



August 29, 2013

Mr. Craig Smith
Certificate of Need Section
Division of Facility Services
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Written Comments Regarding Project Application # G-10161-13 UniHealth

Dear Mr. Smith:

I am writing on behalf of the CON applicant, Well Care Home Health. Please accept the attached written comments that were submitted regarding the above reference CON application.

Please do not hesitate to call me if I can answer any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read 'David J. French'.

David J. French
Consultant

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**Comments Regarding CON Project Application # G-10161-13 UniHealth
Submitted by Well Care Home Health**

UniHealth proposes to establish a new Medicare-certified home health agency in Forsyth County to provide home health services to adult patients. They do not propose to provide home health services to pediatric patients. The applicant projects service to 258 unduplicated patients in Year 1 and 581 unduplicated patients in Year 2.

The UniHealth CON application is nonconforming to the CON Review Criteria as follows:

- (1) *The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health service facility, health service facility beds, dialysis stations, operating rooms, or home health offices that may be approved.*

In Policy GEN-3, the phrase “equitable access” means that all persons, including pediatric patients and adults, should have equal access. The UniHealth application fails to conform to CON Review Criterion 1 because the proposed home health agency is unwilling to accept referrals and to provide service to pediatric patients. On page 55 of the application, UniHealth states that the proposed agency will refer pediatric patients to other home health agencies. The application is clearly nonconforming to Policy GEN-3 with regard to providing access to services for low income persons that include pediatric patients.

Policy GEN-3 of the 2013 SMFP is applicable to this review. Policy GEN-3: Basic Principles, states: *“A certificate of need applicant applying to develop or offer a new institutional health service for which there is a need determination in the North Carolina State Medical Facilities Plan shall demonstrate how the project will promote safety and quality in the delivery of health care services while promoting equitable access and maximizing healthcare value for resources expended. A certificate of need applicant shall document its plans for providing access to services for patients with limited financial resources and demonstrate the availability of capacity to provide these services. A certificate of need applicant shall also document how its projected volumes incorporate these concepts in meeting the need identified in the State Medical Facilities Plan as well as addressing the needs of all residents in the proposed service area.”* (*Emphasis added*)

UniHealth fails to demonstrate that the existing agencies in Forsyth County will have the resources and capacity to accept these pediatric patient referrals. UniHealth’s discrimination based on the age of the patient is unacceptable.

The need determination for an additional home health agency in Forsyth County was triggered by the standard methodology that forecasts future projected home health demand for all persons of all age groups, including pediatric patients. In addition, the methodology predicts the future expected utilization for the existing agencies. Consequently, the 2013 SMFP has already determined that existing agencies will fall short of meeting the future needs of the total Forsyth population that is inclusive of pediatric patients.

As seen in Attachment A, the North Carolina Division of Medical Assistance report shows that, in 2011, the majority of Forsyth County Medicaid-eligible persons were

under the age of 21. (More recent data has not yet been posted on the website.) Many children in Forsyth County are in fact low income persons who are medically underserved. This data also illustrates that UniHealth's unwillingness to provide access for pediatric patients will negatively affect larger numbers of African American and Hispanic children as compared to Caucasian children.

The table below provides the pediatric utilization data for the home health agencies located in Forsyth County. In 2012, only three of the existing agencies located within Forsyth County reported home health services to pediatric patients. Approximately 47.8 percent of Forsyth pediatric patients were served by home health agencies from outside of their home county.

Comparison of 2008 and 2012 Data From Home Health License Data Supplements		Facility County	Home Health Patients Forsyth County 2012		Home Health Patients Forsyth County 2008	
			<18	18 to 85+	<18	18 to 85+
HC0499	Advanced Home Care	Forsyth	108	2153	159	1779
HC0567	Gentiva Health Services	Forsyth	0	2228	0	1609
HC1304	Amedisys Home health of Winston-Salem	Forsyth	0	931	0	386
HC0231	Gentiva Health Services	Forsyth	0	772	0	979
HC1210	Gentiva Health Services	Forsyth	0	408	0	815
HC0005	Bayada Nurses (Previously Home Health Professionals)	Forsyth	0	344	31	568
HC1131	Gentiva Health Services	Forsyth	0	96	5	933
HC1886	Interim HealthCare of the Triad	Forsyth	7	35	0	13
HC0409	Hospice and Palliative Care Center	Forsyth	5	29	26	63
HC0297	Advanced Home Care	Guilford	26	516	34	332
HC1885	Interim HealthCare of the Triad	Guilford	84	292	93	323
HC1104	CareSouth Homecare Professionals	Davidson	0	223	0	254
HC0521	Piedmont Home Care	Davidson	0	217	0	10
HC0124	Liberty Home Care	Davidson	0	188	0	18
HC1699	Gentiva Health Services	Stokes	0	119	0	33
HC0496	Davie County Home Health	Davie	0	71	0	1
HC0952	Gentiva Health Services	Guilford	0	11	0	1
HC0395	Care Connection	Guilford	0	0	1	1
HC1286	Home Health Professionals	Guilford	0	0	1	12
HC0420	Liberty Home Care	Surry	0	0	1	1
Other	Other Home Health Agencies Serving Forsyth County Patients		0	21	0	6
Totals	All Home Health Agencies		230	8654	351	8137

The Forsyth County home health use rate per 1000 population for the 0-18 age segment declined from 4.19 in 2008 to 2.67 in 2012. This low use rate for the 0-18 age segment in Forsyth County is also lower than that of neighboring Guilford County.

It is disingenuous for UniHealth to state that the proposed agency will provide care to persons of any payor source, race, color, national origin, age, sex, religious belief, handicap, or other categories that would qualify a person as being underserved. UniHealth clearly states that it will not serve pediatric patients. Therefore the applicant is discriminating and limiting access to services based on the patients' age.

The UniHealth application fails to fulfill the recommendations of the North Carolina State Health Coordinating Council that encourages home health applicants to:

- provide an expanded scope of services (including nursing, physical therapy, speech therapy, and home health aide service);
- provide the widest range of treatments within a given service;
- have the ability to offer services on a seven days per week basis as required to meet patient needs; and,
- address special needs populations.

2013 SMFP, p. 264

Pediatric patients that require home health services should be considered special needs patients because, unlike adult home health patients, the four most common diagnoses are cerebral palsy, failure to thrive, developmental delay, and preterm birth. Over the years, the range of services provided to children in the home has broadened to include not only rehabilitative care but also intravenous administration of antimicrobial agents and other medications, parenteral nutrition, nasogastric or enterostomy feedings, peritoneal dialysis, wound care, oxygen and mechanically assisted ventilation, chronic pain management, complex medical and surgical care, psychosocial support, respite, and hospice care.¹ Furthermore, pediatric home health nurses require additional training to master a multitude of pediatric treatment competencies that are in addition to the adult patient care competencies.

UniHealth is certainly not offering an expanded scope of services to the pediatric population of Forsyth County. Instead of offering the wide range of treatments within a given service, UniHealth seeks to serve only adult patients.

The UniHealth application provides unreliable projections of the number of unduplicated patients based on the inconsistent statements contained within the application. The application fails to demonstrate how the projections of 258 unduplicated patients in Year 1 and 581 unduplicated patients (or 582 patients as seen on page 159 or 583 patients as seen on page 163) in Year 2 are reasonable to address the needs of all residents. As seen on pages 143 to 148, the UniHealth methodology is based on assumptions and use rate projections for the total Forsyth County population, including residents ages 0-18. The projected number of patients is based on the total population, even though the applicant states that the proposed agency will not serve pediatric patients.

¹ Committee on Child Health Financing, Section on Home Care, American Academy of Pediatrics. *Financing of pediatric home health care. Pediatrics. 2006;118(2):834–838*

- (3) *The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed.*

The UniHealth application is nonconforming to Criterion 3 as follows:

The projected number of patients is inaccurate and overstated because the UniHealth methodology is based on assumptions and use rate projections for the total Forsyth County population, including the population ages 0-18, even though the applicant clearly states that the proposed agency will not serve pediatric patients.

The methodology fails to include a step to adjust (and lower) the number of expected patients based on the assumption that no pediatric referrals would be accepted. Hospitals, which are often the largest potential sources of referrals to home health agencies, favor agencies with the capabilities to serve both pediatric patients and adult patients. UniHealth's decision to refuse referrals for pediatric patients will hinder its ability to compete in Forsyth County for home health referrals from hospitals.

The UniHealth application includes inconsistent projections for the Year 2 projected number of patients. Page 100 states 581 unduplicated patients; page 159 states 582 unduplicated patients; the table on page 163 shows 583 patients in Year 2. Page 166 shows a total of 581 patients while page 168 shows 582 patients. These inconsistencies are material because the applicant projects the number of duplicated patients and number of visits using the number of unduplicated patients (581 or 582 or 583) as an underlying assumption.

UniHealth's market share projections provided in the table on page 156 of the application are unreasonable.

**Table III.30 - Market Share of Unmet Need by County -
FY 2015 – FY 2017**

County	FY 2015	FY 2016	FY 2017
Forsyth	72.00%	90.00%	67%
Davie	11.00%	22.00%	12%
Guilford	2.50%	5.00%	1%
Surry	15.00%	15.00%	1%
Yadkin	17.50%	35.00%	3%

The increase in market share in Year 2 and the decrease projected for Year 3 are not adequately explained or rational. In FY 2016 and FY 2017, once the proposed home health agency is fully operational, there would no longer be an "unmet need" in Forsyth County. Therefore the applicant's prediction of 90 percent in FY 2016 and 67 percent market share in FY 2017 is unsupported. . The extreme variations from year to year in the projected "market share of unmet need" for the secondary service area counties prove that UniHealth's projections are mathematically arbitrary and capricious.

On page 164, the utilization projections for home health aide show a total of 333 patients in Year 1 receiving only 302 annual visits. For Year 2 the table shows a total of 808

patients receiving a total of 784 visits. It is illogical that the annual numbers of patients would exceed the annual numbers of visits. As a result of these unreasonable home health aide visit projections in both Years 1 and 2, the total combined annual number of visits is also unreasonable.

Based on the numerous errors and inconsistencies in the methodology, assumptions, market share projections and utilization tables, the UniHealth application is fatally flawed.

- (4) *Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed.*

The UniHealth application fails to conform to CON Review Criterion 4 because the application is nonconforming to Criteria (1), (3), (5) and 13(c).

The application fails to demonstrate that the existing home health providers in Forsyth County are adequately meeting the needs of the pediatric population while not meeting the needs of the adult population. Therefore, the proposed project is not an effective alternative. Policy GEN-3 directs the applicant to document how its projected volumes incorporate quality, access and value in meeting the need identified in the State Medical Facilities Plan as well as addressing the needs of all residents in the proposed service area. Residents of the service area includes pediatric patients as the 0 to 18 age group is included in the 2013 SMFP home health need methodology. And yet, UniHealth failed to consider the alternative of providing a full scope of home health services to adult and pediatric patients, the alternative that is consistent with Policy GEN-3 Basic Principals.

As discussed above in the Criterion (3) comments, UniHealth's projections for unduplicated patients and market share are unreliable. Unreasonable volume projections translate to unreasonable projections of costs and charges. Consequently, the proposed project is not an effective alternative regarding cost effectiveness.

- (5) *Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service.*

The UniHealth application is nonconforming to Criterion 5 because the financial pro forma projections are based on unreliable projections for the numbers of patients and visits. As discussed in the Criterion 3 comments, UniHealth's projections for unduplicated patients and market share are unreasonable which causes the projected numbers of duplicated patients and visits as well as the financial projections to also be unreasonable.

As seen on page 164, the utilization projections for home health aide show a total of 333 patients in Year 1 receiving only 302 annual visits. For Year 2 the table shows a total of 808 patients receiving a total of 784 visits. It is illogical that the annual numbers of patients would exceed the number of annual visits. Consequently, these unreasonable projections for home health aide visits cause the total projected numbers of visits in Years 1 and 2 to be unreasonable.

- (7) *The applicant shall show evidence of the availability of resources, including health manpower and management personnel, for the provision of the services proposed to be provided.*

The UniHealth application fails to conform to CON Review Criterion 7 because the application lacks documentation of the commitment of a licensed physician to serve as medical director. Instead of providing a letter from a physician stating that they have an interest in serving as medical director, page 213 of the application states that Beth Hodges, MD from Asheboro verbally expressed interest in the position. Apparently, her level of interest on June 20th was not sufficient to provide a letter that could be included in the UniHealth application by the July 15, 2013 due date. No back-up plan for contracting with an alternate physician is discussed in the CON application.

The application fails to demonstrate the adequacy of the Year 2 home health aide staffing because on page 164 the Year 2 utilization projections for home health aide show a total of 808 patients receiving a total of 784 visits. It is illogical that UniHealth would project 808 patients if only 784 annual visits are projected; this means that patients would receive a fraction of a visit.

- 13 (c) *That the elderly and the medically underserved groups identified in this subdivision will be served by the applicant's proposed services and the extent to which each of these groups is expected to utilize the proposed services;*

The UniHealth application is nonconforming to Criterion 13(c) because the proposed agency offers no home health services to pediatric patients. Pediatric patients in Forsyth County are medically underserved because:

- In 2012, only three of the existing agencies located within Forsyth County reported providing home health services to pediatric patients.
- Approximately 47.8 percent of the Forsyth pediatric patients were served by home health agencies from outside their home county.
- Pediatric home health patients include a high percentage of Medicaid patients that are not profitable for a home health agency to serve due to the low reimbursement rates.

Unfortunately, UniHealth sees no problem in restricting access to home health services to one of the most vulnerable segments of the population.

Page 104 of the application states that UniHealth believes that its projections for Medicaid percentages are based on historical data and the growth of the Medicaid-eligible population. However, this is misleading because the majority of the Medicaid population is children. UniHealth failed to adjust its Medicaid projections to align with its decision to not accept referrals for pediatric patients.

- (18a) *The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost-effectiveness, quality, and access to the services*

proposed, the applicant shall demonstrate that its application is for a service on which competition will not have a favorable impact.

If UniHealth were the approved applicant for Forsyth County, competition between agencies would not improve pediatric patients' access to services. The UniHealth proposal is nonconforming to Criterion 18a because it exerts no competitive pressure on other providers to accept referrals of pediatric patients. Furthermore, as discussed in the comments regarding Criterion 3, the projected number of patients and visits are unreliable. This makes the financial projections inaccurate and undermines the cost effectiveness of this project.

Criteria and Standards

In addition to the CON Review Criterion (18a) described above, the UniHealth application is also nonconforming to certain Criteria and Standards for Home Health Services as outlined below:

10A NCAC 14C .2002 Information Required of the Applicant

(a) An applicant shall identify:

- (4) the projected number of patients to be served by service discipline for the first two years of operation
- (5) the projected number of visits to be served by service discipline for the first two years of operation

UniHealth fails to provide reasonable projections for the numbers of patients and the numbers of visits, causing the application to be nonconforming to these criteria. On page 164, UniHealth's projections for home health aide show a total of 333 patients in Year 1 receiving only 302 annual visits. For Year 2, the table shows a total of 808 patients receiving a total of 784 visits. It is illogical for the annual number of patients to exceed the annual number of visits. These unreasonable projections related to the number of home health aide visits in both Years 1 and 2 cause the total projected number of visits to also be unreasonable.

Comparative Analysis

In addition to the comments regarding the CON review criteria and administrative rule, Well Care provides the comparative analysis as seen on the following pages. The UniHealth application has few strengths and ranks low in numerous comparative factors.

Pursuant to G.S. 131E-183(a)(1) and the 2013 SMFP, no more than one new Medicare-certified home health agency or office may be approved for Forsyth County in this review. Because each applicant proposes to develop a new Medicare-certified home health agency in Forsyth County, all four applicants cannot be approved. Therefore, after considering all of the information in each application and reviewing each application individually against all applicable statutory and regulatory review criteria, a comparative analysis of the proposals must be conducted. For the reasons set forth below and in the remainder of these comments, the application submitted by Well Care should be approved and all other applications should be disapproved.

Patient Population / Scope of Home Health Services

Well Care, Liberty and Maxim propose to provide home health services to adults and pediatric patients. In contrast, UniHealth chooses not to serve pediatric patients and is the least effective proposal for this factor. [Reference: 2012 HSA IV Inpatient Rehabilitation Beds Findings, finding WakeMed (Project ID # J-100018-12) the most effective alternative with regard to providing a broader scope of rehabilitation services (p. 137); approving WakeMed based in part on its proposal to offer a “greater scope of ... services than the other applicants propose” (p.146); and approving Duke Raleigh (Project ID # J-10021-12) in part on its proposal to offer a scope of services that addresses a growing patient population]

Use of Electronic Health Records and Lap Top Computers

Well Care, UniHealth and Maxim propose to utilize electronic health records and lap top computers. The Liberty application fails to document the use of these technologies and is the least effective proposal for this factor. [Reference: 2012 Autumn Care of Statesville Findings, Project ID # F-8757-11, noting electronic health records system as an innovative approach]

Use of Telemonitoring Systems

Well Care, UniHealth and Liberty propose to utilize telemonitoring systems. The Maxim application fails to document the use of telemonitoring and is the least effective proposal for this factor.

Demonstration of Need

Liberty did not demonstrate that its proposed utilization is based upon reasonable and supported assumptions. See Criterion (3) for discussion. [Reference: 2012 HSA IV Inpatient Rehabilitation Beds, Project ID # J-10022-12]

Conformity with Review Criteria

The application submitted by Well Care is conforming to all applicable statutory and regulatory criteria and standards for home health agency reviews. However, the applications submitted by Liberty, Maxim and UniHealth are not conforming to all applicable statutory and regulatory criteria and standards for home health agency reviews. See discussion above.

Applicant Reputability

The choice of comparative factors is left to the discretion of the Agency. North Carolina law makes it clear that the Comparative Analysis performed by the Agency is a matter within its discretion. There is no statute or rule which requires the Agency to utilize certain comparative factors. In its Comparative Analysis, the Agency may include other “findings and conclusions upon which it based its decision.” See N.C. GEN. STAT. § 131E–186(b). Those additional findings and conclusions give the Agency the opportunity to explain why it finds one applicant preferable to another on a comparative basis.

In the circumstances of this review, Maxim is a less preferable applicant on the basis of the following:

In its CON application, Maxim relies on statements which characterize Maxim as “one of the largest and fastest growing healthcare companies in North America” and indicates that Maxim “has earned a reputation for dedication to customer service and for the quality of [its] healthcare

professionals.” (p. 6). Although such statements appear to be intended as general support for Maxim’s projections regarding referrals and future utilization of its proposed Forsyth County project, the reliability and reasonableness of these assertions is questionable based on other information publicly available or included in the Maxim application.

While Maxim describes the reforms and remedial actions it has taken to improve its operations, the facts nonetheless indicate that Maxim was charged in a criminal complaint with conspiracy to commit health care fraud relating to a nationwide scheme to defraud the Medicaid program and the Veterans Affairs program of more than \$61 million based on billings for home health services that were not actually delivered. In September 2011, Maxim entered into a Deferred Prosecution Agreement with the United States Department of Justice, allowing the corporation to avoid a health care fraud conviction.

In November 2011, eight former Maxim employees pled guilty to and were sentenced on felony charges arising out of the submission of fraudulent billings to government health care programs, the creation of fraudulent documentation associated with government program billings and false statements to government health care program officials regarding Maxim’s activities. Gregory Munzel, regional account manager of Maxim’s Charleston, South Carolina office, acknowledged fabricating documentation to make it appear that caregivers were properly credentialed when, in fact, they were not. In response to sales pressure from superiors to generate more revenue, Maxim employees fabricated time sheets and submitted bills for services delivered by unlicensed offices.

Based on the above, the Maxim CON application for Forsyth County is premised upon statements regarding the Company’s forecasted growth and reputation which are called into question by facts regarding its recent history of fraud allegations and the felony convictions of its personnel. As a result, Maxim is a less preferable applicant as compared to other applicants in this review.

Moreover, the Maxim CON application for Forsyth County is likewise premised on what Maxim describes as its “sufficient financial resources.” (p. 122). Maxim indicates its intent to rely on the “Unrestricted Cash of Maxim” for its project. See Criterion (5) for discussion. Maxim includes audited financial statements indicating approximately \$6.6 million in cash and cash equivalents as of December 31, 2012.

Yet, in North Carolina alone, Maxim identifies three CON projects (two approved and one pending) that will involve capital expenditure commitments and working capital needs. (p. 121). In addition, Maxim indicates that it owns and operates 246 home health offices in states other than North Carolina. (p. 5)

Maxim’s Consolidated Financial Statements, included in its CON application in this review, indicate that Maxim experienced a company-wide Net Loss from operations of \$13.6 million in 2011 and \$21.8 million in 2012. At December 31, 2012 and 2011, respectively, Maxim recorded liability of \$71.2 million and \$71.5 million, within Other Accrued Expenses associated with the settlement of the fraud investigation. Of this liability, \$70.9 million and \$71.2 million are classified as long-term. Future interest costs associated with the settlement are estimated to be \$5.2 million. Maxim’s cash and cash equivalents decreased from \$10 million in 2011 to \$6.6 million in 2012. Maxim’s total asset value declined from \$310 million to \$254 million between 2011 and 2012. Stockholders’ equity in common stock was valued at \$4,000 as of 2012. Effective December 31, 2012, the Maxim Board of Directors approved a revaluation of all authorized shares of common stock, resulting in a 70% decrease in the per share price of Maxim stock.

Based on the marked downward trend depicted in Maxim’s financial statements and the potentially significant long-term financial implications of recent fraud allegations and felony convictions involving Maxim and its employees, Maxim is a less preferable applicant as compared to the other applicants in this review.

Projected Access by Medicare Recipients

For each applicant in this review, the following table compares: a) the total number of duplicated patients in Project Year 2; b) the number of duplicated Medicare patients in Project Year 2; and c) duplicated Medicare patients as a percentage of total duplicated patients. Generally, the application proposing the higher number of Medicare patients is the more effective alternative with regard to this comparative factor. The applications are listed in the table below in decreasing order of effectiveness based on the number of Medicare patients projected to be served.

Project Year 2

Rank	Applicant	Total Number of Duplicated Patients	Number of Duplicated Medicare Patients	Duplicated Medicare Patients as a Percentage of Total Duplicated Patients
1	Well Care	1241	844	68.0%
2	UniHealth	808	579	71.7%
3	Liberty	786	515	65.5%
4	Maxim	587	388	66.1%

As shown in the table above, Well Care projects to serve the highest number of duplicated Medicare patients in Project Year 2. UniHealth projects the second highest. However, the UniHealth projections of total patients and visits are unreliable due to the erroneous projections for home health aides and home health visits. See Criterion 3 for discussion. Liberty projects the third highest. The application submitted by Well Care is the most effective alternative with regard to projected access by Medicare recipients.

Projected Access by Medicaid Recipients

For each applicant in this review, the following table compares: a) the total number of duplicated patients in Project Year 2; b) the number of duplicated Medicaid patients in Project Year 2; and c) duplicated Medicaid patients as a percentage of total duplicated patients. Generally, the application proposing the higher number of Medicaid patients is the more effective alternative with regard to this comparative factor.

The applications are listed in the table below in decreasing order of effectiveness based on the number of Medicaid patients projected to be served.

Project Year 2

Rank	Applicant	Total Number of Duplicated Patients	Number of Duplicated Medicaid Patients	Duplicated Medicaid Patients as a Percentage of Total Duplicated Patients
1	Well Care	1,241	332	26.75%
2	UniHealth	808	119	14.73%
3	Maxim	786	106	13.49%
4	Liberty	587	45	7.67%

As shown in the table above, Well Care projects to serve the highest number of duplicated Medicaid recipients and the highest percentage of duplicated Medicaid patients as a percentage of total duplicated patients in Project Year 2. UniHealth projects the second highest number of Medicaid patients. Maxim projects the third highest percentage. The application submitted by Well Care is the most effective alternative in this review with regard to access by Medicaid recipients.

Well Care projects to serve the highest Medicaid access patient percentage (26.75%) and the highest Medicare access visit percentage (21.59%). UniHealth projects the second highest Medicaid access patient percentage (14.73%) and the second highest Medicare access visit percentage (15.86%). However, the UniHealth projections of total patients and visits are unreliable due to the erroneous projections for home health aides and home health visits as discussed in the Criterion 3 comments. Maxim projects the second lowest Medicaid access patient percentage (13.49%) and the second lowest Medicare access visit percentage (11.33%). Liberty projects the lowest Medicaid access patient percentage (7.67%) and the lowest Medicaid access visit percentage (3.6%). Based on an access comparative analysis, the Well Care application is the superior proposal. The UniHealth application is the least effective proposal because its projections are not based on reasonable assumptions and calculations regarding the projected numbers of patients and visits.

Projected Numbers of Unduplicated Patients (Year 2)

Well Care projects the highest numbers of unduplicated patients based on reasonable assumptions. Maxim projects the second highest unduplicated patients. Liberty projects the lowest number of unduplicated patients. The UniHealth application has inconsistent information regarding the number of unduplicated patients in Year 2 based on the 581, 582 and 583 projections as discussed in the Criterion 3 comments related to this proposal. The Well Care application is most effective and is comparatively superior to the other applications; the UniHealth application is the least effective.

Average Number of Visits per Unduplicated Patient

The majority of home health services are covered by Medicare, which does not reimburse on a per visit basis. Rather, Medicare reimburses on a per episode basis. Thus, there is a financial disincentive to providing more visits per Medicare episode. The following table shows the average number of visits per unduplicated patient projected by each applicant in Project Year 2. Generally,

the application proposing the highest number of visits per unduplicated patient is the more effective alternative with regard to this comparative factor. The applications are listed in the table below in decreasing order of effectiveness.

Project Year 2

Rank	Applicant	Number of Unduplicated Patients	Projected Number of Visits	Average Number of Visits per Unduplicated Patient
1	UniHealth	583	13,307	22.83
2	Well Care	591	13,183	22.30
3	Maxim	542	12,046	22.23
4	Liberty	330	5,606	16.99

As shown in the table above, Well Care projects the second highest visits per patient (22.3) and second highest total visits (13,183) based on reasonable assumptions. UniHealth projects the highest visits per patient (22.83) and second highest total visits (13,307). However, the UniHealth projections of total patients and visits are unreliable due to the erroneous projections for home health aides and home health visits as discussed in the Criterion 3 comments. Maxim projects the second lowest visits per patient (22.23) and second lowest total visits (12,046). Liberty projects the lowest visits per patient (16.99) and lowest total visits (5,606). The Well Care application is most effective and comparatively superior to the other applications and the UniHealth application is the least effective due to erroneous projections of visits.

Average Net Patient Revenue per Visit

Average net revenue per visit in Project Year 2 was calculated by dividing projected net revenue from Form B by the projected number of visits from Section IV, as shown in the table below. Generally, the application proposing the lowest average net revenue per visit is the more effective alternative with regard to this comparative factor. The applications are listed in the table below in decreasing order of effectiveness.

Project Year 2

Rank	Applicant	Total Number of Visits	Net Patient Revenue	Average Net Patient Revenue per Visit
1	Well Care	13,183	\$1,593,202	\$ 120.85
2	UniHealth	13,307	\$1,678,022	\$ 126.10
3	Maxim	12,042	\$1,682,838	\$ 136.75
4	Liberty	5,606	\$833,837	\$ 148.74

As shown in the table above, the Well Care application projects the lowest average net revenue per visit (\$120.85). The UniHealth application projects the second lowest average net revenue per visit (\$126.10) but its visit projections are unreliable. The Liberty application projects the highest average net revenue per visit (\$148.74). The Maxim proposal contains the second highest average net revenue per visit (\$139.75). The Well Care application is the most effective and is comparatively superior to the other applications; the UniHealth application is the least effective due to erroneous visits projections.

Average Net Revenue per Unduplicated Patient

Average net revenue per unduplicated patient in Project Year 2 was calculated by dividing projected net revenue from Form B by the projected number of unduplicated patients from Section IV, as shown in the table below. Generally, the application proposing the lowest average net revenue per unduplicated patient is the more effective alternative with regard to this comparative factor. The applications are listed in the table below in decreasing order of effectiveness.

Project Year 2

Rank	Applicant	Number of Unduplicated Patients	Net Patient Revenue	Average Net Patient Revenue per Unduplicated Patient
1	Liberty	330	\$833,833	\$ 2,526.78
2	Well Care	591	\$1,593,202	\$ 2,695.02
3	Maxim	587	\$1,682,838	\$ 2,866.84
4	UniHealth	582	\$1,678,022	\$ 2,878.25

As shown in the table above, the Well Care application provides the second lowest net revenue per unduplicated patient. The UniHealth application provides the highest net revenue per unduplicated patient. Also, the UniHealth application contains inconsistent information regarding the number of unduplicated patients in Year 2. The Liberty application projects the lowest net revenue per unduplicated patients. The Maxim application provides the second highest net revenue per unduplicated patient. The Liberty application is the most effective proposal and the Well Care application is the second most effective proposal. The UniHealth application is the least effective due to having the highest net revenue and inconsistent projections regarding unduplicated patients.

Average Total Operating Cost per Visit

The average total operating cost per visit in Project Year 2 was calculated by dividing projected operating costs from Form B by the total number of visits from Section IV, as shown in the table below. Generally, the application proposing the lowest average total operating cost per visit is the more effective alternative with regard to this comparative factor. The applications are listed in the table below in decreasing order of effectiveness.

Project Year 2

Rank	Applicant	Total # of Visits	Total Operating Costs	Average Total Operating Cost per Visit
1	Well Care	13,183	\$1,478,323	\$ 112.14
2	Maxim	12,042	\$1,637,427	\$ 122.16
3	UniHealth	13,307	\$784,018	\$ 123.05
4	Liberty	5,606	\$1,471,014	\$ 139.85

As shown in the table above, Well Care projects the lowest average total operating cost per visit in Project Year 2. The application submitted by Well Care is the most effective alternative with regard to average total operating cost per visit.

The UniHealth application provides the second highest cost per visit (\$123.05) but its visit projections are unreliable. The Liberty application projects the highest average total cost per visit (\$139.85) and its costs are inaccurate and understated due to discrepancies regarding staffing levels and salaries. The Maxim application projects the second lowest average total cost per visit (\$122.16). The Well Care application is the most effective and is comparatively superior to the other applications; the UniHealth application and the Liberty application are the least effective due to erroneous projections.

Average Direct Care Operating Cost per Visit

The average direct care operating cost per visit in Project Year 2 was calculated by dividing projected direct care expenses from Form B by the total number of home health visits from Section IV, as shown in the table below. Generally, the application proposing the lowest average direct care operating cost per visit is the more effective alternative with regard to this comparative factor. The applications are listed in the table below in decreasing order of effectiveness.

Project Year 2

Rank	Applicant	Total Number of Visits	Total Direct Care Costs	Average Direct Care Operating Cost per Visit
1	Liberty	5,606	\$421,683	\$ 75.22
2	Well Care	13,183	\$1,071,382	\$ 81.27
3	Maxim	12,042	\$1,053,675	\$ 87.50
4	UniHealth	13,307	\$1,226,506	\$ 92.17

As shown in the table above, the Well Care application projects the second lowest average direct operating cost per visit (\$81.27). The UniHealth application projects the highest average direct operating cost per visit (\$92.17) but the UniHealth visit projections are unreliable. The Liberty application projects the lowest direct operating cost per visit (\$75.22); however, its costs are inaccurate and understated due to discrepancies regarding staffing levels and salaries. The Maxim application projects the second highest average direct operating cost per visit (\$87.50). The Well Care application is the most effective and is comparatively superior to the other applications; the UniHealth application and the Liberty application are the least effective due to erroneous projections.

Average Administrative Operating Cost per Visit

The average administrative operating cost per visit in Project Year 2 was calculated by dividing projected administrative operating costs from Form B by the total number of visits from Section IV.1, as shown in the table below. Generally, the application proposing the lowest average administrative operating cost per visit is the more effective alternative with regard to this comparative factor.

The applications are listed below in decreasing order of effectiveness.

Project Year 2

Rank	Applicant	Total # of Visits	Administrative Costs	Average Administrative Operating Cost per Visit
1	Well Care	13,183	\$406,954	\$ 30.87
2	UniHealth	13,307	\$410,852	\$ 30.87
3	Maxim	12,042	\$417,399	\$ 34.66
4	Liberty	5,606	\$362,319	\$ 64.93

As shown in the table above, Well Care and UniHealth project the lowest average administrative operating cost per visit in Project Year 2. Maxim projects the next lowest. Although the UniHealth application provides the same administrative cost per visit (\$30.87) as Well Care, the UniHealth visit projections are unreliable. The Liberty application projects the highest administrative cost per visit (\$64.93). The Maxim application projects the second lowest administrative total cost per visit (\$34.66). The Well Care application is the most effective and is comparatively superior to the other applications; the UniHealth application is the least effective due to erroneous projections of visits.

Ratio of Average Net Revenue per Visit to Average Total Operating Cost per Visit

Well Care projects a ratio of total revenue to total expense of 1.08 based on reasonable operational and financial projections. UniHealth projects a ratio of total revenue to total expense of 1.03. However, the UniHealth projections of total patients and visits are unreliable due to the erroneous projections for home health aides and home health visits as discussed in the Criterion 3 comments. Consequently the UniHealth financial projections are inaccurate. Liberty projects a ratio of total revenue to total expense of 1.06. However, the Liberty costs are inaccurate and understated due to discrepancies regarding staffing levels and salaries. Maxim projects the highest ratio of total revenue to total expense of 1.14. The Well Care application is the most effective and is comparatively superior to the other applications; the UniHealth application and the Liberty application are the least effective due to erroneous projections.

Average Direct Care Operating Cost per Visit as a Percentage of Average Total Operating Cost per Visit

The percentages in the table below were calculated by dividing the average direct care cost per visit in Project Year 2 by the average total operating cost per visit in Project Year 2. Generally, the application proposing the highest percentage is the more effective alternative with regard to this comparative factor.

The applications are listed in the table below in decreasing order of effectiveness.

Project Year 2

Rank	Applicant	Average Total Operating Cost per Visit (A)	Average Direct Care Operating Cost per Visit (B)	Average Direct Care Operating Cost as a % of Average Total Cost per Visit (B / A)
1	UniHealth	\$123.05	\$92.17	74.90%
2	Well Care	\$112.14	\$81.27	72.47%
3	Maxim	\$122.16	\$87.50	71.62%
4	Liberty	\$139.85	\$75.22	53.79%

As shown in the table above, the Well Care application projects the second highest direct cost per visit as a percent of total operating cost per visit (72.47%). The UniHealth application projects the highest direct cost per visit as a percent of total operating cost per visit (74.90%). However, the UniHealth projections of total patients and visits are unreliable due to the erroneous projections for home health aides and home health visits as discussed in the Criterion 3 comments. The Liberty application projects the lowest direct cost per visit as a percent of total operating cost per visit (53.79%) and Liberty's costs are inaccurate and understated due to discrepancies regarding staffing levels and salaries. The Maxim application projects the second lowest direct cost per visit as a percent of total operating cost per visit (71.62%). The Well Care application is the most effective and is comparatively superior to the other applications; the UniHealth application and the Liberty application are the least effective due to erroneous cost projections.

Nursing and Home Health Aide Salaries in Project Year 2

All applicants propose to provide nursing and home health aide services with staff that are employees of the proposed home health agency. The tables below compare the proposed annual salary for registered nurses, licensed practical nurses and home health aides in Project Year 2. Generally, the application proposing the highest annual salary is the more effective alternative with regard to this comparative factor. The applications are listed below in decreasing order of effectiveness.

Project Year 2

Rank	Applicant	Registered Nurse
1	UniHealth	\$ 78,056.00
2	Well Care	\$ 77,662.00
3	Maxim	\$ 77,080.00
4	Liberty	\$ 66,010.00

As shown in the table above, the Well Care application projects the second highest RN salary (\$77,662). The UniHealth application projects the highest RN salary (\$78,056). Liberty projects the lowest RN salary (\$66,010). Maxim projects the second lowest RN salary (\$77,080). The UniHealth application projects the highest RN salary and Well Care projects the second highest.

Project Year 2

Rank	Applicant	Licensed Practical Nurse
1	Well Care	\$ 49,600.00
2	UniHealth	\$ 49,216.00
3	Maxim	NA
4	Liberty	NA

As shown in the table above, the Well Care application projects the highest LPN salary (\$49,600). The UniHealth application projects the second highest LPN salary (\$49,216). Liberty and Maxim both proposed to have no LPN staff.

Project Year 2

Rank	Applicant	Home Health Aide
1	Well Care	\$ 37,029.00
2	UniHealth	\$ 36,159.00
3	Maxim	\$ 33,245.00
4	Liberty	\$ 26,329.00

As shown in the table above, the Well Care application projects the highest HHA salary (\$37,029). The UniHealth application projects the second highest HHA salary (\$36,159). Liberty projects the lowest HHA salary (\$26,329) while Maxim projects the second lowest HHA salary (\$33,245). The Well Care application projects the highest HHA salary and UniHealth projects the second highest. The Liberty application is the least effective proposal.

Salaries are a significant contributing factor in recruitment and retention of staff. As shown above,

- UniHealth projects the highest annual salary for a registered nurse in Project Year 2.
- Well Care projects the highest annual salary for a licensed practical nurse in Project Year 2.
- Well Care projects the highest annual salary for a home health aide in Project Year 2.

Thus, the application submitted by UniHealth is the most effective alternative with regard to annual salary for registered nurses and the application submitted by Well Care is the most effective alternative with regard to annual salary for licensed practical nurses and Well Care is the most effective alternative with regard to annual salary for home health aides.

SUMMARY

The following is a summary of the reasons the proposal submitted by Well Care is determined to be the most effective application in this review:

- Well Care projects to serve the highest number of duplicated Medicare patients in Project Year 2.
- Well Care projects to serve the highest Medicaid access patient percentage and the highest Medicare access visit percentage in Project Year 2.
- Well Care projects to serve the highest number of unduplicated patients in Project Year 2.
- Well Care projects the second highest visits per patient and second highest total visits in Project Year 2.
- Well Care projects the lowest average net revenue per visit in Project Year 2.

- Well Care projects the second lowest net revenue per unduplicated patient in Project Year 2.
- Well Care projects the lowest average total operating cost per visit in Project Year 2.
- Well Care projects the second lowest average direct operating cost per visit in Project Year 2.
- Well Care, along with UniHealth, projects the lowest average administrative operating cost per visit in Project Year 2.
- Well Care projects the second highest direct cost per visit as a percent of total operating cost per visit in Project Year 2.
- Well Care projects the second highest Registered Nurse salary in Project Year 2.
- Well Care projects the highest Licensed Practical Nurse salary in Project Year 2.
- Well Care projects the highest Home Health Aide salary in Project Year 2.
- Well Care proposes to provide home health services to adults and pediatric patients.
- Well Care proposes to utilize telemonitoring systems, electronic health records and lap top computers.

Comparative Factors

The following table provides comparative factors for Year 2 of operations of the four CON project applications.

Summary of Comparative Factors	Well Care	UniHealth	Liberty	Maxim
	YR 2	YR 2	YR 2	YR 2
Proposed services for pediatric patients	Yes	No	Yes	Yes
Use of electronic health records and laptop computers	Yes	Yes	No	Yes
Use of telemonitoring system	Yes	Yes	Yes	No
Medicare Access % Duplicated Patients	68.00%	71.66%	65.50%	65.10%
Medicare Access % Visits	82.31%	79.99%	71.50%	79.00%
Medicaid Access % Patients	26.75%	14.73%	7.67%	13.49%
Medicaid Access % Visits	21.59%	15.86%	3.60%	11.32%
Number of Unduplicated Patients	591	581 or 582 or 583 ???	330	542
Average Number of Visits per Patient	22.3	22.83	16.99	22.23
Total Visits	13,183	13,307	5,606	12,046
Average Net Revenue per Visit	\$120.85	\$126.10	\$148.74	\$139.75
Average Net Revenue per Unduplicated Patient	\$2,695.02	\$2,878.25	\$2,526.78	\$2,866.84
Average Total Cost per Visit	\$112.14	\$123.05	\$139.85	\$122.16
Average Admin Cost per Visit	\$30.87	\$30.87	\$64.63	\$34.66
Average Direct Operating Cost per Visit	\$81.27	\$92.17	\$75.22	\$87.50
Direct Cost per Visit as Percent of Totals Operating Cost per Visit	72.47%	74.90%	53.79%	71.62%
RN Salaries	\$77,662	\$78,056	\$66,010	\$77,080
LPN Salaries	\$49,600	\$49,217	NA	NA
HHA Salaries	\$37,029	\$36,159	\$26,329	\$33,245
Total Revenue	\$1,593,209	\$1,678,022	\$833,837	\$1,682,838
Total Expense	\$1,478,323	\$1,637,427	\$784,018	\$1,471,014
Ratio	1.08	1.03	1.06	1.14

CONCLUSION

Pursuant to G.S. 131E-183(a)(1), the need determination in the SMFP is the determinative limit on the number of Medicare-certified home health agencies that can be approved by the Certificate of Need Section.

For all of the reasons summarized in these comments, the application of Well Care is the most effective alternative proposed in this review for the development of a new Medicare-certified home health agency and should be approved.

34-FORSYTH County

(Source: NC Medicaid Paid Claims Data unless indicated otherwise and includes recipients who are dually enrolled in Medicaid and Medicare.)

Calendar Year	Statistic (Source)	County	State
CY2008	Percent of Population less than 100% Poverty (US Census Data)	16.5%	16.2%
CY2009	Percent of Population 5-17 less than 100% Poverty (US Census Data)	19.6%	20.3%
August 2011	Unemployment Rate (NC Employment Security Commission)	10.0%	10.4%
CY2008-2009 ¹	Percent Uninsured (Estimate by Cecil G. Sheps Center)	19.5%	19.7%
CY2009	Percent Women with no Prenatal Care in 1st Trimester (State Center Health Statistics)	16.8%	22.6%
CY2008	Infant Mortality per 1000 Medicaid births (State Center Health Statistics)	13.6	9.2
CY2009	Percent of live births with low birth weight (State Center Health Statistics)	10.6%	10.5%
CY2008	Per Capita Income (Bureau of Economic Analysis)	\$37,278	\$35,249

Medicaid Births for CY2009 By Age (State Center for Health Statistics)					
Mother's Age:	15 and under	16-19	20-29	30+	Total Births
County	1%	18%	60%	22%	3,079
State	1%	17%	61%	21%	72,682

Medicaid Eligibles by Age or Group, County Compared to State Totals for June 2010										
	Health Choice	0-5	6-11	12-20	21+ (non-ABD)	21+ ABD	Family Planning	Total Medicaid Population	Total Population July 2009 ²	Medicaid Elig as % of Population
County	4,971	16,718	9,899	9,962	9,532	10,473	1,907	56,584	350,670	16%
State	143,022	408,023	253,855	274,805	300,954	339,484	57,966	1,577,121	9,543,537	17%

² NC Office of State Budget & Management

Medicaid Eligibles By Race & Ethnicity for June 2010									
	Health Choice	0-5	6-11	12-20	21+ (non-ABD)	21+ ABD	Family Planning	Total Medicaid Population	Medicaid Elig as % of Total County Population
Hispanic	977	5,178	2,442	1,130	394	263	96	9,407	2.7%
White ³	1,417	3,558	2,031	2,395	3,359	4,329	575	15,672	4.5%
Black/ African American ³	1,989	5,781	4,182	5,487	5,274	5,203	1,142	25,927	7.4%
American Indian/ Alaskan Native ³	12				15	15		50	0.0%
Asian/ Pacific Islander ³	47	171	94	52	109	100	19	526	0.1%
Other ³	104	126	224	164	96	154	19	764	0.2%
Unreported ³	419	1,848	912	713	276	374	51	4,123	1.2%
Multiple Race ³		49		15		35		115	0.0%

³ Non-hispanic

Medicaid Eligibles Enrolled in Community Care of North Carolina ⁴ (CCNC) for June 2010									
	Health Choice	0-5	6-11	12-20	21+ (Non- ABD)	21+ ABD	Total CCNC Population	Total Medicaid Population	CCNC as % of Medicaid Population
County	4,660	14,784	8,910	8,237	4,076	4,503	40,510	56,584	72%
State	122,536	349,193	218,088	210,190	111,501	144,917	1,033,889	1,577,121	66%

⁴ Includes Carolina ACCESS I & II programs

Year	Statistic	County	State
June 2010	Percent of Eligibles who are dually enrolled in Medicaid and Medicare ⁵	12.1%	14.5%
CY2009 ¹	Ratio of Primary Care Providers per 10,000 population (Cecil G. Sheps Center)	14.1	9.2

¹ More Recent Data not available

⁵ Recipients have full dual eligibility

ver: 022009

Average Cost per Recipient ⁶ SFY2010										
	County Inpatient	State Inpatient	County Physician	State Physician	County ER	State ER	County Pharmacy	State Pharmacy	County Dental	State Dental
Adult Average	\$1,332	\$1,323	\$610	\$647	\$563	\$353	\$1,384	\$1,351	\$647	\$696
Adult Count	4,497	124,210	20,211	583,571	8,926	281,304	15,833	510,050	7,040	243,337
Child Average	\$879	\$751	\$346	\$399	\$301	\$209	\$485	\$589	\$450	\$437
Child Count	3,628	94,107	38,931	935,907	11,488	300,949	22,803	658,926	16,448	387,565
	County PDN	State PDN	County PCS	State PCS	County ICF/MR	State ICF/MR	County Nurs. Home	State Nurs. Home	County Radiology	State Radiology
Adult Average	\$114,635	\$125,961	\$6,596	\$6,659	\$120,750	\$118,293	\$29,169	\$31,080	\$139	\$134
Adult Count	10	292	1,170	50,081	155	3,855	1,136	38,545	6,933	202,223
Child Average	\$109,755	\$101,456	\$6,721	\$6,434	\$77,980	\$95,492	\$2,489	\$2,489	\$37	\$39
Child Count	20	335	50	1,302		265	0		7,709	174,072
	County Therapy Services	State Therapy Services	County Mental Health	State Mental Health	County Total ⁷	State Total ⁷	Average Annual Enrollee Cost ⁸		County	State
Adult Average	\$3,027	\$557	\$5,339	\$4,875	\$173,658,602	\$5,211,123,304	\$7,655	\$7,256		
Adult Count		216	3,914	112,647			\$2,559	\$2,811		
Child Average	\$1,786	\$1,977	\$6,259	\$5,996	\$83,872,755	\$2,343,899,417				
Child Count	298	2,576	50	120,455						

⁶ Child is defined as 0-17 years of age

⁷ Limited to items listed in this table

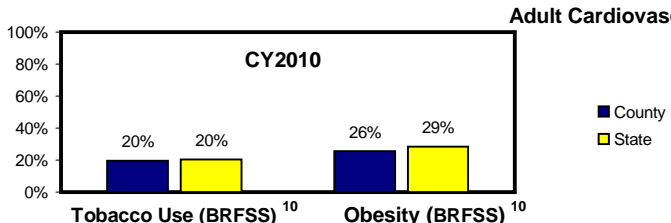
⁸ Does not include Cost Settlements, TPL, Medicare Buy-in, Administrative Costs. Enrollment based on member months.

Mental Health Utilization ⁹ Number of Recipients Receiving Services for SFY2010				
Type of Services	Recipients	Costs	Avg Cost per Recipient	Avg Cost per Recipient Statewide
COMMUNITY SUPPORT	1,548	\$6,129,784	\$3,960	\$3,896
OTHER ENHANCED SERVICES	1,924	\$15,544,286	\$8,079	\$7,401
OUTPATIENT THERAPY	408	\$106,385	\$261	\$852
OTHER DD SERVICES(note16)	2,689	\$41,134,432	\$15,297	\$13,476
SUBSTANCE ABUSE	1,267	\$2,088,124	\$1,648	\$1,590
OTHER SERVICES	8,801	\$25,490,997	\$2,896	\$2,606

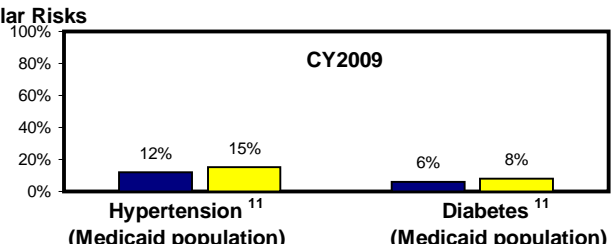
Emergency Services for Non-Citizens SFY2010			
	Recipients	Costs	Avg Cost
County	1,003	\$3,500,270	\$3,490
State	17,637	\$57,018,222	\$3,233

⁹ Piedmont Behavioral Program not included

¹⁶ Other services provided to Developmentally Disabled Recipients



¹⁰ In those cases where the county numerator is too small to report, the BRFSS data will represent a multi-county regional number.



¹¹ Medicaid population based on June 2010 eligibility

Agency for Healthcare Research (AHRQ) Quality Indicators ¹² CY2009					
Prevention Quality Indicators	County ¹³ Numerator	Average of all Counties (the mean)	County Rate per 100,000	State Rate per 100,000	Compared to Std Dev ¹⁴
Diabetes short-term complication admission rate	58	212.4	281.9	223.7	●
Diabetes long-term complication admission rate	111	272.5	539.6	297.5	↑
Chronic obstructive pulmonary disease admission rate	76	460.0	369.4	429.7	●
Congestive heart failure admission rate	122	557.0	593.0	577.2	●
Adult asthma admission rate	71	261.0	345.1	286.0	●
Pediatric asthma admission rate	38	186.4	148.4	192.9	●

These are considered to be avoidable hospitalizations and serve as an indicator of adequate access to primary care.

Quality indicators with low numerators should be considered with caution. Results will not be shown for numerators less than 10.

¹² Source: AHRQ website <http://www.ahrq.gov>

¹³ Numerator= Number of Admissions in this county

¹⁴ Standard deviation is based on Average County Rate.

CAP Programs for June 2010			
	Recipients	Avg Cost / Recipient County	Avg Cost / Recipient State
CAP C	33	\$6,200	\$6,227
CAP DA	200	\$2,605	\$2,442
CAP MR-DD / Innovations ¹⁵	454	\$5,190	\$5,166
CAP Choice		\$2,701	\$2,982
All Programs	694	\$4,468	\$3,887

Dental Utilization SFY2010, % = Proportion of eligibles receiving dental services				
Age Group	County	State	County	State
< 21 years old	50.4%	48.6%	21,607	541,210
	42,873	1,113,692		
21+ years old	30.8%	31.6%	6,491	214,786
	21,054	679,139		

¹⁵ Innovations applicable to Piedmont Behavioral Program counties only