

SECTION 5 PAYERS FOR INPATIENT HOSPITAL STAYS

EXHIBIT 5.1	Discharges by Payer.....	51
EXHIBIT 5.2	Average Length of Stay by Payer	55
EXHIBIT 5.3	Discharge Status by Payer	56
EXHIBIT 5.4	Patient Age by Payer	58
EXHIBIT 5.5	Costs by Payer	61
EXHIBIT 5.6	Reasons for Hospital Stays by Payer	63
EXHIBIT 5.7	Growth in Body System Conditions: All Payers	65
EXHIBIT 5.8	Growth in Discharges for Selected Conditions: Medicare	68
EXHIBIT 5.9	Growth in Discharges for Selected Conditions: Medicaid.....	70
EXHIBIT 5.10	Growth in Discharges for Selected Conditions: Private Insurance	72
EXHIBIT 5.11	Growth in Discharges for Selected Conditions: Uninsured.....	74

HIGHLIGHTS

Discharges

- In 2007, Medicare and Medicaid were the expected primary payers for more than half (56 percent) of all inpatient hospital discharges, private insurance for 35 percent, and the uninsured for 6 percent. Other payers accounted for the remaining 3 percent of discharges.
 - Medicaid was billed for 44 percent of stays among 0-17 year olds, but only 23 percent of stays among 18-64 year olds and less than 5 percent of stays among those 65 and older.
 - Medicaid was the primary payer for 64 percent of maternal discharges among 18-24 year olds, about one-third of maternal stays for 25-34 year olds, and 21 percent of maternal stays for 35-49 year olds.
 - Twenty-seven percent of stays among 60-64 year olds were billed to Medicare, compared to less than 5 percent of non-maternal stays among 18-24 year olds.
 - About 10 percent of discharges for patients 18-64 years old were uninsured, compared to 5 percent of discharges among 0-17 year olds and less than 1 percent of discharges among patients 65 and older.
 - About 4-5 percent of maternal stays among all age groups were uninsured.
- The share of discharges billed to private insurance fell from 39 percent to 35 percent between 1997 and 2007, reflecting the steady decline in the share of the population with private insurance coverage. The share of discharges billed to Medicare and the share of uninsured discharges held relatively stable, while those billed to Medicaid increased from 16 to 19 percent.
- Between 1997 and 2007, the number of uninsured discharges grew by 38 percent and the number Medicaid discharges grew by 36 percent—more than double the rate of growth of all discharges (14 percent). The number of Medicare discharges grew by 14 percent while stays billed to private insurance grew by just 2 percent.
- Hospitalizations billed to Medicare and Medicaid accounted for more than three-quarters of the increase in discharges from 1997 to 2007.
- The average length of stay for hospitalizations billed to Medicare decreased substantially from 1997 to 2007 (from 6.3 days to 5.6 days) while the ALOS for stays covered by Medicaid, uninsured, and private insurance remained relatively unchanged. Virtually the entire decline in the all payer length of stay from 1997 to 2007 was attributable to Medicare.

- Patients discharged against medical advice were more likely to be uninsured. Three percent of uninsured discharges occurred against medical advice, compared to less than 1 percent of discharges billed to Medicare, Medicaid, and private insurance.

Costs

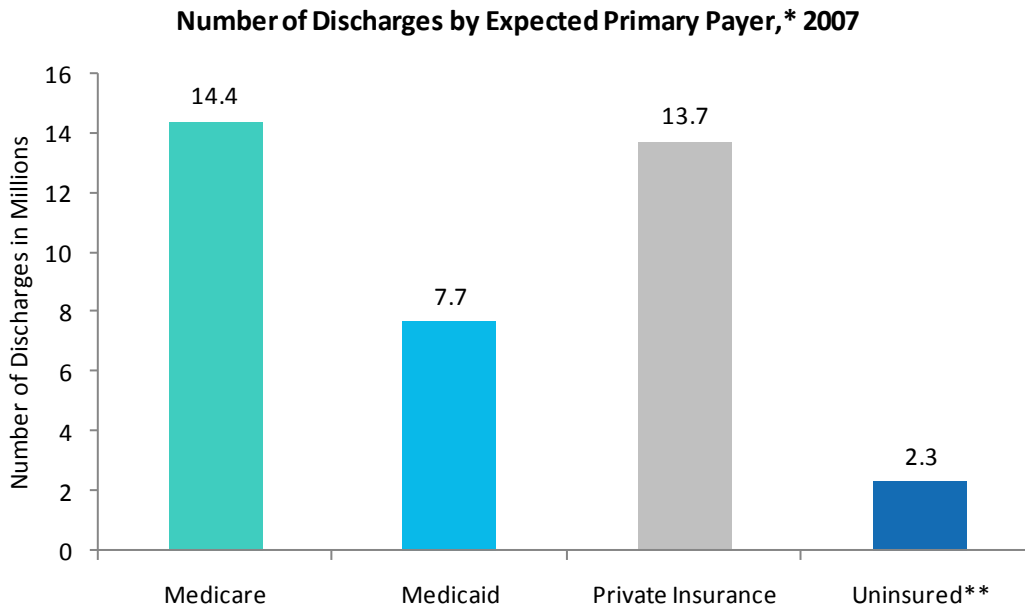
- In 2007, costs for Medicare stays amounted to \$156.0 billion and Medicaid stays accounted for \$50.4 billion—a total of about 60 percent of aggregate hospital costs. Discharges billed to private insurance accounted for 31 percent (\$107.8 billion), while the uninsured accounted for a much smaller share (5 percent, or \$16.5 billion).

Conditions

- Stays for some body system conditions and payers grew rapidly:
 - For Medicare stays, pregnancy and childbirth grew by 185 percent, although the total number of stays remained relatively low (16,400 in 1997 and 46,700 in 2007). Infectious and parasitic conditions (up 57 percent) and blood disorders (up 56 percent) also rose rapidly.
 - There was large growth in Medicaid stays for skin conditions (92 percent), perinatal/newborns (55 percent), pregnancy and childbirth (47 percent), and musculoskeletal conditions (43 percent).
 - There was rapid growth in stays billed to private insurance for skin conditions (63 percent), musculoskeletal conditions (44 percent), blood disorders (31 percent), and endocrine conditions (26 percent).
 - For uninsured stays, large increases occurred in skin (136 percent), blood (112 percent), and endocrine (67 percent) conditions.
- Rapid growth in specific CCS conditions contributed to body system growth:
 - There was rapid growth in stays for acute renal failure billed to the uninsured (387 percent), Medicare (315 percent), Medicaid (306 percent), and private insurance (273 percent).
 - There was also rapid growth in the number of hospitalizations across all payers for skin and subcutaneous tissue infections, anemia, non-specific chest pain, septicemia (blood infection), osteoarthritis, complication of device, implant, or graft, and complication of surgical procedures or medical care.

EXHIBIT 5.1 Discharges by Payer

The primary payer bears the major financial responsibility for the hospital stay. Although other payers, including the patients themselves, may also pay part of the cost of hospitalization, only the expected primary payers are depicted in this section.



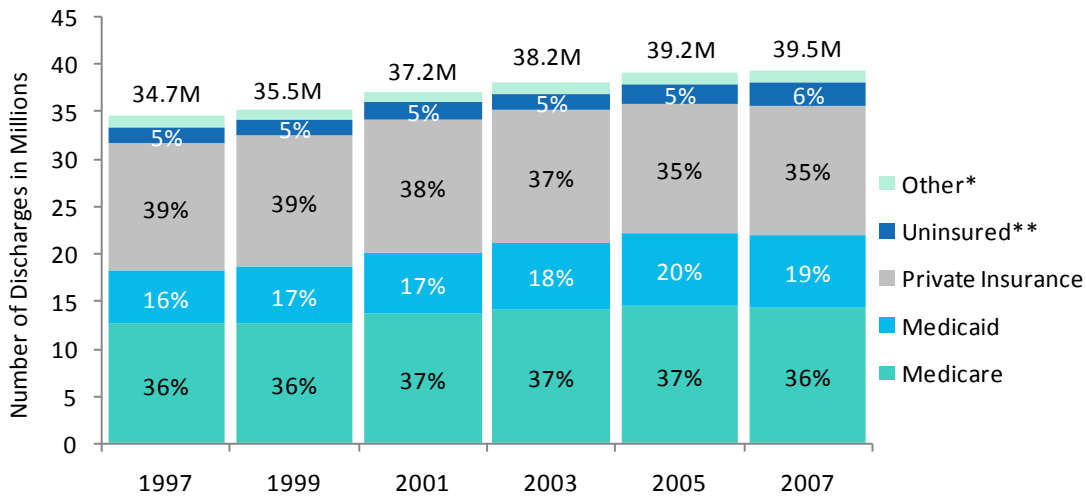
*There are an additional 1.4 million discharges with "other" as the expected primary payer. "Other" payer includes Workers' Compensation, TRICARE, CHAMPUS, CHAMPVA, Title V, and other government programs.

**Includes discharges classified as self-pay or no charge.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2007.

- In 2007, Medicare with 14.4 million discharges and private insurance with 13.7 million discharges were the expected primary payers for the largest number of discharges, followed by Medicaid with 7.7 million discharges. Medicare patients are 65 and older or disabled. Medicaid is the primary source of insurance for low income families and individuals.
- There were 2.3 million uninsured discharges.

Number and Distribution of Discharges by Expected Primary Payer, 1997-2007



* Includes other payers such as Workers' Compensation, TRICARE, CHAMPUS, CHAMPVA, Title V, and other government programs.

** Includes discharges classified as self-pay or no charge.

Note: Bar segments representing less than 5 percent have not been labeled.

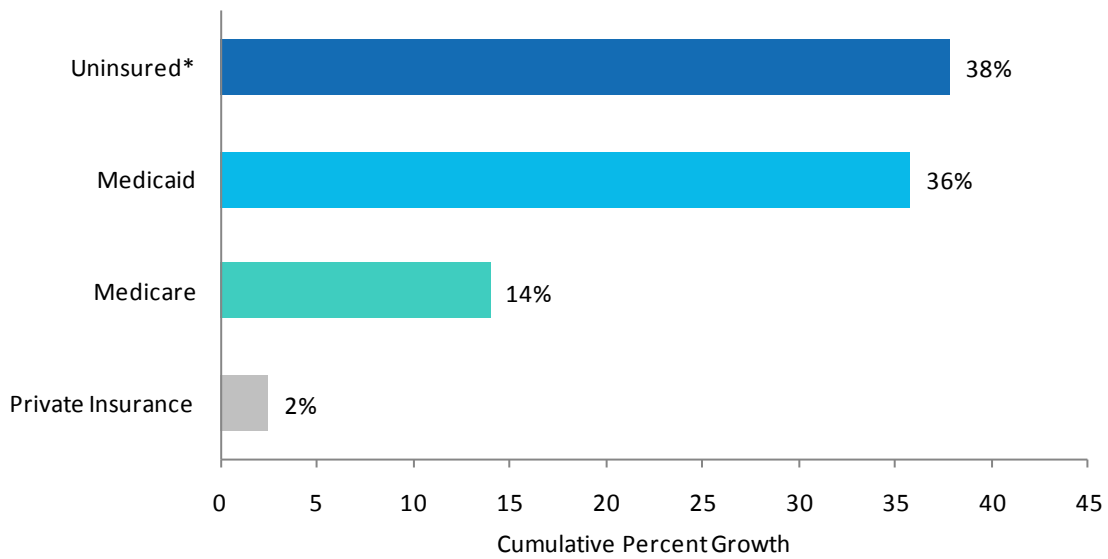
Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 1997-2007.

The number of discharges increased steadily over the past decade, growing from 34.7 million in 1997 to 39.5 million in 2007.

- In 2007, Medicare and Medicaid were the expected primary payers for more than half (56 percent) of all inpatient hospital discharges (accounting for 14.4 and 7.7 million hospital stays, respectively).
 - The percentage of discharges billed to Medicare remained relatively stable from 1997 to 2007 at 36-37 percent.
 - Unlike Medicare, the share of discharges with Medicaid as an expected payer increased throughout most of the period, from 16 percent in 1997 to 19 percent in 2007.
- The percentage of discharges billed to private insurance fell from 39 percent to 35 percent from 1997 to 2007. This reflects the steady decline in the share of the population with private insurance coverage.⁷
- About 5 percent of discharges were listed as uninsured in 1997. By 2007, uninsured stays accounted for 6 percent of all discharges, or 2.3 million hospital stays.

⁷ U.S. Census Bureau Current Population Survey (CPS). Table HIA-1. Health Insurance Coverage Status and Type of Coverage—All Persons by Sex, Race and Hispanic Origin: 1999 to 2007 (<http://www.census.gov/hhes/www/hlthins/historic/index.html>).

Growth in Number of Discharges by Expected Primary Payer, 1997-2007



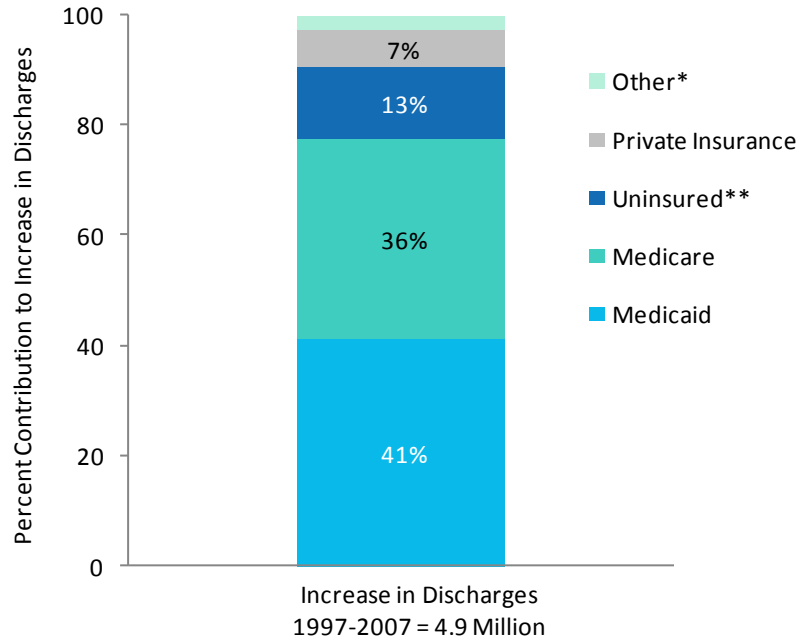
* Includes discharges classified as self-pay or no charge.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 1997 and 2007.

Between 1997 and 2007, the number of hospital discharges grew by 14 percent; however, the growth varied widely by expected primary payer.

- Uninsured discharges (up 38 percent) and Medicaid discharges (up 36 percent) grew at more than double the rate of all discharges.
- The number of discharges for which Medicare was the expected primary payer grew at the same rate as the all-payer discharge rate (14 percent).
- The number of discharges billed to private insurance increased slowly (2 percent) between 1997 and 2007, substantially slower than discharges billed to uninsured, Medicaid and Medicare.

Payer Contribution to the Cumulative Growth in Number of Discharges, 1997-2007



*Includes other payers such as Workers' Compensation, TRICARE, CHAMPUS, CHAMPVA, Title V, and other government programs.

**Includes discharges classified as self-pay or no charge.

Note: Bar segments representing less than 5 percent have not been labeled.

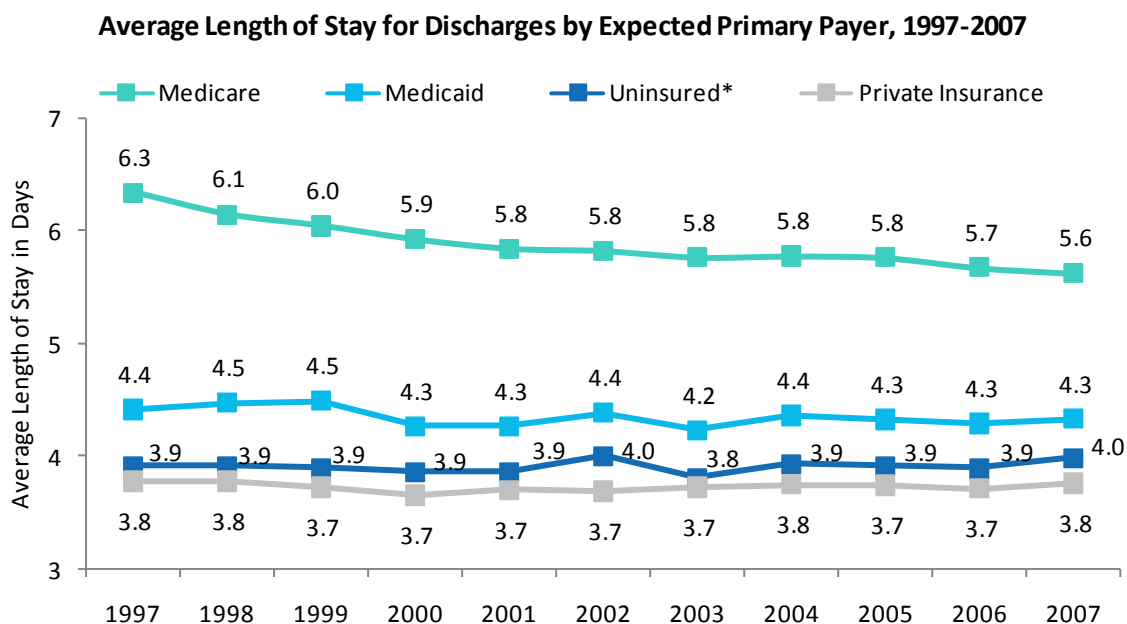
Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 1997 and 2007.

Between 1997 and 2007, the number of discharges from U.S. community hospitals increased by 4.9 million stays, with much of the increase coming from discharges covered by government programs. Government plans tend to pay a smaller proportion of costs than do private insurers. This gradual shift in payment responsibility from private insurers can create financial pressures on hospitals over time. This is especially true during economic recessions when governments are charged with balancing limited and declining resources against increasing need for care.⁸

- Medicare and Medicaid were the expected primary payers for more than three-quarters of the increase in discharges from 1997 to 2007. If other payers that are mostly government programs were added to increases from Medicare and Medicaid discharges, government programs would be responsible for 8 of every 10 additional discharges between 1997 and 2007.
- Uninsured stays accounted for 13 percent of the rise in the number of discharges from 1997 to 2007.
- Private insurance stays, which accounted for 35 percent of all stays in 2007, contributed just 7 percent to the cumulative increase in discharges between 1997 and 2007.

⁸ American Hospital Association. *The Economic Downturn and Its Impact on Hospitals*. TrendWatch. Online. January 2009 (<http://www.aha.org/aha/trendwatch/2009/twjan2009econimpact.pdf>).

EXHIBIT 5.2 Average Length of Stay by Payer



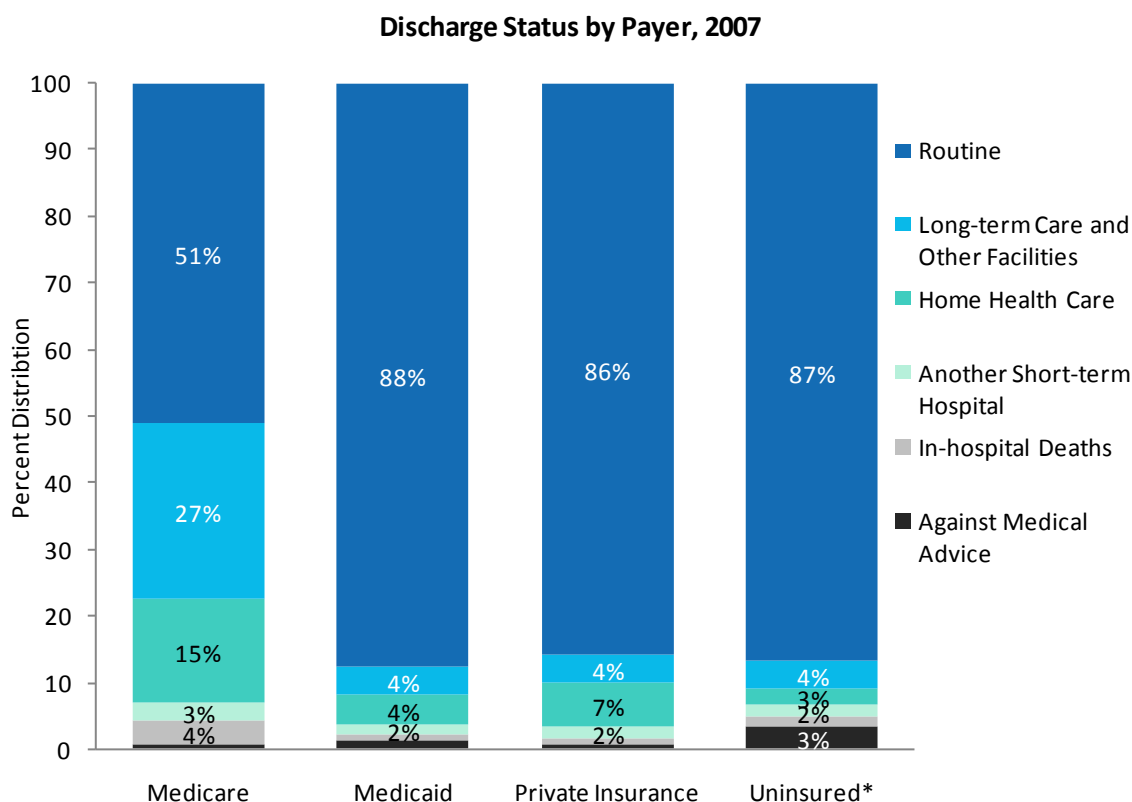
*Includes discharges classified as self-pay or no charge.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 1997-2007.

From 1997 to 2007, the average length of stay (ALOS) for hospitalizations declined from 4.8 days to 4.6 days (see Exhibit 1.2). However, the ALOS varied by payer and most of the reduction in ALOS over the decade came from Medicare alone.

- The ALOS for stays billed to Medicare decreased substantially from 1997 to 2007 (from 6.3 days to 5.6 days). However, the ALOS for stays covered by Medicaid, uninsured, and private insurance remained relatively stable over time.
- In 2007, hospital stays billed to Medicare had the greatest ALOS (5.6 days), followed by those billed to Medicaid (4.3 days), uninsured (4.0 days), and private insurance (3.8 days). This pattern was consistent throughout all years from 1997 through 2007.

EXHIBIT 5.3 Discharge Status by Payer



*Includes discharges classified as self-pay or no charge.

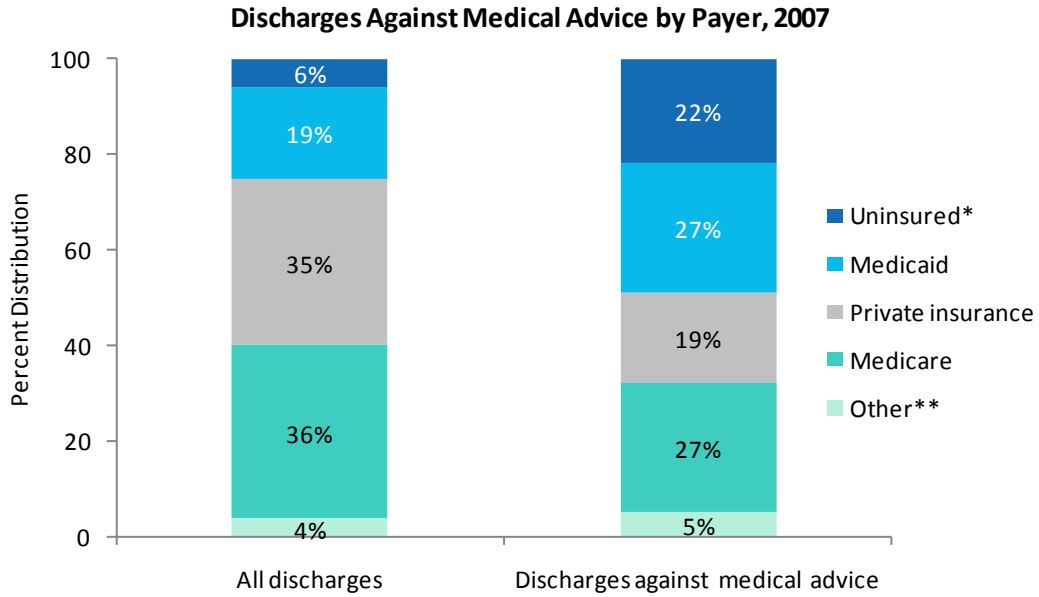
Note: Bar segments representing 1 percent or less have not been labeled.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2007.

Discharge status indicates the circumstances surrounding the discharge or where the patient went after discharge from the hospital. The majority of discharges were routine in nature regardless of expected primary payer, but discharges to follow-on care were also frequent, especially for Medicare patients.

- For Medicare in 2007, almost half of all stays (49 percent) involved other-than-routine discharges. Because these patients are typically older and more likely to be disabled than persons who are covered by other insurance or are uninsured, routine discharges occur for a smaller share of Medicare-covered stays.
 - More than one-quarter (27 percent) of Medicare stays were discharged to long term care or other facilities, such as rehabilitation.
 - Another 15 percent were discharged to home health care, while 3 percent were discharged to another short-term hospital.
 - Four percent of stays resulted in in-hospital deaths and less than 1 percent were discharges against medical advice.
- For all other payers, routine discharges accounted for the vast majority of stays—86 percent or more.
 - Two percent of Medicaid, private insurance, and uninsured stays were discharged to another short-term hospital.
 - Less than 1 percent of Medicaid, private insurance, and uninsured stays resulted in in-hospital deaths. For stays with Medicare as the primary payer, in-hospital deaths occurred in 4 percent of stays.

- Patients discharged against medical advice were more likely to be uninsured. Three percent of uninsured discharges occurred against medical advice, compared to less than 1 percent of discharges billed to Medicare, Medicaid, and private insurance.



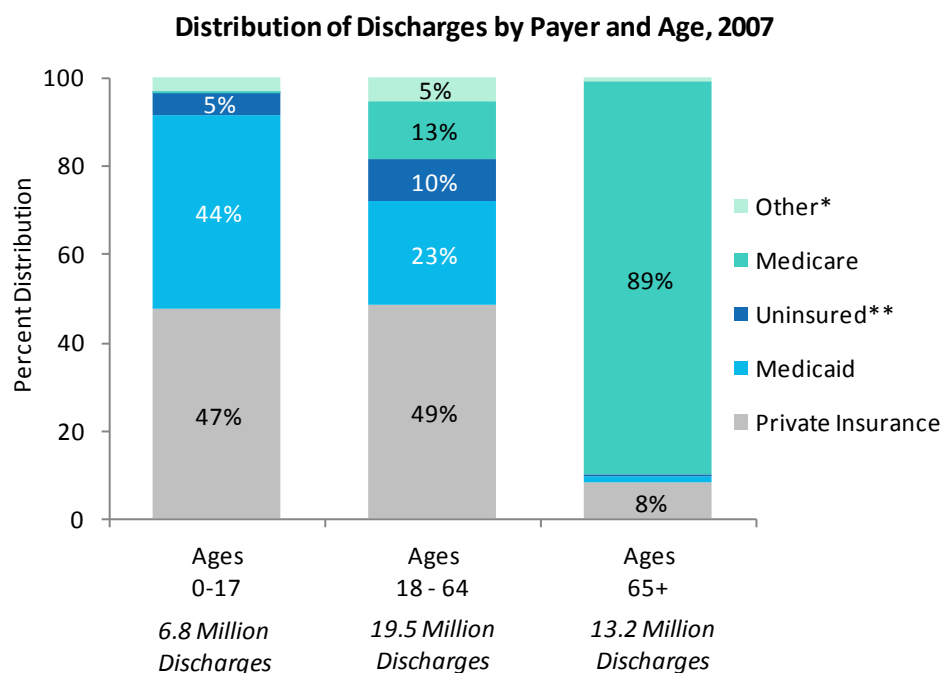
*Includes discharges classified as self-pay or no charge.

**"Other" payer includes Workers' Compensation, TRICARE, CHAMPUS, CHAMPVA, Title V, and other government programs.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2007.

- Uninsured stays accounted for 22 percent of discharges against medical advice, but just six percent of discharges overall. Those billed to Medicaid accounted for 27 percent of discharges against medical advice; they represented only 19 percent of all other hospital stays.
- Stays billed to private insurance and Medicare accounted for just under half of discharges against medical advice (46 percent), but close to three quarters of all discharges (71 percent).

EXHIBIT 5.4 Patient Age by Payer



*Includes other payers such as Workers' Compensation, TRICARE, CHAMPUS, CHAMPVA, Title V, and other government programs.

**Includes discharges classified as self-pay or no charge.

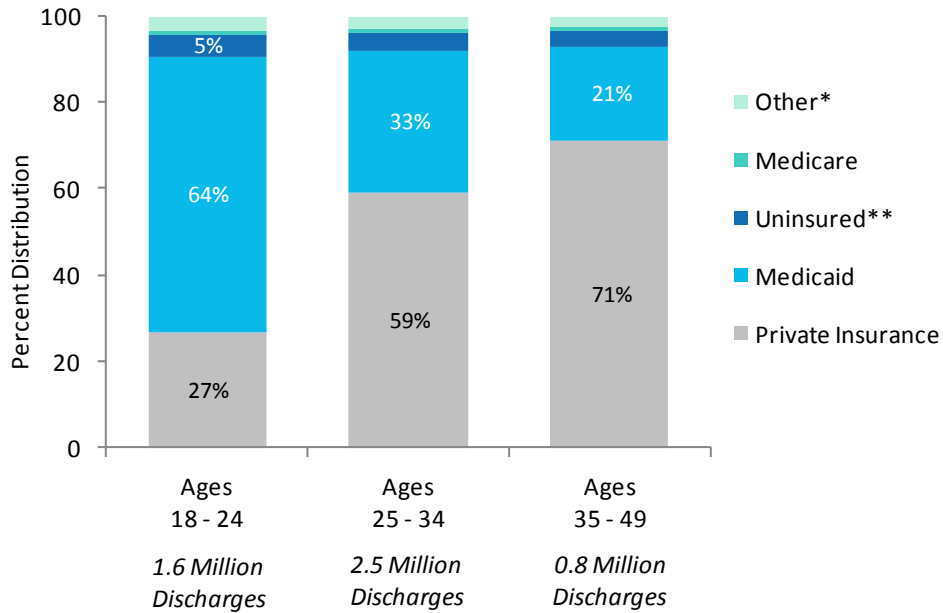
Note: Bar segments representing less than 5 percent have not been labeled.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2007.

The expected primary payer for hospitalizations varies by age, in part because government programs design eligibility criteria to target specific groups, such as children, pregnant women and families and the elderly, that are concentrated in specific age ranges.

- In 2007, nearly half of discharges among patients 0-17 years (47 percent) and 18-64 years (49 percent) were billed to private insurance. Only 8 percent of stays among patients 65 and over were billed to private insurance.
- Among 0-17 year olds, 44 percent of discharges were billed to Medicaid. Smaller shares of discharges in other age groups were the primary responsibility of Medicaid: 23 percent of stays among 18-64 year olds and less than 5 percent of stays among patients 65 and older.
- Among patients 65 and older, the majority (89 percent) of stays were billed to Medicare. In contrast, 13 percent of stays among 18-64 year olds and less than 1 percent of stays among 0-17 year olds were billed to Medicare.
- About 10 percent of discharges for 18-64 year olds were uninsured, compared to 5 percent of discharges among 0-17 year olds and 1 percent of discharges among patients 65 and older.

Distribution of Maternal Discharges by Payer and Age, 2007



*Includes other payers such as Workers' Compensation, TRICARE, CHAMPUS, CHAMPVA, Title V, and other government programs.

**Includes discharges classified as self-pay or no charge.

Note: Too few discharges for 50 years and older to reliably calculate a distribution.

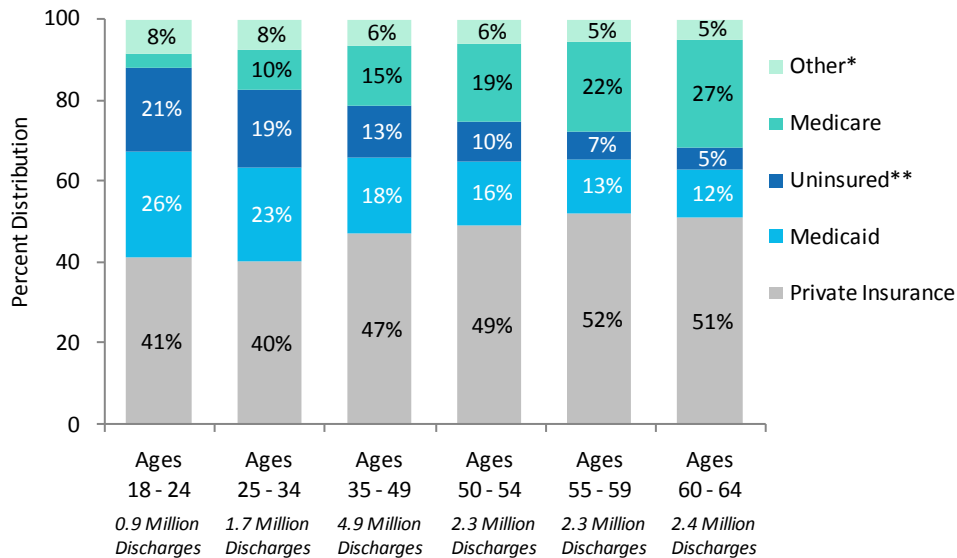
Note: Bar segments representing less than 5 percent have not been labeled.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2007.

A large proportion of Medicaid and private insurance hospitalizations during the childbearing years are for maternal discharges.

- Medicaid was the primary payer for 64 percent of maternal discharges among 18-24 year olds, about one-third of maternal stays among 25-34 year olds, and 21 percent of maternal stays for 35-49 year olds.
- Private insurance was billed for 27 percent of maternal stays for 18-24 year olds, 59 percent of maternal stays for 25-34 year olds, and 71 percent of maternal stays for 35-49 year olds.
- About 4-5 percent of maternal stays among all age groups were uninsured.

Distribution of Non-maternal Discharges by Payer and Age, 2007



*Includes other payers such as Workers' Compensation, TRICARE, CHAMPUS, CHAMPVA, Title V, and other government programs.

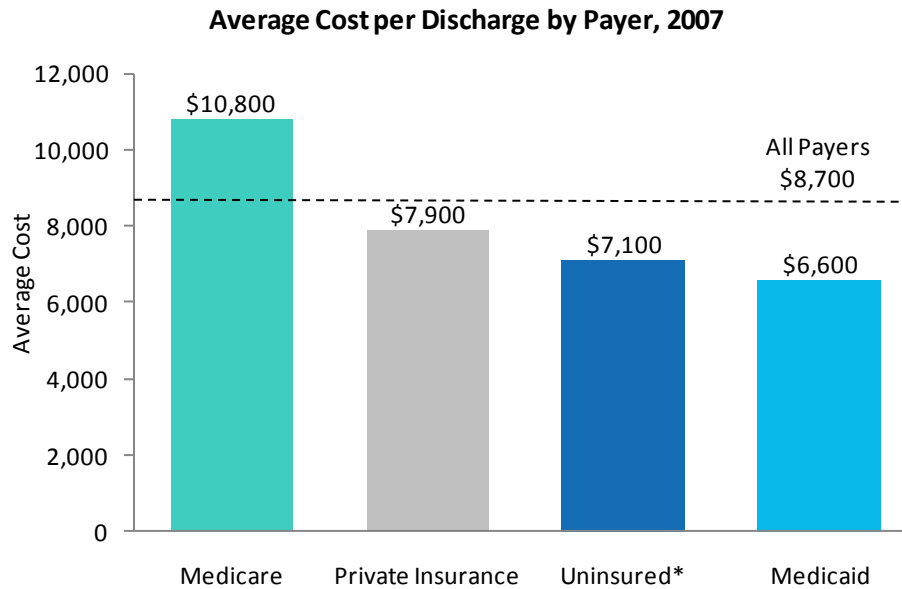
**Includes discharges classified as self-pay or no charge.

Note: Bar segments representing less than 5 percent have not been labeled.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2007.

- In 2007, 35-49 year olds accounted for the largest number of non-maternal discharges (4.9 million discharges), followed by patients 60-64 (2.4 million), and patients 50-54 and 55-59 (2.3 million each). Younger patients had fewer non-maternal discharges (1.7 million for 25-34 year olds and 0.9 million for 18-24 year olds).
- Twenty-seven percent of stays among 60-64 year olds were billed to Medicare, compared to less than 5 percent of non-maternal stays among 18-24 year olds. This rising share reflects increasing disability with age, which can qualify some individuals younger than 65 for Medicare coverage.
- About 40 percent of stays among patients 18-24 and 25-34 years old were billed to private insurance. Stays billed to private insurance accounted for 47 to 52 percent of stays among 35-64 year olds.
- Among 18-24 year olds, stays billed to uninsured and Medicaid accounted for 47 percent of stays (21 percent and 26 percent, respectively). In contrast, uninsured and Medicaid stays accounted for only 17 percent of all stays among 60-64 year olds (5 percent and 12 percent, respectively).

EXHIBIT 5.5 Costs by Payer



*Includes discharges classified as self-pay or no charge.

Note: Excludes other payers such as Workers' Compensation, TRICARE, CHAMPUS, CHAMPVA, Title V, and other government programs.

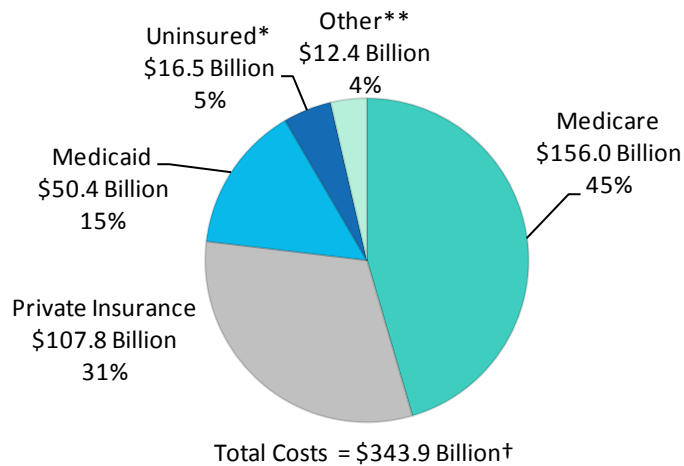
Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2007.

Costs reflect the actual expense of producing hospital services. In HCUP, costs are estimated from charges using a hospital-wide cost-to-charge ratio⁹ developed from Medicare Cost Reports submitted by the hospitals themselves.

- The average cost of a hospital stay for all payers was \$8,700.
- Medicare discharges had the highest average cost (\$10,800).
- The average cost per discharge billed to private insurance (\$7,900), the uninsured (\$7,100), and Medicaid (\$6,600) was lower than the all payer average cost per discharge.

⁹ For more information, see <http://www.hcup-us.ahrq.gov/db/state/costtocharge.jsp>.

Distribution of Aggregate Costs by Payer, 2007



*Includes discharges classified as self-pay or no charge.

**Includes other payers such as Workers' Compensation, TRICARE, CHAMPUS, CHAMPVA, Title V, and other government programs.

†Includes a small number of discharges (less than 84,000 or 0.2 percent) with missing expected primary payer designation.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2007.

In 2007, the total aggregate cost of hospital stays for all payers was \$343.9 billion.

- Medicare was the single largest expected payer for hospitalizations. Costs for Medicare stays amounted to \$156.0 billion in 2007—45 percent of all costs.
- Medicaid stays accounted for \$50.4 billion in hospital costs.
- In total, Medicare and Medicaid were responsible for about 60 percent of aggregate hospital costs.
- Discharges billed to private insurance accounted for 31 percent of total aggregate costs (\$107.8 billion), while the uninsured accounted for a much smaller share (5 percent, or \$16.5 billion).

EXHIBIT 5.6 Reasons for Hospital Stays by Payer

Percent Distribution of Principal CCS Body System and Condition Category Discharges by Expected Primary Payer, 2007

PRINCIPAL CCS BODY SYSTEM AND CONDITION CATEGORY	MEDICARE	MEDICAID	PRIVATE INSURANCE	UNINSURED*
All discharges	100.0%	100.0%	100.0%	100.0%
Circulatory	26.9	5.8	12.0	13.9
Pregnancy and childbirth	0.3	27.6	18.2	9.7
Perinatal (newborns)	0.2	25.8	16.8	11.3
Digestive	10.3	5.4	9.3	11.3
Respiratory	12.6	7.0	5.5	7.0
Injury and poisoning	9.3	4.2	6.6	10.6
Mental	4.1	7.0	3.7	12.0
Musculoskeletal	6.6	1.4	5.6	1.9
Neoplasms	5.3	2.4	6.4	3.0
Genitourinary	6.0	2.6	4.6	4.1
Endocrine	4.3	2.6	2.8	4.0
Symptoms	4.7	1.5	2.2	2.4
Infectious and parasitic	3.7	1.7	1.4	1.9
Nervous	2.3	1.9	2.2	2.3
Skin	1.9	1.5	1.5	3.4
Blood	1.3	1.1	0.8	1.0
Congenital	0.1	0.6	0.4	0.2

*Includes discharges classified as self-pay or no charge.

Note: Body systems and condition categories are listed in order by largest number of discharges for all payers combined.

Note: Values in bold are the top five most frequent body systems and condition categories for each payer.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2007.

Body system and condition categories are collections of specific diagnoses grouped into 17 broad system or condition clusters.

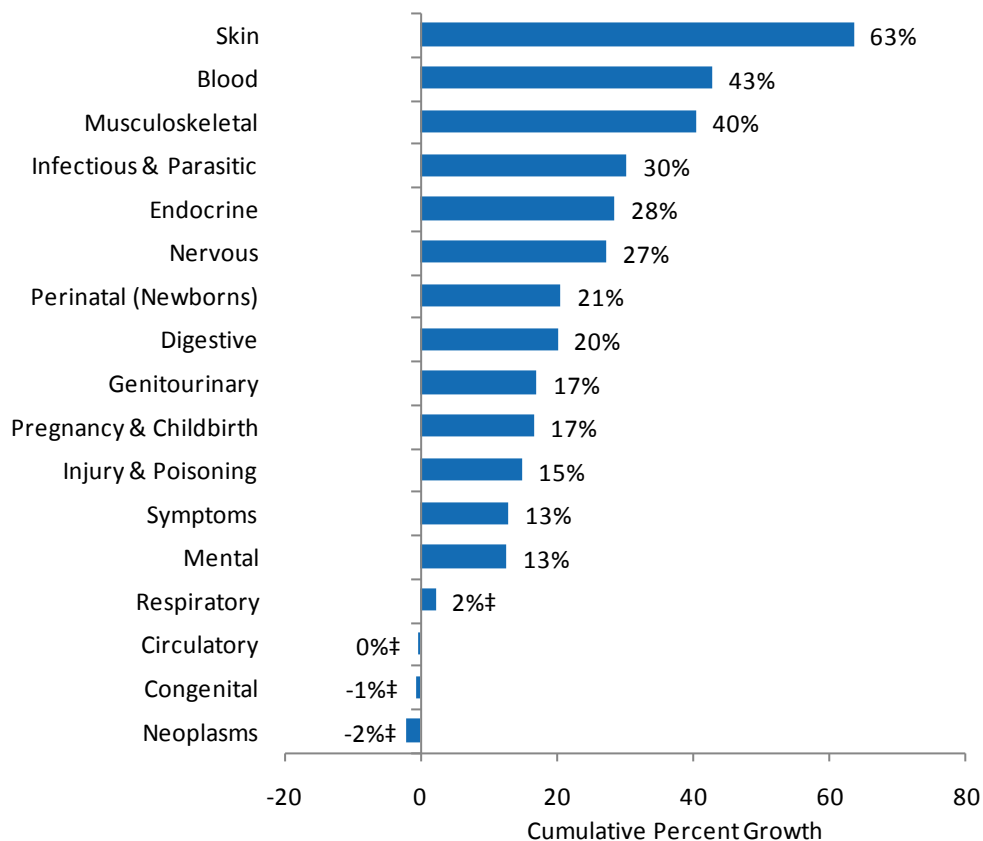
- The 5 most frequent body system categories responsible for hospitalizations differed by expected primary payer, in part because the major payers and their eligibility criteria tend to cover different groups of patients by age and disability status.
 - Only circulatory conditions were among the top five most frequent body systems for each payer, accounting for 27 percent of Medicare discharges, 6 percent of Medicaid discharges, 12 percent of private insurance discharges, and 14 percent of uninsured discharges.
 - A high proportion of Medicare stays were for respiratory conditions (13 percent), digestive conditions (10 percent), injuries and poisonings (9 percent), and musculoskeletal conditions (7 percent).
 - More than half of all Medicaid discharges were for pregnancy and childbirth (28 percent) or perinatal/newborns (26 percent) conditions. Respiratory and mental body system discharges each accounted for 7 percent of stays billed to Medicaid.
 - For patients with private insurance as the expected payer, more than one-third of all discharges were for pregnancy and childbirth (18 percent) or perinatal/newborns (17 percent) conditions. Digestive body system conditions accounted for 9 percent of private insurance discharges and injury and poisoning accounted for 7 percent.

- Discharges for mental conditions were common among the uninsured, accounting for 12 percent of all discharges. Perinatal/newborns and digestive body system discharges each accounted for 11 percent of uninsured stays and injury and poisoning discharges for another 11 percent.

EXHIBIT 5.7 Growth in Body System Conditions: All Payers

Exhibits 5.7 through 5.11 explore some of the main reasons for rapid growth in inpatient hospitalizations for each payer group between 1997 and 2007. Exhibit 5.7 examines change in discharges by body system for all payers. Exhibits 5.8-5.11 present discharges by payer within body systems for selected conditions that experienced important changes.

Growth in Discharges by Principal CCS Body System for All Payers, 1997-2007



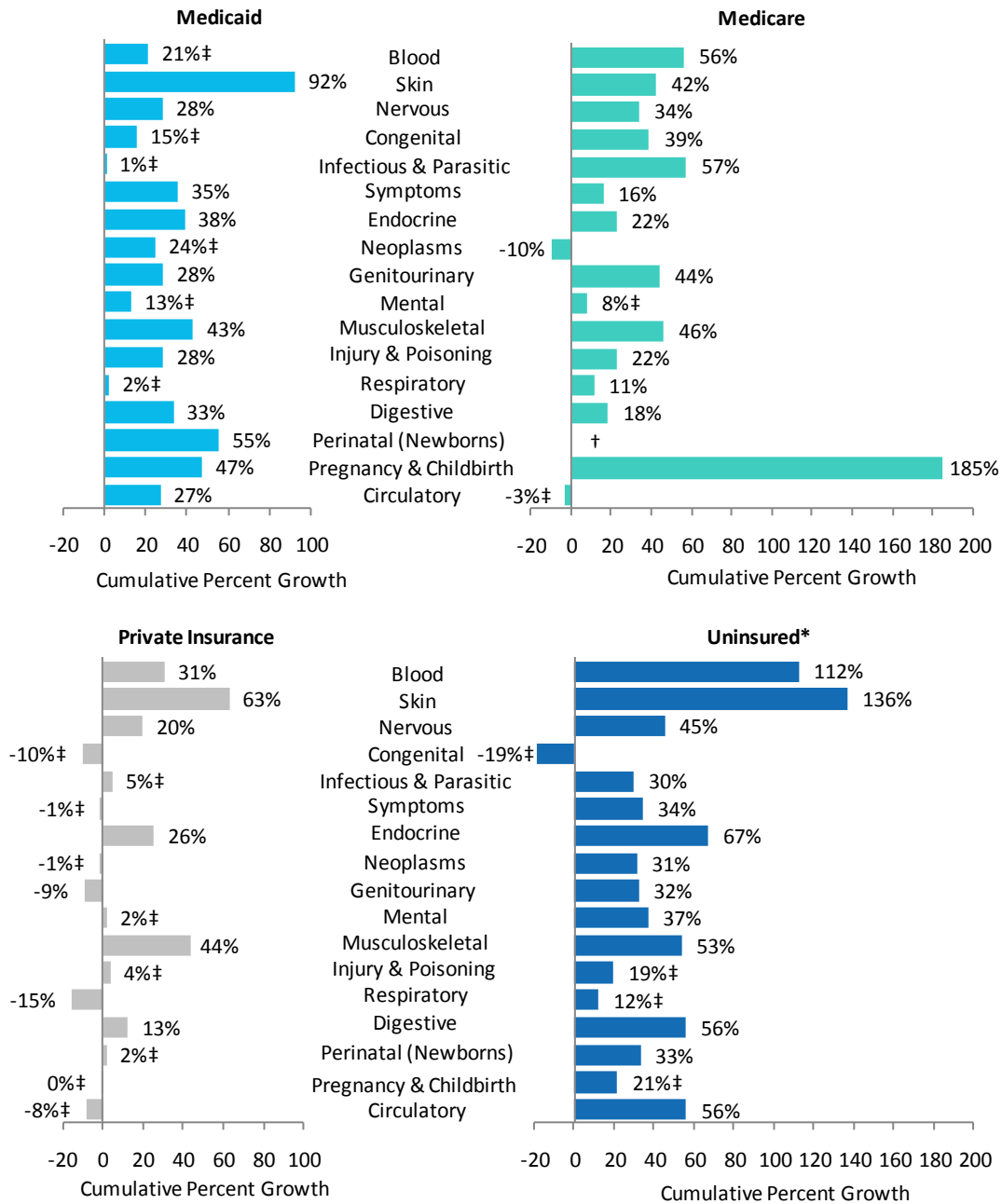
‡2007 discharges are not statistically different from 1997 discharges at $p < 0.05$.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 1997 and 2007.

From 1997 to 2007, the number of discharges increased by 14 percent. By body system, however, the growth in major reasons for hospitalization ranged from no growth to an increase of 63 percent.

- Discharges with skin and subcutaneous tissue disorders grew rapidly at 63 percent. Other rapidly growing reasons for hospital stays included blood disorders (up 43 percent) and musculoskeletal conditions (up 40 percent).
- The number of discharges with neoplasms, congenital, circulatory, and respiratory conditions as the principal reason for the hospital stay changed very little from 1997 to 2007.

Growth in Principal CCS Body System Discharges by Expected Primary Payer, 1997-2007



‡2007 discharges are not statistically different from 1997 discharges at $p < 0.05$.

†Statistics based on estimates with a relative standard error (standard error / weighted estimate) greater than 0.30 or with standard error = 0 in the nationwide statistics are not reliable.

*Includes discharges classified as self-pay or no charge.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 1997 and 2007.

From 1997 to 2007, hospitalizations by body systems exhibited different growths by payer.

- There was large growth in Medicaid stays for skin (92 percent), perinatal/newborns (55 percent), pregnancy and childbirth (47 percent), and musculoskeletal (43 percent) discharges. There was no growth in discharges for blood, congenital, infectious and parasitic, neoplasms, mental, or respiratory conditions.
- For Medicare stays, pregnancy and childbirth hospitalizations, although relatively few in number (16,400 in 1997 and 46,700 in 2007), grew by 185 percent. Infectious and parasitic conditions (up 57 percent) and blood disorders (up 56 percent) also rose rapidly. Stays for neoplasms declined by 10 percent. There was no change in stays for mental or circulatory conditions.
- There was rapid growth in stays billed to private insurance for skin conditions (63 percent), musculoskeletal conditions (44 percent), blood disorders (31 percent), and endocrine conditions (26 percent). For most other body systems, the growth in discharges was small or declining, a reflection of the decline in overall private insurance enrollment.
- For uninsured stays, large increases in body system hospitalizations occurred in skin (136 percent), blood (112 percent), and endocrine (67 percent) conditions. There was no significant change in uninsured discharges for congenital, injury and poisoning, respiratory, and pregnancy and childbirth conditions.

Hospitalizations for some body system conditions increased rapidly across all payers.

- Hospital stays for skin conditions rose 92 percent for Medicaid, 42 percent for Medicare, 63 percent for private insurance, and 136 percent for the uninsured.
- There was rapid growth in stays for endocrine conditions billed to Medicaid (38 percent), Medicare (22 percent), private insurance (26 percent), and the uninsured (67 percent).
- Discharges for digestive conditions billed to Medicaid grew by 33 percent, to Medicare by 18 percent, to private insurance by 13 percent, and to the uninsured by 56 percent.
- For musculoskeletal conditions, growth in discharges for each major expected payer was consistently high: Medicaid at 43 percent, Medicare at 46 percent, private insurance at 44 percent, and uninsured at 53 percent.
- There was rapid growth in stays for nervous conditions across all payers: Medicaid at 28 percent, Medicare at 34 percent, private insurance at 20 percent, and uninsured at 45 percent.

EXHIBIT 5.8 Growth in Discharges for Selected Conditions: Medicare

Number of Discharges and Cumulative Growth for Principal CCS Conditions Contributing to Body System Change, Medicare, 1997-2007

PRINCIPAL CCS CONDITIONS CONTRIBUTING TO BODY SYSTEM CHANGE	NUMBER OF DISCHARGES IN THOUSANDS		PERCENT OF BODY SYSTEM TOTAL		CUMULATIVE GROWTH
	1997	2007	1997	2007	1997-2007
Circulatory	3,971	3,851 ‡	100.0%	100.0%	-3%
Coronary atherosclerosis (coronary artery disease)	776	526	19.5	13.6	-32
Non-specific chest pain	188	308	4.7	8.0	64
Cardiac dysrhythmias (irregular heartbeat)	376	473	9.5	12.3	26
Acute cerebrovascular disease (stroke)	434	338	10.9	8.8	-22
Acute myocardial infarction (heart attack)	418	352	10.5	9.1	-16
Digestive	1,253	1,480	100.0	100.0	18
Intestinal infection	38	115	3.0	7.8	205
Respiratory	1,630	1,809	100.0	100.0	11
Respiratory failure	134	254	8.2	14.0	90
Asthma	69	110	4.2	6.1	59
Injury and poisoning	1,095	1,338	100.0	100.0	22
Complication of device, implant or graft	293	362	26.7	27.1	24
Complication of surgical procedures or medical care	158	214	14.4	16.0	35
Musculoskeletal	645	940	100.0	100.0	46
Osteoarthritis (degenerative joint disease)	279	455	43.3	48.4	63
Disorders of intervertebral discs and bones in spinal column (back problems)	163	234	25.3	24.9	44
Genitourinary	602	865	100.0	100.0	44
Acute renal failure	67	279	11.2	32.3	315
Urinary tract infections	227	330	37.7	38.2	46
Endocrine	509	621	100.0	100.0	22
Diabetes mellitus with complications	183	222	35.9	35.7	21
Fluid and electrolyte disorders (primarily dehydration or fluid overload)	260	295	51.0	47.5	14
Symptoms	579	669	100.0	100.0	16
Syncope	119	167	20.6	25.0	40
Rehabilitation care, fitting of prostheses, and adjustment of devices	265	311‡	45.8	46.5	17
Infectious and parasitic	341	535	100.0	100.0	57
Septicemia (blood infection)	276	464	81.2	86.8	68
Skin and subcutaneous tissue	188	267	100.0	100.0	42
Skin and subcutaneous tissue infections	131	213	69.7	79.6	62
Blood	121	188	100.0	100.0	56
Anemia	56	117	46.6	61.9	107

‡ 2007 discharges are not statistically different from 1997 discharges at p<0.05.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 1997 and 2007.

This exhibit displays Medicare discharges for selected conditions with important contributions to growth within each body system.

Hospital stays for some conditions billed to Medicare more than doubled from 1997 to 2007:

- Acute renal failure more than quadrupled (315-percent growth).
- Intestinal infection more than tripled (205-percent growth).
- Anemia more than doubled (107-percent growth).

Hospital stays for several conditions grew at least 50 percent:

- There was rapid growth in stays for two respiratory conditions: respiratory failure (90 percent) and asthma (59 percent).
- Septicemia (blood infection) grew 68 percent.
- Non-specific chest pain increased 64 percent.
- Osteoarthritis stays (degenerative joint disease) rose by 63 percent.
- Skin and subcutaneous tissue infections grew 62 percent.

The number of hospital stays for three circulatory conditions decreased rapidly:

- Coronary atherosclerosis (coronary artery disease) dropped by 32 percent.
- Acute cerebrovascular disease (stroke) fell by 22 percent.
- Acute myocardial infarction (heart attack) declined by 16 percent.

EXHIBIT 5.9 Growth in Discharges for Selected Conditions: Medicaid

Number of Discharges and Cumulative Growth for Principal CCS Conditions Contributing to Body System Change, Medicaid, 1997-2007

PRINCIPAL CCS CONDITIONS CONTRIBUTING TO BODY SYSTEM CHANGE	NUMBER OF DISCHARGES IN THOUSANDS		PERCENT OF BODY SYSTEM TOTAL		CUMULATIVE GROWTH
	1997	2007	1997	2007	1997-2007
Circulatory	353	447	100.0%	100.0%	27%
Non-specific chest pain	48	91	13.4	20.3	91
Congestive heart failure	58	75	16.4	16.8	30
Pregnancy and childbirth	1,440	2,114	100.0	100.0	47
Previous C-section	84	233	5.8	11.0	177
Perinatal (newborns)	1,274	1,974	100.0	100.0	55
Liveborn (newborn infant)	1,224	1,899	96.1	96.2	55
Digestive	309	411	100.0	100.0	33
Appendicitis	27	46	8.8	11.1	68
Respiratory	527	537	100.0	100.0	2
Respiratory failure	19	42	3.5	7.8	125
Pneumonia	166	155	31.5	28.8	-7
Asthma	125	116	23.7	21.5	-8
Chronic obstructive pulmonary disease	47	57	9.0	10.5	20
Injury and poisoning	248	318	100.0	100.0	28
Complication of surgical procedures or medical care	32	51	12.8	16.0	60
Complication of device, implant or graft	41	59	16.7	18.4	42
Musculoskeletal	75	107	100.0	100.0	43
Osteoarthritis (degenerative joint disease)	8	19	10.5	17.5	137
Disorders of intervertebral discs and bones in spinal column (back problems)	22	31	30.0	29.1	39
Mental	473	533	100.0	100.0	13
Mood disorders (depression and bipolar disorders)	147	193	31.0	36.3	32
Genitourinary	152	195	100.0	100.0	28
Acute renal failure	7	30	4.9	15.5	306
Urinary tract infections	52	68	34.2	34.8	30
Endocrine	145	201	100.0	100.0	38
Diabetes mellitus with complications	61	88	41.8	44.0	46
Fluid and electrolyte disorders (primarily dehydration or fluid overload)	61	75	41.7	37.4	24
Symptoms	86	117	100.0	100.0	35
Abdominal pain	20	30	23.4	25.4	47
Infectious and parasitic	127	128	100.0	100.0	1
Septicemia (blood infection)	39	64	30.8	49.8	62
HIV infection	45	27	35.3	21.1	-40

(continued on next page)

Number of Discharges and Cumulative Growth for Principal CCS Conditions Contributing to Body System Change, Medicaid, 1997-2007—continued

PRINCIPAL CCS CONDITIONS CONTRIBUTING TO BODY SYSTEM CHANGE	NUMBER OF DISCHARGES IN THOUSANDS		PERCENT OF BODY SYSTEM TOTAL		CUMULATIVE GROWTH
	1997	2007	1997	2007	1997-2007
Nervous	112	143	100.0	100.0	28
Epilepsy, convulsions	52	65	46.7	45.6	25
Skin and subcutaneous tissue	61	117	100.0	100.0	92
Skin and subcutaneous tissue infections	48	103	78.7	88.2	115
Blood	69	83	100.0	100.0	21
Anemia	10	22	14.9	26.9	118

‡ 2007 discharges are not statistically different from 1997 discharges at p<0.05.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 1997 and 2007.

This exhibit displays Medicaid discharges for selected conditions with important contributions to growth within each body system.

Medicaid hospital stays for some conditions more than doubled from 1997 to 2007:

- Acute renal failure more than quadrupled (306-percent growth).
- Stays for several conditions more than doubled:
 - Previous C-section (up 177 percent).
 - Osteoarthritis (degenerative joint disease; up 137 percent).
 - Respiratory failure (up 125 percent).
 - Anemia (up 118 percent).
 - Skin and subcutaneous tissue infections (up 115 percent).

Hospital stays for several conditions grew at least 50 percent:

- Non-specific chest pain increased 91 percent.
- Appendicitis rose 68 percent.
- Septicemia (blood infection) grew 62 percent.
- Complication of surgical procedures or medical care increased 60 percent.
- Liveborn (newborn infant) discharges grew 55 percent.

There was a 40-percent decline in the number of hospital stays for HIV infection.

EXHIBIT 5.10 Growth in Discharges for Selected Conditions: Private Insurance

Number of Discharges and Cumulative Growth for Principal CCS Conditions Contributing to Body System Change, Private Insurance, 1997-2007

PRINCIPAL CCS CONDITIONS CONTRIBUTING TO BODY SYSTEM CHANGE	NUMBER OF DISCHARGES IN THOUSANDS		PERCENT OF BODY SYSTEM TOTAL		CUMULATIVE GROWTH
	1997	2007	1997	2007	1997-2007
Circulatory	1,789	1,641 ‡	100.0%	100.0%	-8%
Coronary atherosclerosis (coronary artery disease)	484	313	27.1	19.0	-35
Acute myocardial infarction (heart attack)	240	184	13.4	11.2	-23
Cardiac dysrhythmias (irregular heartbeat)	150	188	8.4	11.4	25
Non-specific chest pain	241	275	13.5	16.8	14
Pregnancy and childbirth	2,504	2,494 ‡	100.0	100.0	0
Normal pregnancy and/or delivery	288	121	11.5	4.8	-58
Fetal distress and abnormal forces of labor	248	127	9.9	5.1	-49
Previous C-section	168	286	6.7	11.5	70
Prolonged pregnancy	63	126	2.5	5.1	101
Digestive	1,124	1,267	100.0	100.0	13
Diverticulosis and diverticulitis	77	121	6.8	9.5	57
Appendicitis	140	181	12.5	14.3	29
Pancreatic disorders (not diabetes)	73	102	6.5	8.1	41
Respiratory	883	748	100.0	100.0	-15
Asthma	181	126	20.5	16.8	-31
Pneumonia	281	249	31.8	33.3	-11
Respiratory failure	36	65	4.1	8.7	80
Injury and poisoning	873	904 ‡	100.0	100.0	4
Complication of surgical procedures or medical care	137	179	15.7	19.8	31
Complication of device, implant or graft	131	164	15.0	18.2	25
Musculoskeletal	531	765	100.0	100.0	44
Osteoarthritis (degenerative joint disease)	117	311	22.0	40.7	167
Genitourinary	700	635	100.0	100.0	-9
Acute renal failure	18	68	2.6	10.7	273
Endometriosis	70	41	10.0	6.5	-41
Calculus of urinary tract	108	82	15.4	12.9	-24
Menstrual disorders	57	81	8.2	12.8	42
Infectious and parasitic	178	186 ‡	100.0	100.0	5
Septicemia (blood infection)	79	113	44.4	60.7	43
Skin and subcutaneous tissue	124	202	100.0	100.0	63
Skin and subcutaneous tissue infections	104	184	84.1	91.0	76
Blood	88	114	100.0	100.0	31
Anemia	27	47	30.5	41.1	76

‡ 2007 discharges are not statistically different from 1997 discharges at p<0.05.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 1997 and 2007.

This exhibit displays private insurance discharges for selected conditions with important contributions to growth within each body system.

Hospital stays for some conditions billed to private insurance more than doubled from 1997 to 2007:

- Acute renal failure more than tripled (273-percent growth).
- Osteoarthritis (degenerative joint disease) more than doubled (167-percent growth).
- Prolonged pregnancy approximately doubled (101-percent growth).

Hospital stays for several conditions grew at least 50 percent:

- Respiratory failure rose 80 percent.
- Anemia and skin and subcutaneous tissue infections each increased 76 percent.
- Previous C-section was up by percent.
- Diverticulosis and diverticulitis increased 57 percent.

Hospital stays billed to private insurance declined for several conditions. Decreases in the number of stays for specific conditions correspond with the decline in enrollment in private insurance from 1997 to 2007.¹⁰

- Discharges for two pregnancy and childbirth conditions decreased substantially:
 - Normal pregnancy (58-percent decline).
 - Fetal distress and abnormal forces of labor (declined 49 percent).
- There was a rapid decrease in the number of stays for two genitourinary conditions:
 - Endometriosis (down 41 percent).
 - Calculus of urinary tract (fell 24 percent).
- Stays for two circulatory conditions declined rapidly:
 - Coronary atherosclerosis (coronary artery disease; down 35 percent).
 - Acute myocardial infarction (heart attack; 23-percent decline).
- The number of stays for two respiratory conditions decreased:
 - Asthma (31-percent decline).
 - Pneumonia (down 11 percent).

¹⁰ U.S. Census Bureau Current Population Survey (CPS). *Table HIA-1. Health Insurance Coverage Status and Type of Coverage—All Persons by Sex, Race and Hispanic Origin: 1999 to 2007* (<http://www.census.gov/hhes/www/hlthins/historic/index.html>).

EXHIBIT 5.11 Growth in Discharges for Selected Conditions: Uninsured

Number of Discharges and Cumulative Growth for Principal CCS Conditions Contributing to Body System Change, Uninsured, 1997-2007

PRINCIPAL CCS CONDITIONS CONTRIBUTING TO BODY SYSTEM CHANGE	NUMBER OF DISCHARGES IN THOUSANDS		PERCENT OF BODY SYSTEM TOTAL		CUMULATIVE GROWTH
	1997	2007	1997	2007	1997-2007
Circulatory	205	320	100.0%	100.0%	56%
Non-specific chest pain	39	77	19.2	24.1	96
Congestive heart failure	19	36	9.4	11.3	88
Pregnancy and childbirth	184	224 ‡	100.0	100.0	21
Previous C-section	9	22	4.7	10.0	156
Prolonged pregnancy	4	14	1.9	6.1	282
Normal pregnancy and/or delivery	24	16	13.2	7.1	-35
Fetal distress and abnormal forces of labor	16	10	8.9	4.4	-40
Perinatal (newborns)	196	260	100.0	100.0	33
Liveborn (newborn infant)	191	252	97.2	96.9	32
Digestive	168	261	100.0	100.0	56
Biliary tract disease	25	41	14.8	15.8	66
Pancreatic disorders (not diabetes)	23	39	13.6	14.9	71
Respiratory	143	161 ‡	100.0	100.0	12
Respiratory failure	5	14	3.7	9.0	175
Chronic obstructive pulmonary disease	14	20	9.9	12.7	43
Injury and poisoning	204	243 ‡	100.0	100.0	19
Complication of surgical procedures or medical care	9	16	4.4	6.7	80
Crushing injury or internal injury	17	23	8.4	9.4	34
Musculoskeletal	29	44	100.0	100.0	53
Osteoarthritis (degenerative joint disease)	2	5	6.8	11.6	163
Mental	202	276	100.0	100.0	37
Mood disorders (depression and bipolar disorders)	55	94	27.2	34.1	75
Genitourinary	71	94	100.0	100.0	32
Acute renal failure	3	14	4.0	14.7	387
Urinary tract infections	19	25	26.3	26.3	32
Endocrine	56	93	100.0	100.0	67
Diabetes mellitus with complications	31	54	55.7	58.4	75
Symptoms	41	55	100.0	100.0	34
Syncope	7	12	17.2	22.5	75
Infectious and parasitic	34	44	100.0	100.0	30
Septicemia (blood infection)	11	20	31.3	45.4	88
Skin and subcutaneous tissue	33	79	100.0	100.0	136
Skin and subcutaneous tissue infections	28	73	83.9	93.2	162
Blood	11	23	100.0	100.0	112
Anemia	4	12	37.0	52.5	200
Sickle cell anemia	3	5	24.2	21.5	88

‡ 2007 discharges are not statistically different from 1997 discharges at p<0.05.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 1997 and 2007.

This exhibit displays uninsured discharges for selected conditions with important contributions to growth within each body system.

The large growth in the number of uninsured hospitalizations for several conditions was, in part, due to the increase in the number of uninsured individuals from 1997 to 2007.

Hospital stays for several conditions billed to the uninsured more than doubled from 1997 to 2007:

- Acute renal failure more than quadrupled (387 percent).
- Prolonged pregnancy (up 282 percent) and anemia (up 200 percent) at least tripled.
- Several conditions more than doubled:
 - Respiratory failure (up 175 percent).
 - Osteoarthritis (degenerative joint disease; up 163 percent).
 - Skin and subcutaneous tissue infections (up 162 percent).
 - Previous C-section (up 156 percent).

Hospital stays for several conditions grew at least 50 percent:

- Stays for two circulatory conditions grew rapidly: non-specific chest pain (96 percent) and congestive heart failure (88 percent).
- Septicemia (blood infection) and sickle cell anemia each increased 88 percent.
- Complication of surgical procedures or medical care rose 80 percent.
- Mood disorders (depression and bipolar disorders), diabetes mellitus, and syncope each increased 75 percent.
- The number of stays for two digestive conditions increased: pancreatic disorders (71 percent) and biliary tract disease (66 percent).

There was a decline for some conditions in the number of hospital stays billed to the uninsured:

- Stays for two pregnancy and childbirth conditions fell:
 - Fetal distress and abnormal forces of labor (40-percent decline).
 - Normal pregnancy (35-percent decline).