



Arkansas Department of Health

Hospital Inpatient Discharge Data

Annual Report

2013

Arkansas Department of Health
Health Statistics Branch
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INTRODUCTION

The Arkansas Hospital Discharge Data System is one of the most important tools for addressing a broad range of health policy issues. Act 670 of 1995, A.C.A. 20-7-201 et seq., requires all hospitals licensed in the state of Arkansas to report hospital information as prescribed by rules and regulations by the State Board of Health. “All hospitals” include acute care, critical access hospitals, specialty hospitals, long-term acute care hospitals, psychiatric and rehabilitation hospitals. The Act also specifically prohibits the release of any information from the collected data that identifies, or could be used to identify, any individual patient, provider, institution or health plan.

Beginning in 1996 with very limited data, the system has grown to include virtually all discharges with a stay of one or more days. Information reported includes demographics such as date of birth, gender, race and ethnicity. Clinical information includes dates of service, discharge status, diagnoses, and procedures. Charges are included, as well.

The staff edits and completes these data, then combines data from all the hospitals into a dataset for each calendar year. The staff then is able to access information for policy, planning, and research applications for the submitting hospitals and many other interested parties. The de-identified datasets are shared with other states, for services provided in Arkansas to residents of that state, and with the Agency for Healthcare Research and Quality for their Healthcare Cost Utilization Project (HCUP).

Report Content

The report contains information about hospital utilization by bed size and hospital location (urbanicity). In addition, there are summaries on the Major Diagnostic Categories (MDC), top Diagnosis Related Groups (DRG) and age group specific reports.

The information in the report gives a snapshot of inpatient health services in Arkansas for 2013. There is specific information for acute care, long-term care, psychiatric and rehabilitation facilities, as well as specific information on injuries.

About this Report

For the purpose of this report:

- Race represents a combination of two collected fields, patient race and patient ethnicity. The ethnicity Hispanic is included as a mutually exclusive category with the other races.
- The average charges represents the mean total amount billed per discharge, as shown on the billing form, while the average charges per day represents the mean amount charged per day of inpatient hospital status.
- The average costs reflect the mean estimated actual costs of production, in contrast to the average charges. Total charges were converted to estimated costs using hospital level cost-to-charge ratios (CCR) based on hospital accounting reports from the Centers for Medicare and Medicaid Services (CMS). The CCRs used are specific to each year; however, it is important to note that the most recent CCR year file available for use with the 2013 data was 2011.
- Residency refers to where the patient lives, 'AR Residence' classification means the inpatient's home ZIP Code is in Arkansas, and 'Outside AR' classification means the inpatient's home ZIP Code is in another state, out of country, or unknown.

OVERVIEW

In 2013, 104 of the 106 Arkansas hospitals reported to the Arkansas Department of Health. Of these, 94 are also members of the Arkansas Hospital Association.

The hospitals consist of

- 50 Acute Care Hospitals
- 29 Critical Access Hospitals*
- 9 Long Term Acute Care (LTAC) Hospitals
- 7 Rehabilitation Hospitals
- 9 Psychiatric Hospitals
- 2 Veterans Affairs Hospitals

Hospitals per State Region

- 16 Arkansas Valley Region
- 24 Metro Region
- 10 North Central Region
- 13 Northeast Region
- 17 Northwest Region
- 11 Southeast Region
- 15 Southwest Region



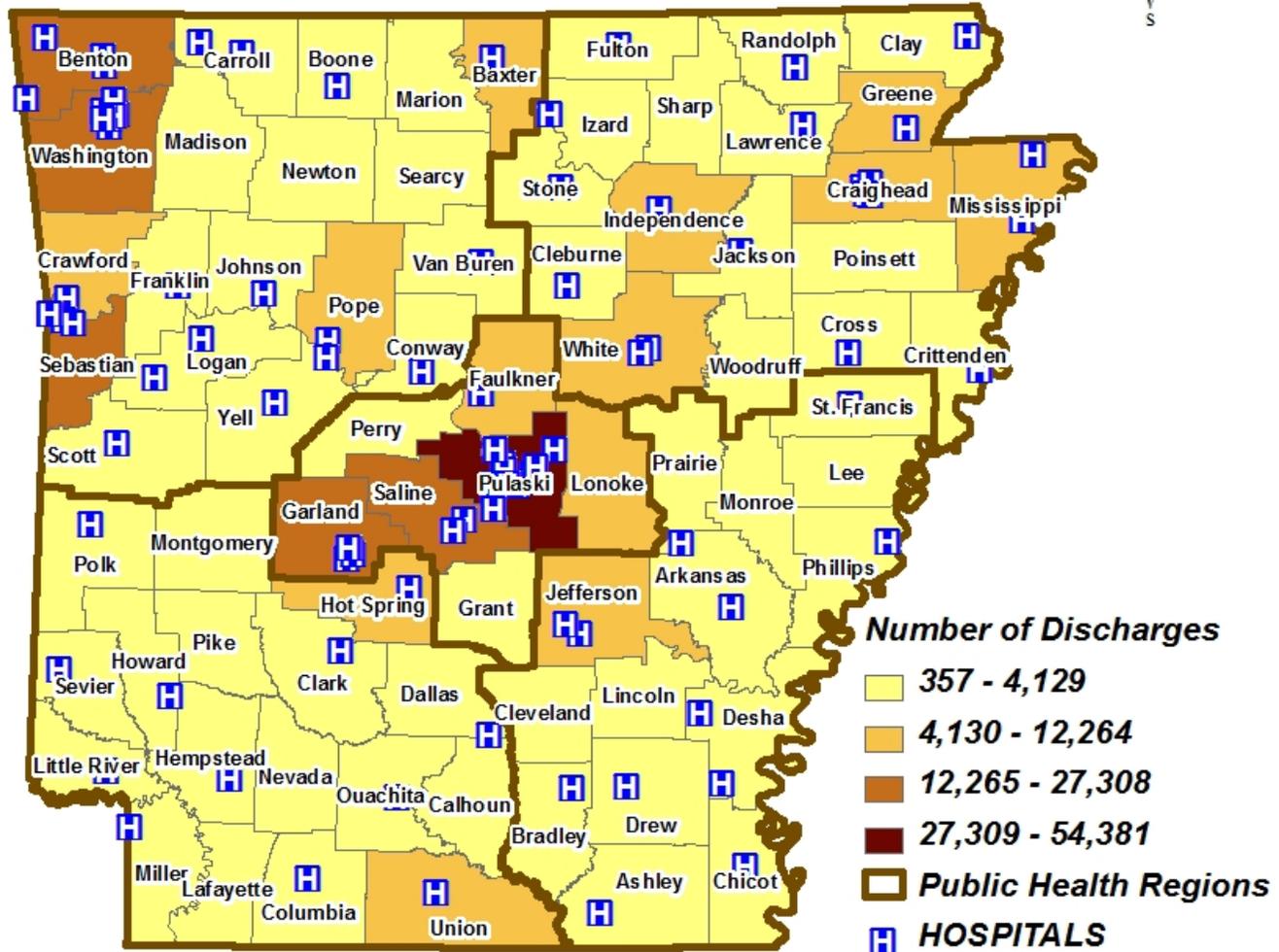
Counties serviced by an Arkansas hospital

- 20 do not have access to a hospital within county boundaries
- 38 counties are serviced by a single local hospital
- 17 counties are serviced by 2 or more hospitals

*Critical Access Hospitals are also Acute Care hospitals. They are listed separately on this page for information purposes.

Map of Resident Discharges by County

Arkansas 2013



Date: November 19, 2014
 Source: Arkansas Department of Health
 Map created by: Marwa Sadwi

Hospital Discharge Utilization Summary 2013

Overall Utilization

Total Discharges	392,025	Average Length of Stay	5.2
Total Patient Days	2,022,607	Average Charge per Discharge	\$ 27,511.78
Average Census per Day	5,541.4	Average Charge per Day	\$ 5,332.38

Age and Gender Distribution

	<i>Discharges</i>	<i>% Discharges</i>	<i>% Days</i>	<i>% Charges</i>
Female (227,867)				
Under 15 years	25,508	6.5	5.7	3.5
15 – 44 years	69,984	17.9	11.8	11.2
45 – 64 years	47,999	12.2	11.9	14.4
65 years and above	84,376	21.5	24.1	23.7
Male (164,158)				
Under 15 years	28,700	7.3	7.6	4.5
15 – 44 years	27,186	6.9	8.8	6.6
45 – 64 years	45,751	11.7	12.2	15.6
65 years and above	62,521	15.9	17.9	20.5

Resident / Non-Resident Utilization

	<i>Discharges</i>	<i>% Discharges</i>	<i>% Days</i>	<i>% Charges</i>
Arkansas Resident	371,456	94.8	1,902,647	94.1
Non-Resident	20,541	5.2	119,740	5.9
Unknown	28	0.0	220	0.0

Patient Discharge Status Distribution

<i>Discharge Status</i>	<i>% Discharges</i>
Home or Self Care	70.9
Other GMS Hospital	2.2
Skilled Nursing Facility	6.5
Intermediate Care Facility	1.1
Other Institution	0.6
Home Health	8.8
Left Against Medical Advice	0.7
Home IV Provider	0.0
Expired	2.1
Other	7.3

Expected Pay Source Distribution

<i>Expected Primary Payer</i>	<i>% Discharges</i>
Medicare	42.0
Medicaid	19.6
Other Government	1.1
Commercial Insurance	25.7
Self-Pay	7.0
Other/Unknown	4.5

Type of Admission Distribution

<i>Admission Type</i>	<i>% Discharges</i>
Emergency	40.5
Urgent	17.0
Elective	32.8
Newborn	9.2
Information Not Available	0.5

Obstetrical Utilization

Normal Deliveries	22,793	% of Deliveries	64.1
Cesarean Deliveries	12,743	% of Deliveries	35.9
Total Deliveries	35,536		
Total Births	35,365		

SOURCE: CY13 Arkansas Hospital Discharge Data System

Summary of Top DRGs by All Age Groups 2013

<u>Age Group And Principal DRG</u>	# of Discharges		Avg. LOS	
	Female	Male	Female	Male
<u><1 Year</u>				
Normal Newborn	11,829	11,608	1.7	1.8
Neonate W/ Other Significant Problems	2,979	3,733	2.3	2.3
Full Term Neonate W/ Major Problems	901	1,237	7.1	9.7
Prematurity W/O Major Problems	854	873	5.0	4.8
Neonates, Died or Transferred to Another Acute Care Facility	536	745	5.7	5.9
<u>1-17 Years</u>				
Psychoses	2,904	3,977	12.2	14.3
Depressive Neuroses	935	657	10.6	14.3
Vaginal Delivery W/O Complicating Diagnoses	688	.	2.0	.
Simple Pneumonia & Pleurisy W/O CC/MCC	248	323	2.3	2.4
Bronchitis & Asthma W/O CC/MCC	201	333	2.0	1.8
Esophagitis, Gastroent & Misc Digest Disorders W/O MCC	263	255	2.4	3.9
<u>18-44 Years</u>				
Vaginal Delivery W/O Complicating Diagnoses	18,577	.	1.8	.
Psychoses	4,333	4,767	7.1	10.9
Cesarean Section W/O CC/MCC	8,428	.	2.5	.
Cesarean Section W/ CC/MCC	4,037	.	3.5	.
Vaginal Delivery W/ Complicating Diagnoses	2,572	.	2.3	.
Depressive Neuroses	821	772	4.5	4.6
Alcohol/Drug Abuse/Dependence W/O Rehab Therapy or MCC	627	947	4.4	4.1
Esophagitis, Gastroent & Misc Digest Disorders W/O MCC	991	572	3.2	2.7
<u>45-64 Years</u>				
Psychoses	2,800	2,218	9.6	11.1
MAJ Joint Replacement or Reattachment of Lower Extremity	2,359	1,527	3.8	4.1
Eluting Stent W/O MCC	813	1,857	2.4	2.2
Esophagitis, Gastroent & Misc Digest Disorders W/O MCC	1,501	912	3.3	3.0
Rehabilitation W/ CC/MCC	1,182	1,052	12.5	13.4
<u>65-84 Years</u>				
Rehabilitation W/ CC/MCC	3,939	2,684	12.1	12.5
MAJ Joint Replacement or Reattachment of Lower Extremity	3,432	1,983	4.1	3.9
Septicemia W/O MV 96+ Hours W/ MCC	1,809	1,717	6.5	6.7
Eluting Stent W/O MCC	1,045	1,547	2.4	2.3
Simple Pneumonia & Pleurisy W/ CC	1,230	1,036	4.8	4.3
<u>85+ Years</u>				
Rehabilitation W/ CC/MCC	1,608	695	12.6	14.3
Septicemia W/O MV 96+ Hours W MCC	838	492	6.0	5.9
Kidney & Urinary Tract Infections W/O MCC	821	208	4.0	4.6
Simple Pneumonia & Pleurisy W/ CC	577	331	5.0	4.5
Heart Failure & Shock W/ CC	570	286	4.5	4.3

Table 1

Discharge Trends Over Time (2000 – 2013)

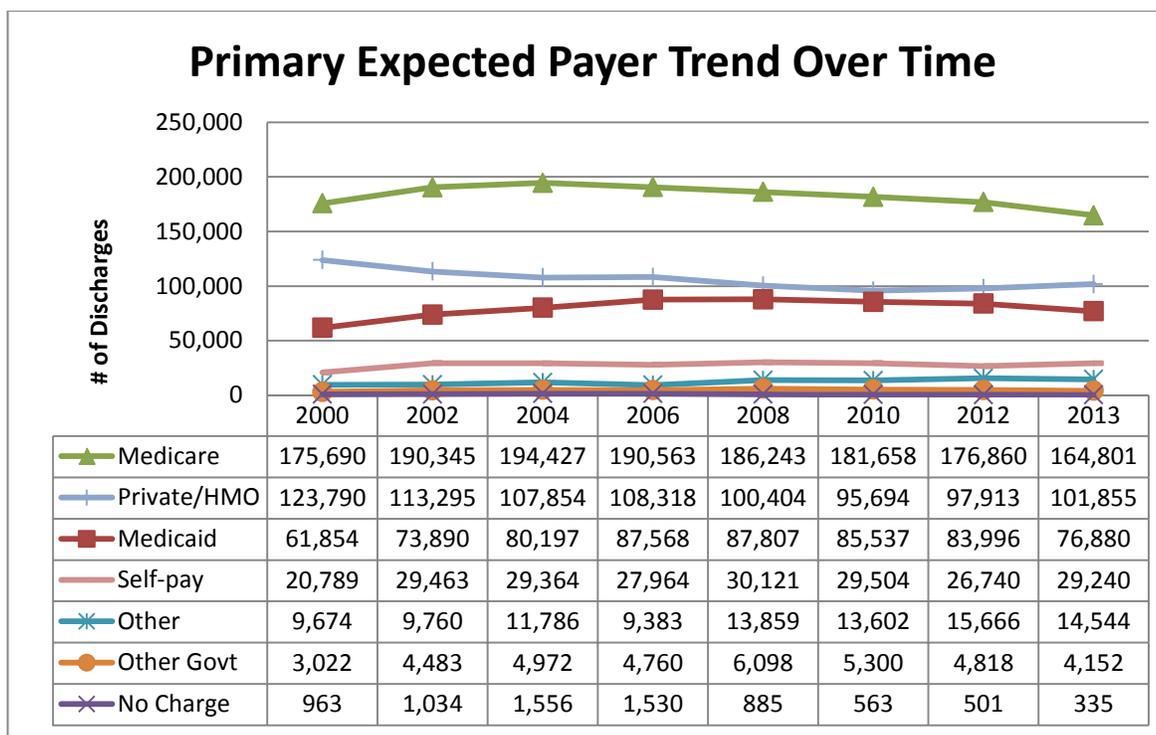
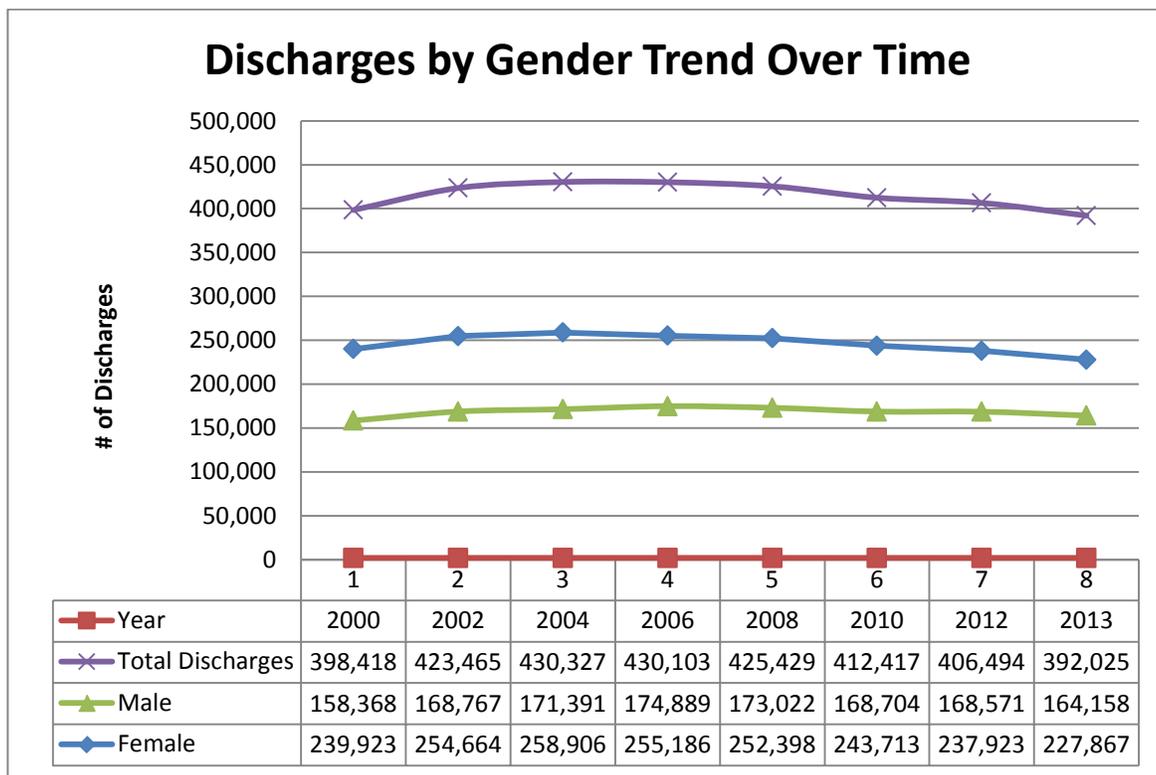


Table 2

HOSPITAL UTILIZATION

<u>Utilization</u>	<u>Total</u>	<u>Acute Care Facilities</u>			<u>Other Care Facilities</u>		
		<u>Large</u>	<u>Medium</u>	<u>Small</u>	<u>LTAC</u>	<u>Psych</u>	<u>Rehab</u>
Total Discharges	392,025	230,308	98,882	35,455	2,430	17,161	7,789
Number of Discharges Per 1000 Population	132	78	33	12	1	6	3

Table 3: The discharges from the Veteran's Affairs Medical Centers are not included in any counts.

Additional Source: The population used for determining Number of Discharges per 1,000 population was acquired from the U.S. Census Bureau.

Total Discharges and all of the utilization statistics related to these discharges are gathered from the reported information on the UB-04 billing form for inpatient services. They include counts from both resident and non-resident inpatients at acute care and specialty, long-term acute care (LTAC), psychiatric, and rehabilitation hospitals in Arkansas. They are not unduplicated patient counts, but rather counts of individual episodes of care (discharges).

Total discharges represent the aggregated totals of inpatient discharges reported by each hospital for 2013. Number of discharges per 1,000 population represents the ratio of inpatient discharges per 1,000 of Arkansas resident population as recorded by state census counts for that year.

Hospital utilization and demographics are reported in two sections:

Acute Care Facilities

Other Care Facilities

Both sections of facilities are further distinguished within their sections. Acute care facilities are divided into large, medium, and small hospitals. Non-acute care or other facilities are divided into LTAC, psychiatric, and rehabilitation hospitals. Thorough explanations of these groupings are given within the individual sections.

ACUTE CARE FACILITIES

<u>Utilization</u>	<u>Total</u>	<u>%</u>	<u>Large</u>	<u>%</u>	<u>Medium</u>	<u>%</u>	<u>Small</u>	<u>%</u>
Total Discharges	364,645	100.0%	230,308	63.2%	98,882	27.1%	35,455	9.7%

Table 4

An acute care facility or hospital is any facility used for the purpose of providing short-term inpatient diagnostic care and treatment, including general medical care, surgical care, obstetrical care and specialized services or specialized treatment.

Acute care hospitals make up 79 of our 104 reporting hospitals. In addition to general surgical facilities, they include children’s hospitals, specialized hospitals such as the heart hospital, and critical access hospitals.

Acute care hospitals are divided into groups based on their urbanicity (location within a metropolitan or micropolitan area), their bed size (number of licensed beds), and their teaching status (determined by educational accreditation and intern housing).

Acute care facility size is determined by first identifying the hospital as rural, urban non-teaching, or urban teaching. For each of those three categories, the number of licensed beds in the hospital determines if the facility is small, medium or large.

Critical access hospitals are a specific type of small, rural acute care hospitals that receive federal cost-based reimbursement for their Medicare patients. The critical access group is included in the count for small acute care hospitals.

Race represents a combination of two collected fields, patient race and patient ethnicity. For the purposes of this report, the ethnicity Hispanic is included as a mutually exclusive category with the other races.

Summary of Acute Care Facilities

Acute Care Utilization	# Discharges	TPD*	Avg. LOS*	Avg. Charge*	Avg. Cost*	% Routine*
<u>Hospital Urbanity</u>						
Urban	268,257	1,248,698	4.7	\$30,956	\$9,226	74%
Rural	96,388	380,554	3.9	\$18,232	\$6,466	65%
<u>Hospital Size/Facility</u>						
Large	230,308	1,030,000	4.5	\$28,432	\$7,828	71%
Medium	98,882	462,907	4.7	\$29,634	\$10,618	74%
Small	17,056	57,176	3.4	\$23,254	\$6,868	82%
Critical Access**	18,399	76,128	4.1	\$10,138	\$6,968	57%
<u>Patient Gender</u>						
Male	150,588	724,815	4.8	\$31,316	\$9,677	71%
Female	214,057	904,437	4.2	\$24,973	\$7,666	72%
<u>Patient Age</u>						
Under 1 year	40,382	155,153	3.8	\$13,688	\$5,670	95%
1 – 17 years	11,349	47,678	4.2	\$25,764	\$13,324	94%
18 – 44 years	85,161	283,004	3.3	\$19,882	\$5,979	91%
45 - 64 years	88,911	413,707	4.7	\$34,508	\$10,037	75%
65 - 84 years	109,245	567,077	5.2	\$34,092	\$9,991	54%
85 years and above	29,597	162,633	5.5	\$24,687	\$7,599	30%
<u>Patient Race</u>						
White	282,356	1,260,000	4.5	\$27,499	\$8,545	70%
Black	53,539	259,437	4.8	\$26,331	\$8,663	77%
Hispanic	21,708	79,682	3.7	\$33,070	\$7,690	83%
Other	7,042	31,367	4.5	\$24,066	\$7,769	76%
<u>Primary Payer</u>						
Medicare	154,300	808,837	5.2	\$31,874	\$9,426	53%
Medicaid	71,784	281,890	3.9	\$19,274	\$6,883	89%
Private/HMO	91,883	353,021	3.8	\$28,307	\$8,447	84%
Uninsured	27,852	103,307	3.7	\$23,178	\$7,158	87%
Other	18,628	81,488	4.4	\$27,374	\$9,280	75%
<u>Patient Residency</u>						
Urban AR Resident	201,199	891,001	4.4	\$28,669	\$8,384	75%
Rural AR Resident	144,871	645,035	4.5	\$25,004	\$8,340	68%
Outside AR	18,575	93,216	5	\$36,122	\$10,930	68%
<u>Top 10 CCS*** by # Discharges</u>						
Pneumonia (Except That Caused By TB or STD)	13,524	65,143	4.8	\$23,498	\$7,803	60%
Septicemia (Except In Labor)	12,005	83,439	7.0	\$42,448	\$13,424	36%
Congestive Heart Failure; Nonhypertensive	9,978	49,173	4.9	\$28,648	\$8,851	55%
Osteoarthritis	9,716	26,524	2.7	\$39,844	\$11,762	45%
Chronic Obstructive Pulmonary Disease And Bronchiectasis	9,201	36,847	4.0	\$18,385	\$6,189	69%
Coronary Atherosclerosis And Other Heart Disease	8,369	30,807	3.7	\$58,666	\$15,010	84%
Cardiac Dysrhythmias	8,084	29,062	3.6	\$30,593	\$8,600	79%
MHSA: Mood Disorders	7,459	41,628	5.6	\$11,438	\$3,576	88%
Rehabilitation; Fitting of Prostheses; Adjustment of Devices	6,749	83,611	12.4	\$31,460	\$9,868	28%
Acute Myocardial Infarction	6,720	28,584	4.3	\$61,500	\$16,246	70%

Table 5: * TPD abbreviates Total Patient Days, and Avg. LOS abbreviates Average Length of Stay. % Routine represents the % of inpatient discharges that were discharged routinely
 ** Critical Access Hospitals (CAH) are part of the small hospital group, which are reported separately as a point of interest.
 *** Top 10 CCS (Clinical Classifications Software) is excluding newborns.

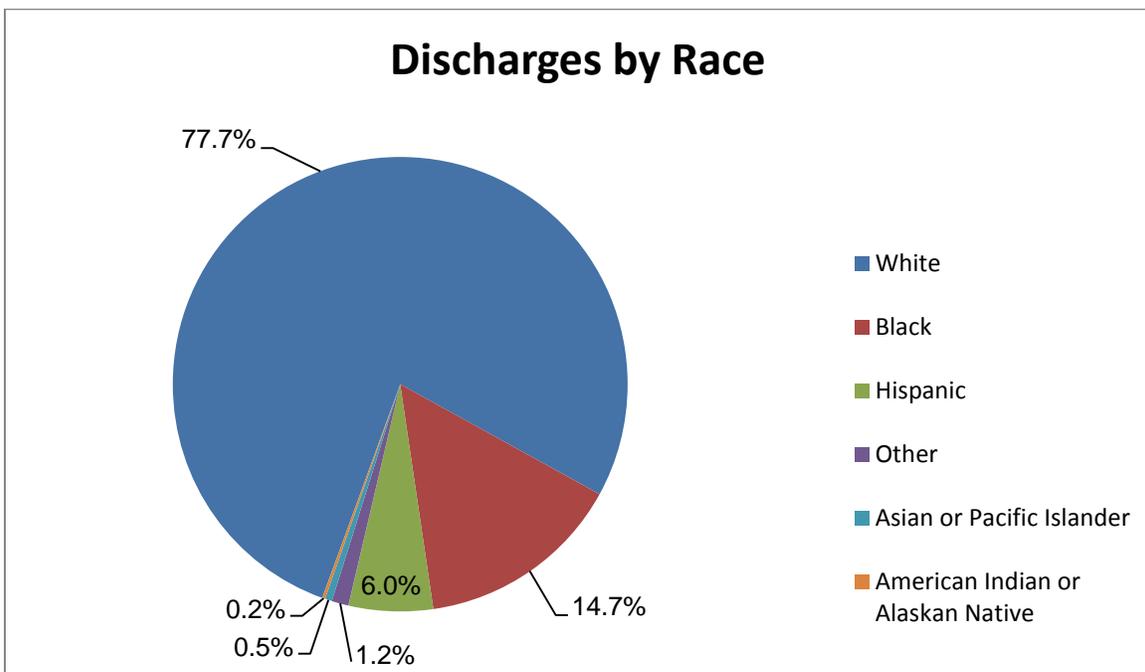
Discharge Status

<u>Utilization</u> <u>Discharge Status</u>	<u>Total</u>		<u>Large</u>		<u>Medium</u>		<u>Small</u>	
	<u>Count</u>	<u>Distribution</u>	<u>Count</u>	<u>Distribution</u>	<u>Count</u>	<u>Distribution</u>	<u>Count</u>	<u>Distribution</u>
Routine	261,001	71.6%	163,168	70.8%	73,439	74.3%	24,394	658.8%
LTAC and Other Facilities	56,257	15.4%	37,016	16.1%	13,119	13.3%	6,122	17.3%
Home Health Care	30,023	8.2%	19,955	8.7%	7,565	7.7%	2,503	7.1%
Another Short-Term Hospital	7,355	2.0%	3,701	1.6%	2,031	2.1%	1,623	4.6%
In-Hospital Deaths	7,627	2.1%	4,937	2.1%	2,025	2.0%	665	1.9%
Against Medical Advice	2,382	0.7%	1,531	0.7%	703	0.7%	148	0.4%

Table 6

Discharge Status represents the circumstances surrounding the discharge from inpatient status and specifies where the patient went after discharged from the hospital.

Discharges by Race



<u>Inpatient Demographic</u> <u>Race/Ethnicity</u>	<u>Total</u>		<u>Large</u>		<u>Medium</u>		<u>Small</u>	
	<u>Count</u>	<u>Distribution</u>	<u>Count</u>	<u>Distribution</u>	<u>Count</u>	<u>Distribution</u>	<u>Count</u>	<u>Distribution</u>
White	282,356	77.4%	183,705	79.8%	73,044	73.9%	25,607	72.2%
Black	53,539	14.7%	33,025	14.3%	16,419	16.6%	4,095	11.5%
Hispanic	21,708	6.0%	9,372	4.1%	8,048	8.1%	4,288	12.1%
Other	4,499	1.2%	2,622	1.1%	834	0.8%	1,043	2.9%
Asian or Pacific Islander	1,712	0.5%	1,029	0.4%	386	0.4%	297	0.8%
Native American	831	0.2%	555	0.2%	151	0.2%	125	0.4%

Table 7

OTHER CARE FACILITIES

Total Discharges

<u>Utilization</u>	<u>LTC</u>	<u>Psychiatric</u>	<u>Rehabilitation</u>
Total Discharges	2,430	17,161	7,789

Table 8

Other care facilities or hospitals as represented in this report are any facilities used for the purpose of providing specific inpatient diagnostic care and treatment, including Long Term Acute Care (LTAC or LTC), Psychiatric care, or Rehabilitation care.

Other care hospitals make up 25 of our 104 reporting hospitals. Psychiatric, rehabilitation, and long term acute care facilities individually make up their own group and are not further divided into subgroups. Psychiatric hospitals provide services for mental, emotional, or substance disorders. Rehabilitation hospitals provide restoration and support services for the disabled. Long term acute care hospitals focus on patients that require special treatment for an extended time.

Discharge Status

<u>Utilization</u> <u>Discharge Status</u>	<u>LTAC</u>		<u>Psychiatric</u>		<u>Rehabilitation</u>	
	<u>Count</u>	<u>Distribution</u>	<u>Count</u>	<u>Distribution</u>	<u>Count</u>	<u>Distribution</u>
Routine	358	14.7%	14,534	84.7%	1,939	24.9%
Home Health Care	444	18.3%	6	0.0%	3,910	50.2%
LTAC and Other Facilities	1,195	49.2%	2,217	12.9%	1,056	13.6%
Another Short-Term Hospital	147	6.0%	162	0.9%	848	10.9%
In-Hospital Deaths	274	11.3%	-	0.0%	3	0.0%
Against Medical Advice	12	0.5%	242	1.4%	33	0.4%

Table 9

Discharge Status represents the circumstances surrounding the discharge from inpatient status from long term acute care, rehabilitation, and psychiatric facilities. It specifies where the patient went after being discharged from the hospital.

Residency

<u>Utilization: Location</u>	<u>LTAC</u>		<u>Psychiatric</u>		<u>Rehabilitation</u>	
<u>Inpatient's Residency</u>	<u>Count</u>	<u>Distribution</u>	<u>Count</u>	<u>Distribution</u>	<u>Count</u>	<u>Distribution</u>
Urban AR Residence	1,437	59.1%	11,474	66.9%	5,454	70.0%
Rural AR Residence	692	28.5%	4,694	27.4%	1,701	21.8%
Outside AR	301	12.4%	986	5.7%	634	8.1%

Table 10 There are 7 discharge patient cases where Residency was missing.

Gender

<u>Inpatient Demographic</u>	<u>LTAC</u>		<u>Psychiatric</u>		<u>Rehabilitation</u>	
<u>Gender</u>	<u>Count</u>	<u>Distribution</u>	<u>Count</u>	<u>Distribution</u>	<u>Count</u>	<u>Distribution</u>
Male	1,233	50.7%	9,172	53.4%	3,165	40.6%
Female	1,197	49.3%	7,989	46.6%	4,624	59.4%

Table 11

Race/Ethnicity

<u>Inpatient Demographic</u>	<u>LTAC</u>		<u>Psychiatric</u>		<u>Rehabilitation</u>	
<u>Race/Ethnicity</u>	<u>Count</u>	<u>Distribution</u>	<u>Count</u>	<u>Distribution</u>	<u>Count</u>	<u>Distribution</u>
White	2,047	84.2%	13,467	78.5%	6,848	87.9%
Black	344	14.2%	2,954	17.2%	817	10.5%
Hispanic	15	0.6%	368	2.1%	48	0.6%
Other	4	0.2%	201	1.2%	36	0.5%
Native American	11	0.5%	90	0.5%	18	0.2%
Asian or Pacific Islander	9	0.4%	81	0.5%	22	0.3%

Table 12

Discharges by Age

<u>Inpatient Demographic Age</u>	<u>LTAC</u>		<u>Psychiatric</u>		<u>Rehabilitation</u>	
	<u>Count</u>	<u>Distribution</u>	<u>Count</u>	<u>Distribution</u>	<u>Count</u>	<u>Distribution</u>
Under 1 year	0	0.0%	0	0.0%	0	0.0%
1 – 17 years	1	0.0%	9,017	52.5%	8	0.1%
18 – 44 years	188	7.7%	4,876	28.4%	397	5.1%
45 - 64 years	755	31.1%	2,330	13.6%	1,754	22.5%
65 - 84 years	1,272	52.3%	733	4.3%	4,306	55.3%
85 years and above	215	8.8%	205	1.2%	1,324	17.0%

Table 13

Age represents the patient's age in years at the time of admission to the hospital as an inpatient.

Primary Expected Payer

<u>Utilization: Groups of Interest</u>	<u>LTAC</u>		<u>Psychiatric</u>		<u>Rehabilitation</u>	
	<u>Count</u>	<u>Distribution</u>	<u>Count</u>	<u>Distribution</u>	<u>Count</u>	<u>Distribution</u>
<u>Primary Payer</u>						
Medicare	1,835	75.5%	2,763	16.1%	5,903	76.0%
Private/HMO	542	22.3%	7,724	45.1%	1,308	16.8%
Medicaid	7	0.3%	4,725	27.6%	364	4.7%
Self-Pay	5	0.2%	1,666	9.7%	31	0.4%
Other Gov't	6	0.2%	235	1.4%	3	0.0%
Other	34	1.4%	29	0.2%	159	2.0%

Table 14

Primary Payer refers to the expected payer for the hospital stay. The payer group reported may be responsible for all or only part of the inpatient charges.

Discharges by Long Term Acute Care Facilities' Clinical Classification (Top 30)

<u>Clinical Classification</u>	<u># of Discharges</u>	<u>Avg. LOS</u>	<u>Avg. Charge</u>	<u>Avg. Cost</u>
Respiratory Failure; Insufficiency; Arrest (Adult)	595	27.7	\$146,497	\$67,611
Chronic Ulcer of Skin	243	29.9	\$93,687	\$43,638
Complications of Surgical Procedures or Medical Care	227	27.5	\$107,230	\$49,813
Infective Arthritis and Osteomyelitis (Except That Caused By TB or STD)	150	31.1	\$105,640	\$47,597
Complication of Device; Implant or Graft	147	29.8	\$111,569	\$50,986
Septicemia (Except In Labor)	137	25.4	\$105,149	\$44,468
Diabetes Mellitus With Complications	114	28.3	\$105,222	\$48,030
Pneumonia (Except That Caused By TB or STD)	83	19.2	\$78,576	\$39,959
Skin And Subcutaneous Tissue Infections	81	20.6	\$70,575	\$31,263
Other Aftercare	66	22.7	\$81,971	\$38,691
Peri-/Endo-/Myocarditis; Cardiomyopathy(Except That Caused By TB or STD)	39	23.5	\$95,031	\$43,168
Acute and Unspecified Renal Failure	34	21.1	\$78,680	\$36,734
Aspiration Pneumonitis; Food/Vomitus	33	22.3	\$84,276	\$38,950
Other Diseases Of Veins And Lymphatics	31	26.0	\$74,398	\$34,372
Chronic Obstructive Pulmonary Disease and Bronchiectasis	27	20.2	\$75,187	\$34,769
Nutritional Deficiencies	26	22.4	\$74,936	\$34,032
Urinary Tract Infections	24	21.5	\$73,396	\$35,231
Peritonitis and Intestinal Abscess	24	23.1	\$85,917	\$35,639
Pancreatic Disorders (Not Diabetes)	20	24.0	\$85,614	\$37,839
Peripheral And Visceral Atherosclerosis	17	23.7	\$83,011	\$37,233
Other Connective Tissue Disease	16	24.0	\$84,971	\$38,288
Congestive Heart Failure; Nonhypertensive	15	17.5	\$70,247	\$33,216
Mycoses	13	13.5	\$56,992	\$23,581
Intestinal Infection	13	17.9	\$48,830	\$22,324
Late Effects of Cerebrovascular Disease	13	27.0	\$91,432	\$42,769
Other Gastrointestinal Disorders	12	30.8	\$120,889	\$44,393
Intestinal Obstruction Without Hernia	12	22.9	\$81,295	\$36,809
Anal And Rectal Conditions	11	30.8	\$97,158	\$36,708
Pleurisy; Pneumothorax; Pulmonary Collapse	11	29.8	\$135,295	\$62,464
Maintenance Chemotherapy; Radiotherapy	10	15.3	\$55,031	\$21,730

Table 15

Clinical Classification Software (CCS) is a tool for clustering patient diagnoses and procedures into a manageable number of clinically meaningful categories.

Discharges by Psychiatric Facilities' Clinical Classification (Top 13)

<u>Clinical Classification</u>	<u># of Discharges</u>	<u>Avg. LOS</u>	<u>Avg. Charge</u>	<u>Avg. Cost</u>
MHSA: Mood disorders	12,962	11.2	\$13,477	\$5,184
MHSA: Schizophrenia and other psychotic disorders	2,065	26.8	\$27,090	\$9,520
MHSA: Substance-related disorders	550	7.6	\$9,845	\$3,516
MHSA: Alcohol-related disorders	455	6.0	\$9,204	\$3,447
MHSA: Attention-deficit, conduct, and disruptive behavior disorders	369	24.6	\$25,592	\$9,198
MHSA: Delirium, dementia, and amnestic and other cognitive disorders	289	16.6	\$20,811	\$9,511
MHSA: Anxiety disorders	255	13.6	\$15,219	\$6,225
MHSA: Impulse control disorders, NEC	58	23.3	\$23,748	\$9,215
MHSA: Adjustment disorders	54	4.8	\$6,092	\$2,669
MHSA: Personality disorders	30	17.7	\$17,267	\$5,542
MHSA: Miscellaneous mental disorders	17	89.5	\$80,308	\$24,930
MHSA: Disorders usually diagnosed in infancy, childhood, or adolescence	16	57.9	\$51,377	\$20,199
Administrative/social admission	13	153.3	\$129,955	\$39,381

Table 16

Discharges by Rehabilitation Facilities' Clinical Classification (Top 13)

<u>Clinical Classification</u>	<u># of Discharges</u>	<u>Avg. LOS</u>	<u>Avg. Charge</u>	<u>Avg. Cost</u>
Rehabilitation Care; Fitting of Prostheses; Adjustment of Devices	7,608	12.2	\$25,062	\$11,438
Other Nervous System Disorders	47	9.7	\$20,614	\$9,753
Acute Cerebrovascular Disease	31	13.5	\$27,785	\$13,138
Late Effects of Cerebrovascular Disease	16	16.4	\$35,159	\$16,392
Spondylosis; Intervertebral Disc Disorders; Other Back Problems	12	12.5	\$26,115	\$12,348
Fracture of Neck of Femur (Hip)	9	15.1	\$31,727	\$15,002
Osteoarthritis	9	10.8	\$22,306	\$10,835
Other Injuries and Conditions Due to External Causes	6	16.3	\$34,127	\$16,137
Parkinson's Disease	5	12.2	\$26,756	\$12,651
Other Hereditary and Degenerative Nervous System Conditions	4	9.3	\$18,348	\$8,676
Peripheral and Visceral Atherosclerosis	4	13.3	\$28,051	\$13,264
Congestive Heart Failure; Nonhypertensive	4	12.0	\$24,507	\$11,588
Other Aftercare	3	8.7	\$56,599	\$25,814

Table 17

INJURY HOSPITALIZATIONS SUMMARY

<u>AGE GROUP</u>	<u>Injury</u>	<u># of Discharge</u>	<u>TPD</u>	<u>AVG. LOS</u>	<u>AVG. Charge</u>	<u>AVG. COST</u>	
<u><1 Year</u>	Unintentional Fall-Related Injury	19	62	3.3	\$19,072	\$10,971	
	Poisoning	2	5	2.5	\$19,689	\$11,470	
	Assault-Related Injury	32	251	7.8	\$42,987	\$25,043	
	Traumatic Brain Injury	2	6	3	\$50,656	\$29,511	
	Drowning-Related Injury	1	2	2	\$24,922	\$14,518	
<u>1-17 Years</u>	Unintentional Fall-Related Injury	184	374	2	\$15,163	\$6,459	
	Motor Vehicle Traffic Injury	116	443	3.8	\$37,898	\$17,352	
	Suicide	88	138	1.6	\$8,913	\$3,525	
	Poisoning	60	96	1.6	\$11,724	\$5,642	
	Assault-Related Injury	33	419	12.7	\$82,810	\$46,035	
	Traumatic Brain Injury	53	301	5.7	\$43,376	\$24,025	
	Hip Fracture	3	11	3.7	\$22,224	\$12,947	
	Firearm-Related Injury	12	46	3.8	\$42,463	\$23,644	
	Unintentional Fire-Related Injury	19	87	4.6	\$31,923	\$18,597	
	Drowning-Related Injury	5	7	1.4	\$12,934	\$7,535	
	<u>18-44 Years</u>	Unintentional Fall-Related Injury	459	1700	3.7	\$36,199	\$10,482
Motor Vehicle Traffic Injury		876	5383	6.1	\$62,577	\$18,904	
Suicide		962	2550	2.7	\$17,490	\$5,032	
Poisoning		494	1119	2.3	\$16,106	\$4,794	
Assault-Related Injury		293	1385	4.7	\$42,269	\$12,509	
Traumatic Brain Injury		68	648	9.5	\$91,734	\$26,518	
Hip Fracture		19	100	5.3	\$58,401	\$15,601	
Firearm-Related Injury		101	589	5.8	\$51,958	\$17,161	
Unintentional Fire-Related Injury		37	269	7.3	\$74,547	\$43,053	
Drowning-Related Injury		2	5	2.5	\$32,466	\$7,447	
<u>45-64 Years</u>		Unintentional Fall-Related Injury	1320	6314	4.8	\$39,353	\$11,416
		Motor Vehicle Traffic Injury	517	3828	7.4	\$61,696	\$18,879
		Suicide	483	1658	3.4	\$22,726	\$6,657
	Poisoning	548	1726	3.1	\$21,742	\$6,306	
	Assault-Related Injury	132	803	6.1	\$49,278	\$16,782	
	Traumatic Brain Injury	50	426	8.5	\$80,733	\$22,974	
	Hip Fracture	49	195	4	\$33,682	\$10,497	
	Firearm-Related Injury	30	340	11.3	\$94,064	\$28,928	
	Unintentional Fire-Related Injury	33	286	8.7	\$61,664	\$34,645	
	<u>65-84 Years</u>	Unintentional Fall-Related Injury	3438	16400	4.8	\$35,482	\$10,200
Motor Vehicle Traffic Injury		269	1799	6.7	\$57,276	\$17,007	
Suicide		67	283	4.2	\$30,495	\$8,853	
Poisoning		220	821	3.7	\$21,845	\$6,446	
Assault-Related Injury		9	71	7.9	\$71,045	\$20,430	
Traumatic Brain Injury		38	315	8.3	\$68,811	\$19,238	
Hip Fracture		93	537	5.8	\$42,960	\$14,158	
Firearm-Related Injury		8	53	6.6	\$67,338	\$16,043	
Unintentional Fire-Related Injury		21	198	9.4	\$90,702	\$52,477	
<u>85+ Years</u>		Unintentional Fall-Related Injury	2064	9799	4.7	\$31,895	\$9,243
	Motor Vehicle Traffic Injury	33	200	6.1	\$48,820	\$12,596	
	Suicide	3	19	6.3	\$53,898	\$13,662	
	Poisoning	25	82	3.3	\$16,132	\$5,850	
	Assault-Related Injury	2	4	2	\$29,577	\$8,427	
	Traumatic Brain Injury	17	84	4.9	\$26,077	\$8,513	
	Hip Fracture	51	285	5.6	\$40,194	\$12,255	
	Unintentional Fire-Related Injury	4	10	2.5	\$13,890	\$6,939	

Table 18

APPENDIX A: Hospitals by Size Category & Facility Type

ACUTE CARE FACILITIES

LARGE

Arkansas Methodist Medical Center	Greene County, Paragould
Baptist Health Medical Center - Little Rock	Pulaski County, Little Rock
Baptist Health Medical Center - North Little Rock	Pulaski County, North Little Rock
Baxter Regional Medical Center	Baxter County, Mountain Home
Forrest City Medical Center	St Francis County, Forrest City
Great River Medical Center	Mississippi County, Blytheville
Harris Hospital	Jackson County, Newport
Helena Regional Medical Center	Phillips County, Helena
Jefferson Regional Medical Center	Jefferson County, Pine Bluff
Johnson Regional Medical Center	Johnson County, Clarksville
Medical Center of South Arkansas	Union County, El Dorado
North Arkansas Regional Medical Center	Boone County, Harrison
Northeast Arkansas Medical Center	Craighead County, Jonesboro
Northwest Medical Center - Springdale	Washington County, Springdale
Ouachita County Medical Center	Ouachita County, Camden
Sparks Health System	Sebastian County, Fort Smith
St. Bernard's Medical Center	Craighead County, Jonesboro
St. Edward Mercy Medical Center	Sebastian County, Fort Smith
St. Joseph's Mercy Health Center Inc.	Garland County, Hot Springs
St. Mary's Regional Medical Center	Pope County, Russellville
St. Vincent Infirmary Medical Center	Pulaski County, Little Rock
Washington Regional Medical Center	Washington County, Fayetteville
White County Medical Center	White County, Searcy
White River Medical Center	Independence County, Batesville

MEDIUM

Arkansas Children's Hospital	Pulaski County, Little Rock
Arkansas Heart Hospital	Pulaski County, Little Rock
Baptist Health Medical Center - Stuttgart	Arkansas County, Stuttgart
Chambers Memorial Hospital	Yell County, Danville
Conway Regional Medical Center	Faulkner County, Conway
Crittenden Regional Hospital	Crittenden County, West Memphis
Drew Memorial Hospital	Drew County, Monticello
Five Rivers Medical Center	Randolph County, Pochahontas
Hot Spring County Medical Center	Hot Spring County, Malvern
Magnolia Regional Medical Center	Columbia County, Magnolia
Mena Regional Health System	Polk County, Mena
Mercy Medical Center	Benton County, Rogers
National Park Medical Center	Garland County, Hot Springs
North Metro Medical Center	Pulaski County, Jacksonville
Northwest Medical Center - Bentonville	Benton County, Bentonville
Saline Memorial Hospital	Saline County, Benton
Summit Medical Center	Crawford County, Van Buren
U.A.M.S. Medical Center	Pulaski County, Little Rock

SMALL (including Critical Access Hospitals*)

Arkansas Department of Correction - Care Facility	Jefferson County, Pine Bluff
Arkansas Surgical Hospital	Pulaski County, North Little Rock
Ashley County Medical Center*	Ashley County, Crossett
Baptist Health Medical Center - Arkadelphia*	Clark County, Arkadelphia
Baptist Health Medical Center - Heber Springs*	Cleburne County, Heber Springs
Booneville Community Hospital*	Logan County, Booneville
Bradley County Medical Center*	Bradley County, Warren
Chicot Memorial Hospital*	Chicot County, Lake Village
Community Medical Center of IZARD County*	Izard County, Calico Rock

CrossRidge Community Hospital*
 Dallas County Medical Center*
 Dardanelle Hospital*
 De Queen Medical Center Inc.*
 De Witt Hospital and Nursing Home Inc.*
 Delta Memorial Hospital*
 Eureka Springs Hospital*
 Fulton County Hospital*
 Howard Memorial Hospital*
 Lawrence Memorial Hospital*
 Levi Hospital
 Little River Memorial Hospital*
 McGehee-Desha County Hospital*
 Medical Park Hospital
 Mercy Hospital of Scott County*
 Mercy Hospital/Turner Memorial*
 North Logan Mercy Hospital*
 Ozark Health*
 Ozarks Community Hospital of Gravette*
 Physicians Specialty Hospital
 Piggott Community Hospital*
 S.M.C. Regional Medical Center*
 Siloam Springs Memorial Hospital
 St. Anthony's Medical Center*
 St. John's Hospital - Berryville*
 St. Vincent Medical Center - North
 Stone County Medical Center*
 Willow Creek Women's Hospital

PSYCHIATRIC FACILITIES

Arkansas State Hospital
 Pinnacle Pointe Behavioral Healthcare System
 Rivendell Behavioral Health Services of Arkansas
 Springwoods Behavioral Hospital
 The BridgeWay
 United Methodist Behavioral Hospital
 Vista Health - Fayetteville
 Vista Health - Fort Smith
 Vista Health - Texarkana

LONG TERM ACUTE CARE FACILITIES

Advance Care Hospital of Fort Smith
 Advance Care Hospital of Hot Springs
 Advanced Care Hospital of White County
 Cornerstone Hospital of North Little Rock
 Baptist Health Extended Care
 Regency Hospital of Northwest Arkansas
 Regency Hospital of Springdale
 Select Specialty Hospital - Fort Smith
 Select Specialty Hospital - Little Rock/STVI

REHABILITATION FACILITIES

Baptist Health Rehabilitation Institute
 Conway Regional Rehabilitation Hospital
 HealthSouth Rehabilitation Hospital
 HealthSouth Rehabilitation Hospital of Fort Smith
 HealthSouth Rehabilitation Hospital of Jonesboro
 Southeast Rehabilitation Hospital
 St. Vincent Rehabilitation Hospital

Cross County, Wynne
 Dallas County, Fordyce
 Yell County, Dardanelle
 Sevier County, De Queen
 Arkansas County, De Witt
 Desha County, Dumas
 Carroll County, Eureka Springs
 Fulton County, Salem
 Howard County, Nashville
 Lawrence County, Walnut Ridge
 Garland County, Hot Springs
 Little River County, Ashdown
 Desha County, McGehee
 Hempstead County, Hope
 Scott County, Waldron
 Franklin County, Ozark
 Logan County, Paris
 Van Buren County, Clinton
 Benton County, Gravette
 Washington County, Fayetteville
 Clay County, Piggott
 Mississippi County, Osceola
 Benton County, Siloam Springs
 Conway County, Morrilton
 Carroll County, Berryville
 Pulaski County, Sherwood
 Stone County, Mountain View
 Washington County, Johnson

Pulaski County, Little Rock
 Pulaski County, Little Rock
 Saline County, Benton
 Washington County, Fayetteville
 Pulaski County, North Little Rock
 Pulaski County, Maumelle
 Washington County, Fayetteville
 Sebastian County, Fort Smith
 Miller County, Texarkana

Sebastian County, Fort Smith
 Garland County, Hot Springs
 White County, Searcy
 Pulaski County, Jacksonville
 Pulaski County, Little Rock
 Washington County, Fayetteville
 Washington County, Springdale
 Sebastian County, Fort Smith
 Pulaski County, Little Rock

Pulaski County, Little Rock
 Faulkner County, Conway
 Washington County, Fayetteville
 Sebastian County, Fort Smith
 Craighead County, Jonesboro
 Chicot County, Lake Village
 Pulaski County, Sherwood

APPENDIX B: Methods and Methodology

Birth and Delivery Hospitalizations

The birth and delivery discharges are identified in the following way:

- Cesarean Deliveries were defined using procedure code 74
- Total Births were defined using the diagnosis codes V30-V39

Injury Hospitalizations

To calculate Injury Hospitalizations, an injury subset of hospital discharge records was created using the following specifications:

- Includes only Acute Care facilities
- Includes hospitalizations of state residents only

The injury cases are identified by using the principle diagnosis code listed as 800-909.2, 909.4, 909.9, 910-994.9, 995.5-995.9, and 995.80-995.85. Once the injury cases are identified, the injury types are identified by the first listed external cause of injury code (e-codes), unless the first e-code is E000-E030, E849, E967, E869.4, E870-E879 or E930-E949; in which case the additional e-codes and secondary diagnosis codes listed are utilized. The injury case counts are calculated as follows:

- Drowning-Related Hospitalization ICD-9-CM codes: 994.1, E830, E832, E910, E954, E964, E984.
- Unintentional fall-related Hospitalization ICD-9-CM codes: E880-E886, E888.
- Hip Fracture Hospitalization ICD-9-CM codes:820
- Unintentional Fire-Related Hospitalization ICD-9-CM codes: E890-E899
- Firearm-Related Hospitalization ICD-9-CM Codes: E922.0–E922.3, E922.8, E922.9, E955.0–E955.4, E965.0–E965.4, E985.0–E985.4, E970, E979.4
- Assault-Related Hospitalization ICD-9-CM Codes: E960–E969, E979, E999.1
- Motor Vehicle Traffic Hospitalization ICD-9-CM Codes: E810–E819
- Poisoning Hospitalization ICD-9-CM Codes: E850–E858, E860–E869, E950–E952, E962, E972, E980–E982, E979 (.6–.7)
- Suicide Attempt Hospitalization ICD-9-CM Codes: E950–E959
- Traumatic Brain Injury Hospitalization ICD-9-CM Codes: 800.00–801.99, 803.00–804.99, 850.0–850.9, 851.00–854.19, 950.1–950.3, 959.01, 995.55

APPENDIX C: Glossary

Acute conditions - are severe and sudden in onset. Symptoms appear, change, or worsen rapidly, as in a heart attack or broken bone.

Age - the patient's age is calculated on the basis of the admission date to the hospital and date of birth. Information is listed as provided in the medical record. Categories: Less than 1 year, 1 to 17 years, 18 to 44 years, 45 to 64 years, 65 to 84 years, 85 years and older.

Average (mean) - the sum of all values divided by the number of values. For example, to determine the average charge per discharge for seven pneumonia patients in a particular hospital, the charges for each patient are added together and divided by seven.

Average Charges - the mean total amount billed per discharge, as shown on the billing form.

Average Charges per Day - the mean amount charged per day of inpatient hospital status.

Average length of stay (ALOS) - The number of days of care accumulated by patients discharged during the year divided by the number of these patients. Length of stay affects charges because longer stays generate higher charges. In addition, it may be a rough indicator of hospital efficiency or program philosophy.

Clinical Classifications Software (CCS) - One in a family of databases and software tools developed as part of the Healthcare Cost and Utilization Project (HCUP), a Federal-State-Industry partnership sponsored by the Agency for Healthcare Research and Quality. HCUP databases, tools, and software inform decision making at the National, State, and Community levels.

Charges - represents the amounts billed to the inpatient for services provided and does not include professional (MD) fees. Charges do not represent the actual amount hospitals collected for services rendered nor do they reflect the cost of operation.

Chronic condition - a condition that lasts twelve months or longer and meets one or both of the following tests: (a) it places limitations on self-care, independent living, and social interactions; and (b) it results in the need for ongoing intervention with medical products, services, and special equipment.

Costs - estimates and reflects the costs of production. Total charges were converted to costs using cost-to-charge ratios (CCR) acquired through the HCUP Central Distributor. The files provided individual hospital and hospital group CCR ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services (CMS). In general, costs are less than charges. Costs do not represent the actual amount hospitals collected for services rendered.

Costs: Average Costs - the mean estimated actual costs of production related to the Average Charges.

Costs: Average Costs per Day - the mean estimated actual costs of production related to the Average Charge per Day.

Denominator - the number of people (population) who are potentially capable of experiencing the event or outcome of interest. The denominator, along with the numerator, is used to calculate rates. The denominator is the bottom half of a fraction.

Diagnosis - a disease or injury (or factor that influences health status and contact with health services that is not itself a current illness or injury) listed on the medical record of a patient. (Also see Principal Diagnosis.) All-listed diagnoses include all diagnoses reported on the discharge record. There is space for up to nine diagnoses to be coded prior to calendar year 2008. From 2008 onward, there is space to code up to eighteen diagnoses.

Discharge - the formal release of a patient by a hospital; that is, the termination of a period of hospitalization by death, by disposition to place of residence, nursing home, another hospital or facility, or by the patient's choice. The terms "discharges," "patients discharged" and "hospitalizations" are used synonymously.

Discharge Status - represents the circumstances surrounding the discharge from inpatient status and specifies the destination of the patient after discharge. The present categories are: Against Medical Advice, Another Short-Term Hospital, Home Health Care, In-Hospital Deaths, LTAC and Other Facilities, and Routine.

Discharge Status: Against Medical Advice - the patient discontinued care or left against medical advice.

Discharge Status: Another Short-Term Hospital - the patient was discharged to be directly and immediately admitted as an inpatient to another short-term acute care hospital.

Discharge Status: Home Health Care - the patient was discharged to the care of home health services or to a hospice.

Discharge Status: In-Hospital Deaths - the patient expired (died) while admitted as an inpatient to the hospital.

Discharge Status: LTAC and Other Facilities - the patient was discharged to be directly and immediately admitted as an inpatient to a long term acute care (LTAC) hospital, skilled nursing facility (SNF), intermediate care facility (ICF), psychiatric hospital, inpatient rehabilitation facility (IRF), designated cancer center, or children's hospital.

Discharge Status: Routine - the patient was discharged to home or self-care.

DRG - Diagnosis Related Group - groups based on diagnosis codes doctors and hospitals put on patient's medical bills that Medicare uses to determine payment to the hospital.

Gender - coded as male or female, and appears as provided on the medical record.

Gender: Female - all woman and girl inpatients, including female newborns and females giving birth, unless otherwise noted.

Gender: Male - all man and boy inpatients, including male newborns, unless otherwise noted.

ICD-9-CM - stands for "International Classification of Diseases - 9th revision - Clinical Modification." All diagnoses (or conditions) and all procedures that patients receive in the hospital are assigned an ICD-9-CM code. Codes for diagnoses can be up to 5 digits long. Codes for procedures can be up to 4 digits long. There are about 12,000 diagnosis codes and about 3,500 procedure codes. Each hospital stay can have multiple diagnoses and multiple procedures.

Length of stay (LOS) - the number of nights the patient remained in the hospital for this stay. A patient admitted and discharged on the same day has a length of stay = 0.

MDC - Major Diagnostic Categories - broad groups of Diagnosis Related Groups (DRGs) that relate to an organ or a system (such as the digestive system) and not to an etiology. Examples include MDC 01 - Diseases and Disorders of the Nervous System, MDC 02 - Diseases and Disorders of the Eye, MDC 03 - Diseases and Disorders of the Ear, Nose, Mouth and Throat. Each hospital stay has one DRG and one MDC assigned to it.

Number of Discharges per 1,000 Population - the ratio of inpatient discharges per 1,000 of Arkansas resident population as recorded by state census estimates for the given calendar year.

Obstetrics - the number of inpatient discharges that were admitted for childbirth or that were born. The delivery types are divided into Normal and Cesarean Deliveries and do not distinguish between childbirth with or without complications.

Obstetrics: Cesarean Deliveries - a surgical method of delivering babies through an abdominal incision in the womb.

Obstetrics: Normal Deliveries - a method of delivering babies vaginally.

Obstetrics: Total Birth - the number of children born not including stillborns.

Obstetrics: Total Deliveries - a count of mothers admitted as an inpatient for delivering. This number includes mothers who give birth to a stillborn child. A mother who gives birth to multiple children (twins, triplets, etc.) would only be counted once in this number.

Patient - a person who is formally admitted to the inpatient service of an Arkansas licensed hospital for observation, care, diagnosis or treatment. For the purposes of this report, the terms "patient" and "inpatient" are used synonymously.

Primary Payer - the expected source of payment for this hospitalization bill. The primary payer listed on an inpatient's UB may not be responsible for the total inpatient charges. Payer combines the more detailed categories into the more general groups of Medicare, Medicaid, Private/HMO Insurance, Self-Pay, No Charge, and Other. Sometimes Self-Pay and No Charge records are reported under the category Uninsured.

Primary Payer: Medicare - reimbursement under Part A (facility care) of Title 18. Medicare is a federal health insurance program for the elderly and disabled. It includes fee-for-service and managed care Medicare patients.

Primary Payer: Medicaid - reimbursement from Arkansas' Medicaid (Title 19) program. Medicaid is a federal/state program that helps pay for health care for indigent and other eligible persons.

Primary Payer: No Charge - the facility did not charge for the inpatient treatment provided. Medically Indigent/Free.

Primary Payer: Other - reimbursement from CHAMPUS (Civilian Health and Medical Program of the Uniformed Services), county general relief and other programs, medical assistance from a state other than Arkansas, and other government sources including Worker's Compensation and Title V.

Primary Payer: Private/HMO - reimbursement from Blue Cross/Blue Shield and other traditional insurance companies, alternative payment systems (e.g., HMO's, PPO's), self-funded plans.

Primary Payer: Self-pay - reimbursement from a patient's own resources. Self-pay may also include insurance that has not been assigned (reimbursement made directly to the patient, rather than to the hospital).

Percent - A part of a whole, represented as a fraction of 100 and symbolized with %. For example, if, of 3467 patients, 1520 are male, the percent male is calculated as $(1520/3467)*100=43.8\%$.

Principal Diagnosis - the condition established after study to be primarily responsible for causing the admission of the patient to the hospital for care. The principal diagnosis should be the first listed diagnosis in the hospital discharge record.

Procedure - A surgical or non-surgical operation or a series of steps or tests made to reach a diagnosis, or a special treatment, reported on the medical record of a patient. There is space for up to six procedures to be coded prior to calendar year 2008. From 2008 onward, there is space to code up to eight procedures.

Race - the Race category presented in this summary report combines both billing form fields race and ethnicity. The racial designations collected are American Indian or Alaskan Native, Asian or Pacific Islander, Black, White, Other, and Unknown. The ethnicity designations collected are: Hispanic Origin, Not of Hispanic Origin, Unknown. Any patient with a recorded ethnicity of Hispanic Origin is in the Race category Hispanic; otherwise each patient is in a category containing the race reported on the billing form.

Race: Asian or Pacific Islander - represents inpatients that reported demographic for race was Asian or Pacific Islander and for ethnicity was Not of Hispanic Origin or Unknown.

Race: Black - represents inpatients that reported demographic for race was Black and for ethnicity was Not of Hispanic Origin or Unknown.

Race: Hispanic - represents all inpatients that reported demographic for ethnicity was Hispanic Origin.

Race: Native American - represents inpatients that reported demographic for race was American Indian or Alaskan Native and for ethnicity was Not of Hispanic Origin or Unknown.

Race: Other - represents inpatients that reported demographic for race was Other and for ethnicity was Not of Hispanic Origin or Unknown.

Race: White - represents inpatients that reported demographic for race was White and for ethnicity was Not of Hispanic Origin or Unknown.

Rate - rate is how often a particular event occurs in a population. For example, how often a procedure was done in a population, or how many cases of a particular condition occur in a population. Sometimes the rate is displayed as the number of procedures out of 100, 1,000, 10,000 or 100,000.

Residency - where the inpatient lives according to the FIPS code of the patient address field on the billing form. Residency is divided into two categories, Arkansas residents and Other residents.

Residency: Arkansas - patients whose FIPS code is for a county in Arkansas, 05001 to 05149.

Residency: Other - patients with a home address in another state, out of country, or unknown.

Size and Facility Type - categorizes the general medical surgery licensed hospitals as Small, Medium, or Large based on the number of inpatient beds it has, and categorizes the other licensed hospitals as Rehabilitation, Psychiatric, and Long Term Acute Care. It also lists a specialized type of small acute care hospital, Critical Access Hospitals, as they are a group of interest. For the acute care hospitals, the number of beds for each size differs if the hospital is rural, urban non-teaching, or urban teaching. A table detailing these ranges can be found in Appendix C.

Size and Facility Type: Large - size category for rural hospitals with 75+ beds, urban nonteaching hospitals with 200+ beds, and urban teaching hospitals with 450+ beds.

Size and Facility Type: Medium - size category for rural hospitals with 40-74 beds, urban nonteaching hospitals with 100-199 beds, and urban teaching hospitals with 250-449 beds.

Size and Facility Type: Small - size category for rural hospitals with 1-39 beds, urban nonteaching hospitals with 1-99 beds, and urban teaching hospitals with 1-249 beds.

Size and Facility Type: Rehabilitation Hospitals - provide a comprehensive array of restoration services for the disabled, with support services necessary to help them attain their maximum health and competence.

Size and Facility Type: Psychiatric Hospitals - provide diagnostic and therapeutic services to patients with mental, emotional and/or substance-dependency (drug or alcohol) disorders.

Size and Facility Type: Long-Term Acute Care Hospitals - focus on patients with serious medical problems that require intense, special treatment for a long time (usually 20-30 days).

Size and Facility Type: Critical Access Hospitals (CAH) - small, generally rural hospitals meeting certain criteria that certify them to receive cost-based reimbursement from Medicare to improve their financial stability and reduce chance of closure. CAH certification is under a different set of Medicare Conditions of Participation (CoP) that are more flexible than the acute care hospital CoPs. Some of the general criteria that must be met include that the hospital be over 35 miles from another hospital or 15 miles if in mountainous terrain or areas with only secondary roads, have a maximum of 25 acute care inpatient beds, provide 24-hour emergency services, and maintain an annual average length of stay of 96 hours or less for their acute care patients.

South Region - refers to the southern area of the U.S. as grouped by the HCUP Nationwide Inpatient Sample, and is comprised of the states Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

Total Discharges - aggregated totals of both resident and nonresident inpatient discharges reported by each hospital for the given calendar year. Discharges are reported by Arkansas hospitals and include all Acute Care, Long Term Acute Care (LTAC), Psychiatric, and Rehabilitation hospitals. They do not include the discharges from the two Veteran's Affairs Medical Centers.

UB-04 Form - a uniform patient billing form (HCFA-1450) developed by a national uniform billing committee under the auspices of the Federal Health Care Financing Administration.

Urbanicity - the U.S Office of Management and Budget defines urbanicity depending on county's geographical area around an urban core as metropolitan and micropolitan statistical areas. Each metropolitan or micropolitan area, along with its urban core that is defined, is made up of one or more counties containing the urban core and any counties adjacent with high integration with the urban core.

Urbanicity: Urban - a metropolitan (urban) area contains an urban core of 50,000 or more population.

Urbanicity: Rural - a micropolitan (rural) area contains an urban core of at least 10,000 but less than 50,000 population.

Utilization - statistics reporting on the usage of hospital facilities and services.

APPENDIX D: References

Sources

- ¹Arkansas Department of Health, Arkansas Hospital Discharge Data System, Little Rock, AR.
<http://www.healthy.arkansas.gov/programsServices/healthStatistics/Pages/HospitalDischarge.aspx>
- ²U.S Census Bureau MSA – Urbanicity - U.S. Census Bureau, Population Division, Washington, DC.
<http://www.census.gov/population/www/metroareas/metroarea.html>
- ³U.S. Department of Commerce, Bureau of Economic Analysis. (2012) National Economic Accounts. Retrieved from <http://www.bea.gov/index.html>.
- ⁴U.S. Department of Health & Human Services. (2012) 2008 National Statistics on All Stays – HCUPnet. Retrieved from <http://hcupnet.ahrq.gov/>.
- ⁵U.S. Department of Health & Human Services. (2012) HCUPnet – Bedsizes – HCUPnet Definitions. Retrieved from [http://hcupnet.ahrq.gov/HCUPnet.jsp?Id=24C37275CB8B027A&Form=MAINSEL&JS=Y&Action=%3E%3ENext%3E%3E&HCUPnet definitions.x=1](http://hcupnet.ahrq.gov/HCUPnet.jsp?Id=24C37275CB8B027A&Form=MAINSEL&JS=Y&Action=%3E%3ENext%3E%3E&HCUPnet%20definitions.x=1).

Other Information

- Software Used:
 - SAS - www.sas.com