

## Supplementary Material

### **Patterns of specialist out-of-pocket costs for Australian Medicare services: implications for price transparency**

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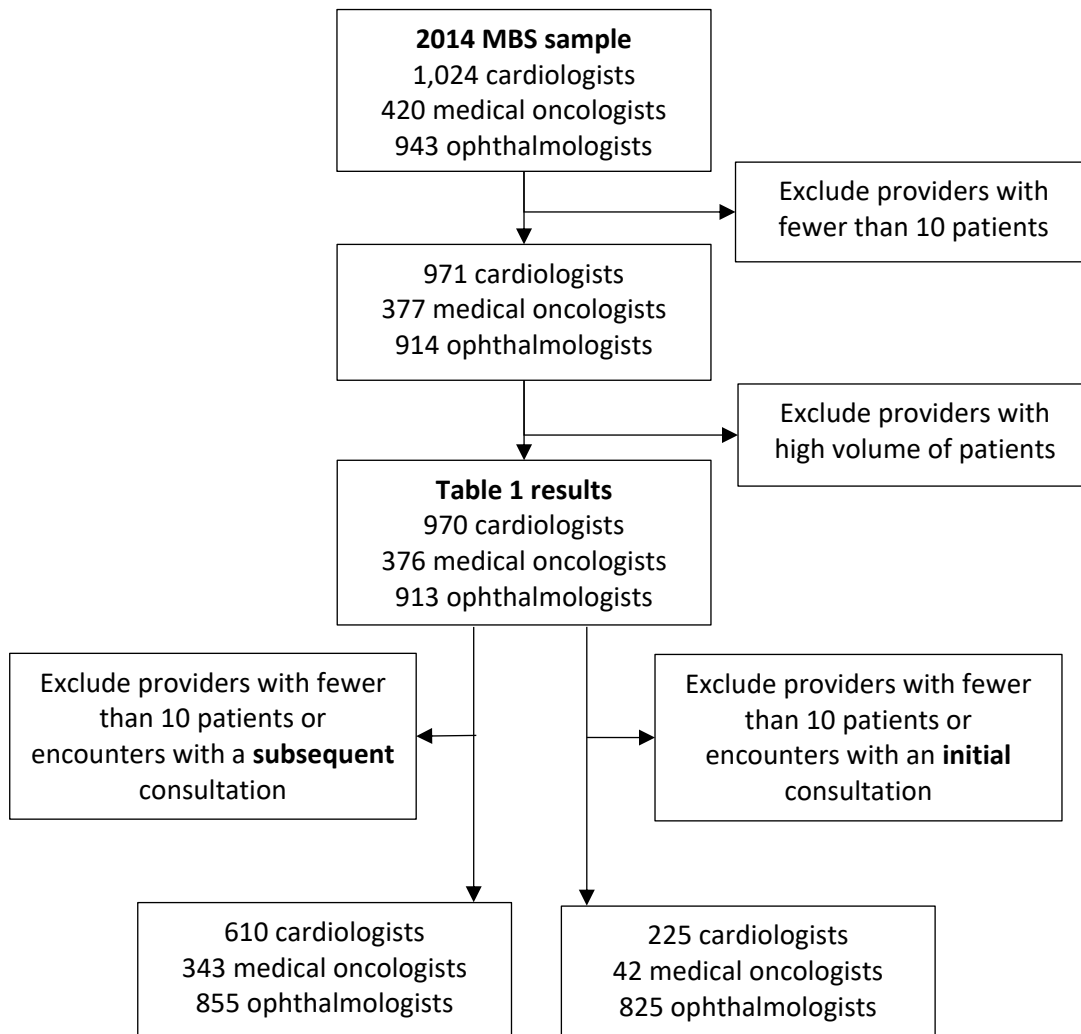
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**Supplement materials for *Patterns of specialist out-of-pocket costs for Australian Medicare services: implications for price transparency***

**Supplemental figure 1.** Cohort inclusion of claims and specialists from the 2014 Medicare Benefits Schedule (MBS) 10% sample of enrolees.



**Supplement table 1.** Unique out-of-pocket costs for initial consultations by the three specialties in 2014.

Providers are included if they have at least 10 patients, and locations are included if they have at least 10 encounters with a consultation in 2014.

	<b>Cardiology</b>	<b>Oncology</b>	<b>Ophthalmology</b>
MBS item	110	110	104
Benefit paid (\$)	128	128	73
<b><i>All encounters</i></b>			
Total encounters (N)	7,219	587	59,274
Unique fees (N)	113	21	234
Bulk-billed encounters (N, %)	3,391 (47.0%)	403 (68.7%)	10,134 (17.1%)
OOP costs (\$) per encounter, for non-bulk-billed encounters <sup>1</sup>	62 (42, 97)	72 (26, 112)	67 (47, 94)
Range	2, 725	17, 472	1, 607
<b><i>Within providers</i></b>			
Providers (N)	255	42	825
Visits (N) per provider <sup>1</sup>	21 (13, 34)	12 (11, 15)	60 (37, 97)
Unique fees (N) per provider <sup>1</sup>	3 (2, 4)	1 (1, 2)	5 (4, 7)
Providers with 2 or more locations (N)	53	< 5	352
Providers with different unique OOP costs across locations (N)	35 (66%)	-	326 (93%)
<b><i>Within provider-locations</i></b>			
Provider-locations (N)	319	43	1,313
Visits (N) per provider-location <sup>1</sup>	17 (12, 25)	12 (11, 15)	32 (18, 59)
Unique fees (N) per provider-location <sup>1</sup>	2 (1, 3)	1 (1, 2)	4 (3, 5)
Top 3 unique OOP costs across all provider-locations (\$, N)	0 (89) 0, 72 (9) 0, 62 (6)	0 (339) 0, 23 (3) 0, 52 (2)	0 (58) 0, 47, 97 (10) 0, 82 (9)

<sup>1</sup>Median (IQR)