

State of South Carolina
Department of Health & Human Services
Cost of Medical Care for Birth for Normal and NICU Infants
Non-Dual, Medicaid-Eligible Children Born in CY 2011
Enrollment, Claims, and Encounter data as of February 2014

<u>Category of Service</u>	<u>Cost per Birth</u>				
	<u>Complicated; >2,000 grams</u>	<u>Complicated; <2,000 grams</u>	<u>Complicated Composite</u>	<u>Normal; >2,000 grams</u>	<u>Difference</u>
Inpatient Hospital	\$ 10,279.48	\$ 54,553.75	\$ 19,941.30	\$ 1,097.11	\$ 18,844.19
Outpatient Hospital	43.23	0.43	33.89	0.38	33.51
Physician	374.97	713.51	448.85	85.93	362.92
Prescription Drugs	3.93	37.02	11.15	0.01	11.15
Other	1,579.41	9,218.09	3,246.37	65.68	3,180.69
All Services	\$ 12,281.01	\$ 64,522.80	\$ 23,681.56	\$ 1,249.11	\$ 22,432.45
Births	4,761	1,329	6,090	27,594	

Notes

- 1) Costs illustrated are incurred during the hospital stay for the infants birth.
- 2) All infants with birth weights under 2,000 grams were assumed to be complicated.
- 3) APR DRGs 626 and 640 and CMS DRGs 388 and 391 unaccompanied by intensive care procedures were used to identify normal births.
- 4) APR DRGs 580-583, 609, 620-625, 630-639 and CMS DRGs 385, 389, 390 were used to identify complicated births with birthweight over 2,000 grams.
- 5) APR DRGs 588-592, 600-603, 607, 608, and 610-614 and CMS DRGs 386 and 387 were used to identify complicated births with birthweight under 2,000 grams.
- 6) Infants with normal birth DRGs but intensive care procedures 99466-99480 were categorized as complicated births with birthweight over 2,000 grams.
- 7) Children with a claim before their date of birth were excluded.

State of South Carolina
Department of Health & Human Services
Cost of Medical Care in First Two Years of Life for Normal and NICU Babies
Non-Dual, Medicaid-Eligible Children under Age Two, Born in CY 2011
Enrollment, Claims, and Encounter data as of February 2014

	<u>Normal; >2,000 grams</u>		<u>Complicated; >2,000 grams</u>		<u>Complicated; <2,000 grams</u>		<u>No Birth Data</u>	
<u>Category of Service</u>	<u>Year 1 PMPM</u>	<u>Year 2 PMPM</u>	<u>Year 1 PMPM</u>	<u>Year 2 PMPM</u>	<u>Year 1 PMPM</u>	<u>Year 2 PMPM</u>	<u>Year 1 PMPM</u>	<u>Year 2 PMPM</u>
Inpatient Hospital	\$ 117.93	\$ 13.10	\$ 1,130.35	\$ 121.13	\$ 5,125.13	\$ 84.07	\$ 82.31	\$ 16.11
Outpatient Hospital	43.60	47.77	82.95	73.95	115.12	92.21	31.45	37.30
Physician	88.41	62.07	158.29	90.63	260.32	129.27	71.97	46.82
Prescription Drugs	10.01	14.95	26.13	34.07	145.25	91.51	16.98	16.36
Other	18.20	12.73	212.49	66.29	946.99	169.45	56.47	37.41
All Services	\$ 278.15	\$ 150.62	\$ 1,610.21	\$ 386.09	\$ 6,592.82	\$ 566.50	\$ 259.19	\$ 154.01
Member Months	326,443	259,293	55,252	44,072	15,108	12,096	54,281	99,775
Unique Lives	27,594	26,873	4,761	4,493	1,329	1,204	7,212	11,349
Average Monthly Enrollment	27,204	21,608	4,604	3,673	1,259	1,008	4,523	8,315

Notes

- 1) Year 1 is defined as the first twelve calendar months of life. For a child born any time in April 2011, the end of March 2012 would be the end of the Year 1.
- 2) All infants with birth weights under 2,000 grams were assumed to be complicated.
- 3) APR DRGs 626 and 640 and CMS DRGs 388 and 391 unaccompanied by intensive care procedures were used to identify normal births.
- 4) APR DRGs 580-583, 609, 620-625, 630-639 and CMS DRGs 385, 389, 390 were used to identify complicated births with birthweight over 2,000 grams.
- 5) APR DRGs 588-593, 600-603, 607, 608, and 610-614 and CMS DRGs 386 and 387 were used to identify complicated births with birthweight under 2,000 grams.
- 6) Infants with normal birth DRGs but also with intensive care procedures 99466-99480 were categorized as complicated births with birthweight over 2,000 grams.
- 7) The "no birth data" category contains infants for whom no birth DRGs were identified.
- 8) Children with a claim before their date of birth were excluded.

State of South Carolina
Department of Health & Human Services
Excess Cost of Pregnancy-Induced Hypertension
Non-Dual Pregnant Women (OCWI) who became eligible in CY 2011 or 2012
Claims, Encounters, and Enrollment as of February 2014

	Average Cost	Average Cost	Average Cost	Months of Coverage per	Member	
	Non-Delivery	Delivery	Total	Delivery	Months	Deliveries
No Hypertension	\$ 3,696	\$ 5,279	\$ 8,975	8.7	314,913	36,080
Antepartum Hypertension	\$ 7,114	\$ 6,506	\$ 13,620	9.4	15,975	1,706
Delivery Hypertension	4,170	6,449	10,619	8.6	4,995	580
Postpartum Hypertension	7,324	6,421	13,745	9.2	1,754	190
Other Hypertension	7,343	7,023	14,366	9.2	1,423	154
Antepartum Eclampsia	\$ 6,581	\$ 6,556	\$ 13,137	8.7	1,819	210
Delivery Eclampsia	3,710	6,613	10,323	7.3	2,394	326
Postpartum Eclampsia	8,235	7,208	15,443	7.9	831	105
Other Eclampsia	6,365	7,350	13,715	9.0	432	48
Pre-existing Hypertension	\$ 7,257	\$ 6,250	\$ 13,507	9.7	485	50
All Hypertension	\$ 6,293	\$ 6,558	\$ 12,852	8.9	30,108	3,369
Net Hypertension Cost	\$ 2,597	\$ 1,279	\$ 3,877			

Notes

- 1) Hypertension categories were hierarchically assigned in the following order: hypertension, eclampsia, pre-existing hypertension, no hypertension.
- 2) Antepartum and postpartum hypertension categories may include a hypertensive delivery diagnosis. Delivery hypertension only includes hypertension during the delivery. Other includes either an unspecified diagnosis or both antepartum and postpartum condition.
- 3) The costs reflected in this exhibit are incurred during the period (up to 12 months) in which each woman was in the OCWI population, including OCWI eligibility months after delivery.
- 4) The member months column includes all months the woman is in the OCWI population for any part of a calendar month.
- 5) Hypertension diagnoses were identified using all available diagnosis fields in the claim form.
- 6) Pregnancies that did not have a delivery-related DRG were excluded.
- 7) Claims with CMS DRGs of 370-375, APR DRGs of 540-542, 560, or with procedure codes 59400-59410, 59510-59515, 59610, 59612, 59614, 59618, 59620, or 59622 were categorized as delivery costs. All other claims were categorized as non-delivery.
- 8) ICD-9 codes with the first four digits of 642.0, 642.1, 642.3, and 642.9 were used to identify hypertension diagnoses. Codes 642.4-642.7 were used to identify eclampsia diagnoses. Code 642.2 was used to identify pre-existing hypertension diagnoses.

State of South Carolina
Department of Health & Human Services
Emergency Room Cost per Visit
Non-Dual, Medicaid-Eligible Children under Age Two, Born in CY 2011
Enrollment, Claims, and Encounter data as of February 2014

<u>Category of Service</u>	Year 1	Year 2
	<u>Cost per Visit</u>	<u>Cost per Visit</u>
Inpatient Hospital	\$ 78.52	\$ 48.21
Outpatient Hospital	282.28	316.06
Physician	69.52	66.21
Prescription Drugs	4.51	7.01
Other	12.61	10.06
All Services	\$ 447.43	\$ 447.56
Emergency Room Visits	36,359	35,180
Member Months	451,084	415,236
Unique Lives	40,896	43,919
Average Monthly Enrollment	37,590	34,603

Notes

- 1) Costs illustrated include all of those incurred on the same day that an ER visit occurred.
- 2) Year 1 is defined as the first twelve calendar months of life. For a child born any time in April 2011, the end of March 2012 would be the end of the Year 1.
- 3) Children with a claim before their date of birth were excluded.

State of South Carolina
Department of Health & Human Services
Cost of Medical Care in First Two Years of Life for All Infants
Non-Dual, Medicaid-Eligible Children under Age Two, Born in CY 2011
Enrollment, Claims, and Encounter data as of February 2014

<u>Category of Service</u>	<u>Year 1 PMPM</u>	<u>Year 2 PMPM</u>
Inpatient Hospital	\$ 405.36	\$ 27.36
Outpatient Hospital	49.35	49.33
Physician	76.51	50.87
Well Baby Exams	24.23	12.53
Prescription Drugs	17.35	19.55
Other	77.71	28.91
All Services	\$ 650.52	\$ 188.54
Member Months	451,084	415,236
Unique Lives	40,896	43,919
Average Monthly Enrollment	37,590	34,603

Notes:

- 1) Year 1 is defined as the first twelve calendar months of life. For a child born any time in April 2011, the end of March 2012 would be the end of the Year 1.
- 2) Children with a claim before their date of birth were excluded.