

*Utilization Statistics
for the
North Carolina Health Choice
Program*

*Fiscal Year 2008
October 2007- September 2008*

*ASO Financial Operations
December 31, 2008*



**BlueCrossBlueShield
of North Carolina**

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NC Health Choice Annual Utilization Study Fiscal Year 2008

Introduction

This document provides health care cost and utilization data for members of the North Carolina Health Choice (NCHC) group for services incurred from October 2005 through September 2008. The data have not been adjusted for outstanding claims.

Norms are based on all State of North Carolina Teachers' and State Employees' Comprehensive Major Medical Plan and State PPO members between the ages of 6 and 18. Norms have not been age and sex adjusted.

Selected inpatient utilization rate and charge statistics exclude admission data with a length of stay greater than 30 days or allowed charges greater than \$60,000. However, payment data include these admissions. Tables 17 and 18 list the costly admissions (admissions incurring more than \$50,000 in payments) for the two most recent fiscal years.

Because there were so few members in the Extended Coverage segment, no rates have been calculated for them, neither are their utilization and cost behaviors analyzed. However, their data are included in the tables.

Summary

Demographics

The average monthly enrollment from October 2007 through September 2008 (FY 2008) was 127,851 members. Non-Copay members comprised 65 percent of this total. The sex distribution of both segments was about half male and half female. More than half (59 percent) of all members were between 6 and 12 years old. Nearly half of the members were white (47 percent), while 32 percent were African-American.

Membership rose 7 percent from that of FY 2007 (October 2006 through September 2007).

Inpatient Utilization and Average Charges

Inpatient utilization in terms of the admission rate was stable during FY 2008, though the day rate fell significantly. Overall, utilization was above the norm.

The average charge per admission decreased for the Non-Copay segment, but increased for the Copay segment. The average charge per day increased for both segments, and both measures were lower than their norms.

Digestive disorders was the most common diagnostic category, accounting for 15 percent of all admissions. Injury and poisoning, mental disorders, and respiratory diseases each accounted for 10 percent or more of admissions.

NC Health Choice Annual Utilization Study Fiscal Year 2008

Outpatient Utilization and Average Charges

Utilization rates for the total group fell slightly in the emergency room and ambulatory surgery settings but exceeded the norm in the hospital outpatient and emergency department settings in FY 2008. In the emergency room setting, the emergent, urgent, and non-urgent utilization rates were well above their norms. In all three outpatient settings, the average charge per visit for the total group was significantly lower than the norm, due to legislated decreases in reimbursement.

Office Visit Utilization and Average Charges

The office visit utilization rate increased slightly for primary care providers and for specialists. Utilization was above the norm for the primary care setting, and slightly above the norm for the specialist setting. The average charge per visit was below the norm for both types of visits, again as a result of legislation.

Overall, outpatient utilization of mental health services was greater than the norm. Visit rates for mental health and drug abuse each increased.

Payments

Payments per member per month increased slightly in FY 2008 to \$134 and were significantly higher than the norm. As this is preliminary data which has not been adjusted to account for outstanding claims, it is to be expected that payments and utilization will continue to rise for several months.

Institutional payments remained stable for both the Non-Copay and Copay segments. For the total group, institutional payments were comparable to the norm.

Professional payments increased for both major segments. Professional payments were considerably higher than the norm.

Payments for mental disorders, nervous system diseases, and "other" (including drugs) were all significantly higher than the norm.

Costly admissions (admissions which incurred payments greater than \$50,000) accounted for about \$1.60 per member per month.

Table 1
NC Health Choice
Demographics - Average Annual Enrollment
October 2007 through September 2008

Age Groups

	<u>Non-Copay</u>	<u>Copay</u>	<u>Ext Coverage</u>	<u>Total</u>
0	0	0	0	0
1 - 5	2	2	0	4
6 - 12	48,910	25,937	69	74,916
13 - 18	33,519	18,920	62	52,501
19 +	<u>292</u>	<u>137</u>	<u>0</u>	<u>429</u>
Total	82,724	44,996	131	127,851

Gender

	<u>Non-Copay</u>	<u>Copay</u>	<u>Ext Coverage</u>	<u>Total</u>
Female	40,955	21,985	57	62,997
Male	<u>41,769</u>	<u>23,011</u>	<u>75</u>	<u>64,854</u>
Total	82,724	44,996	131	127,851

Ethnicity

	<u>Non-Copay</u>	<u>Copay</u>	<u>Ext Coverage</u>	<u>Total</u>
Asian	1,454	626	1	2,080
Black	28,400	13,025	28	41,452
Hispanic	10,057	4,636	1	14,695
Indian	1,244	711	4	1,958
White	36,266	23,485	94	59,845
Other	5,109	2,410	3	7,521
Unknown	<u>195</u>	<u>104</u>	<u>0</u>	<u>298</u>
Total	82,724	44,996	131	127,851

Note: manual calculations may not yield the displayed totals due to rounding.

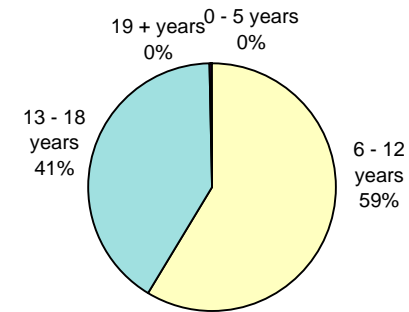
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December 31, 2008

Table 2
NC Health Choice
Demographics - Percentage of Membership
October 2007 through September 2008

Age Groups

	<u>Non-Copay</u>	<u>Copay</u>	<u>Ext Coverage</u>	<u>Total Group</u>
0 years	0%	0%	0%	0%
1 - 5 years	0%	0%	0%	0%
6 - 12 years	59%	58%	53%	59%
13 - 18 years	41%	42%	47%	41%
19 + years	0%	0%	0%	0%

Figure 1: Membership Distribution by Age



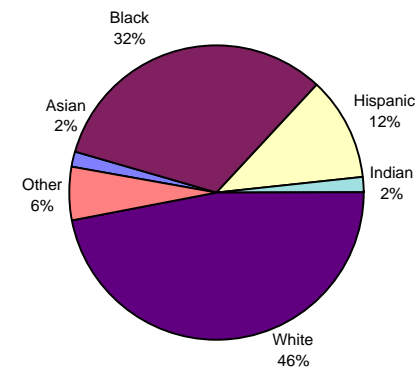
Gender

	<u>Non-Copay</u>	<u>Copay</u>	<u>Ext Coverage</u>	<u>Total Group</u>
Female	50%	49%	43%	49%
Male	50%	51%	57%	51%

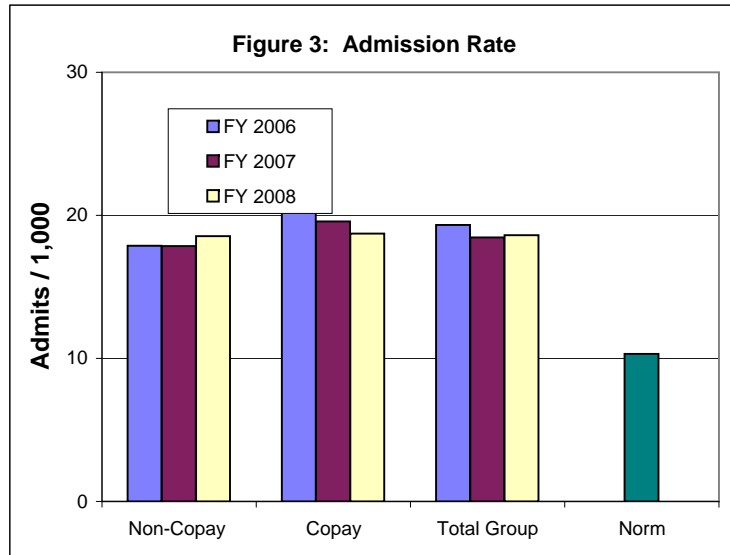
Ethnicity

	<u>Non-Copay</u>	<u>Copay</u>	<u>Ext Coverage</u>	<u>Total Group</u>
Asian	2%	1%	1%	2%
Black	34%	29%	21%	32%
Hispanic	12%	10%	1%	12%
Indian	2%	2%	3%	2%
White	44%	52%	72%	47%
Other	6%	5%	2%	6%

Figure 2: Membership Distribution by Ethnicity



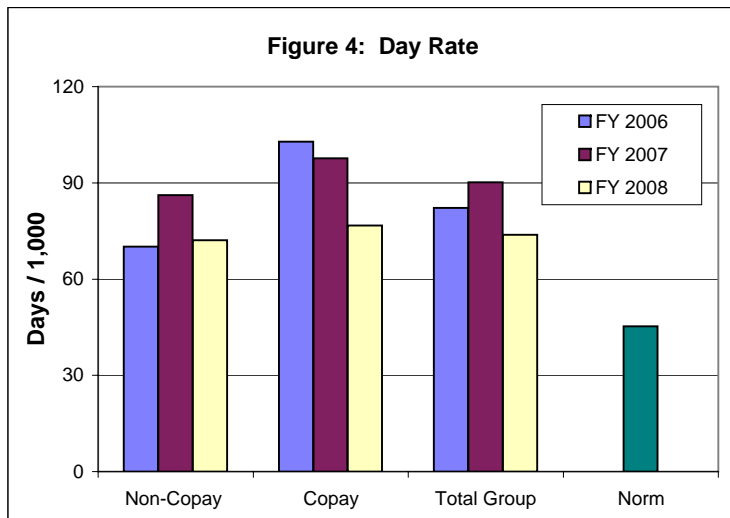
NC Health Choice Inpatient Utilization Fiscal Year 2008



The admission rate for the total group remained stable at 18.6 admissions per 1,000 members (Table 3). The rate was 81 percent above the norm.

An increase in the Non-Copay segment's admission rate balanced out the decrease in the Copay segment.

Mental disorders accounted for 12 percent of all admissions (Table 4), which was close to the norm, though the group's admission rate for mental disorders was significantly above the norm. The admission rate for Mental Disorders was much lower in FY 2008 than in FY 2007, while the group's admission rate for Digestive Disease increased significantly. For nearly all disease categories, admission rates were significantly higher for NC Health Choice members than for the norm group.



The day rate for the total group decreased 18 percent to 73.8 hospital days per 1,000 members. The rate was 63 percent above the norm.

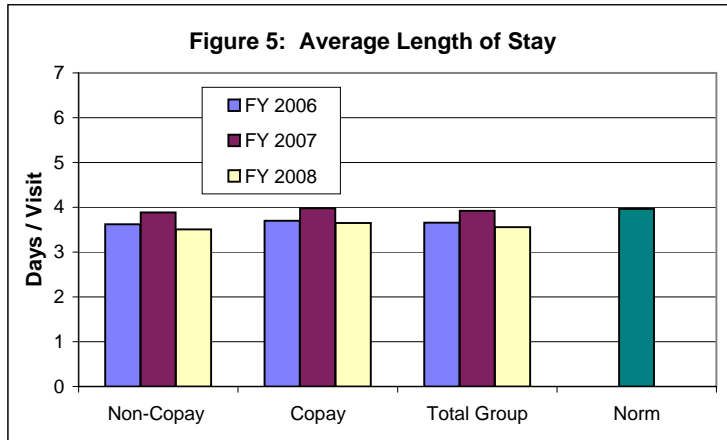
The day rate for the Non-Copay segment decreased 16 percent to 72.2 days per 1,000 members, while for the Copay segment it decreased 22 percent to 76.7 days per 1,000.

Most of the group's variance from the norm can be explained by the high admission rate (see above).

Much of the decrease in the day rate can be explained by the lower prevalence of Mental Health admissions, which tend to be significantly longer than average.

Since this is preliminary data, it is to be expected that 2008 utilization rates will rise over the next several months.

NC Health Choice Inpatient Utilization Fiscal Year 2008



The average length of stay for the total group decreased 9 percent to 3.6 hospital days per visit. The rate was 10 percent below the norm.

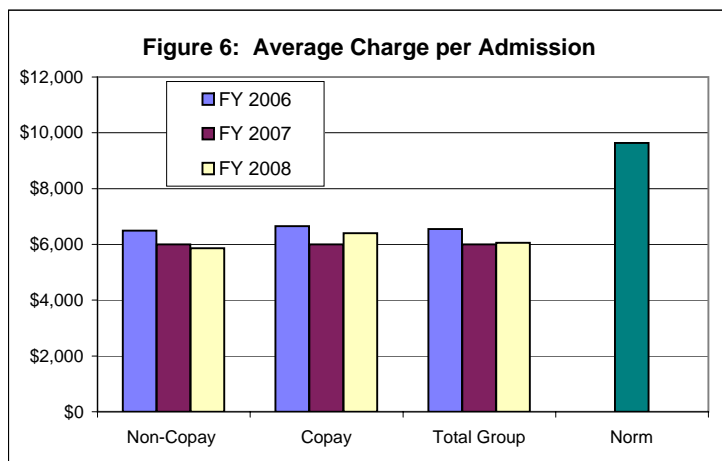
The average length of stay decreased 10 percent to 3.5 days for the Non-Copay segment and decreased 8 percent to 3.6 days for the Copay segment. The average length of stay for the Non-Copay segment was comparable to that of the Copay segment.

In FY 2008 (as in FY 2007, data not shown), UNC Hospitals and North Carolina Baptist Hospital (Brenner Children's Hospital) were the hospital with the most admissions (Table 5). UNC Hospitals had the highest average length of stay among North Carolina hospitals, and UNC Hospitals and Duke University had the highest average charges.

Mecklenburg County had the highest number of admissions as well as the greatest membership (Table 6). Among counties with more than 10 admissions, Burke County had the greatest average length of stay (10.6 days) and the highest average allowed charge (\$12,872 per admission).

For the total group, as well as for each major segment, the inpatient utilization rates for mental disorders decreased significantly for acute care hospitals (Table 7) and decreased slightly for psychiatric facilities (Table 8). For both segments, utilization was well above the norm in both settings.

NC Health Choice Inpatient Charges Fiscal Year 2008

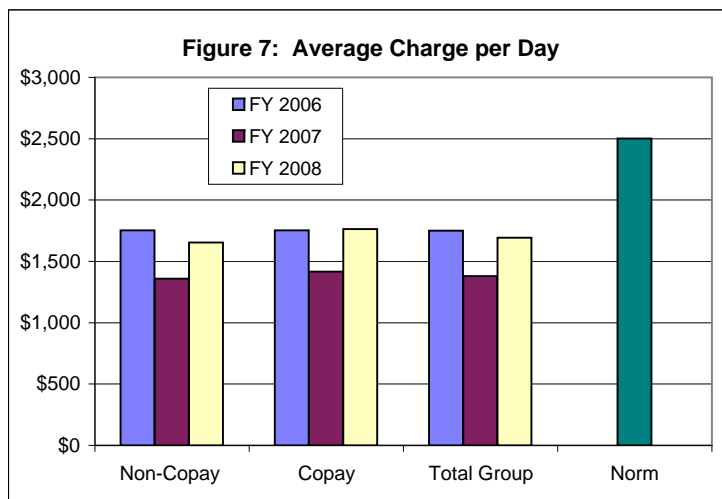


The average charge per admission during FY 2008 remained stable at \$6,054, and was well below the norm (Table 3).

The average charge decreased 2 percent for the Non-Copay segment and increased 7 percent for the Copay segment.

As noted earlier, of the counties with at least 11 admissions, Burke County had the highest average charge per admission. Swain County had the lowest (Table 6).

The average charge per mental health admission fell 3 percent for acute care hospitals and was well below the norm (Table 7). Among psychiatric hospitals, the average charge fell 6 percent, and was below the norm (Table 8). In the specialty setting, the Non-Copay segment drove the decrease in charges.



The average charge per day increased 23 percent to \$1,694 (Table 3). This was 32 percent below the norm.

The average charge per day increased 25 percent for the Copay segment and rose 22 percent for the Non-Copay segment.

Among acute care hospitals, the average charge per day for psychiatric admissions increased slightly in FY 2008 (Table 7). The average daily charge was well below the norm. The average charge per day at psychiatric hospitals decreased slightly and remained well below the norm (Table 8).

Table 3
NC Health Choice
Inpatient Utilization and Charge Statistics, Acute-Care General Hospitals
Fiscal Year 2008

		<u>Participants</u>	<u>Admissions</u>	<u>Days</u>	<u>Admissions/ 1,000</u>	<u>Days/ 1,000</u>	<u>Average Length of Stay ¹</u>	<u>Average Charge/Adm. ^{2,3}</u>	<u>Average Charge/Day ^{2,3}</u>
Non-Copay	FY 2006	77,247	1,381	5,414	17.9	70.1	3.6	\$6,495	\$1,754
	FY 2007	77,705	1,388	6,700	17.9	86.2	3.9	\$5,996	\$1,358
	FY 2008	82,724	1,534	5,969	18.5	72.2	3.5	\$5,861	\$1,655
Copay	FY 2006	44,454	968	4,571	21.8	102.8	3.7	\$6,650	\$1,752
	FY 2007	41,545	813	4,059	19.6	97.7	4.0	\$5,999	\$1,415
	FY 2008	44,996	843	3,452	18.7	76.7	3.6	\$6,406	\$1,762
Ext Coverage	FY 2006	71	5	25	70.1	350.5	5.0	\$4,675	\$935
	FY 2007	120	3	11	24.9	91.5	3.7	\$5,005	\$1,365
	FY 2008	131	4	15	30.5	114.3	3.8	\$5,656	\$1,508
Total Group	FY 2006	121,773	2,354	10,010	19.3	82.2	3.7	\$6,555	\$1,751
	FY 2007	119,370	2,204	10,770	18.5	90.2	3.9	\$5,996	\$1,380
	FY 2008	127,851	2,381	9,436	18.6	73.8	3.6	\$6,054	\$1,694
Norm		--	--	--	10.3	45.3	4.0	\$9,635	\$2,503

¹ Excludes cases in which length of stay is greater than 30 days.

² Includes both institutional charges (DRG prices) and professional charges (allowed charges).

³ Excludes cases in which total charges exceed \$60,000.

Note: All data are based on the date of service and not the claims paid date.

Table 4
NC Health Choice
Inpatient Utilization Statistics by Diagnostic Classification
Acute Care Hospitals
October 2007 through September 2008

	<u>Admissions per 10,000</u> <u>Members</u>		<u>Percentage of Total</u> <u>Admissions</u>	
	<u>NCHC</u>	<u>Norm</u>	<u>NCHC</u>	<u>Norm</u>
INFECTIOUS AND PARASITIC DISEASE	8.3	4.9	4.5%	4.7%
NEOPLASM	8.6	6.5	4.6%	6.3%
ENDOCRINE,NUTRITIONAL,METABOLIC, IMMUNITY	14.9	5.7	8.0%	5.5%
BLOOD & BLOOD FORMING ORGANS	5.3	2.4	2.8%	2.3%
MENTAL DISORDERS	24.9	13.3	13.4%	12.9%
NERVOUS SYSTEM & SENSE ORGANS	8.4	5.3	4.5%	5.1%
CIRCULATORY SYSTEM	2.4	1.1	1.3%	1.1%
RESPIRATORY SYSTEM	23.7	11.9	12.7%	11.5%
DIGESTIVE SYSTEM	30.0	13.1	16.1%	12.7%
GENITOURINARY SYSTEM	8.6	5.2	4.6%	5.0%
PREGNANCY, CHILDBIRTH, PUERPERIUM *	0.0	0.8	0.0%	0.8%
DISEASES OF THE SKIN & SUBCUTANEOUS TISSUE	6.4	3.2	3.4%	3.1%
DISEASES OF THE MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	6.7	5.3	3.6%	5.1%
CONGENITAL ANOMALIES	3.1	2.7	1.7%	2.6%
SYMPTOMS, SIGNS & ILL DEFINED CONDITIONS	8.8	3.5	4.7%	3.4%
INJURY & POISONING	25.5	17.7	13.7%	17.1%
OTHER	0.7	0.7	0.4%	0.7%

* Not a covered benefit for NC Health Choice members

Table 5
NC Health Choice
Top 25 Most Frequently Used Hospitals
October 2007 through September 2008

	<u>Number of Admissions</u>	<u>Average Length of Stay</u>	<u>Average Allowed Charge per Admission</u>
UNC HOSPITALS	245	5.90	\$13,592
BRENNERS CHILDRENS HOSPITAL	181	4.36	\$5,923
MISSION HOSPITAL IN C	153	4.16	\$2,913
CAROLINAS MEDICAL CENTER	148	5.08	\$7,352
DUKE UNIVERSITY HOSPITAL	106	4.42	\$13,591
WAKEMED RALEIGH CAMPUS	105	2.78	\$4,381
PRESBYTERIAN HOSPITAL	95	4.77	\$3,522
NORTH CAROLINA BAPTIST HOSPITAL	93	4.76	\$7,463
PITT COUNTY MEMORIAL HOSPITAL	91	3.54	\$5,637
MOSES H CONE MEMORIAL HOSPITAL	83	4.75	\$3,596
CMC NORTHEAST	60	2.85	\$4,506
OUT OF STATE	56	12.41	\$13,239
SOUTHEASTERN REGIONAL MEDICAL CENTER	49	2.94	\$2,528
FRYE REGIONAL MEDICAL CTR	45	5.38	\$4,050
CAPE FEAR VALLEY MEDICAL CENTER	44	3.05	\$2,611
NEW HANOVER REGIONAL MEDICAL CENTER	43	1.98	\$3,009
HARRIS REGIONAL HOSPITAL	30	1.50	\$1,409
GASTON MEMORIAL HOSPITAL	29	3.03	\$2,798
LENOIR MEMORIAL HOSPITAL	25	3.32	\$4,724
COLUMBUS REGIONAL HEALTHCARE SYSTEM	23	2.09	\$2,219
ONslow MEMORIAL HOSPITAL	23	2.17	\$2,536
DAVIS MEDICAL CENTER	21	3.38	\$2,792
FIRSTHEALTH MOORE REGIONAL	21	1.90	\$3,376
FIRSTHEALTH RICHMONDMEMORIAL HOSP.	21	1.95	\$2,299
NASH GENERAL HOSPITAL	21	1.90	\$3,436
ALL OTHER HOSPITALS	570	2.57	\$4,440

Table 6
NC Health Choice
Utilization by County of Residence
October 2007 through September 2008

<u>County</u>	<u>Members</u>	<u>Admissions</u>	<u>Average Length of Stay</u>	<u>Average Charge per Admission</u>
ALAMANCE	2,266	74	5.6	\$10,540
ALEXANDER	576	22	3.7	\$4,105
ALLEGHANY	215	1	1.0	\$1,441
ANSON	400	4	2.5	\$4,146
ASHE	562	18	5.1	\$8,178
AVERY	329	9	2.6	\$2,904
BEAUFORT	829	10	3.0	\$10,129
BEDFORD	1	0	0.0	\$0
BERTIE	405	2	3.0	\$4,957
BLADEN	593	16	3.1	\$5,242
BRUNSWICK	1,663	25	2.4	\$6,261
BUNCOMBE	3,634	78	4.5	\$4,585
BURKE	1,535	27	10.6	\$12,872
CABARRUS	2,177	55	3.1	\$4,796
CALDWELL	1,164	24	3.3	\$6,744
CAMDEN	140	3	15.7	\$44,648
CARTERET	857	14	1.8	\$4,713
CASWELL	305	5	3.6	\$11,732
CATAWBA	2,607	37	5.2	\$7,745
CHATHAM	643	16	3.6	\$6,895
CHEROKEE	544	7	2.7	\$6,098
CHOWAN	186	2	1.5	\$1,836
CLAY	202	2	2.5	\$8,758
CLEVELAND	1,436	24	3.7	\$4,849
COAHOMA	2	0	0.0	\$0
COLUMBUS	1,146	40	3.3	\$6,876
CRAVEN	1,179	22	2.7	\$4,858
CUMBERLAND	3,778	45	3.3	\$7,611
CURRITUCK	244	7	3.1	\$20,388
DARE	446	3	6.7	\$10,596
DAVIDSON	2,526	54	4.3	\$6,119
DAVIE	571	10	2.5	\$3,800
DUPLIN	1,014	29	4.4	\$8,894
DURHAM	3,277	34	6.4	\$11,969
EDGECOMBE	934	15	2.3	\$5,366
FAYETTE	0	0	3.6	\$0
FORSYTH	4,451	96	5.7	\$8,587
FRANKLIN	997	16	2.3	\$5,167
GASTON	2,659	44	3.8	\$5,710
GATES	141	1	1.0	\$11,205
GRAHAM	218	7	1.9	\$2,681

Table 6
NC Health Choice
Utilization by County of Residence
October 2007 through September 2008

<u>County</u>	<u>Members</u>	<u>Admissions</u>	<u>Average Length of Stay</u>	<u>Average Charge per Admission</u>
GRANVILLE	802	16	3.0	\$8,657
GREENE	306	3	5.7	\$8,041
GUILFORD	5,258	82	4.2	\$6,100
HALIFAX	854	13	3.0	\$4,756
HARNETT	1,608	36	4.3	\$9,307
HAYWOOD	927	24	3.3	\$3,621
HENDERSON	1,498	30	4.3	\$5,954
HERTFORD	375	6	10.8	\$47,458
HOKE	609	4	2.3	\$2,354
HYDE	100	1	1.0	\$2,429
IREDELL	1,817	67	4.0	\$7,336
JACKSON	496	17	2.4	\$3,274
JOHNSTON	2,626	42	4.0	\$6,732
JONES	151	5	1.4	\$3,197
LEE	918	23	3.0	\$7,265
LENOIR	1,077	26	3.5	\$5,444
MACON	611	12	7.3	\$10,716
MADISON	452	13	3.8	\$3,641
MARTIN	359	4	2.0	\$4,101
MCDOWELL	676	10	4.9	\$7,635
MECKLENBURG	10,124	164	4.3	\$5,712
MITCHELL	329	12	2.6	\$3,755
MONTGOMERY	649	4	1.3	\$4,814
MOORE	1,244	16	4.3	\$8,635
NASH	1,529	25	7.1	\$12,146
NEW HANOVER	2,015	30	2.7	\$5,394
NORTHAMPTON	322	4	2.0	\$4,049
ONslow	1,771	30	2.6	\$5,213
ORANGE	892	27	3.7	\$8,307
PAMLICO	187	4	3.5	\$9,422
PASQUOTANK	644	11	2.5	\$12,550
PENDER	786	6	1.2	\$5,934
PERQUIMANS	174	2	2.0	\$11,339
PERSON	468	6	2.5	\$6,886
PITT	2,080	36	3.1	\$5,343
POLK	260	3	1.7	\$3,153
RALEIGH	1	0	0.0	\$0
RANDOLPH	2,223	26	4.0	\$4,713
RICHLAND	1	0	0.0	\$0
RICHMOND	926	39	3.1	\$6,583
ROBESON	2,646	68	4.0	\$5,386
ROCKINGHAM	1,324	22	2.9	\$3,566

Table 6
NC Health Choice
Utilization by County of Residence
October 2007 through September 2008

<u>County</u>	<u>Members</u>	<u>Admissions</u>	<u>Average Length of Stay</u>	<u>Average Charge per Admission</u>
ROWAN	1,897	25	3.8	\$6,183
RUTHERFORD	1,039	14	4.4	\$5,499
SAMPSON	1,318	12	3.9	\$7,138
SCOTLAND	701	16	4.1	\$6,525
STANLY	845	13	3.1	\$4,150
STOKES	550	34	3.1	\$6,082
SURRY	1,451	32	3.8	\$6,174
SWAIN	344	18	1.8	\$2,284
TRANSYLVANIA	524	15	5.9	\$6,349
TYRRELL	76	2	2.0	\$3,169
UNION	2,374	44	3.4	\$6,330
VANCE	1,008	10	2.4	\$6,191
WAKE	8,795	124	3.3	\$7,199
WARREN	378	8	3.0	\$16,906
WASHINGTON	275	4	2.0	\$9,805

**Table 7
NC Health Choice
Inpatient Utilization Statistics for Mental Disorders¹
At Acute Care General Hospitals
Fiscal Year 2008**

		Admissions	Days	Admissions/ 10,000	Days/10,000	Average Length of Stay	Average Allowed Charge/Adm.	Average Allowed Charge/Day
<u>Non Copay</u>	FY 2006	208	1,330	26.9	172.2	6.4	\$5,505	\$861
	FY 2007	239	1,650	30.8	212.3	6.9	\$5,139	\$744
	FY 2008	197	1,295	23.8	156.5	6.6	\$4,980	\$758
<u>Copay</u>	FY 2006	134	944	30.1	212.4	7.0	\$5,522	\$784
	FY 2007	136	972	32.7	234.0	7.1	\$5,249	\$734
	FY 2008	121	792	26.9	176.0	6.5	\$5,075	\$775
<u>Ext Coverage</u>	FY 2006	1	15	N/A	N/A	N/A	N/A	N/A
	FY 2007	1	6	N/A	N/A	N/A	N/A	N/A
	FY 2008	1	3	N/A	N/A	N/A	N/A	N/A
<u>Total</u>	FY 2006	343	2,289	28.2	188.0	6.7	\$5,527	\$828
	FY 2007	376	2,628	31.5	220.2	7.0	\$5,177	\$741
	FY 2008	319	2,090	25.0	163.5	6.6	\$5,012	\$765
<u>Norm</u>		--	--	15.0	111.6	7.0	\$7,163	\$962

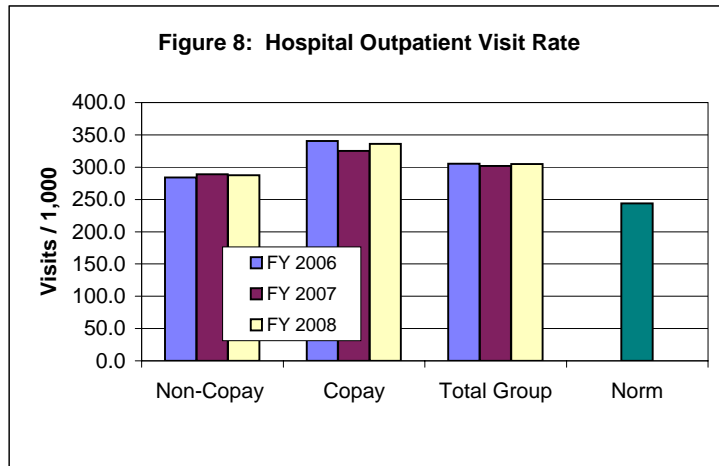
¹ Outlier claims (claims with a length of stay greater than 50 days or a total charge greater than \$30,000) have been excluded from these calculations.

Table 8
NC Health Choice
Inpatient Utilization Statistics for Mental Disorders¹
At Psychiatric Hospitals
Fiscal Year 2008

		Admissions	Days	Admissions/ 10,000	Days/10,000	Average Length of Stay	Average Allowed Charge/Adm.	Average Allowed Charge/Day
<u>Non Copay</u>	FY 2006	226	2,422	29.3	313.5	10.7	\$7,148	\$667
	FY 2007	246	2,521	31.7	324.4	10.2	\$6,446	\$629
	FY 2008	256	2,451	30.9	296.3	9.6	\$5,825	\$608
<u>Copay</u>	FY 2006	129	1,195	29.0	268.8	9.3	\$6,461	\$697
	FY 2007	152	1,343	36.6	323.3	8.8	\$5,690	\$644
	FY 2008	160	1,457	35.6	323.8	9.1	\$5,755	\$632
<u>Ext Coverage</u>	FY 2006	0	0	N/A	N/A	N/A	N/A	N/A
	FY 2007	3	56	N/A	N/A	N/A	N/A	N/A
	FY 2008	0	0	N/A	N/A	N/A	N/A	N/A
<u>Total</u>	FY 2006	355	3,617	29.2	297.0	10.2	\$6,898	\$677
	FY 2007	401	3,920	33.6	328.4	9.8	\$6,199	\$634
	FY 2008	416	3,908	32.5	305.7	9.4	\$5,798	\$617
<u>Norm</u>		--	--	17.4	140.6	8.0	\$6,766	\$837

¹ Outlier claims (claims with a length of stay greater than 50 days or a total charge greater than \$30,000) have been excluded from these calculations.

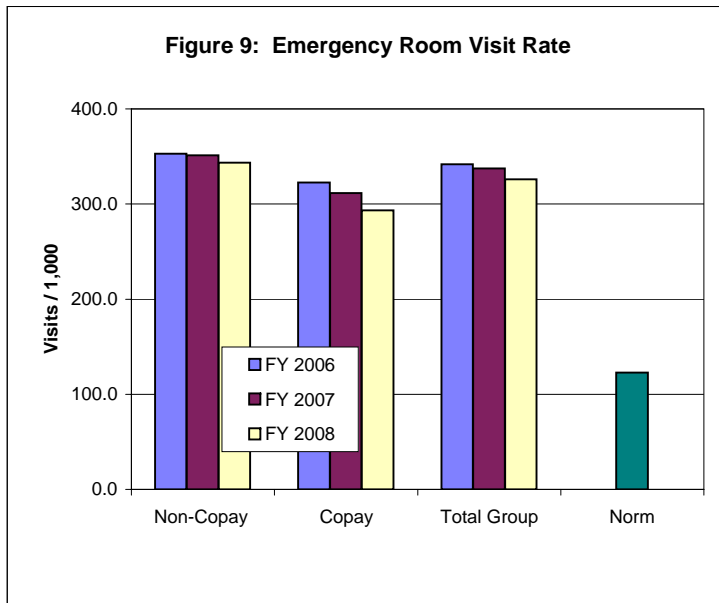
NC Health Choice Institutional Outpatient Utilization and Charges Fiscal Year 2008



Utilization of the hospital outpatient setting remained relatively stable at 305 visits per 1,000 members in FY 2008 (Table 9). Utilization was 25 percent above the norm.

The visit rate for the Non-Copay segment was stable, while the Copay visit rate rose 3 percent. The Copay visit rate remained significantly above that of the Non-Copay segment.

The average charge per visit was \$525. This was very similar to FY 2007 (\$532) and was half the norm (\$1,033). The average charge decreased for both segments in both FYs 2006 and 2007 as a result of legislation reducing reimbursement rates.



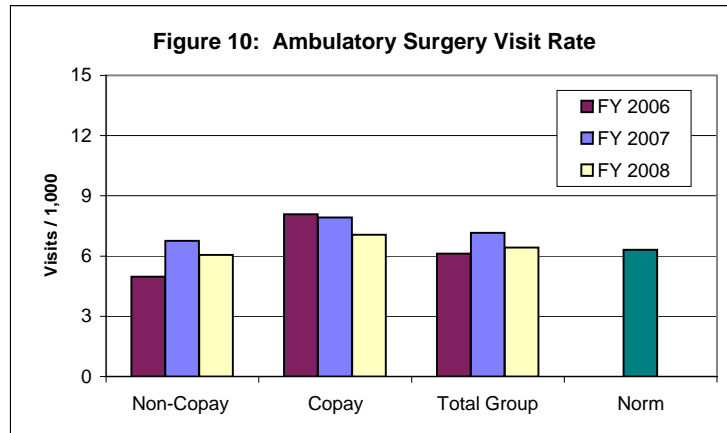
For the emergency room (ER) setting, utilization decreased 3 percent to 325.8 visits per 1,000 members in FY 2008.

The ER visit rate fell 2 percent for the Non-Copay segment, and 6 percent for the Copay segment. The visit rate for the total group remained well above the norm (165 percent higher).

Use of the ER setting for non-emergencies remained high (see Table 10), especially among the Non-Copay members, though there was a slight decrease.

There was a 4 percent increase in the average charge to \$369 per visit in FY 2008. This was 66 percent below the norm (\$1,086).

NC Health Choice Institutional Outpatient Utilization and Charges Fiscal Year 2008



The visit rate for the ambulatory surgery setting decreased 10 percent to 6.4 visits per 1,000 members in FY 2008 (Table 9). Both major segments had similar decreases in utilization.

Utilization by Copay members continued to exceed that of Non-Copay members.

The average charge per visit in the ambulatory surgery setting was subject to the same legislation as the other outpatient settings, falling significantly for both major segments in both FY 2006 and 2007.

Utilization by NC Health Choice members exceeded the norm in the hospital outpatient and emergency room settings. The average charge per visit was well below the norm in all three outpatient settings as a result of legislation reducing reimbursement over the past three years.

Table 9
NC Health Choice
Institutional Outpatient Utilization and Charge Statistics
Fiscal Year 2008

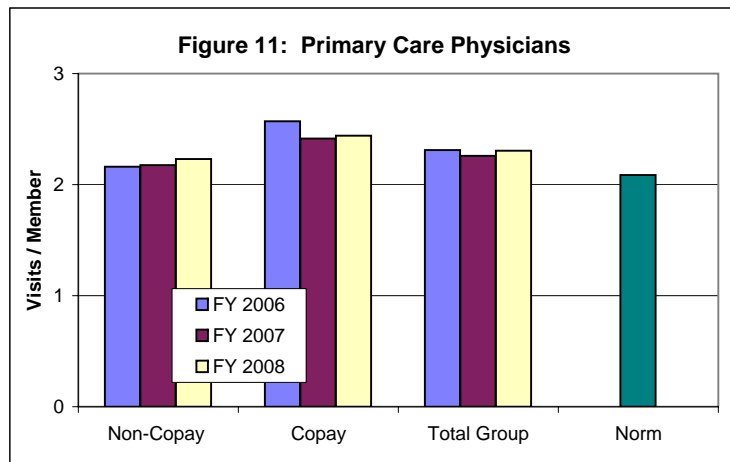
		Hospital Outpatient Dept.			Emergency Room			Ambulatory Surgical Centers		
		Visits	Visits/ 1,000	Av. Charge per Visit	Visits	Visits/ 1,000	Av. Charge per Visit	Visits	Visits/ 1,000	Av. Charge per Visit
<u>Non-Copay</u>	FY 2006	21,957	284.2	\$706	27,255	352.8	\$463	384	5.0	\$1,913
	FY 2007	22,468	289.1	\$525	27,290	351.2	\$345	525	6.8	\$1,322
	FY 2008	23,798	287.7	\$526	28,409	343.4	\$358	501	6.1	\$1,261
<u>Copay</u>	FY 2006	15,147	340.7	\$759	14,341	322.6	\$512	359	8.1	\$2,096
	FY 2007	13,508	325.1	\$541	12,942	311.5	\$374	329	7.9	\$1,346
	FY 2008	15,117	336.0	\$525	13,199	293.3	\$391	318	7.1	\$1,265
<u>Ext Coverage</u>	FY 2006	59	N/A	N/A	32	N/A	N/A	2	N/A	N/A
	FY 2007	85	N/A	N/A	44	N/A	N/A	0	N/A	N/A
	FY 2008	83	N/A	N/A	49	N/A	N/A	2	N/A	N/A
<u>Total Group</u>	FY 2006	37,163	305.2	\$728	41,628	341.8	\$480	745	6.1	\$2,001
	FY 2007	36,061	302.1	\$532	40,276	337.4	\$354	854	7.2	\$1,331
	FY 2008	38,998	305.0	\$525	41,657	325.8	\$369	821	6.4	\$1,261
<u>Norm</u>		--	243.6	\$1,033	--	122.9	\$1,086	--	6.3	\$2,798

ASO Financial Operations
Blue Cross and Blue Shield of North Carolina
December 31, 2008

Table 10
NC Health Choice
Emergency Room Utilization Statistics
Fiscal Year 2008

		<u>Total ER Utilization</u>			<u>Emergent</u>			<u>Urgent</u>			<u>Non-Urgent</u>		
		Visits	Visits/ 1,000	Charge per Visit	Visits	Visits/ 1,000	Charge per Visit	Visits	Visits/ 1,000	Charge per Visit	Visits	Visits/ 1,000	Charge per Visit
Non-Copay	FY 2006	27,255	352.8	\$463	5,466	70.8	\$719	11,080	143.4	\$449	10,687	138.3	\$346
	FY 2007	27,255	351.2	\$345	5,338	68.7	\$514	11,068	142.4	\$347	10,819	139.2	\$259
	FY 2008	28,409	343.4	\$358	5,600	67.7	\$530	11,496	139.0	\$361	11,219	135.6	\$270
Copay	FY 2006	14,341	322.6	\$512	2,937	66.1	\$729	6,095	137.1	\$512	5,299	119.2	\$390
	FY 2007	12,942	311.5	\$374	2,786	67.1	\$541	5,222	125.7	\$369	4,908	118.1	\$284
	FY 2008	13,199	293.3	\$391	2,823	62.7	\$556	5,322	118.3	\$401	5,006	111.3	\$287
Extended Coverage	FY 2006	32	N/A	N/A	10	N/A	N/A	13	N/A	N/A	9	N/A	N/A
	FY 2007	44	N/A	N/A	8	N/A	N/A	24	N/A	N/A	12	N/A	N/A
	FY 2008	49	N/A	N/A	10	N/A	N/A	20	N/A	N/A	17	N/A	N/A
Total	FY 2006	41,628	341.8	\$480	8,413	69.1	\$723	17,188	141.1	\$472	15,995	131.4	\$361
	FY 2007	40,276	337.4	\$354	8,132	68.1	\$523	16,314	136.7	\$354	15,739	131.9	\$267
	FY 2008	41,657	325.8	\$369	8,433	66.0	\$538	16,838	131.7	\$373	16,242	127.0	\$275
Norm		--	122.9	\$1,086	--	36.5	\$1,475	--	46.1	\$1,055	--	40.0	\$770

NC Health Choice Office Setting Utilization Fiscal Year 2008

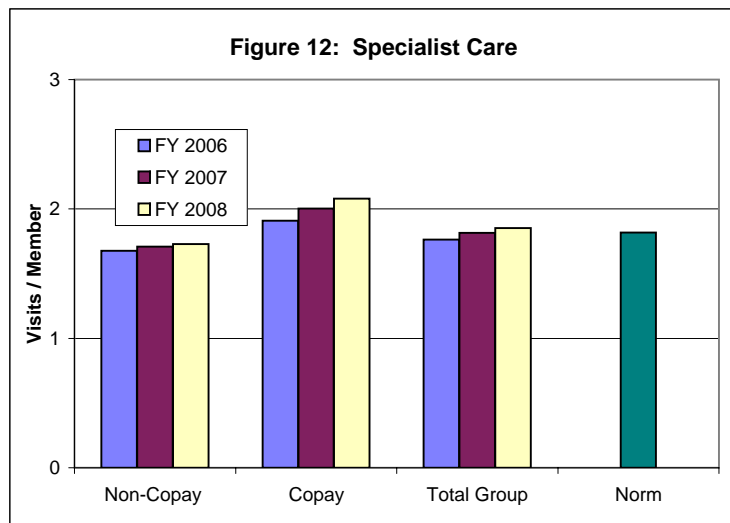


The primary care visit rate for the total group increased slightly to 2.3 visits per 1,000 members (Table 11). The rate was 10 percent above the norm.

The visit rate for the Non-Copay members increased 3 percent, and that of the Copay members, while slightly higher, remained stable at 2.4 visits per member.

Top diagnoses included health supervision of a child, acute pharyngitis, acute upper respiratory infections, and allergies.

The average charge per visit increased to \$81 in FY 2008 for the total group.



The specialist care visit rate for the total group increased to 1.9 visits per 1,000 members. The rate was slightly above the norm.

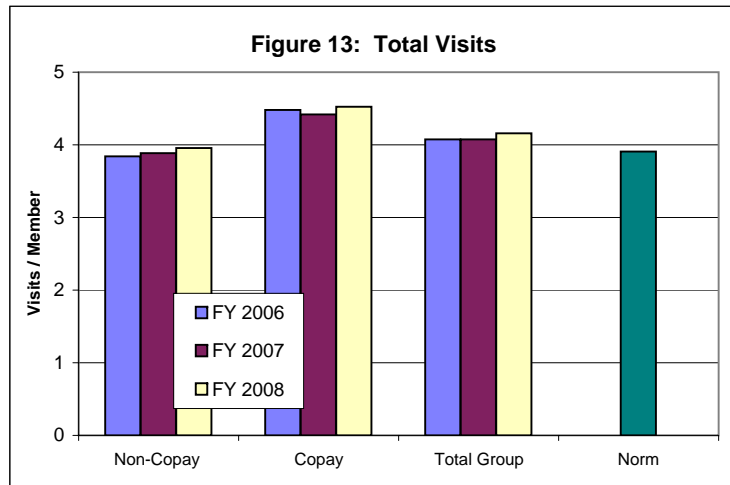
Though the Copay segment's specialty visit rate increased slightly, the Non-Copay segment's rate was stable.

Top diagnoses for visits to specialists were vision disorders and allergic rhinitis.

The most frequently visited specialists were optometrists followed by allergists.

The average charge per specialty visit increased to \$95.

NC Health Choice Office Setting Utilization Fiscal Year 2008



The office visit rate for the total group increased 2 percent to 4.2 visits per member. The rate was 6 percent above the norm.

The visit rate for Copay members increased 2 percent, while that of the Non-Copay segment remained stable in FY 2008.

The average charge per office visit in FY 2008 was \$88, an increase of \$5 since FY 2007. The norm was \$105.

Reimbursement rates for office visits were also decreased by legislation taking effect during FYs 2006 and 2007.

The visit rate for the outpatient mental health setting increased significantly for the second straight year in FY 2008 (Table 12). The increase was pronounced in both major segments. Utilization was above the norm

Visit rates increased for all treatment types except alcohol abuse (which decreased significantly) for all segments. For Mental Health and Drug Abuse, visit rates were significantly above the norm.

Among members having at least one outpatient mental health visit, visits per member was higher than its norm in both the Mental Health and Drug Abuse categories. For Alcohol Abuse, the number of visits per member having at least one visit was lower than the norm.

**Table 11
NC Health Choice
Office Utilization and Charge Statistics
Fiscal Year 2008**

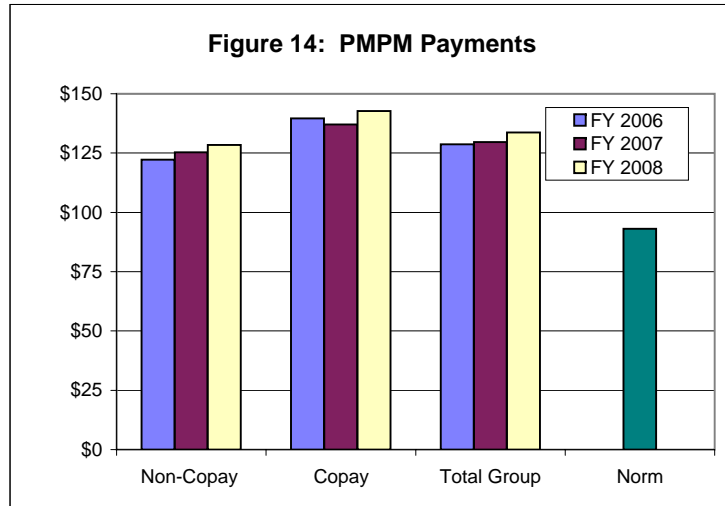
		<u>Total</u>			<u>Primary Care</u>			<u>Specialist Care</u>		
		Visits	Visits/ person	Charge per Visit	Visits	Visits/ person	Charge per Visit	Visits	Visits/ person	Charge per Visit
Non-Copay	FY 2006	296,623	3.8	\$89	167,004	2.2	\$78	129,619	1.7	\$103
	FY 2007	301,811	3.9	\$83	168,978	2.2	\$75	132,833	1.7	\$93
	FY 2008	327,392	4.0	\$88	184,411	2.2	\$82	142,981	1.7	\$96
Copay	FY 2006	199,129	4.5	\$89	114,225	2.6	\$78	84,904	1.9	\$103
	FY 2007	183,621	4.4	\$82	100,375	2.4	\$74	83,246	2.0	\$92
	FY 2008	203,474	4.5	\$87	109,884	2.4	\$81	93,590	2.1	\$94
Extended Coverage	FY 2006	609	N/A	N/A	324	N/A	N/A	285	N/A	N/A
	FY 2007	880	N/A	N/A	384	N/A	N/A	496	N/A	N/A
	FY 2008	869	N/A	N/A	448	N/A	N/A	421	N/A	N/A
Total	FY 2006	496,361	4.1	\$89	281,553	2.3	\$78	214,808	1.8	\$103
	FY 2007	486,312	4.1	\$82	269,737	2.3	\$74	216,575	1.8	\$92
	FY 2008	531,735	4.2	\$88	294,743	2.3	\$81	236,992	1.9	\$95
Norm		--	3.9	\$105	--	2.1	\$106	--	1.8	\$104

ASO Financial Operations
Blue Cross and Blue Shield of North Carolina
December 31, 2008

**Table 12
NC Health Choice
Outpatient Mental Health Utilization Statistics
Fiscal Year 2008**

		Mental Health		Alcohol Abuse		Drug Abuse		Grand Total	
		Visits/ 1,000	Visits/ Member with at least One Visit	Visits/ 1,000	Visits/ Member with at least One Visit	Visits/ 1,000	Visits/ Member with at least One Visit	Visits/ 1,000	Visits/ Member with at least One Visit
Non- Copay	FY 2006	1005.8	6.6	1.6	3.0	13.0	5.5	1,020.4	6.6
	FY 2007	1,242.2	7.6	2.4	3.2	24.2	7.4	1,268.9	7.7
	FY 2008	1,344.3	8.0	1.6	2.4	27.1	7.6	1,373.0	8.0
Copay	FY 2006	1063.4	6.5	1.2	3.1	23.2	8.5	1,087.9	6.6
	FY 2007	1,325.5	7.3	2.6	4.4	28.7	6.9	1,356.8	7.4
	FY 2008	1,402.8	7.4	2.0	2.3	30.2	6.9	1,434.9	7.5
Total	FY 2006	1,028.6	6.6	1.5	3.1	16.8	6.7	1,046.8	6.6
	FY 2007	1,272.6	7.5	2.5	3.6	25.8	7.2	1,301.0	7.6
	FY 2008	1,367.5	7.8	1.7	2.3	28.2	7.3	1,397.4	7.8
Norm		618.7	4.9	1.8	2.7	10.9	5.4	631.3	4.9

NC Health Choice Payments Per Member Per Month Fiscal Year 2008



The payment per member per month (PMPM) for the total group increased during FY 2008 to \$133.62 (Table 13). This was 43 percent higher than the norm.

Payments PMPM for the Non-Copay segment increased 2 percent to \$128 and those of the Copay segment increased 4 percent to \$143

Both major segments experienced increases in professional payments, due to modest increases in office payments and minor increases for prescription drugs.

Institutional payments remained relatively stable.

Institutional payments for the total group were comparable to the norm, but professional payments were 64 percent higher than the norm.

Payments PMPM for most diagnostic categories were comparable to or higher than their norms (Table 15). Payments for mental disorders, nervous system diseases, and "other" (including drugs) were significantly higher than the norm.

Dental payments (which were not included in the figures above) were \$17.67 per member per month in FY 2008 (Table 16). Payments changed little since FY 2007 (data not shown).

Payments for special needs claims amounted to \$19.55 PMPM in FY 2008, an increase of nearly \$3 PMPM.

Payments for costly admissions (admissions which incurred payments greater than \$50,000) increased by about \$0.50 PMPM (Tables 17 & 18). FY 2008 payments may increase, however, as more claims are processed.

Table 13
NC Health Choice
Per Member per Month Payments, by Place of Service
Fiscal Year 2008

		<u>Institutional</u>					<u>Professional</u>					<u>Grand Total</u>	
		<u>Acute Care</u>		<u>Specialty</u>		<u>Total</u> <u>Institutional</u>	<u>Inpatient</u>	<u>Outpatient</u>	<u>Office</u>	<u>Drugs</u>	<u>Other</u>		<u>Total</u> <u>Professional</u>
		<u>Inpatient</u>	<u>Outpatient</u>	<u>Inpatient</u>	<u>Outpatient</u>								
Non-Copay	FY 2006	\$8.87	\$23.09	\$2.33	\$1.23	\$35.51	\$2.31	\$7.17	\$37.56	\$30.31	\$9.38	\$86.72	\$122.24
	FY 2007	\$7.78	\$18.08	\$2.70	\$1.23	\$29.79	\$1.68	\$5.09	\$37.96	\$35.56	\$15.29	\$95.58	\$125.37
	FY 2008	\$8.45	\$18.14	\$1.63	\$0.83	\$29.05	\$1.43	\$4.95	\$40.51	\$36.62	\$15.87	\$99.38	\$128.44
Copay	FY 2006	\$12.16	\$26.47	\$2.79	\$1.21	\$42.62	\$2.68	\$7.95	\$40.84	\$36.29	\$9.27	\$97.03	\$139.65
	FY 2007	\$9.10	\$19.55	\$2.41	\$0.90	\$31.97	\$2.04	\$5.23	\$39.54	\$43.34	\$14.93	\$105.09	\$137.06
	FY 2008	\$10.10	\$19.02	\$2.39	\$1.13	\$32.64	\$1.69	\$4.97	\$42.45	\$45.51	\$15.48	\$110.10	\$142.74
Ext Cov	FY 2006	\$20.53	\$64.64	\$0.00	\$0.13	\$85.30	\$4.60	\$21.12	\$77.75	\$146.79	\$32.21	\$282.47	\$367.78
	FY 2007	\$8.12	\$50.75	\$15.25	\$0.54	\$74.66	\$2.37	\$9.32	\$66.03	\$122.64	\$20.99	\$221.35	\$296.01
	FY 2008	\$11.35	\$35.66	\$0.00	\$0.00	\$47.01	\$2.93	\$8.23	\$84.78	\$114.87	\$17.37	\$228.19	\$275.20
Total	FY 2006	\$10.08	\$24.35	\$2.49	\$1.22	\$38.14	\$2.44	\$7.46	\$38.78	\$32.56	\$9.35	\$90.60	\$128.74
	FY 2007	\$8.24	\$18.63	\$2.61	\$1.11	\$30.59	\$1.81	\$5.14	\$38.54	\$38.36	\$15.17	\$99.01	\$129.61
	FY 2008	\$9.03	\$18.47	\$1.90	\$0.94	\$30.33	\$1.53	\$4.96	\$41.24	\$39.83	\$15.73	\$103.29	\$133.62
Norm		\$8.41	\$18.50	\$1.86	\$1.51	\$30.28	\$2.13	\$5.23	\$29.54	\$23.71	\$2.24	\$62.85	\$93.13

**Table 14
NC Health Choice
Total Payments by Place of Service
Fiscal Year 2008**

		<u>Institutional</u>				<u>Total Institutional</u>	<u>Professional</u>					<u>Total Professional</u>	<u>Grand Total</u>
		<u>Acute Care</u>		<u>Specialty</u>			<u>Inpatient</u>	<u>Outpatient</u>	<u>Office</u>	<u>Drugs</u>	<u>Other</u>		
		<u>Inpatient</u>	<u>Outpatient</u>	<u>Inpatient</u>	<u>Outpatient</u>								
Non-Copay	FY 2006	\$8,221,303	\$21,399,842	\$2,155,989	\$1,143,296	\$32,920,429	\$2,138,821	\$6,648,742	\$34,814,040	\$28,092,757	\$8,696,009	\$80,390,370	\$113,310,799
	FY 2007	\$7,258,817	\$16,861,351	\$2,515,369	\$1,143,255	\$27,778,792	\$1,564,704	\$4,743,176	\$35,396,001	\$33,160,849	\$14,255,510	\$89,120,240	\$116,899,032
	FY 2008	\$8,389,500	\$18,005,607	\$1,619,450	\$827,680	\$28,014,557	\$1,423,217	\$4,914,876	\$40,215,525	\$36,350,915	\$15,748,920	\$98,653,453	\$126,668,010
Copay	FY 2006	\$6,485,101	\$14,120,608	\$1,488,956	\$643,496	\$22,738,161	\$1,427,082	\$4,238,509	\$21,788,787	\$19,358,934	\$4,945,314	\$51,758,627	\$74,496,788
	FY 2007	\$4,538,039	\$9,747,884	\$1,202,837	\$448,960	\$15,937,720	\$1,018,543	\$2,608,841	\$19,711,933	\$21,607,638	\$7,445,140	\$52,392,096	\$68,329,816
	FY 2008	\$5,451,775	\$10,268,530	\$1,291,276	\$610,170	\$17,621,751	\$913,075	\$2,684,095	\$22,919,035	\$24,573,658	\$8,358,435	\$59,448,298	\$77,070,049
Ext Cov	FY 2006	\$17,577	\$55,328	\$0	\$115	\$73,020	\$3,934	\$18,081	\$66,554	\$125,656	\$27,573	\$241,798	\$314,817
	FY 2007	\$11,724	\$73,234	\$22,003	\$780	\$107,740	\$3,423	\$13,451	\$95,275	\$176,966	\$30,293	\$319,409	\$427,149
	FY 2008	\$17,872	\$56,169	\$0	\$0	\$74,041	\$4,622	\$12,961	\$133,534	\$180,915	\$27,365	\$359,398	\$433,438
Total	FY 2006	\$14,723,980	\$35,575,777	\$3,644,944	\$1,786,908	\$55,731,610	\$3,569,838	\$10,905,332	\$56,669,382	\$47,577,347	\$13,668,896	\$132,390,794	\$188,122,404
	FY 2007	\$11,808,579	\$26,682,469	\$3,740,209	\$1,592,995	\$43,824,252	\$2,586,671	\$7,365,468	\$55,203,209	\$54,945,453	\$21,730,944	\$141,831,745	\$185,655,997
	FY 2008	\$13,859,147	\$28,330,306	\$2,910,727	\$1,437,850	\$46,538,028	\$2,340,913	\$7,611,932	\$63,268,094	\$61,105,489	\$24,134,720	\$158,461,149	\$204,999,177

ASO Financial Operations
Blue Cross and Blue Shield of North Carolina
December 31, 2008

Table 15
NC Health Choice
PMPM Payments by Diagnostic Category
October 2007 through September 2008

	<u>Total Payments</u>	<u>Payments per Member per</u>	
	<u>NCHC</u>	<u>Month</u>	<u>Month</u>
	<u>NCHC</u>	<u>NCHC</u>	<u>Norm</u>
Infectious and Parasitic Diseases	\$3,134,439	\$2.04	\$1.79
Neoplasms	\$3,319,880	\$2.16	\$3.36
Endocrine, Nutritional and Metabolic Diseases and Immunity Diseases	\$3,294,287	\$2.15	\$2.02
Diseases of Blood and Blood-Forming Organs	\$1,165,198	\$0.76	\$0.46
Mental Disorders	\$45,161,374	\$29.44	\$5.92
Diseases of the Nervous System and Sense Organs	\$12,166,620	\$7.93	\$5.56
Circulatory Diseases	\$1,363,553	\$0.89	\$0.74
Respiratory Diseases	\$13,903,876	\$9.06	\$7.38
Digestive Diseases	\$5,638,675	\$3.68	\$3.51
Genitourinary Diseases	\$3,421,316	\$2.23	\$2.22
Pregnancies	\$495,704	\$0.32	\$0.18
Skin Diseases	\$3,081,663	\$2.01	\$1.57
Musculoskeletal Diseases	\$8,146,091	\$5.31	\$6.36
Congenital Anomalies	\$1,811,165	\$1.18	\$1.57
Perinatal Conditions	\$11,905	\$0.01	\$0.02
Ill-Defined Conditions	\$12,451,283	\$8.12	\$6.84
Injury and Poisoning	\$14,299,024	\$9.32	\$11.24
Other (Includes Drugs)	\$71,213,676	\$46.42	\$32.03

Table 16
NC Health Choice
Frequency and Costs of Select Office Procedures
October 2007 through September 2008

	<u>Non-Copay</u>	<u>Copay</u>	<u>Total Group</u>
Dental			
Claims	445,742	252,442	698,948
Payments PMPM	\$17.54	\$17.90	\$17.67
Hearing			
Claims	66	34	100
Payments PMPM	\$0.03	\$0.02	\$0.02
Immunization			
Claims	6,101	3,653	9,762
Payments PMPM	\$0.09	\$0.09	\$0.09
Vision			
Claims	42,651	24,156	66,899
Payments PMPM	\$3.00	\$3.08	\$3.03
Well Child			
Claims	26,025	15,389	41,454
Payments PMPM	\$2.13	\$2.31	\$2.19
Special Needs ¹			
Claims	130,157	61,175	191,733
Payments PMPM	\$20.25	\$18.26	\$19.55

¹ Includes institutional as well as professional claims.

Table 17
NC Health Choice
Costly Admissions¹ to Acute Care Hospitals
October 2006 through September 2007

<u>Diagnosis</u>	<u>APDRG</u>	<u>Age</u>	<u>Sex</u>	<u>Length of Stay</u>	<u>Charged</u>	<u>Paid</u>	<u>Provider</u>	<u>Transplant</u>	<u>Segment</u>
VIRAL HEPAT B W/O D W/HEPATIC	480	17	M	13	\$220,324	\$145,748	UNC HOSPITALS	LIVER	Copay
MALIG NEO BRAIN NEC	877	17	M	54	\$605,376	\$142,682	DUKE UNIVERSITY HOSPITAL		Copay
SUBDURAL HEMORRHAGE, NO COMA	877	17	F	55	\$336,917	\$131,448	DUKE UNIVERSITY HOSPITAL		Non-Copay
BIPOLAR AFFECTIVE NOS	430	12	M	254	\$146,548	\$130,417	THOMPSON CHILD&FAMILY		Non-Copay
HEART FAILURE NOS	103	11	M	11	\$176,377	\$121,310	UNC HOSPITALS	HEART	Copay
CONDUCT DISORDER CHILDHOOD	431	13	M	368	\$167,096	\$118,857	ABSNEW HOPE CHARLESTO		Copay
MANIC-DEPRESSIVE PSYCHOSIS NOS	430	13	M	290	\$174,588	\$82,865	THE PINES RTC		Copay
SCHIZO-AFFECTIVE, UNSPECIFIED	430	13	M	59	\$106,837	\$72,720	UNC HOSPITALS		Copay
FX FEMUR SHAFT, OPEN	793	17	M	40	\$396,554	\$72,542	UNC HOSPITALS		Non-Copay
CONDUCT DISORDER CHILDHOOD	431	12	F	211	\$135,395	\$63,424	DEPT 888020		Copay
PUL ALVEOLAR PROTEINOSIS	538	10	F	43	\$201,404	\$63,135	DUKE UNIVERSITY HOSPITAL		Non-Copay
TRAUMATIC SUBARACHNOID HEMORRH	763	17	F	54	\$108,919	\$62,439	WAKEMED RALEIGH CAMPUS		Non-Copay
Acute myeloid leukemia, without mention	576	8	F	30	\$113,011	\$61,352	UNC HOSPITALS		Non-Copay
MANIC-DEPRESSIVE PSYCHOSIS NOS	430	10	M	435	\$81,819	\$56,922	ALEXANDER CHILDREN CT		Non-Copay
MALIG NEO BRAIN NEC	10	16	M	30	\$163,408	\$52,880	UNC HOSPITALS		Non-Copay
MECH COMP RESPIRATOR	467	8	F	32	\$179,076	\$52,879	UNC HOSPITALS		Non-Copay
Acute myeloid leukemia, without mention	576	14	F	43	\$291,157	\$51,498	PITT COUNTY MEMORIAL HOSPITAL		Copay
FX FEMORAL CONDYLE, CLOSED	877	18	F	17	<u>\$120,678</u>	<u>\$50,102</u>	PITT COUNTY MEMORIAL HOSPITAL		Non-Copay
TOTAL					\$3,725,483	\$1,533,220			

¹ Admissions with payments exceeding \$50,000.

Table 18
NC Health Choice
Costly Admissions¹ to Acute Care Hospitals
October 2007 through September 2008

<u>Diagnosis</u>	<u>APDRG</u>	<u>Age</u>	<u>Sex</u>	<u>Length of Stay</u>	<u>Charged</u>	<u>Paid</u>	<u>Provider</u>	<u>Transplant</u>	<u>Segment</u>
BRAIN HEMORRHAGE NEC, COMA NOS	730	8	F	31	\$229,458	\$146,160	UNC HOSPITALS		Non-Copay
MALIGN NEOPL CEREBRUM	738	8	F	24	\$178,022	\$145,393	CHILDRENS HOSP OF THE KINGS DAL		Non-Copay
Acute leukemia of unspecified cell type,	803	10	F	31	\$637,256	\$133,045	DUKE UNIVERSITY HOSPITAL	BONE MARRO	Copay
SCHIZOPHRENIA NEC, CHRONIC/EXA	430	11	M	103	\$195,141	\$130,914	UNC HOSPITALS		Copay
CEREBRAL EMBOLISM	878	19	F	30	\$171,824	\$127,685	UNC HOSPITALS		Copay
INFANTILE AUTISM, CURRENT/ACTI	429	11	F	185	\$172,774	\$111,053	NATIONAL DEAF ACADEMY		Non-Copay
DIABETES, UNCOMPLICATED, TYPE	295	13	M	125	\$172,021	\$107,733	CUMBERLAND HOSPITAL		Copay
OTHER POSTOP INFECTION	415	8	F	24	\$114,302	\$99,870	CHILDRENS HOSP OF THE KINGS DAL		Non-Copay
EPILEPSY NEC W/INTRACT EPILEPS	530	15	M	35	\$242,038	\$95,754	UNC HOSPITALS		Copay
MAL NEO LONG BONES LEG	558	18	F	38	\$283,317	\$91,994	CAROLINAS MEDICAL CENTER		Non-Copay
REHABILITATION PROCEDURES NEC	462	18	M	35	\$92,845	\$83,450	CHILDRENS HOSP OF THE KINGS DAL		Non-Copay
MAL NEO HEAD/FACE/NECK	54	14	F	5	\$116,506	\$82,636	CHILDRENS HOSP OF THE KINGS DAL		Copay
ANOREXIA NERVOSA	753	13	F	60	\$345,247	\$81,687	REMUDA RANCH CENTER F		Non-Copay
DIABETES, UNCOMPLICATED, TYPE	295	17	F	95	\$0	\$79,860	CUMBERLAND HOSPITAL		Non-Copay
SPINAL CORD INJURY NOS	9	18	F	44	\$170,082	\$77,638	SHEPHERD SPINAL CENTE		Copay
CERV SPONDYL W MYELOPATH	865	10	M	10	\$98,288	\$72,769	BRENNERS CHILDRENS HOSPITAL		Copay
DEHYDRATION	468	18	M	32	\$138,186	\$66,310	NORTH CAROLINA BAPTIST HOSPITAL		Copay
CONG POSTURAL DEFORMITY	806	15	F	5	\$144,399	\$64,460	UNC HOSPITALS		Copay
SPONT PNEUMOTHORAX NEC	538	18	M	8	\$76,300	\$61,546	CHILDRENS HOSP OF THE KINGS DAL		Copay
Other diseases of trachea and bronchus	482	13	M	42	\$137,056	\$60,124	NORTH CAROLINA BAPTIST HOSPITAL		Non-Copay
MAL NEO LONG BONES LEG	212	8	M	16	\$79,814	\$57,847	UNC HOSPITALS		Non-Copay
IDIOPATHIC SCOLIOSIS	884	14	F	5	\$99,246	\$54,181	UNC HOSPITALS		Copay
IDIOPATHIC SCOLIOSIS	884	15	F	5	\$102,112	\$54,033	UNC HOSPITALS		Copay
IDIOPATHIC SCOLIOSIS	884	11	F	4	\$98,062	\$53,949	UNC HOSPITALS		Copay
MALFUNCTION, PROSTHETIC HEART	105	19	F	5	\$78,818	\$52,955	UNC HOSPITALS		Non-Copay
IDIOPATHIC SCOLIOSIS	884	12	F	6	\$77,786	\$52,662	UNC HOSPITALS		Copay
INJURY THORACIC AORTA	732	18	M	32	\$238,111	\$51,984	PITT COUNTY MEMORIAL HOSPITAL		Non-Copay
ANOXIC BRAIN DAMAGE	533	14	M	33	\$198,463	\$51,250	DUKE UNIVERSITY HOSPITAL		Copay
IDIOPATHIC SCOLIOSIS	884	12	F	5	\$75,488	\$50,774	UNC HOSPITALS		Non-Copay
ANOREXIA NERVOSA	753	14	F	39	\$76,026	\$50,203	UNC HOSPITALS		Non-Copay
TOTAL					\$4,838,988	\$2,449,921			

1 Admissions with payments exceeding \$50,000.