Independent Hospital Pricing Authority

Indigenous Patient Cost Study Report

July 2015

1 Executive Summary

The Independent Hospital Pricing Authority (IHPA) commissioned a review of the costs of providing care to Indigenous patients accessing public hospital services. The analysis was commissioned in response to stakeholder concerns that the national activity based funding system does not adequately reflect Indigenous patient costs.

The purpose of the report is to describe the potential cost drivers, such as demographic or hospital characteristics, that may account for a cost differential in providing care to Indigenous patients compared to non-Indigenous patients. Understanding these cost drivers may inform how IHPA accounts for these costs in developing the National Efficient Price (NEP) and National Efficient Cost (NEC) determinations.

This review examined the extent to which these costs are identified and correctly allocated in hospital costing systems. The study was shaped by a number of interviews with clinicians and hospital administrators to identify potential cost drivers, and work was undertaken with hospitals to identify improved systems for allocating Indigenous costs.

Data analysis was based on the National Hospital Cost Data Collection (NHCDC), the primary data collection that IHPA relies on to develop the NEP. Analysis was completed for two years of the NHCDC (2011-12 and 2012-13). This analysis concluded that there are cost differentials for Indigenous patients compared to non-Indigenous patients. Specifically it showed that there is a cost differential of 4 per cent for admitted episodes.

The analysis of admitted acute services found that a number of Australian Refined Diagnosis Related Groups (AR-DRGs) had statistically significant differences in cost profiles between the two patient cohorts, with a cost differential of up to 21%.

Cost differentials for patients in emergency departments or accessing non-admitted services were not established.

The main factors contributing to the higher costs for Indigenous patients compared to non-Indigenous patients were:

- number of comorbidities;
- separation mode;
- length of stay; and
- hours spent on continuous mechanical ventilation.

As new data items are introduced and the overall data quality of the NHCDC improves, the evidence base supporting differences in cost profiles between Indigenous and non-Indigenous patients are likely to improve and more closely reflect the actual cost of public hospital services.

2 Project Objectives and Methodology

In developing the NEP IHPA is required to have regard to the variables affecting the actual cost of providing health care services in a range of public hospitals. IHPA has commissioned this report to better understand the particular costs associated with providing hospital services to Indigenous patients.

Objectives of the Study

The objectives of this study were to undertake an in-depth review of Indigenous patients the costs including:

- the extent to which the costs associated with delivering public hospital services to Indigenous patients are identified and correctly allocated in hospital costing systems;
- a review of the factors which may lead to increased costs for hospitals in delivering services to Indigenous patients;
- whether hospital based services incur a greater cost in providing treatment and services to an Indigenous patient compared to a non-Indigenous patient for the same condition; and
- a review of the Productivity Commission report (2012 *Indigenous Expenditure Report*).

Methodology

The investigative study comprised four discrete components. An assessment of the literature was undertaken to identify any definitive studies that would inform and quantify whether a cost differential exists in the treatment of Indigenous patients compared to non-Indigenous patients in hospital settings. The review of the evidence base was also structured to identify potential cost drivers or factors that influence potential cost differences, with the objective of testing this on the Round 16 (financial year 2011-12) and Round 17 (Financial year 2012-13) NHCDC datasets.

The second phase of work involved engagement with jurisdictions and nominated hospitals to:

a) Identify cost centres that record costs incurred solely in the course of providing services to Indigenous patients;
b) Identify whether the costs are reported to the NHCDC;
c) Identify whether the associated activity is reported to the NHCDC; and
d) Identify how the costs are distributed to patients.

Further, if appropriate, the investigation was to consider the impact of alternate costing methodologies for these cost centres and the resultant distribution of costs to Indigenous patients.

The third phase of the study involved engagement with clinicians, hospital administrators and jurisdictions to identify what may cause a differential to occur in the cost profiles of

Indigenous patients compared to non-Indigenous patients. Input was sought through survey methods, as well as face-to-face and telephone based interviews.

In addition Round 16 and Round 17 of the NHCDC datasets was analysed to address whether:

a) Data exists to support the nomination of potential cost drivers that explain cost differentials that may occur between Indigenous and non-Indigenous patients;
b) These cost drivers are similar to the ones identified in the literature and during the stakeholder consultations; and
c) The datasets are robust enough to quantify any differential.

Data Sources

NHCDC data for both Round 16 (2011-12) and Round 17 (2012-13) was used in the preparation of this report. The datasets covered costing data for admitted services (acute and subacute), emergency department services and non-admitted services.

Statistical analyses were performed using the Statistical Analysis System (SAS) application.

Data Quality

Some data quality issues were identified which limit the use of NHCDC for the purpose of identifying cost differences between the patient groups.

Participation

IHPA invited jurisdictions to participate in the study and four jurisdictions, South Australia, Western Australia, Northern Territory, and Victoria elected to participate.

3 Qualitative Inputs and Considerations

The study team sought to gather qualitative information that:

a) established whether, for the same condition, a cost differential exists for Indigenous patients compared to non-Indigenous patients;
b) if such a differential exists, what the magnitude of the differential is; and
c) what are the underlying reasons that explain the differential.

This evidence obtained informed the quantitative analysis.

This chapter reports on what data exists to substantiate the claim that there is cost differential for Indigenous patients compared to non-Indigenous patients for the same condition.

Findings of the literature

The literature review was unable to identify a single study conducted post 2000 that focused specifically on answering the research question:

Do hospital based services incur a greater cost in providing treatment and

services to an Indigenous patient compared to a non-Indigenous patient for the same condition?

The 2012 Productivity Commission's Indigenous Expenditure Report[1] identifies that for every $1 spent on health related services for non-Indigenous Australians, $2.22 is spent on Indigenous Australians.

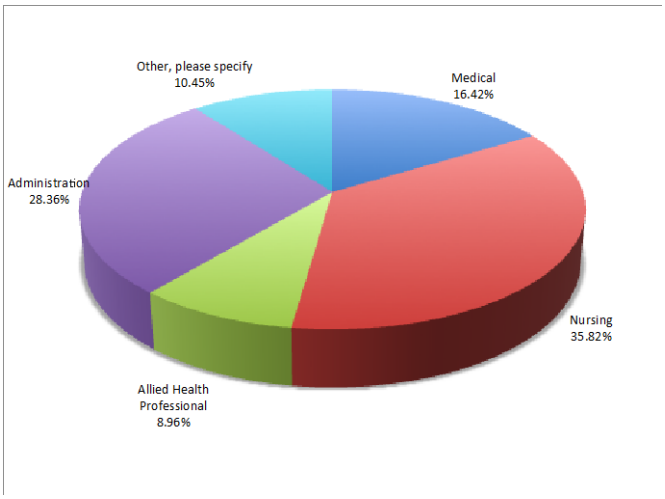
Qualitative Feedback

A survey targeting clinicians and administrators of hospital services from the participating jurisdictions was developed in consultation with IHPA. The survey was distributed to a sample of hospitals, particularly those that reported a substantive number of Indigenous patients.

A total of 64 responses were received from various hospitals, health services and health departments. Western Australia accounted for 64% of the responses; South Australia followed with 26% of the responses; Northern Territory represented 8% of responses and Victoria 2%.

Health professionals responding to the survey included medical staff, nursing staff, allied health professionals, Aboriginal liaison officers and administrators from hospitals, health services and state and territory health departments (refer Figure 3.1).

Figure 3.1: Proportion of survey responses by health profession category



The majority of respondents identified as working directly with patients and there were variable views as to whether a cost differential exists in the treatment of Indigenous patients compared to non-Indigenous patients across the respondents (Table 3.1).

[1] SCRGSP (Steering Committee for the Review of Government Service Provision) 2012, 2012 Indigenous Expenditure Report, Productivity Commission, Canberra

Table 3.1: Does a cost differential exist in the treatment of Indigenous patients compared to non-Indigenous patients by settings

Settings	Acute same-day inpatient		Acute overnight inpatient		Emergency Department (ED) admitted patient		Emergency Department non-admitted patient		Subacute admitted patient		Subacute non-admitted patient		Non-admitted patient	
Cost Differential exists	%	N	%	N	%	N	%	N	%	N	%	N	%	N
Yes	87%	45	92%	45	90%	45	84%	43	91%	42	89%	49	88%	52
No	13%	7	14%	7	10%	5	16%	8	9%	4	11%	6	12%	7
Total Responses		52		49		50		51		46		55		59

Some respondents, albeit in the minority, indicated that they did not think cost differentials were driven by Indigenous status, but rather by the medical condition and needs of the patient, as shown in Table 3.2. The link between clinical need, complexity of a patient and the cost of service provision is echoed in the literature by Deeble[2]. In his review of the Indigenous Cost Expenditure Report, Deeble observes that the public expenditure for an Aboriginal person is almost the same as those for all Australians in the same income group.[3] He concludes that more direct measures of hospital use are needed, as it would be very surprising if both the mix of services and the costs per unit of service were the same for the two population cohorts.

Table 3.2: Respondent views as to why a cost differential does not exist between Indigenous and Non-Indigenous patients

Respondent views on why a cost differential does not exist
• Acute setting is more uniform. • Co-morbidities are less of a cost in non-admitted. • All treatment and medical/nursing interventions are according to clinical need if the patient has co-morbidities then this is where the cost drivers is – not because of ethnicity. However, outreach services are sometimes required for non-urgent transport to referral services/out-patient appointments either locally or to regional resource centre. • Straightforward, short interactions usually similar for Indigenous and non-Indigenous patients. Longer more complex interaction is more likely to require assistance with language, family and socio-economic concerns, liaison with aboriginal health and contact with liaison officer. • Non-admitted ED patients more likely that Indigenous patients to have significant co-morbidities impacting on their care. • I don't see how the cost can vary. Each patient receives the same care. Perhaps in [another region] where RFDS transfers are common for patients with unmanaged chronic conditions who are also constantly admitted to the local hospital for treatment (this happens to non-Indigenous patients as well).

[2] Deeble J.; Assessing the health service use of Aboriginal and Torres Strait Islander peoples, undated

[3] Australian Institute of Health and Welfare, Expenditures oh health for Aboriginal and Torres Strait Islander peoples, 2004-05, Feb.2008, Cat.no HWE 40, pp 4-5, 21-22

Respondent views on why a cost differential does not exist
• It is usually the medical condition that determines the cost of treatment not being Caucasian or Aboriginal.

The feedback provided through the consultations and the experience of the majority of health care providers responding to the survey is anecdotal evidence of some form of cost differential in treating Indigenous patients compared to non-Indigenous patients for the same condition. Of those health care professionals that observed a cost differential, the majority indicated that they anticipated the magnitude to be considerably more than the 4% differential identified by IHPA.

Further, the differential is reportedly observed across all hospital treatment modalities and as such, cost data from each area reported through the NHCDC was sourced and analysed to:

a) establish a quantitative evidence base supporting the reported observations of the health care professionals, and
b) determine the magnitude of the cost differential where it exists.

4 Dedicated Cost Centres - Service Provision to Indigenous Patients Only

Jurisdictions have hypothesised that the potential difference in the cost profile of treating Indigenous patients when compared to their non-Indigenous counterparts is masked by poor cost allocation methodologies being adopted by hospitals and hospital or area health service networks. Specifically, it has been postulated that for those cost centres singularly related to service provision to Indigenous patients, the cost allocation statistics used by some hospitals result in the costs being attributed to all activity rather than solely to Indigenous patients.

One of the lines of inquiry adopted in this investigative study sought to collect data from participating jurisdictions or costing teams to explore the following questions:

a) What cost centres are singularly related to costs incurred in providing services to Indigenous patients only?
b) From a costing perspective, are these cost centres treated as overheads, intermediate or final cost centres?
c) Are the costs allocated only to Indigenous patients (and on what basis) or are they spread across all activity?
d) Based on the information provided, what if any, improvements could be made to the cost allocation process?
e) Undertaking high-level analyses, what impact would alternate cost allocation methods have on the overall costing results?

Nature of the Dedicated Cost Centres

Data was provided by the following jurisdictions:

- Northern Territory;
- South Australia;
- Western Australia; and
- Victoria.

The response from Western Australia originated from the Country Health Services Division (WACHS). This Division indicated that for Round 16 (2011/12) data collection the costs for the country hospitals were cost modelled as WACHS did not have access to a patient costing system. Having noted this, where costs were specific to Indigenous patients, such as costs associated with the employment of Aboriginal Health Workers, these costs were allocated directly to Indigenous patients using the 'Indigenous Status' flag as the key attribute used to drive cost attribution.

Data provided by the remaining three jurisdictions fell into two categories, namely overhead costs or site specific direct costs.

Overhead cost centres are categorized into corporate or hospital based costs. Corporate costs are held at the jurisdiction level and are apportioned to hospital or area health networks to distribute to their patients. The hospitals then spread the allocated costs across the various cost buckets reported to the NHCDC. These costs include Aboriginal Health Strategy Units, cultural security programs or public health services outside the hospital sector.

The total corporate costs reported to the study team totalled less than $1,000,000 resulting in an allocation to Indigenous patients of less than $1 per patient. The costs have been allocated to the Indigenous patients using the Indigenous flag, however the Indigenous status flag is under-reported and the resultant allocation of costs will follow. Improving the reporting of Indigenous status assumes an increase of Indigenous patients being identified which will result in an increase of allocated costs to Indigenous patients. Assuming that cost allocation methods are based on consumption data then a cost differential is most likely to be identified. If the cost allocations do not follow consumption patterns then masking of the true differential will arise. This is explored in subsequent chapters.

Recommendation 1:	A broader review of cost allocation methods adopted by hospitals participating in the NHCDC, outside of cost centres exclusively dedicated to service provision to Indigenous patients, is warranted to gain a better understanding of the impact this may have on cost allocations to Indigenous and non-Indigenous patients.

5 Identifying a Cost Differential – Acute Admitted Services

A review of the respective NHCDC data sets from Round 16 and Round 17 was undertaken to determine whether a cost differential exists in terms of treating an Indigenous patient compared to a non-Indigenous patient. Whilst the requirement of the study was to consider cost allocations used by hospitals in allocating costs to Indigenous patients, the analysis first considered a broader review of cost allocation methods across all patients. The first round of analyses focused on whether errors in the broader allocation methods or other data quality issues could be masking or dampening the current observed cost differential between the two cohorts.

The analysis was undertaken individually on each of the datasets provided by IHPA. The results are summarised in this chapter on a setting-by-setting basis.

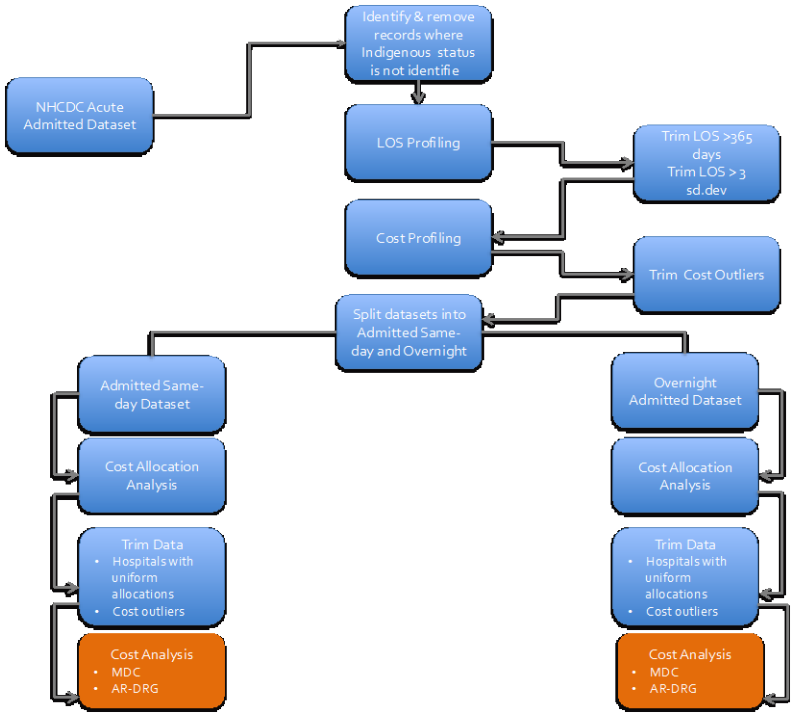
Acute Admitted Dataset

The NHCDC data sets were trimmed based on the following considerations:

- Indigenous status not identified;
- Episode not separated in financial year; and
- Cost outliers.

Figure 5.1 depicts the logic followed in the analysis of the acute admitted datasets.

Figure 5.1: Logic of analysis of acute admitted dataset



Data from Round 16 NHCDC contained 4,474,441 records for acute admitted services and Round 17 NHCDC contained 4,785,637 records for acute admitted services. The cost profile and length of stay profile of the raw datasets are summarised in Table 5.1. The average cost of separations for Indigenous patients was $3,868 in Round 16 and $4,168 in Round 17, compared to non-Indigenous average costs being $4,762 and $5,089.

Table 5.1: Acute admitted dataset records Round 16(2011/12) and Round 17(2012/13) NHCDC

Indigenous Status	Number of Records		Average Cost per separation (unweighted)		Average Length of Stay	
	Rd 16	Rd 17	Rd 16	Rd 17	Rd 16	Rd 17
Indigenous	270,124	320,650	$3,868	$4,168	2.5	2.4
Non-Indigenous	4,161,407	4,418,073	$4,762	$5,089	3.0	2.9
Indigenous status not identified	42,910	45,521	$6,689	$6,928	3.8	3.6
Total	**4,474,441**	**4,785,637**	**$4,726**	**$5,043**	**3.0**	**2.9**

Based on the above aggregate statistics, it would be easy to draw the conclusion that it costs less on average to treat an Indigenous patient than a Non-Indigenous patient, and that the average time spent in hospital by Indigenous patients is less than non-Indigenous patients. Records where Indigenous status was not identified (i.e. Indigenous Status = 9) were trimmed from the respective datasets.

Statistical Analyses of the Same-day Datasets

The statistical analysis tested the null hypothesis that there was no observable difference in the average cost of Indigenous patients and Non-Indigenous patients receiving same-day services.

The outputs of the analyses identified that the null hypotheses “that there was no observable difference” could be rejected. The statistical test identifies that on average there was a difference in the cost of treating an Indigenous person than a non-Indigenous person. On analysis, the Indigenous patient same day cost was found to be on average $45.26 less than the non-Indigenous patient treatment cost for Round 16 and $181.70 less for Round 17. Whilst these may be considered a relatively modest differential, (particularly for Round 16 data) analysis shows that it is statistically significant.

Application of the Findings of the Literature and Feedback from Clinicians

It would be easy to conclude at this stage that a differential exists and that it is cheaper, on average, to treat Indigenous patients compared to Non-Indigenous patients in receipt of same-day services.

However, the literature review and the feedback from clinicians identified casemix, namely the presenting condition of the patient, to be important in determining the suite of services provided and therefore, the cost of the overall treatment.

Analysis at the Major Diagnostic Category level

The first level of analyses was conducted at the Major Diagnostic Category (MDC) level. The distribution of cases by MDC for the respective NHCDC Rounds trimmed same-day dataset was completed. It identified variation in the potential cost differential between Indigenous and Non-Indigenous patients across the MDCs. Statistical analyses comparing the dispersion of total costs within each MDC was used to identify those MDCs where the cost variation between the two population cohorts was deemed to be significant.

From the Round 16 data there were 13 MDCs identified where, statistically there was no discernable difference noted between the two population cohorts average cost of treatment. This was decidedly higher than that observed from the Round 17 dataset which yielded six MDCs fitting this criterion. The commonality in cost differential profiles for MDC's between Round 16 and Round 17 is depicted in Table 5.2.

Table 5.2: Commonality in cost differential profiles of MDCs (same-day services only) – Round 16 and Round 17

MDC with no statistical difference in cost profiles - common across both Round 16 and Round 17 costing periods
• 07 Diseases and disorders of the hepatobiliary system and pancreas • 13 Diseases and disorders of the female reproductive system • 19 Mental diseases and disorders
MDC with statistical difference in cost profiles – Indigenous less expensive than Non-Indigenous patients – common across both Round 16 and Round 17 costing periods
• 06 Diseases and disorders of the digestive system • 09 Diseases and disorders of the skin, subcutaneous tissue and breast • 14 Pregnancy, childbirth and the puerperium
MDC with statistical difference in cost profiles – Indigenous more expensive than Non-Indigenous patients – common across both Round 16 and Round 17 costing periods
• 03 Diseases and disorders of the ear, nose, mouth and throat • 11 Diseases and disorders of the kidney and urinary tract • 12 Diseases and disorders of the male reproductive system • 16 Diseases and disorders of the blood and blood forming organs and immunological disorders • 17 Neoplastic disorders (Haematological and solid neoplasms)

The variations observed between Round 16 and Round 17 of the NHCDC were examined further. An absolute value quantifying the cost differential between the two population cohorts could not be derived from the statistical analyses conducted at the MDC level.

Whist casemix at the MDC level has been shown to have some explanatory power, the variability from one year to the next makes it difficult to make any conclusive decisions about the extent to which the costs of treating Indigenous patients is greater than, or less than that of treating Non-Indigenous patients. The MDC is simply too high a level of aggregation. This, together with an interest in what drives the tail end of cost distributions for both patient cohorts led to the drill down of costs investigating differentials for same-day patients at the level of individual Diagnosis Related Groups (DRGs).

Analysis at the Diagnosis Related Group level

Statistical analyses were undertaken at the DRG level using Australian Refined Diagnosis Related Group (AR-DRG) version 6.0 classes.

Appendix C lists the outputs for same-day cases by AR-DRG for both Rounds 16 and 17. Based on the Round 17 dataset, 611 different AR-DRG classes were listed as containing same-day cases. Of these, 324 had more than 5 separations listed in both patient cohorts. This excludes AR-DRG L61Z Renal Dialysis.

Of the 324 AR-DRGs that had more than 5 separations in both the Indigenous and Non-Indigenous patient groups; 90 AR-DRGs were identified as having statistically different cost profiles when comparing the Indigenous patient costs to Non-Indigenous patient costs. These classes covered 45% of all same-day separations in the Round 17 dataset.

The majority of these AR-DRGs returned statistical values indicating that it was more expensive to treat an Indigenous patient than a Non-Indigenous patient.

Whilst the statistical tests undertaken on the dataset, show that for 45% of the separations a cost differential exists between the two cohorts, the statistical tests do not yield an absolute value in terms of what this differential would be. Further analyses focusing on the cost differentials were undertaken. Restricting the analyses to the 90 AR-DRGs where a statistical cost difference was established it was identified that it costs 19% more on average to treat Indigenous patients than Non-Indigenous patients based on Round 17 data.

It should be noted that these percentages have also included those AR-DRGs where there was a statistical difference in the cost profiles indicating that the Indigenous patients were ***less*** expensive than the Non-Indigenous patients.

From a funding perspective however, it is unlikely that differential loadings will be provided for subsets of AR-DRGs or other patient classes. A single index or loading factor is preferred within a specific service stream. For example, a single weighting could be applied to all Indigenous patients admitted on a same-day basis. Thus the results need to be considered within the whole of same-day activity profile.

- Rebasing the overall differences across all AR-DRGs with more than five separations resulted costs 5% more on average to treat an Indigenous patient than a Non-Indigenous patient being admitted on a same-day basis.

Data quality and trimming within the Overnight acute admitted datasets

The following sections provide the more salient findings with respect to the cost differentials, viewing the data from an aggregate perspective, then at MDC level and finally at DRG level.

Prior to the application of cost outlier trim points, the datasets were reviewed and the trimmed dataset, at an aggregate level, yielded cost distribution profiles as depicted in Table 5.3.

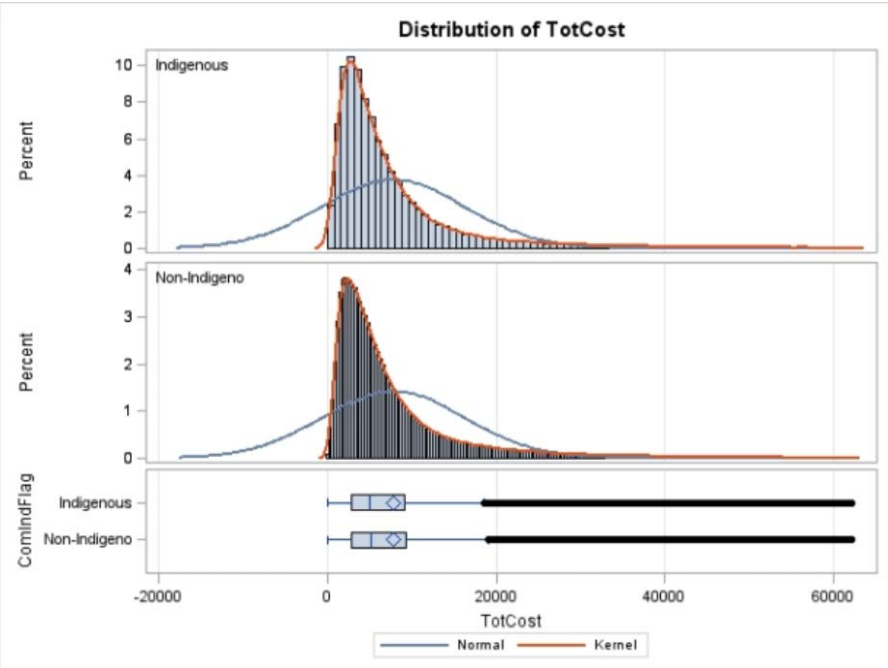
Table 5.3: Overnight cost distributions – trimmed NHCDC datasets for Round 16 and Round 17

	Overnight Cases: Trimmed Dataset			
Round 16 NHCDC (2011/12)	**Indigenous Status**	**Number of Records**	**Mean Cost**	**Std Dev**
	Indigenous	99,667	$7,592	$7,694
	Non-Indigenous	1,981,144	$6,928	$7,699
	Total	2,080,811	$6,923	$7,694
Round 17 NHCDC (2012/13)	**Indigenous Status**	**Number of Records**	**Mean Cost**	**Std Dev**
	Indigenous	101,703	$7,249	$7,552
	Non-Indigenous	1,944,304	$7,321	$7,472
	Total	2,046,007	$7,317	$7,476

The number of records that were trimmed from the respective datasets suggests that there is a need to either develop a data quality checklist or update existing hospital, jurisdiction and IHPA based data quality checks and editing processes.

Figure 5.2 depicts the cost distribution for the two patient cohorts from the Round 17 NHCDC dataset for overnight acute admitted patients. It shows marginal differences in the distribution patterns and suggests there is no difference in the cost profiles between the two patient cohorts.

Figure 5.2 Cost distribution overnight acute admitted trimmed dataset Round 17 NHCDC - Indigenous and Non-Indigenous patient cohorts



Based upon the data presented in, it would be easy to infer that the cost of treating an Indigenous patient for acute overnight services is equal to or marginally less than that incurred if treating a Non-Indigenous patient. The data however does not take into account variables such as the casemix of the patient cohort. This is considered further within the context of analyses of the MDC and AR-DRG profiles.

Statistical Analyses of the Overnight acute admitted datasets

The following null hypothesis is tested in this section of the report:

H_0: there is no observable difference in the average cost of Indigenous patients and Non-Indigenous patients receiving overnight admitted acute care services ($H_0: \mu_1 = \mu_2$).

Without accounting for casemix profiles of the two patient cohorts, the t-test was conducted on the aggregate overnight dataset. The statistics yielded for the respective datasets is summarised in Table 5.4. They indicate that a cost differential exists for both Round 16 and Round 17 acute admitted overnight cases with Indigenous patients costing less than non-Indigenous patients by $107 per separation in Round 16 and $71 per separation in Round 17.

Table 5.4: T statistics for the aggregate overnight acute admitted patient cohorts – trimmed NHCDC datasets for Round 16 and Round 17

	Indigenous		Non-Indigenous		Statistics			
	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > |t|	Hypothesis (H_0: $\mu_1=\mu_2$)	
Round 16	99,667	$6,821	1,981,144	$6,928	-4.34	< 0.0001	reject	Lower ($\mu_1 < \mu_2$)
Round 17	101,703	$7,250	1,944,304	$7,321	-2.97	0.003	reject	Lower ($\mu_1 < \mu_2$)

The analysis was extended to consider whether this observation held for each State and Territory. Table 5.5 shows the outputs each respective jurisdictions. The results indicate that in ACT there is no difference between the patient cohorts and Western Australia shows Indigenous costing more than non-Indigenous. Results for all other jurisdictions showed that the average cost for Indigenous patients is less than non-Indigenous.

Table 5.5: T statistics for the trimmed overnight acute admitted patient cohorts by State/Territory – trimmed NHCDC datasets for Round 17

Jurisdiction	Indigenous		Non-Indigenous		Statistics			
	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > |t|	Hypothesis (H_0: $\mu_1=\mu_2$)	
Queensland	34,478	$7,126	435,834	$7,370	-5.87	<.0001	reject	Lower ($\mu_1 < \mu_2$)
New South Wales	27,649	$6,885	699,777	$7,323	-10.14	<.0001	reject	Lower ($\mu_1 < \mu_2$)
Australian Capital Territory	1,048	$10,4010	37,489	$10,092	0.98	0.3249	accept	No differential
Victoria	5,957	$6,535	520,527	$6,886	-3.95	<.0001	reject	Lower ($\mu_1 < \mu_2$)

Jurisdiction	Indigenous		Non-Indigenous		Statistics			
	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > |t|	Hypothesis (H_0: $\mu_1=\mu_2$)	
Tasmania	1,878	$7,094	43,585	$7,920	-4.62	<.0001	reject	Lower ($\mu_1 < \mu_2$)
South Australia	7,001	$7,657	161,953	$7,780.80	-1.20	0.2314	accept	No differential
Western Australia	3,601	$7,517.30	28,523	$6,850.40	4.82	<.0001	reject	Higher ($\mu_1 > \mu_2$)
Northern Territory	20,091	$7,836.20	16,616	$8059.50	-2.62	0.0089	reject	Lower ($\mu_1 < \mu_2$)

The high level jurisdictionally based analysis is counter-intuitive to feedback received from clinicians and also State and Territory based health administrators. These results may be influenced by the cost allocations adopted by hospitals within jurisdictions.

The statistics presented in Tables 5.10 and 5.11 do not take into account the casemix profiles of the respective patient cohorts. Accordingly, analysis progressed to consider any potential variation at the MDC level.

Analysis at the Major Diagnostic Category level

The distribution of cases by MDC for the respective NHCDC Rounds trimmed overnight dataset is depicted in Appendix E. There is variation in the potential cost differential between Indigenous and Non-Indigenous patients across the MDCs. Statistical analyses comparing the dispersion of total costs within each MDC was used to identify those MDCs where the cost variation between the two population cohorts was deemed to be significant.

Some commonality exists in the observations of cost differentials by MDC across the two NHCDC datasets as outlined in Table 5.6.

Table 5.6: Commonality in cost differential profiles of MDCs (overnight services only) – Round 16 and Round 17

MDC with no statistical difference in cost profiles - common across both Round 16 and Round 17 costing periods
• 00 Pre-MDC • 04 Diseases and disorders of the respiratory system • 09 Diseases and disorders of the skin, subcutaneous tissue and breast • 21 Injuries, poisoning and toxic effects of drugs
MDC with statistical difference in cost profiles – Indigenous less expensive than Non-Indigenous patients – common across both Round 16 and Round 17 costing periods
• 01 Diseases and disorders of the nervous system • 06 Diseases and disorders of the digestive system • 07 Diseases and disorders of the hepatobiliary system and pancreas • 08 Diseases and disorders of the musculoskeletal system and connective tissue • 12 Diseases and disorders of the male reproductive system • 20 Alcohol/drug use and alcohol/drug induced organic mental disorders
Common with Same-day Cohorts
• 06 Diseases and disorders of the digestive system
MDC with statistical difference in cost profiles – Indigenous more expensive than Non-Indigenous patients – common across both Round 16 and Round 17 costing periods
Common across both years
• 02 Diseases and disorders of the eye • 03 Diseases and disorders of the ear, nose, mouth and throat • 05 Diseases and disorders of the circulatory system • 10 Endocrine, nutritional and metabolic diseases and disorders • 14 Pregnancy, childbirth and the puerperium • 15 Newborns and other neonates • 18 Infectious and parasitic diseases • 22 Burns • 23 Factors influencing health status and other contacts with health services
Common with Same-day Cohorts
• 03 Diseases and disorders of the ear, nose, mouth and throat

Considerable variation exist in the statistical outputs for the MDCs for the overnight patient cohorts (Appendix E) when compared to the same-day patient cohorts. This provides further evidence that the attributes of the two patient cohorts, (namely same-day and overnight admitted patients) are different within MDCs and any judgment about the cost differential between Indigenous patient cohorts and Non-Indigenous patients should be based on:

a) a distinction between same-day and overnight admitted status, and
b) at the lowest possible casemix level, namely at AR-DRG level.

Analysis at the Diagnosis Related Group level

Paired t-tests were undertaken between the two population cohorts admitted for overnight acute care using both Round 16 and Round 17 NHCDC data.

The Round 16 dataset contained 608 different AR-DRG classes with five of more separations in both patient cohorts. Of these, 180 AR-DRGs were identified as having statistically different cost profiles for Indigenous patients compared to Non-Indigenous patients. These classes covered 53% of all acute admitted overnight cases contained in the Round 16 trimmed dataset.

The majority of these AR-DRGs returned statistical values indicating that it costs more to treat an Indigenous patient than a Non-Indigenous patient. Appendix F clearly identifies these AR-DRGs.

Whilst the statistical tests undertaken on the dataset, show that for 53.2% of the separations a cost differential exists between the two cohorts, the statistical tests do not yield an absolute value in terms of what this differential would be. Based on further statistical analyses of the differences of the means for the 180 AR-DRGs where a cost differential was identified the magnitude of the difference could be established. It costs on average 24.03% more to treat an Indigenous patient than a Non-Indigenous patient. This takes into account those AR-DRGs where the Non-Indigenous cohort was identified as the more expensive to treat.

In comparison, the Round 17 dataset contained 602 different AR-DRG classes with five or more separations in both patent cohorts. Of these 170 AR-DRGs (28.2%) were identified as having statistically different cost profiles for Indigenous patients compared to Non-Indigenous patients. These classes covered 50.4% of all acute admitted overnight stay cases. Appendix F lists these AR-DRGs.

Restricting the analyses in the first instance to the subset of AR-DRGs where a cost differential was statistically identified yielded the following results:

- for the Round 16, the cost differential between Indigenous and Non-Indigenous patients for the 180 AR-DRGs was 24%;
- for the Round 17 dataset, covering 170 AR-DRGs, the cost differential between the two patient cohorts was 18%, and
- across the two years, the cost differential was 21%.

It is inappropriate to apply a rate of 21% to all Indigenous patients. The differential that is driven by the statistical analyses needs to be re-calibrated to cover not only those AR-DRGs where a cost differential exists, but all AR-DRGs, including those where no differential was identified. Rebasing these loading across all AR-DRGs resulted in the following figures:

- for Round 16, the average cost differential of treating an Indigenous patient compared to a Non-Indigenous patient in the overnight admitted acute care services setting was 7%;
- for Round 17, the average cost differential was 5%, and
- across the two years, the average cost differential between Indigenous and Non-Indigenous patients was 6%.

Conclusions about the cost differential for acute admitted patients

The cost differentials for the subset of AR-DRGs of approximately 20% for the two years of NHCDC data is in line with expectations of jurisdictions that have raised concerns about the potential loading that is currently applied by IHPA. However, this figure relates to only those AR-DRGs where cost differentials (both positive and negative) were noted. It does not extend to all patient classes. The recalibrated figure of approximately 6% across all AR-DRGs, taking into account those for which there is no differential, suggests that only a slight adjustment to the current 4% is needed by IHPA.

Recommendation 2:	Consideration be given to establishing a checklist to improve data quality across the continuum of the costing process and to include this in the Costing Standards.

Recommendation 3:	Future comparisons between Indigenous and Non-Indigenous patient costs be undertaken separately for same-day patients and overnight patients.

The same-day and overnight cases have different cost distributions across the AR-DRG spectrum, resulting in different weights for each AR-DRG. The cost distribution profiles for same-day cases and overnight cases should be considered as discrete datasets with discrete loadings provided in recognition of the treatment of Indigenous patients.

Whilst the analysis has shown that for those AR-DRGs where cost differentials exist, the loadings are in the vicinity of 19% for same-day cases and 20% for overnight cases; when applied to the full AR-DRG data the recalibrated figures are approximately 5% and 6% respectively.

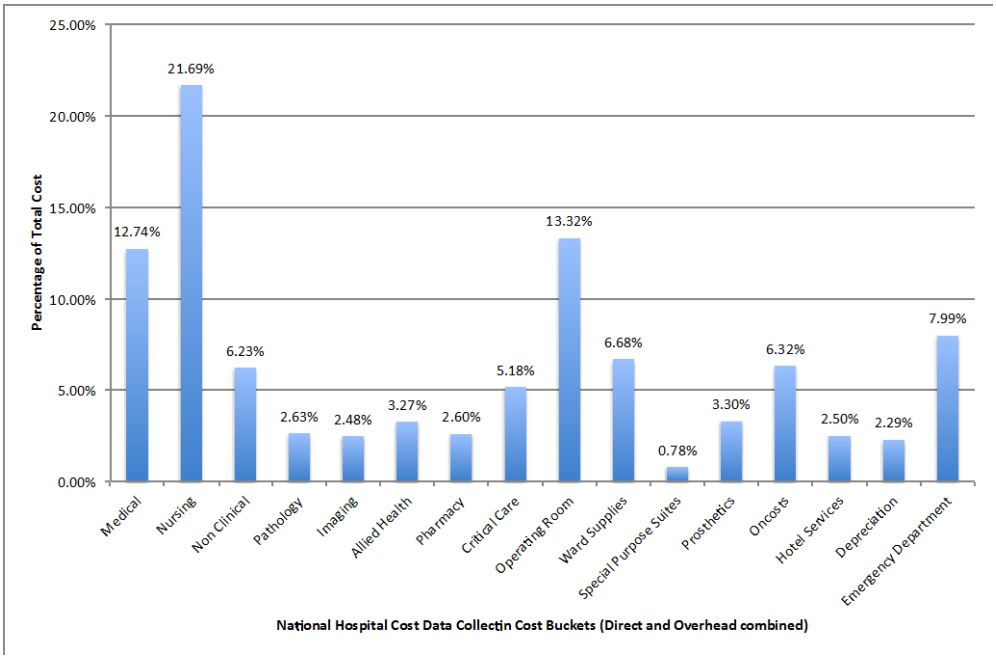
6 Cost Allocations –Acute Admitted Services

The costs of acute admitted overnight patient services is predominantly made up of costs allocated to:

- nursing services (22%);
- medical services (13%); and
- operating rooms (13%).

as illustrated in Figure 6.1.

Figure 6.1: Cost Bucket Cost Contributions (Direct and Overhead combined) towards Total Acute Overnight Admitted Patient Costs - Round 17 (2012/13)



Impact of Service Utilisation Data

Detailed service utilisation data was not available to the study team, however in order to demonstrate the importance of allocating costs based on service utilisation data, reverse engineering of a case study hospital's data was undertaken and the results are presented below.

Hospital C allocates pathology and imaging costs based on actual service utilisation data obtained from the feeder systems. This output was compared to that generated by an allocation method that attributes pathology and imaging costs to every patient based upon weighted activity using the unconditional service weights for the respective services for version 6 AR-DRG.

A comparison between Tables 6.2 and 6.3 demonstrate the differences that arise at a single AR-DRG level between the two forms of cost allocation for pathology and imaging services. Data in Table 6.2 illustrates the allocation of these costs to all patients based on weighted activity, where the unconditional service weights for pathology and imaging were applied respectively to the data. It clearly shows that all patients in the example are

allocated pathology costs and imaging costs. Further, the data also shows that within a patient class (AR-DRG) the same allocation is made to each patient, thus there is no differential between Indigenous and Non-Indigenous patients within each AR-DRG. Differences that are recorded occur as a result of the different service weights applied to each AR-DRG.

Table 6.2: Illustration Cost Attribution of Pathology and Imaging Costs based on weighted activity for F74Z Chest Pain – Hospital C – Round 17 (2012/13)

AR-DRG	Number of Patients		Average Pathology Cost (all patients allocated pathology cost)		Average Imaging Cost (all patients allocated imaging cost)	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
F74Z Chest Pain	12	527	$139	$139	$102	$102

Table 6.3 (overleaf) identifies the impact allocation of costs based on actual service utilisation has upon the cost profile for the selected AR-DRG.

Table 6.3: Illustration Cost Attribution of Pathology and Imaging Costs based on actual service utilisation for F74Z Chest Pain – Hospital C – Round 17 (2012/13)

AR-DRG	Number of Patients		Number of Patients with Pathology Cost		Number of Patients with Imaging Costs		Average Pathology Cost Per Patient (based on actual service use)		Average Imaging Cost Per Patient (based on actual service use)	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
F74Z Chest Pain	12	527	9	188	6	284	$134.28	$154.25	$582.04	$1,346.60

In this example the averages are quite different, as not every patient received pathology and/or imaging services. This is best illustrated by an extract of records presented in Table 6.4. The data shows that the standardised allocation of pathology and imaging costs to all patients based on weighted activity generally lowers the total episodic cost.

Table 6.4: Illustration of the impact of different cost attributions on total patient costs – Hospital C – Selected records F74Z Chest Pain – Round 17 (2012/13)

Record Number	Allocations based on actual service utilisation			Allocations based on use of service weights and applied to patient volumes		
	Total Cost	Pathology Cost	Imaging Cost	Total Cost	Pathology Cost	Imaging Cost
1	$3,754	$33	$689	$3,273	$139	$102
2	$3,221	$0	$825	$2,637	$139	$102
3	$3,168	$95	$825	$2,489	$139	$102
4	$3,062	$308	$163	$2,832	$139	$102
5	$2,981	$110	$825	$2,288	$139	$102
6	$2,213	$48	$0	$2,406	$139	$102
7	$2,170	$61	$0	$2,350	$139	$102
8	$1,591	$0	$0	$1,833	$139	$102
9	$16,743	$179	$6,394	$10,411	$139	$102
10	$15,661	$610	$4,363	$10,929	$139	$102

The impact of the various allocation methods is best considered for the hospital as a whole. Table 6.5 identifies the paired t-statistic outputs for the hospital's costing outputs adopting the two allocation methods. Whilst overall the hypothesis does not alter, it is interesting to note that the actual cost differential between the two populations alters by approximately $113.

Table 6.5: Paired t-statistics outputs for total patient costs – Hospital C - different cost allocation attributions

Allocation Method	Indigenous	Average Cost Per Patient	Non-Indigenous	Average Cost Per Patient	Diff(1-2)	T value	Pr > [t]	Hypothesis	
Actual Service Utilisation	399	$10,881.10	21,892	$9,458.80	$1,422.30	2.27	0.0236	reject	Higher cost differential for Indigenous patient
Weighted Patient Volume	399	$10,769.90	21,892	$9,460.80	$1,309.10	2.16	0.0317	reject	Higher cost differential for Indigenous patient

The allocations based on the actual service utilisation should result in a more accurate reflection of the true costs incurred by each individual patient treated by the hospital. Whilst the overall average cost per separation for the hospital does not differ (the total costs to be allocated remain the same) the difference between the two cost profiles shows a 1.19% shift in the cost differential between Indigenous and Non-Indigenous patients. This shift is reflective for this case study alone, and is conservative as costs associated with other cost buckets such as pharmacy, prosthetics and special purpose suites have not been altered from the uniform allocative method adopted by the hospital.

The data presented above illustrates the benefits and impacts that arise in hospital cost profiles when costs for specific services are allocated to patients based upon actual service utilisation data. It provides evidence that this form of cost allocation does impact upon the inferences drawn regarding the cost differential between the two population cohorts of Indigenous and non-Indigenous patients. Further it supports the findings of the literature review and the feedback from clinicians regarding the impact of diagnostics on patient cost profiles. Whilst this example on its own does not address the conjecture of clinicians that Indigenous patients consume higher levels of diagnostics, it does add weight to the need to undertake further investigative work that takes data from feeder systems and analyses the service utilisation of patients by patient care type, AR-DRG and Indigenous status.

7 Identifying a Cost Differential – Subacute Admitted Services

Trimming processes were applied to the subacute dataset using the following criteria:

- Filtering of all records where the Indigenous status was coded '9' – not stated;
- Filtering of all records where the Indigenous status was blank or missing;
- Filtering of all records that were identified as being product type:
  - Acute care;
  - Newborn;
  - Organ procurement;
  - Teaching; and
  - Boarder.
- Filtering of all records where product type was missing;
- Trimming all records where the total cost of service delivery was less than $10; and
- Trimming all records where the total cost of service delivery exceeded the mean by three standard deviations (i.e. any record with a cost in excess of $106,273).

The original Round 17 (2012/13) NHCDC subacute dataset of 197,997 records was trimmed to 165,112 records. The trimmed dataset reported an average cost of $11,906 and a standard deviation of $14,410 (Table 7.1).

Table 7.1: Summary Cost Statistics - Final trimmed Subacute dataset Round 17 NHCDC (2012/13)

Round 17 Trimmed Subacute dataset				
Indigenous Status	**Number of Records**	**Mean**	**Std Dev**	**Mode**
Indigenous	3,023	$14,876.46	$18,949.59	$1,015
Non-Indigenous	162,089	$11,850.60	$14,306.03	$493
Total	165,112	$11,906.00	$14,410.15	$493.87

The summary data presented above shows that Indigenous subacute patients are more expensive to treat than non-Indigenous subacute patients. A review of the cost distributions at product type, care type and sub and non-acute class (SNAP class) levels yield some variable results.

Statistical Analyses of the Subacute Datasets

The null hypothesis that was tested assumed that there is no observable difference in the average cost of Indigenous patients and non-Indigenous patients receiving subacute admitted services.

SNAP Analysis

The majority of the SNAP classes had 5 or fewer Indigenous patients and as such made it difficult to draw any meaningful inferences from the resultant statistical outputs. As

such it was determined to focus the analysis on the higher levels of product type and care type.

Product Type Analysis

The subacute dataset assigns each patient record to a product type. The subset of products that formed the focus of this analysis related to the following:

- RH – Rehabilitation;
- PC – Palliative care;
- GM – Geriatric Evaluation and Management;
- PG – Psycho-Geriatric care;
- MA – Maintenance; and
- OA – Other Admitted Patient Care.

The highest populated product type is the rehabilitation category, with 89,977 separations. The lowest populated product type related to Other Admitted Patient Care with 1,757 separations (Table 2).

Five of the six product types are considered to represent statistically different cost profiles for Indigenous compared to Non-Indigenous patients. The two patient cohorts did not display any statistical difference in their cost profiles within the Geriatric Evaluation and Management (GEM) group.

Table 7.2: T statistics for Subacute Product Types: Indigenous compared to Non-Indigenous patient cohorts, Round 17 NHCDC (2012/13)

Round 17		Indigenous		Non-Indigenous		Statistics			
Product type	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > |t|	Hypothesis	Interpretation (Indigenous cost relative to Non-Indigenous Cost)
GM	Geriatric Evaluation and Management	147	$15,237	30,001	$13,593	1.35	0.1781	accept	No significant difference
MA	Maintenance	578	$14,831	17,918	$12,346	3.19	0.0015	reject	Higher
OA	Other Admitted Patient Care	84	$9,403	1,673	$22,288	-7.77	< 0.0001	reject	Lower
PC	Palliative Care	456	$12,764	22,305	$9,340	4.51	< 0.0001	reject	Higher
PG	Psychogeriatric Care	35	$14,201	1,938	$22,611	-2.20	0.0279	reject	Lower
RH	Rehabilitation	1,723	$15,700	88,254	$11,357	8.94	< 0.0001	reject	Higher

Care Type Analysis

The dataset also identifies each record by care type, although the date for care type change is not reported in the data and thus the length of stay for the care type cannot be reliably validated. A separation and discharge date are reported, however these appear to reflect the national minimum dataset definitions of admission and separation dates to and from hospital that are not necessarily quarantined solely to the subacute episode of care. Reliance on the length of stay data item was therefore, minimised in this analysis.

The care type categories forming the focus of this analysis are listed in Table 7.3.

Table 7.3: T statistics for Subacute Care Types: Indigenous compared to Non-Indigenous patient cohorts, Round 17 NHCDC (2012/13)

Round 17		Indigenous		Non-Indigenous		Statistics			
Product type	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > |t|	Hypothesis (H_0: $\mu_1 = \mu_2$)	Interpretation (Indigenous cost relative to Non-Indigenous Cost)
02.0	Rehabilitation care that cannot be further categorised	900	$18,820.90	60,297	$12,400.70	9.74	< 0.0001	reject	Higher ($\mu_1 > \mu_2$)
02.1	Rehabilitation in a designated unit	438	$11,664.00	15,117	$9,243.30	2.53	0.0118	reject	Higher ($\mu_1 > \mu_2$)
02.2	Rehabilitation care according to a designated program	165	$13,934.30	4,397	$6,126.9	4.13	< 0.0001	reject	Higher ($\mu_1 > \mu_2$)
02.3	Rehabilitation care is the principal clinical intent	220	$12,294.30	8,446	$10,431.90	1.70	0.0902	accept	No significant difference ($\mu_1 = \mu_2$)
03.0	Palliative Care that cannot be further categorised	171	$12,477.10	13,443	$9,191.10	2.61	0.0100	reject	Higher ($\mu_1 > \mu_2$)
03.1	Palliative care delivered in a designated unit	146	$14,923.40	3,929	$10,790.40	3.01	0.0031	reject	Higher ($\mu_1 > \mu_2$)
03.2	Palliative care according to the designated program	39	$14,128.70	1,381	$10,948.60	0.99	0.3302	accept	No significant difference ($\mu_1 = \mu_2$)
03.3	Palliative care is the principal clinical intent	100	$9,572.20	3,552	$7,669.50	1.47	0.1453	accept	No significant difference ($\mu_1 = \mu_2$)
04.0	Geriatric Evaluation and Management	147	$15,237.70	30,002	$13,589.80	1.36	0.1771	accept	No significant difference ($\mu_1 = \mu_2$)
05.0	Psychogeriatric care	35	$14,201.80	1,938	$22,611.80	-2.20	0.0279	reject	Lower ($\mu_1 < \mu_2$)
06.0	Maintenance care	577	$14,837.10	17,914	$12,347.90	3.19	0.0015	reject	Higher ($\mu_1 > \mu_2$)
08.0	Other admitted patient care	85	$9,427.00	1,671	$22,300.90	-7.84	< 0.0001	reject	Lower ($\mu_1 < \mu_2$)

Table 7.3 identifies that of the 12 care type categories considered within scope of the study:

- 4 care type categories reported no statistical difference in the two population average cost of service delivery;

- 2 care type categories reported a statistical difference between the two population mean cost of service delivery, with the Non-Indigenous population more expensive to treat than the Indigenous population; and
- 6 care type categories reported a statistical difference between the two population mean cost of service delivery, with the Indigenous population more expensive to treat than the Non-Indigenous population.

Some caution needs to be extended in the interpretation of the data, as closer inspection of the dataset yields interesting features of the subacute client cohort that is counter intuitive. For example, for care type 02.2 - rehabilitation according to a designated program, the majority of patients (77.93%) are flagged as same-day patients, having a length of stay of one day. Extracting patients with length of stay of one day and then considering the cost differential profiles would adopt a similar and consistent approach to that documented for the acute admitted cohort. However, the number of cases in the overnight subacute care type categories become relatively small in size, thereby compromising the statistical analysis and resultant reporting of the outputs.

Maintaining the analyses at the care type level, and investigating the differences between the two population means, statistically results in an overall cost differential for subacute services of:

- 5% for the Round 17 dataset when comparing only those care types with statistically different cost profiles; and
- 3% for all subacute services.

Conclusion

There is an overall cost differential incurred when treating an Indigenous patient compared to a Non-Indigenous patent for subacute services. It is, on average, 3.35% more expensive to provide subacute services to the Indigenous patient than the Non-Indigenous patient.

8 Identifying a Cost Differential – Emergency Department Services

The Round 16 dataset contained 6,490,953 records identifying patients presenting to emergency departments and receiving services either on an admitted or non-admitted basis. Round 17 contained 6,476,202 comparable records.

All cases where the Indigenous status was not identified were removed from the dataset. The partitioning of the datasets into emergency admitted and emergency non-admitted products was then undertaken.

Table 8.1: Number of Indigenous and Non-Indigenous records by product type contained on the trimmed emergency department cost datasets from Round 16 (2011/12) and Round 17(2012/2013) NHCDC respectively

Indigenous Status	Admitted ED		Non-Admitted ED		Totals	
	Rd16	Rd17	Rd16	Rd17	Rd16	Rd17
Indigenous	50,594	90,096	215,464	266,041	266,058	356,137
Non-Indigenous	738,714	1,582,844	2,848,299	4,190,791	3,587,013	5,773,635
Total	789,308	1,672,940	3,063,763	4,456,832	3,853,071	6,129,772

Statistical Analyses of the ED Dataset

High-level statistical analyses on the Round 17 ED dataset indicated that there was a cost differential between Indigenous and Non-Indigenous patients (Table 8.2), however it was marginal. Drill down to triage category (Table 8.3), and then further at urgency related groups indicated variable results, however what was noted was the reported differences were consistently marginal between the two cohorts cost profile across the respective categories.

Table 8.2: Paired T-test for Trimmed ED Dataset – Round 17 (2012/13)

Indigenous status	Number of Patients	Average Cost	Standard Deviation	T value	Pr > [t]	Hypothesis
Indigenous	356,137	$582.30	$523	6.76	<.0001	Reject Indigenous costlier than Non-Indigenous
Non-Indigenous	5,773,635	$576.10	$621			
Diff (1-2)		$6.19	$616			

Table 8.3: Paired T-test for Trimmed ED Dataset by Triage Category – Round 17(2102/13)

	Indigenous status	Number of Patients	Average Cost	Standard Deviation	T value	Pr > [t]	Hypothesis
Triage Category 1	Indigenous	2,000	$1,598.90	$1,413.40	-1.38	0.1685	Accept No differential in cost profiles
	Non-Indigenous	34,180	$1,644.20	$1,726.70			
	Diff (1-2)		-$45.39	$1,710.90			
Triage Category 2	Indigenous	27,331	$1,011.70	$814.00	1.77	0.0761	Accept No differential in cost profiles
	Non-Indigenous	581,973	$1,002.70	$939.40			
	Diff (1-2)		$9.00	$934.10			
Triage Category 3	Indigenous	105,072	$701.90	$571.40	-4.83	<.0001	Reject Non-Indigenous costlier to treat than Indigenous
	Non-Indigenous	1,947,899	$710.60	$589.00			
	Diff (1-2)		-$8.76	$588.10			
Triage Category 4	Indigenous	158,091	$466.80	$360.60	45.48	<.0001	Reject Indigenous costlier to treat than Non-Indigenous
	Non-Indigenous	2,520,300	$423.30	$486.90			
	Diff (1-2)		$43.53	$480.3			
Triage Category 5	Indigenous	46,280	$307.80	$253.20	35.80	<.0001	Reject Indigenous costlier to treat than Non-Indigenous
	Non-Indigenous	55,3207	$264.00	$253.10			
	Diff (1-2)		$43.86	$253.20			

The high degree of consistency in these results suggests very little variation occurs in the data. A review of the cost allocation methods needed to be undertaken, in order to ensure that an appropriate conclusion is drawn regarding the cost differentials associated with treating the respective patient cohorts in the ED environment.

Cost Bucket Profile

Based on the Round 17 NHCDC the cost for emergency department services is predominantly made up of costs allocated to the:

- Emergency direct and overhead cost buckets (69%);
- Imaging direct and overhead cost buckets (9%);
- Oncosts direct and overhead cost buckets (7%); and
- Pathology direct and overhead cost buckets (6%).

Similar figures were noted for the Round 16 dataset. A review was undertaken of the cost allocations made within the major cost bucket (Emergency direct and overhead) contributing to the overall cost profile.

Recommendation 4: Cost allocation processes for emergency department services should include weightings for the time spent in the emergency department rather than being solely based on patient volumes.

Conclusion

The current datasets for emergency department services reflect large volumes of patient activity with similar cost profiles within the same triage categories. This is due to block allocation methods being adopted by most hospitals, using triage score as a weighting factor and then applying it to the patient volumes.

The data also indicates that for the majority of hospitals submitting emergency department costed data, service utilisation data is not used to allocate diagnostic services costs (i.e. for pathology, imaging and pharmacy services).

Combined, these findings indicate that the current state of emergency department costed datasets is insufficiently detailed to be able to address whether a cost differential exists between Indigenous patients and Non-Indigenous patients being treated in emergency departments.

The emergency cost dataset, as it currently stands, is unable to address the principle question underpinning this study. Further work is needed on the allocation methods used by the majority of hospitals contributing to this dataset to ensure that the resultant cost profiles relate directly to patient complexity and service use.

9 Identifying a Cost Differential – Non-Admitted Services

Round 16 and round 17 NHCDC data contained 10,061,102 and 13,390,639 non-admitted costed records respectively. Applying similar trimming criteria to that described in earlier chapters resulted in trimmed datasets of 4,701,704 and 9,412,579 records respectively. The number of records where Indigenous status has not been recorded is significant for both years, and as such some consideration should be given to making Indigenous Status a mandatory data item to be completed within the non-admitted data collection.

Recommendation 5: The data item relating to Indigenous status be a mandatory data item included in the minimum dataset associated with the reporting of non-admitted hospital activity.

Recommendation 6: Consideration be given to the reporting of time based data in non-admitted patient activity.

The paired t-tests for the two years yield quite different results. For the trimmed Round 17 dataset the statistical inference is one where a cost differential exists, with Indigenous patients being costlier than non-Indigenous patients (Table 9.1). For the trimmed Round 16 dataset there appears to be no difference in the cost profiles of the two patient cohorts.

Table 9.1: T statistics for the aggregate non-admitted patient cohorts – trimmed datasets for Round 16 (2011/12) and Round 17 (2012/13) NHCDC

	Indigenous		Non-Indigenous		Statistics			
	No. Patients	Avg Cost	No. Patients	Avg Cost	T Value	Pr > |t|	Hypothesis (H_0: $\mu_1 = \mu_2$)	
Round 16	283,179	$352	4,418,525	$354	-0.99	0.3213	accept	No differential
Round 17	486,963	$329	8,925,616	$304	16.08	<.0001	reject	Higher ($\mu_1 > \mu_2$)

Conclusion

The current non-admitted cost dataset is unable to address the principle question underpinning this study. The inclusion of per diem or time based data is needed in the non-admitted dataset to improve upon the allocation methods and the overall utility of the outputs of the non-admitted costing process.

10 Contributors to Cost Differentials

This chapter seeks to test some of the findings from the literature review and feedback obtained from clinicians. Specifically, we do this through an analysis of existing and derived variables within the dataset and attempt to identify a linear relationship between the total cost of an episode of care (TC_i) with a range of potential cost drivers (CD_1, CD_2, CD_3….. $CD_{n)}$. Namely, we seek to build the relationship:

$$TC_i = \alpha + \beta CD_1 + \eta CDY_2 + ….. + \lambda CD_n$$

Potential cost drivers thought to influence the cost differential incurred in the treatment of Indigenous patients compared to non-Indigenous patients are documented in Chapter 2. Analysis was restricted to the Round 17 NHCDC acute admitted dataset, where the following data items (Table 10.1) were used either as direct measures of the nominated cost drivers or as surrogates for these factors.

Table 10.1: Data items used in the testing of the impact of cost drivers upon the cost differential between Indigenous and non-Indigenous patients

Cost driver	
Contained within the dataset	
• Admission mode • Gender • Hours of mechanical ventilation (HMV) • Age (in years) • Age (in days) • Place of residence (i.e. inner regional, remote, very remote, urban etc.) • Rurality of service • Admission mode	• Separation mode • Time in emergency department /treatment area • Triage or urgency • Indigenous status • Care type • Gender • Hospital peer group • Time of day/ week (of presentation in ED)
Derived	
• Charlson score as a metric identifying the number of presenting comorbidities • DRG_index • Specialisation	
Not tested	
• Clinical professional attending and/or staff time • Consultation time • Number of clinicians attending • Use of diagnostic services (number of pathology tests ordered, imaging tests ordered, pharmaceuticals/medications issued) • Transport costs • Accommodation costs • Access to primary care	• Cultural security of the service • Flight risk • Housing status • Index of relative advantage/disadvantage • Level of functioning • Level of impairment • Patient dependency • Physical inactivity rate • Frailty • Smoking rate

Cost driver	
• Access to transport • Alcohol over-use rate • Availability of carer/support • Compliance to medication • Compliance to treatment regime	• Social/home support

The following chapter presents the findings of the analysis that considered the relationship within and between these variables and their impact upon the total costs of service delivery.

Over-representation of the Indigenous population

The data from both rounds of the NHCDC presented in Chapter 4 clearly show that the use of hospital services is over-represented for the Indigenous population, confirming the views expressed in the consultations and survey, as well as the findings of the literature review. Recent ABS figures estimate the Indigenous population of Australia to be in the vicinity of 669,900.[4] The respective untrimmed acute admitted inpatient datasets from Round 16 and Round 17 reported a total of 270,124 and 320,650 Indigenous separations. These figures represent approximately 7% of the acute admitted datasets for a population that is estimated to account for only 3% of the nations population.[5] Whilst this confirms the overall findings of the literature review in terms of the Indigenous population being disproportionate users of hospital acute care services, a causal relationship between the over-representation of the Indigenous population with the cost differentials established earlier in this report could not be readily established.

Correlation and Regression Analyses

Having identified the data items acting as potential cost drivers the respective variables were subjected to a range of statistical analyses. Specifically, the degree to which two or more variables are inter-related is best considered through the use of correlation statistics. Importantly, correlations do not infer causation, and this is described further on in this section.

All possible relationships between a set of variables are typically presented in the form of a correlation matrix. Each data point in the correlation matrix is a measure of the strength and the direction of the variables inter-relationship.

For the purposes of this analysis, the total cost of the episode of care was defined to the dependent variable, and all other variables were considered in terms of their explanatory power against this dependent variable. The null hypothesis was set at H_0: $\rho = 0$, namely that that there is no correlation between the respective pairs of explanatory variables considered in the correlation matrix.

If the correlation co-efficient is close to 1 (either positive or negative) then one can assume that there is a high correlation between the two variables. Thus either one will do just as good a job at estimating the total cost of service delivery as the other. There

[4] http://www.abs.gov.au/ausstats/abs@.nsf/latestProducts/3238.0.55.001Media%20Release1June%202011 accessed September 2014

[5] http://www.abs.gov.au/ausstats/abs@.nsf/0/1647509ef7e25faaca2568a900154b63?opendocument accessed September 2014

would be no real need to include both in any further analyses. However, if the correlations are relatively low, then there is every likelihood that the two (or more variables) when considered together will better predict the total cost of service delivery than if each were considered in isolation.

Overnight acute admitted services

A number of correlation analyses were performed, and co-linearity was identified amongst some of the variables. Specifically, the analysis identified the variable relating to a patient's usual accommodation as being located in "very remote Australia" could be expressed as a combination of a number of other variables. As such, this variable was set to zero and was not considered further in any of the analyses. This had negligible impact on the remaining analyses as the adjusted R^2 value did not differ from the R^2 value (Table 10.2)

Table 10.2: Analysis of Variance Outputs – Admitted overnight dataset Round 17 (2012/2013)

Analysis of Variance	Degrees of Freedom	Dependent Mean	Coefficient of Variation	R^2	Adjusted R^2
	19	$7,834.88	58.4	0.7086	0.7086

Table 10.2 summarises the outputs of the analysis of variance generated from the correlation analyses of twenty variables. Greater compliance in the reporting of these variables is required in the future if improved inferences are to be drawn regarding the cause for differing cost profiles between patient cohorts, across various jurisdictions or within specific services.

The data reaffirms the expected relationship between usual residence of the patient and the location of the treating hospital. It shows people who live in major cities and inner regional locations across Australia tend to be treated in a hospital that is located in the same geographic location, whilst for people living in remote Australia the relationship is less evident, suggesting that they move to hospitals outside of their geographic area for treatment. This data supports earlier conjectures in the literature about people who live in remote locations having to travel to inner regional or major metropolitan hospitals for services.

"Indigenous Flag = 1" was used to identify Indigenous patients and "0" for non-Indigenous patients. The inverse relationship between "Indigenous Flag" and "Total Diagnoses" suggests that non-Indigenous patients have a higher number of diagnoses reported than Indigenous patients and that this influences the total cost of service delivery. Equally, the positive correlation between "Indigenous Flag" and "Total Procedures" suggests that more procedure codes are reported for Indigenous patients than non-Indigenous patients and that this impacts upon the cost of service delivery. This latter result is contrary to some of the findings of the literature review.

The adjusted R^2 value, (the preferred statistics) as it is a conservative figure, adjusted down in recognition of the fact that we are considering a large number of potential cost drivers. The value ranges between 0 and 1, and the higher the value the better the fit of the linear model (i.e. less likelihood that the predicted values obtained through the linear equation will differ significantly to the actual observed values).

Table 10.3 summarises the outputs of the regression analyses which identified the contribution towards the overall prediction of the total cost of service delivery for patient *i* treated in hospital *j.*

Table 10.3: Cost driver contributions to predicting total cost of service delivery for patient *i* treated in hospital *j* – overnight acute admitted services

Variable	Estimate
Hospital geographical Indicator	$67.64
Gender	$154.49
Age in years	$9.34
Age in days	$3.11
Indigenous Flag	$53.30
Urgency of Admission	$33.92
Admission Mode	$209.77
Separation Mode	$0.05
Length of Stay	$843.86
Total Diagnoses	$65.06
Total Procedures	$1,252.31
Length of Stay in Intensive Care Unit(hrs)	$54.75
Hours on mechanical ventilation support(hrs)	$42.53
Hospital Scale (=total number of overnight separations for hospital j)	$0.04
Inner Regional Australia = 1 (usual place of residence)	$1,415.36
Major Cities of Australia = 1 (usual place of residence)	$1,938.63
Outer Regional Australia = 1 (usual place of residence)	$666.54
Remote Australia = (usual place of residence)	$147.61
Hospital Index	$313.99

The consultations and literature review suggested that some of these cost drivers have a more pronounced impact upon the Indigenous patient cohort than the non-Indigenous patient cohort. To test this hypothesis, the regression analysis was grouped by Indigenous status and re-run.

The regression analysis yielded an improved adjusted R^2 value for the Indigenous cohort of 0.7346, however remained relatively unchanged for the non-Indigenous patient cohort. Based on the probability values associated with some of the variables, one would not include “admission mode” or “outer regional Australia – usual place of residence” in the linear relationship predicting the cost of treating an Indigenous patient ([patient *i*])in hospital *j*. Equally, for the non-Indigenous patient cohort, separation mode does not have a strong statistical bearing on the cost of service delivery for this patient cohort.

The data in these two discrete statistical outputs shows that separation mode clearly has a stronger impact upon the cost profile for the Indigenous patient cohort than the non-Indigenous patient cohort; supporting the early conjectures posed by the literature review and feedback from clinicians across the participating jurisdictions.

Higher co-efficients or cost contributions are attributed to length of stay for the Indigenous patients compared to the non-Indigenous patients. Similarly higher coefficients are attributed to the number of diagnoses reported for Indigenous patients than non-Indigenous patients. The latter provides evidence supporting hypotheses that

the number of comorbidities Indigenous patients present with has a greater bearing on the cost of service delivery than compared to non-Indigenous patients.

Same-day acute admitted services

Similar analyses were undertaken for the dataset that contained only same-day acute hospital admissions, including renal dialysis patients. The linear, and log liner resultant functions were disappointing yielding low adjusted R^2 values of 0.2012 and 0.1988 respectively. Not surprisingly, length of stay as a variable had no influence on the costs. The poor predictive power of the respective cost driver variables for both patient cohorts is of concern. It indicates that there is a lot of other 'noise' in the data that is distorting the ability to clearly identify a strong, linear relationship between the cost of same-day treatment and the expected cost drivers. It may also point to the fact that a completely different set of cost drivers exist for same-day patients than that for patients admitted for overnight acute care. Potentially these alternate cost drivers would relate directly to service utilisation or consumption profiles, which could not be tested to any great extend from the content of the existing dataset.

What the analysis does show is that the inclusion of same-day cases in any analysis that tries to determine the cost differential between Indigenous and non-Indigenous patients only diffuses the results.

Conclusion

The conduct of correlation and regression analyses has provided further rationale for the separation of same-day cases from acute overnight cases when trying to establish the differences in the cost of service provision to Indigenous and non-Indigenous patients.

The poor statistical fit of known cost drivers to same-day treatment costs suggests that further work needs to be undertaken, investigating service utilisation (or service consumption data) to determine what drives the cost of service delivery, and whether this explains any noted differences in the treatment of Indigenous same-day patients compared to non-Indigenous same-day patients.

The data for the overnight acute admitted patients supports the fact that the following cost drivers have a greater impact on the cost of treatment of Indigenous patients compared to non-Indigenous patients:

- the number of comorbidities of the patient;
- separation mode;
- the length of stay of the patient; and
- the hours the patient spend on continuous mechanical ventilation.

11 Conclusion

The investigative work undertaken for this study has provided valuable insights as to where best to direct future resources to improve the sectors understanding of what drives the cost differential between Indigenous and non-Indigenous patients.

Data Quality Editing

First and foremost, energy and resources need to be invested to improve the data quality of the NHCDC datasets across all levels (hospital, area health service/local hospital network, jurisdiction and IHPA). Such a program of work would address much broader issues than just addressing Indigenous and non-Indigenous costing issues. A cleaner dataset would sharpen the precision of any further comparative analysis being undertaken in the sector.

Review of Service Utilisation Data

A review of information in a clinical category, such as the number of pathology tests ordered for a given set of patients, when compared to the relevant cost profiles, would inform IHPA and the jurisdiction if cost allocations are being made in accordance with service consumption data. This will allow for the immediate identification of differentials in the types of services being provided to Indigenous patients compared to non-Indigenous patients, and to identify what is driving this difference.

Recommendation 7:	**A study that compares the number of diagnostic tests ordered for a given set of patients and compares this to the relevant cost bucket profiles for the same period reported through the NHCDC should be undertaken to inform the degree to which hospitals are allocating costs using actual service utilisation data.**

Prospective Data Collections

Invariably, there are areas where service consumption data is relatively scarce, such as the time or duration of consultations with different health care professionals in the emergency department. To bridge this gap in information and knowledge, it will be necessary to undertake a study that adopts a prospective data collection process. Discussions with clinicians in the course of conducting this study identified potential alternatives to long, protracted data collection periods. The potential to combine short bursts of data collection with clinical Delphi panels to review and adapt the data was mooted by clinicians as a potential alternate approach to a detailed time and motion study. This approach has been used in the past in the early development of service weights and continues to be adopted in many workload studies involving the health and hospital sectors, both nationally and internationally.

Recommendation 8:	**The use of clinical Delphi panels in the design of prospective time and motion studies should be considered to minimise the impost on staff.**

Targeted investigations

Geographic location of usual residence

Due to the high levels of 'unknown' codes being recorded as the postcode of the patients' usual residence, it is difficult to determine the cost differential incurred by Indigenous and non-Indigenous patients. This is particularly so for the Indigenous patient cohort.

The analysis also showed an unexpected relationship between the geographic locations of a patients' usual residence, with non-Indigenous patients living in remote locations showing a higher cost profile than their Indigenous counterparts.

The literature review and discussions with clinicians both indicate that it is the location of the patients' usual residence, coupled with familial or social supports, that impacts more heavily upon the Indigenous population. However, the correlation between these two cost drivers could not be established in the dataset and as such, an investigative study addressing the potential impact of this hypothesis is warranted.

Recommendation 9:	**Consideration be given to undertaking a stocktake across hospitals and clinical departments to identify data sources with the potential to inform the evidence base regarding cost drivers not currently reported that may identify cost differences.**

Unavoidable and legitimate cost variation

Surrogate variables (state identifier and hospital geographic location) were considered in the analysis as pointers to potential unavoidable or localised cost variations. Neither variable yielded statistically significant results and so was not pursued further.

Jurisdictions, particularly the ones with large geographic spread and high Indigenous populations, consider costs associated with travel and accommodation to be potential cost drivers. This data is not within the scope of the NHCDC, although it was incurred by the hospitals in question.

Recommendation 10:	**Consideration be given to reviewing what hospital costs are considered within scope of the NHCDC.**

Conclusion

Analysis of the NHCDC Round 16 and 17 datasets has enabled some conclusions to be drawn with respect to:

a) whether a differential exists in the cost of treating an Indigenous patient compared to a non-Indigenous patient for the same condition;
b) what magnitude is the cost differential, and
c) what is driving the cost differential.

A cost differential does exist between Indigenous and non-Indigenous cohorts for a subset of AR-DRGs for both same-day and overnight admitted cases. For those AR-DRGs where a cost differential exists, it costs approximately 20% more to treat

Indigenous patients than non-Indigenous patients. However, when re-calibrated to cover all AR-DRGs, the differential is diluted to approximately 6% for admitted patients.

For subacute care, the differential is approximately 5%, and when considering all care types, slightly lower at 3.35.

A number of factors proposed throughout the study were speculated as to what caused this cost differential. For example, the level of social support available to Indigenous patients coupled with the geography of their usual place of residence, were thought to potentially drive costs and service access behaviours.

However, the driving factors identified in this study to contribute to these cost differentials supported the opinions of participating clinicians and the documented literature. Namely, the key factors that have a higher impact upon treatment costs in the Indigenous patient cohort compared to their counterparts were found to be the level of comorbidities, the separation mode and the number of procedures and length of stay.

Some stability in the profile of patient classes recording substantial cost differences is evidenced from the two years of NHCDC data analysed. However, the introduction of new data items and the development of costing methodologies and standards will improve the quality of NHCDC data. With this, the relationship between identified cost drivers and cost differentials more defined, and more closely linked to service consumption patterns.

Appendix A: Distribution of Same-day Trimmed datasets

Round 16 Same-day Trimmed Dataset											
MDC	Description	Indigenous	Avg $/SD sep	Min $/SD sep	Max $/SD sep	StDev Total $/SD sep	Non-Indigenous	Avg $/SD sep	Min $/SD sep	Max $/SD sep	StDev Total $/SD sep
	Error DRGs Unrelated Operating Room DRGs	187	$812.02	$51.27	$5,900.45	$844.51	3541	$809.12	$50.46	$6,496.21	$890.16
0	Pre-MDC	320	$1,220.84	$94.83	$5,069.47	$973.04	2205	$1,333.18	$51.06	$6,568.50	$1,121.61
1	Diseases and disorders of the nervous system	2255	$1,074.49	$50.23	$6,667.08	$1,101.34	70756	$1,087.74	$50.01	$6,718.41	$1,067.25
2	Diseases and disorders of the eye	1471	$2,372.15	$51.35	$6,672.07	$1,362.12	66382	$2,316.00	$50.42	$6,721.72	$1,075.46
3	Diseases and disorders of the ear, nose, mouth and throat	4153	$1,956.62	$53.33	$6,712.65	$1,385.09	57496	$1,697.19	$50.01	$6,724.43	$1,365.01
4	Diseases and disorders of the respiratory system	1560	$901.25	$50.14	$6,304.25	$898.82	29728	$1,036.81	$50.02	$6,708.20	$1,026.79
5	Diseases and disorders of the circulatory system	2738	$1,209.17	$50.49	$6,725.55	$1,288.52	84539	$1,201.20	$50.01	$6,724.51	$1,360.53
6	Diseases and disorders of the digestive system	4411	$1,337.12	$51.03	$6,490.75	$1,129.98	168914	$1,404.47	$50.01	$6,722.83	$1,060.68

Round 16 Same-day Trimmed Dataset											
MDC	Description	Indigenous	Avg $/SD sep	Min $/SD sep	Max $/SD sep	StDev Total $/SD sep	Non-Indigenous	Avg $/SD sep	Min $/SD sep	Max $/SD sep	StDev Total $/SD sep
7	Diseases and disorders of the hepatobiliary system and pancreas	490	$1,390.40	$52.10	$6,512.92	$1,439.17	13437	$1,492.57	$50.42	$6,716.65	$1,302.91
8	Diseases and disorders of the musculoskeletal system and connective tissue	3229	$1,723.68	$50.78	$6,680.94	$1,446.90	96339	$1,764.88	$50.01	$6,725.00	$1,451.67
9	Diseases and disorders of the skin, subcutaneous tissue and breast	1958	$1,386.39	$50.63	$6,669.73	$1,216.88	69991	$1,784.09	$50.08	$6,724.25	$1,284.18
10	Endocrine, nutritional and metabolic diseases and disorders	577	$1,089.95	$62.93	$6,006.71	$1,157.89	16979	$1,048.39	$50.11	$6,708.09	$996.70
11	Diseases and disorders of the kidney and urinary tract	2819	$1,022.02	$52.06	$6,670.78	$1,066.55	89824	$971.40	$50.01	$6,720.37	$1,009.53
12	Diseases and disorders of the male reproductive system	553	$2,295.68	$60.89	$6,692.11	$1,329.08	18567	$1,916.45	$50.78	$6,722.24	$1,184.31

Round 16 Same-day Trimmed Dataset											
MDC	Description	Indigenous	Avg $/SD sep	Min $/SD sep	Max $/SD sep	StDev Total $/SD sep	Non-Indigenous	Avg $/SD sep	Min $/SD sep	Max $/SD sep	StDev Total $/SD sep
13	Diseases and disorders of the female reproductive system	1977	$2,121.76	$58.95	$6,630.40	$1,322.40	57201	$2,126.56	$50.42	$6,725.46	$1,273.77
14	Pregnancy, childbirth and the puerperium	4993	$892.87	$51.08	$6,668.59	$841.94	68243	$981.32	$50.00	$6,723.84	$899.91
15	Newborns and other neonates	187	$969.55	$54.86	$5,465.24	$943.61	2094	$898.67	$51.58	$6,721.63	$1,056.78
16	Diseases and disorders of the blood and blood forming organs and immunological disorders	851	$1,153.68	$59.63	$6,609.90	$1,101.17	55602	$938.26	$50.40	$6,724.43	$915.14
17	Neoplastic disorders (Haematological and solid neoplasms)	1463	$1,458.58	$54.61	$6,520.66	$1,095.02	150264	$1,329.26	$50.05	$6,725.21	$1,162.89
18	Infectious and parasitic diseases	314	$1,073.65	$55.03	$6,526.51	$1,235.17	6404	$754.85	$50.14	$6,680.34	$839.46
19	Mental diseases and disorders	1012	$778.27	$52.32	$6,274.23	$1,052.96	24710	$757.59	$50.31	$6,615.31	$1,062.49
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	1160	$696.97	$50.01	$6,143.29	$756.92	4759	$619.53	$50.01	$6,287.28	$532.80

Round 16 Same-day Trimmed Dataset											
MDC	Description	Indigenous	Avg $/SD sep	Min $/SD sep	Max $/SD sep	StDev Total $/SD sep	Non-Indigenous	Avg $/SD sep	Min $/SD sep	Max $/SD sep	StDev Total $/SD sep
21	Injuries, poisoning and toxic effects of drugs	2133	$898.57	$51.31	$6,715.28	$955.37	31781	$929.32	$50.01	$6,724.61	$971.96
22	Burns	121	$1,281.15	$54.50	$5,682.00	$1,209.10	1816	$1,435.87	$52.19	$6,689.10	$1,272.88
23	Factors influencing health status and other contacts with health services	1546	$1,063.88	$50.77	$6,558.86	$1,031.12	76286	$1,107.68	$50.09	$6,721.72	$965.41
Total		42,478	$1,330.95	$50.01	$6,725.55	$1,242.13	1,267,858	$1,376.21	$50.00	$6,725.46	$1,213.99

Round 17 Same-day Trimmed Dataset											
MDC	Description	Indigenous	Avg $/SD sep	Min $/SD sep	Max $/SD sep	StDev Total $/SD sep	Non-Indigenous	Avg $/SD sep	Min $/SD sep	Max $/SD sep	StDev Total $/SD sep
	Error DRGs Unrelated Operating Room DRGs	29024	$1,077.07	$50.15	$8,185.19	$1,117.18	218413	$1,362.14	$50.03	$8,213.56	$1,388.99
00	Pre-MDC	35	$1,911.60	$126.54	$3,988.73	$588.30	425	$2,393.98	$56.33	$7,739.38	$1,199.78
01	Diseases and disorders of the nervous system	2530	$1,332.91	$51.45	$7,920.25	$1,201.69	74292	$1,270.80	$50.35	$8,212.33	$1,166.23
02	Diseases and disorders of the eye	1848	$2,440.98	$58.07	$7,918.40	$1,545.69	63015	$2,479.68	$50.20	$8,216.10	$1,198.06
03	Diseases and disorders of the ear, nose, mouth and throat	4155	$2,052.00	$51.21	$8,162.68	$1,505.27	57596	$1,731.34	$50.02	$8,214.83	$1,306.43
04	Diseases and disorders of the respiratory system	1734	$1,284.40	$59.99	$7,996.82	$1,144.87	32174	$1,299.70	$51.23	$8,174.65	$1,054.08
05	Diseases and disorders of the circulatory system	3058	$1,664.59	$51.27	$8,183.61	$1,464.94	90560	$1,572.70	$50.09	$8,216.85	$1,380.62
06	Diseases and disorders of the digestive system	4553	$1,508.11	$50.56	$8,195.12	$1,220.68	160061	$1,549.17	$50.03	$8,217.16	$1,143.03

Round 17 Same-day Trimmed Dataset											
MDC	Description	Indigenous	Avg $/SD sep	Min $/SD sep	Max $/SD sep	StDev Total $/SD sep	Non-Indigenous	Avg $/SD sep	Min $/SD sep	Max $/SD sep	StDev Total $/SD sep
07	Diseases and disorders of the hepatobiliary system and pancreas	586	$1,644.55	$56.06	$7,998.74	$1,621.27	13313	$1,742.48	$51.29	$8,205.41	$1,439.56
08	Diseases and disorders of the musculoskeletal system and connective tissue	3503	$1,818.06	$50.19	$8,206.64	$1,519.35	96781	$1,923.49	$50.11	$8,214.59	$1,529.91
09	Diseases and disorders of the skin, subcutaneous tissue and breast	2167	$1,511.47	$51.07	$7,941.63	$1,321.18	68863	$1,929.92	$50.07	$8,216.89	$1,394.35
10	Endocrine, nutritional and metabolic diseases and disorders	724	$1,155.62	$55.16	$6,271.99	$913.83	16436	$1,039.93	$50.46	$8,172.95	$936.81
11	Diseases and disorders of the kidney and urinary tract	2364	$1,455.12	$54.78	$8,149.20	$1,294.14	69289	$1,347.34	$50.01	$8,208.84	$1,168.29
12	Diseases and disorders of the male reproductive system	552	$2,347.06	$55.67	$7,226.50	$1,273.92	17236	$2,041.81	$51.10	$8,202.89	$1,219.04
13	Diseases and disorders of the female reproductive system	1938	$2,247.18	$55.45	$8,213.63	$1,394.25	54500	$2,294.38	$50.80	$8,215.93	$1,368.48
14	Pregnancy, childbirth and the puerperium	5259	$907.53	$50.78	$8,168.21	$934.17	70127	$1,047.18	$50.17	$8,208.62	$1,000.46
15	Newborns and other neonates	174	$910.71	$50.77	$6,628.40	$1,025.08	2364	$1,072.62	$51.11	$8,180.21	$1,153.20

Round 17 Same-day Trimmed Dataset											
MDC	Description	Indigenous	Avg $/SD sep	Min $/SD sep	Max $/SD sep	StDev Total $/SD sep	Non-Indigenous	Avg $/SD sep	Min $/SD sep	Max $/SD sep	StDev Total $/SD sep
16	Diseases and disorders of the blood and blood forming organs and immunological disorders	841	$1,197.09	$61.47	$6,342.23	$1,040.34	52267	$884.81	$50.21	$8,211.77	$909.78
17	Neoplastic disorders (Haematological and solid neoplasms)	1358	$1,506.37	$72.90	$8,042.53	$1,435.12	124530	$1,409.98	$50.41	$8,216.54	$1,367.08
18	Infectious and parasitic diseases	508	$1,005.29	$50.81	$6,880.43	$1,179.56	7069	$1,082.03	$50.62	$8,066.34	$950.24
19	Mental diseases and disorders	1267	$811.38	$50.46	$7,663.66	$887.85	25803	$836.28	$50.26	$8,152.59	$630.51
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	1283	$896.12	$53.23	$8,153.17	$922.70	4545	$973.17	$50.46	$5,888.74	$714.53
21	Injuries, poisoning and toxic effects of drugs	2419	$1,160.48	$52.03	$8,096.95	$1,120.78	36166	$1,231.51	$50.50	$8,124.81	$1,012.23
22	Burns	132	$1,202.74	$50.36	$6,318.82	$1,376.83	1884	$1,581.90	$50.11	$8,148.12	$1,283.94
23	Factors influencing health status and other contacts with health services	1706	$1,088.60	$50.46	$8,094.87	$1,128.34	67792	$1,181.00	$50.28	$8,216.15	$1,053.04
24		4	$1,004.76	$262.07	$1,735.84	$601.86	59	$957.56	$57.48	$3,685.43	$753.01
Total		73722					1425560				

Appendix B: T Statistics for Same-day Services by Major Diagnostic Category

MDC	Description	Indigenous	Average Cost	Non-Indigenous	Average Cost	T Value	Pr > |t|	Hypothesis (H_0: $\mu_1 = \mu_2$)	Interpretation (Indigenous cost relative to Non-Indigenous Cost)
	Error DRGs Unrelated Operating Room DRGs	187	$812.02	3541	$809.12	0.04	0.9652	accept	No significant difference ($\mu_1 = \mu_2$)
0	Pre-MDC	320	$1,220.84	2205	$1,333.18	-1.89	0.0593	accept	No significant difference ($\mu_1 = \mu_2$)
1	Diseases and disorders of the nervous system	2255	$1,074.49	70756	$1,087.74	-0.56	0.5735	accept	No significant difference ($\mu_1 = \mu_2$)
2	Diseases and disorders of the eye	1471	$2,372.15	66382	$2,316.00	1.57	0.1166	accept	No significant difference ($\mu_1 = \mu_2$)
3	Diseases and disorders of the ear, nose, mouth and throat	4153	$1,956.62	57496	$1,697.19	11.82	<.0001	reject	Higher ($\mu_1 > \mu_2$)
4	Diseases and disorders of the respiratory system	1560	$901.25	29728	$1,036.81	-5.76	<.0001	reject	Lower ($\mu_1 < \mu_2$)
5	Diseases and disorders of the circulatory system	2738	$1,209.17	84539	$1,201.20	0.32	0.7505	accept	No significant difference ($\mu_1 = \mu_2$)
6	Diseases and disorders of the digestive system	4411	$1,337.12	168914	$1,404.47	-3.91	<.0001	reject	Lower ($\mu_1 < \mu_2$)
7	Diseases and disorders of the hepatobiliary system and pancreas	490	$1,390.40	13437	$1,492.57	-1.55	0.1221	accept	No significant difference ($\mu_1 = \mu_2$)

MDC	Description	Indigenous	Average Cost	Non-Indigenous	Average Cost	T Value	Pr > |t|	Hypothesis (H_0: $\mu_1 = \mu_2$)	Interpretation (Indigenous cost relative to Non-Indigenous Cost)
8	Diseases and disorders of the musculoskeletal system and connective tissue	3229	$1,723.68	96339	$1,764.88	-1.59	0.1126	accept	No significant difference ($\mu_1 = \mu_2$)
9	Diseases and disorders of the skin, subcutaneous tissue and breast	1958	$1,386.39	69991	$1,784.09	-14.24	<.0001	reject	Lower ($\mu_1 < \mu_2$)
10	Endocrine, nutritional and metabolic diseases and disorders	577	$1,089.95	16979	$1,048.39	0.85	.3948	accept	No significant difference ($\mu_1 = \mu_2$)
11	Diseases and disorders of the kidney and urinary tract	2819	$1,022.02	89824	$971.40	2.49	0.0130	reject	Higher ($\mu_1 > \mu_2$)
12	Diseases and disorders of the male reproductive system	553	$2,295.68	18567	$1,916.45	6.63	<.0001	reject	Higher ($\mu_1 > \mu_2$)
13	Diseases and disorders of the female reproductive system	1977	$2,121.76	57201	$2,126.56	-0.16	0.8739	accept	No significant difference ($\mu_1 = \mu_2$)
14	Pregnancy, childbirth and the puerperium	4993	$892.87	68243	$981.32	-7.13	<.0001	reject	Lower ($\mu_1 < \mu_2$)
15	Newborns and other neonates	187	$969.55	2094	$898.67	0.97	0.3310	accept	No significant difference ($\mu_1 = \mu_2$)
16	Diseases and disorders of the blood and blood forming organs and immunological disorders	851	$1,153.68	55602	$938.26	5.68	<.0001	reject	Higher ($\mu_1 > \mu_2$)
17	Neoplastic disorders (Haematological and solid neoplasms)	1463	$1,458.58	150264	$1,329.26	4.49	<.0001	reject	Higher ($\mu_1 > \mu_2$)
18	Infectious and parasitic diseases	314	$1,073.65	6404	$754.85	4.52	<.0001	reject	Higher ($\mu_1 > \mu_2$)
19	Mental diseases and disorders	1012	$778.27	24710	$757.59	0.61	0.5438	accept	No significant difference ($\mu_1 = \mu_2$)

MDC	Description	Indigenous	Average Cost	Non-Indigenous	Average Cost	T Value	Pr > |t|	Hypothesis (H_0: $\mu_1 = \mu_2$)	Interpretation (Indigenous cost relative to Non-Indigenous Cost)
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	1160	$696.97	4759	$619.53	3.29	0.0010	reject	Higher ($\mu_1 > \mu_2$)
21	Injuries, poisoning and toxic effects of drugs	2133	$898.57	31781	$929.32	-1.42	0.1568	accept	No significant difference ($\mu_1 = \mu_2$)
22	Burns	121	$1,281.15	1816	$1,435.87	-1.30	0.1943	accept	No significant difference ($\mu_1 = \mu_2$)
23	Factors influencing health status and other contacts with health services	1546	$1,063.88	76286	$1,107.68	-1.66	0.0980	accept	No significant difference ($\mu_1 = \mu_2$)

MDC	Description	Indigenous	Average Cost	Non-Indigenous	Average Cost	T Value	Pr > |t|	Hypothesis (H_0: $\mu_1 = \mu_2$)	Interpretation (Indigenous cost relative to Non-Indigenous Cost)
	Error DRGs Unrelated Operating Room DRGs	29024	$1,077.07	218413	$1,362.14	-39.59	< 0.0001	reject	Lower ($\mu_1 < \mu_2$)
00	Pre-MDC	35	$1,911.60	425	$2,393.98	60.709	< 0.0001	reject	Lower ($\mu_1 < \mu_2$)
01	Diseases and disorders of the nervous system	2530	$1,332.91	74292	$1,270.80	2.56	0.0106	reject	Higher ($\mu_1 > \mu_2$)
02	Diseases and disorders of the eye	1848	$2,440.98	63015	$2,479.68	-1.07	0.2861	accept	No significant difference ($\mu_1 = \mu_2$)
03	Diseases and disorders of the ear, nose, mouth and throat	4155	$2,052.00	57596	$1,731.34	13.37	< 0.0001	reject	Higher ($\mu_1 > \mu_2$)
04	Diseases and disorders of the respiratory system	1734	$1,284.40	32174	$1,299.70	-0.54	0.5863	accept	No significant difference ($\mu_1 = \mu_2$
05	Diseases and disorders of the circulatory system	3058	$1,664.59	90560	$1,572.70	3.42	0.0006	reject	Higher ($\mu_1 > \mu_2$)
06	Diseases and disorders of the digestive system	4553	$1,508.11	160061	$1,549.17	-2.24	0.025	reject	Lower ($\mu_1 < \mu_2$)
07	Diseases and disorders of the hepatobiliary system and pancreas	586	$1,644.55	13313	$1,742.48	-1.44	0.1511	accept	No significant difference ($\mu_1 = \mu_2$)
08	Diseases and disorders of the musculoskeletal system and connective tissue	3503	$1,818.06	96781	$1,923.49	4.01	< 0.0001	reject	Lower ($\mu_1 < \mu_2$)
09	Diseases and disorders of the skin, subcutaneous tissue and breast	2167	$1,511.47	68863	$1,929.92	-14.49	< 0.0001	reject	Lower ($\mu_1 < \mu_2$)

MDC	Description	Indigenous	Average Cost	Non-Indigenous	Average Cost	T Value	Pr > |t|	Hypothesis (H_0: $\mu_1 = \mu_2$)	Interpretation (Indigenous cost relative to Non-Indigenous Cost)
10	Endocrine, nutritional and metabolic diseases and disorders	724	$1,155.62	16436	$1,039.93	3.26	0.0011	reject	Higher ($\mu_1 > \mu_2$)
11	Diseases and disorders of the kidney and urinary tract	2364	$1,455.12	69289	$1,347.34	3.99	< 0.0001	reject	Higher ($\mu_1 > \mu_2$)
12	Diseases and disorders of the male reproductive system	552	$2,347.06	17236	$2,041.81	5.78	< 0.0001	reject	Higher ($\mu_1 > \mu_2$
13	Diseases and disorders of the female reproductive system	1938	$2,247.18	54500	$2,294.38	-1.49	0.1359	accept	No significant difference ($\mu_1 = \mu_2$)
14	Pregnancy, childbirth and the puerperium	5259	$907.53	70127	$1,047.18	-10.4	< 0.0001	reject	Lower ($\mu_1 < \mu_2$)
15	Newborns and other neonates	174	$910.71	2364	$1,072.62	-1.99	0.0476	reject	Lower ($\mu_1 < \mu_2$)
16	Diseases and disorders of the blood and blood forming organs and immunological disorders	841	$1,197.09	52267	$884.81	8.65	< 0.0001	reject	Higher ($\mu_1 > \mu_2$)
17	Neoplastic disorders (Haematological and solid neoplasms)	1358	$1,506.37	124530	$1,409.98	2.46	0.0139	reject	Higher ($\mu_1 > \mu_2$)
18	Infectious and parasitic diseases	508	$1,005.29	7069	$1,082.03	-1.43	0.1524	accept	No significant difference ($\mu_1 = \mu_2$)
19	Mental diseases and disorders	1267	$811.38	25803	$836.28	-0.99	0.3242	accept	No significant difference ($\mu_1 = \mu_2$)
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	1283	$896.12	4545	$973.17	-2.77	0.0057	reject	Lower ($\mu_1 < \mu_2$)

MDC	Description	Indigenous	Average Cost	Non-Indigenous	Average Cost	T Value	Pr > |t|	Hypothesis (H_0: $\mu_1 = \mu_2$)	Interpretation (Indigenous cost relative to Non-Indigenous Cost)
21	Injuries, poisoning and toxic effects of drugs	2419	$1,160.48	36166	$1,231.51	-3.04	0.0024	reject	Lower ($\mu_1 < \mu_2$)
22	Burns	132	$1,202.74	1884	$1,581.90	-3.26	0.0011	reject	Lower ($\mu_1 < \mu_2$)
23	Factors influencing health status and other contacts with health services	1706	$1,088.60	67792	$1,181.00	-3.35	0.0008	reject	Lower ($\mu_1 < \mu_2$)
24		4	$1,004.76	59	$957.56	-			

Appendix C: T Statistics for Same-day Services by Diagnostic Related Group

AR-DRG classes where the population size was five or less for either the Indigenous population, or the Non-Indigenous population, or both patient cohorts have not been reported upon.

Round 17		Indigenous			Non-Indigenous		T Value	Pr > [t]	Hypothesis: Means are equal between two patient cohorts	Higher/ Lower means
Diagnosis Related Group	Description	Number of Patients	Average Cost		Number of Patients	Average Cost			Accept/Reject	
Unassigned		29024	$1,077.07		218410	$1,362.15				
801C	OR PR UNREL TO PDX-CC	18	$2,270.11		576	$2,589.08	-1.06	0.2898	accept	
960Z	Error DRG	33	$1,933.92		359	$2,308.14	-3.2	0.0022	reject	lower
B05Z	CARPAL TUNNEL RELEASE	160	$2,029.09		7662	$2,068.63	-0.54	0.5881	accept	
B06B	CBL PSY,MUS DYSY,NPTHY PR - CC	14	$3,155.15		989	$3,238.47	-0.24	0.8142	accept	
B07B	PRPHL & CRANL NERV & OTH PR-CC	37	$3,778.90		1060	$3,049.79	3.05	0.0024	reject	higher
B40Z	PLASMAPHERESIS + NEURO DIS SD	6	$5,552.64		993	$1,077.10	9.14	<0.0001	reject	higher
B63Z	DMNTIA&CHRNIC DISTURB CRBRL FN	8	$1,083.79		457	$998.88	0.33	0.7429	accept	
B64B	DELIRIUM-CCC	28	$1,213.22		625	$1,098.41	0.78	0.4385	accept	
B65Z	CEREBRAL PALSY	62	$1,544.27		1531	$1,606.99	-0.46	0.6434	accept	
B66B	NERVOUS SYSTEM NEOPLASM-	24	$2,266.19		813	$1,591.23	1.63	0.1173	accept	

Round 17		Indigenous			Non-Indigenous		T Value	Pr > [t]	Hypothesis: Means are equal between two patient cohorts	Higher/ Lower means
Diagnosis Related Group	Description	Number of Patients	Average Cost		Number of Patients	Average Cost			Accept/Reject	
	CSCC									
B67B	DEGNRTV NERV SYS DIS+MCC	7	$390.59		272	$1,017.11	-6.18	0.0001	reject	lower
B67C	DEGNRTV NERV SYS DIS-CC	50	$1,158.36		5860	$769.83	3.01	0.0026	reject	higher
B68B	MLT SCLROSIS&CEREBEL ATAXIA-CC	57	$2,164.59		10808	$1,450.18	2.73	0.0084	reject	higher
B69B	TIA & PRECEREBRAL OCCLUSN-CSCC	31	$1,423.40		1547	$1,240.39	1.08	0.2799	accept	
B70C	STROKE & OTH CEREB DIS -CSCC	13	$2,034.49		568	$1,600.07	1.34	0.1801	accept	
B70D	STRKE&OTH CEREB DIS DIE/TRN<5D	37	$1,313.25		927	$1,271.99	0.19	0.8456	accept	
B71A	CRANIAL & PERIPHL NERV DSRD+CC	8	$1,379.92		604	$1,108.29	0.54	0.586	accept	
B71B	CRANIAL & PERIPHL NERV DSRD-CC	69	$928.40		11366	$736.26	1.84	0.0661	accept	
B71C	CRANIAL & PERIPHL NERV DSRD+SD	13	$657.04		12	$217.25	16.8	<0.0001	reject	higher
B72B	NRVS SYS INF EX VRL MNGTS-CSCC	18	$1,827.35		455	$1,469.08	0.99	0.3203	accept	
B73Z	VIRAL MENINGITIS	6	$1,136.10		176	$1,321.62	-0.4	0.6916	accept	
B74A	NONTRAUMATIC STUPOR & COMA +CC	7	$1,571.56		131	$1,205.29	0.69	0.5121	accept	
B75Z	FEBRILE CONVULSIONS	38	$1,769.41		409	$1,007.10	3.21	0.0027	reject	higher
B76A	SEIZURE + CSCC	36	$1,086.01		243	$1,366.13	-1.6	0.1111	accept	
B76B	SEIZURE - CSCC	663	$1,116.80		5673	$1,185.21	-1.69	0.0912	accept	

Round 17		Indigenous			Non-Indigenous		T Value	Pr > [t]	Hypothesis: Means are equal between two patient cohorts	Higher/ Lower means
Diagnosis Related Group	Description	Number of Patients	Average Cost		Number of Patients	Average Cost			Accept/Reject	
B76C	SEIZURES +SD	8	$268.76		13	$332.33	-1.37	0.1895	accept	
B77Z	HEADACHE	310	$974.17		8839	$973.13	0.02	0.9814	accept	
B78B	INTRACRANIAL INJURY -CSCC	27	$1,729.97		500	$1,426.37	1.23	0.2183	accept	
B79B	SKULL FRACTURES -CSCC	31	$1,287.53		282	$1,307.00	-0.07	0.9457	accept	
B80Z	OTHER HEAD INJURY	488	$1,188.57		5945	$994.85	3.92	<.0001	reject	higher
B81B	OTHER DSRD OF NERVOUS SYS-CSCC	98	$1,681.16		3548	$1,518.79	1.19	0.2326	accept	
B82B	CHR UNSP PARA/QUAD+/-PR+CCC	15	$1,310.15		66	$1,314.73	-0.02	0.9863	accept	
B82C	CHR UNSP PARA/QUAD+/- PR -CCC	114	$1,101.40		377	$1,512.59	-5.62	<.0001	reject	lower
C03Z	RETINAL PROCEDURES	120	$2,643.76		4192	$2,468.58	0.91	0.3632	accept	
C04Z	MAJOR CORN, SCLERAL&CONJNCT PR	6	$3,695.35		329	$4,179.23	-0.62	0.5368	accept	
C05Z	DACRYOCYSTORHINOSTOMY	11	$4,492.86		387	$3,150.27	2.82	0.005	reject	higher
C10Z	STRABISMUS PROCEDURES	67	$3,403.64		1206	$3,321.25	0.41	0.682	accept	
C11Z	EYELID PROCEDURES	64	$2,639.71		2239	$2,780.98	-0.77	0.4436	accept	
C12Z	OTHER CORN, SCLERAL&CONJNCT PR	99	$3,547.97		1757	$2,804.44	5.1	<.0001	reject	higher
C13Z	LACRIMAL PROCEDURES	18	$1,673.13		423	$1,716.11	-0.18	0.856	accept	
C14Z	OTHER EYE PROCEDURES	51	$2,150.37		1296	$1,830.62	2.07	0.0383	reject	higher
C15B	GLAUCOMA/CX CATARACT PROCS	32	$2,893.23		1744	$2,894.10	0	0.9976	accept	
C16Z	LENS PROCEDURES	1017	$2,766.57		44928	$2,550.20	5.28	<.0001	reject	higher
C61B	NEUROLOGICAL&VASCLR EYE	21	$855.75		542	$1,151.01	-1.75	0.0935	accept	

Round 17		Indigenous			Non-Indigenous		T Value	Pr > [t]	Hypothesis: Means are equal between two patient cohorts	Higher/ Lower means
Diagnosis Related Group	Description	Number of Patients	Average Cost		Number of Patients	Average Cost			Accept/Reject	
	DIS-CC									
C62Z	HYPHEMA &MED MANAGD EYE TRAUMA	201	$876.30		1318	$1,031.93	-2.71	0.0068	reject	lower
C63Z	OTHER DISORDERS OF THE EYE	119	$926.89		2160	$1,066.26	-1.5	0.1327	accept	
D04B	MAXILLO SURGERY - CC	25	$4,440.49		253	$3,499.50	2.69	0.0075	reject	higher
D06Z	SINUS &CMPLX MDDL EAR PR	12	$3,253.11		503	$4,054.05	-1.71	0.0882	accept	
D10Z	NASAL PROCEDURES	45	$2,553.94		1459	$2,945.93	-1.92	0.0546	accept	
D11Z	TONSILLECTOMY, ADENOIDECTOMY	344	$2,401.38		3156	$2,332.93	1.13	0.2573	accept	
D12Z	OTH EAR,NOSE,MOUTH & THROAT PR	214	$3,134.55		2953	$2,716.12	4.04	<.0001	reject	higher
D13Z	MYRINGOTOMY +TUBE INSERTION	458	$1,743.00		4777	$1,593.62	3.01	0.0027	reject	higher
D14Z	MOUTH & SALIVARY GLAND PROCS	67	$2,547.35		1939	$2,359.47	1.16	0.2471	accept	
D40Z	DENTAL EXTRACT & RESTORATIONS	1307	$2,998.55		12684	$2,514.76	11.02	<.0001	reject	higher
D60B	EAR NOSE MOUTH&THROAT MAL-CSCC	14	$1,848.64		914	$1,779.74	0.18	0.8576	accept	
D61Z	DYSEQUILIBRIUM	86	$997.54		4821	$933.68	0.69	0.489	accept	
D62Z	EPISTAXIS	31	$990.98		1430	$975.21	0.12	0.901	accept	
D63C	OTITIS MEDIA AND URI + SD	12	$317.22		11	$1,248.02	-1.34	0.211	accept	
D63Z	OTITIS MEDIA AND URI	515	$1,065.56		6791	$945.36	2.9	0.0039	reject	higher
D64Z	LARYNGOTRACHEITIS&EPIGLOTTITIS	80	$1,132.86		1668	$981.10	1.77	0.0777	accept	

Round 17		Indigenous			Non-Indigenous		T Value	Pr > [t]	Hypothesis: Means are equal between two patient cohorts	Higher/ Lower means
Diagnosis Related Group	Description	Number of Patients	Average Cost		Number of Patients	Average Cost			Accept/Reject	
D65Z	NASAL TRAUMA & DEFORMITY	107	$1,194.03		2304	$1,337.91	-1.72	0.086	accept	
D66A	OTH EAR,NOSE,MOUTH&THRT DX +CC	32	$1,462.64		394	$1,498.44	-0.14	0.8872	accept	
D66B	OTH EAR,NOSE,MOUTH&THRT DX -CC	299	$1,275.22		5765	$1,220.40	0.85	0.3936	accept	
D67B	ORAL & DENTAL DISORDERS +SD	496	$1,031.64		5488	$1,070.45	-0.91	0.3624	accept	
E02C	OTHER RESPIRATY SYS OR PR -CC	20	$2,957.39		423	$2,508.76	1.54	0.1239	accept	
E42C	BRONCHOSCOPY +SD	107	$2,253.57		5916	$1,908.36	2.45	0.0159	reject	higher
E60B	CYSTIC FIBROSIS -CSCC	12	$1,311.81		271	$1,235.76	0.2	0.8447	accept	
E61B	PULMONARY EMBOLISM -CCC	11	$1,685.92		618	$1,089.83	1.21	0.2553	accept	
E62A	RESPIRATRY INFECTN/INFLAMM+CCC	13	$1,474.50		233	$1,569.07	-0.3	0.7662	accept	
E62B	RESPIRATRY INFECTN/INFLAM+SMCC	65	$1,297.62		866	$1,166.28	0.94	0.3492	accept	
E62C	RESPIRATORY INFECTN/INFLAMM-CC	203	$1,280.07		2457	$1,012.72	2.91	0.0039	reject	higher
E63Z	SLEEP APNOEA	7	$574.11		202	$712.89	-0.62	0.5381	accept	
E64B	PULMNRY OEDMA &RESP FL D/T<5D	11	$2,537.38		122	$1,211.05	4.16	<.0001	reject	higher
E65A	CHRNIC OBSTRCT AIRWAY DIS +CCC	13	$2,060.26		97	$1,204.25	2.23	0.0438	reject	higher
E65B	CHRNIC OBSTRCT AIRWAY DIS -CCC	177	$1,108.66		2480	$1,048.74	0.85	0.3976	accept	
E66B	MJR CHEST TRMA +SMCC	9	$2,146.23		86	$1,615.59	1.31	0.1935	accept	

Round 17		Indigenous			Non-Indigenous		T Value	Pr > [t]	Hypothesis: Means are equal between two patient cohorts	Higher/ Lower means
Diagnosis Related Group	Description	Number of Patients	Average Cost		Number of Patients	Average Cost			Accept/Reject	
E66C	MAJOR CHEST TRAUMA -CC	16	$1,890.96		360	$1,368.54	1.04	0.3132	accept	
E67A	RESPIRATRY SIGNS & SYMPTM	18	$1,352.02		264	$1,349.98	0.01	0.9931	accept	
E67B	RESPIRTRY SIGNS & SYMPTM <2D	158	$1,123.52		3241	$1,326.77	-2.54	0.012	reject	lower
E68A	PNEUMOTHORAX +CSCC	6	$1,459.51		59	$1,816.40	-0.47	0.6405	accept	
E68B	PNEUMOTHORAX -CSCC	13	$1,130.96		224	$1,190.76	-0.22	0.8284	accept	
E69A	BRONCHITIS & ASTHMA +CC	49	$1,194.52		389	$1,394.11	-93	0.357	accept	
E69B	BRNCHTS&ASTHMA -CC	283	$1,038.36		5654	$991.09	1.05	0.2942	accept	
E70B	WHOOPNG CGH &ACTE BRNCHIO -CC	177	$1,250.19		1342	$1,070.95	2.24	0.0262	reject	higher
E71B	RESPIRATORY NEOPLASMS -CCC	32	$1,322.91		1185	$1,476.30	-0.82	0.4097	accept	
E73B	PLEURAL EFFUSION +SMCC	8	$1,300.68		148	$1,045.57	0.52	0.6169	accept	
E75A	OTHER RESP SYS DIS +CC	7	$1,306.00		50	$1,466.80	-0.31	0.754	accept	
E75B	OTHER RESP SYS DIS -CC	76	$1,082.10		549	$1,220.25	-1.29	0.1965	accept	
E75C	OTHER RESP SYS DX - CC	213	$1,084.70		3446	$1,053.54	0.43	0.6707	accept	
F14A	VASC PR-MJR RECONSTRC-PUMP+CCC	7	$2,727.50		91	$3,448.43	-0.92	0.3618	accept	
F14B	VASC PR-MJR RECONSTR-PUMP+SMCC	40	$3,429.27		481	$3,744.45	-1.15	0.2506	accept	
F14C	VASC PR-MJR RECONSTR-PUMP-CC	39	$3,984.03		985	$3,732.47	0.66	0.5101	accept	
F17B	INSERT/REPLACE PM GENERTR-CSCC	8	$5,765.98		872	$4,136.02	2.54	0.0112	reject	higher
F20Z	VEIN LIGATION & STRIPPING	14	$4,548.24		1909	$3,573.93	2.58	0.01	reject	higher

Round 17		Indigenous			Non-Indigenous		T Value	Pr > [t]	Hypothesis: Means are equal between two patient cohorts	Higher/ Lower means
Diagnosis Related Group	Description	Number of Patients	Average Cost		Number of Patients	Average Cost			Accept/Reject	
F21B	OTH CIRC SYS OR PR -CCC	16	$3,794.00		209	$3,489.57	0.7	0.4821	accept	
F41B	CRC DSRD+AMI+INVA INV PR-CSCC	20	$3,011.95		673	$2,621.25	0.97	0.3316	accept	
F42C	CRC DSRD-AMI+IC IN PR +SD	254	$3,426.70		11398	$2,955.88	4.67	<.0001	reject	higher
F60B	CRC DSRD+AMI-INVA INV D/T <5D	152	$1,636.44		2271	$1,273.74	2.93	0.0039	reject	higher
F62A	HEART FAILURE & SHOCK +CCC	10	$1,653.47		120	$1,568.61	0.15	0.8831	accept	
F62B	HEART FAILURE & SHOCK -CCC	86	$1,189.50		1691	$1,046.84	1.15	0.2524	accept	
F63B	VENOUS THROMBOSIS -CSCC	13	$1,134.09		738	$946.63	0.53	0.6082	accept	
F65B	PERIPHERAL VASCULAR DSRD -CSCC	47	$1,763.39		2482	$1,365.22	2.01	0.044	reject	higher
F66A	CORONARY ATHEROSCLEROSIS +CSCC	12	$1,728.65		107	$1,245.02	1.56	0.121	accept	
F66B	CORONARY ATHEROSCLEROSIS -CSCC	117	$1,432.63		2558	$1,104.80	3.36	0.001	reject	higher
F67A	HYPERTENSION +CSCC	16	$1,090.91		86	$1,142.01	-0.22	0.8246	accept	
F67B	HYPERTENSION -CSCC	27	$1,378.68		1072	$1,067.16	0.96	0.3435	accept	
F68B	CONGENITAL HEART DISEASE	13	$1,571.87		322	$1,596.99	-0.08	0.9396	accept	
F69B	VALVULAR DISORDERS -CSCC	88	$1,526.72		2500	$1,162.75	3.06	0.0029	reject	higher
F72A	UNSTABLE ANGINA +CSCC	10	$1,429.32		136	$1,262.62	0.62	0.5393	accept	
F72B	UNSTABLE ANGINA -CSCC	119	$1,395.02		2649	$1,017.60	3.54	0.0006	reject	higher
F73A	SYNCOPE & COLLAPSE +CSCC	9	$1,815.55		540	$1,220.11	0.81	0.4431	accept	
F73B	SYNCOPE & COLLAPSE -CSCC	120	$1,138.63		6023	$1,125.41	0.14	0.8856	accept	
F74B	CHEST PAIN <2D	17	$573.12		46	$491.86	2.99	0.004	reject	higher

Round 17		Indigenous			Non-Indigenous		T Value	Pr > [t]	Hypothesis: Means are equal between two patient cohorts	Higher/ Lower means
Diagnosis Related Group	Description	Number of Patients	Average Cost		Number of Patients	Average Cost			Accept/Reject	
F74Z	CHEST PAIN	1456	$1,316.88		35235	$1,143.00	6.4	<.0001	reject	higher
F75B	OTH CIRCULATORY DIS +SMCC	64	$1,552.98		728	$1,425.87	0.62	0.5388	accept	
F75C	OTH CIRCULATORY DIS -CC	80	$1,192.17		2185	$1,389.22	-1.37	0.1706	accept	
F76A	ARRHY, CARD & COND DISDR +CSCC	17	$1,599.79		437	$1,378.13	0.78	0.4375	accept	
F76B	ARRHY, CARD & COND DISDR - CSCC	134	$1,316.95		9168	$1,159.33	1.33	0.1849	accept	
G02B	MJR SMALL & LARGE BOWEL PR-CCC	7	$2,866.82		192	$2,942.29	-0.1	0.9189	accept	
G10B	HERNIA PROCEDURES -CC	214	$3,334.40		6563	$3,292.96	0.43	0.6687	accept	
G11Z	ANAL & STOMAL PROCEDURES	259	$2,048.55		12131	$1,983.39	1.12	0.2629	accept	
G12C	OTH DIGEST SYS OR PR-CC	10	$3,228.76		498	$3,055.01	0.39	0.6959	accept	
G46C	COMPLEX GASTROSCOPY,SD	410	$2,157.70		20645	$1,781.27	6.33	<.0001	reject	higher
G47C	OTH GASTROSCOPY, SD	578	$1,571.94		25076	$1,363.89	4.5	<.0001	reject	higher
G48C	COLONOSCOPY, SD	627	$1,842.45		36274	$1,592.61	5.8	<.0001	reject	higher
G60B	DIGESTIVE MALIGNANCY - CCC	18	$1,693.20		1172	$1,293.05	1.45	0.1478	accept	
G61A	GI HAEMORRHAGE +CSCC	6	$2,052.32		213	$1,262.34	0.77	0.4731	accept	
G61B	GI HAEMORRHAGE - CSCC	91	$1,074.93		1656	$920.26	1.38	0.1693	accept	
G64B	INFLAMMATORY BOWEL DISEASE-CC	77	$2,147.22		8204	$2,379.42	-1.14	0.2597	accept	
G65B	GI OBSTRUCTION - CSCC	30	$1,345.06		767	$1,204.17	0.61	0.5464	accept	
G66B	ABDMNL PAIN/MESENT ADENTS, SD	16	$319.50		9	$259.95	1.64	0.1149	accept	

Round 17		Indigenous			Non-Indigenous		T Value	Pr > [t]	Hypothesis: Means are equal between two patient cohorts	Higher/ Lower means
Diagnosis Related Group	Description	Number of Patients	Average Cost		Number of Patients	Average Cost			Accept/Reject	
G66Z	ABDMNL PAIN/MESENTRC ADENTS	701	$1,068.49		14605	$1,036.70	0.87	0.3859	accept	
G67A	OESPHS, GASTR +CSCC	37	$1,062.85		522	$1,173.72	-0.62	0.5364	accept	
G67B	OESPHS, GASTR -CSCC	453	$931.60		11365	$888.46	1.04	0.2974	accept	
G70A	OTHER DIGESTIVE SYS DIAG +CSCC	86	$1,230.87		1025	$1,205.60	0.2	0.838	accept	
G70B	OTHER DIGESTIVE SYS DIAG -CSCC	881	$977.98		17661	$952.28	0.88	0.3767	accept	
G70C	OTHER DIGESTIVE SYS DIAG -SD	23	$419.80		18	$244.70	1.52	0.1427	accept	
H08B	LAP CHOLECYSTECTMY-CDE-CSCC	59	$4,683.40		938	$4,551.43	0.61	0.5398	accept	
H43B	ERCP PROCEDURE -CSCC	41	$2,284.14		2440	$2,265.02	0.09	0.9258	accept	
H60A	CIRRHOSIS & ALC HEPATITIS +CCC	9	$2,763.41		111	$1,430.82	1.74	0.1202	accept	
H60B	CIRRHOSIS & ALC HEPATITIS -CCC	56	$1,655.53		1235	$1,315.31	2.24	0.0292	reject	higher
H60C	CIRRHOSIS & ALC HEPATITIS, SD	21	$1,485.01		554	$1,260.23	0.87	0.3948	accept	
H61B	MALG HEPATOBILIAY SYS PANC-CCC	14	$1,555.67		775	$1,447.17	0.38	0.7035	accept	
H62A	DISORDERS PANCREAS-MALIG+CSCC	12	$1,075.97		50	$1,658.86	-1.41	0.1643	accept	
H62B	DISORDERS PANCREAS-MALIG-CSCC	93	$1,203.81		998	$1,277.72	-0.69	0.4916	accept	
H63A	DSRD LVR-MAL,CIRR,ALC HEP+CCC	11	$2,213.50		194	$1,523.59	0.92	0.3811	accept	

Round 17		Indigenous			Non-Indigenous		T Value	Pr > [t]	Hypothesis: Means are equal between two patient cohorts	Higher/ Lower means
Diagnosis Related Group	Description	Number of Patients	Average Cost		Number of Patients	Average Cost			Accept/Reject	
H63B	DSRD LVR-MAL,CIRR,ALC HEP-CCC	79	$1,260.38		1959	$1,409.71	-0.93	0.3556	accept	
H64A	DISORDERS OF BILIARY TRACT +CC	24	$1,078.52		275	$1,287.37	-1.43	0.1627	accept	
H64B	DISORDERS OF BILIARY TRACT -CC	158	$845.40		2948	$925.85	-1.44	0.15	accept	
I12C	INFC/INFM BNE/JNT+MISC PR-CC	23	$2,751.27		637	$3,005.03	-0.92	0.3601	accept	
I13B	HUM,TIB,FIB,ANKL PR-CC >=17	13	$3,627.92		587	$3,946.36	-1.22	0.2434	accept	
I16Z	OTHER SHOULDER PROCEDURES	15	$4,982.30		308	$4,808.29	0.44	0.6571	accept	
I18Z	OTHER KNEE PROCEDURES	271	$3,069.42		9667	$3,032.94	0.53	0.5949	accept	
I19B	OTHER ELBOW, FOREARM PROCS -CC	30	$4,665.82		873	$4,414.95	0.75	0.4529	accept	
I20Z	OTHER FOOT PROCEDURES	30	$3,139.64		1160	$3,320.37	-0.66	0.5064	accept	
I21Z	LOC EX, REM INT FIX DEV HP&FMR	12	$3,070.07		283	$2,880.79	0.54	0.5906	accept	
I23Z	LOC EX,REM INT FIX-HP&FMR	388	$2,269.73		8116	$2,361.91	-1.75	0.0807	accept	
I24Z	ARTHROSCOPY	33	$2,691.18		971	$2,799.16	-0.57	0.5678	accept	
I27B	SOFT TISSUE PROCEDURES -CSCC	65	$2,836.66		2156	$2,676.07	1.04	0.3001	accept	
I28B	OTH MUSCULOSKELETAL PR-CC	23	$3,029.16		645	$3,129.84	-0.29	0.7728	accept	
I30Z	HAND PROCEDURES	398	$3,375.42		13304	$3,034.94	4.74	<.0001	reject	higher
I60Z	FEMORAL SHAFT FRACTURES	7	$1,563.59		103	$1,296.81	0.53	0.5997	accept	
I63B	SPR,STR&DSLC HIP,PELV&THIGH-CC	10	$1,312.59		592	$1,029.03	1.09	0.2761	accept	

Round 17		Indigenous			Non-Indigenous		T Value	Pr > [t]	Hypothesis: Means are equal between two patient cohorts	Higher/ Lower means
Diagnosis Related Group	Description	Number of Patients	Average Cost		Number of Patients	Average Cost			Accept/Reject	
I64B	OSTEOMYELITIS -CSCC	18	$1,024.13		523	$1,294.21	-1.36	0.1897	accept	
I65B	MUSCSKEL MALIG NEO -CCC -RADIO	16	$2,101.64		506	$1,444.37	2.32	0.021	reject	higher
I66A	INFLAM MUSCULO DSR +CSCC	11	$1,318.20		104	$1,470.58	-0.33	0.7449	accept	
I66B	INFLAM MUSCULO DSR -CSCC	116	$2,153.39		9387	$1,743.07	2.32	0.0203	reject	higher
I67B	SEPTIC ARTHRITIS -CSCC	40	$766.09		238	$740.29	0.22	0.8293	accept	
I68C	NON-SURG SPINAL DISORDERS, SD	358	$1,109.86		12878	$1,169.48	-1.13	0.258	accept	
I69B	BONE DISEASES AND ARTHROP-CSCC	129	$1,037.48		4509	$976.41	0.62	0.5339	accept	
I71A	OTH MUSCTENDIN DISRD +CSCC	8	$670.09		107	$1,233.79	-1.9	0.0594	accept	
I71B	OTH MUSCTENDIN DISRD -CSCC	168	$895.74		3715	$1,048.53	-2.23	0.0258	reject	lower
I72A	SPEC MUSCTEND DISRD +CSCC	6	$2,696.01		29	$1,212.51	2.69	0.0111	reject	lower
I72B	SPEC MUSCTEND DISRD -CSCC	72	$933.28		1495	$954.34	-0.19	0.8486	accept	
I73B	AFTCARE MUSCSK IMPL -CSCC	94	$1,104.00		1600	$1,257.02	-1.41	0.1582	accept	
I74Z	INJ FOREARM, WRIST, HAND, FOOT	561	$1,081.68		9669	$1,111.33	-0.65	0.5164	accept	
I75A	INJ SH,ARM,ELB,KN,LEG,ANKL +CC	68	$1,179.14		497	$1,307.47	-1.01	0.3112	accept	
I75B	INJ SH,ARM,ELB,KN,LEG,ANKL -CC	287	$989.30		5469	$940.90	0.89	0.3748	accept	
I76A	OTH MUSCULOSKELETAL DSRD +CSCC	7	$801.48		141	$1,255.02	-1.4	0.1643	accept	
I76B	OTH MUSCULOSKELETAL DSRD -CSCC	142	$1,155.00		3458	$1,284.99	-1.37	0.1723	accept	

Round 17		Indigenous			Non-Indigenous		T Value	Pr > [t]	Hypothesis: Means are equal between two patient cohorts	Higher/ Lower means
Diagnosis Related Group	Description	Number of Patients	Average Cost		Number of Patients	Average Cost			Accept/Reject	
I77B	FRACTURE OF PELVIS -CSCC	6	$1,244.52		335	$1,213.30	0.09	0.9263	accept	
I78B	FRACTURE NECK OF FEMUR - CSCC	13	$1,918.40		712	$1,036.30	1.71	0.1127	accept	
I81Z	INJURIES +SD	13	$466.56		14	$324.42	2.16	0.0409	reject	higher
I82Z	OTHER +SD	10	$398.01		15	$428.93	-0.92	0.3671	accept	
J06A	MAJOR PROC FOR MAL BREAST DIS	12	$4,632.30		901	$4,768.95	-0.31	0.7577	accept	
J06B	MAJOR PROC FOR NON-MAL BR DIS	8	$3,209.23		245	$4,079.46	-3	0.0145	reject	lower
J07A	MINOR PROC FOR MAL BREAST DIS	17	$3,340.14		1397	$3,333.96	0.02	0.9834	accept	
J07B	MINOR PROC FOR NON-MAL BR DIS	82	$2,760.64		3207	$2,808.20	-0.38	0.7074	accept	
J08A	OTH SKN GRF&/DBRDMNT PR +CC	6	$2,783.11		330	$3,101.77	-0.5	0.6183	accept	
J08B	OTH SKN GRF&/DBRDMNT PR -CC	49	$2,830.32		5184	$2,872.10	-0.22	0.8285	accept	
J09Z	PERIANAL & PILONIDAL PR	30	$2,887.92		799	$2,554.84	1.73	0.0843	accept	
J10Z	SKN,SUBC TIS & BRST PLASTIC PR	72	$2,849.74		5958	$2,755.63	0.6	0.5458	accept	
J11Z	OTHER SKIN, SUBC TIS & BRST PR	437	$2,295.00		25252	$2,012.39	4.4	<.0001	reject	higher
J60C	SKIN ULCERS, SAMEDAY	43	$913.22		1113	$844.73	0.85	0.3967	accept	
J63A	NON-MALIGNANT BREAST DIS	6	$473.19		26	$1,213.50	-3.18	0.0034	reject	lower
J63B	NON-MALIGNANT BREAST DIS, SD	36	$1,586.95		495	$1,626.95	-0.17	0.8684	accept	
J64A	CELLULITIS +CSCC	27	$1,386.78		240	$1,050.27	1.31	0.2015	accept	
J64B	CELLULITIS -CSCC	469	$993.41		4913	$924.48	1.48	0.1386	accept	

Round 17		Indigenous			Non-Indigenous		T Value	Pr > [t]	Hypothesis: Means are equal between two patient cohorts	Higher/ Lower means
Diagnosis Related Group	Description	Number of Patients	Average Cost		Number of Patients	Average Cost			Accept/Reject	
J65A	TRAUMA TO SKN,SUB TIS&BST+CSCC	33	$963.64		276	$1,271.62	-1.99	0.0479	reject	lower
J65B	TRAUMA TO SKN,SUB TIS&BST-CSCC	479	$973.41		4985	$1,109.22	-3.14	0.0018	reject	lower
J67B	MINOR SKIN DISORDERS, SAMEDAY	240	$1,153.17		6888	$1,143.39	0.15	0.8787	accept	
J68C	MAJOR SKIN DISORDERS, SAMEDAY	98	$428.84		4342	$1,023.38	-13.33	<.0001	reject	lower
J69C	SKIN MALIGNANCY, SAMEDAY	10	$1,472.75		1108	$928.45	1.28	0.2328	accept	
K40C	ENDO/INVEST PROC +SD	35	$1,764.81		1480	$1,810.42	-0.27	0.7846	accept	
K60A	DIABETES +CSCC	18	$1,210.11		131	$1,172.22	0.23	0.8172	accept	
K60B	DIABETES -CSCC	190	$1,154.73		3228	$985.73	2.3	0.0225	reject	higher
K62A	MISC METABOLIC DISORDERS +CSCC	26	$1,584.61		480	$1,058.14	2.87	0.0043	reject	higher
K62B	MISC METABOLIC DISORDERS -CSCC	304	$1,079.37		6779	$833.91	4.73	<.0001	reject	higher
K63B	INBORN ERR OF METAB -CSCC	85	$927.66		1914	$918.36	0.33	0.745	accept	
K64B	ENDOCRINE DISORDERS -CSCC	55	$1,048.19		1883	$1,059.62	-0.09	0.932	accept	
L02B	OP INS PERI CATH DIALYSIS-CSCC	9	$2,956.51		128	$2,216.14	1.45	0.1507	accept	
L04C	KDY,URT&MJR BLDR PR N-NPM +SD	52	$3,553.24		2707	$3,663.27	-0.56	0.5784	accept	
L07A	TRANSURETHRAL PROCS +CC	11	$2,725.73		544	$2,601.38	0.35	0.7278	accept	
L07B	TRANSURETHRAL PROCS -CC	58	$2,210.34		3920	$2,383.86	-1.68	0.0988	accept	

Round 17		Indigenous			Non-Indigenous		T Value	Pr > [t]	Hypothesis: Means are equal between two patient cohorts	Higher/ Lower means
Diagnosis Related Group	Description	Number of Patients	Average Cost		Number of Patients	Average Cost			Accept/Reject	
L08B	URETHRAL PROCEDURES -CC	21	$2,332.34		487	$2,099.71	0.78	0.4444	accept	
L09B	OTH KIDNY & URNRY TRACT PR+SCC	7	$4,463.57		80	$3,597.11	1.32	0.1915	accept	
L09C	OTH KIDNY & URNRY TRCT PR-CSCC	138	$4,190.08		673	$3,302.79	6.1	<.0001	reject	higher
L41Z	CYSTOURETHROSCOPY, SAMEDAY	304	$1,495.76		19058	$1,264.49	4.27	<.0001	reject	higher
L42Z	ESW LITHOTRIPSY+URINARY STONES	17	$3,231.15		1379	$3,117.75	0.39	0.6995	accept	
L60B	RENAL FAILURE +SCC	39	$1,547.62		306	$1,204.39	2.04	0.0417	reject	higher
L60C	RENAL FAILURE -CSCC	147	$1,228.19		1711	$1,123.44	1.17	0.2434	accept	
L62B	KDNY&UNRY TRCT NEOPLASMS -CSCC	15	$1,499.21		438	$1,215.31	1.07	0.2851	accept	
L63A	KDNY & UNRY TRCT INF +CSCC	25	$1,182.19		392	$1,097.06	0.52	0.6027	accept	
L63B	KDNY & UNRY TRCT INF -CSCC	302	$980.27		5767	$940.79	0.79	0.4325	accept	
L64Z	URINARY STONES & OBSTRUCTION	124	$1,237.07		9035	$1,143.60	1.16	0.2479	accept	
L65A	KDNY & UNRY TR SGNS&SYMPS+CSCC	57	$1,469.74		232	$1,132.30	3.01	0.0028	reject	higher
L65B	KDNY & UNRY TR SGNS&SYMPS-CSCC	259	$1,252.40		3163	$944.33	5.42	<.0001	reject	higher
L67A	OTH KIDNY & URNRY TRCT DX+CSCC	37	$1,353.56		657	$927.77	2.18	0.0352	reject	higher
L67B	OTH KIDNY & URNRY TRCT DX-CSCC	262	$890.09		12272	$843.89	0.85	0.3946	accept	

Round 17		Indigenous			Non-Indigenous		T Value	Pr > [t]	Hypothesis: Means are equal between two patient cohorts	Higher/ Lower means
Diagnosis Related Group	Description	Number of Patients	Average Cost		Number of Patients	Average Cost			Accept/Reject	
L68Z	PERITONEAL DIALYSIS	448	$916.43		5206	$889.00	0.72	0.4744	accept	
M03Z	PENIS PROCEDURES	42	$3,267.93		1028	$2,965.38	1.26	0.2062	accept	
M04Z	TESTES PROCEDURES	119	$3,179.53		3292	$2,911.13	2.57	0.0103	reject	higher
M05Z	CIRCUMCISION	185	$2,376.85		2623	$2,480.69	-1.82	0.0706	accept	
M06B	OTH MALE REPROD SYS OR PR - CC	11	$2,196.07		607	$1,961.70	0.56	0.5742	accept	
M40Z	CYSTOURETHROSCOPY +SD	21	$1,405.81		1733	$1,299.82	0.59	0.5581	accept	
M60B	MALE REPR SYS MALIG -CSCC	41	$2,110.37		2840	$1,660.10	3.49	0.0005	reject	higher
M61Z	BENIGN PROSTATIC HYPERTROPHY	14	$1,887.89		740	$1,466.22	1.83	0.0677	accept	
M62Z	INFLAMMATION MALE REPRD SYSTEM	43	$946.53		984	$1,080.41	-0.76	0.4525	accept	
M63Z	MALE STERILISATION PROCS	37	$2,136.68		2113	$1,898.43	1.33	0.183	accept	
M64Z	OTHER MALE REPROD SYS DIS	35	$1,157.18		1095	$1,195.48	-0.21	0.8364	accept	
N05B	OOPH&COM FAL TUBE PR NMAL-CSCC	9	$3,457.60		325	$4,824.13	-5.45	0.0002	reject	lower
N06B	FEM REP SYS RECONSTRCT PR-CSCC	21	$3,618.26		430	$3,608.35	0.03	0.9727	accept	
N07Z	OTH UTERN & ADNEXA PR FOR NMAL	251	$3,059.95		11312	$2,876.99	1.94	0.0519	accept	
N08Z	ENDOS & LAPAR PR, FEM REPR SYS	231	$3,452.38		5558	$3,387.08	0.7	0.4809	accept	
N09Z	OTH VAGINA, CERVIX &VULVA PROC	531	$2,226.07		12181	$2,149.92	1.48	0.1391	accept	

Round 17		Indigenous			Non-Indigenous		T Value	Pr > [t]	Hypothesis: Means are equal between two patient cohorts	Higher/ Lower means
		Number of Patients	Average Cost		Number of Patients	Average Cost			Accept/Reject	
Diagnosis Related Group	Description									
N10Z	DXC CURETTGE, DXC HYSTEROSCOPY	433	$2,217.26		14134	$2,183.34	0.69	0.4895	accept	
N11Z	OTH FEMALE REPRODUCTIVE SYS PR	11	$2,166.88		2570	$1,622.08	1.34	0.1799	accept	
N60B	FEM REPROD SYS MALIG -CCC	9	$1,980.18		310	$1,466.47	1.29	0.1983	accept	
N61Z	FEMALE REPROD SYST INFECTIONS	100	$1,017.96		631	$965.02	0.56	0.5764	accept	
N62Z	MNSTRL & OTH FEM REPR DIS	336	$1,129.25		6819	$1,104.51	0.41	0.6792	accept	
O03B	ECTOPIC PREGNANCY -CC	9	$1,943.37		329	$1,490.05	0.78	0.4361	accept	
O04B	POSTPARTUM&POST ABORTN+OR-CSCC	10	$2,566.33		410	$2,304.64	0.77	0.439	accept	
O05Z	ABORTION+ OR PROC	793	$1,943.71		15943	$2,071.71	-3.72	0.0002	reject	lower
O60A	VAGINAL DELIVERY +CSCC	19	$2,397.68		143	$1,888.35	1.52	0.1436	accept	
O60B	VAGINAL DELIVERY -CSCC	177	$2,005.38		3725	$1,777.82	2.65	0.008	reject	higher
O60C	VAGINAL DELIVERY, UNCOMP	230	$1,813.22		3070	$1,697.80	1.6	0.1106	accept	
O61Z	POSTPARTUM & POST ABORTN-OR PR	108	$759.71		2050	$694.64	0.91	0.3654	accept	
O63Z	ABORTION-OR PROC	127	$1,076.29		2427	$866.47	2.5	0.0136	reject	higher
O64A	FALSE LABOUR <37 WK/+CCC	225	$735.23		1976	$678.18	0.92	0.3562	accept	
O64B	FALSE LABOUR >=37 WK -CCC	228	$598.98		2028	$484.09	2.95	0.0035	reject	higher
O66B	ANTENATAL&OTH OBSTETRIC ADM,SD	3278	$548.87		37807	$537.78	1.13	0.2586	accept	
O66C	ANTENATAL&OTH OBS ADM +SD	48	$427.92		10	$290.39	0.86	0.391	accept	
P60A	NEO,ADMWT >=2500G+OR	62	$1,028.53		728	$958.70	0.43	0.6693	accept	

Round 17		Indigenous			Non-Indigenous		T Value	Pr > [t]	Hypothesis: Means are equal between two patient cohorts	Higher/ Lower means
Diagnosis Related Group	Description	Number of Patients	Average Cost		Number of Patients	Average Cost			Accept/Reject	
	PR+MMP									
P60B	NEO,ADMWT >=2500G+OR PR-MMP	16	$1,356.84		314	$1,039.17	0.88	0.3907	accept	
P66D	NEO,ADMWT 2000-2499G-OR-PRB	7	$964.86		36	$788.21	0.41	0.693	accept	
P67B	NEO,ADMWT >=2500G-OR+PRE+MJP	9	$637.74		123	$916.81	-2.22	0.0409	reject	lower
P67D	NEO,ADMWT >=2500G-OR+PRE-PRB	70	$779.46		923	$834.68	-0.59	0.5585	accept	
Q02B	BLD&IMM SYS DIS +OTH OR -CSCC	24	$2,715.03		837	$2,653.85	0.24	0.8118	accept	
Q60A	RETICLENDO&IMNTY DIS+CSCC	16	$1,162.34		390	$1,243.52	-0.53	0.6043	accept	
Q60C	RETICLENDO&IMNTY DIS +SD	97	$744.32		14487	$708.46	0.45	0.6559	accept	
Q61A	RED BLOOD CELL DISDERS +CSCC	29	$1,614.38		1062	$1,148.13	2.13	0.0414	reject	higher
Q61B	RED BLOOD CELL DISDERS -CSCC	615	$1,192.83		31734	$901.81	6.95	<.0001	reject	higher
Q62Z	COAGULATION DISORDERS	51	$1,110.00		3214	$886.67	1.77	0.0771	accept	
R03B	LYMPHMA LEUKMA+OTH OR PR -CSCC	6	$2,747.15		686	$3,017.15	-0.44	0.6586	accept	
R60B	ACUTE LEUKAEMIA -CCC	28	$1,687.10		4886	$1,384.20	1.42	0.1544	accept	
R61C	LYMPHMA / N-A LEUKAEMIA +SD	112	$1,409.17		15776	$1,119.13	1.98	0.0498	reject	higher
R62B	OTHER NEOPLASTIC DISORDERS-CC	14	$1,900.42		460	$1,653.33	0.72	0.472	accept	
R63Z	CHEMOTHERAPY	1152	$1,393.07		100055	$1,414.04	-0.55	0.584	accept	
R64Z	RADIOTHERAPY	32	$4,752.45		1419	$2,246.08	6.15	<.0001	reject	higher

Round 17		Indigenous			Non-Indigenous		T Value	Pr > [t]	Hypothesis: Means are equal between two patient cohorts	Higher/ Lower means
Diagnosis Related Group	Description	Number of Patients	Average Cost		Number of Patients	Average Cost			Accept/Reject	
S60Z	HIV, SAMEDAY	120	$429.74		425	$1,465.94	-11.26	<.0001	reject	lower
T01C	OR PROC INFECT & PARAS DIS - CC	9	$2,745.51		125	$2,503.47	0.64	0.5229	accept	
T60B	SEPTICAEMIA -CCC	47	$1,602.52		468	$1,217.48	1.98	0.0985	accept	
T61B	POSTOP & POSTTRAUM INFECT-CSCC	50	$653.15		736	$916.06	-3.01	0.0038	reject	lower
T62A	FEVER OF UNKNOWN ORIGIN +CC	11	$1,042.38		205	$1,318.32	-0.83	0.4099	accept	
T62B	FEVER OF UNKNOWN ORIGIN -CC	83	$1,407.64		977	$992.24	2.61	0.0108	reject	higher
T63Z	VIRAL ILLNESS	150	$975.99		3344	$945.10	0.39	0.6967	accept	
T64B	OTH INFECTOUS&PARSTIC DIS+SMCC	7	$945.83		121	$1,211.76	-0.68	0.5007	accept	
T64C	OTH INFECTOUS & PARSTIC DIS-CC	18	$1,223.04		369	$1,069.12	0.4	0.6942	accept	
U40Z	MENTAL HEALTH TREAT+ECT +SD	204	$1,019.79		10417	$904.28	2.93	0.0034	reject	higher
U60Z	MENTAL HEALTH TREAT -ECT +SD	1063	$771.38		15386	$790.25	-0.65	0.5151	accept	
V60A	ALCOHOL INTOX & WITHDRWL +CC	126	$1,081.22		238	$1,161.35	-0.67	0.5058	accept	
V60B	ALCOHOL INTOX & WITHDRWL -CC	937	$845.58		2526	$948.79	-3.22	0.0013	reject	lower
V61Z	DRUG INTOXICTN & WITHDRAWAL	98	$1,030.37		612	$947.80	0.93	0.3531	accept	
V62B	ALCOHOL USE & DEPENDENCE	52	$1,337.11		785	$1,110.34	1.53	0.1321	accept	
V63Z	OPIOID USE & DEPENDENCE	6	$321.45		94	$814.05	-6.65	<.0001	reject	lower
V64Z	OTHER DRUG USE & DEPEND	47	$921.71		287	$768.46	1.37	0.1714	accept	
W60Z	MULTIPLE TRAUMA, DIED/TRANSF<5	11	$1,457.71		119	$2,464.90	-1.56	0.1213	accept	

Round 17		Indigenous			Non-Indigenous		T Value	Pr > [t]	Hypothesis: Means are equal between two patient cohorts	Higher/ Lower means
Diagnosis Related Group	Description	Number of Patients	Average Cost		Number of Patients	Average Cost			Accept/Reject	
X02B	SKIN GRAFT INJURIES HAND -CSCC	12	$2,566.30		494	$2,344.04	0.7	0.4829	accept	
X04B	OTHER PR INJ LOWR LIMB -CSCC	12	$3,483.50		369	$2,471.94	2	0.0706	accept	
X05B	OTH PR FOR INJ TO HAND -CC	68	$2,511.94		2701	$2,129.85	2.73	0.0081	reject	higher
X06A	OTHER PR OTHER INJURIES +CSCC	8	$2,216.84		143	$2,397.48	-0.32	0.7457	accept	
X06B	OTHER PR OTHER INJURIES -CSCC	81	$2,432.04		2173	$2,282.35	0.93	0.3527	accept	
X60A	INJURIES +CSCC	55	$1,002.15		579	$1,253.36	-2.08	0.0378	reject	lower
X60B	INJURIES -CSCC	1304	$962.81		13711	$1,043.58	-2.75	0.006	reject	lower
X61Z	ALLERGIC REACTIONS	54	$1,163.16		2425	$886.83	2	0.0505	accept	
X62A	POISNG/TOXC EFF DRUGS +CSCC	28	$1,708.62		505	$1,312.05	1.89	0.0595	accept	
X62B	POISNG/TOXC EFF DRUGS -CSCC	475	$1,146.56		7210	$939.48	4.78	<.0001	reject	higher
X63A	SEQUELAE OF TREATMNT+CSCC	11	$671.59		352	$1,066.58	-1.5	0.1347	accept	
X63B	SEQUELAE OF TREATMNT-CSCC	102	$1,057.06		2993	$971.45	0.97	0.3304	accept	
X64A	OTH INJ, POIS & TOX EFF +CSCC	8	$679.05		95	$1,356.52	-1.66	0.1004	accept	
X64B	OTH INJ, POIS &TOX EFF DX-CSCC	180	$1,228.92		1761	$944.74	3.14	0.002	reject	higher
Y02B	SKIN GR OTH BRNS -CSCC +EMERG	16	$2,047.00		576	$2,030.68	0.05	0.9602	accept	
Y03Z	OTHER OR PROCS FOR OTHER BURNS	10	$3,698.14		266	$2,474.74	2.44	0.0152	reject	higher
Y60Z	BURNS,TRANS OTH ACUT CARE <5D	20	$1,464.15		146	$1,166.43	0.85	0.3983	accept	
Y61Z	SEVERE BURNS	20	$686.95		94	$1,146.65	-1.67	0.0978	accept	

Round 17		Indigenous			Non-Indigenous		T Value	Pr > [t]	Hypothesis: Means are equal between two patient cohorts	Higher/ Lower means
		Number of Patients	Average Cost		Number of Patients	Average Cost			Accept/Reject	
Diagnosis Related Group	Description									
Y62A	OTHER BURNS +CC	14	$341.33		49	$965.76	-5.36	<.0001	reject	lower
Y62B	OTHER BURNS -CC	50	$725.04		711	$1,019.80	-2.82	0.0049	reject	lower
Z01A	OTH CNT HLTH SRV +OR PROC	9	$3,152.62		425	$2,446.45	1.79	0.0749	accept	
Z01B	OTH CNT HLTH SRV +OR PROC +SD	40	$2,342.95		2240	$2,166.01	0.94	0.3492	accept	
Z40Z	OTH CNT HLTH SRV +ENDO +SD	306	$1,408.58		27579	$1,212.07	3.56	0.0004	reject	higher
Z61B	SIGNS AND SYMPTOMS +SD	139	$1,017.42		5513	$1,150.37	-1.91	0.0583	accept	
Z63B	OTH FU SURG/MED CARE -CCC	33	$703.92		615	$983.47	-2.39	0.0214	reject	lower
Z64B	OTH FCTR INFL HEALTH STATUS+SD	1175	$961.02		31255	$1,073.01	-3.26	0.0011	reject	lower

Appendix D: Distribution of Overnight Trimmed

Round 16		Indigenous					Non-Indigenous				
MDC	Description	Number of Patients	Average Cost	Minimum	Maximum	Std Deviation	Number of Patients	Average Cost	Minimum	Maximum	Std Deviation
	Error DRGs Unrelated Operating Room DRGs	140	$8,245.32	$56.86	$38,303.71	$8,849.60	2648	$7,052.72	$50.02	$60,021.05	$10,119.55
0	Pre-MDC	321	$8,314.53	$57.72	$59,697.20	$11,591.69	5541	$8,751.39	$66.29	$60,467.01	$10,982.61
1	Diseases and disorders of the nervous system	4953	$6,980.81	$54.57	$59,431.31	$8,591.50	128595	$7,777.75	$50.02	$60,561.96	$8,748.67
2	Diseases and disorders of the eye	724	$6,007.07	$65.82	$36,243.35	$5,299.52	14711	$5,310.42	$51.31	$56,378.25	$4,923.99
3	Diseases and disorders of the ear, nose, mouth and throat	5099	$5,203.91	$64.36	$58,240.14	$5,354.78	80206	$4,657.84	$50.82	$60,561.17	$5,827.99
4	Diseases and disorders of the respiratory system	11956	$6,501.13	$53.63	$60,157.38	$7,416.38	197251	$6,455.38	$50.18	$60,544.50	$7,349.72
5	Diseases and disorders of the circulatory system	8971	$7,705.55	$51.31	$59,932.53	$9,515.22	247846	$7,183.64	$50.41	$60,536.78	$9,140.28
6	Diseases and disorders of the digestive system	7615	$5,642.77	$53.80	$60,511.98	$6,551.88	226476	$6,234.60	$50.02	$60,538.48	$7,317.15
7	Diseases and disorders of the hepatobiliary system and pancreas	3575	$7,284.13	$103.78	$59,492.03	$7,129.50	65474	$8,001.50	$57.23	$60,551.86	$7,677.98
8	Diseases and disorders of the musculoskeletal system and connective tissue	7661	$8,364.63	$53.80	$60,312.31	$8,168.11	206943	$9,548.73	$50.50	$60,560.03	$8,868.25
9	Diseases and disorders of the skin, subcutaneous tissue and breast	5927	$5,835.86	$51.31	$57,909.66	$5,797.84	80738	$5,828.86	$50.82	$60,424.68	$5,928.48
10	Endocrine, nutritional and metabolic diseases and disorders	2330	$8,496.61	$50.06	$59,996.09	$8,559.58	41298	$7,514.74	$51.31	$60,206.93	$7,404.76

Round 16		Indigenous					Non-Indigenous				
MDC	Description	Number of Patients	Average Cost	Minimum	Maximum	Std Deviation	Number of Patients	Average Cost	Minimum	Maximum	Std Deviation
11	Diseases and disorders of the kidney and urinary tract	4144	$6,746.75	$63.54	$57,118.22	$7,292.49	94753	$6,137.93	$50.50	$60,447.92	$7,036.35
12	Diseases and disorders of the male reproductive system	512	$5,947.42	$135.86	$43,898.91	$5,276.38	17441	$7,071.88	$51.81	$59,598.85	$6,219.08
13	Diseases and disorders of the female reproductive system	1753	$6,668.37	$122.16	$54,717.82	$6,236.67	38222	$7,150.59	$53.52	$60,213.63	$5,471.56
14	Pregnancy, childbirth and the puerperium	14376	$6,458.30	$52.11	$58,666.96	$5,936.40	224349	$5,922.24	$50.30	$59,889.24	$4,396.41
15	Newborns and other neonates	3620	$8,705.13	$70.16	$60,236.62	$9,584.86	44875	$7,619.82	$57.74	$60,340.78	$8,850.03
16	Diseases and disorders of the blood and blood forming organs and immunological disorders	977	$6,082.77	$92.89	$48,049.92	$6,208.25	26647	$5,896.38	$51.76	$60,498.27	$6,713.32
17	Neoplastic disorders (Haematological and solid neoplasms)	290	$13,252.69	$866.43	$58,032.75	$11,782.47	17344	$12,917.10	$102.31	$60,566.18	$11,575.99
18	Infectious and parasitic diseases	2123	$8,142.26	$84.83	$58,095.70	$9,454.56	40666	$7,163.94	$51.31	$60,502.89	$8,385.30
19	Mental diseases and disorders	4142	$8,708.23	$51.73	$60,143.76	$9,115.84	61608	$8,402.53	$50.35	$60,495.52	$8,734.61
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	2331	$4,328.34	$51.81	$48,705.89	$5,528.49	16903	$4,936.99	$51.58	$60,493.58	$5,311.10
21	Injuries, poisoning and toxic effects of drugs	4533	$5,440.28	$53.40	$58,503.07	$7,011.62	76250	$5,265.43	$50.01	$60,540.78	$7,246.54
22	Burns	456	$11,196.75	$82.41	$54,728.43	$11,125.96	4017	$9,389.07	$51.95	$60,079.66	$10,688.95
23	Factors influencing health status and other contacts with health services	1138	$5,394.73	$57.54	$59,195.14	$6,709.85	20342	$4,798.13	$50.44	$59,982.85	$5,587.36

Round 17	Indigenous	Non-Indigenous

MDC	Description	Number of Patients	Average Cost	Minimum	Maximum	Std Deviation	Number of Patients	Average Cost	Minimum	Maximum	Std Deviation
	Error DRGs Unrelated Operating Room DRGs	3601	$7,517.30	$122.10	$60,978.26	$8,007.81	28539	$6,850.74	$52.08	$61,520.65	$6,151.47
00	Pre-MDC	42	$29,071.56	$1,681.01	$61,768.06	$16,769.56	817	$24,310.22	$773.61	$62,010.43	$17,078.68
01	Diseases and disorders of the nervous system	4987	$7,592.05	$72.47	$61,425.40	$8,719.66	127943	$8,203.08	$57.72	$62,040.57	$8,397.27
02	Diseases and disorders of the eye	636	$6,459.49	$140.36	$45,285.92	$5,882.40	13409	$5,586.31	$52.01	$62,039.34	$4,940.50
03	Diseases and disorders of the ear, nose, mouth and throat	5038	$5,309.46	$50.97	$55,237.73	$5,167.94	77517	$4,949.68	$50.48	$62,046.09	$5,607.30
04	Diseases and disorders of the respiratory system	11188	$7,259.87	$51.04	$61,408.08	$7,626.33	189362	$7,129.04	$59.04	$62,131.85	$7,244.54
05	Diseases and disorders of the circulatory system	8695	$8,129.02	$65.31	$61,947.70	$9,413.32	237410	$7,707.30	$52.28	$62,133.13	$8,973.28
06	Diseases and disorders of the digestive system	8175	$6,312.35	$83.98	$61,993.33	$6,513.74	223281	$6,756.47	$50.63	$62,128.70	$7,119.81
07	Diseases and disorders of the hepatobiliary system and pancreas	3665	$7,892.49	$143.97	$59,357.46	$6,951.93	63431	$8,417.22	$80.49	$62,075.19	$7,390.28
08	Diseases and disorders of the musculoskeletal system and connective tissue	7234	$8,764.93	$67.89	$60,061.06	$7,959.34	194732	$9,971.98	$51.49	$62,075.47	$8,679.87
09	Diseases and disorders of the skin, subcutaneous tissue and breast	5924	$6,240.59	$54.77	$59,455.24	$5,794.97	79103	$6,119.28	$50.19	$61,680.75	$5,646.02
10	Endocrine, nutritional and metabolic diseases and disorders	2412	$8,978.38	$162.51	$59,684.82	$8,445.82	40081	$7,875.65	$57.19	$62,014.99	$7,166.61
11	Diseases and disorders of the kidney and urinary tract	4388	$6,725.95	$81.33	$60,888.31	$6,952.33	95799	$6,565.96	$52.95	$62,117.75	$6,945.72
12	Diseases and disorders of the male reproductive system	494	$6,450.46	$235.01	$39,414.88	$5,509.68	15850	$7,609.54	$62.41	$60,912.80	$7,178.86

Round 17		Indigenous					Non-Indigenous				
MDC	Description	Number of Patients	Average Cost	Minimum	Maximum	Std Deviation	Number of Patients	Average Cost	Minimum	Maximum	Std Deviation
13	Diseases and disorders of the female reproductive system	1679	$7,430.92	$152.88	$58,754.62	$6,213.13	36269	$7,611.80	$74.99	$61,497.88	$5,519.25
14	Pregnancy, childbirth and the puerperium	13610	$6,607.28	$51.89	$62,129.26	$6,021.80	218619	$5,937.75	$51.45	$61,923.29	$4,247.18
15	Newborns and other neonates	3628	$9,157.46	$144.92	$60,615.46	$9,384.32	44716	$7,767.59	$50.11	$62,030.80	$8,453.95
16	Diseases and disorders of the blood and blood forming organs and immunological disorders	944	$6,818.22	$203.98	$60,488.64	$6,947.78	25636	$6,289.73	$52.12	$62,033.00	$6,381.09
17	Neoplastic disorders (Haematological and solid neoplasms)	297	$13,641.88	$420.16	$59,567.30	$11,721.94	15472	$12,491.87	$96.12	$61,467.99	$10,905.43
18	Infectious and parasitic diseases	2128	$8,356.63	$66.35	$61,276.74	$9,261.59	40854	$7,816.01	$52.01	$61,903.13	$8,146.95
19	Mental diseases and disorders	4262	$9,117.11	$94.63	$61,576.70	$8,653.81	59176	$8,906.90	$51.03	$62,027.25	$8,158.42
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	2474	$4,887.55	$94.63	$59,538.39	$5,097.80	16739	$5,635.60	$51.96	$61,099.43	$5,237.91
21	Injuries, poisoning and toxic effects of drugs	4581	$5,805.13	$63.08	$58,209.09	$6,745.22	75317	$5,865.20	$51.96	$62,082.54	$7,072.92
22	Burns	392	$11,871.36	$196.93	$62,073.91	$12,388.77	3569	$9,475.77	$102.32	$61,626.31	$10,710.72
23	Factors influencing health status and other contacts with health services	1223	$5,724.11	$68.37	$58,887.55	$6,589.97	20596	$5,084.16	$50.10	$61,014.71	$5,298.49
24		6	$9,135.50	$321.45	$18,453.52	$7,236.26	67	$5,915.00	$121.19	$54,660.48	$8,597.48

Appendix E: T Statistics for Overnight acute admitted services by Major Diagnostic Category

MDC	Description	Indigenous	Average Cost	Non-Indigenous	Average Cost	T Value	Pr > |t|	Hypothesis (H_0: $\mu_1 = \mu_2$)	Interpretation (Indigenous cost relative to Non-Indigenous Cost)
	Error DRGs Unrelated Operating Room DRGs	140	$8,245.32	2648	$7,052.72	1.54	0.1250	accept	No significant difference ($\mu_1 = \mu_2$)
00	Pre-MDC	321	$8,314.53	5541	$8,751.39	-0.69	0.4898	accept	No significant difference ($\mu_1 = \mu_2$)
01	Diseases and disorders of the nervous system	4953	$6,980.81	128595	$7,777.75	-6.3	< 0.0001	reject	Lower ($\mu_1 < \mu_2$)
02	Diseases and disorders of the eye	724	$6,007.07	14711	$5,310.42	3.46	0.0006	reject	Higher ($\mu_1 > \mu_2$)
03	Diseases and disorders of the ear, nose, mouth and throat	5099	$5,203.91	80206	$4,657.84	7.02	< 0.0001	reject	Higher ($\mu_1 > \mu_2$)
04	Diseases and disorders of the respiratory system	11956	$6,501.13	197251	$6,455.38	0.66	0.5089	accept	No significant difference ($\mu_1 = \mu_2$)
05	Diseases and disorders of the circulatory system	8971	$7,705.55	247846	$7,183.64	5.11	< 0.0001	reject	Higher ($\mu_1 > \mu_2$)
06	Diseases and disorders of the digestive system	7615	$5,642.77	226476	$6,234.60	-7.72	< 0.0001	reject	Lower ($\mu_1 > \mu_2$)
07	Diseases and disorders of the hepatobiliary system and pancreas	3575	$7,284.13	65474	$8,001.50	-5.83	< 0.0001	reject	Lower ($\mu_1 < \mu_2$)

MDC	Description	Indigenous	Average Cost	Non-Indigenous	Average Cost	T Value	Pr > |t|	Hypothesis (H_0: $\mu_1 = \mu_2$)	Interpretation (Indigenous cost relative to Non-Indigenous Cost)
08	Diseases and disorders of the musculoskeletal system and connective tissue	7661	$8,364.63	206943	$9,548.73	-12.42	< 0.0001	reject	Lower ($\mu_1 < \mu_2$)
09	Diseases and disorders of the skin, subcutaneous tissue and breast	5927	$5,835.86	80738	$5,828.86	0.09	0.9287	accept	No significant difference ($\mu_1 = \mu_2$)
10	Endocrine, nutritional and metabolic diseases and disorders	2330	$8,496.61	41298	$7,514.74	5.42	<0.0001	reject	Higher ($\mu_1 > \mu_2$)
11	Diseases and disorders of the kidney and urinary tract	4144	$6,746.75	94753	$6,137.93	5.27	<0.0001	reject	Higher ($\mu_1 > \mu_2$)
12	Diseases and disorders of the male reproductive system	512	$5,947.42	17441	$7,071.88	-4.73	<0.0001	reject	Lower ($\mu_1 < \mu_2$)
13	Diseases and disorders of the female reproductive system	1753	$6,668.37	38222	$7,150.59	-3.18	0.0015	reject	Lower ($\mu_1 < \mu_2$)
14	Pregnancy, childbirth and the puerperium	14376	$6,458.30	224349	$5,922.24	10.64	<0.0001	reject	Higher ($\mu_1 > \mu_2$)
15	Newborns and other neonates	3620	$8,705.13	44875	$7,619.82	6.59	<0.0001	reject	Higher ($\mu_1 > \mu_2$)
16	Diseases and disorders of the blood and blood forming organs and immunological disorders	977	$6,082.77	26647	$5,896.38	0.92	0.3583	accept	No significant difference ($\mu_1 = \mu_2$)
17	Neoplastic disorders (Haematological and solid neoplasms)	290	$13,252.69	17344	$12,917.10	0.49	0.6245	accept	No significant difference ($\mu_1 = \mu_2$)

MDC	Description	Indigenous	Average Cost	Non-Indigenous	Average Cost	T Value	Pr > |t|	Hypothesis (H_0: $\mu_1 = \mu_2$)	Interpretation (Indigenous cost relative to Non-Indigenous Cost)
18	Infectious and parasitic diseases	2123	$8,142.26	40666	$7,163.94	4.67	<0.0001	reject	Higher ($\mu_1 > \mu_2$)
19	Mental diseases and disorders	4142	$8,708.23	61608	$8,402.53	2.09	0.0363	reject	Higher ($\mu_1 > \mu_2$)
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	2331	$4,328.34	16903	$4,936.99	-5.01	<0.0001	reject	Lower ($\mu_1 < \mu_2$)
21	Injuries, poisoning and toxic effects of drugs	4533	$5,440.28	76250	$5,265.43	1.63	0.1036	accept	No significant difference ($\mu_1 = \mu_2$)
22	Burns	456	$11,196.75	4017	$9,389.07	3.41	0.0007	reject	Higher ($\mu_1 > \mu_2$)
23	Factors influencing health status and other contacts with health services	1138	$5,394.73	20342	$4,798.13	2.94	0.0033	reject	Higher ($\mu_1 > \mu_2$)

MDC	Description	Indigenous	Average Cost	Non-Indigenous	Average Cost	T Value	Pr > |t|	Hypothesis (H_0: $\mu_1 = \mu_2$)	Interpretation (Indigenous cost relative to Non-Indigenous Cost)
	Error DRGs Unrelated Operating Room DRGs	3601	$7,517.30	28539	$6,850.74	4.82	< 0.0001	reject	Higher ($\mu_1 > \mu_2$)
00	Pre-MDC	42	$29,071.56	817	$24,310.22	1.76	0.0782	accept	No significant difference ($\mu_1 = \mu_2$)
01	Diseases and disorders of the nervous system	4987	$7,592.05	127943	$8,203.08	-4.86	< 0.0001	reject	Lower ($\mu_1 < \mu_2$)
02	Diseases and disorders of the eye	636	$6,459.49	13409	$5,586.31	3.68	0.0002	reject	Higher ($\mu_1 > \mu_2$)
03	Diseases and disorders of the ear, nose, mouth and throat	5038	$5,309.46	77517	$4,949.68	4.76	< 0.0001	reject	Higher ($\mu_1 > \mu_2$)
04	Diseases and disorders of the respiratory system	11188	$7,259.87	189362	$7,129.04	1.77	0.0771	accept	No significant difference ($\mu_1 = \mu_2$)
05	Diseases and disorders of the circulatory system	8695	$8,129.02	237410	$7,707.30	4.11	< 0.0001	reject	Higher ($\mu_1 > \mu_2$)
06	Diseases and disorders of the digestive system	8175	$6,312.35	223281	$6,756.47	-6.03	< 0.0001	reject	Lower ($\mu_1 < \mu_2$)
07	Diseases and disorders of the hepatobiliary system and pancreas	3665	$7,892.49	63431	$8,417.22	-4.43	< 0.0001	reject	Lower ($\mu_1 < \mu_2$)
08	Diseases and disorders of the musculoskeletal system and connective tissue	7234	$8,764.93	194732	$9,971.98	-12.62	< 0.0001	reject	Lower ($\mu_1 < \mu_2$)
09	Diseases and disorders of the skin, subcutaneous tissue and breast	5924	$6,240.59	79103	$6,119.28	1.56	.1195	accept	No significant difference ($\mu_1 = \mu_2$)

MDC	Description	Indigenous	Average Cost	Non-Indigenous	Average Cost	T Value	Pr > |t|	Hypothesis (H_0: $\mu_1 = \mu_2$)	Interpretation (Indigenous cost relative to Non-Indigenous Cost)
10	Endocrine, nutritional and metabolic diseases and disorders	2412	$8,978.38	40081	$7,875.65	6.28	< 0.0001	reject	Higher ($\mu_1 > \mu_2$)
11	Diseases and disorders of the kidney and urinary tract	4388	$6,725.95	95799	$6,565.96	1.49	0.1357	accept	No significant difference ($\mu_1 = \mu_2$)
12	Diseases and disorders of the male reproductive system	494	$6,450.46	15850	$7,609.54	-4.56	< 0.0001	reject	Lower ($\mu_1 < \mu_2$)
13	Diseases and disorders of the female reproductive system	1679	$7,430.92	36269	$7,611.80	-1.17	0.2451	accept	No significant difference ($\mu_1 = \mu_2$)
14	Pregnancy, childbirth and the puerperium	13610	$6,607.28	218619	$5,937.75	12.77	< 0.0001	reject	Higher ($\mu_1 > \mu_2$)
15	Newborns and other neonates	3628	$9,157.46	44716	$7,767.59	8.64	< 0.0001	reject	Higher ($\mu_1 > \mu_2$)
16	Diseases and disorders of the blood and blood forming organs and immunological disorders	944	$6,818.22	25636	$6,289.73	2.30	0.0216	reject	Higher ($\mu_1 > \mu_2$)
17	Neoplastic disorders (Haematological and solid neoplasms)	297	$13,641.88	15472	$12,491.87	1.80	0.0723	accept	No significant difference ($\mu_1 = \mu_2$)
18	Infectious and parasitic diseases	2128	$8,356.63	40854	$7,816.01	2.64	0.0083	reject	Higher ($\mu_1 > \mu_2$)
19	Mental diseases and disorders	4262	$9,117.11	59176	$8,906.90	1.54	0.1243	accept	No significant difference ($\mu_1 = \mu_2$)

MDC	Description	Indigenous	Average Cost	Non-Indigenous	Average Cost	T Value	Pr > |t|	Hypothesis (H_0: $\mu_1 = \mu_2$)	Interpretation (Indigenous cost relative to Non-Indigenous Cost)
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	2474	$4,887.55	16739	$5,635.60	-6.65	< 0.0001	reject	Lower ($\mu_1 < \mu_2$)
21	Injuries, poisoning and toxic effects of drugs	4581	$5,805.13	75317	$5,865.20	-0.58	0.5595	accept	No significant difference ($\mu_1 = \mu_2$)
22	Burns	392	$11,871.36	3569	$9,475.77	3.68	0.0003	reject	Higher ($\mu_1 > \mu_2$)
23	Factors influencing health status and other contacts with health services	1223	$5,724.11	20596	$5,084.16	3.33	0.0009	reject	Higher ($\mu_1 > \mu_2$)
24		6	$9,135.50	67	$5,915.00	0.89	0.3774	accept	No significant difference ($\mu_1 = \mu_2$)

Appendix F: T Statistics for Overnight Acute Admitted Services by Diagnostic Related Group

AR-DRG classes where the population size was five or less for either the Indigenous population, or the Non-Indigenous population, or both patient cohorts have not been reported upon.

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher /Lower
unassigned		149	$10,327.73	2788	$8,493.35				
801A	OR PR UNREL TO PDX+CCC	45	$22,826.55	1572	$26,155.89	-1.57	0.1168	accept	same
801B	OR PR UNREL TO PDX+SMCC	24	$12,931.06	676	$14,768.01	-0.8	0.4267	accept	same
801C	OR PR UNREL TO PDX-CC	46	$8,708.46	1005	$8,714.47	-0.01	0.9952	accept	same
960Z	UNGROUPABLE	306	$6,440.40	5124	$7,052.55	-1.44	0.1494	accept	same
A06B	TRCH&VNT-CCC OR TRCH/VNT+CCC	96	$43,077.68	2187	$41,607.18	1.1	0.273	accept	same
A06C	VENTILATION>95 - CCC	10	$38,466.01	136	$39,001.09	-0.12	0.9023	accept	same
A06D	TRACHEOSTOMY -CCC	7	$30,912.27	246	$31,936.91	-0.18	0.8597	accept	same
A09A	RENAL TRANSPLANT+PANCREAS/+CCC	12	$39,541.95	327	$35,058.81	1.24	0.2143	accept	same
A09B	RENAL TRANSPLANT -PANCREAS-CCC	14	$38,441.72	336	$35,149.36	1.04	0.3157	accept	same
A12Z	INS NEUROSTIMULATOR DEV	7	$8,254.76	194	$26,373.38	-7.53	<0.0001	reject	lower
B02A	CRANIAL PROCEDURES + CCC	54	$34,454.03	2088	$29,712.62	2.44	0.0177	reject	higher
B02B	CRANIAL PROCEDURES + SCC	37	$28,790.61	1666	$24,066.19	2.39	0.0171	reject	higher
B02C	CRANIAL PROCEDURES - CSCC	91	$20,243.67	3322	$19,388.35	0.83	0.4092	accept	same
B03A	SPINAL PROCEDURES + CSCC	10	$25,182.07	252	$24,801.59	0.09	0.9297	accept	same
B03B	SPINAL PROCEDURES - CSCC	17	$15,784.63	788	$15,427.35	0.17	0.8612	accept	same

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher/Lower
B04B	EXTRACRANIAL VASCULAR PR -CCC	21	$12,388.82	1379	$12,407.90	-0.01	0.9894	accept	same
B05Z	CARPAL TUNNEL RELEASE	9	$9,291.32	358	$4,948.79	1.3	0.2285	accept	same
B06A	CBL PSY,MUS DYSY,NPTHY PR +CC	10	$21,084.23	299	$19,463.98	0.4	0.691	accept	same
B06B	CBL PSY,MUS DYSY,NPTHY PR -CC	12	$14,366.74	696	$8,018.28	1.98	0.0724	reject	higher
B07A	PRPHL & CRANL NERV & OTH PR+CC	30	$10,566.79	487	$14,866.59	3.58	0.0008	reject	lower
B07B	PRPHL & CRANL NERV & OTH PR-CC	115	$6,980.95	1933	$6,601.85	0.97	0.3347	accept	same
B41Z	TELEMETRIC EEG MONITORING	36	$7,946.69	988	$7,632.89	0.31	0.7576	accept	same
B42A	NERV SYS DX W VENT SUPPORT+CCC	13	$25,994.64	330	$27,029.29	-0.26	0.7953	accept	same
B42B	NERV SYS DX W VENT SUPPORT-CCC	32	$18,702.91	467	$17,289.82	0.71	0.4767	accept	same
B61B	SPINAL CORD COND+/-OR PR -CSCC	13	$8,138.99	506	$11,921.54	-1.21	0.2255	accept	same
B63Z	DMNTIA&CHRNIC DISTURB CRBRL FN	79	$15,427.27	6269	$11,051.74	3.01	0.0035	reject	higher
B64A	DELIRIUM+CCC	22	$11,137.21	2215	$11,998.61	-0.42	0.6721	accept	same
B64B	DELIRIUM-CCC	115	$6,134.20	4746	$6,437.65	-0.46	0.6452	accept	same
B65Z	CEREBRAL PALSY	20	$8,651.23	114	$6,871.60	0.88	0.3822	accept	same
B66A	NERVOUS SYSTEM NEOPLASM+CSCC	45	$9,411.42	1974	$10,687.85	-1.41	0.1658	accept	same
B66B	NERVOUS SYSTEM NEOPLASM-CSCC	57	$6,543.32	1740	$6,384.89	0.24	0.8098	accept	same
B67A	DEGNRTV NERV SYS DIS+CSCC	52	$13,295.95	1836	$12,610.20	0.45	0.6502	accept	same
B67B	DEGNRTV NERV SYS DIS+MCC	30	$6,412.96	1032	$8,050.79	-1.74	0.0916	accept	same
B67C	DEGNRTV NERV SYS DIS-CC	41	$6,246.56	1750	$5,920.59	0.32	0.7516	accept	same
B68A	MLT SCLROSIS&CEREBEL ATAXIA+CC	7	$23,226.33	532	$11,035.19	3.25	0.0012	reject	higher
B68B	MLT SCLROSIS&CEREBEL ATAXIA-CC	11	$5,987.14	1093	$4,589.38	0.95	0.3426	accept	same
B69A	TIA & PRECEREBRAL OCCLUSN+CSCC	43	$5,846.19	2033	$6,455.90	-0.7	0.4836	accept	same
B69B	TIA & PRECEREBRAL OCCLUSN-CSCC	122	$3,564.95	6655	$3,229.96	1.21	0.2266	accept	same

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher/Lower
B70A	STROKE & OTH CEREB DIS +CCC	111	$19,976.61	6088	$15,812.61	3.38	0.001	reject	higher
B70B	STROKE & OTH CEREB DIS +SCC	136	$10,284.93	5893	$9,076.55	1.8	0.0744	accept	same
B70C	STROKE & OTH CEREB DIS -CSCC	111	$7,933.60	6863	$6,348.15	2.48	0.0148	reject	higher
B70D	STRKE&OTH CEREB DIS DIE/TRN<5D	60	$4,370.97	2429	$2,983.47	2.25	0.0282	reject	higher
B71A	CRANIAL & PERIPHL NERV DSRD+CC	85	$9,467.75	1554	$9,645.84	-0.21	0.8328	accept	same
B71B	CRANIAL & PERIPHL NERV DSRD-CC	85	$4,905.78	2336	$4,625.22	0.48	0.6288	accept	same
B72A	NRVS SYS INF EX VRL MNGTS+CSCC	28	$17,656.81	654	$16,381.07	0.54	0.5875	accept	same
B72B	NRVS SYS INF EX VRL MNGTS-CSCC	59	$9,651.91	1159	$8,351.06	0.92	0.3603	accept	same
B73Z	VIRAL MENINGITIS	25	$6,318.62	1346	$4,113.14	1.67	0.1069	accept	same
B74A	NONTRAUMATIC STUPOR & COMA +CC	20	$7,466.58	553	$6,114.36	0.84	0.399	accept	same
B74B	NONTRAUMATIC STUPOR & COMA -CC	19	$2,849.46	372	$2,296.78	0.91	0.3657	accept	same
B75Z	FEBRILE CONVULSIONS	114	$2,701.97	1194	$2,013.56	2.79	0.0062	reject	higher
B76A	SEIZURE + CSCC	312	$7,624.17	3512	$8,088.76	-0.97	0.3332	accept	same
B76B	SEIZURE - CSCC	1214	$3,223.29	12176	$3,300.25	-0.61	0.5434	accept	same
B77Z	HEADACHE	272	$3,180.78	9306	$2,596.92	2.89	0.0039	reject	higher
B78A	INTRACRANIAL INJURY+CSCC	44	$12,261.97	1562	$11,942.40	0.21	0.8333	accept	same
B78B	INTRACRANIAL INJURY-CSCC	111	$4,773.18	2983	$5,399.73	-1.26	0.2064	accept	same
B79A	SKULL FRACTURES+CSCC	13	$11,571.80	163	$8,278.29	1.48	0.1412	accept	same
B79B	SKULL FRACTURES-CSCC	72	$4,966.22	943	$3,532.87	2.22	0.0293	reject	higher
B80Z	OTHER HEAD INJURY	385	$2,348.09	5293	$2,136.65	1.37	0.1721	accept	same
B81A	OTHER DSRD OF NERVOUS SYS+CSCC	74	$10,514.85	3361	$9,646.22	0.64	0.5265	accept	same
B81B	OTHER DSRD OF NERVOUS SYS-CSCC	212	$5,171.15	5943	$4,675.05	1.36	0.1726	accept	same
B82A	CHR UNSP PARA/QUAD+/-OR PR+CCC	59	$18,496.17	847	$18,261.66	0.13	0.8985	accept	same

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher/Lower
B82B	CHR UNSP PARA/QUAD+/-PR+SCC	81	$12,222.51	938	$11,297.06	0.64	0.5264	accept	same
B82C	CHR UNSP PARA/QUAD+/- PR -CSCC	69	$9,413.33	1254	$8,644.33	0.64	0.5195	accept	same
C01Z	PROC FOR PENETRATNG EYE INJURY	29	$12,814.31	463	$9,440.87	2.35	0.0192	reject	higher
C02Z	ENUCLEATIONS & ORBITAL PROCS	14	$10,889.08	414	$10,100.99	0.35	0.7255	accept	same
C03Z	RETINAL PROCEDURES	128	$7,519.90	3739	$4,909.68	5.55	<0.0001	reject	higher
C04Z	MAJOR CORN, SCLERAL&CONJNCT PR	7	$9,543.43	511	$8,496.20	0.52	0.6027	accept	same
C05Z	DACRYOCYSTORHINOSTOMY	10	$6,277.83	329	$5,656.26	0.69	0.4913	accept	same
C10Z	STRABISMUS PROCEDURES	9	$5,020.71	266	$4,211.08	1.1	0.271	accept	same
C11Z	EYELID PROCEDURES	17	$6,078.25	499	$5,153.13	0.63	0.5359	accept	same
C12Z	OTHER CORN, SCLERAL&CONJNCT PR	9	$7,088.97	297	$7,159.37	-0.03	0.9733	accept	same
C14Z	OTHER EYE PROCEDURES	10	$6,767.34	344	$5,574.30	0.57	0.5691	accept	same
C15A	GLAUCOMA/CX CATARACT PROCS	24	$7,982.89	839	$5,513.99	2.14	0.0432	reject	higher
C16Z	LENS PROCEDURES	62	$5,484.05	1669	$4,051.28	2.93	0.0047	reject	higher
C60A	AC & MJR EYE INFECTN +CC	19	$9,153.76	296	$9,945.68	-0.36	0.7188	accept	same
C60B	AC & MJR EYE INFECTN -CC	39	$4,933.87	630	$6,846.60	-1.83	0.067	accept	same
C61A	NEUROLOGICAL&VASCLR EYE DIS+CC	8	$9,798.63	351	$7,056.69	1.16	0.2455	accept	same
C61B	NEUROLOGICAL&VASCLR EYE DIS-CC	15	$4,646.43	672	$3,908.70	0.78	0.4336	accept	same
C62Z	HYPHEMA &MED MANAGD EYE TRAUMA	142	$3,468.45	1486	$3,165.78	0.75	0.4508	accept	same
C63Z	OTHER DISORDERS OF THE EYE	170	$5,206.06	1532	$4,205.59	2.56	0.0104	reject	higher
D01Z	COCHLEAR IMPLANT	12	$31,215.74	436	$30,977.10	0.06	0.9512	accept	same
D02A	HEAD & NECK PR +CSCC	8	$22,359.79	375	$25,233.06	-0.59	0.5583	accept	same
D02C	HEAD & NECK PR -MALIGNANCY -CC	16	$9,735.28	375	$9,647.12	0.06	0.9545	accept	same

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher/Lower
D03Z	SURGCL RPR CLEFT LIP/PALATE DX	28	$12,948.07	491	$9,679.61	3.45	0.0006	reject	higher
D04A	MAXILLO SURGERY + CC	80	$11,051.39	750	$11,424.04	-0.53	0.5957	accept	same
D04B	MAXILLO SURGERY - CC	287	$8,970.85	2095	$8,602.28	1.54	0.124	accept	same
D05Z	PAROTID GLAND PROCEDURES	17	$10,893.39	676	$11,397.62	-0.29	0.7687	accept	same
D06Z	SINUS &CMPLX MDDL EAR PR	60	$5,989.27	3056	$6,558.27	-1.77	0.0811	accept	same
D10Z	NASAL PROCEDURES	107	$5,291.39	4296	$5,131.78	0.61	0.5442	accept	same
D11Z	TONSILLECTOMY, ADENOIDECTOMY	627	$3,977.73	11503	$3,525.38	6.021	<0.0001	reject	higher
D12Z	OTH EAR,NOSE,MOUTH & THROAT PR	182	$6,304.97	3631	$6,620.89	-0.83	0.4088	accept	same
D13Z	MYRINGOTOMY +TUBE INSERTION	21	$4,954.80	231	$6,921.24	3.17	0.0028	reject	lower
D14Z	MOUTH & SALIVARY GLAND PROCS	101	$7,652.35	1773	$6,603.25	1.89	0.0595	accept	same
D15Z	MASTOID PROCEDURES	65	$9,465.95	836	$10,324.58	-1.32	0.1857	accept	same
D40Z	DENTAL EXTRACT & RESTORATIONS	149	$6,604.74	1368	$5,353.51	2.19	0.03	reject	higher
D60A	EAR NOSE MOUTH&THROAT MAL+CSCC	46	$15,912.57	781	$11,969.61	2.23	0.0263	reject	higher
D60B	EAR NOSE MOUTH&THROAT MAL-CSCC	48	$6,728.72	1269	$4,617.11	2.1	0.0411	reject	higher
D61Z	DYSEQUILIBRIUM	129	$2,846.21	9546	$2,904.43	-0.2	0.8438	accept	same
D62Z	EPISTAXIS	42	$2,875.69	2423	$2,722.12	0.4	0.6878	accept	same
D63Z	OTITIS MEDIA AND URI	1467	$3,440.83	18774	$2,743.88	7.02	<0.0001	reject	higher
D64Z	LARYNGOTRACHEITIS&EPIGLOTTITIS	170	$1,825.70	2768	$2,110.54	-1.95	0.0519	accept	same
D65Z	NASAL TRAUMA & DEFORMITY	58	$3,875.37	942	$3,094.60	1.64	0.1008	accept	same
D66A	OTH EAR,NOSE,MOUTH&THRT DX +CC	93	$6,442.97	1059	$6,888.41	-0.62	0.5373	accept	same
D66B	OTH EAR,NOSE,MOUTH&THRT DX - CC	307	$4,453.52	3963	$2,864.63	8.29	<0.0001	reject	higher
D67A	ORAL&DNTAL DIS-EXTRCT&RESTN	906	$5,503.84	4548	$3,715.11	9.78	<0.0001	reject	higher
E01A	MAJOR CHEST PROCEDURE + CCC	42	$27,991.16	1651	$24,408.05	1.88	0.0606	accept	same

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher/Lower
E01B	MAJOR CHEST PROCEDURE - CCC	54	$16,881.83	2137	$15,376.48	1.36	0.1727	accept	same
E02A	OTHER RESPIRATRY SYS OR PR+CCC	19	$27,266.07	789	$19,810.54	2.61	0.0091	accept	same
E02B	OTH RESPIRATRY SYS OR PR+SMCC	21	$8,585.82	577	$10,540.04	-1.06	0.2883	accept	same
E02C	OTHER RESPIRATY SYS OR PR -CC	247	$4,030.15	4652	$4,342.59	-1.73	0.0838	accept	same
E40A	RESP DX W VENTILATOR SUPPT+CCC	38	$27,122.66	738	$27,829.20	-0.32	0.7478	accept	same
E40B	RESP DX W VENTILATOR SUPPT-CCC	26	$27,256.70	292	$21,611.48	2.37	0.0185	reject	higher
E41Z	RESP SYS DX +NON-INVAS VENTILN	167	$19,055.06	3773	$18,703.84	0.35	0.7231	accept	same
E42A	BRONCHOSCOPY +CCC	21	$22,698.45	951	$20,166.55	0.73	0.4709	accept	same
E42B	BRONCHOSCOPY -CCC	83	$12,419.04	2399	$10,083.28	2.57	0.0101	reject	higher
E60A	CYSTIC FIBROSIS +CSCC	29	$22,323.69	1588	$19,295.70	1.69	0.0916	accept	same
E60B	CYSTIC FIBROSIS -CSCC	46	$18,607.34	1312	$15,725.35	1.73	0.0894	accept	same
E61A	PULMONARY EMBOLISM + CCC	22	$14,930.28	1057	$12,705.95	1.11	0.269	accept	same
E61B	PULMONARY EMBOLISM - CCC	109	$6,161.61	5569	$5,828.55	0.69	0.4893	accept	same
E62A	RESPIRATRY INFECTN/INFLAMM+CCC	499	$13,703.87	15205	$10,386.66	6.21	<0.0001	reject	higher
E62B	RESPIRATRY INFECTN/INFLAM+SMCC	1399	$6,984.32	16462	$6,103.85	5.03	<0.0001	reject	higher
E62C	RESPIRATORY INFECTN/INFLAMM-CC	1509	$4,496.75	17952	$3,773.02	7.03	<0.0001	reject	higher
E63Z	SLEEP APNOEA	120	$2,350.71	5716	$1,487.92	3.04	0.0029	reject	higher
E64A	PULMONRY OEDEMA &RESP FAIL+CCC	28	$16,872.43	724	$9,822.11	2.36	0.0253	reject	higher
E64B	PULMONRY OEDEMA &RESP FAIL-CCC	53	$6,926.27	890	$5,663.25	1.47	0.1413	accept	same
E65A	CHRNIC OBSTRCT AIRWAY DIS +CCC	363	$11,088.39	9042	$9,161.59	3.64	0.0003	reject	higher
E65B	CHRNIC OBSTRCT AIRWAY DIS -CCC	2016	$5,942.81	27632	$5,257.80	5.27	<0.0001	reject	higher
E66A	MAJOR CHEST TRAUMA +CCC	10	$13,374.51	544	$13,708.48	-0.1	0.9198	accept	same
E66B	MJR CHEST TRMA +SMCC	50	$6,193.88	1299	$6,046.96	0.19	0.8462	accept	same

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher/Lower
E66C	MAJOR CHEST TRAUMA -CC	32	$2,704.95	1414	$3,337.51	-1.71	0.0958	accept	same
E67A	RESPIRATRY SIGNS & SYMPTM+CSCC	62	$6,793.81	1376	$5,440.45	1.49	0.142	accept	same
E67B	RESPIRTRY SIGNS & SYMPTM -CSCC	241	$2,512.85	4828	$2,302.33	1.34	0.1804	accept	same
E68A	PNEUMOTHORAX +CC	71	$8,720.47	1365	$7,638.51	1.04	0.2999	accept	same
E68B	PNEUMOTHORAX -CC	82	$4,846.65	1391	$3,872.81	1.67	0.0988	accept	same
E69A	BRONCHITIS & ASTHMA +CC	267	$5,034.52	4518	$4,805.12	0.79	0.4278	accept	same
E69B	BRNCHTS&ASTHMA -CC	1083	$2,805.36	18496	$2,338.50	5.6	<0.0001	reject	higher
E70A	WHOOPNG CGH &ACTE BRNCHIO+CC	284	$9,061.07	1575	$7,447.40	3.49	0.0005	reject	higher
E70B	WHOOPNG CGH &ACTE BRNCHIO-CC	1272	$4,225.26	9249	$3,577.19	6.15	<0.0001	reject	higher
E71A	RESPIRATORY NEOPLASMS +CCC	70	$15,696.30	2364	$11,205.92	2.87	0.0054	accept	same
E71B	RESPIRATORY NEOPLASMS -CCC	127	$7,596.36	4097	$6,300.05	1.98	0.0499	reject	higher
E72Z	RESP PROBS FROM NEONATL PERIOD	25	$4,243.84	207	$4,015.33	0.16	0.874	accept	same
E73A	PLEURAL EFFUSION + CCC	14	$14,405.97	955	$11,414.34	0.84	0.4146	accept	same
E73B	PLEURAL EFFUSN + SMCC	37	$6,407.79	1228	$6,404.27	0	0.9966	accept	same
E73C	PLEURAL EFFUSION - CC	14	$5,170.96	834	$4,381.70	0.47	0.6477	accept	same
E74A	INTERSTITAL LUNG DIS +CCC	7	$7,161.26	534	$10,739.56	-2.37	0.0507	accept	same
E74B	INTERSTITIAL LUNG DIS +SMCC	8	$10,349.22	608	$7,521.67	1.23	0.22	accept	same
E74C	INTERSTITIAL LUNG DIS -CC	10	$6,355.16	533	$5,323.20	0.63	0.5303	accept	same
E75A	OTHER RESP SYS DX +CCC	83	$9,677.21	2204	$9,038.53	0.71	0.4781	accept	same
E75B	OT RESP SYS DX +SMCC	448	$5,649.16	5441	$5,505.68	0.5	0.6182	accept	same
E75C	OTHER RESP SYS DX - CC	652	$4,223.08	7684	$3,097.92	6.13	<0.0001	reject	higher
E76Z	RESPIRATORY TUBERCULOSIS	29	$19,146.51	290	$15,317.32	1.54	0.124	accept	same
F01A	IMPLNTN/REPLCMNT AICD TTL+CCC	10	$37,629.69	352	$33,987.42	0.76	0.4475	accept	same
F01B	IMPLNTN/REPLCMNT AICD TTL-CCC	36	$25,401.87	1277	$23,594.41	0.74	0.4569	accept	same
F04A	CRD VLV PR+PMP-INV INVES+CCC	46	$39,540.58	1717	$38,402.46	0.72	0.4687	accept	same

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher/Lower
F04B	CRD VLV PR+PMP-INV INVES-CCC	40	$32,892.17	877	$32,976.39	-0.05	0.9599	accept	same
F05A	CRNRY BYPSS+INV INVES+REOP/CCC	33	$43,373.75	777	$42,001.88	0.79	0.4298	accept	same
F05B	CRNRY BYPSS+INV INVES-REOP-CCC	23	$40,325.02	499	$36,853.49	1.57	0.1181	accept	same
F06A	CRNRY BYPSS-INV INVS+REOP/CSCC	148	$33,788.28	2620	$31,860.73	2.39	0.0169	reject	higher
F06B	CRNRY BYPSS-INV INVS-REOP-CSCC	37	$28,002.02	691	$26,367.54	1.31	0.1911	accept	same
F07A	OTHER CARDTHOR/VASC PR+PMP+CCC	9	$37,384.38	401	$36,907.06	0.12	0.9042	accept	same
F07C	OTHER CARDTHOR/VASC PR+PMP-CC	18	$26,083.02	189	$28,254.06	-0.88	0.3793	accept	same
F08A	MJR RECONSTRC VASC PR-PUMP+CCC	30	$31,169.38	1494	$30,116.18	0.34	0.7398	accept	same
F08B	MJR RECONSTRC VASC PR-PUMP-CCC	48	$17,287.85	2086	$19,684.24	-1.61	0.1081	accept	same
F09A	OTH CARDIOTHOR PR-PMP+CCC	17	$25,598.59	639	$23,654.33	0.59	0.558	accept	same
F09B	OTH CARDIOTHOR PR-PMP +SMCC	15	$16,306.48	415	$15,774.88	0.21	0.8326	accept	same
F09C	OTH CARDIOTHOR PR-PMP -CC	12	$13,607.70	554	$12,027.79	0.69	0.4929	accept	same
F10A	INTERVENTN CORONARY PR+AMI+CCC	44	$17,155.25	1251	$17,610.80	-0.3	0.7616	accept	same
F10B	INTERVENTN CORONARY PR+AMI-CCC	311	$10,370.82	8062	$10,510.07	-0.42	0.676	accept	same
F11A	AMPUTN CIRC SYS-UP LMB&TOE+CCC	10	$40,486.19	273	$29,999.33	2.38	0.0181	reject	higher
F12A	IMPLANT/REPLACE PM,TOT SYS+CCC	12	$29,761.64	933	$21,030.98	1.79	0.1011	accept	same
F12B	IMPLANT/REPLACE PM,TOT SYS-CCC	51	$13,838.45	4049	$12,335.42	1.52	0.1287	accept	same
F13A	UP LIMB&TOE AMP CIRC DIS +CSCC	11	$23,517.82	293	$21,731.98	0.42	0.674	accept	same
F13B	UP LIMB&TOE AMP CIRC DIS -CSCC	9	$7,291.99	170	$10,812.42	-2.56	0.0232	reject	lower
F14A	VASC PR-MJR RECONSTRC-PUMP+CCC	49	$18,077.77	1725	$18,467.85	-0.22	0.8281	accept	same

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher/Lower
F14B	VASC PR-MJR RECONSTR-PUMP+SMCC	71	$9,189.16	1761	$11,066.81	-2.31	0.0235	reject	lower
F14C	VASC PR-MJR RECONSTR-PUMP-CC	69	$7,284.02	3517	$7,884.67	-0.82	0.4121	accept	same
F15A	INTER CORONARY PR-AMI+STN+CSCC	53	$13,355.35	1701	$12,085.74	0.91	0.3674	accept	same
F15B	INTER CORONRY PR-AMI+STNT-CSCC	157	$9,037.97	5124	$8,406.24	1.47	0.1435	accept	same
F16B	INTERV CORONARY PR-AMI-STNT-CC	8	$6,196.15	266	$6,894.94	-0.52	0.6056	accept	same
F17B	INSERT/REPLACE PM GENERTR-CSCC	8	$10,224.80	358	$8,625.08	0.82	0.4141	accept	same
F19Z	TRNS-VSCLR PERC CRDC INTRV	27	$15,309.54	696	$13,579.82	0.85	0.3983	accept	same
F20Z	VEIN LIGATION & STRIPPING	32	$6,770.84	2135	$5,711.76	1.12	0.2698	accept	same
F21A	OTH CIRC SYS OR PR+CCC	30	$21,529.69	530	$18,638.28	1.16	0.2482	accept	same
F21B	OTH CIRC SYS OR PR -CCC	41	$8,486.76	697	$10,211.66	-1.7	0.0962	accept	same
F40A	CIRC SYS DX+VENTILTR SUPPT+CCC	17	$24,714.68	343	$26,318.97	-0.45	0.6529	accept	same
F40B	CIRC SYS DX+VENTILTR SUPPT-CCC	8	$23,715.16	186	$16,220.22	2.25	0.0257	reject	higher
F41A	CRC DSRD+AMI+INVA INVE PR+CSCC	101	$12,587.66	1635	$12,873.10	-0.4	0.6935	accept	same
F41B	CRC DSRD+AMI+INVA INVE PR-CSCC	198	$8,488.60	3821	$7,341.32	3.41	0.0007	reject	higher
F42A	CRC DSRD-AMI+IC IN PR +CSCC	114	$13,711.43	2928	$12,114.04	1.95	0.0517	accept	same
F42B	CRC DSRD-AMI+IC IN PR -CSCC	355	$6,321.70	11501	$6,209.22	0.49	0.6266	accept	same
F43Z	CIRC SYS DIAG W NIV	22	$17,454.71	707	$18,539.97	-0.4	0.6914	accept	same
F60A	CRC DSRD+AMI-INVA INVE PR+CCC	101	$13,129.35	2991	$10,530.71	2.61	0.0105	reject	higher
F60B	CRC DSRD+AMI-INVA INVE PR-CCC	640	$6,387.83	11163	$4,782.14	8.18	<0.0001	reject	higher
F61A	INFECTIVE ENDOCARDITIS +CCC	16	$28,303.22	323	$24,058.28	1.11	0.2673	accept	same
F61B	INFECTIVE ENDOCARDITIS -CCC	33	$13,251.10	370	$12,669.52	0.28	0.7769	accept	same
F62A	HEART FAILURE & SHOCK + CCC	248	$12,720.64	9185	$10,753.80	2.98	0.0031	reject	higher
F62B	HEART FAILURE & SHOCK - CCC	675	$6,162.38	17466	$5,445.57	3.2	0.0014	reject	higher

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher/Lower
F63A	VENOUS THROMBOSIS + CSCC	24	$9,907.14	1025	$8,636.12	0.84	0.4012	accept	same
F63B	VENOUS THROMBOSIS - CSCC	86	$4,247.02	3943	$4,084.68	0.51	0.6081	accept	same
F64A	SKN ULCERS CIRC DISORD +CSCC	11	$10,779.20	665	$12,508.80	-0.59	0.5557	accept	same
F64B	SKN ULCERS CIRC DISORD -CSCC	26	$7,277.82	826	$7,357.45	-0.05	0.9576	accept	same
F65A	PERIPHERAL VASCULAR DSRD +CSCC	38	$13,204.26	1277	$9,166.16	1.82	0.0774	accept	same
F65B	PERIPHERAL VASCULAR DSRD - CSCC	80	$5,740.61	2908	$4,553.27	1.25	0.2141	accept	same
F66A	CORONARY ATHEROSCLEROSIS +CSCC	61	$7,409.51	1145	$5,904.81	1.42	0.1594	accept	same
F66B	CORONARY ATHEROSCLEROSIS - CSCC	281	$2,740.58	5782	$2,394.59	2.3	0.0219	reject	higher
F67A	HYPERTENSION + CSCC	33	$7,029.48	686	$6,630.76	0.33	0.7432	accept	same
F67B	HYPERTENSION - CSCC	94	$3,237.16	2670	$3,003.45	0.76	0.448	accept	same
F68B	CONGENITAL HEART DISEASE -CC	14	$6,055.50	100	$4,952.82	0.68	0.4969	accept	same
F69A	VALVULAR DISORDERS + CSCC	46	$12,164.64	808	$7,916.26	2.01	0.0503	accept	same
F69B	VALVULAR DISORDERS - CSCC	105	$3,857.97	2984	$2,533.13	2.84	0.0053	reject	higher
F72A	UNSTABLE ANGINA + CSCC	79	$7,215.87	1748	$5,588.72	2.51	0.0139	reject	higher
F72B	UNSTABLE ANGINA - CSCC	435	$3,163.29	8442	$2,816.02	2.53	0.0116	reject	higher
F73A	SYNCOPE & COLLAPSE + CSCC	75	$6,199.83	5225	$6,106.78	0.13	0.8981	accept	same
F73B	SYNCOPE & COLLAPSE - CSCC	251	$2,881.49	13530	$2,547.36	1.83	0.0668	accept	same
F74Z	CHEST PAIN	1936	$2,343.52	41129	$1,882.36	7.15	<0.0001	reject	higher
F75A	OTHER CIRCULATRY SYSTEM DX+CCC	91	$16,435.93	2092	$12,725.08	2.56	0.0121	reject	higher
F75B	OTH CIRCULATRY SYSTEM DX+SMCC	321	$7,600.94	4369	$6,406.50	2.88	0.0042	reject	higher
F75C	OTHER CIRCULATY SYSTEM DX-CC	234	$5,063.95	4237	$3,589.06	3.58	0.0004	reject	higher
F76A	ARRHY, CARD & COND DISDR +CSCC	189	$8,104.46	6832	$7,146.35	1.58	0.1154	accept	same
F76B	ARRHY, CARD & COND DISDR -CSCC	365	$3,791.46	19715	$2,968.10	4.09	<0.0001	reject	higher

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher/Lower
G01A	RECTAL RESECTION +CCC	34	$28,090.84	1899	$29,837.42	-0.84	0.4104	accept	same
G01B	RECTAL RESECTION -CCC	29	$20,963.61	2002	$20,315.47	0.44	0.6621	accept	same
G02A	MJR SMALL & LARGE BOWEL PR+CCC	74	$27,662.69	4917	$26,540.65	0.76	0.4486	accept	same
G02B	MJR SMALL & LARGE BOWEL PR-CCC	90	$14,585.50	5050	$15,606.72	-1.17	0.2401	accept	same
G03A	STOMCH,OESPH&DUODNL PR+MAL/CCC	25	$28,589.12	1149	$28,214.01	0.13	0.8941	accept	same
G03B	STMCH,OESPHGL&DDNL PR-MAL+SMCC	15	$15,297.11	501	$15,099.22	0.14	0.891	accept	same
G03C	STMCH,OESPHGL&DDNL PR-MAL-CC	29	$10,091.84	1153	$10,426.68	-0.48	0.6334	accept	same
G04A	PERITONEAL ADHESOLYSIS +CCC	22	$24,774.92	1067	$23,948.04	0.3	0.7647	accept	same
G04B	PRTNL ADHLY +SMCC	27	$15,020.03	1258	$14,194.34	0.52	0.6051	accept	same
G04C	PERITONEAL ADHESOLYSIS -CC	94	$8,594.56	3701	$8,818.51	-0.42	0.6759	accept	same
G05C	MNR SMALL & LARGE BOWEL PR -CC	24	$9,876.10	661	$9,177.24	0.59	0.5628	accept	same
G06Z	PYLOROMYOTOMY PROCEDURE	9	$7,475.26	196	$7,865.32	-0.26	0.7982	accept	same
G07A	APPENDCTMY +MALIG/PERITON/CSCC	173	$9,525.97	5713	$8,884.20	1.47	0.1405	accept	same
G07B	APPENDCTMY -MALIG-PERITON-CSCC	499	$5,701.54	16458	$5,537.88	1.59	0.1113	accept	same
G10A	HERNIA PROCEDURES +CC	60	$13,936.44	2495	$10,748.27	2.36	0.0215	reject	higher
G10B	HERNIA PROCEDURES -CC	318	$5,624.43	16000	$5,303.81	1.8	0.073	accept	same
G11Z	ANAL & STOMAL PROCEDURES	181	$4,865.17	8848	$4,599.00	0.95	0.3416	accept	same
G12A	OTH DIGEST SYS OR PR+CCC	18	$22,889.84	870	$20,746.61	0.69	0.488	accept	same
G12B	OTH DIGEST SYS OR PR+SMCC	10	$12,136.58	758	$11,423.61	0.29	0.77	accept	same
G12C	OTH DIGEST SYS OR PR-CC	29	$8,396.72	1189	$7,927.77	0.42	0.6714	accept	same
G46A	COMPLEX GASTROSCOPY+CCC	33	$19,454.00	1457	$16,891.86	1.25	0.2127	accept	same
G46B	COMPLEX GASTROSCOPY-CCC	129	$6,789.76	5855	$6,802.15	-0.03	0.9796	accept	same
G47A	OTH GASTROSCOPY +CCC	47	$16,396.37	1925	$13,116.22	1.63	0.1099	accept	same

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher/Lower
G47B	OTH GASTROSCOPY -CCC	304	$4,919.54	10325	$4,859.14	0.21	0.8302	accept	same
G48A	COLONSCOPY +CSCC	20	$7,326.20	2011	$11,387.76	5.52	<0.0001	reject	lower
G48B	COLONSCOPY - CSCC	120	$4,749.90	6013	$5,034.88	-0.93	0.353	accept	same
G60A	DIGESTIVE MALIGNANCY + CCC	31	$14,679.29	1473	$10,782.13	1.57	0.1276	accept	same
G60B	DIGESTIVE MALIGNANCY - CCC	81	$6,509.23	2979	$4,815.26	1.94	0.0558	accept	same
G61A	GI HAEMORRHAGE +CSCC	95	$7,241.28	2335	$6,097.77	1.51	0.1352	accept	same
G61B	GI HAEMORRHAGE - CSCC	199	$3,136.01	5451	$2,678.07	1.7	0.0916	accept	same
G62Z	COMPLICATED PEPTIC ULCER	10	$12,317.63	238	$7,168.84	1.21	0.2565	accept	same
G63Z	UNCOMPLICATED PEPTIC ULCER	11	$4,152.93	208	$2,678.38	1.06	0.2902	accept	same
G64A	INFLAMMATORY BOWEL DISEASE +CC	13	$6,830.88	847	$7,144.25	-0.18	0.86	accept	same
G64B	INFLAMMATORY BOWEL DISEASE-CC	20	$2,779.18	1382	$4,278.58	-3.35	0.003	reject	lower
G65A	GI OBSTRUCTION + CSCC	60	$7,839.83	3072	$7,550.56	0.3	0.7605	accept	same
G65B	GI OBSTRUCTION - CSCC	149	$4,267.46	6901	$3,508.35	2.06	0.041	reject	higher
G66Z	ABDMNL PAIN/MESENTRC ADENTS	1131	$2,538.37	23774	$2,290.16	2.92	0.0036	reject	higher
G67A	OESPHS, GASTR +CSCC	429	$7,195.57	8558	$6,535.89	1.97	0.0488	reject	higher
G67B	OESPHS, GASTR -CSCC	1065	$2,939.25	21602	$2,397.39	6.3	<0.0001	reject	higher
G70A	OTHER DIGESTIVE SYS DIAG +CSCC	406	$7,555.22	10234	$6,808.33	1.8	0.0724	accept	same
G70B	OTHER DIGESTIVE SYS DIAG -CSCC	1417	$4,020.68	29911	$2,907.34	10.66	<0.0001	reject	higher
H01A	PANCREAS, LIVER & SHUNT PR+CCC	20	$26,197.88	881	$28,739.18	-0.75	0.4523	accept	same
H01B	PANCREAS, LIVER &SHUNT PR-CCC	19	$20,314.85	936	$17,908.84	0.84	0.4005	accept	same
H02A	MJR BILIARY TRACT PR +CCC	15	$25,706.89	509	$26,545.85	-0.24	0.8096	accept	same
H02B	MJR BILIARY TRACT PR +SCC	10	$13,778.24	252	$18,605.78	-2.44	0.0317	reject	lower
H02C	MJR BILIARY TRACT PR -CSCC	15	$11,690.19	460	$13,058.53	-0.6	0.5461	accept	same
H05B	HEPATOBILIARY DIAGNTIC PR -CCC	6	$23,970.52	340	$9,420.61	2.27	0.0723	accept	same
H06A	OTH HEPTOBILRY & PANCRS PR+CCC	10	$24,683.50	375	$18,802.67	1.32	1876	accept	same

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher/Lower
H06B	OTH HEPTOBILRY &PANCRS PR-CCC	10	$13,707.33	773	$7,596.23	1.56	0.1526	accept	same
H07A	OPEN CHOLECYSTECTOMY+CDE/+CCC	10	$27,961.10	411	$23,034.15	1.38	0.1685	accept	same
H07B	OPEN CHOLECYSTECTOMY-CDE-CCC	36	$13,727.15	856	$12,600.33	1.11	0.2667	accept	same
H08A	LAP CHOLECYSTECTMY+CDE/+CSCC	120	$12,792.55	4077	$12,356.97	0.64	0.5239	accept	same
H08B	LAP CHOLECYSTECTMY-CDE-CSCC	676	$6,934.71	17249	$6,884.48	0.42	0.6726	accept	same
H40A	ENDO PR BLEED OES VARICES +CCC	10	$20,753.40	264	$16,420.35	1.11	0.2677	accept	same
H40B	ENDO PR BLEED OES VARICES -CCC	17	$8,568.70	309	$8,600.43	-0.02	0.9849	accept	same
H43A	ERCP PROCEDURE +CSCC	37	$13,533.34	1891	$14,481.53	-0.56	0.5761	accept	same
H43B	ERCP PROCEDURE -CSCC	88	$6,391.76	3324	$6,262.07	0.25	0.8017	accept	same
H60A	CIRRHOSIS & ALC HEPATITIS +CCC	173	$12,218.58	1805	$12,960.36	-0.86	0.3889	accept	same
H60B	CIRRHOSIS & ALC HEPATITIS+SMCC	176	$6,156.72	1491	$6,284.65	-0.27	0.7909	accept	same
H60C	CIRRHOSIS & ALC HEPATITIS -CC	26	$3,223.38	150	$3,817.37	-0.7	0.4827	accept	same
H61A	MALG HEPATOBILIARY SYS PAN+CCC	28	$17,270.04	1186	$11,234.31	2.64	0.0135	reject	higher
H61B	MALG HEPATOBILIAY SYS PANC-CCC	47	$8,064.11	2210	$6,065.76	1.83	0.0733	accept	same
H62A	DISORDERS PANCREAS-MALIG+CSCC	238	$7,830.51	2250	$10,077.13	-4.11	<0.0001	reject	lower
H62B	DISORDERS PANCREAS-MALIG-CSCC	854	$3,842.50	7514	$3,899.93	-0.54	0.5894	accept	same
H63A	DSRD LVR-MAL,CIRR,ALC HEP+CSCC	143	$11,046.00	2184	$10,079.86	0.95	0.3453	accept	same
H63B	DSRD LVR-MAL,CIRR,ALC HEP-CSCC	133	$6,027.95	2205	$4,667.47	2.51	0.0131	reject	higher
H64A	DISORDERS OF BILIARY TRACT +CC	206	$9,187.18	3445	$7,440.13	2.72	0.007	reject	higher
H64B	DISORDERS OF BILIARY TRACT -CC	430	$5,070.36	7018	$3,091.49	8.56	<0.0001	reject	higher
I01B	BL/MLT MJ JT PR LWR EXT-RV-CCC	8	$33,355.16	417	$26,211.21	2.09	0.0368	reject	higher
I02A	MCRVAS TT/SKIN GRAFT+CSCC-HAND	15	$36,035.78	479	$32,130.96	1	0.3161	accept	same
I02B	SKIN GRAFT -CSCC -HAND	8	$22,022.30	464	$16,313.72	1.31	0.19	accept	same
I03A	HIP REPLACEMENT + CCC	19	$26,525.20	2976	$23,943.67	1.07	0.2829	accept	same

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher/Lower
I03B	HIP REPLACEMENT - CCC	104	$20,201.23	9005	$19,073.75	1.92	0.0577	accept	same
I04A	KNEE REPLACEMT +CSCC	17	$22,149.50	2655	$22,785.60	-0.32	0.7505	accept	same
I04B	KNEE REPLACEMT -CSCC	92	$18,076.77	8453	$18,512.33	-0.68	0.4988	accept	same
I05B	OTH JNT REPLACEMENT -CSCC	9	$19,279.46	1016	$16,714.57	1.1	0.2704	accept	same
I06Z	SPINAL FUSION + DEFORMITY	6	$33,432.28	293	$34,915.95	-0.21	0.8299	accept	same
I07Z	AMPUTATION	14	$24,987.40	227	$24,747.99	0.07	0.9476	accept	same
I08A	OTHER HIP & FEMUR PROC +CCC	47	$24,666.28	4388	$21,577.08	1.92	0.0552	accept	same
I08B	OTHER HIP & FEMUR PR -CCC	183	$14,017.34	8013	$14,468.60	-0.76	0.4473	accept	same
I09A	SPINAL FUSION +CCC	7	$35,719.18	436	$35,313.90	0.08	0.9339	accept	same
I09B	SPINAL FUSION -CCC	49	$30,321.15	2065	$25,582.12	2.88	0.0041	reject	higher
I10A	OTHER BACK & NECK PROCS + CSCC	15	$27,710.95	732	$18,631.49	2.27	0.0391	reject	higher
I10B	OTHER BACK & NECK PROCS - CSCC	44	$10,628.20	3019	$10,703.78	-0.08	0.9332	accept	same
I12A	INFC/INFM BONE/JNT+MISC PR+CCC	45	$25,815.31	1100	$24,940.46	0.41	0.6827	accept	same
I12B	INFC/INFM BNE/JNT+MISC PR+SMCC	88	$16,535.55	1055	$16,726.60	-0.15	0.8824	accept	same
I12C	INFC/INFM BNE/JNT+MISC PR-CC	111	$12,138.18	1992	$11,038.20	1.03	0.3056	accept	same
I13A	HUMER,TIBIA,FIBUL,ANKL PR+CC	107	$16,531.72	2682	$18,041.93	-1.42	0.1571	accept	same
I13B	HUMER,TIBIA,FIBUL,ANKL PR-CC	414	$8,661.61	12645	$9,242.58	-2.38	0.0178	reject	lower
I15Z	CRANIO-FACIAL SURGERY	23	$17,248.06	428	$18,662.77	-0.6	0.5491	accept	same
I16Z	OTHER SHOULDER PROCEDURES	149	$7,370.08	4955	$7,278.22	0.27	0.788	accept	same
I17A	MAXILLO-FACIAL SURGERY +CC	18	$15,088.02	278	$11,395.81	1.74	0.0831	accept	same
I17B	MAXILLO-FACIAL SURGERY -CC	19	$8,845.87	485	$7,797.19	0.82	0.411	accept	same
I18Z	OTHER KNEE PROCEDURES	88	$6,756.78	2985	$6,589.04	0.42	0.6734	accept	same
I19A	NEONATAL DX NOT CONSNT AGE/WGT	40	$11,783.54	1137	$12,494.91	-0.57	0.5656	accept	same
I19B	NEONATAL DX NOT CONSNT AGE/WGT	267	$7,758.69	8842	$7,458.26	1.14	0.2573	accept	same
I20Z	NEONATAL DX NOT CONSNT	126	$7,565.47	4965	$7,349.57	0.47	0.6401	accept	same

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher/Lower
	AGE/WGT								
I21Z	NEONATAL DX NOT CONSNT AGE/WGT	25	$7,186.63	429	$6,934.53	0.24	0.8087	accept	same
I23Z	NEONATAL DX NOT CONSNT AGE/WGT	80	$5,038.18	1945	$6,311.01	-3.94	0.0001	reject	lower
I24Z	NEONATAL DX NOT CONSNT AGE/WGT	14	$9,266.38	582	$6,940.70	1.55	0.1207	accept	same
I27A	SOFT TISSUE PROCEDURES +CC	78	$13,267.67	1199	$13,805.39	-0.41	0.6829	accept	same
I27B	SOFT TISSUE PROCEDURES -CC	173	$6,980.98	3614	$6,191.08	1.92	0.057	accept	same
I28A	OTH MUSCULOSKELETAL PR+CC	41	$13,078.07	745	$14,435.70	-0.82	0.4149	accept	same
I28B	OTH MUSCULOSKELETAL PR-CC	112	$7,400.92	2500	$6,937.16	1.05	0.2941	accept	same
I29Z	KNEE RECONSTRUCTION/REVISION	129	$8,450.81	2765	$8,089.48	1.07	0.2842	accept	same
I30Z	HAND PROCEDURES	550	$6,107.85	10069	$5,625.56	2.81	0.0049	reject	higher
I31B	HIP REVISION -CCC	14	$25,514.64	928	$24,646.50	0.22	0.8292	accept	same
I32C	KNEE REVISION -CSCC	8	$19,054.49	485	$22,770.95	-0.99	0.3223	accept	same
I60Z	FEMORAL SHAFT FRACTURES	29	$20,314.60	499	$11,889.27	2.93	0.0065	reject	higher
I61A	DISTAL FEMORAL FRACTURES +CC	11	$17,071.89	187	$10,766.77	1.43	0.1824	accept	same
I61B	DISTAL FEMORAL FRACTURES -CC	20	$6,686.03	271	$5,162.71	0.77	0.4512	accept	same
I63A	SPR,STR&DSLC HIP,PELV&THIGH+CC	14	$6,861.56	314	$6,868.87	0	0.09967	accept	same
I63B	SPR,STR&DSLC HIP,PELV&THIGH-CC	30	$3,487.77	1139	$2,705.00	1.45	0.147	accept	same
I64A	OSTEOMYELITIS +CSCC	79	$17,017.61	896	$15,046.27	1.19	0.2375	accept	same
I64B	OSTEOMYELITIS -CSCC	132	$11,858.55	1025	$10,192.57	1.62	0.1077	accept	same
I65A	MUSCSKEL MALIG NEO+CCC	22	$14,298.29	1271	$14,536.45	-0.1	0.9192	accept	same
I65B	MUSCSKEL MALIG NEO -CCC	87	$8,636.05	3222	$8,300.38	0.47	0.6382	accept	same
I66A	INFLM MUSCL DSR +CSCC	60	$15,362.39	888	$13,942.42	0.94	0.3451	accept	same
I66B	INFLM MUSCULSKTL DSR -CSCC	178	$5,686.31	2085	$5,515.70	0.35	0.724	accept	same
I67A	SEPTIC ARTHRITIS + CSCC	30	$23,505.05	235	$17,304.84	2.23	0.0266	reject	higher

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher/Lower
I67B	SEPTIC ARTHRITIS - CSCC	113	$9,623.49	615	$7,274.50	2.48	0.0141	reject	higher
I68A	NON-SURG SPINAL DISORDERS +CC	181	$8,067.34	7502	$9,023.33	-1.52	0.1297	accept	same
I68B	NON-SURG SPINAL DISORDERS -CC	377	$4,013.26	14424	$3,618.25	1.53	0.1265	accept	same
I69A	BONE DISEASES AND ARTHRO +CSCC	65	$7,793.08	1707	$9,011.89	-1.17	0.2407	accept	same
I69B	BONE DISEASES AND ARTHROP-CSCC	308	$6,144.45	5091	$4,391.85	4.19	<0.0001	reject	higher
I71A	OTH MUSCTENDIN DISRD +CSCC	39	$6,964.97	924	$7,848.47	-0.69	0.4933	accept	same
I71B	OTH MUSCTENDIN DISRD -CSCC	213	$3,238.53	4820	$3,206.67	0.14	0.8909	accept	same
I72A	SPEC MUSCTEND DISRD +CSCC	41	$14,141.62	676	$9,963.96	1.98	0.0546	accept	same
I72B	SPEC MUSCTEND DISRD -CSCC	181	$5,979.88	2764	$3,812.44	4.5	<0.0001	reject	higher
I73A	AFTCARE MUSCSK IMPL +CSCC	32	$14,654.09	677	$11,839.62	1.4	0.1625	accept	same
I73B	AFTCARE MUSCSK IMPL -CSCC	108	$6,313.89	2192	$5,698.78	0.95	0.3443	accept	same
I74Z	INJ FOREARM, WRIST, HAND, FOOT	922	$4,780.43	11695	$3,020.47	10.42	<0.0001	reject	higher
I75A	INJ SH,ARM,ELB,KN,LEG,ANKL +CC	182	$10,141.06	3914	$8,693.28	1.86	0.0645	accept	same
I75B	INJ SH,ARM,ELB,KN,LEG,ANKL -CC	483	$5,362.94	9617	$3,243.96	8.14	<0.0001	reject	higher
I76A	OTH MUSCULOSKELETL DSRD +CSCC	80	$11,776.09	1106	$8,827.61	2.2	0.0307	reject	higher
I76B	OTH MUSCULOSKELETAL DSRD - CSCC	186	$5,405.99	2357	$3,756.22	4.6	<0.0001	reject	higher
I77A	FRACTURE OF PELVIS+CSCC	19	$10,694.84	2001	$11,331.00	-0.28	0.7759	accept	same
I77B	FRACTURE OF PELVIS -CSCC	26	$6,809.10	2055	$5,857.53	0.77	0.4408	accept	same
I78A	FRACTURE NECK FEMUR+CSCC	23	$17,297.83	889	$10,004.36	2.28	0.0326	reject	higher
I78B	FRACTURE OF NECK FEMUR-CSCC	30	$10,840.76	1570	$4,037.29	2.9	0.007	reject	higher
I79B	PATHOLOGICAL FRACTURE -CCC	12	$7,425.84	1452	$7,960.81	-0.28	0.7803	accept	same
J06A	MAJOR PR MALIG BREAST CONDTNS	10	$9,216.25	1630	$8,910.02	0.21	0.8309	accept	same
J06B	MAJOR PR NON-MALIG BREAST CNDS	7	$9,595.33	401	$7,842.40	1.18	0.2377	accept	same

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher/Lower
J06Z	MAJOR PR NON-MALIG BREAST CNDS	134	$9,692.01	5447	$8,711.88	2.01	0.0462	reject	higher
J07Z	MINOR PR NON-MALIG BREAST CNDS	20	$4,711.13	749	$5,458.09	-2.11	0.0464	reject	lower
J08A	OTH SKN GRF&/DBRDMNT PR +CC	116	$11,436.79	2028	$13,614.52	-2.54	0.0122	reject	lower
J08B	OTH SKN GRF&/DBRDMNT PR -CC	93	$6,834.10	3473	$6,804.22	0.06	0.9561	accept	same
J09Z	PERIANAL & PILONIDAL PR	47	$4,245.06	1355	$4,882.56	-1.77	0.0817	accept	same
J10Z	SKN,SUBC TIS & BRST PLASTIC PR	16	$8,347.02	1405	$6,636.74	0.8	0.4352	accept	same
J11Z	OTHER SKIN, SUBC TIS & BRST PR	166	$5,933.83	3901	$5,584.42	0.77	0.4409	accept	same
J12A	L LMB PR +ULCR/CELS+CCC	14	$21,037.69	404	$22,338.54	-0.33	0.7387	accept	same
J12B	L LMB PR+ULCR/CELS-CCC+GRAFT	9	$17,641.68	268	$16,768.48	0.13	0.8959	accept	same
J12C	L LMB PR+ULCR/CELS-CCC-GRAFT	31	$9,214.79	541	$10,814.31	1.28	0.2074	accept	same
J13B	L LMB PR-ULC/CEL-CCC-(GFT+SCC)	8	$4,790.88	1364	$7,699.20	-3.58	0.0082	reject	lower
J60A	SKIN ULCERS +CCC	23	$16,145.07	740	$13,819.84	0.98	0.3265	accept	same
J60B	SKIN ULCERS -CCC	147	$6,484.84	2138	$6,723.38	-0.41	$0.68	accept	same
J62A	MALIGNANT BREAST DISORDERS +CC	35	$11,683.32	584	$8,533.08	2.1	0.0366	reject	higher
J62B	MALIGNANT BREAST DISORDERS -CC	17	$8,380.07	93	$4,615.77	3.93	0.0001	reject	higher
J63A	NON-MALIGNANT BREAST DISORD+CC	43	$6,954.38	265	$5,209.41	1.24	0.2202	accept	same
J63B	NON-MALIGNANT BREAST DISORD-CC	111	$4,333.61	813	$3,110.34	4.02	<0.0001	reject	higher
J64A	CELLULITIS +CSCC	496	$10,298.26	6415	$9,177.71	2.53	0.0116	reject	higher
J64B	CELLULITIS -CSCC	3243	$4,999.82	28286	$3,797.88	14.7	<0.0001	reject	higher
J65A	TRAUMA TO SKN,SUB TIS&BST+CSCC	75	$8,493.38	1988	$6,913.60	1.44	0.155	accept	same
J65B	TRAUMA TO SKN,SUB TIS&BST-CSCC	382	$2,321.79	6027	$2,392.53	-0.59	0.5568	accept	same
J67A	MINOR SKIN DISORDERS	259	$4,397.63	4115	$3,853.45	1.9	0.0578	accept	same
J68A	MAJOR SKIN DISORDERS +CSCC	70	$10,095.08	805	$10,098.22	0	0.9978	accept	same
J68B	MAJOR SKIN DISORDERS -CSCC	303	$5,833.81	2759	$4,648.50	3.32	0.001	reject	higher

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher/Lower
J69B	SKIN MALIGNANCY -CCC	12	$11,145.79	409	$7,028.28	1.8	0.0727	accept	same
K01A	OR PR DIABETIC COMPLICATNS+CCC	74	$26,445.02	1354	$24,841.25	0.94	0.345	accept	same
K01B	OR PR DIABETIC COMPLICATNS-CCC	112	$16,235.26	972	$14,758.28	1.36	0.1751	accept	same
K04A	MAJOR PROCS FOR OBESITY +CC	12	$15,140.65	168	$16,500.32	-0.49	0.6213	accept	same
K04B	MAJOR PROCS FOR OBESITY -CC	15	$7,670.31	610	$9,659.85	-1.62	0.1067	accept	same
K05A	PARATHYROID PROCEDURES +CSCC	10	$16,951.42	183	$13,583.32	2.35	0.0343	reject	higher
K05B	PARATHYROID PROCEDURES -CSCC	10	$7,494.56	954	$6,583.17	1.91	0.0844	accept	same
K06A	THYROID PROCEDURES +CSCC	9	$22,341.83	555	$14,455.79	1.51	0.1692	accept	same
K06B	THYROID PROCEDURES -CSCC	64	$8,741.75	3705	$8,157.75	1.14	0.2551	accept	same
K08Z	THYROGLOSSAL PROCEDURES	15	$6,520.63	158	$6,386.56	0.16	0.8713	accept	same
K09A	OTH ENDCRN, NUTR& META PR +CCC	9	$17,186.08	251	$22,614.53	-1.24	0.2149	accept	same
K09B	OTH ENDCRN, NUTR& META PR+SMCC	10	$9,905.54	174	$11,782.87	-0.72	0.471	accept	same
K40A	ENDO/INVEST PR METAB DIS +CCC	8	$24,804.01	189	$22,017.99	0.6	0.5501	accept	same
K40B	ENDO/INVEST PR METAB DIS -CCC	17	$9,099.18	503	$8,884.74	0.11	0.9119	accept	same
K60A	DIABETES + CSCC	321	$13,022.55	4146	$9,971.47	4.21	<0.0001	reject	higher
K60B	DIABETES - CSCC	913	$6,108.91	10093	$5,080.70	4.52	<0.0001	reject	higher
K61Z	SEVERE NUTRITIONAL DISTURBANCE	47	$17,270.16	522	$14,432.18	1.52	0.1289	accept	same
K62A	MISC METABOLIC DISORDERS +CSCC	185	$9,881.16	5057	$7,754.85	3.14	0.002	reject	higher
K62B	MISC METABOLIC DISORDERS -CSCC	360	$5,468.45	6071	$3,903.31	4.7	<0.0001	reject	higher
K63A	INBORN ERRORS OF METABOLISM+CC	14	$7,409.25	228	$9,434.69	-0.85	0.3966	accept	same
K63B	INBORN ERRORS OF METABOLISM-CC	11	$5,598.04	245	$5,512.37	0.03	0.9758	accept	same
K64A	ENDOCRINE DISORDERS + CSCC	38	$17,721.07	1048	$10,021.71	3.07	0.0039	reject	higher
K64B	ENDOCRINE DISORDERS - CSCC	85	$7,038.89	3028	$5,268.65	2.16	0.034	reject	higher
L02A	OP INS PERI CATH DIALYSIS+CSCC	33	$13,835.29	256	$15,572.54	-1.03	0.3057	accept	same

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher /Lower
L02B	OP INS PERI CATH DIALYSIS-CSCC	44	$5,782.62	440	$5,761.07	0.06	0.9522	accept	same
L03A	KDNY,URT&MJR BLDR PR NPSM +CCC	10	$36,975.81	629	$28,268.05	2.15	0.032	reject	higher
L03C	KDNY,URT&MJR BLDR PR NPSM-CSCC	13	$12,938.40	1051	$14,663.57	-0.83	0.4091	accept	same
L04A	KDY,URT&MJR BLDR PR N-NPM+CCC	22	$22,673.16	848	$20,509.97	0.82	0.4136	accept	same
L04B	KDY,URT&MJR BLDR PR N-NPM+SCC	21	$17,676.36	660	$13,229.18	1.45	0.1615	accept	same
L04C	KDY,URT&MJR BLDR PR N-NPM-CSCC	90	$11,572.34	4450	$8,470.04	3.95	0.0002	reject	higher
L05B	TRANURETH PROSTATECTOMY - CSCC	10	$6,110.52	924	$6,147.15	-0.07	0.9489	accept	same
L06A	MINOR BLADDER PROCEDURES+CSCC	12	$12,387.33	449	$14,037.57	-0.52	0.6054	accept	same
L06B	MINOR BLADDER PROCEDURES - CSCC	15	$5,837.44	920	$5,861.45	-0.02	0.9825	accept	same
L07A	TRANSURETHRAL PROCS +CC	26	$9,409.09	1422	$9,093.54	0.21	0.8303	accept	same
L07B	TRANSURETHRAL PROCS -CC	53	$5,984.98	4144	$4,649.96	2.66	0.0105	reject	higher
L08B	URETHRAL PROCEDURES - CC	20	$9,699.31	567	$5,146.87	3.93	0.0008	reject	higher
L09A	OTH KIDNY & URNRY TRACT PR+CCC	39	$20,291.56	442	$21,258.95	-0.44	0.6607	accept	same
L09B	OTH KIDNY & URNRY TRACT PR+SCC	25	$12,127.00	317	$10,438.74	0.69	0.4991	accept	same
L09C	OTH KIDNY & URNRY TRCT PR-CSCC	89	$7,417.18	1028	$6,904.43	0.92	0.3581	accept	same
L60A	RENAL FAILURE +CCC	140	$16,303.44	3065	$14,043.00	2.32	0.0205	reject	higher
L60B	RENAL FAILURE +SCC	194	$8,808.18	2743	$7,820.52	1.48	0.1401	accept	same
L60C	RENAL FAILURE -CSCC	271	$4,548.27	3460	$4,739.30	-0.75	0.4518	accept	same
L61Z	HAEMODIALYSIS	56	$3,756.07	1499	$900.96	4.23	<0.0001	reject	higher
L62A	KDNY&UNRY TRCT NEOPLASMS +CSCC	10	$16,659.03	577	$10,310.30	2.08	0.0378	reject	higher
L62B	KDNY&UNRY TRCT NEOPLASMS - CSCC	13	$4,984.55	580	$5,407.28	-0.2	0.8467	accept	same
L63A	KDNY & UNRY TRCT INF +CSCC	375	$8,290.53	10798	$8,249.15	0.12	0.9079	accept	same

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher/Lower
L63B	KDNY & UNRY TRCT INF -CSCC	1133	$4,277.20	22248	$3,545.30	5.32	<0.0001	reject	higher
L64Z	URINARY STONES & OBSTRUCTION	220	$4,389.90	12068	$2,939.43	3.92	0.0001	reject	higher
L65A	KDNY & UNRY TR SGNS&SYMPS+CSCC	231	$7,042.64	1926	$7,083.31	-0.09	0.9299	accept	same
L65B	KDNY & UNRY TR SGNS&SYMPS-CSCC	423	$3,369.22	5135	$2,934.27	2.39	0.0172	reject	higher
L66Z	URETHRAL STRICTURE	15	$5,629.80	408	$3,600.21	1.87	0.0814	accept	same
L67A	OTH KIDNY & URNRY TRCT DX+CSCC	191	$12,382.72	2991	$8,406.90	5.22	<0.0001	reject	higher
L67B	OTH KIDNY & URNRY TRCT DX-CSCC	302	$5,741.54	5282	$3,868.70	6.13	<0.0001	reject	higher
M01A	MAJOR MALE PELVIC PROCS +CSCC	6	$24,066.02	414	$19,536.28	1.19	0.2349	accept	same
M01B	MAJOR MALE PELVIC PROCS -CSCC	16	$16,841.78	1667	$15,520.21	0.94	0.3465	accept	same
M02A	TRANSURETHRAL PROSTECTOMY+CSCC	10	$12,821.57	794	$11,519.15	0.52	0.6055	accept	same
M02B	TRANSURETHRAL PROSTECTOMY-CSCC	44	$7,705.64	4844	$6,508.68	2.04	0.0475	reject	higher
M03Z	PENIS PROCEDURES	30	$9,167.77	603	$7,036.97	1.43	0.162	accept	same
M04Z	TESTES PROCEDURES	77	$5,094.09	2394	$4,522.65	1.44	0.1505	accept	same
M05Z	CIRCUMCISION	15	$4,339.90	313	$4,427.41	-0.16	0.8749	accept	same
M60A	MALIGNANCY, MALE REPR SYS+CSCC	15	$7,532.97	640	$9,825.65	-2.76	0.0116	reject	lower
M60B	MALIGNANCY, MALE REPR SYS-CSCC	15	$5,242.14	566	$5,085.23	0.11	0.9116	accept	same
M61Z	BENIGN PROSTATIC HYPERTROPHY	19	$11,119.63	462	$4,971.81	2.19	0.042	reject	higher
M62Z	INFLAMMATION MALE REPRD SYSTEM	187	$4,081.53	2831	$3,454.54	2.53	0.0121	reject	higher
M64Z	OTHER MALE REPRODUCTIVE SYS DX	69	$3,873.59	833	$2,872.78	2.34	0.0193	reject	higher
N04A	HYSTERECTOMY FOR NON-MALG+CSCC	41	$17,445.88	1397	$13,113.03	2.98	0.0048	reject	higher
N04B	HYSTERECTOMY FOR NON-MALG-	212	$10,253.58	7350	$9,070.60	2.86	0.0046	reject	higher

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher/Lower
	CSCC								
N05A	OOPH&COM FAL TUBE PR NMAL+CSCC	7	$16,964.72	343	$13,547.48	1.15	0.2502	accept	same
N05B	OOPH&COM FAL TUBE PR NMAL-CSCC	74	$8,819.57	2119	$7,803.12	2.42	0.0154	reject	higher
N06A	FEM REP SYS RECONSTRCT PR+CSCC	17	$8,448.81	788	$9,693.56	-0.97	0.3307	accept	same
N06B	FEM REP SYS RECONSTRCT PR-CSCC	81	$6,071.71	4307	$6,535.84	-1.36	0.1734	accept	same
N07Z	OTH UTERN & ADNEXA PR FOR NMAL	144	$6,594.04	4593	$6,759.51	-0.51	0.6067	accept	same
N08Z	ENDOS & LAPAR PR, FEM REPR SYS	84	$6,519.63	2449	$5,812.93	1.93	0.0534	accept	same
N09Z	CONISTN,VAGINA,CERVIX&VULVA PR	115	$4,623.46	2370	$4,826.79	-0.48	0.631	accept	same
N10Z	NEONATAL DX NOT CONSNT AGE/WGT	45	$4,767.67	895	$4,672.94	0.14	0.8849	accept	same
N11Z	NEONATAL DX NOT CONSNT AGE/WGT	16	$13,777.44	295	$12,128.95	0.68	0.4949	accept	same
N12A	NEONATAL DX NOT CONSNT AGE/WGT	13	$22,088.89	537	$20,615.98	0.52	0.604	accept	same
N12B	NEONATAL DX NOT CONSNT AGE/WGT	52	$12,451.23	1649	$11,758.84	0.99	0.3211	accept	same
N60A	NEONATAL DX NOT CONSNT AGE/WGT	10	$14,203.84	315	$12,805.27	0.41	0.6814	accept	same
N60B	NEONATAL DX NOT CONSNT AGE/WGT	36	$4,907.19	919	$5,565.10	-0.94	0.3544	accept	same
N61Z	INFECTIONS, FEMALE REPROD SYST	410	$5,029.41	1641	$3,202.88	5.48	<0.0001	reject	higher
N62Z	MNSTRL & OTH FEM REPR SYS DIS	381	$3,998.86	5355	$2,236.58	7.5	<0.0001	reject	higher
O01A	CAESAREAN DELIVERY +CCC	639	$14,329.43	10369	$13,192.80	3.46	0.0006	reject	higher
O01B	CAESAREAN DELIVERY +SCC	1432	$10,373.07	30393	$9,603.81	6.06	<0.0001	reject	higher
O01C	CAESAREAN DELIVERY -CSCC	155	$9,730.39	10065	$8,963.34	2.6	0.0103	reject	higher
O02A	VAGINAL DELIVERY +OR PR +CSCC	78	$11,236.42	1338	$10,374.32	1.27	0.2051	accept	same

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher/Lower
O02B	VAGINAL DELIVERY +OR PR -CSCC	112	$8,119.41	4135	$7,290.90	2.31	0.0229	reject	higher
O03A	ECTOPIC PREGNANCY +CC	30	$6,950.45	485	$6,922.74	0.05	0.9606	accept	same
O03B	ECTOPIC PREGNANCY -CC	89	$6,029.63	1999	$5,037.78	2.16	0.0336	reject	higher
O04A	POSTPARTUM&POST ABORTN+PR+CSCC	14	$15,060.72	230	$10,672.64	1.72	0.0864	accept	same
O04B	POSTPARTUM&POST ABORTN+PR-CSCC	31	$7,705.65	612	$4,989.85	2.29	0.0287	reject	higher
O05Z	ABORTION+ OR PROC	193	$3,384.81	3569	$3,156.81	1.28	0.2001	accept	same
O60A	VAGINAL DELIVERY +CSCC	423	$14,943.69	4072	$7,374.98	14.41	<0.0001	reject	higher
O60B	VAGINAL DELIVERY -CSCC	1129	$9,555.38	23227	$4,722.05	21.13	<0.0001	reject	higher
O60C	VAGINAL DEL SINGLE UNCOMPL	298	$6,159.38	4976	$3,456.91	8.64	<0.0001	reject	higher
O60Z	VAGINAL DEL SINGLE UNCOMPL	5176	$5,656.34	83072	$5,280.84	6.35	<0.0001	reject	higher
O61Z	POSTPARTUM & POST ABORTN-OR PR	810	$4,015.51	8702	$3,144.53	5.64	<0.0001	reject	higher
O63Z	ABORTION-OR PROC	216	$2,862.91	2357	$1,950.12	5.91	<0.0001	reject	higher
O64A	FALSE LABOUR <37 WK/+CCC	127	$3,244.75	1056	$2,497.53	2.69	0.0073	reject	higher
O64B	FALSE LABOUR >=37 WK -CCC	49	$1,810.54	246	$1,384.10	2.25	0.0251	reject	higher
O64Z	FALSE LABOUR >=37 WK -CCC	568	$2,699.99	4255	$2,683.82	0.12	0.9021	accept	same
O66A	ANTENATAL&OTH OBSTETRIC ADM	813	$4,085.65	5996	$2,752.09	8.68	<0.0001	reject	higher
O66Z	ANTENATAL&OTH OBSTETRIC ADM,SD	1861	$3,021.82	18564	$2,746.70	3.1	0.002	reject	higher
P01Z	NEONATE,D/T<5DAY ADM+SIG OR PR	7	$7,520.72	70	$8,504.65	-1	0.3247	accept	same
P03Z	NEO,ADMWT 1000-1499G+SIG OR PR	7	$41,876.40	204	$39,745.23	0.37	0.7093	accept	same
P04Z	NEO,ADMWT 1500-1999G+SIG OR PR	15	$31,469.85	200	$34,807.63	-0.86	0.3894	accept	same
P05Z	NEO,ADMWT 2000-2499G+SIG OR PR	10	$29,280.78	164	$30,447.95	-0.25	0.8031	accept	same
P06A	NEO,ADMWT >2499G+SIG OR PR+MMP	22	$37,019.16	308	$34,790.19	0.73	0.4689	accept	same
P06B	NEO,ADMWT >2499G+SIG OR PR-MMP	21	$19,896.64	360	$19,679.86	0.07	0.9451	accept	same

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher/Lower
P60A	NEO,D/TR<5D ADM-SIG PR+NEWBORN	107	$3,251.77	1387	$3,664.10	-1.65	0.101	accept	same
P60B	NEO,D/TR<5D ADM-SIG PR-NEWBORN	65	$4,703.73	995	$4,719.12	-0.04	0.9715	accept	same
P61Z	NEONATE, ADMISSION WT <750 G	8	$18,520.80	48	$28,474.93	-1.67	0.1017	accept	same
P62Z	NEONATE, ADMISSION WT 750-999G	16	$36,851.94	76	$32,681.75	0.93	0.3544	accept	same
P63Z	NEO,ADMWT 1000-1249G-SIG OR PR	36	$23,674.93	203	$28,184.82	-1.41	0.1603	accept	same
P64Z	NEO,ADMWT 1250-1499G-SIG OR PR	48	$28,655.71	543	$29,648.95	-0.48	0.6335	accept	same
P65A	NEO,ADMWT 1500-1999G-SG OR+MMP	30	$29,144.86	290	$27,014.68	0.82	0.4116	accept	same
P65B	NEO,ADMWT 1500-1999G-SG OR+MJP	93	$24,017.38	774	$24,527.71	-0.35	0.7245	accept	same
P65C	NEO,ADMWT 1500-1999G-SG OR+OTP	106	$22,954.95	960	$21,328.71	1.36	0.1756	accept	same
P65D	NEO,ADMWT 1500-1999G-SG OR-PRB	105	$18,097.85	846	$17,174.81	0.78	0.436	accept	same
P66A	NEO,ADMWT 2000-2499G-SG OR+MMP	30	$21,810.95	331	$20,479.71	0.56	0.5778	accept	same
P66B	NEO,ADMWT 2000-2499G-SG OR+MJP	116	$17,110.95	1105	$16,933.37	0.16	0.8728	accept	same
P66C	NEO,ADMWT 2000-2499G-SG OR+OTP	312	$12,550.97	3237	$12,653.09	-0.18	0.8564	accept	same
P66D	NEO,ADMWT 2000-2499G-SG OR-PRB	354	$7,360.70	1683	$5,221.49	4.97	<0.0001	reject	higher
P67A	NEO,ADMWT >2499G-SIG OR PR+MMP	96	$17,435.87	1445	$14,498.94	2.35	0.0189	reject	higher
P67B	NEO,ADMWT >2499G-SIG OR PR+MJP	411	$10,532.27	5117	$8,406.64	4.17	<0.0001	reject	higher
P67C	NEO,ADMWT >2499G-SIG OR PR+OTP	684	$6,108.04	11818	$5,366.52	3.42	0.0007	reject	higher
P67D	NEO,ADMWT >2499G-SIG OR PR-PRB	1040	$3,625.41	12820	$3,080.34	3.96	<0.0001	reject	higher
Q01Z	SPLENECTOMY	8	$13,470.76	250	$15,834.53	-0.8	0.4236	accept	same
Q02A	OTH OR PR BLD&BLD FRM ORG+CSCC	15	$25,192.81	467	$19,444.52	1.7	0.0897	accept	same
Q02B	OTH OR PR BLD&BLD FRM ORG-CSCC	25	$7,516.60	571	$7,514.69	0	0.9981	accept	same
Q60A	RETICLENDO&IMNTY DIS+CSCC	103	$10,758.38	3875	$11,182.02	-0.57	0.5719	accept	same
Q60B	RETICLENDO&IMNTY DIS-CSCC+MAL	30	$6,954.53	951	$5,999.65	1.03	0.305	accept	same

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher/Lower
Q60C	RETICLENDO&IMNTY DIS-CSCC-MAL	196	$4,958.01	2771	$4,400.07	1.5	0.1343	accept	same
Q61A	RED BLOOD CELL DISDERS + CSCC	161	$8,519.10	5325	$7,022.29	2.39	0.0178	reject	higher
Q61B	RED BLOOD CELL DISDERS - CSCC	306	$3,296.03	8914	$3,032.54	1.66	0.0988	accept	same
Q62Z	COAGULATION DISORDERS	127	$5,338.28	3215	$4,697.67	1.17	0.244	accept	same
R02A	OTH NPLSTC DSRD+MJR OR PR+CCC	7	$32,754.57	226	$26,170.25	1.3	0.194	accept	same
R02C	OTH NPLSTC DSRD+MJR OR PR-CC	16	$11,103.68	974	$11,851.38	-0.44	0.6617	accept	same
R03B	LYMPHMA LEUKMA+OTH OR PR - CSCC	6	$10,431.23	538	$10,047.11	0.12	0.9072	accept	same
R04A	OTH NPLSTC DSRD+OTH OR PR +CC	7	$11,956.00	369	$15,054.90	-1.56	0.1601	accept	same
R60A	ACUTE LEUKAEMIA + CCC	15	$34,614.57	1026	$30,266.93	1.06	0.2908	accept	same
R60B	ACUTE LEUKAEMIA - CCC	51	$11,732.13	2671	$9,916.93	1.11	0.2739	accept	same
R61A	LYMPHMA &N-ACUTE LEUKAEMIA+CCC	19	$24,524.83	1558	$22,082.14	0.75	0.4539	accept	same
R61B	LYMPHMA &N-ACUTE LEUKAEMIA-CCC	101	$9,608.70	6571	$8,495.55	1.5	0.1338	accept	same
R62A	OTHER NEOPLASTIC DISORDERS +CC	45	$10,733.09	967	$9,680.14	0.58	0.5642	accept	same
S65A	HIV-RELATED DISEASES +CCC	10	$25,407.49	205	$23,676.52	0.35	0.7295	accept	same
S65B	HIV-RELATED DISEASES +SCC	23	$13,747.17	192	$14,596.57	-0.31	0.7563	accept	same
S65C	HIV-RELATED DISEASES -CSCC	18	$6,287.43	307	$10,076.80	-2.61	0.0155	reject	lower
T01A	OR PROC INFECT& PARAS DIS+CCC	51	$26,838.45	1378	$26,134.00	0.34	0.7366	accept	same
T01B	OR PROC INFECT& PARAS DIS+SMCC	57	$14,358.04	947	$14,891.90	-0.35	0.7264	accept	same
T01C	OR PROC INFECT & PARAS DIS-CC	55	$8,209.47	1087	$9,614.15	-1.26	0.2081	accept	same
T40Z	INFECT&PARAS DIS+VENT SUPPORT	12	$22,888.56	190	$28,010.18	-1.22	0.2242	accept	same
T60A	SEPTICAEMIA + CCC	198	$19,758.28	5726	$14,052.75	5.58	<0.0001	reject	higher
T60B	NEONATAL DX NOT CONSNT AGE/WGT	294	$9,556.47	5155	$7,309.62	3.8	0.0002	reject	higher
T61A	NEONATAL DX NOT CONSNT	88	$12,330.06	1587	$9,539.85	2.36	0.0204	reject	higher

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher /Lower
	AGE/WGT								
T61B	NEONATAL DX NOT CONSNT AGE/WGT	314	$5,823.24	4959	$4,553.09	3.25	0.0013	reject	higher
T62A	NEONATAL DX NOT CONSNT AGE/WGT	101	$6,007.60	2906	$6,184.54	-0.37	0.7143	accept	same
T62B	NEONATAL DX NOT CONSNT AGE/WGT	202	$3,965.69	3200	$3,160.39	3.61	0.0003	reject	higher
T63Z	NEONATAL DX NOT CONSNT AGE/WGT	502	$3,089.21	10275	$2,898.15	1.51	0.1306	accept	same
T64A	OTH INFECTOUS&PARSTIC DIS +CCC	57	$17,707.10	670	$17,864.97	-0.09	0.9318	accept	same
T64B	OTH INFECTOUS&PARSTIC DIS+SMCC	94	$11,971.35	865	$8,820.86	3.25	0.0012	reject	higher
T64C	OTH INFECTOUS & PARSTIC DIS-CC	76	$5,723.81	1136	$4,904.41	1.32	0.1878	accept	same
U61A	SCHIZOPHRENIA DISORDERS+MHLS	219	$18,751.90	3400	$13,354.11	5.99	<0.0001	reject	higher
U61B	SCHIZOPHRENIA DISORDERS-MHLS	1025	$9,682.13	40889	$9,782.21	-0.32	0.7483	accept	same
U61Z	SCHIZOPHRENIA DISORDERS-MHLS	1317	$13,470.66	13480	$15,836.05	-6.06	<0.0001	reject	lower
U62A	PAR&ACUTE PSYCH DSRD+CSCC/MHLS	159	$15,545.81	2064	$13,933.90	1.56	0.1187	accept	same
U62B	PAR&ACUTE PSYCH DSRD-CSCC-MHLS	141	$8,443.06	1919	$9,496.25	-1.08	0.2803	accept	same
U63B	MAJOR AFFECTIVE DSRD A<70-CSCC	86	$14,612.34	3147	$10,605.12	3.17	0.0017	reject	higher
U63Z	MAJOR AFFECTIVE DSRD A<70-CSCC	536	$14,123.97	10736	$15,037.16	-1.5	0.1344	accept	same
U64Z	OTH AFFECT & SOMATOFORM DSRD	314	$7,327.99	6742	$7,816.55	-0.88	0.381	accept	same
U65Z	ANXIETY DISORDERS	205	$5,666.35	6061	$4,757.68	1.8	0.0712	accept	same
U66Z	EATING & OBSESSV-COMPULSV DSRD	36	$18,429.53	1776	$18,356.72	0.03	0.977	accept	same
U67Z	PERSONLTY DSRD&ACUTE REACTIONS	1252	$5,961.12	14807	$6,199.73	-1.05	0.2925	accept	same
U68Z	CHILDHOOD MENTAL DISORDERS	40	$10,761.26	555	$11,046.82	-0.14	0.8881	accept	same

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher/Lower
V60A	ALCOHOL INTOXICATN&WITHDRWL+CC	61	$3,603.19	301	$5,025.09	-2.48	0.0143	reject	lower
V60B	ALCOHOL INTOXICATN&WITHDRWL-CC	163	$1,948.95	1061	$1,892.32	0.17	0.8638	accept	same
V60Z	ALCOHOL INTOXICATN&WITHDRWL-CC	845	$2,133.08	4127	$2,750.73	-5.77	<0.0001	reject	lower
V61Z	DRUG INTOXICTN & WITHDRAWAL	522	$8,329.17	3772	$7,337.86	2.28	0.0229	reject	higher
V62A	ALCOHOL USE DSRD & DEPENDENCE	376	$5,993.94	4367	$6,314.02	-0.95	0.3421	accept	same
V63Z	OPIOID USE DSRD & DEPENDENCE	104	$4,943.72	1116	$5,072.82	-0.31	0.7601	accept	same
V64Z	OTHER DRUG USE DISORD & DEPEND	247	$4,542.16	1769	$4,990.19	-1.31	0.1914	accept	same
W01Z	VENTILN/CRANIA MULT SIG TRAUMA	14	$37,407.57	283	$35,829.82	0.42	0.6779	accept	same
W03Z	ABDOMINAL PR MULT SIG TRAUMA	12	$18,052.44	199	$23,220.45	-2.32	0.0343	reject	lower
W04B	OTH OR PR MULT SIG TRAUMA-CSCC	10	$29,340.74	255	$22,168.90	1.61	0.1087	accept	same
W60Z	MULTIPLE TRAUMA, DIED/TRANSF<5	10	$8,091.89	287	$8,946.58	-0.43	0.6772	accept	same
W61A	MULTIPLE TRAUMA-SIGNIF PR+CSCC	22	$23,827.41	498	$17,985.55	2.05	0.0407	reject	higher
W61B	MULTIPLE TRAUMA-SIGNIF PR-CSCC	38	$12,663.31	676	$10,200.72	1.68	0.0937	accept	same
X02A	MVTT/SKIN GFT+CSCC INJUR HAND	19	$16,495.88	591	$11,679.89	2.07	0.0384	reject	higher
X02B	SKIN GRAFT INJURIES HAND -CSCC	18	$4,106.25	705	$4,914.67	-1.65	0.1134	accept	same
X04A	OTHER PR INJ LWR LMB +CSCC	21	$14,147.65	411	$14,789.69	-0.23	0.8187	accept	same
X04B	OTHER PR INJ LOWR LIMB -CSCC	76	$5,332.40	1748	$5,205.48	0.38	0.7019	accept	same
X05A	NEONATAL DX NOT CONSNT AGE/WGT	98	$9,526.22	727	$8,234.79	1.4	0.1634	accept	same
X05B	NEONATAL DX NOT CONSNT AGE/WGT	130	$5,541.06	3162	$4,182.45	3.35	<0.0001	reject	higher
X06A	NEONATAL DX NOT CONSNT AGE/WGT	133	$11,721.57	2489	$12,902.49	-1.21	0.2277	accept	same
X06B	NEONATAL DX NOT CONSNT AGE/WGT	250	$5,475.42	5480	$5,407.50	0.247	0.7845	accept	same

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher/Lower
X07A	NEONATAL DX NOT CONSNT AGE/WGT	26	$21,429.37	722	$19,533.95	0.73	0.4678	accept	same
X07B	NEONATAL DX NOT CONSNT AGE/WGT	16	$11,779.41	597	$11,034.67	0.33	0.7396	accept	same
X40Z	INJ,POIS,TOX EFF DRUG W VENT	29	$20,297.64	791	$19,046.31	0.62	0.534	accept	same
X60A	INJURIES + CSCC	364	$7,793.93	5250	$6,705.88	2.17	0.0306	reject	higher
X60B	INJURIES - CSCC	1519	$3,624.70	16911	$2,404.79	10.84	<0.0001	reject	higher
X61Z	ALLERGIC REACTIONS	88	$3,039.56	2489	$1,708.81	2.18	0.0321	reject	higher
X62A	POISNG/TOXC EFF DRUGS +CSCC	192	$7,325.30	4212	$7,742.29	-0.66	0.5063	accept	same
X62B	POISNG/TOXC EFF DRUGS -CSCC	859	$3,102.37	14151	$3,002.66	0.69	0.4891	accept	same
X63A	SEQUELAE OF TREATMNT+CSCC	101	$10,135.49	2405	$7,679.19	2.32	0.0225	reject	higher
X63B	SEQUELAE OF TREATMNT-CSCC	271	$4,864.28	7089	$3,393.96	3.82	0.0002	reject	higher
X64A	OTH INJ, POIS & TOX EF DX+CSCC	28	$9,502.58	521	$7,359.58	1.26	0.208	accept	same
X64B	OTH INJ, POIS &TOX EFF DX-CSCC	149	$2,960.44	1770	$2,303.98	1.65	0.1005	accept	same
Y02A	OTHER BURNS + SKIN GRAFT +CC	43	$25,773.86	521	$23,449.54	1.03	0.3042	accept	same
Y02B	OTHER BURNS + SKIN GRAFT -CC	56	$17,416.71	841	$13,485.64	2.82	0.0049	reject	higher
Y03Z	OTHER OR PROCS FOR OTHER BURNS	29	$12,926.04	430	$9,594.30	1.5	0.143	accept	same
Y60Z	BURNS,TRANS OTH ACUT CARE <5 D	33	$2,414.26	184	$1,879.14	1.17	0.2414	accept	same
Y61Z	SEVERE BURNS	72	$12,821.82	276	$8,338.85	3.45	0.0006	reject	higher
Y62A	NEONATAL DX NOT CONSNT AGE/WGT	80	$11,403.21	413	$7,852.54	3.2	0.0014	reject	higher
Y62B	NEONATAL DX NOT CONSNT AGE/WGT	139	$5,688.35	1310	$3,381.57	3.59	0.0004	reject	higher
Z01A	NEONATAL DX NOT CONSNT AGE/WGT	11	$12,448.75	404	$12,042.85	0.12	0.9052	accept	same
Z01B	NEONATAL DX NOT CONSNT AGE/WGT	24	$5,892.59	827	$5,643.18	0.4	0.6932	accept	same
Z61A	SIGNS AND SYMPTOMS	223	$4,749.12	5936	$4,441.43	0.82	0.4108	accept	same

Round 16		Indigenous		Non-Indigenous		Statistics			
AR-DRG	Description	Number of Patients	Average Cost	Number of Patients	Average Cost	T Value	Pr > [t]	Accept/Reject	Higher /Lower
Z63A	OTH SURG FU & MED CARE + CCC	52	$15,256.78	1273	$11,539.24	2.39	0.0168	reject	higher
Z63B	OTH SURG FU & MED CARE - CCC	298	$6,600.02	4722	$5,220.33	2.62	0.0091	reject	higher
Z64A	OTH FACTOR INFL HEALTH STATUS	522	$4,430.80	6580	$3,905.41	1.88	0.0605	accept	same
Z65Z	NEONATAL DX NOT CONSNT AGE/WGT	10	$11,173.64	101	$6,523.38	1.2	0.2568	accept	same

Appendix G: T test results for Subacute admitted trimmed dataset Round 16 (2011/12)

Round 16		Indigenous		Non-Indigenous					
Product type	**Description**	**Number of Patients**	**Average Cost**	**Number of Patients**	**Average Cost**	**T Value**	**Pr > |t|**	**Hypothesis (H_0 $\mu_1 = \mu_2$)**	**Interpretation (Indigenous cost relative to Non-Indigenous Cost)**
GM	Geriatric Evaluation and Management	103	$15,798.30	11,073	$11,338.90	2.51	0.0136	reject	Higher ($\mu_1 > \mu_2$)
MA	Maintenance	439	$14,229.80	16,143	$11,678.60	2.69	0.0075	reject	Higher ($\mu_1 > \mu_2$)
OA	Other Admitted Patient Care	161	$4,948.60	1,164	$26.425.50	-22.12	< 0.0001	reject	Lower ($\mu_1 < \mu_2$)
PC	Palliative Care	447	$6,652.70	25,115	$7,291.50	-1.55	0.1228	accept	No significant difference ($\mu_1 = \mu_2$)
PG	Psychogeriatric Care	11	$41,429.70	1,838	$23,872.50	2.41	0.0161	reject	Higher ($\mu_1 > \mu_2$)
RH	Rehabilitation	1,194	$14,255.10	53,771	$12,375.20	3.56	0.0004	reject	Higher ($\mu_1 > \mu_2$)