

# The Evolution and Impact of Hospital Price Transparency in North Carolina

Christine Ward, Tim Reeder

**BACKGROUND** Health care costs are on the rise and causing financial burden for many patients. Price transparency has been proposed as a tool to control health care costs. New federal legislation requires all hospitals to publish their chargemasters, or price lists, on their websites as of January 1, 2019.

**METHOD** All general acute care hospitals in North Carolina were contacted in 2017 to request price information. After mandatory chargemaster publication was in effect in 2019, all hospitals previously contacted had their websites evaluated for chargemaster availability. Price information collected in 2019 was compared to information collected in 2017.

**RESULTS** Zero percent of hospitals provided access to chargemasters in 2017, and 72% provided access in 2019. Average price per queried item decreased from 2017 to 2019. Price variability also decreased. However, there was no statistical significance when comparing price means.

**LIMITATIONS** In 2017, price data was limited due to low hospital participation when queried for prices. In 2019, this study's definition of "access to chargemaster" inadvertently excluded some North Carolina hospitals from qualifying as providing price access.

**CONCLUSION** After mandated chargemaster publication, consumer access to hospital price lists greatly increased in North Carolina. Price data, although limited, reveals decreased mean prices and decreased price variability for queried procedures after chargemaster publication was required.

Every hospital has a Charge Description Master (CDM), or "chargemaster," a comprehensive list of reference codes, descriptions, and list prices of all billable items. Historically, price comparison among hospitals has not been possible due to incomplete or unavailable chargemasters. Chargemasters were historically seen as somewhat arbitrary since insured patients receive bills from their insurance providers, not hospitals exclusively. The interplay between insurance companies and hospital contracts has typically overshadowed the utility of the hospitals' standard price list. However, the chargemaster does have relevance in the health care market, particularly with the uninsured: self-pay and uninsured patients are often charged full chargemaster prices [1]. Hospital prices have increased almost three times the rate of general inflation since the 1980s [2] and created a financial burden for many patients of varying insurance status [3,4]. One-quarter of US adults report trouble paying medical bills with 66% of that population citing acute incidents and short hospital stays as the source of their bills [5].

With health care costs becoming burdensome, cost transparency has been suggested as a tool to reduce health care costs. Recently, hospital chargemaster access has been the focus of the transparency movement. The American Medical Association Medical Student Section (AMA-MSS) passed an internal policy in June 2017 advocating for hospitals to publish their chargemasters for public use [6]. On January 1, 2019, the federal government's Section 2718(e) of the Public Health Service Act took effect and required all hospitals to publish their chargemasters. The Public Health Service Act

was part of the Affordable Care Act and mandates that all hospitals make their chargemasters electronically available in a downloadable "machine-readable" format, containing all hospital prices including for biologics, medications, procedures, diagnostic-related groups (DRGs), and equipment, and update them least annually [7, 8].

Before this federal rule, North Carolina law regarding health care price transparency was limited to the Health Care Cost Reduction and Transparency Act of 2013, which mandated hospital price reporting of the 100 most common DRGs, 20 most common imaging procedures, and 20 most common outpatient surgical procedures. Despite this initiative, North Carolina received an "F" grade on the State Price Transparency Laws report card by Catalyst Reform in 2016 [9]. Only one state had required chargemaster access before the Public Health Service Act was implemented. California's Hospital Fair Pricing Act of 2006 mandated chargemaster publication and ultimately led to a reduction in health care costs for uninsured patients [10].

This study originated in 2017 as an evaluation of patient access to chargemasters across North Carolina hospitals and was continued into 2019 to evaluate changes in North

Electronically published March 2, 2020.

Address correspondence to Christine Ward, Department of Surgery, HSC T-19 030, Stony Brook Medicine, Stony Brook, NY 11794 (christineward.stonybrookmedicine.edu).

N C Med J. 2020;81(2): 95-99. ©2020 by the North Carolina Institute of Medicine and The Duke Endowment. All rights reserved. 0029-2559/2020/81202

Carolina chargemaster access before and after the Public Health Service Act was implemented.

## Methods

In 2017, all hospitals listed as “general acute care” on the North Carolina Healthcare Association (NCHA) member directory were called using the phone number listed. All calls were made during July and August 2017 during business hours (M-F, 8-5) and caller asked for access to the chargemaster. If access to the chargemaster was denied, caller asked for prices of four inpatient labs and procedures and provided Current Procedural Terminology (CPT) codes if prompted. Caller requested price information for complete blood count with differential (CBC, CPT 85025), basic metabolic panel (BMP, CPT 80049), 2D limited view echocardiogram (echo, CPT 93308), and diagnostic lumbar puncture (LP, CPT 62270). Data recorded included access to chargemaster, price information, how many transfers were needed until information was obtained, if and when any voicemails were left, and if messages were returned.

In 2019, all hospitals previously called were evaluated for online chargemaster access during the months of February and March. Hospital websites listed in the NCHA directory were visited, and the following queries were searched in sequence using the hospital homepage search feature: “chargemaster,” “charge,” “price list,” and “cost.” After each query was searched, the total number of results was recorded, and results were surveyed for links to price information. Relevant links were clicked, and often included key words like “finance,” “billing,” and “transparency.” The search was terminated if a query resulted in chargemaster access. If the chargemaster link was found, the chargemaster was downloaded. Any price information obtained from 2017 was complemented with a chargemaster search for 2019 prices.

“Online access to chargemasters” was defined as having the hospital homepage search feature result in a link to a downloadable and searchable price list after the queries “chargemaster,” “charge,” “price list,” and “cost” were used sequentially.

Data collection was completed on March 4, 2019. All hospitals listed as having no chargemaster access were reevaluated on March 31, 2019 to ensure accuracy of this designation.

## Results

### 2017

One hundred twelve hospitals were called. Zero percent provided chargemaster access. Eighteen percent provided 1-3 requested prices. Less than 1% provided all four requested prices (Table 1.1). Fourteen hospitals provided CBC pricing, seven provided BMP pricing, nine provided 2D echo pricing, 16 provided diagnostic LP pricing. CBC prices ranged from \$58 to \$7,528 with 12,879% variation; BMP prices ranged from \$154 to \$481 with 214% variation;

**TABLE 1.1.**  
2017 Access to Hospital Chargemaster and Prices

	Provided CDM Access	Provided 1-3 prices	Provided all (4) requested prices
Hospitals (N = 112)	0	20	1

**TABLE 1.2.**  
2019 Access to Hospital Chargemaster and Prices

	Access to Chargemaster	No Access to Chargemaster
Hospitals (N = 110)	79	31

2D echo prices ranged from \$220 to \$14,461 with 6,473% variation; and LP prices ranged from \$419 to \$81,000 with 19,231% variation (Table 2).

### 2019

One hundred ten hospital websites were accessed. Two hospitals closed since initial data collection (Our Community Hospital and Davie Medical Center-Mocksville). Seventy-two percent provided chargemaster access on their website (Table 1.2). CBC prices ranged from \$72 to \$258 with 258% variation; BMP prices ranged from \$157 to \$245 with 56% variation; 2D echo prices ranged from \$401 to \$1365 with 240% variation; and LP prices ranged from \$170 to \$1969 with 1,058% variation (Table 2).

### 2017 versus 2019

A paired sample t-test was used to compare mean prices from 2017 and 2019 for each requested item (Table 4). There was no significant difference in CBC price means between 2017 (mean = 722.85, SD = 2046.74) and 2019 (mean = 130.79, SD = 45.46),  $t = 1.04$ ,  $df = 12$ ,  $P = .318$ . There was no significant difference in BMP price means between 2017 (mean = 206.67, SD = 47.49) and 2019 (mean = 194.33, SD = 28.65),  $t = .76$ ,  $df = 5$ ,  $P = .482$ . There was no significant difference between 2D echo price means between 2017 (mean = 2,691.56, SD = 4,773.59) and 2019 (mean = 877.34, SD = 536.48),  $t = 1.03$ ,  $df = 7$ ,  $P = .338$ . There was no significant difference in LP price means

**TABLE 2.**  
2017 vs. 2019 Price Range and Variation

Procedure	2017 Price Range & Percent Variation	2019 Price Range & Percent Variation
CBC	\$58 - \$7,528 12,879%	\$72 - \$258 258%
BMP	\$153 - \$481 214%	\$157 - \$245 56%
Echo	\$220 - \$14,461 6,473%	\$401 - \$1,365 240%
LP	\$419 - \$81,000 19,231%	\$170 - \$1,969 1,058%

**TABLE 3.**  
Paired Sample Statistics

Items	Mean (\$)	N	Std. Deviation	Std. Error Mean
2017 CBC	722.8469	13	2046.73840	567.66310
2019 CBC	130.79	13	45.463	12.609
2017 BMP	206.667	6	47.4907	19.3880
2019 BMP	194.33	6	28.654	11.698
2017 Echo	2691.56	8	4773.59209	1687.71967
2019 Echo	877.3375	8	536.48135	189.67480
2017 LP	11536.6314	14	25221.5309	6740.73767
2019 LP	991.68	14	536.737	143.449

between 2017 (mean = 11,536.63, SD = 25,221.53) and 2019 (mean = 991.68, SD = 536.74),  $t = 1.551$ ,  $df = 13$ ,  $P = .145$  (Table 3, Table 4).

With such wide price variation, comparing price mean differences from 2017 to 2019 was insignificant. However, each item experienced a mean price decrease from 2017 to 2019 (Table 5) and reduced variation in prices (Table 2). See appendices for complete price data. Data was analyzed using SPSS software.

## Discussion

Hospital price information access in North Carolina did increase after the implementation of the Public Health Service Act. However, price data was too minimal—due to low hospital participation when requesting prices in 2017—and too variable to derive any statistical significance. In order to properly evaluate the impact of price transparency on price trends, prices need to be followed over a longer period of time while accounting for other aspects of health care outcomes. For example, observing North Carolina insurance reimbursement rates and insured patient hospital bills over time, recording patient selection of hospital facility due to price information, and trending chargemaster prices over years while controlling confounding factors would provide more accurate relationships between price changes and their correlation with consumer access to price data.

During this study's 2019 search for chargemasters, "online access to chargemasters" was defined as having the hospital homepage search feature result in a link to a downloadable and searchable price list after the queries "chargemaster," "charge," "price list," and "cost" were used sequentially. Due to this definition, some hospitals may have been incorrectly labeled as providing "no access" to chargemasters. For example, UNC Health Care web pages for Caldwell (caldwellmemorial.org), Chatham (uncchatham.org), Johnston (johnstonhealth.org), Lenoir (unclenoir.org), Rex (rexhealth.com), and Rockingham (uncrockingham.org) hospitals did not have search results that led back to UNC Health Care's central chargemaster page, excluding them from qualifying as providing access to chargemasters. Two hospitals (Alleghany Memorial and Columbus Regional) did not have homepage search features, which excluded them from the study's definition of price access, although on further investigation Columbus Regional did provide access to the chargemaster under a financial link (Appendix 1). This study's "access" definition was designed with consumer-friendliness in mind. Future studies can evaluate chargemaster access using a broader definition to include hospitals with the aforementioned circumstances.

Some hospital systems had each individual hospital web page link easily to a centralized website that contained chargemaster links. Vidant and Mission were examples of this. Other hospital systems, like Cone Health and FirstHealth, have one chargemaster that is applicable to all their hospital locations. Some hospitals require consumers to view disclaimers before accessing the chargemaster. Most disclaimer language explains that the price lists are

**APPENDIX 1.**  
2019 Hospitals Without Chargemaster Access as Defined by This Study

This appendix is available in its entirety in the online edition of the NCMJ.

**TABLE 4.**  
Paired Sample t-test Data

	Paired Differences						t	df	Sig. (2-tailed)
	Mean (\$)	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference					
				Lower	Upper				
Pair 1: 2017 mean CBC price - 2019 CBC mean price	592.05615	2047.53590	567.88428	-645.25741	1829.36971	1.043	12	.318	
Pair 2: 2017 mean BMP and 2019 BMP mean price	12.3333	39.7815	16.2407	-29.4148	54.0814	.759	5	.482	
Pair 3: 2017 Echo and 2019 Echo mean price	1814.22250	4989.71532	1764.13077	-2357.2839	5985.72890	1.028	7	.338	
Pair 4: 2017 LP and 2019 LP mean price	10544.9529	25434.4243	6797.63583	-4140.4465	25230.3523	1.551	13	.145	

**TABLE 5.**  
2017 vs. 2019 Mean Prices and Difference

Procedure	Avg 2017 Price	Avg 2019 Price	Difference in Mean from 2017 to 2019
CBC	\$675.36	\$130.79	-\$544.57
BMP	\$245.86	\$194.33	-\$51.53
Echo	\$2,866.07	\$942.24	-\$1,923.83
LP	\$10,920.20	\$1,000.35	-\$9,919.85

not reflections of what patients will be billed, do not factor in insurance or financial assistance, and do not include physician and provider fees. Disclaimers frequently encourage use of price estimator tools and discourage use of the chargemaster.

Hospitals may be offering price estimator tools and explicitly discouraging the use and validity of the published chargemaster, but there is an argument that estimated prices are not useful in decluttering the complex culture of health care pricing. Relying on estimator tools and price experts further muddles health care costs by keeping list prices obscured and relying on aggregate data and consumer reporting. This shifts the focus from the hospital and increases reliance on redundant health care third parties.

Although this study did not investigate chargemasters for compliance with the Public Health Service Act, doing so

**APPENDIX 2.1.**  
Raw Price Data for CBC

This appendix is available in its entirety in the online edition of the NCMJ.

**APPENDIX 2.2.**  
Raw Price Data for Basic Metabolic Panel (BMP)

This appendix is available in its entirety in the online edition of the NCMJ.

**APPENDIX 2.3.**  
Raw Price Data for Echocardiogram

This appendix is available in its entirety in the online edition of the NCMJ.

**APPENDIX 2.4.**  
Raw Price Data for Lumbar Puncture (LP)

This appendix is available in its entirety in the online edition of the NCMJ.

would be warranted in a subsequent study. The law requires chargemasters to include all billable options including medications, biologics, and DRG prices. Some hospitals, like Onslow Memorial (onslow.org), only provide a list of “average prices” for about 100 labs and procedures, but no medications or biologics are included. New Hanover Regional Medical Center has “average low” and “average high” price and is not downloadable. Martin General Hospital directly quotes its pledge to the Public Health Service Act and instructs patients to call for price information, but provides no online access. The Novant hospital system does not provide a downloadable price list, only a tool where items in question must be searched one by one. These hospital systems are examples of noncompliance with the Public Health Service Act.

Critics are eager to point out that chargemaster prices seem unrelated to billing and are an inappropriate mechanism to target cost control [11]. However, studies have shown that chargemasters are indeed relevant to what patients pay [12], and that hospitals use the chargemaster strategically as a revenue-seeking function [13]. Chargemasters may be the foundation of hospital pricing, for the uninsured and insured alike, and therefore deserve attention and scrutiny.

Most hospitals in North Carolina do comply with this law designed to be “consumer-friendly” by providing access to their chargemasters. However, accessing standard hospital prices is only a small step toward a transparent health care price system. Detangling the influence of insurance company price contracts with hospitals is another challenge in the quest for health care transparency. Transparency initiatives could ultimately declutter the billing process. As it currently stands, health care prices are rising and simple information about price tags is still elusive overall. Hospitals are the focus of transparency efforts now, and we can hope the transparency movement continues—whether it be by legislation or pressure from consumers and physicians—with the end goal of empowering patients with basic information about health care costs. **NCMJ**

**Christine Ward, MD** general surgery resident, Stony Brook University Hospital, Stony Brook, New York.

**Tim Reeder, MD MPH** associate professor and vice chair of clinical operations, Department of Emergency, Brody School of Medicine, East Carolina University.

**Acknowledgments**

We thank Dr. Kori Brewer for the long-term oversight of the students in the Research Distinction Track at the Brody School of Medicine at East Carolina University and for providing guidance throughout the entire life of this study, and Professors Hugh Lee and Maria Clay for their mentorship and support.

Potential conflicts of interest. The primary author was a medical student at Brody School of Medicine at East Carolina University, which is partnered with Vidant Medical Center, while conducting this study. The secondary author is employed by East Carolina University, which is partnered with Vidant Medical Center.

**References**

1. Anderson G. From ‘Soak the Rich’ To ‘Soak the Poor’: Recent Trends in Hospital Pricing. *Health Affairs*. 2007; 26(3):780-789.

2. Bureau of Labor Statistics. 2015 Consumer Price Index. United States Department of Labor. <https://www.bls.gov/bls/news-release/cpi.htm>. Accessed April 15, 2017.
3. Hoffman AB, Bindan AB. Varying Charges and Questionable Costs. *Journal of General Internal Medicine*. 2015;30(11):1579-1580.
4. Himmelstein DU, Thome D, Woolhandler S. Medical Bankruptcy in the United States, 2007, Results of a National Study. *The American Journal of Medicine*. 2009 Aug;122(8):741-746.
5. Hamel L, Norton M, Pollitz K, Levitt L, Claxton G, Brodie M. The Burden of Medical Debt: Results from the Kaiser Family Foundation/New York Times Medical Bills Survey. Kaiser Family Foundation. January 2016. <https://www.kff.org/wp-content/uploads/2016/01/8806-the-burden-of-medical-debt-results-from-the-kaiser-family-foundation-new-york-times-medical-bills-survey.pdf>. Accessed April 15, 2017.
6. 155.005 Public Access to Chargemasters. AMA-MSS Digest of Policy Actions. <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/mss/mss-digest-of-policy-actions.pdf>. Accessed September 5, 2017.
7. Frequently Asked Questions Regarding Requirements For Hospitals To Make Public A List Of Their Standard Charges Via The Internet.; 2019. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps/downloads/faqs-req-hospital-public-list-standard-charges.pdf>. Accessed March 20, 2019.
8. Additional Frequently Asked Questions Regarding Requirements For Hospitals To Make Public A List Of Their Standard Charges Via The Internet.; 2019. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ProspectivePaymentSystem/Downloads/Additional-Frequently-Asked-Questions-Regarding-Requirements-for-Hospitals-To-Make-Public-a-List-of-Their-Standard-Charges-via-the-Internet.pdf>. Accessed March 20, 2019.
9. Brantes F, Delbanco S. Report Card on State Price Transparency Laws. Catalyst For Payment Reform. July 2016. [https://www.catalyze.org/wp-content/uploads/woocommerce\\_uploads/2017/04/2016-Report-Card-on-State-Price-Transparency-Laws.pdf](https://www.catalyze.org/wp-content/uploads/woocommerce_uploads/2017/04/2016-Report-Card-on-State-Price-Transparency-Laws.pdf). Accessed April 15, 2017.
10. Bai G. California's Hospital Fair Pricing Act Reduced The Prices Actually Paid By Uninsured Patients. *Health Affairs*. 2015;34(1):64-70.
11. Furlow B. Skepticism about new US Government hospital pricing transparency rule. *The Lancet Oncology*. 2019;20(2):188.
12. Batty M, Ippolito B. Mystery of the chargemaster: Examining the role of hospital list prices in what patients actually pay. *Health Aff*. 2017;36(4):689-696.
13. Bai G, Anderson GF. US Hospitals Are Still Using Chargemaster Markups To Maximize Revenues. *Health Affairs*. 2016;35(9):1658-1664.

**APPENDIX 1.**  
**2019 Hospitals Without Chargemaster Access as Defined by This Study**

Hospital	Commentary on CDM Criteria
Alleghany Memorial Hospital	No search feature. Home page links to "billing questions" and "FAQs" did not reveal chargemaster.
Caldwell UNC Health Care	Search results do not lead to CDM link.
Cape Fear Valley Hoke Hospital	No search results for any terms.
Cape Fear Valley Medical Center	No search results for any terms.
Cape Fear Valley, Bladen Healthcare LLC	No search results for any terms.
Chatham Hospital-UNC Healthcare	Search results do not lead to CDM link.
Cherokee Indian Hospital	Search results do not lead to CDM link.
Columbus Regional	No search feature. Of note, chargemaster was accessible by clicking links from home page.
Hugh Chatham Memorial Hospital-UNC Healthcare	Search results do not lead to CDM link.
Johnston Health-UNC Healthcare	Search results do not lead to CDM link.
LifeBrite Community Hospital of Stokes	Search results do not lead to CDM link.
Martin General Hospital	Search results do not lead to CDM link. Of note, the page references the Public Health Service Act with instructions to call.
Morehead Memorial Hospital-now UNC Rockingham	Search results do not lead to CDM link.
New Hanover Regional Medical Center	Search results lead to price list that is not downloadable. Of note, list has "average low" and "average high" price, not a standard price.
North Carolina Specialty Hospital	Search results lead to page dedicated to "required federal information." No links or price information listed.
Novant Health Brunswick Medical Center	Search results lead to a "standard charges" web page. No price list is available. Must use a search feature based on clinical area to obtain prices one at a time.
Novant Health Forsyth Medical Center	(see above)
Novant Health Huntersville Medical Center	(see above)
Novant Health Kernersville Medical Center	(see above)
Novant Health Matthews Medical Center	(see above)
Novant Health Medical Park Hospital	(see above)
Novant Health Presbyterian Medical Center	(see above)
Novant Health Rowan Medical Center	(see above)
Novant Health Thomasville Medical Center	(see above)
Onslow Memorial Hospital	Search results do not lead to CDM link.
Pender Memorial Hospital	Search results lead to price list that is not downloadable, only viewable on website. List of "average low" and "average high" price.
UNC Lenoir Health Care	Search results do not lead to CDM link.
UNC REX Healthcare	Search results do not lead to CDM link.
Wake Forest Baptist Health - Wilkes Medical Center	Search results do not lead to CDM link.
Wake Forest Baptist Health - Davie Medical Center	Search results do not lead to CDM link.

**APPENDIX 2.1.  
Raw Price Data for CBC**

Hospitals That Gave 2017 Price Information	2017 CBC w/Diff (\$)	2019 CBC w/Diff (\$)	Price Diff, Change from 2017 to 2019 (\$)
Betsy Johnson	168.5	131.5	-37
Blue Ridge Regional	100.5	117	16.5
Carolina East Health System	108	122	14
Carteret Health Care	89	84.35	-4.65
Central Harnett	168.5	131.25	-37.25
Chatham Hospital	115	149	34
Davis Regional Medical Center	307	258.38	-48.62
Iredell Health System	382	119.8	-262.2
Mission Hospital	100.5	117	16.5
Murphy Medical Center	91	105	14
Novant Forsyth	7528.01	126	-7402.01
Our Community Hospital (closed)	58	-	-
Randolph	72	72	0
The Outer Banks Hospital	167	167	0
<b>Average</b>	<b>675.36</b>	<b>130.79</b>	<b>-592.06</b>

**APPENDIX 2.2.  
Raw Price Data for Basic Metabolic Panel (BMP)**

Hospitals That Gave 2017 Price Info	2017 BMP (\$)	2019 BMP (\$)	BMP Diff, Change from 2017 to 2019 (\$)
Betsy Johnson	202.5	196	-6.5
Blue Ridge Regional	276	186	-90
Carolina East Health System	153	157	4
Central Harnett	202.5	196	-6.5
Charles Cannon Memorial			
Mission Hospital	161	186	25
Our Community Hospital (closed)	481	-	-
The Outer Banks Hospital	245	245	0
<b>Average</b>	<b>245.86</b>	<b>194.33</b>	<b>-12.33</b>

**APPENDIX 2.3.  
Raw Price Data for Echocardiogram**

Hospitals That Gave 2017 Price Info	2017 Echo (\$)	2019 Echo (\$)	Echo Price Diff, Change from 2017 to 2019 (\$)
Angel Medical Center	1470	423	-1047
Betsy Johnson	921.24	1365.25	444.01
Carolina East Health System	1393	1739	346
Central Harnett	921.24	1365.25	444.01
Iredell Health System	220	818.2	598.2
McDowell Hospital	760	451	-309
Murphy Medical Center	1386	456	-930
Novant Forsyth	14461	401	-14060
<b>Averages</b>	<b>2691.56</b>	<b>877.3375</b>	<b>-1814.2225</b>

**APPENDIX 2.4.  
Raw Price Data for Lumbar Puncture (LP)**

Hospitals That Gave 2017 Price Info	2017 Lumbar Puncture (\$)	2019 Lumbar Puncture (\$)	LP Price Diff, Change from 2017 to 2019 (\$)
Angel Medical Center	907	879	-28
Betsy Johnson	944.5	1219.25	274.75
Caldwell UNC Health	935	1174	239
CaroMont Health	1605	1969	364
Carteret Health Care	580	586	6
Central Harnett	944.5	1219.25	274.75
Charles Cannon Memorial	581	616	35
Davis Regional Medical Center	1727.14	-	
Duke Raleigh	7130.84	170	-6960.84
Frye Regional Medical Center	5600	1334	-4266
Iredell Health System	1470	-	
Murphy Medical Center	720	1966	1246
Novant Forsyth	81000	507	-80493
Novant Health Thomasville	59000	529	-58471
Randolph	1146	1090	-56
The Outer Banks Hospital	419	625	206
<b>Averages</b>	<b>10294.37</b>	<b>991.68</b>	<b>-9226.83</b>