Wichita/Sedgwick County, Kansas
May 1999 - April 2002

Hospital-wide Utilization Study
Uncompensated Care and Medicaid

Prepared by the University of Kansas School of Medicine-Wichita for the Central Plains Regional Health Care Foundation, Project Access

For More Information Contact:
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(316) 688-0600, annenelson@projectaccess.net
Number of Uninsured Persons in Sedgwick County, Kansas March 2004

50,000

Arrows represent people entering and leaving the ranks of the uninsured.

Prepared by the University of Kansas School of Medicine-Wichita for the Central Plains Regional Health Care Foundation, Project Access
Estimated yearly health care cost: $1.6 Trillion
US Population: 286 Million
Estimated cost per person: $5,440

50,000 Uninsured persons in Sedgwick County

50,000  x  $5,440

$272,000,000 Estimated yearly cost of uninsured health care in Sedgwick County
How much uncompensated care is provided to the uninsured each year?

Figure 1

Amount and Sources of Payment for Care Received by Full-Year and Part-Year Uninsured

In Billions of 2004 Dollars

- Uncompensated Care: $40.7 (33%)
- Out-of-Pocket: $32.6 (26%)
- Private Insurance*: $34.4 (28%)
- Public Insurance*: $16.9 (14%)

Total = $124.5 Billion

Note: Includes payments for people uninsured all-year and for only part of the year.
* Payments for part of year when part-year uninsured have coverage.
Total Uncompensated Care in 2004
(in billions)

Uncompensated Care
- Adults - $35.1 b
- Children - $5.4 b
- Full-Year Uninsured - $29.9 b
- Part-Year Uninsured - $10.6 b

Total = $40.7 billion

Data may not total due to rounding.

Who provides uncompensated care?

Uncompensated Care by Type of Provider (2001 Shares)

- Hospitals (63%)
- Physicians (18%)
- Clinics and Direct Care Programs (19%)


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How is uncompensated care funded?

Figure 4

Total Government Spending Available for the Uninsured, 2004
(In Billions of Dollars)

- Federal Medicaid DSH/Supplemental Payments $6.9 (19.9%)
- State Medicaid DSH/Supplemental Payments $1.8 (5.2%)
- State & Local Tax Appropriations/Payments to Hospitals $7.9 (22.8%)
- Federal Direct Service Programs $1.4 (4.0%)
- Federal Medicare DSH/HME $10.5 (30.3%)
- State Direct Service Programs $6.1 (17.6%)

Total = $34.6 Billion

SOURCE: Hadley and Holahan analysis of March 2004 CBO Baseline for Medicaid and Medicare data; estimates of state and local spending and other government programs taken from earlier estimates adjusted to 2004.

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Does uncompensated care fully make up for the lack of health insurance?

Estimates of Per Capita Spending, 2004 dollars (includes uncompensated care)

<table>
<thead>
<tr>
<th></th>
<th>Full-Year Uninsured</th>
<th>Part-Year Uninsured</th>
<th>Full-Year Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spending</td>
<td>$1,629</td>
<td>$2,466</td>
<td>$2,975</td>
</tr>
</tbody>
</table>

How much more would it cost to cover all of the uninsured?

Figure 6

Simulated Spending per Capita if Uninsured Had Coverage (2004 Dollars)

- **Full-Year Uninsured**: $2,768 (Baseline Spending: $1,139, Simulated Increase: $1,629)
- **Part-Year Uninsured**: $2,909 (Baseline Spending: $2,466, Simulated Increase: $443)
- **All Uninsured**: $2,836 (Baseline Spending: $2,034, Simulated Increase: $802)

Percent increase in per capita spending:
- **69.9%** for Full-Year Uninsured
- **18.0%** for Part-Year Uninsured
- **39.4%** for All Uninsured


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Under a universal expansion how much would total spending increase?

**Figure 7**

Total and Incremental Medical Spending if Uninsured Had Coverage (Billions of 2004 Dollars)

<table>
<thead>
<tr>
<th></th>
<th>Total Current Spending</th>
<th>Total if Uninsured Had Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Spending</td>
<td>$124.5</td>
<td>$124.5</td>
</tr>
<tr>
<td>Increased Spending</td>
<td></td>
<td>$48.2</td>
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<tr>
<td></td>
<td></td>
<td>$172.7</td>
</tr>
</tbody>
</table>

Cost of Uncompensated Medical Care in Sedgwick County, Kansas

Per capita medical spending for persons uninsured for the full year in 2004 $1,629

Uninsured persons in Sedgwick County 50,000

Estimated cost of uncompensated care in Sedgwick County $81 M

Uncompensated care by type of provider
   Hospitals (63%) $51 M
   Physicians (18%) $15 M
   Clinics and Direct Care Programs (19%) $15 M
## Yearly Outpatient Care of the Uninsured in Sedgwick County

<table>
<thead>
<tr>
<th>Care Location</th>
<th># of Visits/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCAMU Clinics*</td>
<td>60,000</td>
</tr>
<tr>
<td>Residency Clinics</td>
<td>45,000</td>
</tr>
<tr>
<td>Emergency Room Visits</td>
<td>18,300</td>
</tr>
<tr>
<td>Hospital Outpatient Visits</td>
<td>5,000</td>
</tr>
<tr>
<td>Health Department Clinics</td>
<td>28,000</td>
</tr>
<tr>
<td>(includes 10,500 visits for pediatric primary care)</td>
<td></td>
</tr>
<tr>
<td>Project Access (1,728 Patients)</td>
<td>7,120</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>163,420</strong></td>
</tr>
</tbody>
</table>

Not accounted: visits to private physicians (fee-for-service visits)

*Center for Health and Wellness, Good Samaritan Clinic, Guadalupe Clinic, Hunter Health Clinic, Medical Service Bureau, United Methodist Clinics of Wichita, Inc.

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Hospital-wide Utilization Study Population Definition

- Discharge Data
- May 1, 1999 – April 30, 2002
- Emergency Room patients, In-patients, and Out-patients
  (No residency clinic data included)
- Sedgwick County Residents
- 218,167 Encounters
- 98,978 Patients (Duplication between hospitals may exist)
- Medicaid, HealthWave, SCAMU, Project Access, and Self-pay payor designations
- MDC codes 19, 20, 25 = “sensitive”
- ICD-9-CM diagnosis and procedures < 6 = “rare”
Major Conclusion #1

Wesley Medical Center (one campus) and Via Christi Regional Medical Center (St. Francis and St. Joseph campuses) care for a large number of uninsured and underinsured patients from Sedgwick County, Kansas, each year.

- Medicaid patients: over 17,000 patients with over 43,000 visits
- Uninsured patients: almost 15,000 patients with over 28,000 visits

In addition, people who are uninsured and under-insured tend to be:

- unemployed / under-employed
- disproportionately minorities
- single and female
Major Conclusion #2

Medicaid visits increased and uninsured visits decreased until April 2002.

- During the three-year study the percent of Medicaid visits increased (56 to 60%) and the percent of uninsured visits decreased (41 to 32%) for all patients combined, stratified by six-month intervals.

- This trend may reverse as the increasing numbers of recently unemployed workers lose their health insurance.
Three Year Payor Status Over 6 Month Intervals

Hospital-wide Utilization Study, Sedgwick County, Kansas
Percent of Encounters by Payor Status by Six Month Time Period
(N=218,167)

<table>
<thead>
<tr>
<th></th>
<th>May '99-Oct '99</th>
<th>Nov '99-April '00</th>
<th>May '00-Oct '00</th>
<th>Nov '00-April '01</th>
<th>May '01-Oct '01</th>
<th>Nov '01-April '02</th>
</tr>
</thead>
<tbody>
<tr>
<td>HealthWave</td>
<td>0.57</td>
<td>0.8</td>
<td>0.98</td>
<td>1.27</td>
<td>1.52</td>
<td>2.17</td>
</tr>
<tr>
<td>Medicaid</td>
<td>55.88</td>
<td>53.02</td>
<td>57.54</td>
<td>62.34</td>
<td>61.25</td>
<td>60.35</td>
</tr>
<tr>
<td>Project Access</td>
<td>0.09</td>
<td>1.01</td>
<td>1.95</td>
<td>1.84</td>
<td>2.12</td>
<td>2.13</td>
</tr>
<tr>
<td>SCAMU</td>
<td>2.7</td>
<td>3.39</td>
<td>3.53</td>
<td>2.73</td>
<td>2.78</td>
<td>3.09</td>
</tr>
<tr>
<td>Self-pay</td>
<td>40.76</td>
<td>35.77</td>
<td>36</td>
<td>31.82</td>
<td>32.32</td>
<td>32.26</td>
</tr>
</tbody>
</table>

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Major Conclusion #3

Medicaid ED visits increased 46% over the three-year study when stratified by 12 month intervals and payor type.

- In general, the publicly insured (those with Medicaid and HealthWave) had a 31% increase when comparing the first twelve month period (5/1999 – 4/2000) to the third twelve month period (5/2001 – 4/2002).

- When stratifying by patient type (ER, IP, OP), ED visits contributed the highest percent at 46% with IP-Medicaid and OP-Medicaid visits at a distant 15% and 12% increase, respectively, when comparing the same years.
## Comparison of 12 Month ED and Hospitalized Counts

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ED Medicaid</strong></td>
<td>18,225 (8,953)</td>
<td>22,891 (11,854)</td>
<td>26,628 (14,561)</td>
</tr>
<tr>
<td></td>
<td><strong>46% increase from 1st year to 3rd year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ED Uninsured</strong></td>
<td>17,442 (11,724)</td>
<td>18,010 (12,743)</td>
<td>19,118 (14,144)</td>
</tr>
<tr>
<td></td>
<td><strong>10% increase from 1st year to 3rd year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hospitalized Medicaid</strong></td>
<td>7,721 (4,324)</td>
<td>8,678 (5,192)</td>
<td>8,879 (5,477)</td>
</tr>
<tr>
<td></td>
<td><strong>15% increase from 1st year to 3rd year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hospitalized Uninsured</strong></td>
<td>2,150 (1,404)</td>
<td>2,061 (1,410)</td>
<td>2,328 (1,767)</td>
</tr>
<tr>
<td></td>
<td><strong>8% increase from 1st year to 3rd year</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Major Conclusion #4

Obstetric female patients accounted for 23% (n=7593) of all hospitalized patients (n = 32380).

- Of the 63% female, 37% (7593) were coded with an obstetric primary diagnosis code (ICD9 diagnosis codes 630 – 677, v23.81, v23.89, v25.42, v30.00, v30.01, v31.00, v31.01).

- Hospitalized patients (those with patient type = IP) were 37% (n = 11982) male and 63% (20397) female.

Mean charges by reason for hospital stay (ICD-9 codes), obstetrics patients*

*publicly insured (excluding Medicare) & uninsured

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Major Conclusion #5

Seventy-five percent of all Medicaid and uninsured charges were for hospitalizations.

- In-hospital visits (32,380) make up the smallest portion of all encounters (15%) while totaling the largest proportion (75%) of all charges.
Major Conclusion #6

Approximately 65% of all charges were incurred by 12% of the patient population.

- Over 30% of these most costly patients were 40 – 64 years old versus just 17% of the general hospitalized population.

- The majority of the most costly population (73%) were Medicaid beneficiaries versus 49% of all hospitalized patients being Medicaid beneficiaries.

- The most frequent reason for hospitalization in this high cost group is live birth (7.3%) with the most common procedure being cesarean section (15.4%).
## High Charge Patients* -- Frequent Reasons For Hospitalization

<table>
<thead>
<tr>
<th>Primary diagnoses (CCS categories)</th>
<th>Total number of discharges*</th>
<th>Percent of all discharges*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liveborn</td>
<td>846</td>
<td>7.3</td>
</tr>
<tr>
<td>Other complications of birth, puerperium</td>
<td>589</td>
<td>5.1</td>
</tr>
<tr>
<td>Previous cesarean section</td>
<td>338</td>
<td>2.9</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>334</td>
<td>2.9</td>
</tr>
<tr>
<td>Hypertension complication pregnancy</td>
<td>296</td>
<td>2.5</td>
</tr>
<tr>
<td>Diabetes mellitus with complications</td>
<td>292</td>
<td>2.5</td>
</tr>
<tr>
<td>Coronary artherosclerosis</td>
<td>252</td>
<td>2.2</td>
</tr>
<tr>
<td>Polyhydramnios, problems of amniotic cavity</td>
<td>231</td>
<td>2.0</td>
</tr>
<tr>
<td>Prolonged pregnancy</td>
<td>228</td>
<td>2.0</td>
</tr>
<tr>
<td>Affective disorders (depression)</td>
<td>222</td>
<td>1.9</td>
</tr>
</tbody>
</table>

*publicly insured (excluding Medicare) & uninsured
Major Conclusion #7

Timely access to a primary care provider, had one been available, could have managed 88% of emergency department visits.*

- Over the three-year period ED visits steadily increased with in-hospital and outpatient visits remaining relatively stable.
- Of all ED encounters (124,274), a small percent (10%) were admitted to the hospital.
- Had a primary care provider been available, potentially 88% of emergency department visits could have been avoided.
- Regarding the 23% of emergency department visits that actually required ED intervention, over 12% were potentially preventable or avoidable.

*Excluding injury, mental health related, substance abuse related, alcohol related, and unclassified ED visits (n = 48,512 or 26%) by non-admitted patients.
ED Algorithm Group Definitions

Non-Emergent
Immediate medical care not required within 12 hours (light or minor symptoms assigned by initial complaint, vital signs, medical history and age)

Emergent/Primary Care Treatable
Treatment required within 12 hours, but could have been provided in a primary care setting (most are chronic conditions)

Emergent, ED Care Needed, Preventable / Avoidable
Emergency care required, but could have been prevented with timely and effective primary care (asthma, diabetes, CHD)

Emergent, ED Care Needed, Not Preventable/Avoidable
Emergency care was required and primary care treatment could not prevent (trauma, appendicitis, heart attack)
Emergency Department Use Profile by Type of ED Visit
Nonadmitted Patients (n=70,360)*
May 1, 1999 - April 30, 2002

- Emergent, ED Care Needed, Not Preventable/Avoidable: 12% (n = 8,287)
- Emergent, ED Care Needed, Preventable/Avoidable: 11% (n = 7,915)
- Emergent, Primary Care Treatable: 38% (n = 26,467)
- Non-Emergent: 39% (n = 27,691)

*Excluding injury, mental health related, substance abuse related, alcohol related, and unclassified ED visits (n = 48,512 or 26%) by non-admitted patients.

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Major Conclusion #8

Sedgwick County Medicaid beneficiaries and the uninsured relied heavily on EDs for nonemergent conditions, which surpassed even New York City’s relative rates.*

- Nonemergent ED use among Sedgwick County Medicaid beneficiary (Fee For Service & Managed Care combined) and uninsured children (0 – 17 years) was 4.0 while adults (18 – 64 years) were lower with a 3.0 relative rate.

- Relative rates indicate that Sedgwick County Medicaid beneficiaries and the uninsured used the ED 30 – 50 % more often for nonemergent conditions than New York City Medicaid beneficiaries and uninsured.

- Project Access patients age 18 – 64 years old (n = 92) seemed to use the ED more appropriately than other uninsured Sedgwick County residents.

*Relative rates {RR} were calculated using the “emergent care / not preventable or avoidable” category as a basis for comparison {RR = 1.0}.

Prepared by the University of Kansas School of Medicine-Wichita for the Central Plains Regional Health Care Foundation, Project Access
Relative Rates of ED Use Category by Insurance Status and Age -- Non admitted Patients (May 1999-Apr 2002)

<table>
<thead>
<tr>
<th></th>
<th>Nonemergent**</th>
<th>Emergent, Primary Care Treatable**</th>
<th>Emergent ED Needed, Preventable / Avoidable**</th>
<th>Emergent ED Needed, Not Preventable Or Avoidable**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children 0 to 17 years old</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid (n=25152)</td>
<td>3.9</td>
<td>4.8</td>
<td>1.3</td>
<td>1</td>
</tr>
<tr>
<td>NY City, 1998 Medicaid FFS</td>
<td>3.16</td>
<td>2.67</td>
<td>0.61</td>
<td>1</td>
</tr>
<tr>
<td>NY City, 1998 Medicaid Managed Care</td>
<td>2.92</td>
<td>2.56</td>
<td>0.55</td>
<td>1</td>
</tr>
<tr>
<td>HealthWave (n=944)</td>
<td>5</td>
<td>5.1</td>
<td>1.8</td>
<td>1</td>
</tr>
<tr>
<td>Uninsured / Other (n=4824)</td>
<td>4.2</td>
<td>4.6</td>
<td>1.2</td>
<td>1</td>
</tr>
<tr>
<td>Project Access (n=1)***</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>SCAMU (n=0)***</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>NY City, 1998 Selfpay</td>
<td>2.79</td>
<td>2.37</td>
<td>0.45</td>
<td>1</td>
</tr>
<tr>
<td><strong>18 to 64 years old</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid (n=16269)</td>
<td>3</td>
<td>2.3</td>
<td>0.7</td>
<td>1</td>
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<tr>
<td>NY City, 1998 Medicaid FFS</td>
<td>2.41</td>
<td>1.85</td>
<td>0.57</td>
<td>1</td>
</tr>
<tr>
<td>NY City, 1998 Medicaid Managed Care</td>
<td>2.94</td>
<td>2.36</td>
<td>0.56</td>
<td>1</td>
</tr>
<tr>
<td>HealthWave (n=93)</td>
<td>4.1</td>
<td>3</td>
<td>0.7</td>
<td>1</td>
</tr>
<tr>
<td>Uninsured / Other (n=22822)</td>
<td>3</td>
<td>2.5</td>
<td>0.8</td>
<td>1</td>
</tr>
<tr>
<td>Project Access (n=92)</td>
<td>1.3</td>
<td>1.9</td>
<td>0.6</td>
<td>1</td>
</tr>
<tr>
<td>SCAMU (n=22)</td>
<td>3.6</td>
<td>2.5</td>
<td>0.8</td>
<td>1</td>
</tr>
<tr>
<td>NY City, 1998 Selfpay</td>
<td>2.15</td>
<td>1.63</td>
<td>0.33</td>
<td>1</td>
</tr>
<tr>
<td><strong>65+ years old</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid (n=72)</td>
<td>1.4</td>
<td>2</td>
<td>0.6</td>
<td>1</td>
</tr>
<tr>
<td>NY City, 1998 Medicaid FFS</td>
<td>NA****</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>NY City, 1998 Medicaid Managed Care</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>HealthWave (n=0)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Uninsured / Other (n=66)</td>
<td>1.2</td>
<td>1.8</td>
<td>1.1</td>
<td>1</td>
</tr>
<tr>
<td>Project Access (n=2)***</td>
<td>X</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>SCAMU (n=1)***</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>NY City, 1998 Selfpay</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

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Major Conclusion #9

Of those that frequent the ED more than one time per year, Medicaid and HealthWave children age 0 – 14 had the highest recurrence of ED visits per year.

➢ For 5/99 – 4/00, 5/00 – 4/01 and 5/01 – 4/02 Medicaid and HealthWave were 53% and 88%; 52% and 77%; and 50% and 76%, respectively.
Major Conclusion #10

Estimates indicate that coordinated care yields a 30 to 40% cost savings.*

- Average uncoordinated care costs are estimated to be $6,000 to $6,500 per person per year versus average costs for coordinated care at $3,700 to $4,500 per person per year (D.P. Rogoff).

- It is estimated that coordinated care with an emphasis on primary care would be much less expensive (30 – 40%) than our current safety net system that emphasizes emergency room care and inpatient care when patients become very ill.

* Health Care Safety Nets and the Art of Making Crazy Quilts, HRSA-CAP TA Call 04-02-2002. Presented by David Rogoff, Director, Health and Social Services, Hillsborough County, FL.
Range of Costs

UNCOORDINATED vs. COORDINATED HEALTH CARE
(Based on Experience in Other Locations)

UNCOORDINATED  
$6,000 to $6,500  
Avg. Cost / Person / Yr.  
X 10,000 People  

COORDINATED  
$3,700 to $4,500  
Avg. Cost / Person / Yr.  
X 10,000 People  

$60 TO $65 MILLION  

$37 TO $45 MILLION  

Health Care Safety Nets and the Art of Making Crazy Quilts, HRSA-CAP TA Call 04-02-2002. Presented by David Rogoff, Director, Health and Social Services, Hillsborough County, FL.

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Three Year Number of Encounters by 6 Month Intervals and Patient Type

Hospital-wide Utilization Study, Sedgwick County, Kansas
Number of Encounters by Patient Type and 6 Month Intervals

<table>
<thead>
<tr>
<th>Six Month Intervals</th>
<th># of Encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td>May99 - Oct99</td>
<td>Emergency Room</td>
</tr>
<tr>
<td>Nov99 - Apr00</td>
<td>In-patient</td>
</tr>
<tr>
<td>May00 - Oct00</td>
<td>Out-patient</td>
</tr>
<tr>
<td>Nov00 - Apr01</td>
<td></td>
</tr>
<tr>
<td>May01 - Oct01</td>
<td></td>
</tr>
<tr>
<td>Nov01 - Apr02</td>
<td></td>
</tr>
</tbody>
</table>

Prepared by the University of Kansas School of Medicine-Wichita for the Central Plains Regional Health Care Foundation, Project Access
Flow Chart – Three Year Data

All encounters
# encounters 218,167
# patients 98,978*
charges $467,911,873.36

Emergency Room
# encounters 124,505
# patients 65,778
charges $60,516,016.00

In-patient
# encounters 32,380
# patients 25,121
charges $348,853,657.00

Out-patient
# encounters 61,282
# patients 33,601
charges $58,542,200.36

Public Insurance
# encounters 69,651
# patients 34,288
charges $30,818,914.00

Uninsured
# encounters 69,651
# patients 34,288
charges $30,818,914.00

Medicaid
# encounters 67,744
# patients 33,288
charges $30,818,914.00

HealthWave
# encounters 1,907
# patients 1,426
charges $704,864.00

Project Access
# encounters 182
# patients 131
charges $133,485.00

Public Insurance
# encounters 25,450
# patients 19,784
charges $277,760,177.00

Public Insurance
# encounters 36,830
# patients 17,973
charges $38,081,533.21

SCAMU
# encounters 6,512
# patients 5,120
charges $2,645,745.00

Project Access
# encounters 2,876
# patients 1,755
charges $5,021,246.00

Other Uninsured
# encounters 6,539
# patients 5,484
charges $65,509,724.00

Uninsured
# encounters 14,393
# patients 10,341
charges $12,036,631.15

Other Uninsured
# encounters 54,570
# patients 35,755
charges $29,491,481.00

Other Uninsured
# encounters 6,539
# patients 5,484
charges $65,509,724.00

SCAMU
# encounters 8
# patients 8
charges $62,025.00

Other Uninsured
# encounters 6,539
# patients 5,484
charges $65,509,724.00

Other Uninsured
# encounters 6,539
# patients 5,484
charges $65,509,724.00

Medicaid
# encounters 25,278
# patients 19,784
charges $277,760,177.00

Uninsured
# encounters 6,930
# patients 5,780
charges $29,697,102.00

Medicaid
# encounters 32,380
# patients 25,121
charges $348,853,657.00

Uninsured
# encounters 102
# patients 8
charges $62,025.00

Project Access
# encounters 383
# patients 328
charges $5,521,731.00

Uninsured
# encounters 71
# patients 541
charges $757,045.00

Uninsured
# encounters 23,781
# patients 16,420
charges $19,703,622.15

Uninsured
# encounters 54,854
# patients 35,879
charges $29,697,102.00

Other Uninsured
# encounters 54,854
# patients 35,879
charges $29,697,102.00

Out-patient
# encounters 61,282
# patients 33,601
charges $58,542,200.36

Uninsured
# encounters 54,570
# patients 35,755
charges $29,491,481.00

Other Uninsured
# encounters 54,570
# patients 35,755
charges $29,491,481.00

In-patient
# encounters 25,450
# patients 19,784
charges $277,760,177.00

* Duplication between Emergency Room, In-patient and Out-patient categories exists. “# patients” can not be summed across these categories.

** Sum of Project Access In-patient and Out-patient charges ($10,542,977) closely approximates Project Access self-reported charges ($10,581,594)

Prepared by the University of Kansas School of Medicine-Wichita for the Central Plains Regional Health Care Foundation, Project Access
Medicaid versus Uninsured

Average Annual Number of Patients and Encounters by Payor

<table>
<thead>
<tr>
<th>Payor</th>
<th>Avg. # of Patients</th>
<th>Avg. # of Encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>17,383</td>
<td>43,284</td>
</tr>
<tr>
<td>Uninsured</td>
<td>14,961</td>
<td>28,522</td>
</tr>
</tbody>
</table>

Prepared by the University of Kansas School of Medicine-Wichita for the Central Plains Regional Health Care Foundation, Project Access
## Top 10 DRG codes for In-patient Encounters by LOS and Stratified LOS

<table>
<thead>
<tr>
<th>DRG</th>
<th>DRG Name</th>
<th>ALL IP LOS</th>
<th>DRG</th>
<th>DRG Name</th>
<th>Short IP LOS &lt;4 days</th>
<th>DRG</th>
<th>DRG Name</th>
<th>Long IP LOS &gt; 4 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>391</td>
<td>Normal Newborn</td>
<td>20.98%</td>
<td>391</td>
<td>Normal Newborn</td>
<td>26.78%</td>
<td>430</td>
<td>Psychoses</td>
<td>6.71%</td>
</tr>
<tr>
<td>373</td>
<td>Vaginal delivery without complicating diagnoses</td>
<td>15.78%</td>
<td>373</td>
<td>Vaginal delivery without complicating diagnoses</td>
<td>20.11%</td>
<td>389</td>
<td>Full-term neonate with major problems</td>
<td>4.01%</td>
</tr>
<tr>
<td>390</td>
<td>Neonates with other significant problems</td>
<td>2.85%</td>
<td>390</td>
<td>Neonates with other significant problems</td>
<td>3.29%</td>
<td>387</td>
<td>Prematurity with major problems</td>
<td>3.95%</td>
</tr>
<tr>
<td>371</td>
<td>Cesarean section without CC</td>
<td>2.72%</td>
<td>371</td>
<td>Vaginal delivery with complicating diagnoses</td>
<td>2.84%</td>
<td>370</td>
<td>Cesarean section with CC</td>
<td>3.52%</td>
</tr>
<tr>
<td>430</td>
<td>Psychoses</td>
<td>2.70%</td>
<td>371</td>
<td>Unspecified corneal opacity</td>
<td>2.74%</td>
<td>371</td>
<td>Cesarean section without CC</td>
<td>2.65%</td>
</tr>
<tr>
<td>372</td>
<td>Vaginal delivery with complicating diagnoses</td>
<td>2.40%</td>
<td>98</td>
<td>Bronchitis and asthma, age 0-17</td>
<td>2.34%</td>
<td>386</td>
<td>Extreme immaturity or respiratory distress syndrome, neonate</td>
<td>2.20%</td>
</tr>
<tr>
<td>98</td>
<td>Bronchitis and asthma, age 0-17</td>
<td>2.30%</td>
<td>370</td>
<td>Cesarean section with CC</td>
<td>1.73%</td>
<td>127</td>
<td>Heart failure and shock</td>
<td>2.17%</td>
</tr>
<tr>
<td>370</td>
<td>Cesarean section with CC</td>
<td>2.13%</td>
<td>430</td>
<td>Psychoses</td>
<td>1.54%</td>
<td>98</td>
<td>Bronchitis and asthma, age 0-17</td>
<td>2.17%</td>
</tr>
<tr>
<td>389</td>
<td>Full-term neonate with major problems</td>
<td>1.68%</td>
<td>383</td>
<td>Prematurity without major problems</td>
<td>1.44%</td>
<td>204</td>
<td>Disorders of the pancreas except malignancy</td>
<td>1.87%</td>
</tr>
<tr>
<td>383</td>
<td>Prematurity without major problems</td>
<td>1.44%</td>
<td>374</td>
<td>Vaginal delivery with sterilazation and D&amp;C</td>
<td>1.36%</td>
<td>295</td>
<td>Diabetes</td>
<td>1.73%</td>
</tr>
</tbody>
</table>
ER Sum Charges Over Three Years

ER Sum Charges of Other Uninsured and Medicaid (XIX) by Month

Prepared by the University of Kansas School of Medicine-Wichita for the Central Plains Regional Health Care Foundation, Project Access
ED Classification Process

ED Visits by Non-Admitted Patients

Emergent

42,669 (61%)

Emergent

16,202 (23%)

Primary Care Treatable

26,467 (38%)

Preventable / Avoidable

7,915 (11%)

Not Preventable / Avoidable

8,287 (12%)

Exclusion Criteria

48,512

Injury – 26,836 (23%)
Unclassified – 20,336 (17%)
Mental Health Related – Not Included (n=1,213)
Alcohol Related – Not Included (n=126)
Substance Abuse Related – Not Included (n=1)

Prepared by the University of Kansas School of Medicine-Wichita for the Central Plains Regional Health Care Foundation, Project Access
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