

INTRODUCTION

The National Agency of Supplementary Health from Brazil (ANS) collects standardized hospital procedure data from the private health insurance operators (PHIO).

This data is openly shared but underutilized for cost inputs in ANS submissions.

This study explores ANS data to generate **condition-specific costs from the ANS perspective**, capturing geographic and PHIO modality variations, using **multiple myeloma (MM)** hospitalization as a case study.

METHODS

Inclusion criteria



ICD 10 Codes
C90.0



5 years Period
2020-2024



RWE analyzed
ANS Hospital
Procedures



Study Location
Brazil

❖ MM hospitalization events were identified and linked to **detailed cost data**

❖ *Main diagnosis and detailed cost data reporting to ANS is non-mandatory and stored in separate datasets, with an ID code for each hospitalization event*

❖ Complementary eligibility criteria

- ❖ Length of stay over 1 day
- ❖ Non-zero total value reported
- ❖ No pre-established service packages

❖ Descriptive analysis examined variations in hospitalization events reimbursement values by State and PHIO modality

RESULTS

❖ **33,641,733** hospital events were registered in the **ANS database** from **2020-2024**

❖ **63%** hospitalization events had a diagnosis code reported

Figure 1. Data selection for analysis

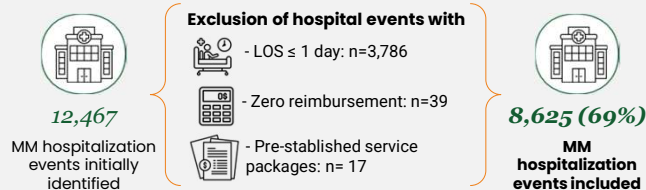
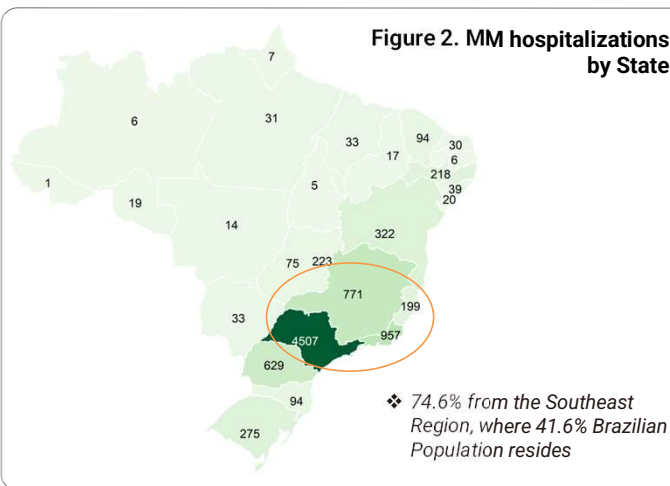


Figure 2. MM hospitalizations by State



BRL \$60,557 ± 92,116

Mean ± SD reimbursement value

Figure 3. MM Hospitalization mean reimbursement geographic variability

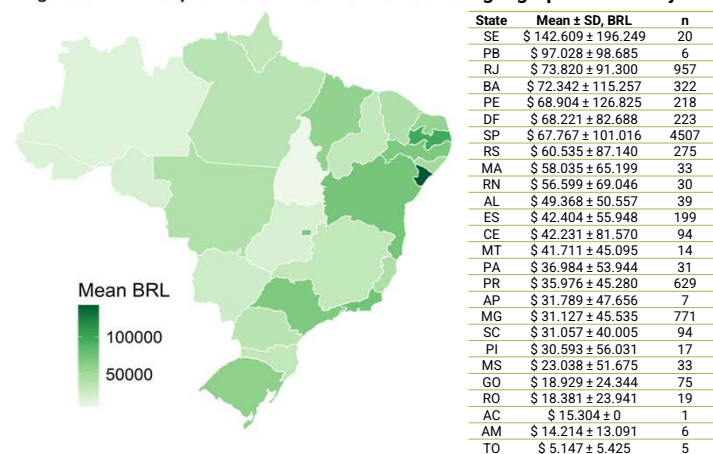
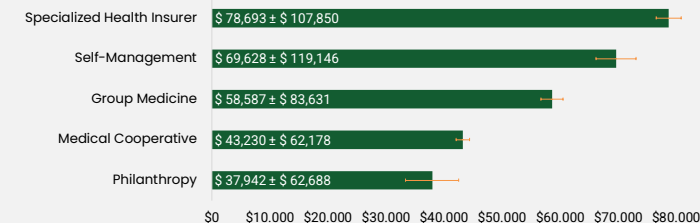


Figure 4. Mean reimbursement values by PHIO modality



CONCLUSIONS

Despite underreporting of diagnoses and Southeast data concentration, the **ANS Hospital Procedures dataset excels in capturing reimbursement variability across Brazil's private health system**, far better than the use of a single PIHO source or reference tables mapped to expert opinions, which is often the case in ANS submissions. This publicly available resource provides reliable, **granular insights into geographic and operator-specific differences**, making it an essential tool for accurate **health economic analyses under the Brazilian Supplementary Health System perspective**.

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