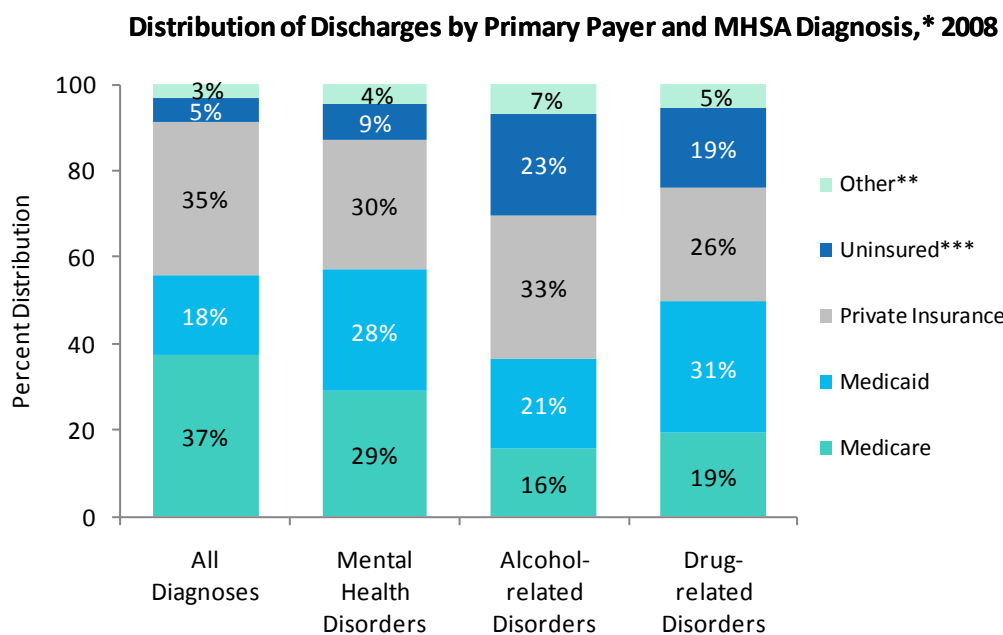


EXHIBIT 5.9 Inpatient Discharges for MH and SA Conditions by Payer



*Based on principal CCS diagnosis.

**Includes other payers such as Workers' Compensation, TRICARE, CHAMPUS, CHAMPVA, Title V, and other government programs.

***Includes discharges classified as self-pay or no charge.

Note: Excludes a small number of discharges (68,000 or 0.2 percent) with missing payer.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2008.

- Hospital stays with MH and SA diagnoses were more commonly uninsured or insured by Medicaid than were hospital stays overall.
 - Medicaid was the primary insurer for 18 percent of all community hospital discharges in 2008. Medicaid was the primary payer for 21 percent of discharges with an alcohol-related diagnosis, a share similar to all hospitalizations, but for 31 percent of discharges with a drug-related diagnosis and 28 percent of discharges with a MH diagnosis.
 - Five percent of all hospital stays were uninsured. Almost one-quarter of stays for alcohol-related diagnoses, one-fifth for drug-related diagnoses, and one-tenth for MH diagnoses were uninsured.
- Medicare was the primary payer for 37 percent of all hospital stays, but paid for smaller shares of MH and SA stays. Medicare paid for 29 percent of stays with a MH diagnosis, 16 percent with an alcohol-related diagnosis, and 19 percent with a drug-related diagnosis.
- Private insurance was billed for 35 percent of all hospital stays and for almost an equivalent share of alcohol-related stays (33 percent). Private insurance was the primary payer for smaller shares of MH and drug-related stays—30 percent of discharges with a MH diagnosis and 26 percent with a drug-related diagnosis.