



2022 DRISCOLL
HEALTH PLAN
ASSESSMENT

Authorization

In the fall of 2021, Dr. Isabel Araiza was contracted by Driscoll Health System to conduct an assessment of the Driscoll Health Plan. The following deliverable is in fulfillment of said contract.

This report has been produced for the two Medicaid regions served by the Driscoll Health Plan by Dr. Isabel Araiza, Principal Investigator, and Brittany Stoker-Garcia, Research Associate. Funding was provided through a contract with Driscoll Health System.

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Executive Summary

Driscoll Health System commissioned an assessment of the Driscoll Health Plan. The resulting report is based on data from Driscoll Health Plan categorized as facility inpatient (FIP), facility outpatient (FOP), and other. This report provides descriptive statistics of the patient population and details the utilization of healthcare services in the two Medicaid regions, Nueces and Hidalgo, served by Driscoll Health Plan. Roughly 5.9 million health plan claims (approximately 37% from the Nueces service area and 63% from the Hidalgo service area) were analyzed to produce this report. This executive summary highlights key findings as supported by the data in a non-prioritized list.

Demographics

The demographics of the claims varied significantly by service area. Claims from the Nueces service area were more likely to be for females than those from the Hidalgo service area. Moreover, though U.S. Census Bureau (2021) data confirms the counties within the Hidalgo service area are overwhelmingly Hispanic, the racialized identities for nearly 60% of Hidalgo service area claims were unknown. This stands in stark contrast to the Nueces service area where only 15% of claims had an unknown racial identity. Age distributions of the claims varied by data files. FIP claims were bimodal: the highest proportions of claims were for members eighteen and older and those under one. The majority of FOP claims came from those between the ages of one and ten; the Hidalgo service area had significantly more claims than the Nueces service area in these two age categories. The “Other” data file had a more dispersed age distribution for both service areas. The Nueces region had significantly more claims for people ages eighteen and older, and the Hidalgo region had more claims for those ages one to four.

Issues Shared by Both Regions

Facility Inpatient Services (FIP)

- Vaginal and caesarean deliveries were 36.1% of DRGs in both regions
- Major depressive disorders and other unspecified psychoses ranked 4th in both regions
- Obesity and morbid (severe) obesity due to excess calories topped secondary diagnoses (3% Nueces region, 4.7% Hidalgo region)

Facility Outpatient Services (FOP)

- Specific developmental disorders of speech and language (F80) was a top primary and secondary diagnosis for hospital claims, though proportions varied by region

Other (Additional, Professional, Other) Services

- A substantial proportion of claims were from Office/Home Visits and Home Health Care data types (combined: 40.3% Nueces region, 46.6% Hidalgo region)

- Medical examinations/evaluations were the top primary diagnoses
- Respiratory issues were among the top ten primary diagnoses groups and secondary diagnoses
- Neurodevelopmental disorders (F89) ranked 1st among primary diagnoses (28.8% Nueces region, 40% Hidalgo region)
- Outpatient Psychiatric was a top data type
 - Neurodevelopment disorders, trauma and stressor-related disorders, and depressive disorders were the top three diagnoses for both regions (combined: 82.6% Nueces region, 67.8% Hidalgo region)

Nueces-Specific Issues

- CHIP comprised 4.3% of all claims
 - CHIP patterns were similar to STAR analyses, except they had a greater proportion of
 - Office/Home Visits claims (41.6% CHIP, 33.9% STAR)
 - Preventative Physical Exams claims (12.5% CHIP, 7.4% STAR)
- Respiratory issues were more prominent in the Nueces region
 - Acute upper respiratory infection unspecified ranked 2nd among FOP primary diagnoses (3.7% Nueces region, only 0.9% Hidalgo region)
 - This was a top diagnosis for all age categories
 - Over 20% of STAR Office/Home Visit claims were respiratory issues
 - Asthma (J45.909) ranked third among secondary diagnoses for FOP hospital claims and was a top diagnosis for Office/Home Visits
- Dental caries was a top FOP primary diagnosis (1%)
- Substance use issues were prevalent among non-hospital claims
 - Cannabis related disorders (F12) topped primary diagnoses (overall and for ages 11-17)
 - 4 of 10 top secondary diagnoses for FOP non-hospital claims related to substance use
 - Sedative, hypnotic, and anxiolytic related disorders (1st, 6.5%)
 - Alcohol related disorders (2nd, 6.3%)
 - Cocaine related disorders (7th, 1.3%)
 - Cannabis related disorders (8th, 0.9%)
- Screening for STIs was a top secondary diagnosis for FOP non-hospital claims
 - These screenings were nearly twice the rate of ED Visits and Observation Care claims of the Hidalgo region (8.1% Nueces region, 4.4% Hidalgo region)
- STAR Kids from Other file had a greater proportion of cerebral palsy as a primary diagnosis compared to the Hidalgo region (8.7% Nueces region, 3.2% Hidalgo region)

Hidalgo-Specific Issues

- 28.3% of claims were STAR Kids claims (compared to 19.2% for the Nueces region)
- Septicemia and disseminated infections was a top FIP DRG (1.4%), overall and in each age group

- Dehydration was a top FIP secondary diagnosis
- Language/speech and physiological development claims were more prevalent in this region
 - Specific developmental disorders of speech and language (F80) comprised 31.9% of FOP hospital claims (nearly three times the Nueces region proportion of 11.6%)
 - Among FOP secondary diagnoses (19.1% Hidalgo region, 3.7% Nueces region)
 - Lack of expected normal physiological development in childhood and adults (R62) was a top FOP non-hospital primary diagnosis (31.9% Hidalgo region, only 3.2% for Nueces region)
 - Ranked third among FOP non-hospital secondary diagnoses (3%)
- Autistic disorder was more prevalent in FOP data, compared to the Nueces region
 - FOP primary diagnosis (2.7% Hidalgo region, 1.4% Nueces region)
 - FOP secondary diagnosis (5.4% Hidalgo region, 1.8% Nueces region)
- Down Syndrome ranked 10th among FOP hospital primary diagnosis
 - This was not among the top primary diagnoses for the Nueces region
- Benefits Other data type had the largest proportion of claims
- 40% of STAR Kids had neurodevelopmental disorders as primary diagnoses (28.8% Nueces region)

Summative Statement

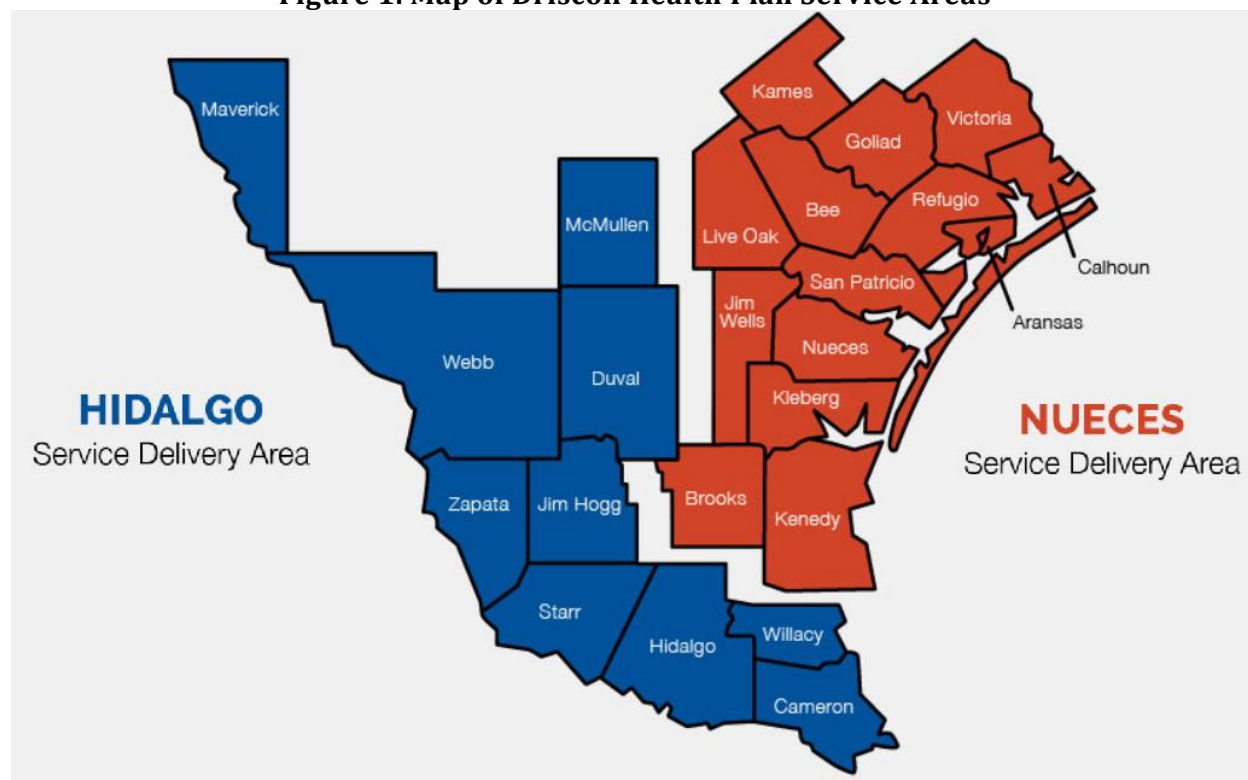
The findings in this report primarily outline descriptive statistics with some statistical tests of association. It is important to note that the manner in which individuals answered race questions may be a function of the proportion of foreign-born individuals living in the region. Foreign-born status is significantly related to a variety of socio-economic characteristics and differences in lifestyle as well as access to resources, all of which play an influential role in individuals' life experiences/life chances. Despite having poorer socio-economic characteristics, having less access to community-level resources, and living in poorer environmental conditions, Hispanics tend to have broader health outcome advantages and lower mortality rates than their non-Hispanic white counterparts (Ruiz, Stephan, and Smith 2013). Scholars refer to this as the Hispanic Paradox. Research suggests that as Hispanics acculturate, their health outcomes decline (Waldstein 2008; Wingo et al. 2009).

While this report is neither an epidemiological nor a sociological study, the descriptive statistics of the claims within the Hidalgo and Nueces service regions highlight notable differences among the claims from the two areas that warrant further investigation. There may be both individual-level behaviors and beliefs that shape the choices individuals make in living their daily lives, but the access to resources and the quality of physical, social, and civic environments may also play a role in the types of issues presented in this report. Understanding both the relationships between individual and community-level characteristics and the health issues that manifest among the participants in the health plan can enhance the understanding of how and to what extent clients use their health plan.

Introduction

Driscoll Health Plan (DHP) is a non-profit, community-based health insurance plan offering health care coverage via insurance products including STAR Medicaid, STAR Kids, CHIP, and CHIP Perinatal. DHP serves members who reside in either the Hidalgo or Nueces Managed Care Service Regions as defined by Texas Health and Human Services. The Hidalgo region includes ten counties: Maverick, Webb, McMullen, Duval, Zapata, Jim Hogg, Star, Hidalgo, Willacy, and Cameron. The Nueces region includes fourteen counties: Karnes, Goliad, Victoria, Live Oak, Bee, Refugio, Aransas, San Patricio, Nueces, Jim Wells, Kleberg, Brooks, and Kenedy (Figure 1).

Figure 1. Map of Driscoll Health Plan Service Areas



To contextualize the overall health of the communities DHP serves, researchers utilized data from the County Health Ranking and Roadmaps (CHR&R) program. The University of Wisconsin Public Health Institute and the Robert Wood Johnson Foundation collaborated to produce the County Health Ranking and Roadmaps (CHR&R) program, which ranks the health of nearly every county in the country. There are two primary rankings: health outcomes and health factors. These data can help us understand the relative health of communities as well as the conditions that can have an impact on health outcomes.

Table 1 shows the county health outcomes rank for each county DHS serves. The rankings are calculated using length of life measures (premature death, life expectancy, premature age-adjusted mortality, child mortality, and infant mortality rates) and quality of life indicators (percent of people reporting poor/fair health, average number of poor physical health days, average number of poor mental health days, low birthweight, frequent physical distress, frequent mental distress, and diabetes) of the people living within a county. These measures provide a standard way to quantify how healthy a county is and see where improvements can be made. The table organizes the counties DHP serves in descending rank by Managed Care Region. Counties with lower values in the table have better health outcomes.

Table 1. 2022 County Health Outcomes Relative Rankings for DHS Service Area

Managed Care Region	County	Health Outcomes Rank (Out of 244 Counties ranked)	Percent
Hidalgo	Webb	75	31
	Hidalgo	96	39
	Cameron	114	47
	Zapata	154	63
	Maverick	164	67
	Willacy	202	83
	Starr	208	85
	Jim Hogg	212	87
	Duval	229	94
	McMullen	NR	N/A
Nueces	Live Oak	52	21
	Calhoun	64	26
	Goliad	67	27
	Victoria	77	32
	Karnes	98	40
	Nueces	101	41
	Refugio	117	48
	San Patricio	139	57
	Kleberg	160	66
	Bee	195	80
	Jim Wells	232	95
	Aransas	235	96
	Brooks	244	100
	Kenedy	NR	N/A

Note: Missing values are common for individual measures. Not all counties (especially smaller counties) compile data on each of the approximately 30 measures used to calculate the ranking score, or they have sample sizes that are too small for any meaningful comparison. PHI substitutes the state average for missing values in the calculation of rankings, an accepted technique for the treatment of missing data.

Of the twenty-four counties DHP serves, only one county's score is in the top quarter of all Texas county rankings. One third of the counties (eight of the twenty-four counties) have health outcome ranks that

place them among the lowest quarter of county rankings for the state. Overall, half of the twenty-four counties have health outcome scores that rank in the bottom half of Texas counties.

Utilizing data from DHP member claims allows us to better contextualize these county health outcome ranks. The 2022 Driscoll Health Plan Assessment involved analyses of facility inpatient, facility outpatient, and other data.

Methodology

Driscoll Health Plan provided member claims data that were collected from February 2019 through August 2021. These data were used to determine patterns of health care utilization and prevalence of disease among DHP members. The data did not have any information identifying patients; each case represents a claim rather than a unique patient.

Three files were sent: Facility Inpatient (FIP), Facility Outpatient (FOP), and Other (containing additional, professional, and other claims data). The FIP file had 61,589 claims; the FOP file had 548,412 claims; and the Other file had 5,275,940 claims for a total of 5,885,941 DHP claims provided for this entire period. Each file contained the following information: DataType, DrgCode, DRG Description, MDC, MDC Description, PrimarySpecialty, PrimarySpecialtyTaxonomyName, LineOfBusinessName, AdmissionType, DischargeDisposition, Diagnosis1Code, Diagnosis1Name, Diagnosis1Group, Diagnosis2Code, Diagnosis2Name, Diagnosis3Code, and Diagnosis3Name. Data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 26.0.

Claims data were first grouped using “Line of Business” (i.e., insurance product) to determine the service area (Nueces or Hidalgo) for each claim. Once the service areas were defined, demographic descriptions (including age, race, gender, and zip code) of DHP members were produced. Data for each service area were then grouped into three service types: facility inpatient (FIP), facility outpatient (FOP), and other. From these groups, health findings including frequency and distribution of the top diagnoses and/or diagnosis related groups (DRGs) were produced.

For FIP data, analyses by age category were given priority as this file consists of primarily inpatient hospital data; this is consistent with the methodology of the 2022 Driscoll Health System Community Health Needs Assessment (CHNA). FOP and Other data, however, were analyzed across insurance product groupings (e.g., STAR, STAR Kids, and CHIP). Unlike the FIP data, these data types had larger proportions of STAR Kids claims. This insurance product is a Texas Medicaid managed care program that provides Medicaid benefits to children and adults twenty and younger who have disabilities. Because of this, membership is not necessarily bound by the same income limits as the other Medicaid products DHP offers. We expected this would result in a subset of members with mixed socioeconomic statuses and demographic characteristics as well as claim types that differ significantly from those of the service region overall. Preliminary testing confirmed there were statistically significant differences among these insurance product claim types; thus, grouping analyses by insurance products was warranted.

Definitions of Terms

Claim Type: facility inpatient, facility outpatient, and other.

Nueces Service Area: fourteen counties—Karnes, Goliad, Victoria, Calhoun, Live Oak, Bee, Refugio, Aransas, San Patricio, Nueces, Jim Wells, Kleberg, Brooks, and Kenedy.

Hidalgo Service Area: ten counties—Maverick, Webb, McMullen, Duval, Zapata, Jim Hogg, Star, Hidalgo, Willacy, and Cameron.

Race/Ethnicity: a six-category variable constructed using two separate variables— “Race” and “Ethnicity”—from the original files. Patients were coded as Hispanic if they reported their ethnicity as Hispanic regardless of the racial category reported. This operationalization of Hispanic is a standard practice in social science literature. Native Americans self-identified as Native American or American Indian and indicated that they were not Hispanic ethnically. Those coded as Black indicated they were Black and Non-Hispanic. Those who are labeled Asian self-identified as Asian or Pacific Islanders and reported being non-Hispanic. Non-Hispanic Whites were those who indicated they were white and non-Hispanic. The category “Other” contains all other patients who were not identified by the aforementioned categories.

Age Categories: patient age was originally reported in days and reflected the exact age of the patient on their visit date. These data were then converted to years which produced figures with up to nine decimal places following the whole number. These ages were recoded into the following age categories: <1, 1-4, 5-10, 11-13, 14-17, and 18+. These delineations were utilized to examine differences in patient characteristics and diagnoses based on life course groupings. Less than one year captures neonatal patients, newborns, and infants under one year of age. Ages 1 through 4 group pre-school aged children. Elementary schooling typically encompasses ages 5 through 10, followed by middle school (ages 11 through 13), and high school (ages 14 through 17). All those 18 years of age and older were grouped as adults.

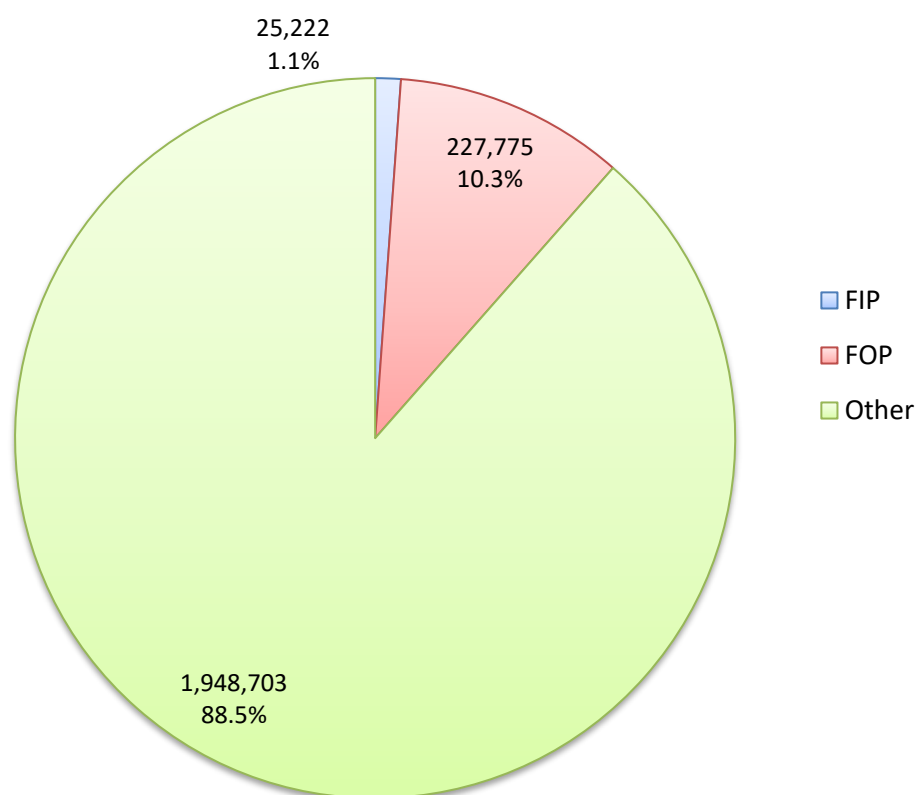
Line of Business: is determined by how visits were paid. Insurance products include STAR Medicaid, STAR Kids, CHIP, and CHIP Perinatal

Findings

Nueces Service Area

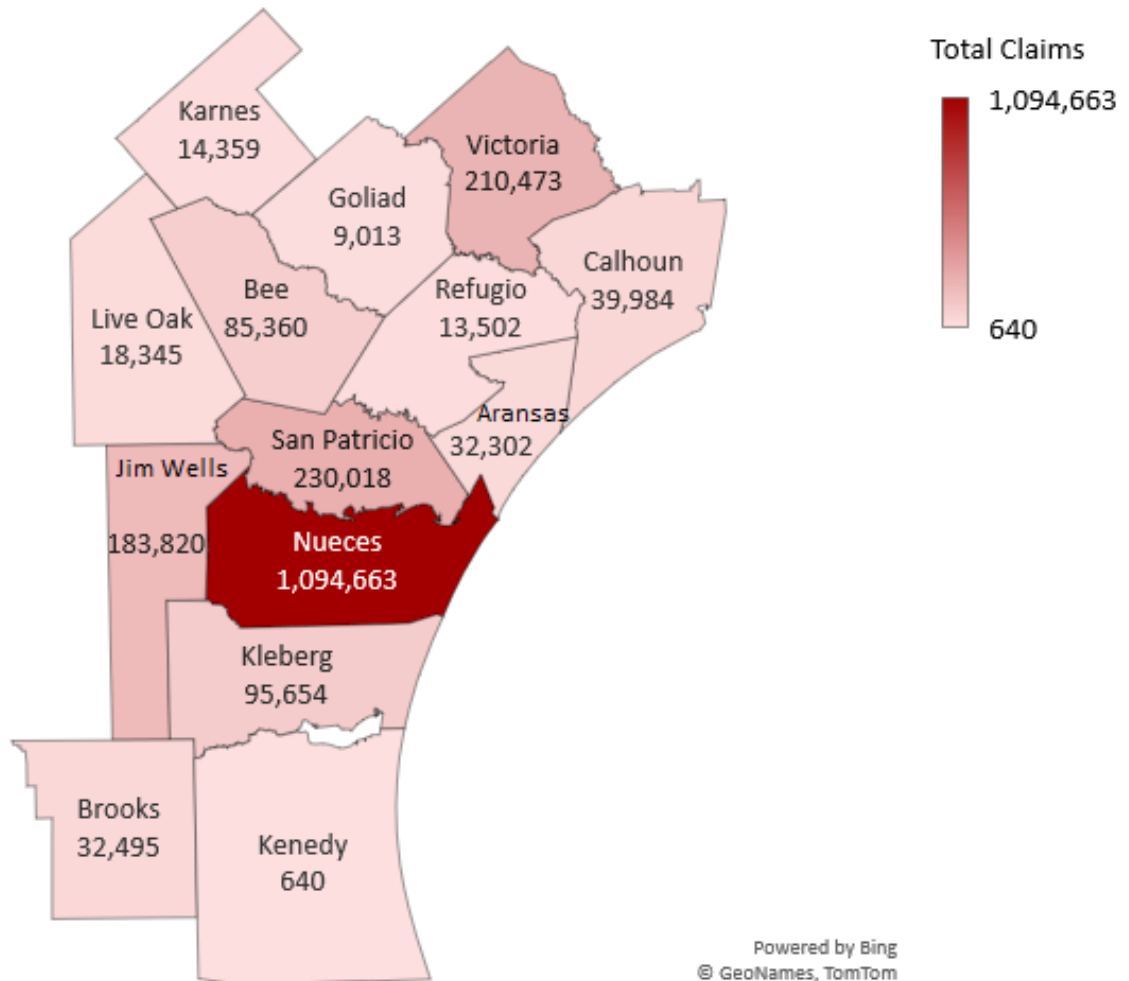
The Nueces service area includes fourteen counties: Karnes, Goliad, Victoria, Calhoun, Live Oak, Bee, Refugio, Aransas, San Patricio, Nueces, Jim Wells, Kleberg, Brooks, and Kenedy. The insurance products available for DHP members in this service area include STAR Medicaid, STAR Kids, CHIP, and CHIP Perinatal. From February 2019 through August 2021, there was a total of 2,201,700 claims from members with a Nueces region insurance product. Figure 2 displays the distribution of these claims by file type.

Figure 2. Claim Type Frequencies for Nueces Service Area



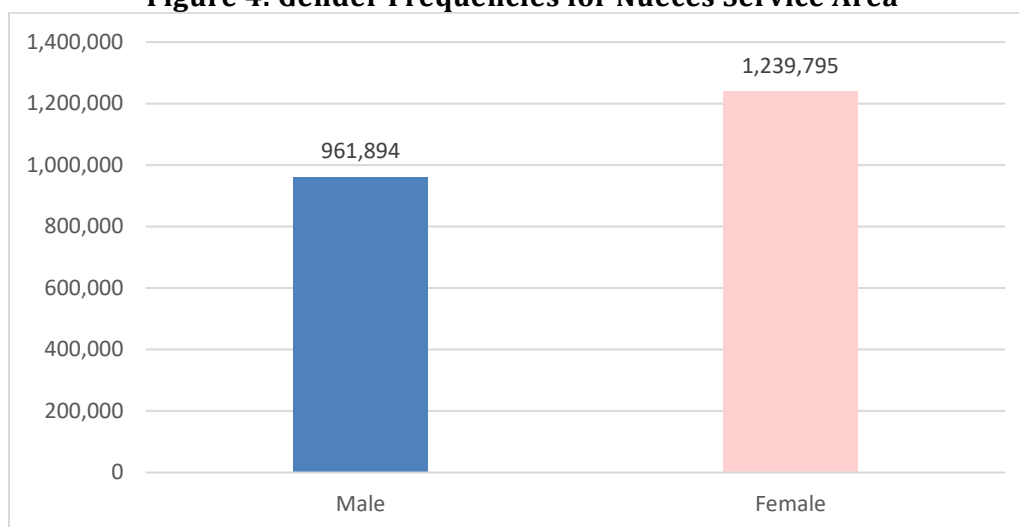
Member Demographics

Figure 3. Heat Map of Claims by County for Nueces Service Area



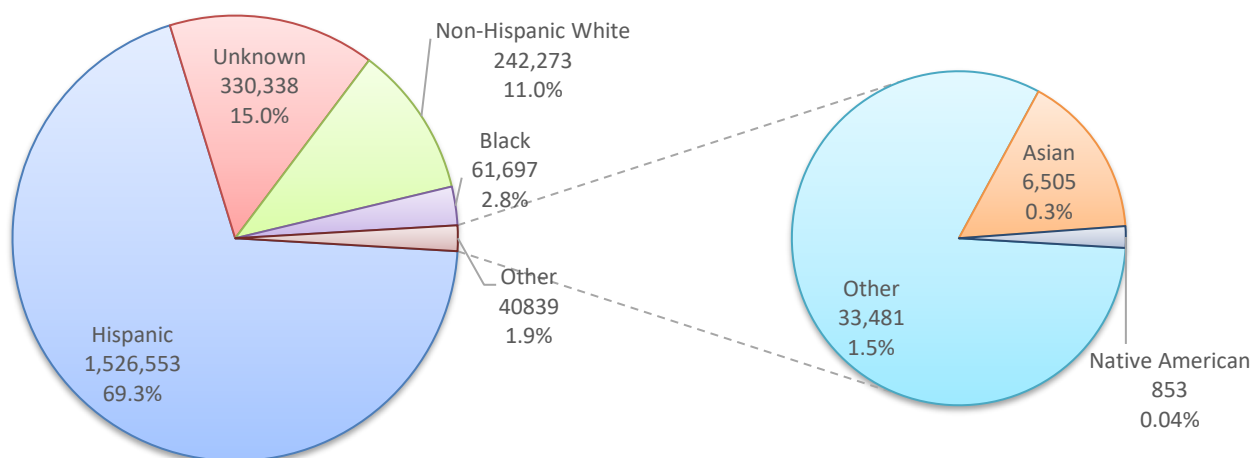
Almost 94% (2,060,628) of all claims came from within the service region (Figure 3). Of those, more than half (53.1%) were from Nueces County followed by 11.2% from San Patricio County and 10.2% from Victoria County.

Figure 4. Gender Frequencies for Nueces Service Area



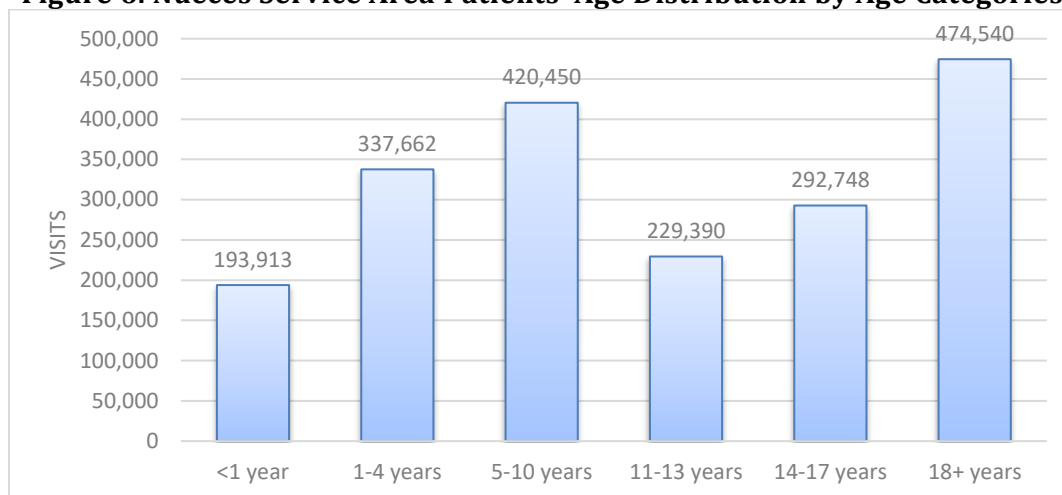
Cumulatively, 56% of Nueces service area claims were for females; 44% were for males (Figure 4). A greater proportion of female claims was anticipated given that some of the insurance products available cover prenatal services for pregnant women.

Figure 5. Racial-Ethnic Frequencies for Nueces Service Area



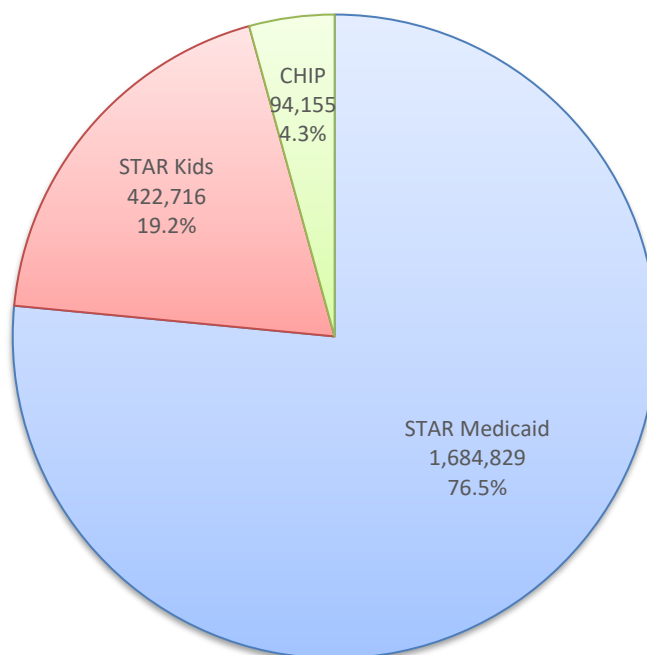
Hispanics constituted 69.3% of all visits (Figure 5). The next largest category was Unknown (15.0%). Non-Hispanic Whites were 11.0% of all visits, Blacks were 2.8%, and Asians were less than one half of a percentage point (0.3%). Given the known racial-ethnic distribution of the population within the service area, it is likely that many who identified as Unknown or Other are Hispanic. Missing and/or ambiguous self-reported racial-ethnic identities was more pronounced for the Hidalgo region (see Hidalgo Member Demographics).

Figure 6. Nueces Service Area Patients' Age Distribution by Age Categories



Adults constitute the largest proportion of claims (23.7%) for the Nueces service area (Figure 6). The next largest age category was those between the ages of five and ten (21.7%) followed by members ages one to four years (18.0%). Members 11-13 years old and 14-17 years old account for a similar proportion of claims (11.5% and 14.9%, respectively). Members under one account for the smallest proportion of claims (10.1%).

Figure 7. Insurance Product Claims for Nueces Service Area



Over three-quarters (76.5%) of all claims were by members with STAR Medicaid (Figure 7). The remaining claims were from STAR Kids (19.2%) and CHIP (4.3%).

Facility Inpatient (FIP)

There were 25,222 facility inpatient claims by Nueces service area members during the time period. Almost 95% of claims were from STAR with the remaining claims coming from STAR Kids (4.0%) and CHIP (1.0%) members. FIP claims were made primarily for adults (45.5%) and infants (40.2%). Additionally, a greater majority of FIP claims were for female patients (73%) compared to the proportion of Nueces service area claims overall (56%). While claims by Hispanic members constitute the majority of FIP claims (57.7%), this proportion is lower than for Nueces service region overall (69.3%); additionally, the rate of claims from members whose racial-ethnic identity is Unknown increased (27.8% compared to 15.0% for the region overall).

Table 2. Top Ten Nueces FIP DRGs

Rank	Group	Description	Frequency	Percent
1	640	Neonate birthweight >2499G, normal newborn or neonate with other problem.	7,946	31.5
2	560	Vaginal delivery	6,000	23.8
3	540	Cesarean delivery	3,097	12.3
4	751	Major depressive disorders and other/unspecified psychoses	1,026	4.1
5	566	Other antepartum diagnoses	449	1.8
6	541	Vaginal delivery with sterilization and/or D&C	316	1.3
7	539	Osteomyelitis with major complication or comorbidity	270	1.1
8	626	Neonate birthweight 2000-2499G, normal newborn or neonate with other problem	254	1.0
9	633	Neonate birthweight >2499G with major anomaly	216	0.9
10	753	Bipolar disorders	208	0.8
Total Top Ten Codes			19,782	78.5
Total All Other Codes			5,440	21.5
Total			25,222	100

Over three-quarters (78.5%) of all Nueces region inpatient claims fell within these top ten diagnosis related groups (DRGs). Seven of the top ten DRGs related to pregnancy, birth, and newborns (Table 2). Vaginal and cesarean deliveries accounted for 36.1% of all inpatient claims. Of the remaining three groups, two related to mental health— “major depressive disorders and other/unspecified psychoses” and “bipolar disorders.” Osteomyelitis (i.e., bone infection) with major complication or comorbidity ranked seventh (1.1%).

Table 3. Distribution of Top Ten Nueces FIP DRGs by Age Categories

Rank	Description	<1	1-4	5-10	11-13	14-17	18+
1	Neonate birthweight >2499G, normal newborn or neonate with other problem.						
2	Vaginal delivery						
3	Cesarean delivery						
4	Major depressive disorders and other/unspecified psychoses						
5	Other antepartum diagnoses						
6	Vaginal delivery with sterilization and/or D&C						
7	Osteomyelitis with major complication or comorbidity						
8	Neonate birthweight 2000-2499G, normal newborn or neonate with other problem						
9	Neonate birthweight >2499G with major anomaly						
10	Bipolar disorders						

A shaded cell indicates the diagnosis was present in that age category's top ten primary diagnoses

Major depressive disorders and other/unspecified psychoses first appeared in the top ten DRGs for patients ages 5-10 and remained in the top ten for subsequent age categories; bipolar disorders was a top DRG for patients ages 11-17 (Table 3). Vaginal and cesarian deliveries appeared in the top ten for teens ages 14-17 and adults. Osteomyelitis only appeared among the top ten DRGs for adults.

In addition to a primary diagnosis, many members' claims were accompanied by a secondary diagnosis or diagnoses. Secondary diagnoses were documented in a non-prioritized list, and the first two secondary diagnoses listed were provided for this report. There was a total of 46,532 secondary diagnoses analyzed; Table 4 displays the ten most frequent secondary diagnoses.

Table 4. Top Ten Nueces FIP Secondary Diagnoses

Rank	Code	Description	Frequency	Percent
1	Z23	Encounter for immunization	5592	12.0
2	Z37.0	Single live birth	3583	7.7
3	O70	Perineal laceration during delivery	1405	3.0
4	P59.9	Neonatal jaundice, unspecified	1348	2.9
5	Z3A	Pregnancy	1310	2.8
6	D64.9	Anemia, unspecified	1216	2.6
7	E66.9	Obesity, unspecified	863	1.9
8	P81.9	Disturbance of temperature regulation of newborn, unspecified	697	1.5
9	Z20.822	Contact with and (suspected) exposure to COVID-19	634	1.4
10	E66.01	Morbid (severe) obesity due to excess calories	507	1.1
Total for Top Ten			17,155	36.9
Total All Other Codes			29,377	63.1
Total			46,532	100

According to Table 4, immunizations were the top-ranking secondary diagnosis (12.0%). Three diagnoses related to pregnancy (single live birth, perineal laceration, and pregnancy) together account for 13.5% of secondary diagnoses. Some issues for newborns—such as jaundice and trouble with temperature regulation—top the list as well. Contact with and (suspected) exposure to COVID-19 ranked ninth. Two diagnoses related to obesity (3% combined) also make the list.

Facility Outpatient (FOP)

There were 227,775 facility outpatient claims by Nueces service area members during the time period. Almost 80.5% of claims were from STAR, with the remaining claims coming from STAR Kids (14.7%) and CHIP (4.8%) members. Unlike FIP claims, FOP claims were more evenly distributed across age categories. The proportion of claims for each age category in descending order were 23.7% (adults), 21.7% (ages 5-10), 18.0% (ages 1-4), 14.9% (ages 14-17), 11.5% (ages 11-13), and 10.1% (ages less than one). FOP claims also had less gender imbalance; 52% were for female patients compared to 56% for Nueces service area claims overall. Claims by Hispanic members constituted the majority of FOP claims (69.5%)—nearly the same proportion as that of the Nueces service region overall (69.3%). FOP claims were categorized as either hospital or non-hospital. There were 163,254 hospital claims (71.7%) and 64,521 non-hospital claims (28.3%)

Hospital Claims Findings

Table 5. Top Ten Nueces FOP Primary Diagnoses for Hospital Claims

Rank	Code	Description	Frequency	Percent
1	F80	Specific developmental disorders of speech and language	19,011	11.6
2	J06.9	Acute upper respiratory infection, unspecified	6,085	3.7
3	R62.0	Delayed milestone in childhood	2,896	1.8
4	F84.0	Autistic disorder	2,259	1.4
5	F82	Specific developmental disorder of motor function	2,072	1.3
6	Z20.828	Contact with and (suspected) exposure to other viral communicable diseases	1,821	1.1
7	K02.9	Dental caries, unspecified	1,676	1.0
8	U07.1	Coronavirus disease- 2019 (COVID-19)	1,563	1.0
9	Z01.812	Encounter for preprocedural laboratory examination	1,468	0.9
10	Z20.822	Contact with and (suspected) exposure to COVID-19	1,457	0.9
Total Top Ten Codes			40,380	23.7
Total All Other Codes			122,874	76.3
Total			163,254	100

Unlike FIP claims, there was a wider dispersion of FOP claim types for the Nueces region. The top ten FOP primary diagnoses accounted for only 23.7% of FOP claims overall compared to the top ten FIP DRGs (78.5% of all FIP claims). This is in part due to the use of DRGs for FIP claims compared to the use of Diagnosis Codes for FOP claims. To better replicate this grouping effect, primary diagnosis codes were grouped for analyses where possible. For example, the top code—F80—reflects numerous iterations of subcodes dealing with speech and language disorders; this group accounted for 11.6% of FOP claims (Table 5). Other developmental issues (e.g., delayed milestone in childhood and developmental disorder of motor function) top the list. Acute upper respiratory infection ranked second (3.7%). Two diagnoses related to COVID-19 make the list and together account for almost 2% of FOP diagnoses. Overall, a mix of communicable illnesses, developmental disorders/delays, preventable ailments (e.g., dental caries), and lab procedures round out the top ten for FOP claims.

Table 6. Distribution of Top Ten Nueces FOP Primary Diagnoses by Age Categories for Hospital Claims

Rank	Description	<1	1-4	5-10	11-13	14-17	18+
1	Specific developmental disorders of speech and language						
2	Acute upper respiratory infection, unspecified						
3	Delayed milestone in childhood						
4	Autistic disorder						
5	Specific developmental disorder of motor function						
6	Contact with and (suspected) exposure to other viral communicable diseases						
7	Dental caries, unspecified						
8	Coronavirus disease- 2019 (COVID-19)						
9	Encounter for preprocedural laboratory examination						
10	Contact with and (suspected) exposure to COVID-19						

A shaded cell indicates the diagnosis was present in that age category's top ten primary diagnoses

Acute upper respiratory infections appeared in the top ten diagnoses for every age category (Table 6). Exposure to COVID-19 first appeared in the top ten for patients ages 5-10 years old and remains in the top ten for the next two age categories; COVID-19 diagnoses were in the top ten for patients ages 11-17. Many of the top diagnoses related to developmental issues follow expected life course patterns.

Because FOP claim-types are less concentrated, many of the top diagnoses for each age category were not captured in the top ten overall; a closer look at some trends for each age group are provided below.

Ages less than 1 (n= 15,419): Hearing exams following a failed hearing screening ranked second (3.0%) followed by reflux without esophagitis (2.4%). Jaundice accounted for 1.8% of FOP claims. Head injuries and newborn health exams each accounted for 1.7% of claims. Nasal congestion (1.4%) and vomiting (1.3%) round out the top ten primary diagnoses.

1-4 years (n= 46,530): Almost 22% of claims for this age group pertained to language disorders. Other developmental delays top the list as well including delayed milestone (3.5%) and physiological delays (3.9%). Autistic disorder ranked fifth (1.9%).

5-10 years (n= 43,138): Language disorders remained top diagnoses (14.9%), and autistic disorder moved to the fourth rank (3.0%). Dental caries and attention-deficit hyperactivity disorder each accounted for 1.8% of claims.

11-13 years (n= 17,171): Orthopedic aftercare (1.8%) was the top diagnosis. Contact with viral communicable diseases (1.4%), coronavirus (1.1%), and acute pharyngitis (0.9%) ranked fourth, sixth, and eighth, respectively

14-17 years (n= 21,764): Orthopedic aftercare remains the top diagnosis for this age group (1.6%) followed by coronavirus (also 1.6%). Several diagnoses related to pain top the list (e.g., low back pain, knee pain, and chest pain); together, they account for nearly 4% of claims.

18+ years (n= 19,232): Eight of the top ten diagnoses were pregnancy related and accounted for 13% of diagnoses for this group. Lower back pain (1.1%) also appeared.

In addition to a primary diagnosis, many members' claims were accompanied by a secondary diagnosis or diagnoses. Secondary diagnoses were documented in a non-prioritized list, and the first two secondary diagnoses listed were provided for this report. There was a total of 122,514 secondary diagnoses analyzed; Table 7 displays the ten most frequent secondary diagnoses.

Table 7. Top Ten Nueces FOP Secondary Diagnoses for Hospital Claims

Rank	Code	Description	Frequency	Percent
1	Z79.899	Other long term (current) drug therapy	5,015	4.1
2	F80	Specific developmental disorders of speech and language	4,474	3.7
3	J45.909	Unspecified asthma, uncomplicated	3,191	2.6
4	F84.0	Autistic disorder	2,156	1.8
5	F90.9	Attention-deficit hyperactivity disorder, unspecified type	2,005	1.6
6	Z20.822	Contact with and (suspected) exposure to COVID-19	1,951	1.6
7	E66.9	Obesity, unspecified	1,898	1.5
8	Z79.51	Long term (current) use of inhaled steroids	1,778	1.5
9	F88	Other disorders of psychological development	1,223	1.0
10	E66.01	Morbid (severe) obesity due to excess calories	1,176	1.0
Total for Top Ten			24,867	20.3
Total All Other Codes			97,647	79.7
Total			122,514	100

Secondary diagnoses were quite diverse (Table 7). Long term drug therapy topped the list (4.1%); use of inhaled steroids ranked eighth (1.5%). Developmental disorders relating to speech/language (3.7%) and psychological development (1.0%) were prevalent. Two diagnoses related to obesity accounted for 2.5% of secondary diagnoses. Contact with and (suspected) exposure to COVID-19 ranked sixth overall (1.6%).

Non-Hospital Claims Findings

Table 8. Top Ten Nueces FOP Primary Diagnoses for Non-Hospital Claims

Rank	Code	Description	Frequency	Percent
1	F12	Cannabis related disorders	4,276	6.6
2	F80	Specific developmental disorders of speech and language	4,153	6.4
3	J06.9	Acute upper respiratory infection, unspecified	2,444	3.8
4	Z20.828	Contact with and (suspected) exposure to other viral communicable diseases	2,147	3.3
5	Z00.129	Encounter for routine child health examination without abnormal findings	1,997	3.1
6	Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out	1,697	2.6
7	R62.0	Delayed milestone in childhood	1,389	2.2
8	Z00.121	Encounter for routine child health examination with abnormal findings	1,358	2.1
9	F90	Attention-deficit hyperactivity disorders	1,339	2.1
10	J00	Acute nasopharyngitis [common cold]	1,236	1.9
Total Top Ten Codes			22,036	34.1
Total All Other Codes			42,485	65.9
Total			64,521	100

The non-hospital FOP diagnoses had a wide dispersion; however, they were more concentrated than the hospital diagnoses—34.1% of claims were captured in the top ten for non-hospital FOP claims compared to 23.7% for hospital FOP claims (Table 8). Cannabis related disorders ranked first (6.6%). Many claim-types recurred in this list, including speech/language disorders, acute upper respiratory infection, delayed milestone in childhood, contact with and (suspected) exposure to other viral communicable diseases. New claim types included routine child health exams with and without abnormal findings, observation for suspected exposure to other biological agents ruled out, and the common cold.

Table 9. Distribution of Top Ten Nueces FOP Primary Diagnoses by Age Categories for Non-Hospital Claims

Rank	Description	<1	1-4	5-10	11-13	14-17	18+
1	Cannabis related disorders						
2	Specific developmental disorders of speech and language						
3	Acute upper respiratory infection, unspecified						
4	Contact with and (suspected) exposure to other viral communicable diseases						
5	Encounter for routine child health examination without abnormal findings						
6	Encounter for observation for suspected exposure to other biological agents ruled out						
7	Delayed milestone in childhood						
8	Encounter for routine child health examination with abnormal findings						
9	Attention-deficit hyperactivity disorders						
10	Acute nasopharyngitis [common cold]						

A shaded cell indicates the diagnosis was present in that age category's top ten primary diagnoses. Ns for age categories: <1= 3,820; 1-4= 11,775; 5-10= 13,869; 11-13= 6,043; 14-17=12,841; 18+= 16,173.

Contact with and (suspected) exposure to other viral communicable diseases appeared in the top ten primary diagnoses for every age category (Table 9). Three diagnoses—acute upper respiratory infection, routine child health exam without abnormal findings, and observation for suspected exposure to other biological agents ruled out—appeared in every age category except adults. Cannabis related disorders appeared in the top ten for patients ages 11-17.

Many of the top diagnoses for each age category were consistent and were represented in the top ten FOP non-hospital diagnoses overall. Adults were the only group whose diagnoses were primarily absent from the top ten overall. The top diagnoses for adults related to supervision of pregnancy (9.1%) followed by general counseling and advice on contraception (4.6%). The majority of top diagnoses related to female reproductive and maternal health.

In addition to a primary diagnosis, many members' claims were accompanied by a secondary diagnosis or diagnoses. Secondary diagnoses were documented in a non-prioritized list, and the first two secondary diagnoses listed were provided for this report. There was a total of 37,951 secondary diagnoses analyzed; Table 10 displays the ten most frequent secondary diagnoses.

Table 10. Top Ten Nueces FOP Secondary Diagnoses for Non-Hospital Claims

Rank	Code	Description	Frequency	Percent
1	F13	Sedative, hypnotic, or anxiolytic related disorders	2,449	6.5
2	F10	Alcohol related disorders	2,384	6.3
3	Z23	Immunization	1,224	3.2
4	F80.2	Mixed receptive-expressive language disorder	898	2.4
5	E66	Overweight and obesity	564	1.5
6	Z68.52	Body mass index [BMI] pediatric, 5th percentile to less than 85th percentile for age	553	1.5
7	F14	Cocaine related disorders	497	1.3
8	F12	Cannabis related disorders	333	0.9
9	Z11.3	Screening for infections with a predominantly sexual mode of transmission	330	0.9
10	F90	Attention-deficit hyperactivity disorders	324	0.9
Total for Top Ten			9,556	25.2
Total All Other Codes			28,395	74.8
Total			37,951	100

The top ten secondary diagnoses account for just over a quarter of all secondary diagnoses (Table 10). Substance use/abuse disorder diagnoses account for four of the top ten diagnoses (15% of all secondary diagnoses). Immunizations ranked third (3.2%). Screenings for STIs ranked tenth (0.9%).

Other Health Findings

The third file type—Other—contained claims from a variety of other sources including professional (i.e., physicians). There were 1,948,703 Other claims by Nueces service area members during the time period. Approximately 75.8% of claims were from STAR with the remaining claims coming from STAR Kids (19.9%) and CHIP (4.3%) members. The proportion of claims for each age category in descending order were 24.4% (adults), 21.6% (ages 5-10), 17.3% (ages 1-4), 15.0% (ages 14-17), 11.8% (ages 11-13), and 10.0% (ages less than one). Other claims for female patients mirrored the proportion for the Nueces service area claims overall at 56.5%; males accounted for 43.4% of claims. Claims by Hispanic members constitute the majority of Other claims (69.5%)—nearly the same proportion as that of the Nueces service region overall (69.3%). Claims with an unknown racial-ethnic identity formed the second largest group (14.9%). Analyses for the Nueces service area were grouped by insurance product type—STAR, STAR Kids, and CHIP.

STAR Findings

There were 1,477,493 STAR Nueces claims categorized into a total of 36 Data Types. Before examining findings for the top Data Types, the top primary and secondary diagnoses for the file overall are provided. Where possible, similar diagnoses were grouped to provide a more accurate representation of the findings.

Table 11. Top Ten Primary Diagnoses for STAR Nueces

Rank	Description	Frequency	Percent
1	Medical Examination/evaluation	197,938	13.4
2	Neurodevelopmental disorders	100,057	6.8
3	Other specified upper respiratory infection	86,113	5.8
4	Uncomplicated pregnancy, delivery, or puerperium	75,209	5.1
5	Supervision of high-risk pregnancy	47,929	3.2
6	Other general signs and symptoms	37,511	2.5
7	Exposure, encounters with infectious diseases	35,846	2.4
8	Other specified and unspecified upper respiratory disease	35,826	2.4
9	Fever	31,682	2.1
10	Depressive disorders	31,488	2.1
Total Top Ten Codes		679,599	45.8
Total All Other Codes		797,894	54.2
Total		1,477,493	100

The top ten diagnoses show a combination of well visits, disorders, episodic conditions, conditions related to pregnancy, and mental health issues (Table 11). The diversity of these diagnoses is reflective of the multitude of sources these data came from. These top diagnoses account for less than half of all STAR Nueces diagnoses.

In addition to a primary diagnosis, many members' claims were accompanied by a secondary diagnosis or diagnoses. Secondary diagnoses were documented in a non-prioritized list, and the first two secondary diagnoses listed were provided for this report. There was a total of 1,048,741 secondary diagnoses analyzed; Table 12 displays the ten most frequent secondary diagnoses.

Table 12. Top Ten Secondary Diagnoses for STAR Nueces

Rank	Code	Description	Frequency	Percent
1	Z71.3	Dietary counseling and surveillance	41,173	3.9
2	J06.9	Acute upper respiratory infection, unspecified	35,831	3.4
3	Z68.52	BMI pediatric, 5th percentile to less than 85% for age	32,155	3.1
4	R50.9	Fever, unspecified	19,558	1.9
5	Z23	Encounter for immunization	16,566	1.6
6	Z37.0	Single live birth	16,117	1.5
7	Z68.54	BMI pediatric, greater than or equal to 95% for age	15,510	1.5
8	R05	Cough	13,976	1.3
9	J30.9	Allergic rhinitis, unspecified	13,143	1.3
10	J02.9	Acute pharyngitis, unspecified	11,549	1.1
Total for Top Ten			215,578	20.6
Total All Other Codes			833,163	79.4
Total			1,048,741	100

Secondary diagnoses appeared equally diverse—the top ten account for only 20.6% of secondary diagnoses overall (Table 12). Three of the top ten secondary diagnoses are related to weight (8.5% of secondary diagnoses altogether). Four of the top secondary diagnoses are related to respiratory issues (7.1% of secondary diagnoses altogether).

The top ten primary and secondary diagnoses for the file overall fail to capture the majority of the claims. To provide more substantive findings, an examination of the most frequently utilized Data Types was warranted. Table 13 displays the proportion of claims associated with each data type.

Table 13. STAR Nueces Claim Frequencies by Data Type

Data Type	Frequency	Percent
Office/Home Visits	500,670	33.9
Preventive Other	121,435	8.2
ED Visits and Observation Care	120,314	8.1
Preventive Physical Exams	109,150	7.4
Outpatient Psychiatric	89,803	6.1
Pathology/Lab - Office	76,772	5.2
Preventive Well Baby Exams	76,274	5.2
Radiology OP - General	51,012	3.5
Radiology Office - General	50,353	3.4
Inpatient Visits	49,178	3.3
Physical Therapy	36,002	2.4
Benefits Other	25,187	1.7
Maternity	25,068	1.7
Home Health Care	22,570	1.5
Allergy Immunotherapy	14,328	1.0
DME and Supplies	13,357	0.9
Radiology IP - General	12,613	0.9
Miscellaneous Medical	9,905	0.7
Outpatient Anesthesia	9,351	0.6
Radiology OP- CT/MRI/PET	8,113	0.5
Outpatient Surgery	7,191	0.5
Ambulance	7,040	0.5
Urgent Care Visits	7,022	0.5
Pathology/Lab - Inpatient & Outpatient	6,556	0.4
Cardiovascular	5,104	0.3
Hearing and Speech Exams	3,206	0.2
Office Surgery	3,180	0.2
Inpatient Surgery	3,084	0.2
Outpatient Alcohol & Drug Abuse	3,012	0.2
Inpatient Anesthesia	2,441	0.2
Office Administered Drugs	2,343	0.2
Radiology Office - CT/MRI/PET	1,971	0.1
Preventive Immunizations	1,718	0.1
Radiology IP	1,409	0.1
Allergy Testing	743	<0.1
Prosthetics	18	<0.1
Total	1,477,493	100

Office/Home Visits accounted for a little more than one-third of claims for this health plan. Preventative Other was the next Data Type with the most claims, followed by ED Visits and Observation Care; each accounted for just over 8% of claims. The top three Data Types account for a little over half of all claims.

These aggregates, however, obscured significant findings across and within age categories. Examining the top Data Types for each age category revealed which Data Types should be further explored.

Table 14. Top Five STAR Nueces Data Types by Age Categories

Rank	<1 (187,291)	1-4 (286,169)	5-10 (287,373)	11-13 (143,420)	14-17 (180,626)	18+ (329,614)
1	Office/ Home Visits 33.3%	Office/ Home Visits 44.8%	Office/ Home Visits 48.3%	Office/ Home Visits 42.1%	Office/ Home Visits 36.8%	Preventative Other 27.9%
2	Preventative Well Baby 29.9%	ED Visits and Observation Care 10.1%	Preventative Physical 13.4%	Outpatient Psychiatric 16.2%	Preventative Physical 14.2%	Pathology Lab/Office 12.8%
3	Inpatient Visits 12.3%	Preventative Physical 10.1%	Outpatient Psychiatric 9.8%	Preventative Physical 13.1%	Outpatient Psychiatric 10.3%	Office/ Home Visits 11.3%
4	ED Visits and Observation Care 7.3%	Physical Therapy 7.5%	ED Visits and Observation Care 7.3%	ED Visits and Observation Care 6.1%	ED Visits and Observation Care 7.4%	Radiology Office – General 10.5%
5	Radiology IR – General 3.6%	Preventative Well Baby 7.1%	Radiology OP 3.6%	Radiology OP 4.3%	Radiology OP 4.5%	ED Visits and Observation Care 8.8%
Total	86.3%	79.7%	82.4%	81.9%	73.1%	71.3%

Office/Home Visits was the top ranked Data Type for all age categories except those 18 and older, though it was still among their top five Data Types (Table 14). ED Visits and Observation Care was also among the top five for all age groups. Outpatient Psychiatric is another top data type; though it was only among the top five for ages 5-10, 11-13, and 14-17—together, these age cohorts account for over 41% of claims. Preventative claims—including Well Baby, Physical, and Other—appeared in the top five across all age categories as well. However, for each of these “preventative” Data Types, the vast majority of claims had the same diagnosis (e.g., more than 99.5% of claims for Preventative Physical were a medical examination). Analyzing top diagnoses for these “preventative” Data Types did not produce additional useful information. Examining top diagnoses for the other top Data Types outlined above was warranted.

Table 15. Office/Home Visits Top Ten Primary Diagnoses for STAR Nueces

Rank	Description	Frequency	Percent
1	Other specified upper respiratory infections	70,737	14.1
2	Neurodevelopmental disorders	40,895	8.2
3	Otitis media	22,528	4.5
4	Other specified and unspecified upper respiratory disease	20,234	4.0
5	Exposure, encounters, screening or contact with infectious disease	16,793	3.4
6	Asthma	16,623	3.3
7	Fever	15,101	3.0
8	Other specified inflammatory condition of skin	12,481	2.5
9	Acute bronchitis	10,299	2.1
10	Respiratory signs and symptoms	9,568	1.9
Total Top Ten Codes		235,259	47.0
Total All Other Codes		1,242,234	53.0
Total		1,477,493	100

Five of the top ten primary diagnoses were respiratory issues (Table 15). Of those, four were episodic (including other specified upper respiratory infections, other specified and unspecified upper respiratory disease, acute bronchitis, and respiratory signs and symptoms), and one—Asthma—was a chronic health condition. Neurodevelopmental disorders were among the top five.

Table 16. Office/Home Visits Top Ten Primary Diagnoses for STAR Nueces by Age Categories

Rank	Description	<1	1-4	5-10	11-13	14-17	18+
1	Other specified upper respiratory infections						
2	Neurodevelopmental disorders						
3	Otitis media						
4	Other specified and unspecified upper respiratory disease						
5	Exposure, encounters, screening, or contact with infectious disease						
6	Asthma						
7	Fever						
8	Other specified inflammatory condition of skin						
9	Acute bronchitis						
10	Respiratory signs and symptoms						

A shaded cell indicates the diagnosis was present in that age category's top ten primary diagnoses

Six of the top ten diagnoses overall appeared in the top ten diagnoses for patients under the age of one (Table 16). The other top diagnoses for infants were other specified and unspecified gastrointestinal disorders (3.2%), medical examination/evaluation (3.1%), esophageal disorders (2.9%), and other general signs and symptoms (2.7%). All top diagnoses for patients ages 1-4 were reflected in the top ten

overall. Seven of the top diagnoses overall were in the top ten for patients ages 5-10; the remaining top three were influenza, viral infection, and skin/ subcutaneous tissue infections (2.1%, 2.0%, and 1.8%, respectively). Four top diagnoses for ages 11-13 did not appear in the top ten overall; they were encounters for administrative purposes (3.8%), other specified and unspecified skin disorders (2.2%), musculoskeletal pain, low back pain (2.2%), and depressive disorders (2.1%). Mental health related issues first emerged in the top ten for the 11-13 age group (depressive disorders ranked tenth). The proportion of claims with depressive disorders as a diagnosis doubled for those 14-17, and the proportion of diagnoses related to mental health issues increased to nearly 7% for this age group when factoring in anxiety and fear-related disorders which were also among their top ten diagnoses. For adults, three of the top diagnoses were related to reproduction—contraceptive and procreative management (5.4%), menstrual disorders (2.6%), and uncomplicated pregnancy, delivery, or puerperium (2.4%). Abdominal pain and other digestive/abdomen signs and symptoms (2.5%) and essential hypertension (2.3%) also appeared. Asthma appeared in the top ten for all age categories except those under one and adults.

Table 17. ED Visits and Observation Care Top Ten Primary Diagnoses for STAR Nueces

Rank	Description	Frequency	Percent
1	Fever	12,242	10.2
2	Other specified upper respiratory infections	8,899	7.4
3	Other specified complications in pregnancy	7,190	6.0
4	Abdominal pain and other digestive/abdomen signs and symptoms	6,505	5.4
5	Superficial injury, contusion, initial encounter	5,586	4.6
6	Nausea and Vomiting	3,595	3.0
7	Otitis media	3,460	2.9
8	Respiratory signs and symptoms	3,435	2.9
9	Sprains and strains, initial encounter	3,005	2.5
10	Other unspecified injury	2,836	2.4
Total Top Ten Codes		56,753	47.2
Total All Other Codes		63,561	52.8
Total		120,314	100

Two respiratory issues ranked among the top diagnoses and accounted for 10.3% combined (Table 17). Three diagnoses related to injuries—superficial injuries/contusions, sprains/strains, and other unspecified injury—make the top ten overall. One diagnosis related to complications in pregnancy.

Table 18. ED Visits and Observation Care Top Ten Primary Diagnoses for STAR Nueces by Age Categories

Rank	Description	<1	1-4	5-10	11-13	14-17	18+
1	Fever						
2	Other specified upper respiratory infections						
3	Other specified complications in pregnancy						
4	Abdominal pain and other digestive/abdomen signs and symptoms						
5	Superficial injury, contusion, initial encounter						
6	Nausea and Vomiting						
7	Otitis media						
8	Respiratory signs and symptoms						
9	Sprains and strains, initial encounter						
10	Other unspecified injury						

A shaded cell indicates the diagnosis was present in that age category's top ten primary diagnoses

Upper respiratory infections, abdominal pain, and superficial injuries were the only diagnoses groups present in all age categories (Table 18). Respiratory signs and symptoms are among the top diagnoses for ages four and under. Otitis media and nausea and vomiting were among the top diagnoses for those five and younger. Complications related to pregnancy only appeared among the top diagnoses for adults. Both male and female adults had other specified upper respiratory infections and abdominal pain and other digestive/abdomen signs and symptoms in their top diagnoses. For females, three of their top diagnoses related to pregnancy; for males, three of their top diagnoses related to superficial contusions, sprains/strains, and wounds.

Outpatient Psychiatric was another top Data Type despite only appearing among the top five for ages 5-10, 11-14, and 14-17. Table 18 displays the top ten diagnoses for the entire STAR Nueces data set.

Table 19. Outpatient Psychiatric Top Ten Primary Diagnoses for STAR Nueces

Rank	Description	Frequency	Percent
1	Neurodevelopmental disorders	30,132	33.6
2	Trauma and stressor-related disorders	26,037	29.0
3	Depressive disorders	18,016	20.1
4	Anxiety and fear-related disorders	8,018	8.9
5	Disruptive, impulse-control, and conduct disorders	3,193	3.6
6	Bipolar and related disorders	1,724	1.9
7	Other specified and unspecified mood disorders	1,040	1.2
8	Miscellaneous mental and behavioral disorders and conditions	877	1.0
9	Other general signs and symptoms	192	0.2
10	Schizophrenia spectrum and other psychotic disorders	132	0.1
Total Top Ten Codes		89,361	99.5
Total All Other Codes		442	0.5
Total		89,803	100

These top ten claims constituted nearly 100% of the diagnoses for this Data Type (Table 19) though the rank order varied by age categories. For age groups 1-4, 5-10, and 11-13, neurodevelopmental disorders was the top ranked diagnosis group; it accounted for almost 50% of the claims for both ages 1-4 and 5-10 (47.9% and 48.9%, respectively). The proportion of neurodevelopmental disorder claims dropped to 37.8% for ages 11-13. Depressive disorder was ranked fourth for ages 4-10, third for ages 11-13, and first for ages 14-17 and adults. Trauma and stressor-related disorders was ranked second for all age categories except infants. Anxiety and fear related disorders were among the top five for the 5-10, 11-13, 14-17, and 18+ groups.

STAR Kids Findings

There were 388,261 STAR Kids Nueces claims categorized into a total of 36 data types. Before examining findings for the top Data Types, the top primary and secondary diagnoses for the file overall are provided. Where possible, similar diagnoses were grouped to provide a more accurate representation of the findings.

Table 20. Top Ten Primary Diagnoses for STAR Kids Nueces

Rank	Description	Frequency	Percent
1	Neurodevelopmental disorders	111,770	28.8
2	Cerebral palsy	33,644	8.7
3	Other general signs and symptoms	25,985	6.7
4	Chromosomal abnormalities	18,871	4.9
5	Other specified status	15,385	4.0
6	Epilepsy; convulsions	10,783	2.8
7	Urinary incontinence	8,432	2.2
8	Medical examination/evaluation	8,272	2.1
9	Depressive disorders	7,376	1.9
10	Nervous system signs and symptoms	7,219	1.9
Total Top Ten Codes		247,727	63.8
Total All Other Codes		140,534	36.2
Total		388,261	100

The top ten primary diagnoses capture nearly 64% of all claims (Table 20). The top ranked diagnoses—neurodevelopmental disorders—accounts for nearly 30% of all STAR Kids Nueces claims. Cerebral palsy accounts for the second largest proportion of claims (8.7%).

There was significant uniformity in the top ten diagnoses across age categories. Younger age groups did not have as many of the top ten diagnoses as older groups. The youngest cohort had three respiratory conditions (respiratory congenital malformation, respiratory perinatal conditions, and lower respiratory disease) along with cardiac and circulatory congenital anomaly and muscular disorder as top diagnoses. Cardiac and circulatory congenital anomaly and respiratory congenital malformation were also among the top ten for ages 1-4.

In addition to a primary diagnosis, many members' claims were accompanied by a secondary diagnosis or diagnoses. Secondary diagnoses were documented in a non-prioritized list, and the first two secondary diagnoses listed were provided for this report. There was a total of 188,782 secondary diagnoses analyzed; Table 21 displays the ten most frequent secondary diagnoses.

Table 21. Top Ten Secondary Diagnoses for STAR Kids Nueces

Rank	Code	Description	Frequency	Percent
1	F84.0	Autistic disorder	10,116	5.4
2	F91.3	Oppositional defiant disorder	6,885	3.6
3	F90.9	Attention-deficit hyperactivity disorder, unspecified type	5,310	2.8
4	F90.2	Attention-deficit hyperactivity disorder, combined type	3,663	1.9
5	R32	Unspecified urinary incontinence	3,288	1.7
6	Z71.3	Dietary counseling and surveillance	3,156	1.7
7	F80.2	Mixed receptive-expressive language disorder	3,018	1.6
8	F79	Unspecified intellectual disabilities	2,768	1.5
9	F41.9	Anxiety disorder, unspecified	2,723	1.4
10	G80.9	Cerebral palsy, unspecified	2,533	1.3
Total for Top Ten			43,460	23.0
Total All Other Codes			145,322	76.9
Total			188,782	100

Autistic disorder (5.4%) ranked first among secondary diagnoses for STAR Kids Nueces members (Table 21). Two forms of attention-deficit hyperactivity disorder comprise almost five percent (4.7%) of secondary diagnoses. Two diagnoses—urinary incontinence and cerebral palsy—were also reflected in the top primary diagnoses. These top ten diagnoses only capture 23% of secondary diagnoses overall.

The most frequently utilized Data Types were examined to better capture the diversity of claims by STAR Kids Nueces members. Table 21 displays the proportion of claims associated with each Data Type.

Table 22. STAR Kids Nueces Claim Frequencies by Data Type

Data Type	Frequency	Percent
Home Health Care	175,770	45.3
Office/Home Visits	49,749	12.8
Benefits Other	48,817	12.6
DME and Supplies	29,488	7.6
Outpatient Psychiatric	26,059	6.7
Physical Therapy	13,012	3.4
ED Visits and Observation Care	7,434	1.9
Preventive Physical Exams	7,004	1.8
Inpatient Visits	6,616	1.7
Radiology OP - General	4,729	1.2
Pathology/Lab - Office	3,014	0.8
Miscellaneous Medical	2,468	0.6
Radiology IP - General	1,727	0.4
Preventive Other	1,553	0.4
Ambulance	1,214	0.3
Cardiovascular	1,126	0.3
Outpatient Anesthesia	998	0.3
Allergy Immunotherapy	976	0.3
Radiology OP- CT/MRI/PET	962	0.2
Radiology Office - General	960	0.2
Outpatient Surgery	727	0.2
Pathology/Lab - Inpatient & Outpatient	564	0.1
Inpatient Anesthesia	465	0.1
Preventive Well Baby Exams	447	0.1
Inpatient Surgery	389	0.1
Hearing and Speech Exams	375	0.1
Urgent Care Visits	350	0.1
Office Surgery	287	0.1
Office Administered Drugs	267	0.1
Radiology IP	241	0.1
Maternity	135	<.1
Radiology Office - CT/MRI/PET	108	<.1
Preventive Immunizations	90	<.1
Allergy Testing	57	<.1
Outpatient Alcohol & Drug Abuse	48	<.1
Prosthetics	35	<.1
Total	388,261	100

Nearly 71% of STAR Kids Nueces claims were from the top three Data Types—Home Health Care, Office/Home Visits, and Benefits Other (Table 22). Including the next two Data Types (DME and Supplies and Outpatient Psychiatric) captures 85% of all claims.

When examining the top primary diagnoses for these top five Data Types, there was significant consistency that persisted across age categories. For this reason, the top ten diagnoses overall for each of the top five Data Types are presented in Table 23 (see next page).

Table 23. STAR Kids Nueces Top Ten Primary Diagnoses for Top Data Types

<i>Rank</i>	Home Health Care (175,770)	Office/Home Visits (49,749)	Benefits Other (48,817)	DME and Supplies (29,488)	Outpatient Psychiatric (26,059)
1	Neurodevelopmental disorders 34.1%	Neurodevelopmental disorders 26.7%	Neurodevelopmental disorders 34.7%	Other specified status 30.7%	Neurodevelopmental disorders 52.8 %
2	Cerebral palsy 14.2%	Other specified upper respiratory infections 6.5%	Cerebral palsy 10.2%	Urinary incontinence 22.4%	Depressive disorders 11.2%
3	Other general signs and symptoms 8.7%	Asthma 3.3%	Other general signs and symptoms 7.6%	Cerebral palsy 7.7%	Trauma and stressor-related disorders 7.3%
4	Chromosomal abnormalities 7.6%	Anxiety and fear-related disorders 2.5%	Chromosomal abnormalities 6.5%	Neurodevelopmental disorders 4.5%	Bipolar and related disorders 4.4%
5	Epilepsy, convulsions 4.5%	Other upper respiratory disease 2.2%	Disruptive, impulsive control, and conduct disorders 6.0%	Other general signs and symptom 4.3%	Anxiety and fear-related disorders 3.9%
6	Nervous system signs and symptoms 2.7%	Epilepsy, convulsions 2.0%	Musculoskeletal congenital conditions 2.5%	Other lower respiratory disease 3.1%	Disruptive, impulsive control, and conduct disorders 3.5%
7	Other specified status 2.5%	Depressive disorders 1.9%	Bipolar and related disorders 2.4%	Other aftercare encounter 2.3%	Other general signs and symptoms 2.4%
8	Nervous system congenital anomalies 2.3%	Other general signs and symptoms 1.8%	Other specified encounters and counseling 2.3%	Other disease of bladder and urethra 2.1%	Other mood disorders 2.3%
9	Bipolar related disorders 2.0%	Exposure, screening, or contact with infectious disease 1.8%	Nervous system congenital anomalies 2.1%	Chromosomal abnormalities 2.0%	Other nutritional and metabolic disorders 2.0%
10	Other congenital anomalies 1.8%	Otitis Media 1.6%	Nervous system signs and symptoms 1.9%	Sleep wake disorders 1.8%	Cerebral Palsy 1.3%
Total	78.6%	50.5%	76.2%	80.9%	91.2%

Primary diagnoses for younger age groups were under-represented in the top ten diagnoses overall. This may partially be due to the fact that a child must be diagnosed with a disability to be eligible for STAR Kids, and it takes time to receive such diagnoses. Similar diagnoses were documented for children under age five: respiratory issues (including congenital malformations), cardiac and circulatory congenital anomalies, and perinatal conditions were among the top diagnoses.

Overall, neurodevelopmental disorders was the most listed diagnosis group across the top five Data Types for STAR Kids Nueces claims. Outpatient Psychiatric claims were the most concentrated; the top ten diagnoses captured over 91% of all claims. Conversely, Office/Home Visits was the most diverse Data Type; the top ten diagnoses only captured about half of all claims.

CHIP Findings

There were 82,949 CHIP Nueces claims categorized into a total of 36 data types. Before examining findings for the top Data Types, the top primary and secondary diagnoses for the file overall are provided. Where possible, similar diagnoses were grouped to provide a more accurate representation of the findings.

Table 24. Top Ten Primary Diagnoses for CHIP Nueces

Rank	Description	Frequency	Percent
1	Medical examination/evaluation	11,756	14.2
2	Neurodevelopmental disorders	7,491	9.0
3	Other specified upper respiratory infections	5,227	6.3
4	Uncomplicated pregnancy, delivery, or puerperium	3,622	4.4
5	Other specified and unspecified upper respiratory disease	2,778	3.3
6	Supervision of high-risk pregnancy	2,406	2.9
7	Depressive disorders	2,107	2.5
8	Other general signs and symptoms	2,039	2.5
9	Exposure, encounters, screening or contact with infectious disease	1,944	2.3
10	Trauma and stressor-related disorders	1,943	2.3
Total Top Ten Codes		41,313	49.8
Total All Other Codes		41,636	50.2
Total		82,949	100

Two of the top primary diagnoses related to pregnancy, which was concentrated in adult claims; together they comprise more than 7% of diagnoses (Table 24). Three top primary diagnoses related to psychiatric issues—neurodevelopmental disorders (9.0%), depressive disorders (2.5%), and trauma and stressor-related disorders (2.3%). Two were upper respiratory issues; one was a preventative measure. Table 24 shows which of these diagnoses were among the top ten for the age cohorts in this report.

Table 25. Distribution of Top Ten CHIP Nueces Primary Diagnoses by Age Categories

Rank	Description	<1	1-4	5-10	11-13	14-17	18+
1	Medical examination/evaluation						
2	Neurodevelopmental disorders						
3	Other specified upper respiratory infections						
4	Uncomplicated pregnancy, delivery, or puerperium						
5	Other specified and unspecified upper respiratory disease						
6	Supervision of high-risk pregnancy						
7	Depressive disorders						
8	Other general signs and symptoms						
9	Exposure, encounters, screening or contact with infectious disease						
10	Trauma and stressor-related disorders						

A shaded cell indicates the diagnosis was present in that age category's top ten primary diagnoses.

Medical examination was the only diagnosis that appeared in the top ten for all age categories. Over half of the cells in Table 25 are not shaded. This suggests that while the frequency of these diagnoses overall may be high, the top diagnoses may vary substantially by age category.

In addition to a primary diagnosis, many members' claims were accompanied by a secondary diagnosis or diagnoses. Secondary diagnoses were documented in a non-prioritized list, and the first two secondary diagnoses listed were provided for this report. There was a total of 60,899 secondary diagnoses analyzed; Table 26 displays the ten most frequent secondary diagnoses.

Table 26. Top Ten CHIP Nueces Secondary Diagnoses

Rank	Code	Description	Frequency	Percent
1	Z71.3	Dietary counseling and surveillance	4,347	7.1
2	Z68.52	BMI pediatric, 5th percentile to less than 85% for age	3,037	5.0
3	J06.9	Acute upper respiratory infection, unspecified	1,965	3.2
4	Z68.54	BMI pediatric, greater than or equal to 95% for age	1,534	2.5
5	R50.9	Fever, unspecified	1,491	2.4
6	J30.9	Allergic rhinitis, unspecified	941	1.5
7	J02.9	Acute pharyngitis, unspecified	935	1.5
8	Z68.53	BMI pediatric, 85% to less than 95th percentile for age	879	1.4
9	Z23	Encounter for immunization	856	1.4
10	Z71.82	Exercise counseling	767	1.3
Total for Top Ten			16,754	27.5
Total All Other Codes			44,145	72.5
Total			60,899	100

The top ten secondary diagnoses revealed weight was a major area of concern. Three of the ten secondary diagnoses related to patients' BMIs, and another two (dietary counseling and surveillance and exercise counseling) related to food consumption and physical activity. Only one diagnosis—encounter for immunization—related to avoiding illness. The remaining conditions related to respiratory issues.

Table 27. CHIP Nueces Claim Frequencies by Data Type

Data Type	Frequency	Percent
Office/Home Visits	34,484	41.6
Preventive Physical Exams	10,336	12.5
Outpatient Psychiatric	5,518	6.7
Preventive Other	5,034	6.1
ED Visits and Observation Care	3,907	4.7
Pathology/Lab – Office	3,511	4.2
Radiology OP – General	2,948	3.6
Physical Therapy	2,924	3.5
Radiology Office – General	2,477	3.0
Home Health Care	1,488	1.8
Allergy Immunotherapy	1,434	1.7
Inpatient Visits	1,280	1.5
DME and Supplies	1,117	1.3
Benefits Other	990	1.2
Preventive Well Baby Exams	668	0.8
Maternity	666	0.8
Outpatient Anesthesia	603	0.7
Miscellaneous Medical	546	0.7
Outpatient Surgery	496	0.6
Radiology OP- CT/MRI/PET	355	0.4
Urgent Care Visits	297	0.4
Cardiovascular	292	0.4
Hearing and Speech Exams	260	0.3
Pathology/Lab - Inpatient & Outpatient	260	0.3
Office Surgery	209	0.3
Total Top 25 Data Types	82,100	98.9
Total	82,949	100

Although CHIP Nueces claims were categorized into 36 Data Types, the top 25 Data Types account for nearly 99% of all claims (Table 27). The top five data types—Office/Home Visits, Preventative Physical Exams, Outpatient Psychiatric, Preventative Other, and ED Visits and Observation Care—constitute 71.6% of all claims. To determine if these claims represented each age category, analyses of the top Data Types for each age category were performed (see Table 28, next page).

Table 28. CHIP Nueces Top Data Types by Age Categories

CHIP	<1 (48)	1-4 (15,378)	5-10 (24,552)	11-13 (13,629)	14-17 (17,365)	18+ (329,614)
1	Preventative Well Baby 58.3%	Office/ Home Visits 46.4%	Office/ Home Visits 49.4%	Office/ Home Visits 46.8%	Office/ Home Visits 43.3%	Preventative Other 39.8%
2	Office/ Home Visits 25.0%	Preventative Physical 13.1%	Preventative Physical 15.0%	Preventative Physical 15.1%	Preventative Physical 13.0%	Pathology Lab/Office 13.6%
3	Inpatient Visits 14.6%	Physical Therapy 10.0%	Outpatient Psychiatric 8.6%	Outpatient Psychiatric 9.9%	Outpatient Psychiatric 10.8%	Radiology Office – General 13.5%
4	Preventative Other 7.3%	Home Health 6.0%	ED Visits and Observation Care 4.9%	Radiology OP – General 4.5%	ED Visits and Observation Care 5.1%	Office/Home Visits 10.9%
5	N/A	ED Visits and Observation Care 5.9%	Allergy immunotherapy 3.3%	ED Visits and Observation Care 4.1%	Radiology OP 4.8%	Maternity 5.5%
Total	100%	81.5%	81.3%	80.4%	76.9%	83.3%

Office/Home Visits was among the top Data Types for every age category (Table 28). Preventative Data Types also appeared for every age category, though the specific type varied. Preventative Well Baby only appeared for children under one year of age. Preventative Physicals appeared in four of the six categories; Preventative Other appeared in the top five for ages less than one and adults. ED Visits and Observation Care was among the top data types for four age categories (1-4, 5-10, 11-13, and 14 to 17). Outpatient Psychiatric was ranked third for ages 5-10, 11-13, and 14-17.

The following tables present the top diagnoses for each of these top Data Types except the Preventative groups. These Data Types had consistent, concentrated diagnoses across age groups, negating the need for further analysis.

Table 29. Office/Home Visits Top Ten Primary Diagnoses for CHIP Nueces

Rank	Description	Frequency	Percent
1	Other specified upper respiratory infections	4,609	13.4
2	Neurodevelopmental disorders	3,498	10.1
3	Asthma	1,321	3.8
4	Otitis media	1,312	3.8
5	Other specified and unspecified upper respiratory disease	1,276	3.7
6	Fever	1,213	3.5
7	Exposure, encounters, screening or contact with infectious disease	1,126	3.3
8	Other specified inflammatory condition of skin	1,035	3.0
9	Influenza	906	2.6
10	Viral infection	679	2.0
Total Top Ten Codes		16,975	49.2
Total All Other Codes		17,509	50.8
Total		34,484	100

Among the top ten diagnoses for Home/Office Visits were potentially life-long conditions including asthma and neurodevelopmental disorders (Table 29). Other diagnoses included potentially non-emergent conditions (e.g., upper respiratory infections, ear infections, fever, the flu, and viral infections).

Table 30. Office/Home Visits Top Ten Primary Diagnoses for CHIP Nueces by Age Categories

Rank	Description	<1	1-4	5-10	11-13	14-17	18+
1	Other specified upper respiratory infections						
2	Neurodevelopmental disorders						
3	Asthma						
4	Otitis media						
5	Other specified and unspecified upper respiratory disease						
6	Fever						
7	Exposure, encounters, screening or contact with infectious disease						
8	Other specified inflammatory condition of skin						
9	Influenza						
10	Viral infection						

A shaded cell indicates the diagnosis was present in that age category's top ten primary diagnoses.

Only one set of diagnoses (other specified upper respiratory infections) appeared in the top ten for infants (Table 30). There were few CHIP claims for this age cohort, and many of their diagnoses were associated with being infants. Screening for infectious diseases also appeared for five of the age groups. Asthma appeared for four of the five age groups. Though it is not seen among the top ten diagnoses in the table, major depressive disorder was a top diagnosis for ages 11-13, 14-17, and 18 and older; anxiety and fear related disorders were also among the top ten for adults.

Table 31. ED Visits and Observation Care Top Ten Primary Diagnoses for CHIP Nueces

Rank	Description	Frequency	Percent
1	Fever	421	10.8
2	Abdominal pain and other digestive/abdomen signs and symptoms	284	7.3
3	Other specified upper respiratory infections	252	6.4
4	Superficial injury; contusion, initial encounter	209	5.3
5	Other unspecified injury	143	3.7
6	Otitis media	127	3.3
7	Sprains and strains, initial encounter	114	2.9
8	Fracture of the upper limb, initial encounter	106	2.7
9	Open wounds of head and neck, initial encounter	101	2.6
10	Asthma	95	2.4
Total Top Ten Codes		1,852	49.8
Total All Other Codes		2,055	50.2
Total		3,907	100

Similarities among diagnoses for Office/Home Visits and ED Visits and Observation Care (e.g., asthma, respiratory issues, and otitis media) exist as do notable differences (Table 31). Top ten diagnoses include Injuries, wounds, fractures, and sprains. Fever was the top primary diagnosis (10.8%) followed by abdominal pain and other digestive/abdomen signs and symptoms (7.3%).

Table 32. ED Visits and Observation Care Top Ten Primary Diagnoses for CHIP Nueces by Age Categories

Rank	Description	<1	1-4	5-10	11-13	14-17	18+
1	Fever						
2	Abdominal pain and other digestive/abdomen signs and symptoms						
3	Other specified upper respiratory infections						
4	Superficial injury; contusion, initial encounter						
5	Other unspecified injury						
6	Otitis media						
7	Sprains and strains, initial encounter						
8	Fracture of the upper limb, initial encounter						
9	Open wounds of head and neck, initial encounter						
10	Asthma						

A shaded cell indicates the diagnosis was present in that age category's top ten primary diagnoses.

There were no CHIP Nueces claims categorized as ED Visits and Observation Care for patients under the age of one (Table 32). Suicide ideation ranked eighth for ages 14-17. Many top-ranking diagnoses for adults related to pregnancy including other specified complications in pregnancy, early or threatened

labor, and early first or unspecified trimester hemorrhage. Urinary tract infections also ranked high among adult claims.

Table 33. Outpatient Psychiatric Top Ten Primary Diagnoses for CHIP Nueces

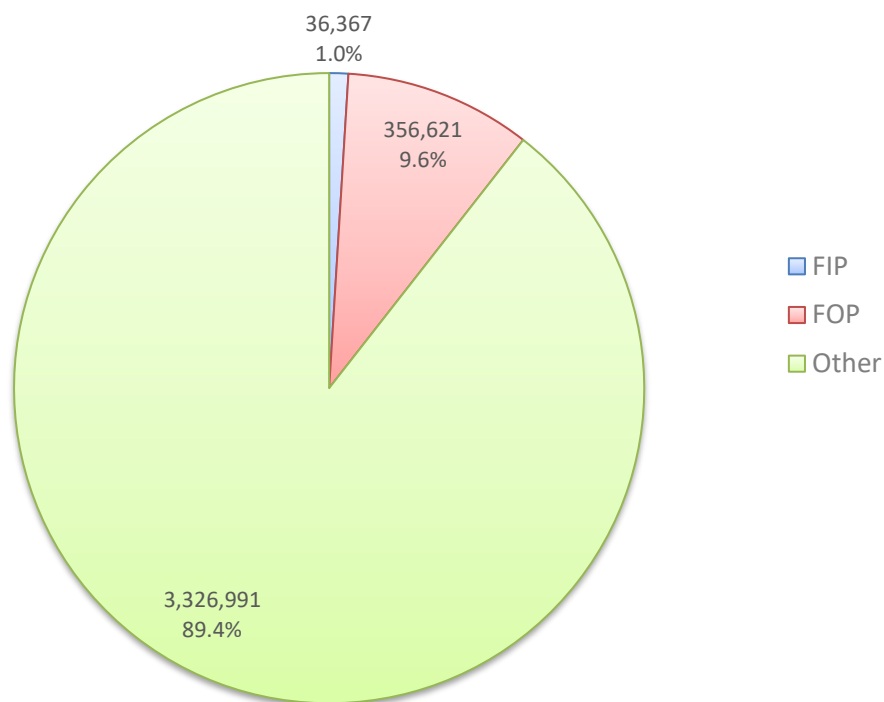
Rank	Description	Frequency	Percent
1	Neurodevelopmental disorders	1,820	33.0
2	Trauma and stressor-related disorders	1,776	32.2
3	Depressive disorders	1,046	19.0
4	Anxiety and fear-related disorders	496	9.0
5	Disruptive, impulse-control and conduct disorders	151	2.7
6	Bipolar and related disorders	83	1.5
7	Other specified and unspecified mood disorders	71	1.3
8	Obsessive-compulsive and related disorders	33	0.6
9	Miscellaneous mental and behavioral disorders/conditions	30	0.5
10	Other general signs and symptoms	7	0.1
Total Top Ten Codes		5,513	99.9
Total All Other Codes		5	0.1
Total		5,518	100

The top ten Outpatient Psychiatric diagnoses constituted nearly 100% of the diagnoses for this Data Type (Table 33). There were no claims for patients less than one year of age. For those 1-4, 5-10, and 11-13, neurodevelopmental disorders ranked highest, with the proportion declining as age increases (56.4%, 46%, and 32%, respectively). Trauma and stress related disorders ranked second for these same age cohorts. Depressive disorders ranked third for ages 11-13 and first for ages 14-17 and adults.

Hidalgo Service Area

The Hidalgo service area includes ten counties: Maverick, Webb, McMullen, Duval, Zapata, Jim Hogg, Star, Hidalgo, Willacy, and Cameron. The insurance products available for DHP members in this service area include STAR Medicaid and STAR Kids. From February 2019 through August 2021, there was a total of 3,719,979 member claims from members with a Hidalgo region insurance product. Figure 8 displays the distribution of these claims by file type.

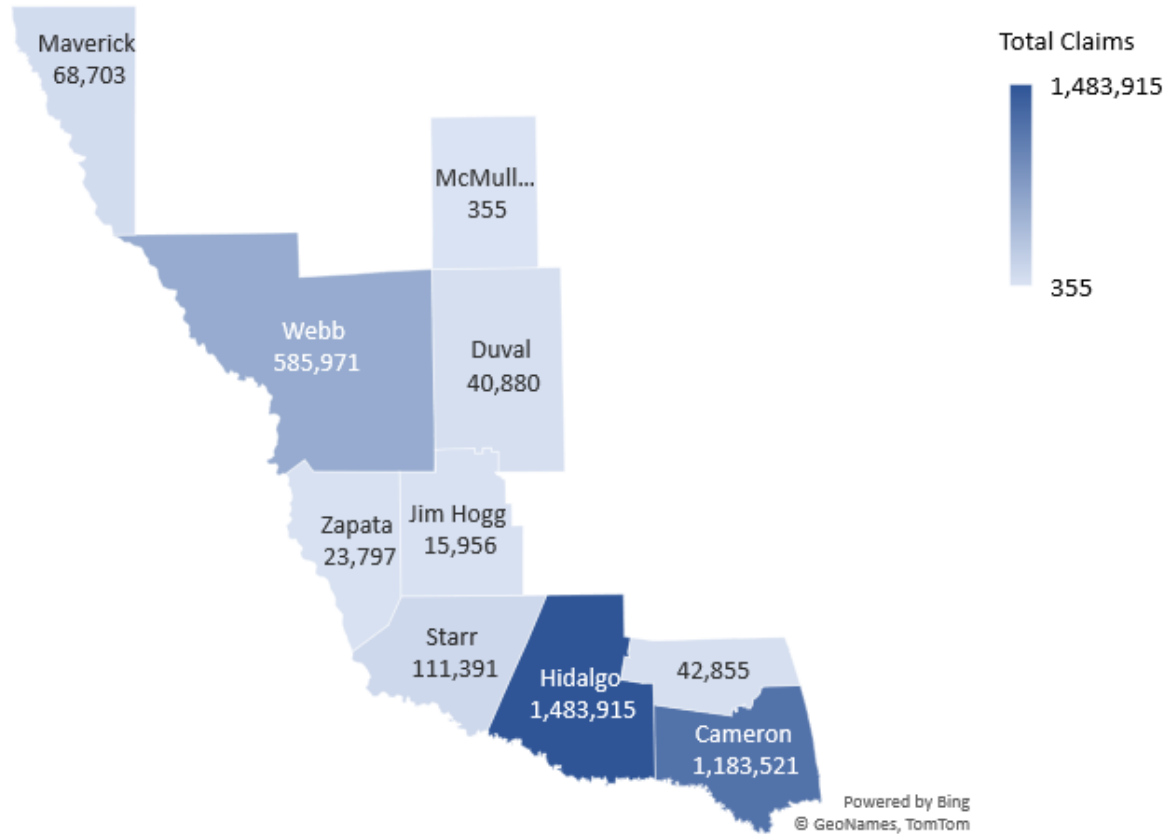
Figure 8. Claim Type Frequencies for Hidalgo Service Area



Nearly 90% of all claims for the Hidalgo service area were categorized as Other; this was anticipated since Driscoll Children's Hospital is located in the Nueces service area (i.e., members in this service area must rely more heavily on non-hospital medical services). Only 9.6% of claims were FOP; 1.0% were FIP.

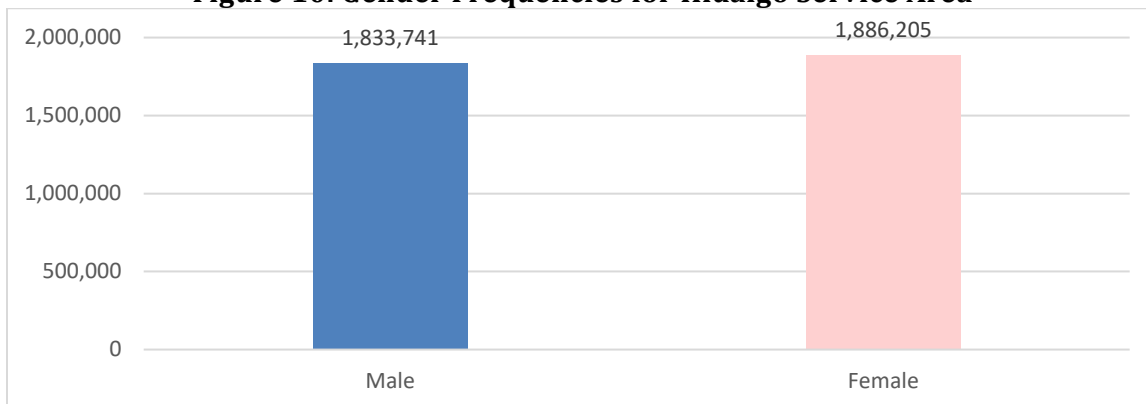
Member Demographics

Figure 9. Heat Map of Claims by County for Hidalgo Service Area



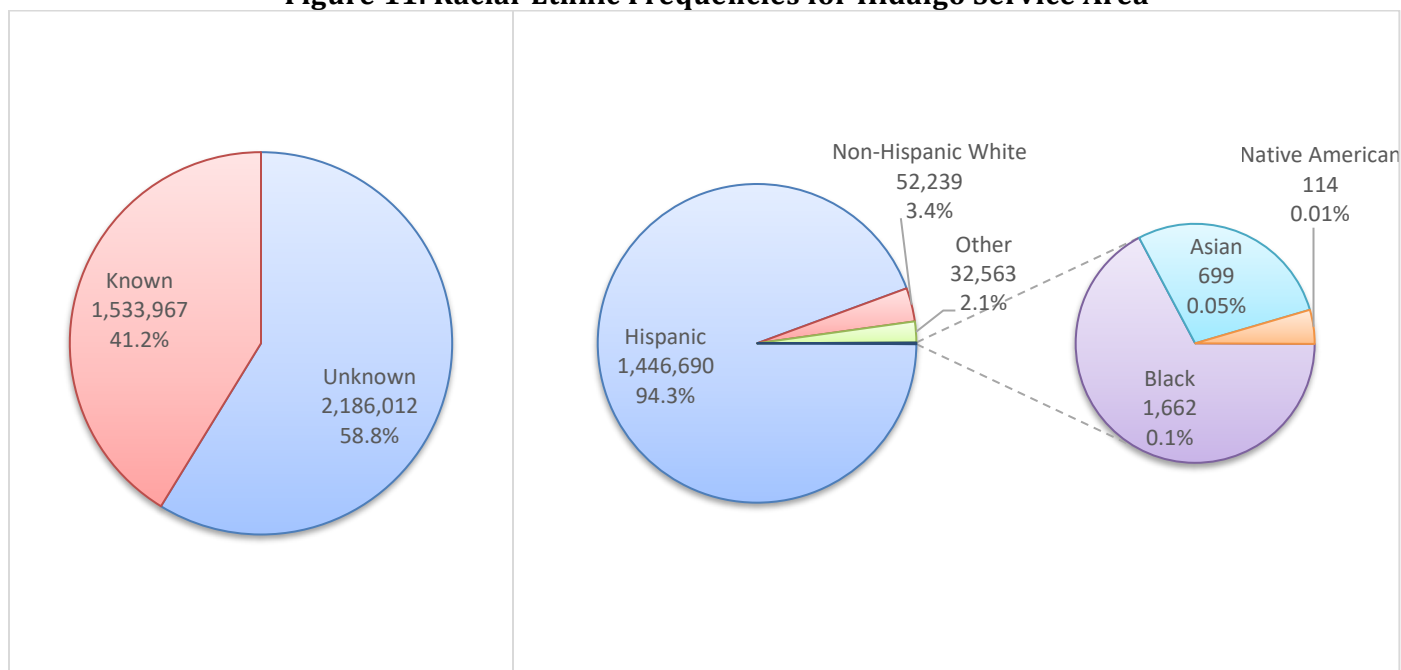
Over 96% (3,557,344) of all claims came from within the service region (Figure 9). Of those, 91.5% were from three counties: Hidalgo County (41.7%), Cameron County (33.3%), and Webb County (16.5%).

Figure 10. Gender Frequencies for Hidalgo Service Area



In a sharp departure from Nueces service area findings, claims from the Hidalgo service area approach gender parity—50.7% of claims were by females; 49.3% were by males (Figure 10).

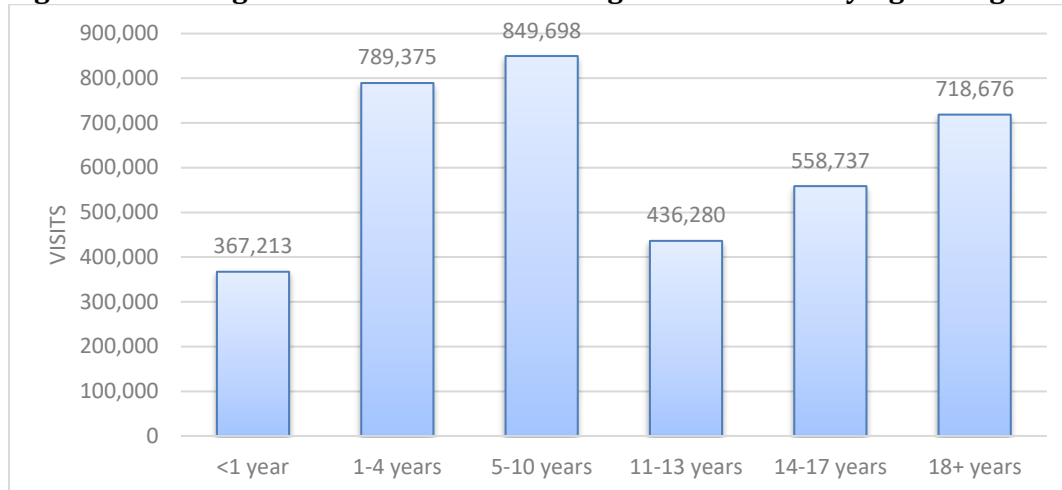
Figure 11. Racial-Ethnic Frequencies for Hidalgo Service Area



The racial-ethnic distributions for Hidalgo region claims are problematic as over half (58.8%) of all claims were by patients whose race/ethnicity is unknown (Figure 11). Clarifying the language on data collection forms may yield more precise findings for future reports; however, it is also possible that two trends—a high intermarriage rate and declining Latin American immigration—are distancing some Americans with Hispanic ancestry from the life experiences of earlier generations, reducing the likelihood they call themselves Hispanic or Latino (Lopez, Gonzalez-Barrera, and Lopez 2017; Duncan and Trejo 2011). Of

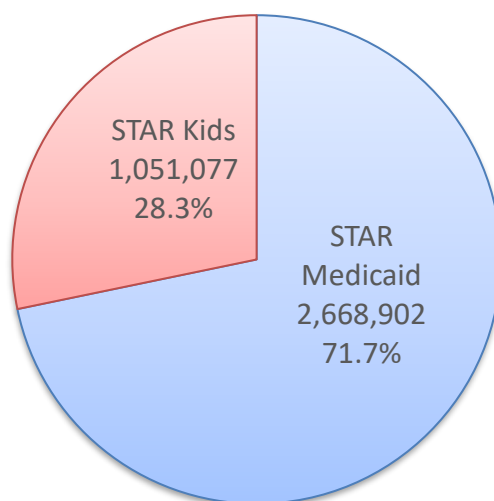
claims with a racial-ethnic identity indicated, Hispanics constituted 94.3% of all visits. The next largest category was Non-Hispanic Whites (3.4%) followed by “Other” (2.1%).

Figure 12. Hidalgo Service Area Patients’ Age Distribution by Age Categories



Children ages 5-10 years (22.8%) constitute the largest proportion of claims for the Hidalgo service area (Figure 12). The next largest age category was those between the ages of one and four (21.2%) followed by adult members (19.3%). Members 11-13 years old account for 11.7% of claims, and those 14-17 years old account for 15.0%. Members under one account for the smallest proportion of claims (9.9%).

Figure 13. Insurance Product Claims for Hidalgo Service Area



Nearly three-quarters (71.7%) of all claims were by members with STAR Medicaid (Figure 13). The other 28.3% of claims were from STAR Kids. CHIP is not available for the Hidalgo service region.

Facility Inpatient (FIP)

There were 36,367 facility inpatient claims by Hidalgo service area members during the time period. Just over 95% of claims were from STAR with the remaining claims coming from STAR Kids (4.9%) members. FIP claims were made primarily for adults (43.6%) and infants (42.0%). Additionally, a greater majority of FIP claims were for female patients (70.6%) compared to the proportion of Hidalgo service area claims overall (50.7%). The racial-ethnic identity of 62.1% of FIP claims was unknown; claims by Hispanic members constitute 33.4% followed by 3% for Non-Hispanic Whites.

Table 34. Top Ten Hidalgo FIP DRGs

Rank	Group	Description	Frequency	Percent
1	640	Neonate birthweight >2499G, normal newborn or neonate with other problem	12,096	34.0
2	560	Vaginal delivery	7,467	21.0
3	540	Cesarean delivery	5,372	15.1
4	751	Major depressive disorders and other/unspecified psychoses	902	2.5
5	720	Septicemia and disseminated infections	505	1.4
6	138	Bronchiolitis and RSV pneumonia	461	1.3
7	566	Other antepartum diagnoses	416	1.2
8	541	Vaginal delivery with sterilization or D&C	387	1.1
9	539	Osteomyelitis with major complications and comorbidities	333	0.9
10	626	Neonate birthweight 2000-2499G, normal newborn or neonate with other problem	320	0.9
Total Top Ten Codes			28,259	79.5
Total All Other Codes			8,108	20.5
Total			36,367	100

As with the Nueces region findings, most of the top DRGs relate to maternal and newborn health issues (Table 34). Normal neonates or newborns with other problems account for nearly 35% of DRGs. Vaginal and cesarean deliveries (including those with sterilization or D&C) together make up over 37% of DRGs. However, the proportion of cesarean deliveries for Hidalgo is smaller than that of the Nueces region (15.1% and 12.3%, respectively). Two new DRGs appear in the Hidalgo FIP top ten that were not present for Nueces—septicemia and disseminated infections (1.4%) and bronchiolitis and RSV pneumonia (1.3%).

Table 35. Distribution of Top Ten Hidalgo FIP DRGs by Age Categories

Rank	Description	<1	1-4	5-10	11-13	14-17	18+
1	Neonate birthweight >2499G, normal newborn or neonate with other problem						
2	Vaginal delivery						
3	Cesarean delivery						
4	Major depressive disorders and other/unspecified psychoses						
5	Septicemia and disseminated infections						
6	Bronchiolitis and RSV pneumonia						
7	Other antepartum diagnoses						
8	Vaginal delivery with sterilization or D&C						
9	Osteomyelitis with major complications and comorbidities						
10	Neonate birthweight 2000-2499G, normal newborn or neonate with other problem						

A shaded cell indicates the diagnosis was present in that age category's top ten primary diagnoses

Septicemia and disseminated infections, which was not present in the top ten Nueces FIP DRGs, appears in the top ten for all age categories in the Hidalgo region (Table 35). Major depressive disorders and other/unspecified psychoses first appears in the top ten for children ages 5-10 and persisted through all remaining age categories. Other mental health related DRGs were noted among the top ten DRGs of teens and adults including bipolar disorders.

In addition to a primary diagnosis, many members' claims were accompanied by a secondary diagnosis or diagnoses. Secondary diagnoses were documented in a non-prioritized list, and the first two secondary diagnoses listed were provided for this report. There was a total of 62,393 secondary diagnoses analyzed; Table 36 (next page) displays the ten most frequent secondary diagnoses.

Table 36. Top Ten Hidalgo FIP Secondary Diagnoses

Rank	Code	Description	Frequency	Percent
1	Z23	Encounter for immunization	11,107	17.8
2	Z37.0	Single live birth	4,168	6.7
3	D64.9	Anemia, unspecified	2,064	3.3
4	E66.9	Obesity, unspecified	1,900	3.0
5	Z3A	Pregnancy	1,533	2.5
6	O70	Perineal laceration during delivery	1,442	2.3
7	E86.0	Dehydration	1,150	1.8
8	E66.01	Morbid (severe) obesity due to excess calories	1,068	1.7
9	Z20.822	Contact with and (suspected) exposure to COVID-19	1,045	1.7
10	O69.81X0	Labor and delivery complicated by cord around neck, without compression, not applicable or unspecified	957	1.5
Total for Top Ten			26,434	42.4
Total All Other Codes			35,959	57.6
Total			62,393	100

Many of the FIP top secondary diagnoses for the Hidalgo region (Table 36) mirror findings for the Nueces region. In both regions, immunizations were the top secondary diagnosis, though the proportion was higher in the Hidalgo region (17.8% compared to 12.0% for Nueces). In both regions, contact with and suspected exposure to COVID-19 ranked ninth. Two top secondary diagnoses unique to the Hidalgo region were dehydration (1.8%) and cord around the neck during delivery (1.5%).

Facility Outpatient (FOP)

There were 356,621 facility outpatient claims by Hidalgo service area members during the time period. Almost 77% of claims were from STAR with the remaining claims coming from STAR Kids (23.1%) members. Unlike FIP claims, which were primarily for infants and adults, over 65% of FOP claims were for children ages 1-4 years and ages 5-10 years (36.4% and 29.2%, respectively). The remaining claims were from adults (11.9%), ages 14-17 (9.3%), ages 11-13 (7.1%), and infants under one year old (6.1%). FOP claims had greater gender imbalance; 56.0% were for male patients compared to 49.3% for Hidalgo service area claims overall. The issue of missing racial-ethnic identity persists: 54.3% of all claims have “unknown” indicated. Of FOP claims with a racial-ethnic identity reported, Hispanic members constitute the vast majority (95.6%). FOP claims were categorized as either hospital or non-hospital. There were 248,430 hospital claims (69.7%) and 103,991 non-hospital claims (29.2%). Approximately 1.2% of FOP claims were missing data for this distinction and were excluded from the following analyses.

Hospital Claims Findings

Table 37. Top Ten Hidalgo FOP Primary Diagnoses for Hospital Claims

Rank	Code	Description	Frequency	Percent
1	F80	Specific developmental disorders of speech and language	79,203	31.9
2	R62	Lack of expected normal physiological development in childhood and adults	17,506	7.1
3	R27	Other lack of coordination	8,491	3.4
4	F82	Specific developmental disorder of motor function	7,576	3.0
5	F84.0	Autistic disorder	6,679	2.7
6	R48.8	Other symbolic dysfunctions	3,726	1.5
7	J06.9	Acute upper respiratory infection, unspecified	2,208	0.9
8	M62.81	Muscle weakness, generalized	2,187	0.9
9	R26.9	Unspecified abnormalities of gait and mobility	1,840	0.7
10	Q90.9	Down syndrome, unspecified	1,803	0.7
Total Top Ten Codes			131,219	52.8
Total All Other Codes			117,211	47.2
Total			248,430	100

The top ten FOP primary diagnoses for the Hidalgo region accounted for more than half (52.8%) of FOP claims overall compared to the top ten FIP DRGs (79.5% of FIP claims overall). This was in part due to the use of DRGs for FIP claims compared to the use of Diagnosis Codes for FOP claims. To better replicate this grouping effect, primary diagnosis codes were grouped for analyses where possible. For example, the top code—F80—reflects numerous iterations of subcodes dealing with speech and language disorders; this group accounted for 31.9% of FOP claims (Table 37). Other developmental issues top the list. Autistic disorder ranked fifth (2.7%); Down syndrome ranked tenth (0.7%).

Table 38. Distribution of Top Ten Hidalgo FOP Primary Diagnoses by Age Categories for Hospital Claims

Rank	Code	Description	<1	1-4	5-10	11-13	14-17	18+
1	F80	Specific developmental disorders of speech and language						
2	R62	Lack of expected normal physiological development in childhood and adults						
3	R27	Other lack of coordination						
4	F82	Specific developmental disorder of motor function						
5	F84.0	Autistic disorder						
6	R48.8	Other symbolic dysfunctions						
7	J06.9	Acute upper respiratory infection, unspecified						
8	M62.81	Muscle weakness, generalized						
9	R26.9	Unspecified abnormalities of gait and mobility						
10	Q90.9	Down syndrome, unspecified						

A shaded cell indicates the diagnosis was present in that age category's top ten primary diagnoses. Ns for age categories: <1= 12,562; 1-4= 99,714; 5-10= 79,716; 11-13= 16,238; 14-17= 19,707; 18+= 20,493.

Around 40% of all FOP hospital claims for the Hidalgo region were for patients ages 1-4 years old (the next largest group was patients ages 5-10 years (32.1%)). As a result, all but one of this age category's top diagnoses appeared in the top ten overall, which obscures top findings from other age categories. For example, head injuries ranked third for children under one (3.1%). Scoliosis appeared in the top ten for patients ages 11-17. Top diagnoses for adults primarily related to women's health and pregnancy related issues.

In addition to a primary diagnosis, many members' claims were accompanied by a secondary diagnosis or diagnoses. Secondary diagnoses were documented in a non-prioritized list, and the first two secondary diagnoses listed were provided for this report. There was a total of 182,825 secondary diagnoses analyzed; Table 39 displays the ten most frequent secondary diagnoses.

Table 39. Top Ten Hidalgo FOP Secondary Diagnoses for Hospital Claims

Rank	Code	Description	Frequency	Percent
1	F80	Specific developmental disorders of speech and language	34,872	19.1
2	M62.81	Muscle weakness (generalized)	9,853	5.4
3	F84.0	Autistic disorder	9,415	5.1
4	R62	Lack of expected normal physiological development in childhood and adults	8,695	4.8
5	R27	Other lack of coordination	5,047	2.8
6	F82	Specific developmental disorder of motor function	3,552	1.9
7	R26.89	Other abnormalities of gait and mobility	3,316	1.8
8	Z79.899	Other long term (current) drug therapy	2,460	1.3
9	F88	Other disorders of psychological development	2,242	1.2
10	E66	Overweight and obesity	2,115	1.2
Total for Top Ten			81,567	44.6
Total All Other Codes			101,258	55.4
Total			182,825	100

Four of the top ten diagnoses (or groups of diagnoses) relate to developmental issues—speech/language (19.1%), physiological (4.8%), motor function (1.9%), and psychological (1.2%). Muscle weakness ranked second (5.4%) followed by autistic disorder (5.1%). Overweight and obesity ranked tenth (1.2%).

Non-Hospital Claims Findings

Table 40. Top Ten Hidalgo FOP Primary Diagnoses for Non-Hospital Claims

Rank	Code	Description	Frequency	Percent
1	F80	Specific developmental disorders of speech and language	13,492	12.9
2	Z00.129	Encounter for routine child health examination without abnormal findings	3,792	3.6
3	J06.9	Acute upper respiratory infection, unspecified	3,730	3.6
4	R62	Lack of expected normal physiological development in childhood and adults	3,318	3.2
5	R50.9	Fever, unspecified	2,328	2.2
6	Z20.828	Contact with and (suspected) exposure to other viral communicable diseases	2,321	2.2
7	Z00.121	Encounter for routine child health examination with abnormal findings	2,308	2.2
8	R05	Cough	2,281	2.2
9	R27.9	Unspecified lack of coordination	1,540	1.5
10	J02.9	Acute pharyngitis, unspecified	1,336	1.3
Total Top Ten Codes			36,446	34.9
Total All Other Codes			73,545	65.1
Total			103,991	100

The top ten FOP non-hospital claims for the Hidalgo region account for nearly 35% of all claims (Table 40). As with the hospital claims, speech/language disorders continued to rank first, though the proportion of claims was smaller (12.9% compared to 31.9% for hospital claims). Routine health examinations both with and without abnormal findings appeared as well (2.2% and 3.6%, respectively).

Table 41. Distribution of Top Ten Hidalgo FOP Primary Diagnoses by Age Categories for Non-Hospital Claims

Rank	Description	<1	1-4	5-10	11-13	14-17	18+
1	Specific developmental disorders of speech and language						
2	Encounter for routine child health examination without abnormal findings						
3	Acute upper respiratory infection, unspecified						
4	Lack of expected normal physiological development in childhood and adults						
5	Fever, unspecified						
6	Contact with and (suspected) exposure to other viral communicable diseases						
7	Encounter for routine child health examination with abnormal findings						
8	Cough						
9	Unspecified lack of coordination						
10	Acute pharyngitis, unspecified						

A shaded cell indicates the diagnosis was present in that age category's top ten primary diagnoses. Ns for age categories: <1= 8,757; 1-4= 28,819; 5-10= 23,786; 11-13=8,669; 14-17= 13,052; 18+= 20,878.

The top ten FOP non-hospital primary diagnoses were reflective of many of the top diagnoses across age categories (Table 41). Top primary diagnoses for adults were least reflected in the top ten overall; all but two were related to pregnancy (including supervision of normal, high-risk, and first-time pregnancies during each of the trimesters). The other top diagnosis was gynecological exam without abnormal findings.

In addition to a primary diagnosis, many members' claims were accompanied by a secondary diagnosis or diagnoses. Secondary diagnoses were documented in a non-prioritized list, and the first two secondary diagnoses listed were provided for this report. There was a total of 73,057 secondary diagnoses analyzed; Table 42 displays the ten most frequent secondary diagnoses.

Table 42. Top Ten Hidalgo FOP Secondary Diagnoses for Non-Hospital Claims

Rank	Code	Description	Frequency	Percent
1	F80	Specific developmental disorders of speech and language	5,854	8.0
2	Z68.52	Body mass index [BMI] pediatric, 5th percentile to less than 85th percentile for age	2,670	3.7
3	R62	Lack of expected normal physiological development in childhood and adults	2,198	3.0
4	Z68.54	Body mass index [BMI] pediatric, greater than or equal to 95th percentile for age	1,778	2.4
5	Z23	Encounter for immunization	1,671	2.3
6	J02.9	Acute pharyngitis, unspecified	1,646	2.3
7	J06.9	Acute upper respiratory infection, unspecified	1,645	2.3
8	R50.9	Fever, unspecified	1,605	2.2
9	J30.9	Allergic rhinitis, unspecified	1,416	1.9
10	R05	Cough	1,238	1.7
Total for Top Ten			21,721	29.7
Total All Other Codes			51,336	70.3
Total			73,057	100

Speech/language developmental disorders continued to be the top-ranking diagnoses (8.0%). Two diagnoses regarding BMIs appear in the top ten secondary diagnoses as well. Immunizations rank fifth (2.3%) followed by two acute conditions—pharyngitis and upper respiratory infections—that each account for 2.3% of diagnoses. Allergic rhinitis and cough round out the top ten.

Other Health Findings

The third file type—Other—contained claims from a variety of other sources including professional (i.e., physicians). There were 3,326,991 Other claims by Hidalgo service area members during the time period. This was, by far, the largest group analyzed for this report. Approximately 70.9% of claims were from STAR, with the remaining claims coming from STAR Kids (29.1%) members. The proportion of claims for each age category in descending order were 22.4% (ages 5-10), 19.9% (adults), 19.8% (ages 1-4), 15.7% (ages 14-17), 12.3% (ages 11-13), and 9.9% (ages less than one). Other claims for female patients mirrored the proportion for the Hidalgo service area claims overall at 51.2%; males accounted for 48.8% of claims. Claims with an unknown racial-ethnic identity formed the largest group (59.2%) followed by Hispanics (38.4%). Analyses for the Hidalgo service area were grouped by insurance product type—STAR and STAR Kids.

STAR Findings

There were 2,356,840 STAR Hidalgo claims categorized into a total of 36 data types. Before examining findings for the top Data Types, the top primary and secondary diagnoses for the file overall are provided. Where possible, similar diagnoses were grouped to provide a more accurate representation of the findings.

Table 43. Top Ten Primary Diagnoses for STAR Hidalgo

Rank	Description	Frequency	Percent
1	Medical examination/evaluation	276,882	11.7
2	Other specified upper respiratory infections	216,635	9.2
3	Neurodevelopmental disorders	126,342	5.4
4	Uncomplicated pregnancy, delivery, or puerperium	95,558	4.1
5	Fever	93,228	4.0
6	Supervision of high-risk pregnancy	91,162	3.9
7	Abdominal pain and other digestive/abdomen signs and symptoms	68,163	2.9
8	Respiratory signs and symptoms	65,764	2.8
9	Exposure, encounters, screening or contact with infectious disease	53,684	2.3
10	Other specified and unspecified upper respiratory disease	53,399	2.3
Total Top Ten Codes		1,140,817	48.4
Total All Other Codes		1,216,023	51.6
Total		2,356,840	100

Nearly 12% of the primary diagnoses were for medical examination/evaluation (Table 43). Three of the top diagnoses related to respiratory issues (rank 2, 8, and 10). Another two diagnoses related to pregnancy (ranks 4 and 6). Neurodevelopment disorders ranked third (5.4%).

In addition to a primary diagnosis, many members' claims were accompanied by a secondary diagnosis or diagnoses. Secondary diagnoses were documented in a non-prioritized list, and the first two secondary diagnoses listed were provided for this report. There was a total of 2,056,300 secondary diagnoses analyzed; Table 44 displays the ten most frequent secondary diagnoses.

Table 44. Top Ten Secondary Diagnoses for STAR Hidalgo

Rank	Code	Description	Frequency	Percent
1	J06.9	Acute upper respiratory infection, unspecified	77,210	3.8
2	Z71.3	Dietary counseling and surveillance	73,926	3.6
3	J02.9	Acute pharyngitis, unspecified	64,405	3.1
4	R05	Cough	61,949	3.0
5	Z68.52	BMI pediatric, 5th percentile to less than 85 th percentile for age	42,250	2.1
6	Z23	Encounter for immunization	40,003	1.9
7	R50.9	Fever, unspecified	39,113	1.9
8	J30.9	Allergic rhinitis, unspecified	32,749	1.6
9	J00	Acute nasopharyngitis [common cold]	25,030	1.2
10	R09.81	Nasal congestion	19,769	1.0
Total for Top Ten			476,449	23.2
Total All Other Codes			1,579,851	76.8
Total			2,056,300	100

Several of the top secondary diagnoses related to nasal congestion and sore throat (J06.9, J02.9, J30.9, J00, R09.81). Two (Z71.3 and Z68.52) related to weight. Only one diagnosis—encounter for immunization—was related to avoiding sickness.

Table 45. STAR Hidalgo Claim Frequencies by Data Type

Data Type	Frequency	Percent
Office/Home Visits	1,085,814	46.1
Preventive Other	178,530	7.6
Preventive Physical Exams	146,993	6.2
Pathology/Lab - Office	125,397	5.3
Preventive Well Baby Exams	106,621	4.5
ED Visits and Observation Care	104,840	4.4
Outpatient Psychiatric	92,754	3.9
Radiology OP - General	70,428	3.0
Physical Therapy	68,383	2.9
Inpatient Visits	46,771	2.0
Benefits Other	43,945	1.9
Maternity	39,346	1.7
Radiology Office - General	35,760	1.5
DME and Supplies	27,453	1.2
Miscellaneous Medical	25,388	1.1
Urgent Care Visits	25,184	1.1
Home Health Care	16,025	0.7
Allergy Immunotherapy	15,783	0.7
Radiology IP - General	14,288	0.6
Outpatient Anesthesia	12,785	0.5
Radiology OP- CT/MRI/PET	10,232	0.4
Ambulance	9,157	0.4
Outpatient Surgery	8,570	0.4
Cardiovascular	7,332	0.3
Pathology/Lab - Inpatient & Outpatient	7,090	0.3
Office Surgery	6,261	0.3
Hearing and Speech Exams	4,957	0.2
Outpatient Alcohol & Drug Abuse	4,361	0.2
Preventive Immunizations	4,149	0.2
Inpatient Anesthesia	3,222	0.1
Inpatient Surgery	2,447	0.1
Office Administered Drugs	2,442	0.1
Radiology IP	1,682	0.1
Radiology Office - CT/MRI/PET	1,555	0.1
Allergy Testing	866	<.1
Prosthetics	29	<.1
Total	2,356,840	100

Nearly half (46.1%) of all claims were categorized as Office/Home Visits (Table 45). Three of the highest ranked Data Types were related to preventative care—Preventative Other (ranked 2nd, 7.6%), Preventative Physical Exams (ranked 3rd, 6.2%), and Preventative Well Baby Exams (ranked 5th, 4.5%). Together the top five Data Types accounted for 69.7% of the nearly 2.4 million STAR Hidalgo claims.

An analysis of Data Types by age categories was conducted to determine if the top five Data Types varied by age category (see Table 46 below).

Table 46. STAR Hidalgo Top Data Types by Age Categories

STAR	<1 (321,941)	1-4 (575,086)	5-10 (493,565)	11-13 (211,872)	14-17 (267,904)	18+ (486,472)
1	Office/ Home Visits 47.4%	Office/ Home Visits 55.6%	Office/ Home Visits 58.1%	Office/ Home Visits 52.8%	Office/ Home Visits 47.1%	Preventative Other 32.2%
2	Preventative Well Baby 23.8%	Physical Therapy 8.3%	Preventative Physical Exam 10.2%	Preventative Physical Exam 10.6%	Outpatient Psych 9.6%	Office/ Home Visits 18.2%
3	Inpatient Visits 7.3%	Preventative Physical Exam 7.4%	Outpatient Psych 6.3%	Outpatient Psych 10%	Preventative Physical Exam 8.7%	Pathology/Lab - Office 10.9%
4	ED Visits and Observation Care 4.3%	ED Visits and Observation Care 5.5%	Pathology/Lab – Office 7.3%	Pathology/Lab - Office 4.6%	Pathology/Lab - Office 5.2%	Radiology Office - General 5.9%
5	Radiology OP-General 2.8%	Preventative Well Baby 5.2%	ED Visits and Observation Care 3.8%	Benefits Other 3.8%	Benefits Other 4.1%	ED Visits and Observation Care 8.8%
Total	85.6%	79.7%	85.7%	81.8%	74.7%	79.8%

Only two Data Types appeared in the top five across all age cohorts. Office/Home Visits was the highest ranked Data Type for all age categories except adults; it ranked second for that group. Preventative Data Types were among the top five for each of age cohort, though the exact type varies. ED Visits and Observation Care and Pathology/Lab- Office are present for four of the six age cohorts. Outpatient Psychiatric appeared among the top five Data Types for three age groups.

While preventative Data Types ranked high for all age cohorts, there was minor variation among the diagnoses. For ages less than one and between the ages of 1 and 4, over 92% of the diagnoses were medical exams. For ages 1-4, 5-10, 11-13, and 14-17 with preventative exam claims, the exam itself accounts for 99.8-100% of diagnoses. The Preventative Other Data Type was the only category with some variation. Nearly three out of every four claims related to pregnancy. Two of the top diagnoses were supervising high risk pregnancy (41.3%) and uncomplicated pregnancy and puerperium visits (32.1%).

Based on their ranks among the age categories and expected diagnoses-related variation, the following Data Types were selected for further analyses: Office/Home Visits, ED Visits and Observation Care, and Outpatient Psychiatric.

Table 47. Office/Home Visits Top Ten Primary Diagnoses for STAR Hidalgo

Rank	Description	Frequency	Percent
1	Other specified upper respiratory infections	181,261	16.7
2	Fever	65,213	6.0
3	Respiratory signs and symptoms	46,972	4.3
4	Other specified and unspecified upper respiratory disease	44,100	4.1
5	Abdominal pain and other digestive/abdomen signs and symptoms	40,526	3.7
6	Neurodevelopmental disorders	40,324	3.7
7	Acute bronchitis	30,758	2.8
8	Otitis media	27,977	2.6
9	Exposure, encounters, screening or contact with infectious disease	26,409	2.4
10	Other specified inflammatory condition of skin	22,716	2.1
Total Top Ten Codes		526,256	48.5
Total All Other Codes		559,558	53.0
Total		1,085,814	100

Four of the top ten diagnoses related to respiratory conditions (other specified upper respiratory infections, respiratory signs and symptoms, other specified and unspecified upper respiratory disease, and acute bronchitis); together, they accounted for 27.9% of primary diagnoses (Table 47). Asthma failed to make the list but was the eleventh most prevalent diagnosis. Neurodevelopmental disorders ranked sixth (3.7%).

Table 48. Office/Home Visits Top Ten Primary Diagnoses for STAR Hidalgo by Age Categories

Rank	Description	<1	1-4	5-10	11-13	14-17	18+
1	Other specified upper respiratory infections						
2	Fever						
3	Respiratory signs and symptoms						
4	Other specified and unspecified upper respiratory disease						
5	Abdominal pain and other digestive/abdomen signs and symptoms						
6	Neurodevelopmental disorders						
7	Acute bronchitis						
8	Otitis media						
9	Exposure, encounters, screening or contact with infectious disease						
10	Other specified inflammatory condition of skin						

A shaded cell indicates the diagnosis was present in that age category's top ten primary diagnoses

Upper respiratory infections and abdominal pains and other digestive/abdomen signs and symptoms were top diagnoses across all age cohorts (Table 48). Nine of the ten top diagnoses for ages 1-4 appeared. Asthma did not appear in the top ten overall; however, it is ranked eleventh for ages 1-4, seventh for ages 5-10, and eighth for ages 11-13. Among adults, three of the top diagnoses were related to female reproduction—contraceptive and procreative management ranked first (6%), menstrual disorders ranked second (5.2%), uncomplicated pregnancy, delivery or puerperium ranked fifth (3.5%).

Females constituted about 80% of adult claims. Top diagnoses for adult males included musculoskeletal pain, not low back pain (ranked second), essential hypertension (ranked fifth), diabetes mellitus with complications (ranked ninth), and anxiety and fear related disorders (ranked tenth). These issues include chronic conditions that complicate other comorbidities later in life.

Table 49. ED Visits and Observation Care Top Ten Primary Diagnoses for STAR Hidalgo

Rank	Description	Frequency	Percent
1	Fever	11,251	10.7
2	Abdominal pain and other digestive/abdomen signs and symptoms	7,358	7.0
3	Other specified upper respiratory infections	6,516	6.2
4	Superficial injury; contusion, initial encounter	5,756	5.5
5	Other specified complications in pregnancy	4,351	4.2
6	Nausea and vomiting	2,851	2.7
7	Sprains and strains, initial encounter	2,836	2.7
8	Respiratory signs and symptoms	2,640	2.5
9	Open wounds of head and neck, initial encounter	2,582	2.5
10	Otitis media	2,503	2.4
Total Top Ten Codes		48,644	46.4
Total All Other Codes		56,196	53.6
Total		104,840	100

As with the Office/Home Visits Data Type, respiratory issues were among the top diagnoses for ED Visits and Observation Care. Several emergent issues appeared; three were initial encounters related to injuries (superficial injuries/contusions, sprains/strains, and open wounds of head and neck). One related to pregnancy complications.

Table 50. ED Visits and Observation Care Top Ten Primary Diagnoses for STAR Hidalgo by Age Categories

Rank	Description	<1	1-4	5-10	11-13	14-17	18+
1	Fever						
2	Abdominal pain and other digestive/abdomen signs and symptoms						
3	Other specified upper respiratory infections						
4	Superficial injury; contusion, initial encounter						
5	Other specified complications in pregnancy						
6	Nausea and vomiting						
7	Sprains and strains, initial encounter						
8	Respiratory signs and symptoms						
9	Open wounds of head and neck, initial encounter						
10	Otitis media						

A shaded cell indicates the diagnosis was present in that age category's top ten primary diagnoses

Upper respiratory infections, abdominal pain, and superficial injuries were present in all age categories' top ten diagnoses (Table 50). Fever was a top diagnosis for every age category except adults. Despite

being a gender-specific diagnosis, pregnancy complications was a top diagnosis for ages 14-17 and adults.

Table 51. Outpatient Psychiatric Top Ten Primary Diagnoses for STAR Hidalgo

Rank	Description	Frequency	Percent
1	Neurodevelopmental disorders	27,400	29.5
2	Depressive disorders	19,959	21.5
3	Trauma and stressor-related disorders	17,435	18.8
4	Disruptive, impulse control and conduct disorders	12,737	13.7
5	Anxiety and fear-related disorders	9,579	10.3
6	Bipolar and related disorders	2,030	2.2
7	Other specified and unspecified mood disorders	1,219	1.3
8	Other general signs and symptoms	635	0.7
9	Miscellaneous mental and behavioral disorders/conditions	453	0.5
10	Schizophrenia spectrum and other psychotic disorders	440	0.5
Total Top Ten Codes		91,887	99.1
Total All Other Codes		867	0.9
Total		92,754	100

Outpatient Psychiatric was a top Data Type despite there being only one claim for patients less than one year old. These top ten diagnoses groups (Table 51) constitute nearly 100% of diagnoses though the rank order varies by age category. For example, the top-ranking diagnoses for ages 1-4 years were neurodevelopmental disorders (48%) followed by impulse control and conduct disorders (27.4%). Trauma and stressor-related disorders ranked third (16.3%); over 90% of all claims for this age cohort were captured by these three diagnoses groups. Claims for ages 5-10 had the same rank order of diagnoses, but their total proportion dropped to 84.9%. For those 11-13 years of age, neurodevelopmental disorders still ranked highest (28.9%); trauma and stress ranked second followed by depressive disorders. These three diagnoses groups accounted for 71.7% of all the claims for this cohort. For ages 11-17 and adults, depressive disorders ranked first, followed by trauma and stressor-related disorders (38.4% and 40.9%, respectively). Neurodevelopmental disorders rounded out the top three for ages 14-17, and bipolar and related disorders ranked third for the adult cohort.

STAR Kids Findings

There were 388,261 STAR Kids Hidalgo claims categorized into a total of 36 data types. Before examining findings for the top Data Types, the top primary and secondary diagnoses for the file overall are provided. Where possible, similar diagnoses were grouped to provide a more accurate representation of the findings.

Table 52. Top Ten Primary Diagnoses for STAR Kids Hidalgo

Rank	Description	Frequency	Percent
1	Neurodevelopmental disorders	386,805	40.0
2	Other general signs and symptoms	82,092	8.5
3	Other specified encounters and counseling	37,431	3.9
4	Cerebral palsy	30,510	3.2
5	Chromosomal abnormalities	29,456	3.0
6	Depressive disorders	27,001	2.8
7	Other specified status	22,941	2.4
8	Bipolar and related disorders	18,415	1.9
9	Anxiety and fear-related disorders	17,080	1.8
10	Nervous system congenital anomalies	16,538	1.7
Total Top Ten Codes		668,269	69.2
Total All Other Codes		297,687	30.8
Total		965,956	100

The top ranked diagnoses were neurodevelopmental disorders, which accounted for 40% of all STAR Kids Hidalgo claims (Table 52). Other general signs and symptoms ranked second (8.5%), followed by other specified encounters and counseling (3.9%). Three of the top diagnoses (depressive disorders, bipolar and related disorders, and anxiety and fear-related disorders) were related to mental health issues; together, they comprised 6.5% of claims.

Table 53. Distribution of Top Ten Diagnoses by Age Categories for STAR Kids Hidalgo

Rank	Description	<1	1-4	5-10	11-13	14-17	18+
1	Neurodevelopmental disorders						
2	Other general signs and symptoms						
3	Other specified encounters and counseling						
4	Cerebral palsy						
5	Chromosomal abnormalities						
6	Depressive disorders						
7	Other specified status						
8	Bipolar and related disorders						
9	Anxiety and fear-related disorders						
10	Nervous system congenital anomalies						

A shaded cell indicates the diagnosis was present in that age category's top ten primary diagnoses

Other general signs and symptoms and chromosomal abnormalities were top primary diagnoses across all age categories (Table 53). Depressive disorders (rank 6th) and anxiety and fear-related disorders (rank 9th) were among the top ten diagnoses for the three oldest age cohorts. Bipolar and related disorders were top diagnoses for ages 14-17 and adults. Younger cohorts had fewer of the overall top diagnoses than older cohorts. Dysphagia, as well as cardiac and circulatory congenital anomaly, were top diagnoses for the youngest two cohorts that were absent from the top ten overall. Short gestation, low birth weight, and fetal growth retardation were also top diagnoses for patients less than one year old.

In addition to a primary diagnosis, many claims had a secondary diagnosis or diagnoses. Secondary diagnoses were documented in a non-prioritized list; the first two listed were provided for this report. There was a total of 482,912 secondary diagnoses analyzed; Table 54 displays the ten most frequent secondary diagnoses.

Table 54. Top Ten Secondary Diagnoses for STAR Kids Hidalgo

Rank	Code	Description	Frequency	Percent
1	F90.2	Attention-deficit hyperactivity disorder, combined type	20,314	4.2
2	F84.0	Autistic disorder	18,645	3.9
3	F90.9	Attention-deficit hyperactivity disorder, unspecified type	14,918	3.1
4	F91.3	Oppositional defiant disorder	14,123	2.9
5	F41.9	Anxiety disorder, unspecified	11,821	2.4
6	F63.81	Intermittent explosive disorder	11,490	2.4
7	R62.50	Unspecified lack of expected normal physiological development in childhood	6,213	1.3
8	F79	Unspecified intellectual disabilities	6,175	1.3
9	F32.9	Major depressive disorder, single episode, unspecified	6,015	1.2
10	F41.1	Generalized anxiety disorder	5,721	1.2
Total for Top Ten			115,435	23.9
Total All Other Codes			367,477	76.1
Total			482,912	100

Two attention-deficit hyperactivity disorder secondary diagnoses ranked among the top ten (7.3% combined). Table 54 shows two diagnoses related to anxiety disorder that accounted for 3.6% of secondary diagnoses combined. Autistic disorder was ranked second (3.9%).

Table 55. STAR Kids Hidalgo Claim Frequencies by Data Type

Data Type	Frequency	Percent
Benefits Other	323,147	33.5
Home Health Care	319,780	33.1
Office/Home Visits	125,645	13.0
Outpatient Psychiatric	49,656	5.1
DME and Supplies	46,493	4.8
Physical Therapy	27,597	2.9
Preventive Physical Exams	9,930	1.0
Inpatient Visits	9,515	1.0
ED Visits and Observation Care	8,147	0.8
Pathology/Lab – Office	7,592	0.8
Radiology OP – General	6,925	0.7
Ambulance	4,710	0.5
Miscellaneous Medical	4,369	0.5
Preventive Other	3,560	0.4
Radiology IP – General	2,373	0.2
Outpatient Anesthesia	1,761	0.2
Cardiovascular	1,615	0.2
Radiology OP- CT/MRI/PET	1,574	0.2
Allergy Immunotherapy	1,425	0.1
Urgent Care Visits	1,394	0.1
Outpatient Surgery	1,343	0.1
Radiology Office – General	1,102	0.1
Pathology/Lab - Inpatient & Outpatient	851	0.1
Outpatient Alcohol & Drug Abuse	849	0.1
Inpatient Anesthesia	658	0.1
Preventive Well Baby Exams	631	0.1
Hearing and Speech Exams	624	0.1
Office Surgery	556	0.1
Inpatient Surgery	553	0.1
Office Administered Drugs	465	<.05
Radiology IP	359	<.05
Maternity	277	<.05
Preventive Immunizations	166	<.05
Radiology Office - CT/MRI/PET	128	<.05
Prosthetics	94	<.01
Allergy Testing	92	<.01
Total	965,956	100

According to Table 55, two out of every three claims in this data set came from the top two Data Types—Benefits Other and Home Health Care. The top five Data Types accounted for almost 90% of all STAR Kids Hidalgo claims. Analyses of the top primary diagnoses for these top five Data Types revealed

consistency across age categories. This consistency remains similar for all five Data Types. For this reason, only the top diagnoses for the Data Types overall are presented below.

Table 56. STAR Kids Hidalgo Top Diagnoses for Top Data Types

<i>Rank</i>	Benefits Other (323,147)	Home Health Care (319,780)	Office/Home Visits (125,645)	Outpatient Psychiatric (49,656)	DME and Supplies (46,493)
1	Neurodevelopmental disorders 50.3 %	Neurodevelopmental disorders 50.4 %	Neurodevelopmental disorders 22.1 %	Neurodevelopmental disorders 42.9 %	Other specified status 30.2%
2	Other general signs and symptoms 11%	Other general signs and symptoms 9.5%	Other specified upper respiratory disease 7.8%	Depressive disorders 12.6%	Urinary incontinence 25.2%
3	Other specified encounters and counseling 7.4%	Cerebral Palsy 5.3%	Anxiety and fear-related disorders 3.0%	Disruptive, impulsive control and conduct disorders 7.0%	Other general signs and symptoms 4.3%
4	Chromosomal abnormalities 3.6%	Chromosomal abnormalities 4.6%	Chromosomal abnormalities 2.5%	Anxiety and fear-related disorders 5.3%	Neurodevelopmental disorders 4.3%
5	Cerebral Palsy 2.9%	Other specified encounters and counseling 4.1%	Other specified and unspecified upper respiratory disease 2.5%	Trauma and stressor-related disorders 5.1%	Other specified and unspecified disease of bladder and urethra 3.7%
6	Depressive disorders 2.7%	Nervous system congenital anomalies 2.9%	Abdominal pain and other digestive/abdomen signs and symptoms 2.3%	Other specified and unspecified mood disorders 4.0%	Cerebral palsy 3.3%
7	Bipolar and related disorders 2.5%	Depressive disorders 2.1%	Asthma 2.2%	Other general signs and symptoms 3.7%	Respiratory failure; insufficiency, arrest 1.5%
8	Anxiety and fear-related disorders 2.0%	Epilepsy; convulsions 1.8%	Fever 2.2%	Bipolar and related disorders 3.4%	Cardiac and circulatory congenital anomalies 1.5%
9	Disruptive, impulsive control and conduct disorders 1.4%	Bipolar and related disorders 1.5%	Respiratory signs and symptoms 2.1%	Nervous system congenital anomalies 1.9%	Abdominal pain and other digestive/abdomen signs and symptoms 1.4%
10	Nervous system congenital anomalies 1.3%	Other aftercare encounter 1.5%	Epilepsy; convulsions 2.1%	Other specified and unspecified congenital anomalies 1.9%	Other specified and unspecified lower respiratory disease 1.4%
<i>Total</i>	85.3%	83.7%	48.8%	87.9%	76.8%

In general, the younger age categories' primary diagnoses were under-represented among the top ten diagnoses (Table 56). This may partially be due to the fact that a child must be diagnosed with a disability to be eligible for STAR Kids, and it takes time to receive such diagnoses. Neurodevelopmental disorders were the top diagnoses for four of the five Data Types and ranked fourth for DME and Supplies. It was the only category of diagnoses that appeared among the top ten diagnoses for all five Data Types. Other general signs and symptoms appeared in the top ten for four of the Data Types. Chromosomal abnormalities, cerebral palsy, depressive disorders, and bipolar and related disorders appeared in three of the five Data Types' top ten diagnoses. Many of the top diagnoses related to respiratory issues and/or diseases.

Limitations

This section details observations and reflections that provide context for the format of the 2022 Driscoll Health Plan Report.

Extensive research has documented gender and race/ethnicity disparities in health and health issues. Sociodemographic characteristics of DHP members were only examined in terms of overall frequencies. When sub-analyses were conducted, age categories were the prioritized demographic characteristic. Sub-analyses were not conducted uniformly for gender nor race/ethnicity and such findings only appear in this report when disparities were pronounced.

A significant proportion of member claims from the Hidalgo region had “unknown” listed as their racial/ethnic identification. This was inconsistent with the proportion of “unknown” racial/ethnic indications from the Nueces region. This is problematic as it skews findings related to racial/ethnic distributions. Researchers recommend adjusting data collection forms and practices in the Hidalgo region to mirror those in the Nueces region; this should improve the quality and accuracy of this self-reported data.

Due to the breadth of claim types, analyses in this report were limited to those with the greatest proportions of claims. Discussions with DHP administration may lead to prioritizing analyses differently in future reports.

Analysis of secondary diagnoses were limited to the data provided, which only included the first two secondary diagnoses listed for each claim that had a secondary diagnosis or diagnoses. This eliminates all other secondary diagnosis data listed for claims, which will have a significant impact on findings for this variable. For future iterations of DHP reports, it may be beneficial to provide separate files with secondary diagnosis data so the full data set can be analyzed.

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**Appendix A. University of Wisconsin Population Health
Institute: County Health Attributes**

	Texas	Aransas (ARA), TX X	Bee (BEE), TX X	Brooks (BRO), TX X	Calhoun (CAH), TX X	Cameron (CAM), TX X	Duval (DUV), TX X	Goliad (GOL), TX X	Hidalgo (HID), TX X
Health Outcomes									
Length of Life									
Premature death	7,000	12,300	10,000	13,600	8,100	7,400	11,500	7,500	6,800
Quality of Life									
Poor or fair health	● 21%	26%	29%	38%	27%	35%	34%	23%	34%
Poor physical health days	● 3.6	4.6	4.6	5.5	4.4	5.2	4.9	4.1	5.2
Poor mental health days	● 3.9	4.8	4.4	4.8	4.4	4.6	4.5	4.5	4.6
Low birthweight	8%	9%	10%	8%	7%	8%	9%	8%	9%
Health Factors									
Health Behaviors									
Adult smoking	● 15%	21%	19%	19%	18%	16%	17%	17%	16%
Adult obesity	● 34%	36%	42%	44%	40%	42%	43%	37%	48%
Food environment index	● 6.1	5.7	6.5	5.5	5.3	5.6	6.1	7.2	5.3
Physical inactivity	● 27%	36%	37%	44%	36%	38%	40%	31%	37%
Access to exercise opportunities	80%	77%	46%	35%	54%	66%		47%	62%
Excessive drinking	● 20%	20%	19%	15%	18%	20%	16%	19%	15%
Alcohol-impaired driving deaths	25%	9%	17%	15%	45%	17%	9%	27%	33%
Sexually transmitted infections	● 445.1	259.5	647.9	521.6	427.4	490.8	519.9	130.6	361.5
Teen births	29	34	45	73	48	44	47	23	44
Clinical Care									
Uninsured	21%	25%	19%	19%	20%	31%	22%	17%	33%
Primary care physicians	1,630:1	3,360:1	4,650:1		1,940:1	2,020:1			2,160:1
Dentists	1,660:1	3,400:1	3,610:1	6,960:1	2,100:1	3,100:1		1,910:1	3,540:1
Mental health providers	760:1	1,190:1	2,320:1	3,480:1	4,200:1	1,410:1	11,060:1	3,810:1	1,420:1
Preventable hospital stays	4,255	2,606	5,479	7,356	6,266	5,178	5,698	4,833	5,268
Mammography screening	39%	45%	31%	30%	33%	32%	29%	36%	33%
Flu vaccinations	46%	47%	33%	38%	33%	41%	36%	42%	45%
Social & Economic Factors									
High school completion	84%	87%	79%	67%	81%	69%	70%	82%	67%
Some college	63%	50%	44%	40%	50%	49%	47%	66%	51%
Unemployment	● 7.6%	8.5%	9.8%	10.7%	5.8%	10.2%	12.1%	7.7%	11.6%
Children in poverty	19%	31%	26%	45%	21%	35%	32%	21%	33%
Income inequality	4.8	5.3	5.0	8.6	3.7	5.3	5.2	6.8	5.6
Children in single-parent households	26%	37%	27%	41%	24%	34%	36%	12%	31%
Social associations	7.5	4.7	4.6	5.6	9.9	4.9	3.6	9.1	3.5
Violent crime	● 420	477	252	234	512	319	611	211	312
Injury deaths	60	112	71	73	61	35	82	84	32
Physical Environment									
Air pollution - particulate matter	9.0	9.5	9.7	10.4	9.4	10.4	10.0	9.3	11.5
Drinking water violations		No	Yes	No	Yes	Yes	Yes	No	Yes
Severe housing problems	17%	18%	21%	25%	18%	23%	20%	8%	25%
Driving alone to work	79%	77%	86%	89%	85%	83%	76%	81%	79%
Long commute - driving alone	39%	25%	25%	19%	18%	22%	33%	58%	23%

	Texas	Jim Hogg (JIH), TX X	Jim Wells (JIW), TX X	Karnes (KAR), TX X	Kenedy (KED), TX X	Kleberg (KLE), TX X	Live Oak (LIV), TX X	Maverick (MAV), TX X	McMullen (MCM), TX X
Health Outcomes									
Length of Life									
Premature death	7,000	10,600	11,300	8,500		9,900	7,400	8,300	
Quality of Life									
Poor or fair health	● 21%	35%	31%	28%	45%	29%	28%	37%	20%
Poor physical health days	● 3.6	5.1	4.7	4.4	6.4	4.5	4.5	5.3	3.5
Poor mental health days	● 3.9	4.5	4.4	4.3	5.5	4.3	4.6	4.6	3.9
Low birthweight	8%	8%	10%	8%		8%	7%	8%	
Health Factors									
Health Behaviors									
Adult smoking	● 15%	18%	17%	18%	25%	16%	20%	18%	14%
Adult obesity	● 34%	44%	41%	40%	44%	41%	41%	42%	36%
Food environment index	● 6.1	5.4	6.7	7.7	4.4	5.7	7.4	5.5	5.9
Physical inactivity	● 27%	42%	38%	35%	50%	36%	36%	42%	28%
Access to exercise opportunities	80%		56%	53%	0%	67%	22%	67%	18%
Excessive drinking	● 20%	16%	17%	19%	15%	17%	19%	15%	21%
Alcohol-impaired driving deaths	25%	20%	15%	14%	0%	12%	24%	21%	0%
Sexually transmitted infections	● 445.1	365.4	454.5	301.3		867.0	245.8	424.0	0.0
Teen births	29	50	49	36		32	31	56	
Clinical Care									
Uninsured	21%	18%	22%	19%	26%	20%	22%	29%	14%
Primary care physicians	1,630:1	5,200:1	4,500:1	3,900:1	400:0	2,360:1	12,210:1	4,190:1	740:0
Dentists	1,660:1	5,180:1	2,890:1	1,730:1	380:0	1,780:1	6,160:1	4,490:1	720:0
Mental health providers	760:1		1,120:1	7,780:1	380:0	1,900:1	12,320:1	3,430:1	720:0
Preventable hospital stays	4,255	6,750	4,305	3,737		6,169	2,511	5,869	5,381
Mammography screening	39%	23%	30%	33%		36%	32%	22%	19%
Flu vaccinations	46%	33%	40%	44%	38%	34%	34%	24%	34%
Social & Economic Factors									
High school completion	84%	75%	78%	76%	22%	79%	78%	61%	89%
Some college	63%	33%	46%	40%	1%	66%	40%	53%	50%
Unemployment	● 7.6%	9.5%	13.0%	6.3%	5.4%	8.4%	7.5%	15.0%	2.8%
Children in poverty	19%	31%	33%	23%	14%	30%	24%	28%	12%
Income inequality	4.8	5.4	5.7	6.1	2.8	6.9	6.0	6.9	4.7
Children in single-parent households	26%	39%	39%	28%	0%	36%	23%	31%	40%
Social associations	7.5	0.0	6.2	10.3	0.0	7.8	10.6	2.6	0.0
Violent crime	● 420	77	583	262	978	500	320	179	123
Injury deaths	60	58	65	57		51	71	39	
Physical Environment									
Air pollution - particulate matter	9.0	10.2	10.3	9.5	10.3	11.6	9.7	9.0	9.3
Drinking water violations		No	Yes	Yes	No	Yes	No	Yes	No
Severe housing problems	17%	18%	17%	13%	10%	20%	9%	24%	16%
Driving alone to work	79%	83%	83%	83%	99%	80%	78%	82%	69%
Long commute - driving alone	39%	29%	42%	25%	19%	25%	40%	19%	41%

	Texas	Nueces (NUE), TX X	Refugio (REF), TX X	San Patricio (SAP), TX X	Starr (STA), TX X	Victoria (VIC), TX X	Webb (WEB), TX X PEER COUNTY	Willacy (WIA), TX X	Zapata (ZAP), TX X
Health Outcomes									
Length of Life									
Premature death	7,000	8,700	8,800	9,000	8,300	8,500	6,800	9,700	7,800
Quality of Life									
Poor or fair health	● 21%	26%	26%	28%	42%	25%	34%	38%	38%
Poor physical health days	● 3.6	4.2	4.4	4.4	5.9	4.2	5.0	5.5	5.5
Poor mental health days	● 3.9	4.2	4.4	4.4	5.0	4.4	4.5	4.7	4.8
Low birthweight	8%	9%	8%	9%	9%	8%	8%	8%	8%
Health Factors									
Health Behaviors									
Adult smoking	● 15%	16%	17%	17%	21%	18%	17%	20%	19%
Adult obesity	● 34%	41%	38%	41%	47%	38%	42%	46%	43%
Food environment index	● 6.1	7.0	6.9	6.8	4.3	7.2	6.8	4.6	6.2
Physical inactivity	● 27%	32%	35%	37%	48%	32%	39%	45%	44%
Access to exercise opportunities	80%	93%	10%	62%	34%	73%	92%	11%	25%
Excessive drinking	● 20%	22%	18%	19%	14%	20%	16%	16%	15%
Alcohol-impaired driving deaths	25%	22%	12%	17%	53%	24%	24%	28%	50%
Sexually transmitted infections	● 445.1	795.8	331.0	500.5	266.1	506.1	409.2	383.9	253.9
Teen births	29	33	31	38	59	37	52	40	61
Clinical Care									
Uninsured	21%	20%	19%	19%	31%	20%	30%	23%	29%
Primary care physicians	1,630:1	1,250:1	6,950:1	3,930:1	4,620:1	1,330:1	3,290:1	3,050:1	14,180:1
Dentists	1,660:1	1,820:1	3,440:1	2,310:1	8,030:1	1,770:1	3,120:1	21,160:1	7,090:1
Mental health providers	760:1	780:1	6,880:1	2,580:1	5,360:1	600:1	2,550:1	3,530:1	
Preventable hospital stays	4,255	3,926	4,107	3,362	5,325	5,551	4,850	6,312	6,126
Mammography screening	39%	42%	35%	40%	24%	42%	27%	23%	25%
Flu vaccinations	46%	42%	29%	41%	28%	51%	37%	49%	36%
Social & Economic Factors									
High school completion	84%	84%	83%	81%	58%	83%	68%	70%	65%
Some college	63%	58%	46%	50%	44%	56%	49%	36%	40%
Unemployment	● 7.6%	9.0%	8.2%	10.3%	17.3%	8.3%	8.5%	12.0%	12.4%
Children in poverty	19%	26%	24%	22%	35%	24%	30%	34%	40%
Income inequality	4.8	4.9	4.5	5.2	5.7	4.7	5.4	5.4	6.5
Children in single-parent households	26%	34%	32%	36%	40%	30%	31%	40%	27%
Social associations	7.5	7.4	11.5	9.9	2.5	9.2	3.5	4.7	2.1
Violent crime	● 420	685	336	361	263	425	382	731	96
Injury deaths	60	71	82	66	35	64	43	58	48
Physical Environment									
Air pollution - particulate matter	9.0	9.7	9.4	10.1	11.0	9.7	10.4	10.8	10.2
Drinking water violations		No	No	No	Yes	Yes	Yes	No	Yes
Severe housing problems	17%	18%	14%	16%	22%	16%	27%	18%	25%
Driving alone to work	79%	82%	84%	86%	72%	80%	81%	83%	70%
Long commute - driving alone	39%	18%	41%	33%	25%	20%	24%	31%	22%