



Arkansas Department of Health

Hospital Inpatient Discharge Data

Annual Report

2014

Arkansas Department of Health
Health Statistics Branch
4815 West Markham Street, Slot 19
Little Rock, AR 72205

ACKNOWLEDGEMENTS

Center for Public Health Practice

Shirley Louie, Center Director

Health Statistics Branch

Lynda Lehing, Branch Chief

Hospital Discharge Data Section

Taniesha Richardson, Section Chief/Associate Branch Chief

Data Analysis Team

Betty Bohanna

LaTonya Bynum

Xiaoyan Egbe

Doris Green

Amie Lein

Michael Weldensea

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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 2014. 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 2014 data was 2012.
- 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 2014, 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

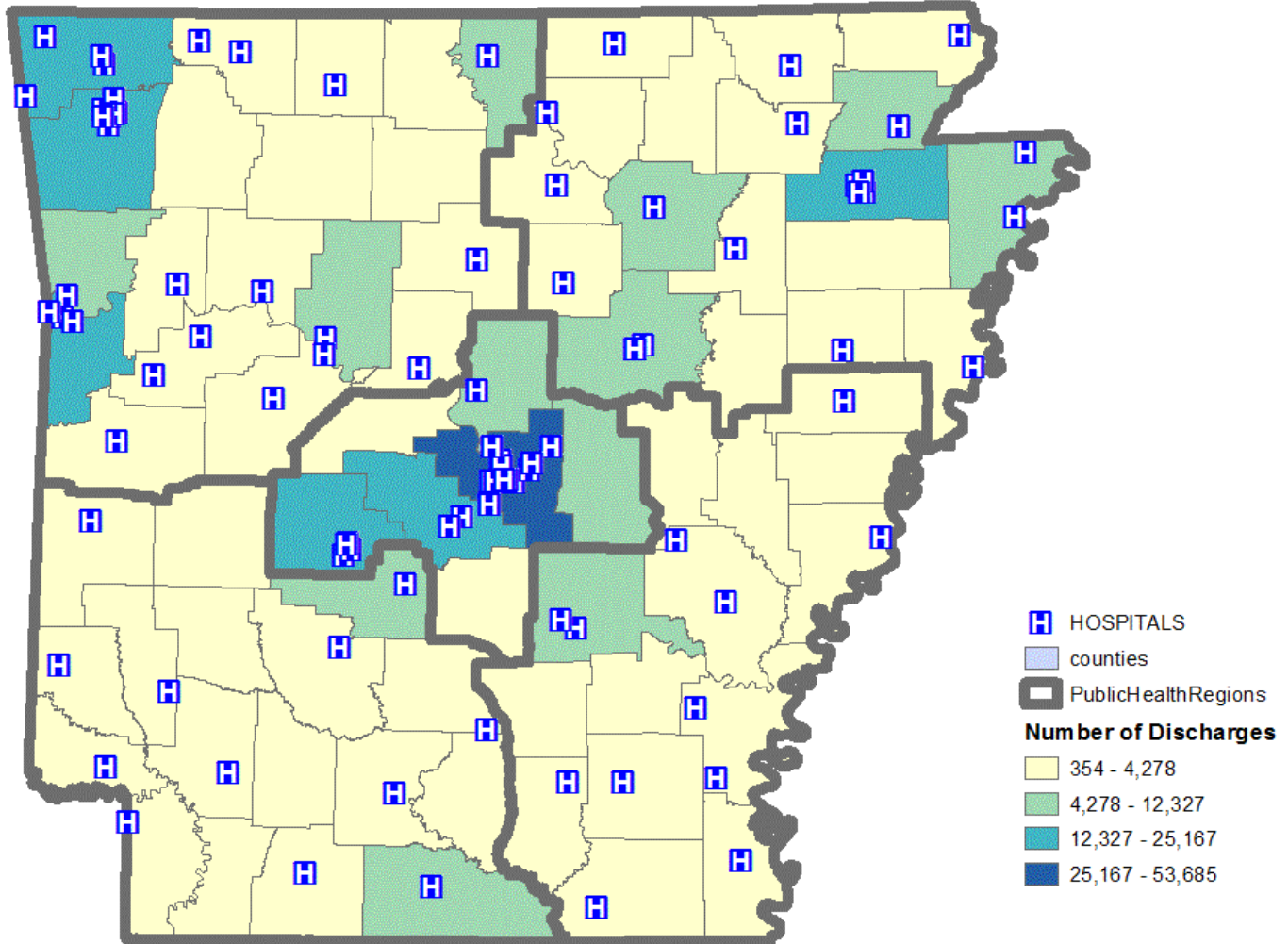


Counties serviced by an Arkansas hospital

- 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 Arkansas Residents Inpatient Discharges by County 2014



Date: February 24, 2016
Source: ADH/Hospital Discharge Section
Map created by: Xiaoyan Egbe

Hospital Discharge Utilization Summary 2014

Overall Utilization

Total Discharges	394,609	Average Length of Stay	5.1
Total Patient Days	2,044,849	Average Charge per Discharge	\$ 28,681.57
Average Census per Day	5,602.3	Average Charge per Day	\$ 5,534.89

Age and Gender Distribution

	<i>Discharges</i>	<i>% Discharges</i>	<i>% Days</i>	<i>% Charges</i>
Female (228,461)				
Under 15 years	25,551	6.5	5.5	3.3
15 – 44 years	72,606	18.4	3	11.5
45 – 64 years	48,423	12.3	12.0	14.5
65 years and above	81,881	20.7	23.1	23.0
Male (166,148)				
Under 15 years	28,658	7.3	6.9	4.2
15 – 44 years	28,651	7.3	9.4	6.8
45 – 64 years	47,111	11.9	13.1	16.2
65 years and above	61,728	15.6	17.7	20.4

Resident / Non-Resident Utilization

	<i>Discharges</i>	<i>% Discharges</i>	<i>% Days</i>	<i>% Charges</i>
Arkansas Resident	374,732	95.0	1,932,028	94.5
Non-Resident	19,843	5.0	112,619	5.5
Unknown	34	0.0	202	0.0

Patient Discharge Status Distribution

<i>Discharge Status</i>	<i>% Discharges</i>
Home or Self Care	70.1
Other GMS Hospital	2.2
Skilled Nursing Facility	6.6
Intermediate Care Facility	1.0
Other Institution	0.6
Home Health	9.1
Left Against Medical Advice	0.8
Home IV Provider	0.0
Expired	2.0
Other	7.7

Expected Pay Source Distribution

<i>Expected Primary Payer</i>	<i>% Discharges</i>
Medicare	39.9
Medicaid	21.5
Other Government	1.3
Commercial Insurance	26.5
Self-Pay	4.1
Other/Unknown	6.7

Type of Admission Distribution

<i>Admission Type</i>	<i>% Discharges</i>
Emergency	42.6
Urgent	13.8
Elective	30.6
Newborn	8.8
Information Not Available	4.1

Obstetrical Utilization

Normal Deliveries	25,297	% of Deliveries	69.3
Cesarean Deliveries	11,183	% of Deliveries	30.7
Total Deliveries	36,480		
Total Births	34,322		

SOURCE: CY14 Arkansas Hospital Discharge Data System

Summary of CCS by All Age Groups 2014

<u>Age Group And Principal DRG</u>	<u># of Discharges</u>		<u>Avg. LOS</u>	
	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>
<u><1 Year</u>				
Live born	16,693	17,626	2.6	2.8
Other perinatal conditions	454	597	16.2	13.5
Acute bronchitis	307	509	3.2	3.6
Hemolytic jaundice and perinatal jaundice	161	226	3.2	3.6
Pneumonia (except that caused by TB or STD)	152	197	2.7	3.5
Respiratory distress syndrome	97	140	37.7	35.1
<u>1-17 Years</u>				
MHSA: Mood disorders	4,191	4,418	11.0	13.2
Pneumonia (except that caused by TB or STD)	446	493	3.6	3.1
Asthma	301	483	2.1	1.9
MHSA: Attention-deficit, conduct, and disruptive behavior disorder	183	365	14.0	18.8
Epilepsy; convulsions	218	217	2.7	2.6
Skin and subcutaneous tissue infections	193	232	2.4	2.5
<u>18-44 Years</u>				
MHSA: Mood disorder	4,347	3,692	6.0	6.3
OB-related trauma to perineum and vulva	5,781	.	5.9	.
Previous C-section	5,509	.	1.8	.
Other complications of birth; puerperium affecting management of mother	5,370	.	2.3	.
Other complications of pregnancy	4,996	.	2.0	.
MHSA: Schizophrenia and other psychotic disorders	1,304	2,492	10.8	17.4
<u>45-64 Years</u>				
Osteoarthritis	2,511	1,755	2.4	2.2
MHSA: Mood disorders	2,444	1,723	6.8	7.8
Septicemia (except in labor)	1,992	2,009	7.9	8.4
Chronic obstructive pulmonary disease and bronchiectasis	2,019	1,309	3.7	3.8
Pneumonia (except that caused by TB or STD)	1,673	1,412	4.9	5.0
<u>65-84 Years</u>				
Rehabilitation care; fitting of prostheses; and adjustment of devices	4,794	3,331	11.7	12.1
Septicemia (except in labor)	3,363	3,019	7.3	7.3
Pneumonia (except that caused by TB or STD)	2,812	2,491	5.4	5.1
Osteoarthritis	3,211	2,051	2.6	2.5
Congestive heart failure; non-hypertensive	2,503	2,549	4.9	4.8
<u>85+ Years</u>				
Rehabilitation care; fitting of prostheses; and adjustment of devices	2,007	821	12.6	12.6
Congestive heart failure; non-hypertensive	1,424	833	4.5	4.5
Septicemia (except in labor)	1,371	722	5.7	5.4
Pneumonia (except that caused by TB or STD)	1,198	767	5.2	4.8
Urinary tract infections	1,124	316	4.3	4.9

Table 1

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	394,609	238,981	94,278	32,840	2,188	18,457	7,865
Number of Discharges Per 1000 Population	133	81	32	11	1	6	3

Table 2: 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 2014. 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	366,099	100.0%	238,981	65.3%	94,278	25.8%	32,840	9.0%

Table 3

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	203,399	907,434	4.5	\$30,435	\$8,872	73%
Rural	143,677	641,154	4.5	\$26,068	\$8,597	68%
<u>Hospital Size/Facility</u>						
Large	238,981	1,080,000	4.5	\$29,960	\$8,238	71%
Medium	94,278	445,786	4.7	\$30,627	\$10,960	71%
Small	32,840	118,837	3.6	\$16,671	\$7,196	69%
<u>Patient Gender</u>						
Male	151,997	736,057	4.8	\$32,923	\$10,087	69%
Female	214,102	904,378	4.2	\$26,112	\$7,964	72%
<u>Patient Age</u>						
Under 1 year	39,754	140,709	3.5	\$13,411	\$5,475	95%
1 – 17 years	11,540	47,770	4.1	\$26,212	\$13,696	94%
18 – 44 years	88,576	297,101	3.4	\$20,717	\$6,202	90%
45 - 64 years	90,293	431,737	4.8	\$36,605	\$10,596	73%
65 - 84 years	107,285	568,281	5.3	\$36,064	\$10,509	52%
85 years and above	28,676	154,837	5.4	\$26,158	\$7,994	28%
<u>Patient Race</u>						
White	276,025	1,240,000	4.5	\$28,353	\$8,844	68%
Black	51,352	246,145	4.8	\$27,897	\$8,951	76%
Hispanic	30,527	119,874	3.9	\$36,503	\$8,760	81%
Other	8,220	37,393	4.6	\$27,062	\$8,560	79%
<u>Primary Payer</u>						
Medicare	147,286	770,475	5.2	\$33,726	\$9,813	50%
Medicaid	78,310	306,518	3.9	\$21,815	\$7,457	88%
Private/HMO	95,826	366,175	3.8	\$28,853	\$8,453	84%
Uninsured	14,786	49,595	3.4	\$20,944	\$6,394	88%
Other	20,539	93,525	4.6	\$28,340	\$9,766	71%
<u>Patient Residency</u>						
Urban AR Resident	203,399	907,434	4.5	\$30,435	\$8,872	73%
Rural AR Resident	143,677	641,154	4.5	\$26,068	\$8,597	68%
Outside AR	19,048	91,847	4.8	\$34,641	\$10,435	69%
<u>Top 10 CCS*** by # Discharges</u>						
Septicemia (except in labor)	14,177	99,204	7.0	\$44,785	\$13,969	39%
Pneumonia (except that caused by TB or STD)	12,741	61,188	4.8	\$25,067	\$8,170	61%
Congestive heart failure; non-hypertensive	10,435	51	4.8	\$29,197	\$8,768	54%
Osteoarthritis	9,991	24,640	2.5	\$40,128	\$11,821	50%
Chronic obstructive pulmonary disease and bronchiectasis	8,596	33,947	3.9	\$19,465	\$6,362	69%
MHSA: Mood disorders	8,017	44,487	5.5	\$11,490	\$3,506	88%
Cardiac dysrhythmia	7,868	27,774	3.5	\$32,097	\$8,786	75%
Coronary atherosclerosis and other heart disease rehabilitation care; fitting of prostheses; and adjustment of devices	6,799	81,703	12.0	\$31,873	\$10,181	28%
acute myocardial infarction	6,675	28,468	4.3	\$68,117	\$17,609	70%

Table 4: * 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.

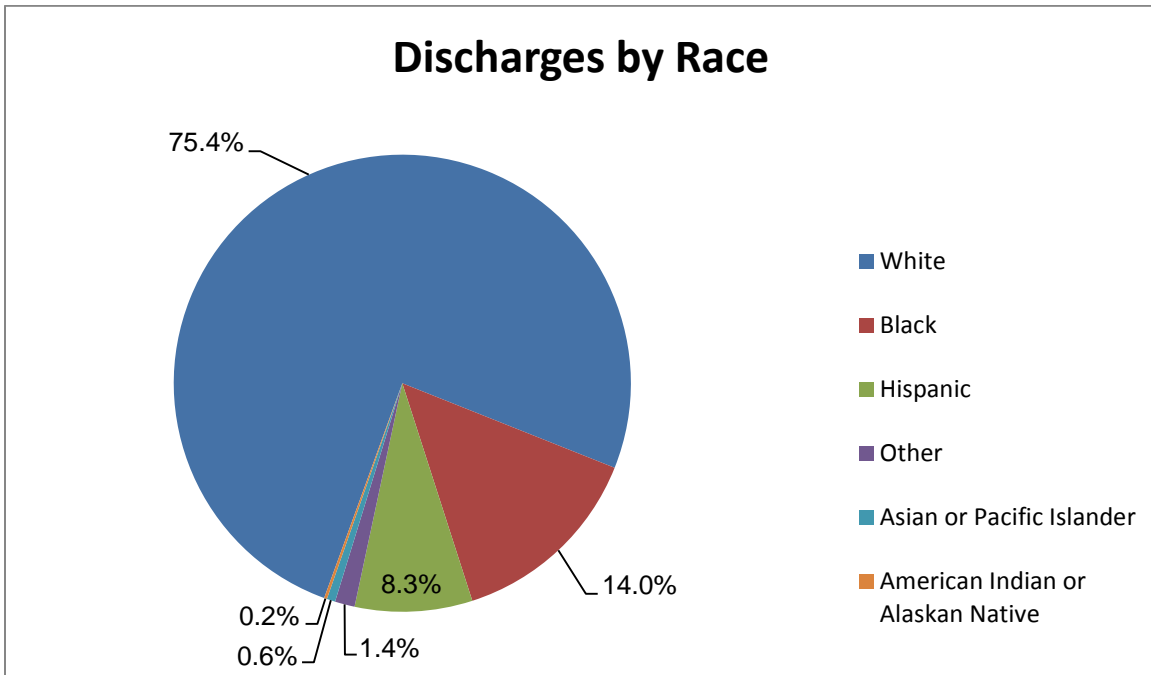
Discharge Status

<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	258,539	70.6%	168,854	70.7%	67,164	71.2%	22,521	68.6%
LTAC and Other Facilities	58,823	16.1%	38,396	16.1%	14,896	15.8%	5,531	16.8%
Home Health Care	31,454	8.6%	21,159	8.9%	7,878	8.4%	2,417	7.4%
Another Short-Term Hospital	7,342	2.0%	3,762	1.6%	1,940	2.1%	1,640	5.0%
In-Hospital Deaths	7,321	2.0%	5,065	2.1%	1,684	1.8%	572	1.7%
Against Medical Advice	2,620	0.7%	1,745	0.7%	716	0.8%	159	0.5%

Table 5

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	276,025	75.4%	187,436	78.4%	65,310	69.3%	23,279	70.9%
Black	51,352	14.0%	34,810	14.6%	13,314	14.1%	3,228	9.8%
Hispanic	30,527	8.3%	11,515	4.8%	13,455	14.3%	5,557	16.9%
Other	5,281	1.4%	3,504	1.5%	1,352	1.4%	425	1.3%
Asian or Pacific Islander	2,066	0.6%	1,148	0.5%	678	0.7%	240	0.7%
Native American	848	0.2%	568	0.2%	169	0.2%	111	0.3%

Table 6

OTHER CARE FACILITIES

Total Discharges

<u>Utilization</u>	<u>LTC</u>	<u>Psychiatric</u>	<u>Rehabilitation</u>
Total Discharges	2,188	18,457	7,865

Table 7

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	364	16.6%	15,626	84.7%	1,906	24.2%
Home Health Care	417	19.1%	24	0.1%	4,056	51.6%
LTAC and Other Facilities	982	44.9%	2,242	12.1%	1,020	13.0%
Another Short-Term Hospital	155	7.1%	175	0.9%	831	10.6%
In-Hospital Deaths	15	0.7%	389	2.1%	46	0.6%
Against Medical Advice	255	11.7%	1	0.0%	6	0.1%

Table 8

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	1,302	59.9%	12,469	67.8%	5,407	69.1%
Rural AR Residence	633	29.1%	5,002	27.2%	1,902	24.3%
Outside AR	238	11.0%	908	4.9%	519	6.6%

Table 9

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	1,141	52.1%	9,684	52.5%	3,326	42.3%
Female	1047	47.9%	8,773	47.5%	4,539	57.7%

Table 10

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	1,873	85.6%	14,246	77.2%	6,811	86.6%
Black	255	11.7%	3,226	17.5%	905	11.5%
Hispanic	18	0.8%	521	2.8%	64	0.8%
Other	20	0.9%	312	1.7%	44	0.6%
Native American	9	0.4%	80	0.4%	15	0.2%
Asian or Pacific Islander	13	0.6%	72	0.4%	26	0.3%

Table 11

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%	1	0.0%	0	0.0%
1 – 17 years	0	0.0%	9,660	52.3%	5	0.1%
18 – 44 years	177	8.1%	5,330	28.9%	448	5.7%
45 - 64 years	774	35.4%	2,585	14.0%	1,882	23.9%
65 - 84 years	1,089	49.8%	705	3.8%	4,224	53.7%
85 years and above	148	6.8%	176	1.0%	1,306	16.6%

Table 12

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	1,531	70.0%	2,831	15.3%	5,745	73.0%
Private/HMO	583	26.6%	7,380	40.0%	1,517	19.3%
Medicaid	15	0.7%	6,089	33.0%	433	5.5%
Self-Pay	2	0.1%	1,688	9.2%	14	0.2%
Other Gov't	4	0.2%	373	2.0%	5	0.1%
Other	53	2.4%	87	0.5%	151	1.9%

Table 13

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' Top Clinical Classification

<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)	633	25.3	\$137,538	\$61,569
Septicemia (except in labor)	198	27.7	\$121,905	\$51,551
Complications of surgical procedures or medical care	195	26.0	\$103,496	\$47,436
Chronic ulcer of skin	179	29.2	\$97,683	\$45,245
Complication of device; implant or graft	135	29.2	\$105,759	\$48,227
Infective arthritis and osteomyelitis (except that caused by tuberculosis or STD)	134	32.6	\$108,816	\$52,263
Diabetes mellitus with complications	97	28.6	\$116,894	\$53,438
Skin and subcutaneous tissue infections	69	21.3	\$71,319	\$34,088
Pneumonia (except that caused by TB or STD)	63	21.9	\$90,182	\$44,711
Other aftercare	45	22.5	\$92,484	\$42,775
Peri-; endo-; and myocarditis; cardiomyopathy (except that caused by TB or STD)	43	24.4	\$91,268	\$41,862
Peritonitis and intestinal abscess	26	25.8	\$101,017	\$39,303
Other diseases of veins and lymphatics	23	22.6	\$70,821	\$31,518

Table 14

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' Top Clinical Classification

<u>Clinical Classification</u>	<u># of Discharges</u>	<u>Avg. LOS</u>	<u>Avg. Charge</u>	<u>Avg. Cost</u>
MHSA: Mood disorders	13,920	10.8	\$12,659	\$4,887
MHSA: Schizophrenia and other psychotic disorders	2,234	30.1	\$29,523	\$10,275
MHSA: Alcohol-related disorders	543	6.3	\$9,243	\$3,442
MHSA: Substance-related disorder	514	5.9	\$8,351	\$3,053
MHSA: Attention-deficit, conduct, and disruptive behavior disorders	485	17.1	\$18,307	\$6,573
MHSA: Anxiety disorders	295	14.3	\$15,221	\$6,621
MHSA: Delirium, dementia, and amnestic and other cognitive disorder	252	20.0	\$23,485	\$10,158

Table 15

Discharges by Rehabilitation Facilities' Top Clinical Classification

<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; and adjustment of devices	7,641	12.2	\$25,803	\$11,742
Other nervous system disorders	34	9.9	\$20,415	\$9,605
Acute cerebrovascular disease	31	14.5	\$28,079	\$13,295
Late effects of cerebrovascular disease	29	12.2	\$24,963	\$11,763
Spondylosis; intervertebral disc disorders; other back problems	24	10.8	\$21,821	\$10,297
Fracture of neck of femur (hip)	9	11.0	\$23,750	\$11,293
Congestive heart failure; non-hypertensive	7	9.4	\$18,936	\$9,022
Chronic obstructive pulmonary disease and bronchiectasis	6	13.3	\$28,397	\$13,462
Intracranial injury	6	10.0	\$18,153	\$8,631
Other injuries and conditions due to external causes	6	12.0	\$24,828	\$11,740
Other fractures	5	10.6	\$23,948	\$10,976
Paralysis	5	12.2	\$25,769	\$12,215

Table 16

2014 HOSPITAL READMISSION RATE

County	Readmission Rate	Admission	County	Readmission Rate	Admission
Arkansas	4.68%	2,455	Lee	3.59%	891
Ashley	3.85%	2,597	Lincoln	7.20%	1,278
Baxter	3.61%	5,099	Little River	5.64%	390
Benton	4.43%	21,014	Logan	4.80%	2,647
Boone	3.65%	3,155	Lonoke	5.61%	7,608
Bradley	6.19%	1,340	Madison	4.62%	1,580
Calhoun	5.01%	479	Marion	3.44%	1,861
Carroll	3.99%	2,282	Miller	8.58%	478
Chicot	5.74%	1,027	Mississippi	5.36%	5,429
Clark	4.31%	2,388	Monroe	6.05%	1,058
Clay	4.35%	1,818	Montgomery	5.47%	1,079
Cleburne	5.29%	3,175	Nevada	3.86%	725
Cleveland	6.92%	911	Newton	4.01%	673
Columbia	3.52%	1,963	Ouachita	4.04%	2,942
Conway	5.45%	2,421	Perry	5.83%	1,235
Craighead	6.70%	11,735	Phillips	4.87%	2,628
Crawford	5.03%	6,998	Pike	5.37%	1,286
Crittenden	3.01%	1,858	Poinsett	6.09%	3,646
Cross	5.01%	2,156	Polk	3.88%	2,372
Dallas	5.61%	962	Pope	5.96%	6,461
Desha	6.10%	1,853	Prairie	4.50%	1,110
Drew	5.34%	2,753	Pulaski	6.98%	44,512
Faulkner	5.00%	10,210	Randolph	5.17%	2,109
Franklin	5.27%	2,127	Saline	6.28%	13,098
Fulton	4.49%	1,248	Scott	5.37%	1,174
Garland	5.69%	14,259	Searcy	4.18%	862
Grant	7.32%	2,076	Sebastian	5.19%	14,407
Greene	5.68%	5,091	Sevier	2.83%	918
Hempstead	4.63%	1,167	Sharp	6.01%	2,795
Hot Spring	6.37%	4,506	St. Francis	3.83%	2,166
Howard	3.33%	811	Stone	4.14%	1,692
Independence	4.81%	5,340	Union	4.94%	4,530
Izard	4.57%	1,707	Van Buren	4.75%	1,977
Jackson	4.87%	2,955	Washington	4.56%	17,397
Jefferson	8.63%	8,908	White	4.91%	10,439
Johnson	5.47%	2,816	Woodruff	4.24%	1,204
Lafayette	5.28%	284	Yell	5.08%	3,169
Lawrence	6.50%	2,629			

Table 17: This table included Arkansas residence that were admitted to and discharged alive from an acute care hospital between 1/1/2014 and 11/30/2014.

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
Mercy Hospital Fort Smith	Sebastian County, Fort Smith
Mercy Hospital Hot Springs	Garland County, Hot Springs
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. Mary's Regional Medical Center	Pope County, Russellville
St. Vincent Infirmiry 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, Pocahontas
Hot Spring County Medical Center	Hot Spring County, Malvern
Magnolia Regional Medical Center	Columbia County, Magnolia
Mena Regional Health System	Polk County, Mena
Mercy Hospital Rogers	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
Bradley County Medical Center*	Bradley County, Warren

Chicot Memorial Hospital*
 Community Medical Center of Izard County*
 CrossRidge Community Hospital*
 Dallas County Medical Center*
 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 Berryville*
 Mercy Hospital Booneville*
 Mercy Hospital Ozark*
 Mercy Hospital Paris*
 Mercy Hospital Waldron*
 Ozark Health*
 Ozarks Community Hospital of Gravette*
 Physicians Specialty Hospital
 Piggott Community Hospital*
 River Valley Medical Center*
 S.M.C. Regional Medical Center*
 Siloam Springs Memorial Hospital
 St. Vincent Medical Center - North
 St. Vincent Morrilton*
 Stone County Medical Center*
 Willow Creek Women's Hospital

PSYCHIATRIC FACILITIES

Arkansas State Hospital
 Methodist Behavioral Hospital
 Pinnacle Pointe Behavioral Healthcare System
 Rivendell Behavioral Health Services of Arkansas
 Riverview Behavioral Health, LLC
 Springwoods Behavioral Hospital
 The BridgeWay
 Valley Behavioral Health System
 Vantage Point of Northwest Arkansas

LONG TERM ACUTE CARE FACILITIES

Advanced Care Hospital of White County
 Baptist Health Extended Care
 Christus Dubuis Hospital of Fort Smith
 Christus Dubuis Hospital of Hot Springs
 Cornerstone Hospital of Little Rock
 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

Chicot County, Lake Village
 Izard County, Calico Rock
 Cross County, Wynne
 Dallas County, Fordyce
 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
 Carroll County, Berryville
 Logan County, Booneville
 Franklin County, Ozark
 Logan County, Paris
 Scott County, Waldron
 Van Buren County, Clinton
 Benton County, Gravette
 Washington County, Fayetteville
 Clay County, Piggott
 Yell County, Dardanelle
 Mississippi County, Osceola
 Benton County, Siloam Springs
 Pulaski County, Sherwood
 Conway County, Morrilton
 Stone County, Mountain View
 Washington County, Johnson

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

White County, Searcy
 Pulaski County, Little Rock
 Sebastian County, Fort Smith
 Garland County, Hot Springs
 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

Readmission Rate

Hospital readmissions only include admissions where patients were admitted to and discharged alive from an acute care hospital. It excluded all admissions before 1/1/2014 and after 11/30/2014. All the rates were calculated on Arkansas residence county level.

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

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<http://www.healthy.arkansas.gov/programsServices/healthStatistics/Pages/HospitalDischarge.aspx>

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<http://www.census.gov/population/www/metroareas/metroarea.html>

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Other Information

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