

# Nebraska Health Data Reporter

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## A Description of Uninsured Inpatient Hospital Discharges: Nebraska Self-pay Discharges, 1995-1997

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### Introduction

This Nebraska Health Data Reporter uses hospital discharge data which has been compiled by the Nebraska Association of Hospitals and Health Systems (NAHHS) to describe the characteristics of uninsured inpatient hospitalizations - those which are not billed to public or private insurance carriers. These types of hospitalizations are referred to as "self-pay". Self-pay refers to patients who are uninsured and are billed directly for hospitalization charges.

### Summary

Nebraska self-pay discharges are underreported and the percent of self-pay charges which are uncompensated, or are eventually paid by the patient or a charity care organization are unknown. This Reporter shows that self-pay discharge patients experience shorter average lengths of stay (ALOS) than other patients with similar conditions who may be covered by either public or commercial health insurance. When compared to U.S. data, Nebraska discharge data show a shorter ALOS for the most frequent self-pay discharges than the mean stay for the nation. The average charge for the most frequent Nebraska self-pay discharge is lower than the average charge for similar conditions among patients with public or commercial insurance. The top ranking self-pay DRGs are normal newborns (DRG 391), vaginal deliveries (DRG 373) and psychoses (DRG 430). Top ranking self-pay DRGs are similar for Nebraska and the U.S. In both Nebraska and the U.S., the greatest percentage of self-pay discharges were patients who were in the 15 through 44 and 45 through 64 age groups.

Our comparisons show that there are no remarkable differences in ALOS between Nebraska metro/non-metropolitan county residents, for all payer categories. However, there is a discernible difference in average charges within DRG categories without case-mix adjustment. Non-metropolitan residents, within payer type categories, have lower average charges than metropolitan resident discharges.

### Acknowledgements

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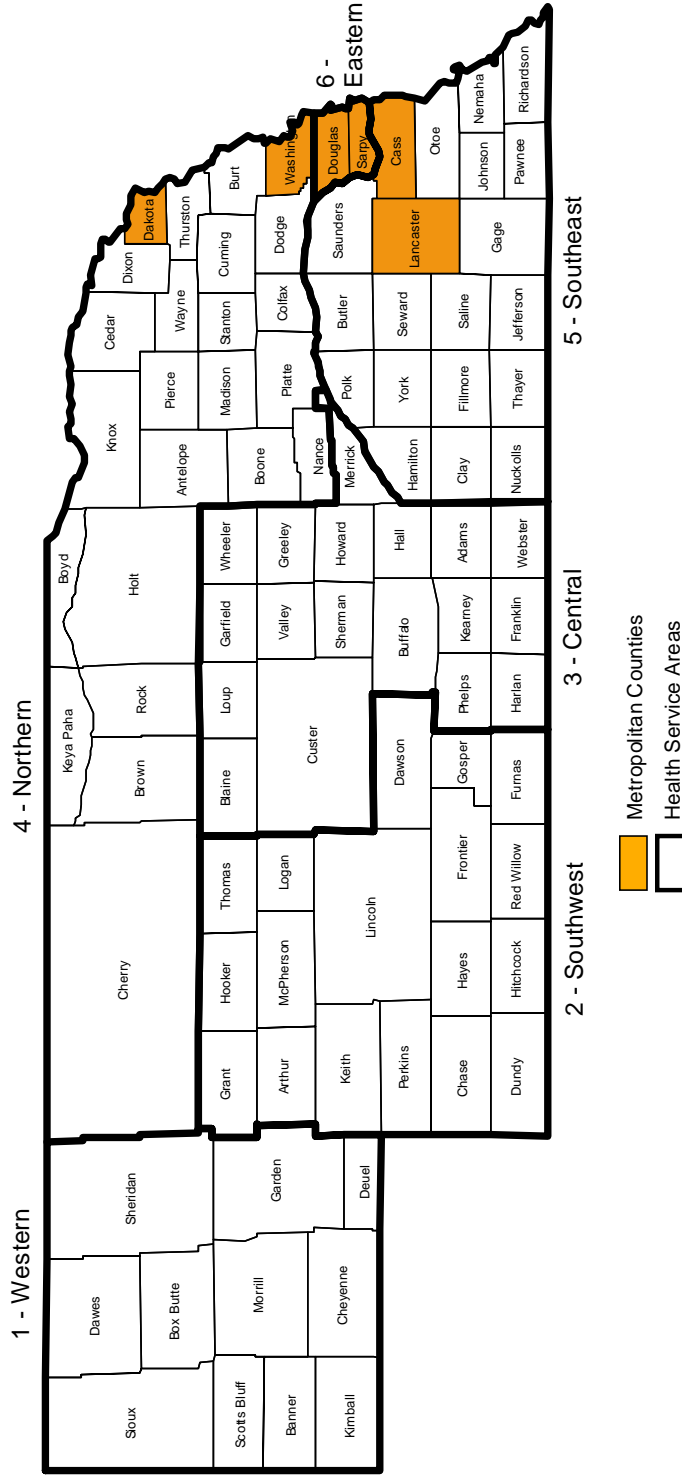


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# Nebraska Metropolitan Counties and Health Service Areas February, 1999



(1) Source: The Nebraska Health and Human Services System, February 1999. See page 7 for the definition of metropolitan counties.



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## Executive Summary

### Why examine self-pay (uninsured) discharges?

- ◆ Self-pay discharges are most broadly defined as hospital stays for patients who have no source, private or public, of health insurance.
- ◆ Patients who are self-pay often delay care, are seen in emergency rooms for routine care, and when they do receive care, have conditions that could have been treated in a more effective, less costly manner if they had access to routine preventive care.
- ◆ Self-pay patients may not receive as many in-hospital services and diagnostic tests as patients who have commercial insurance or other forms of public insurance such as Medicare and Medicaid.

### What do the analyses presented in this Reporter show?

- ◆ Nebraska self-pay discharges are underreported. Efforts continue to encourage hospitals to submit 100% of their discharge records to the Nebraska Association of Hospitals and Health Systems.
- ◆ Nebraska self-pay discharge patients experience shorter average lengths of stay (ALOS) than other patients with similar conditions who may be covered by either public or commercial health insurance.
- ◆ When compared to U.S. data, Nebraska discharge data show a shorter ALOS for the most frequent self-pay discharges than the mean stay for the nation.
- ◆ The average charge for the most frequent Nebraska self-pay discharge is lower than the average charge for similar conditions among patients with public or commercial insurance.
- ◆ The top ranking self-pay DRGs are normal newborns (DRG 391), vaginal deliveries (DRG 373) and psychoses (DRG 430). Top ranking self-pay DRGs are similar for Nebraska and the U.S.
- ◆ In both Nebraska and the U.S., the greatest percentage of self-pay discharges were patients who were in the 15 through 44 and 45 through 64 age groups.

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## Part 1. Introduction

### Purpose

This Nebraska Health Data Reporter uses hospital discharge data which has been compiled by the Nebraska Association of Hospitals and Health Systems (NAHHS) to describe the characteristics of inpatient hospitalizations which are uninsured - those which are not billed to public or private insurance carriers. These types of hospitalizations are referred to as "self-pay". Self-pay refers to patients who are billed directly for the total charges for a hospitalization.

### Data Relevance

Previous research examining insurance status and hospitalization characteristics indicates that self-pay patients:

- ◆ are less likely than publicly or privately insured patients with the same conditions to receive some diagnostic tests and procedures (1-5);
- ◆ may be more likely than higher income and/or fully insured individuals to delay care (6) and to be treated in an emergency setting for some conditions (7);
- ◆ may be less likely than publicly or privately insured patients with similar conditions to be admitted as inpatients to a hospital (7), and when they are admitted are at greater risk for receiving substandard medical care (8, 9);
- ◆ may be up to a third more likely than those with insurance to leave unpaid balances for health services received (10, 11);
- ◆ are more likely to receive inpatient care from not-for-profit or public and community hospitals than from private hospitals (12);

The goals of examining the characteristics of self-pay hospitalizations are to:

- ◆ show the types of conditions for which the uninsured are most frequently hospitalized;
- ◆ inform hospital administrators how discharge data can be used;
- ◆ encourage hospitals to continue to try to achieve 100% reporting of all discharges to the NAHHS data repository;
- ◆ help policy makers estimate the impact of the changes in the health care delivery system (e.g. managed care, changes in Medicare and Medicaid) on other types of discharges;
- ◆ provide baseline data which may help community health care providers, policy makers, and legislators determine the amount of charity and uncompensated care which is provided to communities; and
- ◆ provide insight about the characteristics of persons who are uninsured.



## Part 2. Definitions and Data Description

### Self-pay Hospitalizations Defined

Nebraska hospital discharge forms (the UB-92 claim form) allow hospitals to record up to three payers as responsible for the charges incurred during a hospitalization. For this [Data Reporter](#), we examine first-listed payers only. The payer categories referred to in this [Reporter](#) include:

1) *Commercial payers*. This category includes all private payers such as indemnity self-funded employer insurance plans, managed care plans, and federally insured people enrolled in managed care plans.

2) *Public payers*. This includes Medicare, Medicaid, worker's compensation, and military health plans.

3) *Self-pay*. This means that the hospitalized patient was uninsured and was responsible for the hospitalization charges. Self-pay discharges are those for which "self-pay" is indicated on the first of the three listed payer fields on the discharge document. In Nebraska, the self-pay category includes charity or uncompensated care, where the hospital may expect little or no reimbursement for the services rendered.

### Data Limitations

There is one important limitation to the data reported here. Nebraska does not have a mandate that requires hospitals to report 100% of discharges to either the state or NAHHS. Data are collected by NAHHS members for the primary purpose of billing third party payers (public and private), and discharges that fall into the self-pay category (not associated with a third party) are generally under-reported to the NAHHS data archive. Because of this, users of this [Reporter](#) should understand that these characteristics apply to "reported" self-pay discharges only, rather than to all self-pay discharges. We are not able to distinguish the percentage of discharges that are initially coded as self-pay on the discharge form but which eventually may end up being paid by a charity organization or not being paid at all.

The extent to which self-pay discharges are under-reported cannot be determined. However, data in **Table 1** (see page 8) suggest that if Nebraska looks similar to the nation in the relative ratio of self-pay discharges to other types of discharges, we might expect about 5% or more of total Nebraska hospitalizations to be classified as self-pay. Despite the under-reporting which is characteristic of this type of billed discharge, the problem is minimal for the type of descriptive, state-wide population-based analyses presented here. For example, we can use these baseline data to evaluate and explain trends that occur over time.

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## Data Notes

- ◆ Data were collected by the Nebraska Association of Hospital and Health Systems (NAHHS). Nebraska hospitals submit their data to the member's data repository on a regular basis for the purposes of cleaning, archiving and information processing.
- ◆ Data are reported as they have been submitted to the NAHHS. Therefore, for the three calendar years of data examined in this report, NAHHS was able to capture 90% of the total number of discharges from Nebraska hospitals during 1997, 89% of discharges during 1996, and 85% of discharges during 1995.
- ◆ Data include all discharges from Nebraska community hospitals, and except where otherwise noted, include out-of-state residents. Data do not include patients hospitalized at the following state or federal facilities:

Non-Reporting Federal Inpatient Facilities	
Location	Facility Name
Grand Island	Veterans Administration
Hastings	Regional Center
Lincoln	Veterans Administration
Lincoln	Regional Center
Norfolk	Regional Center
Offut AFB, Bellevue	Ehrling Berquist Hospital
Omaha	Douglas County Hospital
Omaha	Veterans Administration Medical Center
Winnebago	U.S. Public Health Services Indian Hospital

- ◆ Data may include multiple discharges of a single person within one year.
- ◆ Data are not adjusted for condition or illness severity level.
- ◆ Data about the socioeconomic characteristics of the patients are not collected.



## Data Definitions

**SELF-PAY.** The hospitalization charges are the responsibility of the patient who receives services. In this Reporter, we are reporting the characteristics of Nebraska hospitalizations which were billed as "self-pay", meaning that the patient was indicated as being responsible for the hospitalization charges. Up to three payers can be recorded on the discharge form (the UB-92 claim form) as being responsible for the charges incurred during a hospital stay. All discharges that have indicated self-pay as the primary payer are considered self-pay for these analyses.

**PUBLIC PAYER.** Public payers include worker's compensation, Medicaid, Medicare, and military health plans.

**COMMERCIAL PAYER.** This category of payer type includes all private payers (insurance companies). These include self-funded employer insurance plans, managed care plans, and federally insured persons enrolled in managed care plans.

**AVERAGE LENGTH OF STAY (ALOS).** Average length of stay is calculated by dividing the sum of inpatient days by the number of patients within the DRG category. Inpatient days are calculated by subtracting day of admission from day of discharge and adding 1. Therefore, persons entering and leaving a hospital on the same day have a length of stay of one.

**DRG.** Diagnosis-related groups (DRGs) are classifications of hospital case types into clinically cohesive groups which are expected to have similar hospital resource use and length of stay patterns. Medicare uses this classification to determine inpatient reimbursement rates.

**METROPOLITAN COUNTIES.** Metropolitan area boundaries and names are those defined by the Federal Office of Management and Budget (OMB) on June 30, 1993. In Nebraska, metropolitan boundaries correspond with county boundaries. There are six metropolitan counties in Nebraska: Cass, Dakota, Douglas, Lancaster, Sarpy, and Washington. Non-metropolitan counties are defined as all other counties not otherwise defined as metropolitan.

**TOTAL CHARGE.** Total charges represent the dollar amount charged for the hospitalization rather than the amount paid or the actual costs to provide the care. Physician charges are generally excluded.

**AVERAGE CHARGE.** Average charge is calculated by dividing the sum of patient charges by the number of patients within a DRG category.

**STANDARD DEVIATION (s.d).** A statistic that indicates how tightly the data are clustered around the mean (the average) in a group of data. For example, using data from **Table 6** (see page 15), we can see that, for DRG 391 (normal newborn), the average charge for the self-pay patient was \$624 with an s.d. of \$285. The average charges for public and commercial discharges within this same DRG were approximately equal (\$717 vs. \$719 respectively). But, because the public discharges had a larger s.d. than the commercial (\$374 vs. \$315) actual public charges varied more and were more dispersed around the mean than discharges among the commercial group.

### Part 3. Characteristics of Self-pay Discharges

**A. What proportion of total Nebraska discharges are categorized as self-pay? How does Nebraska compare to the U.S. in proportion of discharges which are categorized as self-pay?**

**Table 1** shows the percentage of Nebraska discharges by payer type for the three year period including calendar years 1995, 1996, and 1997. Also shown are comparative data from the 1995 National Hospital Discharge Survey. These data show that 5.3% of all discharges nationwide were self-pay. Comparatively in Nebraska, self-pay discharges comprised from 1.2 to 2% of Nebraska discharges for the years 1995, 1996, and 1997<sup>1</sup>.

**Table 1. Summary of Hospital Discharges by Payer Type in Nebraska (1995-1997) and the U.S. (1995)**

	Nebraska			United States
	1995	1996	1997	1995
<b>Total Discharges</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<i>Number</i>	<i>168,552</i>	<i>174,796</i>	<i>181,662</i>	<i>34,352,909</i>
<b>Payer Type</b>				
Commercial	41.9%	44.5%	45.2%	35.5%
Medicare	41.4%	41.5%	41.0%	33.8%
Medicaid	13.2%	11.0%	10.7%	16.4%
Self-Pay	1.2%	1.8%	2.0%	5.3%
Other	2.2%	1.2%	1.0%	6.2%
No Charge	Unknown	Unknown	Unknown	0
Not Stated	-	-	-	0
	100.0%	100.0%	100.0%	100.0%

Note: Nebraska data include out-of-state residents.

Data source: Data provided by the Nebraska Association of Hospitals and Health Systems, 1998.

U.S. Data: National Hospital Discharge Survey, 1995.

Commercial is Blue Cross/Other Private. Other includes worker's compensation and other government payers.

<sup>1</sup>Recall that up to 90% of all discharges are included in the data, but that self-pay may be a high percentage of the 10% not reported.



## B. How do the top Nebraska self-pay discharges by DRG compare in frequency to the top U.S. discharges?

For comparison purposes, **Table 2** shows the overall ranking of Nebraska self-pay discharges by DRG for the combined years of 1995 through 1997, single year rankings in the state, and U.S. rankings in 1995. Ranking patterns show that for the majority of cases, Nebraska's self-pay discharges look similar to those in the U.S. However, there are a few exceptions. DRG 143 (chest pain) ranks as the 5th most frequent self-pay discharge reported to NAHHS for the 1995-7 time period. U.S. data show that chest pain ranks as the 72nd most frequent discharge for the survey year 1995<sup>1</sup>. DRGs 167 (appendectomy) and 112 (percutaneous cardiovascular procedures) rank 26th and 25th respectively at the national level. In Nebraska these two DRGs rank higher, at 9th and 12th for the combined years of 1995, 1996 and 1997.

**Table 2. Top 20 DRGs for Self-pay Discharges in Nebraska (1995-1997) and the U.S. (1995)**

DRG Description	Nebraska Combined			Single Year Rankings			
	1995-97			1995	1996	1997	US 95
	Rank	N	%				
391 NORMAL NEWBORN	1	1,190	11.4%	1	1	1	1
373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	2	1,020	9.8%	2	2	2	2
430 PSYCHOSES	3	383	3.7%	3	3	3	3
435 ALC/DRUG ABUSE OR DEPEND, DETOX W/O CC	4	252	2.4%	5	8	5	4
143 CHEST PAIN	5	197	1.9%	4	5	4	72
183 ESOPHAGITIS, GASTROENT & MISC DIGEST D/O W/O CC	6	196	1.9%	6	4	6	6
371 CESAREAN SECTION W/O CC	7	168	1.6%	7	6	9	12
449 POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC	8	149	1.4%	11	10	8	7
167 APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG	9	141	1.4%	8	7	14	26
390 NEONATE W OTHER SIGNIFICANT PROBLEMS	10	131	1.3%	12	14	10	5
359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	11	130	1.2%	10	12	15	9
112 PERCUTANEOUS CARDIOVASCULAR PROCEDURES	12	124	1.2%	9	15	16	25
204 DISORDERS OF PANCREAS EXCEPT MALIGNANCY	13	121	1.2%	18	22	7	17
182 ESOPHAGITIS, GASTROENT & MISC DIGEST D/O W CC	14	117	1.1%	16	13	13	22
450 POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC	15	115	1.1%	15	11	20	21
434 ALC/DRUG ABUSE OR DEPEND, DETOX W CC	16	113	1.1%	23	16	11	13
89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	17	109	1.0%	13	23	13	16
97 BRONCHITIS & ASTHMA AGE >17 W/O CC	18	108	1.0%	26	9	18	23
426 DEPRESSIVE NEUROSES	19	99	0.9%	19	32	12	38
219 LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR	20	98	0.9%	14	26	19	15
		4,961	47.6%				
Other DRGS		5,465	52.4%				
Total Self-pay Discharges, 1995-1997		10,426	100.0%				

Note: Nebraska data include out-of-state residents.

Data source: Data provided by the Nebraska Association of Hospitals and Health Systems, 1998.

U.S. Data: National Hospital Discharge Survey, 1995.

<sup>1</sup> See Appendix for the most frequent ICD-9 codes included in this DRG. One explanation for this major difference may be that more Nebraskans are underinsured than in other parts of the U.S.

### C. What demographic characteristics can we use to describe self-pay inpatient discharges in Nebraska ?

In Nebraska and in the U.S., the greatest proportion of self-pay discharges was of patients who were between the ages of 15 through 44 years of age, followed by those in the 45 to 64 age group<sup>1</sup>. Among the 65 and older group, Nebraska's rate of self-pay discharge was significantly less than that of the U.S. The percentage of women who were self-pay was greater than that of men for all years examined, in both Nebraska and the U.S.

**Table 3. Self-pay Discharges by Age and Sex, Nebraska (1995-1997) and the U.S. (1995)**

	Nebraska			United States
	1995	1996	1997	1995
<b>Age Group</b>				
0 to 4	17.6%	16.6%	15.2%	18.0%
5 to 14	2.1%	3.0%	2.1%	2.4%
15 to 44	58.1%	55.7%	58.4%	52.9%
45 to 64	20.5%	22.4%	22.6%	21.7%
65 and Older	1.6%	2.3%	1.7%	5.0%
	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Sex</b>				
Female	54.5%	55.0%	52.1%	52.7%
Male	45.5%	45.0%	47.9%	47.3%
	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Note: Nebraska data include out-of-state residents.

Data source: Data provided by the Nebraska Association of Hospitals and Health Systems, 1998.

U.S. Data: National Hospital Discharge Survey, 1995.

### D. What is the average length of stay (ALOS) in Nebraska for the most frequent self-pay DRG discharges? How do self-pay discharges compare to other types of payers for the same DRGs? How do these data compare to nationwide data?

**Table 4** shows the ALOS for the top 20 self-pay discharge diagnoses in Nebraska for the combined calendar years of 1995 through 1997 by payer type. For the most frequent self-pay discharges, normal newborns (DRG 391) and vaginal deliveries (DRG 373), the ALOS was about one and a half days. DRG 450 (poisoning and toxic effects of drugs, age greater than 17 without complications) had the shortest ALOS of just under one and a half days (1.38). The longest ALOS for Nebraska self-pay discharges was 4.74 days for the DRG 430 (psychoses). In the U.S., DRG 430<sup>2</sup> also had the longest ALOS of just over 11 days, while DRG 143 (chest pain) had the shortest ALOS of 1.36 days.

In Nebraska, nearly every ALOS for self-pay discharges was shorter than that for public or private insurance discharges with the same DRG. There were two exceptions to this pattern. For both DRG 359 (uterine & adnexa procedures for non-malignancy without complications) and DRG 112 (percutaneous cardiovascular procedures), commercial payer discharges had a shorter ALOS than their public or self-pay counterparts. One possible explanation for this difference might be that public and self-pay patients were sicker when they entered the hospital. See Table 4.

<sup>1</sup>One explanation for this major difference is that Nebraskans aged 15-44 may be more likely to be under-insured than other groups.

<sup>2</sup> See Appendix for the most frequent ICD-9 codes included in this DRG.



**Table 4. Average Length of Stay: Top 20 DRGs for Self-pay Discharges in Nebraska (1995-1997) and the U.S. (1995) Compared to Public and Private Payers**

<sup>1</sup> Standard Deviation (s.d) in italics. For the definition of s.d. see page 7.

Rank	DRG Description	Average Length of Stay <sup>1</sup>					
		Self-pay		Public		Commercial	
		Nebraska	U.S.	Nebraska	U.S.	Nebraska	U.S.
1	391 NORMAL NEWBORN	1.58 <i>0.82</i>	1.69 <i>1.01</i>	1.78 <i>0.83</i>	1.67 <i>0.99</i>	1.88 <i>0.76</i>	1.72 <i>1.16</i>
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	1.55 <i>0.67</i>	1.50 <i>0.82</i>	1.88 <i>1.27</i>	1.68 <i>1.21</i>	1.93 <i>1.00</i>	1.65 <i>1.17</i>
3	430 PSYCHOSES	4.74 <i>3.67</i>	11.13 <i>18.84</i>	10.11 <i>8.74</i>	13.05 <i>14.22</i>	6.78 <i>6.37</i>	8.77 <i>8.10</i>
4	435 ALC/DRUG ABUSE OR DEPEND, DETOX W/O CC	3.31 <i>2.60</i>	6.49 <i>7.90</i>	5.68 <i>6.73</i>	6.12 <i>5.77</i>	3.85 <i>3.61</i>	5.28 <i>4.22</i>
5	143 CHEST PAIN	1.52 <i>0.88</i>	1.36 <i>0.68</i>	2.03 <i>1.50</i>	1.81 <i>1.38</i>	1.54 <i>0.95</i>	1.47 <i>0.84</i>
6	183 ESOPHAGITIS, GASTROENT & MISC DIGEST D/O W/O CC	2.06 <i>1.36</i>	2.40 <i>1.80</i>	2.77 <i>1.94</i>	3.31 <i>3.08</i>	2.33 <i>1.62</i>	2.55 <i>1.94</i>
7	371 CESAREAN SECTION W/O CC	3.10 <i>0.90</i>	3.73 <i>3.73</i>	3.47 <i>2.10</i>	3.50 <i>2.13</i>	3.42 <i>2.20</i>	3.36 <i>2.19</i>
8	449 POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC	1.97 <i>1.37</i>	2.77 <i>3.01</i>	3.45 <i>3.30</i>	4.03 <i>5.00</i>	2.84 <i>2.88</i>	3.21 <i>3.75</i>
9	167 APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC	1.94 <i>0.88</i>	2.51 <i>1.52</i>	2.38 <i>1.23</i>	2.50 <i>1.29</i>	2.15 <i>1.01</i>	2.43 <i>3.90</i>
10	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	2.16 <i>1.13</i>	2.04 <i>1.72</i>	2.39 <i>1.79</i>	2.37 <i>1.98</i>	2.32 <i>1.58</i>	2.13 <i>1.68</i>
11	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	2.75 <i>1.27</i>	2.83 <i>1.44</i>	3.22 <i>1.14</i>	3.22 <i>2.04</i>	2.67 <i>0.85</i>	2.79 <i>1.39</i>
12	112 PERCUTANEOUS CARDIOVASCULAR PROCEDURES	3.67 <i>2.09</i>	3.95 <i>2.26</i>	3.88 <i>3.06</i>	4.51 <i>4.14</i>	3.10 <i>2.20</i>	3.62 <i>2.92</i>
13	204 DISORDERS OF PANCREAS EXCEPT MALIGNANCY	4.37 <i>3.74</i>	6.50 <i>6.22</i>	5.65 <i>5.38</i>	6.72 <i>6.65</i>	4.92 <i>4.45</i>	5.86 <i>5.03</i>
14	182 ESOPHAGITIS, GASTROENT & MISC DIGEST D/O W CC	2.50 <i>1.63</i>	3.09 <i>2.20</i>	3.94 <i>3.10</i>	5.20 <i>5.44</i>	3.10 <i>2.78</i>	3.41 <i>2.53</i>
15	450 POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC	1.38 <i>0.74</i>	1.98 <i>2.03</i>	1.78 <i>1.57</i>	2.55 <i>3.30</i>	1.59 <i>1.03</i>	2.06 <i>2.12</i>
16	434 ALC/DRUG ABUSE OR DEPEND, DETOX W CC	3.73 <i>3.28</i>	4.41 <i>3.96</i>	5.64 <i>5.13</i>	5.95 <i>6.03</i>	4.44 <i>3.89</i>	4.91 <i>5.03</i>
17	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	4.10 <i>2.68</i>	6.02 <i>4.25</i>	5.61 <i>3.55</i>	7.32 <i>6.23</i>	4.75 <i>3.03</i>	5.45 <i>3.93</i>
18	97 BRONCHITIS & ASTHMA AGE >17 W/O CC	2.51 <i>1.51</i>	3.04 <i>2.18</i>	3.25 <i>1.91</i>	3.63 <i>2.47</i>	2.64 <i>1.61</i>	3.12 <i>2.51</i>
19	426 DEPRESSIVE NEUROSES	3.04 <i>1.94</i>	5.33 <i>5.06</i>	5.70 <i>4.71</i>	7.95 <i>8.10</i>	4.45 <i>5.91</i>	5.59 <i>5.00</i>
20	219 LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR	2.43 <i>1.24</i>	3.81 <i>3.41</i>	3.07 <i>1.67</i>	3.61 <i>3.27</i>	2.46 <i>1.39</i>	2.89 <i>2.18</i>

Note: Nebraska data include out of state residents.

Data source: Data provided by the Nebraska Association of Hospitals and Health Systems, 1998.

U.S Data: National Hospital Discharge Survey, 1995.

Public Payers include Medicare, Medicaid, and other government payers. Commercial payers include Blue Cross and other private insurers.

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**E. Do the characteristics of self-pay discharges differ between public and privately insured discharges, based on metro and non-metropolitan county status?**

**Table 5** shows the top 20 self-pay resident discharges, by metro and non-metropolitan county type. These data show that metropolitan county residents experience a slightly longer ALOS across all payer types than their counterparts from non-metropolitan counties for the following DRGs:

143	Chest pain
183	Esophagitis, gastroenteritis and miscellaneous digestive disorders age greater than 17 without complication
371	Cesarean section without complication
204	Disorders of pancreas except malignancy
182	Esophagitis, gastroenteritis and miscellaneous digestive disorders age greater than 17 with complication
450	Poisoning and toxic effects of drugs age greater than 17 with complication
89	Simple pneumonia and pleurisy age greater than 17 with complication
97	Bronchitis and asthma age greater than 17 without complication

Among metropolitan county residents, self-pay and commercial discharges with DRG 204 (disorders of pancreas except malignancy) experienced an ALOS of at least one day longer than non-metropolitan county residents discharged with the same DRG.

Among residents who were publicly insured, metropolitan residents discharged for DRGs 430 (psychoses) or 435 (alcohol/drug abuse or dependence, detoxification or other symptomatic treatment without complications), experienced, on average, at least a one day longer length of stay than their non-metropolitan counterparts.



**Table 5. Average Length of Stay: Top 20 DRGs for Self-pay Discharges in Nebraska by Metropolitan County Status (1995-1997)**

<sup>1</sup> Standard Deviation (s.d) in italics. For the definition of s.d. see page 7.

Rank	DRG Description	Average Length of Stay <sup>1</sup>								
		Self-pay			Public			Commercial		
		Nebraska	Metro	Non-Metro	Nebraska	Metro	Non-Metro	Nebraska	Metro	Non-Metro
1	391 NORMAL NEWBORN	1.58 <i>0.81</i>	1.61 <i>0.77</i>	1.57 <i>0.83</i>	1.78 <i>0.83</i>	1.76 <i>0.80</i>	1.80 <i>0.85</i>	1.88 <i>0.76</i>	1.88 <i>0.73</i>	1.89 <i>0.79</i>
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	1.56 <i>0.67</i>	1.56 <i>0.62</i>	1.56 <i>0.69</i>	1.87 <i>1.26</i>	1.91 <i>1.12</i>	1.84 <i>1.39</i>	1.92 <i>0.94</i>	1.96 <i>0.96</i>	1.87 <i>0.92</i>
3	430 PSYCHOSES	4.77 <i>3.72</i>	4.41 <i>4.19</i>	4.85 <i>3.63</i>	10.08 <i>8.74</i>	10.59 <i>9.01</i>	9.17 <i>8.09</i>	6.83 <i>6.46</i>	7.10 <i>7.05</i>	6.37 <i>5.29</i>
4	435 ALC/DRUG ABUSE OR DEPEND, DETOX W/O CC	3.30 <i>2.52</i>	2.75 <i>2.27</i>	3.47 <i>2.58</i>	5.64 <i>6.77</i>	6.19 <i>7.82</i>	5.14 <i>5.52</i>	3.88 <i>3.65</i>	3.50 <i>2.96</i>	4.25 <i>4.19</i>
5	143 CHEST PAIN	1.51 <i>0.87</i>	1.51 <i>0.85</i>	1.50 <i>0.88</i>	2.02 <i>1.50</i>	2.12 <i>1.70</i>	1.93 <i>1.26</i>	1.53 <i>0.95</i>	1.56 <i>1.01</i>	1.51 <i>0.89</i>
6	183 ESOPHAGITIS, GASTROENT & MISC DIGEST D/O W/O CC	2.06 <i>1.33</i>	2.29 <i>1.37</i>	1.99 <i>1.32</i>	2.76 <i>1.96</i>	2.98 <i>2.08</i>	2.67 <i>1.90</i>	2.33 <i>1.62</i>	2.55 <i>1.71</i>	2.18 <i>1.54</i>
7	371 CESAREAN SECTION W/O CC	3.13 <i>0.88</i>	3.16 <i>0.78</i>	3.12 <i>0.92</i>	3.43 <i>1.87</i>	3.50 <i>1.79</i>	3.38 <i>1.93</i>	3.39 <i>1.98</i>	3.42 <i>1.98</i>	3.37 <i>1.99</i>
8	449 POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC	1.88 <i>1.31</i>	1.74 <i>0.97</i>	2.15 <i>1.74</i>	3.44 <i>3.31</i>	3.50 <i>3.80</i>	3.39 <i>2.72</i>	2.86 <i>2.89</i>	2.97 <i>3.14</i>	2.73 <i>2.48</i>
9	167 APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC	1.95 <i>0.88</i>	2.06 <i>0.74</i>	1.92 <i>0.93</i>	2.31 <i>1.25</i>	2.21 <i>1.22</i>	2.36 <i>1.26</i>	2.14 <i>1.01</i>	2.09 <i>0.98</i>	2.17 <i>1.03</i>
10	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	2.15 <i>1.07</i>	2.14 <i>1.18</i>	2.16 <i>0.98</i>	2.39 <i>1.76</i>	2.36 <i>1.78</i>	2.42 <i>1.72</i>	2.32 <i>1.58</i>	2.25 <i>1.58</i>	2.42 <i>1.57</i>
11	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	2.79 <i>1.31</i>	3.22 <i>2.07</i>	2.68 <i>1.03</i>	3.22 <i>1.14</i>	3.16 <i>1.12</i>	3.26 <i>1.15</i>	2.68 <i>0.86</i>	2.65 <i>0.83</i>	2.71 <i>0.88</i>
12	112 PERCUTANEOUS CARDIOVASCULAR PROCEDURES	3.62 <i>2.16</i>	3.16 <i>1.68</i>	3.86 <i>2.38</i>	3.82 <i>3.04</i>	4.07 <i>3.28</i>	3.61 <i>2.81</i>	3.09 <i>2.22</i>	3.18 <i>2.29</i>	2.99 <i>2.13</i>
13	204 DISORDERS OF PANCREAS EXCEPT MALIGNANCY	4.40 <i>3.83</i>	4.77 <i>4.40</i>	3.69 <i>2.27</i>	5.69 <i>5.45</i>	5.92 <i>5.49</i>	5.51 <i>5.42</i>	4.94 <i>4.58</i>	5.31 <i>4.70</i>	4.31 <i>4.28</i>
14	182 ESOPHAGITIS, GASTROENT & MISC DIGEST D/O W CC	2.45 <i>1.52</i>	2.53 <i>1.59</i>	2.41 <i>1.51</i>	3.93 <i>3.08</i>	4.33 <i>3.54</i>	3.73 <i>2.82</i>	3.07 <i>2.77</i>	3.45 <i>2.99</i>	2.79 <i>2.56</i>
15	450 POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC	1.38 <i>0.75</i>	1.50 <i>0.91</i>	1.30 <i>0.61</i>	1.78 <i>1.58</i>	1.94 <i>1.41</i>	1.68 <i>1.67</i>	1.59 <i>1.03</i>	1.72 <i>1.21</i>	1.48 <i>0.85</i>
16	434 ALC/DRUG ABUSE OR DEPEND, DETOX W CC	3.44 <i>2.72</i>	3.61 <i>2.87</i>	3.38 <i>2.63</i>	5.47 <i>4.78</i>	5.43 <i>4.70</i>	5.54 <i>4.97</i>	4.48 <i>3.90</i>	4.78 <i>4.63</i>	4.14 <i>2.87</i>
17	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	4.13 <i>2.72</i>	4.25 <i>2.92</i>	4.06 <i>2.63</i>	5.60 <i>3.56</i>	6.07 <i>4.42</i>	5.40 <i>3.09</i>	4.74 <i>3.05</i>	4.89 <i>3.01</i>	4.63 <i>3.08</i>
18	97 BRONCHITIS & ASTHMA AGE >17 W/O CC	2.52 <i>1.51</i>	2.94 <i>1.92</i>	2.35 <i>1.27</i>	3.23 <i>1.92</i>	3.30 <i>2.06</i>	3.21 <i>1.85</i>	2.64 <i>1.61</i>	2.84 <i>1.71</i>	2.48 <i>1.51</i>
19	426 DEPRESSIVE NEUROSES	3.04 <i>1.95</i>	2.52 <i>2.20</i>	3.19 <i>1.86</i>	5.65 <i>4.68</i>	5.47 <i>4.87</i>	5.89 <i>4.46</i>	4.48 <i>5.99</i>	4.16 <i>3.99</i>	4.98 <i>8.18</i>
20	219 LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR	2.49 <i>1.26</i>	2.64 <i>1.38</i>	2.33 <i>1.13</i>	3.06 <i>1.66</i>	2.92 <i>1.46</i>	3.16 <i>1.78</i>	2.44 <i>1.39</i>	2.41 <i>1.30</i>	2.47 <i>1.49</i>

Note: Nebraska data include Nebraska residents only.

Data source: Data provided by the Nebraska Association of Hospitals and Health Systems, 1998.

Public Payers include Medicare, Medicaid, and other government payers. Commercial payers include Blue Cross and other private insurers.

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## 6. What is the average charge associated with the top self-pay DRGs in Nebraska?

Average charges for the most frequent Nebraska self-pay DRGs are generally lower than average charges for similar DRGs when the payer is either public or private. As shown in **Table 6**, of the top 20 most frequent self-pay discharge categories, average charges for 13 of the DRGs are lower than average charges for similar discharges for public or private payers.

## 7. How do average charges vary between Nebraska residents of metropolitan and non-metropolitan counties?

**Table 7** (page 16) shows the top self-pay discharges of Nebraska residents only, as well as the average charge associated with each DRG by metropolitan county status. In nearly all DRG categories and across all three payer types, average charges are higher for residents of metropolitan area counties than for their non-metropolitan counterparts. Several DRG categories differ by at least \$2,000, most notably DRGs 204 (disorders of the pancreas except malignancy), 182 (esophagitis, gastroenteritis and miscellaneous digestive disorders, age greater than 17 with complication or comorbid condition), and 89 (simple pneumonia and pleurisy age greater than 17 with complications).

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**Table 6. Average Charges for the Top 20 Self-pay DRGs in Nebraska Compared to Average Charges Among the Public and Commercially Insured, 1995-1997**

<sup>1</sup> Standard Deviation (s.d) in italics. For the definition of s.d. see page 7.

Rank	DRG Description	Average Charges <sup>1</sup>		
		Self-Pay	Public	Commercial
1	391 NORMAL NEWBORN	\$624 <i>\$285</i>	\$717 <i>\$374</i>	\$719 <i>\$315</i>
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	\$1,978 <i>\$860</i>	\$2,415 <i>\$1,610</i>	\$2,501 <i>\$1,324</i>
3	430 PSYCHOSES	\$3,716 <i>\$2,602</i>	\$8,995 <i>\$8,729</i>	\$5,843 <i>\$5,507</i>
4	435 ALC/DRUG ABUSE OR DEPEND, DETOX W/O CC	\$3,047 <i>\$2,099</i>	\$4,280 <i>\$5,732</i>	\$2,898 <i>\$2,196</i>
5	143 CHEST PAIN	\$4,138 <i>\$3,092</i>	\$4,205 <i>\$2,732</i>	\$3,823 <i>\$2,471</i>
6	183 ESOPHAGITIS, GASTROENT & MISC DIGEST D/O W/O CC	\$2,824 <i>\$2,062</i>	\$3,646 <i>\$2,551</i>	\$3,408 <i>\$2,437</i>
7	371 CESAREAN SECTION W/O CC	\$5,144 <i>\$1,625</i>	\$5,364 <i>\$2,749</i>	\$5,343 <i>\$2,489</i>
8	449 POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC	\$5,477 <i>\$4,438</i>	\$6,115 <i>\$10,066</i>	\$6,016 <i>\$10,586</i>
9	167 APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC	\$4,608 <i>\$1,855</i>	\$4,763 <i>\$2,016</i>	\$4,846 <i>\$2,114</i>
10	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	\$1,132 <i>\$1,057</i>	\$1,555 <i>\$2,251</i>	\$1,346 <i>\$2,586</i>
11	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	\$6,106 <i>\$2,912</i>	\$6,221 <i>\$2,468</i>	\$6,238 <i>\$2,591</i>
12	112 PERCUTANEOUS CARDIOVASCULAR PROCEDURES	\$19,824 <i>\$8,515</i>	\$20,231 <i>\$10,255</i>	\$18,583 <i>\$8,523</i>
13	204 DISORDERS OF PANCREAS EXCEPT MALIGNANCY	\$7,194 <i>\$7,603</i>	\$9,138 <i>\$14,345</i>	\$7,773 <i>\$9,178</i>
14	182 ESOPHAGITIS, GASTROENT & MISC DIGEST D/O W CC	\$3,414 <i>\$2,569</i>	\$5,006 <i>\$5,049</i>	\$4,426 <i>\$5,027</i>
15	450 POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC	\$2,891 <i>\$2,330</i>	\$2,914 <i>\$2,235</i>	\$2,693 <i>\$1,900</i>
16	434 ALC/DRUG ABUSE OR DEPEND, DETOX W CC	\$5,433 <i>\$5,526</i>	\$5,893 <i>\$5,489</i>	\$4,687 <i>\$5,373</i>
17	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	\$6,397 <i>\$4,861</i>	\$7,209 <i>\$6,218</i>	\$7,137 <i>\$6,036</i>
18	97 BRONCHITIS & ASTHMA AGE >17 W/O CC	\$3,764 <i>\$2,808</i>	\$3,785 <i>\$2,426</i>	\$3,629 <i>\$2,445</i>
19	426 DEPRESSIVE NEUROSES	\$2,653 <i>\$1,626</i>	\$4,808 <i>\$3,978</i>	\$3,704 <i>\$3,574</i>
20	219 LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR	\$7,639 <i>\$4,165</i>	\$7,434 <i>\$3,242</i>	\$7,458 <i>\$3,991</i>

Note: Nebraska data include out of state residents.

Data source: Data provided by the Nebraska Association of Hospitals and Health Systems, 1998.

Public Payers include Medicare, Medicaid, and other government payers. Commercial payers include Blue Cross and other private insurers.

**Table 7. Top 20 Self-pay Discharges: Average Charges by Metro/Non-Metro County, and by Payer Category Compared to the Publicly and Commercially Insured (1995-1997)**

<sup>1</sup> Standard Deviation (s.d) in italics. For the definition of s.d. see page 7.

Rank	DRG Description	Average Charges <sup>1</sup>								
		Self-pay			Public			Commercial		
		Nebraska	Metro	Non-Metro	Nebraska	Metro	Non-Metro	Nebraska	Metro	Non-Metro
1	391 NORMAL NEWBORN	\$620 <i>\$282</i>	\$648 <i>\$290</i>	\$608 <i>\$278</i>	\$717 <i>\$374</i>	\$698 <i>\$430</i>	\$735 <i>\$311</i>	\$718 <i>\$313</i>	\$704 <i>\$315</i>	\$735 <i>\$309</i>
2	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	\$1,973 <i>\$870</i>	\$2,265 <i>\$1,088</i>	\$1,841 <i>\$713</i>	\$2,410 <i>\$1,599</i>	\$2,648 <i>\$1,655</i>	\$2,169 <i>\$1,505</i>	\$2,480 <i>\$1,287</i>	\$2,691 <i>\$1,342</i>	\$2,174 <i>\$1,135</i>
3	430 PSYCHOSES	\$3,730 <i>\$2,644</i>	\$3,582 <i>\$3,364</i>	\$3,754 <i>\$2,473</i>	\$8,975 <i>\$8,767</i>	\$9,880 <i>\$9,338</i>	\$7,365 <i>\$7,253</i>	\$5,890 <i>\$5,583</i>	\$6,339 <i>\$6,114</i>	\$5,124 <i>\$4,426</i>
4	435 ALC/DRUG ABUSE OR DEPEND, DETOX W/O CC	\$3,023 <i>\$2,053</i>	\$3,147 <i>\$2,450</i>	\$2,985 <i>\$1,918</i>	\$4,241 <i>\$5,756</i>	\$5,222 <i>\$7,457</i>	\$3,276 <i>\$3,003</i>	\$2,898 <i>\$2,211</i>	\$3,012 <i>\$1,995</i>	\$2,788 <i>\$2,402</i>
5	143 CHEST PAIN	\$4,051 <i>\$2,912</i>	\$5,703 <i>\$3,217</i>	\$2,709 <i>\$1,729</i>	\$4,123 <i>\$2,618</i>	\$5,106 <i>\$2,904</i>	\$3,197 <i>\$1,899</i>	\$3,757 <i>\$2,252</i>	\$4,598 <i>\$2,361</i>	\$2,955 <i>\$1,814</i>
6	183 ESOPHAGITIS, GASTROENT & MISC DIGEST D/O W/O CC	\$2,813 <i>\$1,999</i>	\$3,920 <i>\$2,289</i>	\$2,425 <i>\$1,735</i>	\$3,593 <i>\$2,516</i>	\$4,806 <i>\$2,831</i>	\$3,054 <i>\$2,161</i>	\$3,368 <i>\$2,390</i>	\$4,188 <i>\$2,651</i>	\$2,808 <i>\$2,012</i>
7	371 CESAREAN SECTION W/O CC	\$5,158 <i>\$1,645</i>	\$5,679 <i>\$2,067</i>	\$4,913 <i>\$1,345</i>	\$5,329 <i>\$2,656</i>	\$5,881 <i>\$2,963</i>	\$4,902 <i>\$2,303</i>	\$5,280 <i>\$2,406</i>	\$5,689 <i>\$2,392</i>	\$4,790 <i>\$2,334</i>
8	449 POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC	\$5,021 <i>\$3,796</i>	\$5,756 <i>\$4,136</i>	\$3,700 <i>\$2,719</i>	\$6,065 <i>\$10,126</i>	\$7,621 <i>\$12,678</i>	\$4,405 <i>\$6,024</i>	\$5,978 <i>\$10,900</i>	\$6,886 <i>\$13,249</i>	\$4,585 <i>\$5,536</i>
9	167 APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC	\$4,646 <i>\$1,901</i>	\$5,010 <i>\$2,131</i>	\$4,519 <i>\$1,810</i>	\$4,748 <i>\$2,044</i>	\$5,664 <i>\$2,486</i>	\$4,344 <i>\$1,664</i>	\$4,807 <i>\$2,064</i>	\$5,569 <i>\$2,246</i>	\$4,229 <i>\$1,700</i>
10	390 NEONATE W OTHER SIGNIFICANT PROBLEMS	\$1,070 <i>\$870</i>	\$1,231 <i>\$1,157</i>	\$943 <i>\$521</i>	\$1,557 <i>\$2,223</i>	\$1,697 <i>\$2,510</i>	\$1,376 <i>\$1,762</i>	\$1,303 <i>\$2,373</i>	\$1,302 <i>\$2,767</i>	\$1,305 <i>\$1,626</i>
11	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	\$6,146 <i>\$2,998</i>	\$8,498 <i>\$5,038</i>	\$5,570 <i>\$1,871</i>	\$6,162 <i>\$2,386</i>	\$7,101 <i>\$2,737</i>	\$5,651 <i>\$2,001</i>	\$6,141 <i>\$2,477</i>	\$6,710 <i>\$2,765</i>	\$5,556 <i>\$1,979</i>
12	112 PERCUTANEOUS CARDIOVASCULAR PROCEDURES	\$19,312 <i>\$8,840</i>	\$18,554 <i>\$9,378</i>	\$19,611 <i>\$8,563</i>	\$19,789 <i>\$9,756</i>	\$20,592 <i>\$10,256</i>	\$19,122 <i>\$9,268</i>	\$18,511 <i>\$8,447</i>	\$18,999 <i>\$8,719</i>	\$17,962 <i>\$8,102</i>
13	204 DISORDERS OF PANCREAS EXCEPT MALIGNANCY	\$7,377 <i>\$7,811</i>	\$8,802 <i>\$9,000</i>	\$4,672 <i>\$3,576</i>	\$9,128 <i>\$14,527</i>	\$11,056 <i>\$15,435</i>	\$7,523 <i>\$13,536</i>	\$7,797 <i>\$9,433</i>	\$9,025 <i>\$10,353</i>	\$5,688 <i>\$7,137</i>
14	182 ESOPHAGITIS, GASTROENT & MISC DIGEST D/O W CC	\$3,364 <i>\$2,536</i>	\$4,821 <i>\$3,088</i>	\$2,742 <i>\$1,977</i>	\$4,935 <i>\$4,879</i>	\$6,841 <i>\$6,405</i>	\$4,045 <i>\$3,647</i>	\$4,324 <i>\$4,920</i>	\$5,687 <i>\$6,149</i>	\$3,316 <i>\$3,431</i>
15	450 POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC	\$2,886 <i>\$2,349</i>	\$4,054 <i>\$3,004</i>	\$2,047 <i>\$1,180</i>	\$2,889 <i>\$2,224</i>	\$3,636 <i>\$2,159</i>	\$2,411 <i>\$2,144</i>	\$2,693 <i>\$1,891</i>	\$3,411 <i>\$2,353</i>	\$2,109 <i>\$1,115</i>
16	434 ALC/DRUG ABUSE OR DEPEND, DETOX W CC	\$4,891 <i>\$4,224</i>	\$6,671 <i>\$5,276</i>	\$3,510 <i>\$2,497</i>	\$5,745 <i>\$5,290</i>	\$6,305 <i>\$5,946</i>	\$4,695 <i>\$3,622</i>	\$4,649 <i>\$5,330</i>	\$5,487 <i>\$5,534</i>	\$3,703 <i>\$4,964</i>
17	89 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	\$6,201 <i>\$4,626</i>	\$8,049 <i>\$5,895</i>	\$5,208 <i>\$3,432</i>	\$7,150 <i>\$6,143</i>	\$9,862 <i>\$8,465</i>	\$5,975 <i>\$4,300</i>	\$6,976 <i>\$5,786</i>	\$8,329 <i>\$6,008</i>	\$5,890 <i>\$5,373</i>
18	97 BRONCHITIS & ASTHMA AGE >17 W/O CC	\$3,782 <i>\$2,815</i>	\$5,879 <i>\$4,058</i>	\$2,887 <i>\$1,320</i>	\$3,751 <i>\$2,410</i>	\$4,757 <i>\$3,090</i>	\$3,301 <i>\$1,867</i>	\$3,613 <i>\$2,402</i>	\$4,368 <i>\$2,741</i>	\$2,980 <i>\$1,850</i>
19	426 DEPRESSIVE NEUROSES	\$2,648 <i>\$1,638</i>	\$2,452 <i>\$1,646</i>	\$2,703 <i>\$1,642</i>	\$4,752 <i>\$3,927</i>	\$4,867 <i>\$4,215</i>	\$4,616 <i>\$3,573</i>	\$3,732 <i>\$3,611</i>	\$3,720 <i>\$3,312</i>	\$3,759 <i>\$4,042</i>
20	219 LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR	\$7,572 <i>\$4,025</i>	\$8,839 <i>\$4,553</i>	\$6,659 <i>\$3,413</i>	\$7,346 <i>\$3,021</i>	\$8,179 <i>\$3,145</i>	\$6,785 <i>\$2,802</i>	\$7,301 <i>\$3,326</i>	\$8,023 <i>\$3,463</i>	\$6,516 <i>\$2,988</i>

Note: Nebraska data include Nebraska residents only.  
 Data source: Data provided by the Nebraska Association of Hospitals and Health Systems, 1998.  
 Public Payers include Medicare, Medicaid, and other government payers. Commercial payers include Blue Cross and other private insurers.



## Appendix

Detailed description of diagnoses included in DRG 143 (chest pain) and DRG 430 (psychoses) for self-pay patients in Nebraska (1995-1997) and the U.S. (1995).

### Primary Diagnosis ICD-9 Codes Associated with DRG 143 (chest pain) Self-pay Discharges, Nebraska (1995-1997) and the U.S. (1995)

	<u>Nebraska</u>	<u>U.S.</u>
786.50 Chest pain - unspecified	90.4%	94.9%
786.51 Precordial pain	0.5%	1.2%
786.59 Chest pain, other	9.1%	2.7%
V71.7 Observation for suspected cardiovascular disease	0.0%	1.2%
Total	100.0%	100.0%

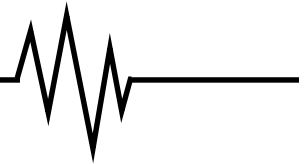
### Primary Diagnosis ICD-9 Codes Associated with DRG 430 (psychoses) Self-pay Discharges, Nebraska (1995-1997) and the U.S. (1995)

	<u>Nebraska</u>	<u>U.S.</u>
296.20 Depressive psychosis, single episode - unspecified	20.0%	10.6%
296.33 Major depressive disorder, recurrent episode - severe	13.3%	10.3%
296.30 Major depressive disorder, recurrent episode - unspecified	9.9%	6.7%
296.23 Major depressive disorder, single episode - severe w/o psychotic behavior	7.8%	5.7%
298.9 Unspecified psychosis	5.7%	6.8%
296.34 Major depressive disorder, recurrent - severe w/ psychotic behavior	4.2%	2.7%
295.30 Paranoid schizophrenia - unspecifie	3.9%	1.2%
296.7 Bipolar affective disorder - unspecified	3.9%	3.0%
295.70 Schizoaffective type - unspecified	3.7%	6.4%
295.34 Paranoid schizophrenia - chronic w/acute exacerbation	2.3%	5.4%
296.22 Depressive psychosis, single episode - moderate	2.3%	2.2%
295.40 Acute schizophrenia - unpecified	1.8%	0.5%
296.24 Depressive psychosis - severe s/psychotic behavior	1.8%	2.7%
295.32 Paranoid schizoprenia - chronic	1.6%	1.2%
296.40 Bipolar affective disorder, manic	1.6%	2.5%
	83.8%	67.9%
All other ICD-9's in DRG 430	16.2%	32.1%
Total	100.0%	100.0%

Note: Nebraska data include out-of-state residents.

Data source: Data provided by the Nebraska Association of Hospitals and Health Systems, 1998.

U.S. Data: National Hospital Discharge Survey, 1995.



**About the Nebraska Health Information Project**

The Nebraska Health Information Project is a partnership project made possible with the financial support of the State of Nebraska and through additional personal and other resources provided by the University of Nebraska Medical Center. While initiated by Nebraska Unicameral, the ongoing success of the project results from cooperation and collaboration among a number of organizations and individuals, particularly those involved in delivering health care services, financing health care and analyzing health related data.

Other reports have been published by the Nebraska Health Information Project, including biennial databooks which present Nebraska health and demographic data at the county, area and state levels. To find out more about these reports and future reports visit our homepage at: <http://www.unmc.edu/nebraska>

**The Nebraska Center for Rural Health Research**

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