July 14, 2025. https://hcai.ca.gov/wp-content/uploads/2024/04/HPD-Report-to-the-Legislature-March-2024-1.pdf

9. California Department of Health Care Access and Information. *Accounting and Reporting Manual for California Hospitals, Chapter 4000*. Office of Statewide Health Planning and Development; 1993. Accessed April 3, 2026. https://hcai.ca.gov/wp-content/uploads/2020/10/Chpt4000.pdf

10. California Department of Health Care Access and Information. Facility Number NPI Crosswalk FY 22-23. Published online March 20, 2026. Accessed April 7, 2026. https://hcai.ca.gov/document/facility-number-npi-crosswalk-fy-22-23/

11. California Department of Health Care Access and Information, Office of Health Care Affordability. Health Care Affordability Board Meeting. Presented at: August 24, 2026; Sacramento, CA. Accessed April 9, 2026. https://hcai.ca.gov/wp-content/uploads/2024/09/August-2024-OHCA-Board-Meeting-Presentation-1.pdf

Appendix A: Data Sources

HAFDR Data

HAFDR reports include financial data (balance sheet, cash flow, profit and loss statements) and utilization data (discharges, visits) on a hospital license level. If a hospital license includes several locations, data is pulled together across the locations.

We use hospital financial disclosure reports for comparable hospitals only, excluding state hospitals, Kaiser hospitals, Shriner hospitals, etc. We include only reports with year of reporting period end date in 2022 and 2023. If a hospital submitted several reports with the same year of reporting period end date, we exclude shortest periods from the analysis.

PDD Data

PDD includes discharges from all hospitals within California. To match it to HAFDR data, we obtain the list of hospitals and entities under the hospital license within each year from LFIS and then aggregate discharges from PDD to the license level, payer, DRG.

We use publicly available Appendix J for PDD data dictionary containing DRG weights by DRG grouper version to calculate

HPD data

HPD includes all payer claims data in California with exceptions.[8] We use HPD and CMS OPPS APC weights to calculate outpatient visit intensity for each facility. More details on the methodology are contained within OHCA Hospital Measurement methodology.

Please refer to Hospital Measurement methodology documentation for detailed steps on how each dataset is used in our analysis.

Revenue code crosswalk to visit type

Ambulatory and ancillary center categories are identified based on the outpatient visit definition in Chapter 4000. To match visit types to claim data in HPD, we use the crosswalk of revenue codes to visit type (Table 2).

Table 2. Ambulatory and ancillary center categories and revenue codes

Type of Center	Category of claim revenue code	Revenue code – first three or four digits
Ambulatory	Emergency	045
	Medical transportation	054
	Satellite Ambulatory Surgical Center	049
	Outpatient Chemical Dependency	090, 095, 0944, 0945
	Psychiatric	0912, 0913
	Clinic	051, 052
	Observation	076
	Home health	056, 057, 058
	Hospice	065
	Adult day	310
	Other	036
Ancillary	Ancillary	072, 071, 037, 027, 062, 029, 030, 031, 038, 048, 074, 032, 033, 034, 061, 040, 035, 025, 063, 089, 041, 046, 082, 083, 084, 085, 088, 079, 075, 042, 044, 043, 081, 073, 026, 047, 092, 094, 077, 0483, 0481, 0922, 0918, 0914, 0915, 0916

Notes: Chapter 4000 identifies an outpatient visit as "1) the appearance of an outpatient in an ambulatory service center, or 2) the appearance of a private referred outpatient in the hospital for ancillary services. The number of tests, treatments or procedures rendered per cost center, or the number of ancillary service centers visited generally does not affect this count."
Ambulatory cost centers identified in Chapter 4000 are "Emergency Services (medical and psychiatric), Clinics (hospital-based and satellite), Ambulatory Surgery Centers (hospital-based and satellite), Outpatient Chemical Dependency Services, Observation Care, Partial Hospitalization - Psychiatric, Home Health Care Services, Hospice - Outpatient, and Adult Day Health Care.".
Revenue codes are based on standardized National Uniform Billing Committee (NUBC) facility claims.

Appendix B. Descriptive statistics

This appendix contains tables of descriptive statistics for two types of spending measure measures for both years, growth rates as well as financial summary for all comparable hospitals.

Table 3. Comparable hospitals financials

	2022	2023
Number of comparable hospitals	368	366
Total operating revenue, billions $	135.5	145.7
Total operating expenses, billions $	134.1	145.7
Net from operations, billions $	1.41	.015
Operating margin, %	1.0	0.1
Net non-operating revenue and expenses, billions $	.48	7.5
Profit (Net Income), billions $	1.8	7.4
Total margin, %	1.3	5.1

Source: Hospitals Financial reports 2022-2023; Notes: Values are calculated as a sum of the corresponding income statement field (page 8 of hospital financial reports).

Table 4. 2022 Inpatient spending measures descriptive statistics

	Count	Mean	SD	Min	Median	Max
Commercial IP NPR per discharge	364	40,320.3	29,364.3	144.5769	32,930.09	222,224.5
Commercial IP NPR per CMAD	358	24,549.8	12,875.13	143.6575	22,045.41	79,014.16
Medicare IP NPR per discharge	355	22,656.3	11,121.42	-4496.863	19,295.19	140,201.5
Medicare IP NPR per CMAD	355	11,548.0	4,231.785	-4464.673	10,375.9	132,137.6
Medi-Cal IP NPR per discharge	353	24,875.4	17,038.44	.0118676	19,751.12	814,990.9
Medi-Cal IP NPR per CMAD	350	16,867.2	10,497.94	.0098638	14,521.75	732,095.8

Source: Hospitals Financial reports 2022-2023, Patient Discharge Data 2021-2023, Authors' calculations; Notes: Weighted by corresponding payer discharges. IP=Inpatient, OP=Outpatient, NPR = Net Patient Revenue, CMAD= Case-mix adjusted discharges

Table 5. 2022 Outpatient spending measures descriptive statistics

	Count	Mean	SD	Min	Median	Max
Commercial OP NPR per visit	333	1765.5	1,270.074	26.39267	1,795.489	24,071.03
Commercial OP NPR per intensity adjusted visit	319	252.1	210.6322	9.018853	214.615	5,003.567
Medicare OP NPR per visit	324	764.9	620.0347	36.15817	647.8701	14,860.07
Medicare OP NPR per intensity adjusted visit	319	97.5	65.22149	6.964507	90.31468	1,393.689
Medi-Cal OP NPR per visit	303	879.8	515.7942	.000322	775.0095	7,053.539
Medi-Cal OP NPR per intensity adjusted visit	294	212.4	168.5674	.0000531	160.0103	1,360.903

Source: Hospitals Financial reports 2022-2023, Healthcare Payment Data 2021-2023, Authors' calculations; Notes: Weighted by corresponding payer visits. IP=Inpatient, OP=Outpatient, NPR = Net Patient Revenue.

Table 6. 2023 Inpatient spending measures descriptive statistics

	Count	Mean	SD	Min	Median	Max
Commercial IP NPR per discharge	360	42,913.1	30,759.93	200	34,709.19	996,248.5
Commercial IP NPR per CMAD	357	25,967.6	13,481.54	356.9516	23,608.91	524,645.1
Medicare IP NPR per discharge	354	22,635.6	11,356.28	2282.662	19,438.06	159,670.6
Medicare IP NPR per CMAD	354	11,552.8	4,484.346	1464.465	10,227.77	97,159.9
Medi-Cal IP NPR per discharge	351	25,495.9	17,418.61	.0092996	20,057.4	672,340.7
Medi-Cal IP NPR per CMAD	349	17,188.8	10,585.78	.0077195	14,351.98	490,401.7

Source: Hospitals Financial reports 2022-2023, Patient Discharge Data 2021-2023, Authors' calculations; Notes: Weighted by corresponding payer discharges. IP=Inpatient, OP=Outpatient, NPR = Net Patient Revenue, CMAD= Case-mix adjusted discharges

Table 7. 2023 Outpatient spending measures descriptive statistics

	Count	Mean	SD	Min	Median	Max
Commercial OP NPR per visit	332	1885.7	1361.322	2.117073	1,668.796	22,964.43
Commercial OP NPR per intensity adjusted visit	315	245.9	158.0384	.8476062	223.7564	1,261.572
Medicare OP NPR per visit	326	834.4	666.3502	-6544.909	656.322	16,207.16
Medicare OP NPR per intensity adjusted visit	314	105.3	70.40841	-234.0226	97.61103	703.5167
Medi-Cal OP NPR per visit	304	908.8	534.4424	.0000165	801.1586	12,190.06
Medi-Cal OP NPR per intensity adjusted visit	292	208.8	160.2127	2.93e-06	163.5534	1,118.155

Source: Hospitals Financial reports 2022-2023, Healthcare Payment Data 2021-2023, Authors' calculations.
Notes: Weighted by corresponding payer visits. IP=Inpatient, OP=Outpatient, NPR = Net Patient Revenue,

Table 8. 2022-2023 growth in inpatient spending measures, %

	Count	Mean	SD	Min	Median	Max
Commercial IP NPR per discharge	356	8.0	62.8	-99.3	3.9	9594.2
Commercial IP NPR per CMAD	352	7.5	61.0	-96.2	2.4	9210.1
Medicare IP NPR per discharge	350	0.6	23.0	-152.3	-0.2	842.0
Medicare IP NPR per CMAD	350	0.8	22.5	-147.5	-0.1	864.7
Medi-Cal IP NPR per discharge	347	2.8	20.8	-93.7	1.9	370.9
Medi-Cal IP NPR per CMAD	345	2.7	20.8	-93.4	1.2	430.2

Notes: Weighted by corresponding payer visits. IP=Inpatient, OP=Outpatient, NPR = Net Patient Revenue, CMAD= Case-mix adjusted discharges.

Table 9. 2022-2023 growth in outpatient spending measures, %

	Count	Mean	SD	Min	Median	Max
Commercial OP NPR per visit	329	8.6	33.0	-98.9	6.7	1305.2
Commercial OP NPR per intensity adjusted visit	309	3.8	33.7	-98.5	-0.1	444.3
Medicare OP NPR per visit	321	11.2	33.1	-120.7	6.5	600.5
Medicare OP NPR per intensity adjusted visit	310	9.7	35.7	-123.1	3.7	885.5
Medi-Cal OP NPR per visit	296	5.2	27.8	-94.9	3.8	282.8
Medi-Cal OP NPR per intensity adjusted visit	286	0.2	27.4	-94.5	-2.2	293.5

Notes: Weighted by corresponding payer visits. IP=Inpatient, OP=Outpatient, NPR = Net Patient Revenue.