



National  
Association  
of Public  
Hospitals  
and Health  
Systems

## AMERICA'S PUBLIC HOSPITALS AND HEALTH SYSTEMS, 2004

Results of the Annual NAPH Hospital Characteristics Survey



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Results of the Annual NAPH Hospital Characteristics Survey

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WASHINGTON, DC

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## About the National Association of Public Hospitals and Health Systems

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The National Association of Public Hospitals and Health Systems represents more than 100 of America's most important safety net hospitals and health systems. These facilities provide high-quality health services for all patients, including the uninsured and underinsured, regardless of ability to pay. They provide many essential community-wide services, such as primary care, trauma care, and neonatal intensive care, and educate a substantial proportion of America's doctors and nurses. NAPH member hospitals and health systems are also major providers of ambulatory care services, providing over 30 million ambulatory care visits annually. NAPH advocates on behalf of its members on issues of importance to safety net health systems across the country. NAPH also conducts research on a wide range of issues that affect public safety net health systems.

## Acknowledgments

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## Foreword

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It gives me considerable pleasure, in NAPH's 25th anniversary year, to introduce our newest update of a valuable survey that NAPH has conducted for almost as long as our association has been in business. We began gathering and publishing information on the financial and service characteristics of our members in the early 1980s, when it became clear that our advocacy on behalf of public hospitals in Washington needed to be driven by facts rather than fundraising. Fortunately, from the very beginning, those facts have told a compelling story about the challenges facing America's safety net hospitals and health systems and the vulnerable patients they serve. The current report, updated to 2004, continues that tradition. More graphically than ever, this data sends a message to policymakers about the need for ongoing and increased support.

Good data has never been more essential than it is today in the changing health policy environment. Policy and financing reforms at every level of government require informed participation by safety net providers and the trade associations that represent them. This is certainly the case in the Medicaid environment, where major new policy initiatives are

being proposed or implemented at the federal level and in many states. But the need for this information goes well beyond Medicaid.

Other nationwide trends also demand that we respond with sound information and analysis. The movement toward improved quality and patient safety, the development of chronic disease management initiatives, the struggle to address disparities in both access and health status among many patient populations, the increasing demands of consumers and payers for transparency in the ability to compare providers—all of these initiatives are data-driven, and all require us to respond with facts rather than rhetoric.

For this reason, I am pleased by the continued high rate of participation by the membership in our annual survey. Through a combination of electronic data collection and improved responsiveness by members, we are able to deliver a comprehensive look at our nation's safety net hospitals and health systems. On behalf of NAPH's excellent research staff, let me conclude by acknowledging that our members face many requests or demands for information each year—and by thanking them for continuing to make this survey a priority.

**Larry S. Gage** President





## Executive Summary

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Members of the National Association of Public Hospitals and Health Systems continue to fulfill their safety net mission to provide care to all, regardless of their patients' ability to pay. Providing these critical services continues to be the core mission of public hospitals and their dedicated staff, but maintaining that mission is also an ongoing challenge, due to the reimbursement and budgetary realities they face. This report examines the operations and activities of NAPH members in 2004, presents their financial challenges, describes the clinical and community services they provided, and profiles the patients they served.

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Information on the 89 hospitals profiled in this report was taken from the annual NAPH member survey, which, for 21 years, has provided insight on public hospitals and their patients.

Key findings about NAPH members in fiscal year 2004 include the following:

### Safety Net Financing

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■ Medicaid remained the most important source of financing for public hospitals, with 35 percent of total net revenues for NAPH members coming from Medicaid in 2004. Medicaid discharge volumes and Medicaid births increased significantly for NAPH members between 1998 and 2004.

■ NAPH members rely on a combination of federal, state, and local funding sources for financial viability. Medicaid disproportionate share hospital (DSH) funding financed almost one-fifth of the unreim-

bursed care provided in 2004, while state and local subsidies financed 35 percent.

■ NAPH members continued to operate with margins significantly lower than the rest of the hospital industry. Even with DSH and other supplemental Medicaid payments (called upper payment limit or UPL payments), 58 percent of NAPH members had margins lower than 2 percent. The average margin for NAPH hospitals was 1.2 percent compared to 5.2 percent for all hospitals in the U.S. Without DSH or other supplemental Medicaid payments, overall NAPH member margins would drop to -10.5 percent.

### Serving Patients and Communities

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■ NAPH members provided an extraordinary amount of ambulatory care, averaging more than 405,000 visits in 2004, a steady increase since 1998. On average,

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they delivered higher volumes of emergency and non-emergency outpatient care in comparison to other acute care hospitals across the country and in their markets.

■ In addition to ambulatory care, NAPH members provided high volumes of inpatient services, averaging more than 18,000 discharges in 2004.

■ NAPH members continued to provide high volumes of care to uninsured and underserved patients in their communities. In 2004, 37 percent of outpatient visits and 23 percent of inpatient services were provided to self-pay patients, who generally cannot afford to pay for much, if any, of their care.

■ In 2004, NAPH members provided more than \$60 billion in total inpatient and outpatient services, with 30 percent of these services provided to Medicaid patients and 24 percent to self-pay patients.

■ Many public hospitals serve as the training site for physicians, nurses, and other health care professionals. In 2004, NAPH members trained medical and dental residents equal to more than 13,000 full-time equivalent (FTE) positions and trained allied health professionals translating into more than 890 FTE positions. This represents 18 percent of the doctors and more than 27 percent of the allied health professionals who received their training at acute care facilities nationwide.

■ Public hospitals continue to serve critical roles as first receivers in times of crisis and disaster, both natural and man-made. NAPH members are the only Level I trauma care centers, or the

only trauma centers of any level, in 30 communities across the country.

## Challenges Affecting Public Hospitals

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■ In 2004, 21 percent of public hospital costs were uncompensated, compared to 5.6 percent of costs for hospitals nationally. NAPH members represent only 2 percent of the nation's acute care hospitals, yet delivered 25 percent of the uncompensated care provided by U.S. hospitals that year.

■ Although the entire hospital industry experienced workforce shortages, NAPH members reported an average vacancy rate for nursing staff and pharmacists significantly higher than hospitals nationally.

■ NAPH members experienced steadily rising costs for training and supplies, adding to their financial burdens.

For member hospitals and health systems of NAPH, maintaining their commitment to provide quality care to members of their communities, especially to vulnerable populations, has been a challenge over the years. Many of these challenges, including growing medical costs, hospital workforce shortages, and the failure to address the plight of the uninsured, continue to threaten the viability of the health care safety net. With federal, state, and local governments looking to trim budgets, Medicaid and other programs critical to funding the care of the uninsured and underserved are often the targets of reductions. These cuts make it difficult for public hospitals to maintain levels of care while also making appropriate investments in health information technology and infrastructure.

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# The Role of Public Hospitals: Serving Patients and Communities

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With a growing federal deficit and reductions in state budgets, safety net financing remained precarious in 2004. In spite of this uncertainty, public hospitals continued to fulfill their mission to provide health care services to the uninsured and the underserved. Maintaining quality of care while meeting the demand for critical services among the vulnerable populations they care for, public hospitals achieved the delicate balance between serving their communities and maintaining financial viability. Although NAPH members represent only 2 percent of acute care hospitals in the nation and 13 percent of acute care hospitals in their respective markets, they continue to be major providers of inpatient care, outpatient care, and specialized services for millions who have no other source of medical coverage.



## PUBLIC HOSPITALS

Throughout this report, the term "public hospitals" is used to refer to NAPH member hospitals and health care providers owned and operated by cities, counties, states, universities, non-profit organizations, or other entities. NAPH member hospitals share a common safety net mission of providing health care to all, regardless of ability to pay.

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### Caring for Low-Income and Uninsured Patients

According to the Kaiser Commission on Medicaid and the Uninsured, more than 45 million people were uninsured in 2004. Millions of others had episodes where they lost insurance coverage during the year. These vulnerable populations often turn to public hospitals when they lack the resources to pay for their care. As a result, NAPH members often have high rates of uncompensated care as a percentage of total costs. Twenty-one percent of NAPH member costs are uncompensated, compared to uncompensated care costs of

5.6 percent for hospitals nationally.<sup>1</sup> In 2004, NAPH members — representing only 2 percent of the acute care hospitals in the country — administered 25 percent of the uncompensated care provided at hospitals across the nation.<sup>2</sup>

### Major Providers of Ambulatory Care

Public hospitals, along with community health centers, serve a critical role in their communities ensuring access to ambulatory care for the uninsured, Medicaid, and Medicare. In 2004, NAPH members provided more than 29 million non-emergency outpatient visits,

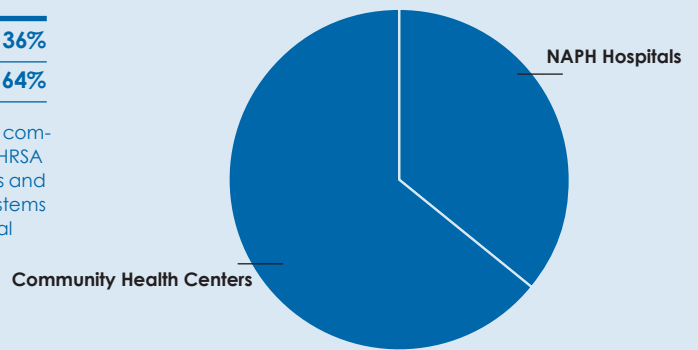
which represented more than one-third of all ambulatory care visits at safety net providers (see Figure 1). Of the non-emergency visits at NAPH members, approximately 59 percent were for specialty care services and 41 percent for primary

care services. In addition, NAPH member facilities also provided over six million emergency department visits (see Table 2 in Appendix C for data on individual NAPH members).

**FIGURE 1** Outpatient Visits to Safety Net Providers, 2004

<b>NAPH Hospitals</b>	<b>36%</b>
<b>Community Health Centers</b>	<b>64%</b>

This data from FY 2004 represents 914 community health centers that received HRSA Bureau of Primary Health Care grants and the 89 public hospitals and health systems that participated in the NAPH Hospital Characteristics Survey.



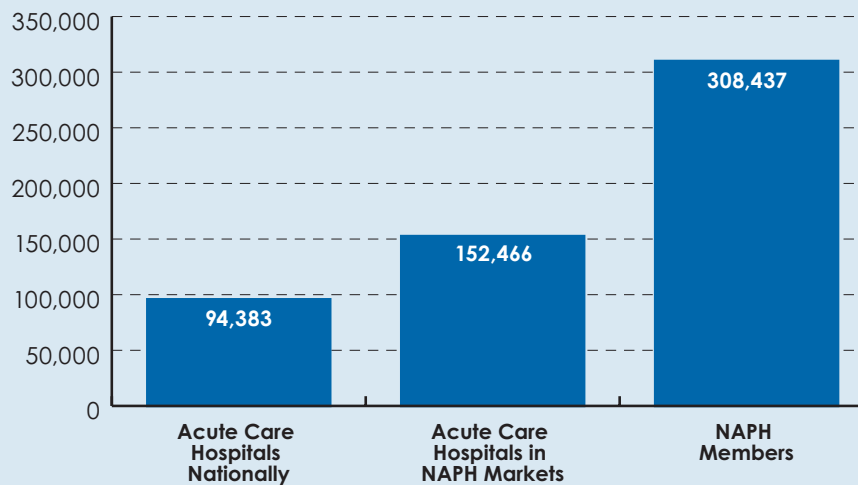
**SOURCE** NAPH Hospital Characteristics Survey, 2004, U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Uniform Data Set (UDS), 2004.

**PROVIDING CARE TO UNINSURED PATIENTS**

**In 2004, NAPH members provided:**

- 37 percent of ambulatory care visits for uninsured patients
- 23 percent of inpatient services for uninsured patients
- 25 percent of the uncompensated hospital care in the country

**FIGURE 2** Average Outpatient Visit Volume (Not Including ED Visits), 2004



**SOURCE** AHA Annual Survey of Hospitals, 2004

The average NAPH member provides over three times the volume of non-emergency outpatient visits as other acute care hospitals in the country and almost three times the number of emergency department visits, according to data from the American Hospital Association (see Figures 2 and 3).<sup>3</sup> This reflects the responsibility public hospitals have taken on to provide ambulatory care to low-income individuals and the chronically ill. In 2004, 10.5 million primary and specialty care visits and another 2.7 million emergency department visits at NAPH members were for uninsured patients.

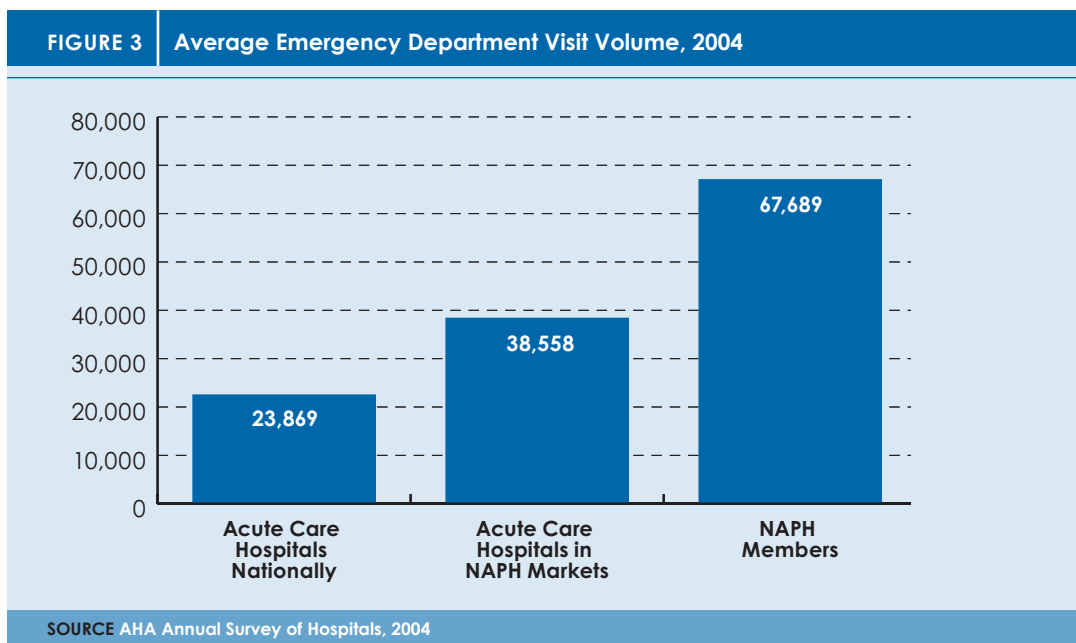
As illustrated in Figure 4, the average number of outpatient visits for an NAPH member hospital exceeded 400,000 in 2004, a 23 percent increase over just six years earlier. In fact, ambulatory care visits have climbed steadily since 1998

and have grown by 51 percent between 1993 and 2004.

Public hospitals have become leading providers of primary care in outpatient settings. In addition to their on-campus hospital clinics, many public hospital systems operate extensive networks of community clinics. Often these take the form of free-standing health clinics that serve as medical homes to residents in their communities. Ambulatory care services are also provided through mobile units or are located in schools or housing developments. The ambulatory care provided by public hospitals serves patients in thousands of communities across the country.

In addition, NAPH members are major providers of outpatient specialty care—an area markedly under-resourced in the nation’s health care safety net. Often, NAPH members are the only

In 2004, 10.5 million primary and specialty care visits and another 2.7 million emergency department visits at NAPH members were for uninsured patients.

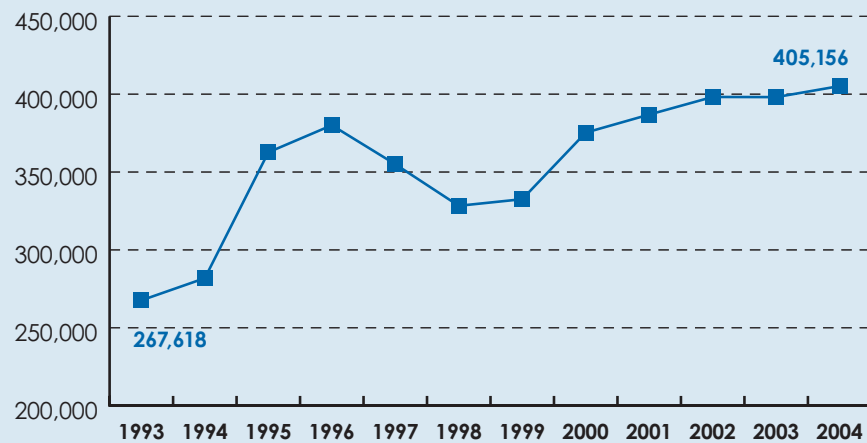


source of specialty care in their service areas. Recent studies have described the consequences of a national shortage of specialty care available to uninsured and low-income individuals; long waits for

specialty visits, or an inability to access care at all, have been shown to result in poorer health outcomes and greater use of emergency department and inpatient services.<sup>4</sup>

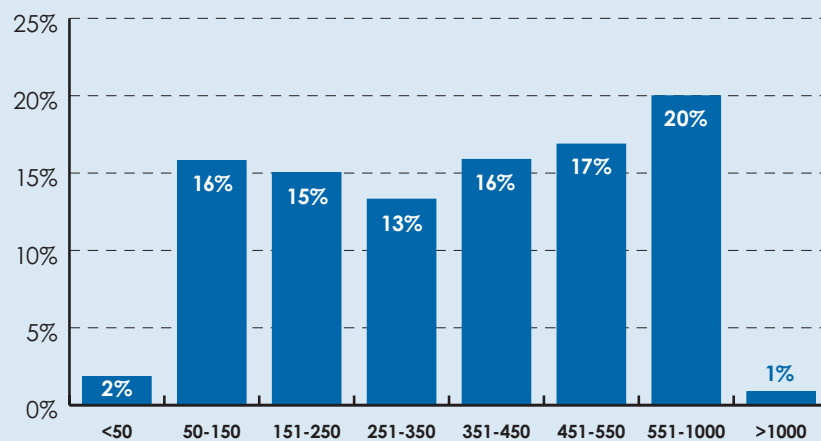
NAPH members tend to be larger than

**FIGURE 4** Average Outpatient Visit Volumes for NAPH Members, 1993–2004



**SOURCES** AHA Annual Survey of Hospitals, 2004 and NAPH Hospital Characteristics Survey, 2004. Numbers reflect average volumes for all ambulatory care, including primary care, specialty care, and emergency services.

**FIGURE 5** NAPH Members by Bed Size, 2004



**SOURCE** NAPH Hospital Characteristics Survey, 2004

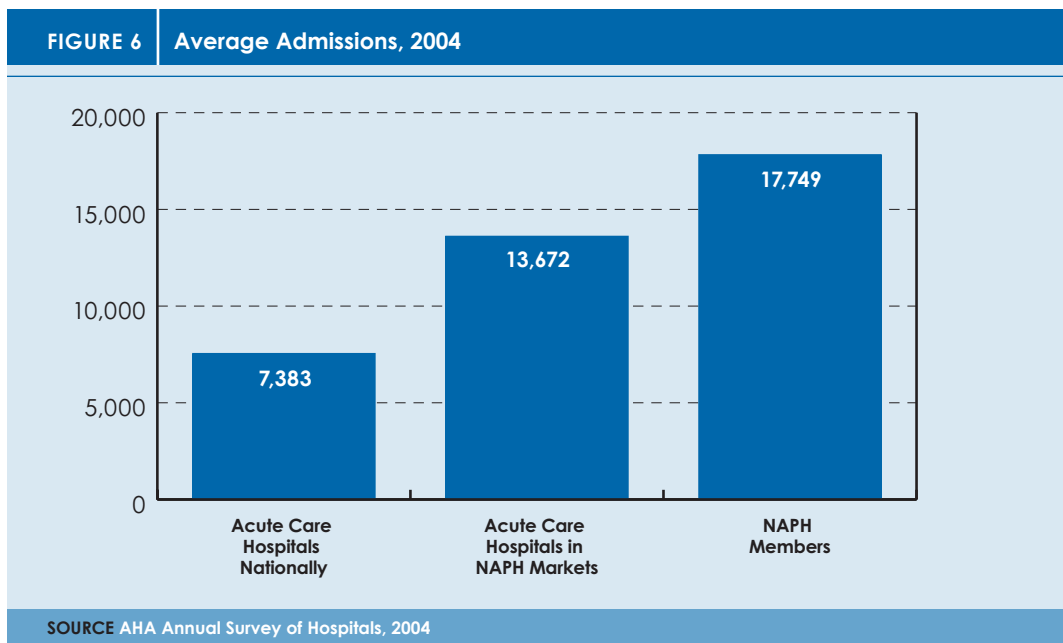
other acute care hospitals nationally and in their markets. The average NAPH facility has 386 beds, more than double the size of the average acute care hospital nationally.

However, there is a great deal of variation in bed size within the NAPH membership, as can be seen in Figure 5. Thirty-three percent of NAPH members have 250 beds or fewer, 29 percent have between 251 and 450 beds, 37 percent have between 451 and 1,000 beds, and 1 hospital has more than 1,000 beds (See Table 1 in Appendix C for data on individual NAPH members).

### Inpatient Care Volumes

The rising demand for ambulatory care has not eclipsed the importance of inpatient services at public hospitals. In 2004, NAPH members continued to provide extraordinary amounts of

inpatient care, reporting roughly 2.4 times the volume of admissions seen in other acute care hospitals in the country (see Figure 6).<sup>5</sup> NAPH members also tended to dominate their markets, exceeding average admissions at other hospitals in their markets by 30 percent. Member hospitals of NAPH also have higher occupancy rates, on average, than other acute hospitals, both in their markets and across the nation (see Figure 7). As Figure 8 illustrates, after a drop in the mid-1990s, the average inpatient volume for NAPH members steadily increased, from just over 16,000 discharges in 1999 to over 18,000 in 2004. For the year, NAPH members counted more than 1.6 million discharges (see Table 1 in Appendix C for data on individual NAPH members).



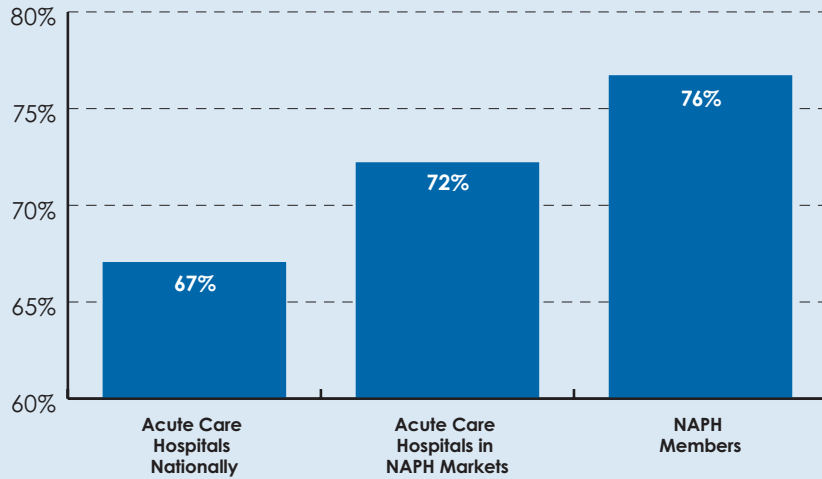


**COMMUNITIES WHERE MEMBERS REPRESENT THE ONLY LEVEL 1 TRAUMA CENTER OR THE ONLY TRAUMA CENTER OF ANY LEVEL**

- Albuquerque, NM
- Atlanta, GA
- Bronx, NY
- Cambridge, MA
- Charlotte, NC
- Chattanooga, TN
- Daytona Beach, FL
- Flint, MI
- Ft. Lauderdale, FL
- Gainesville, FL
- Galveston, TX
- Hollywood, FL
- Independence, LA
- Jacksonville, FL
- Kansas City, KS
- Las Vegas, NV
- Macon, GA
- Memphis, TN
- Mobile, AL
- New Orleans, LA
- Newark, NJ
- Pembroke Pines, FL
- Richmond, VA
- San Antonio, TX
- San Francisco, CA
- St. Croix, VI
- St. Thomas, VI
- Stony Brook, NY
- Wailuku, HI
- Worcester, MA

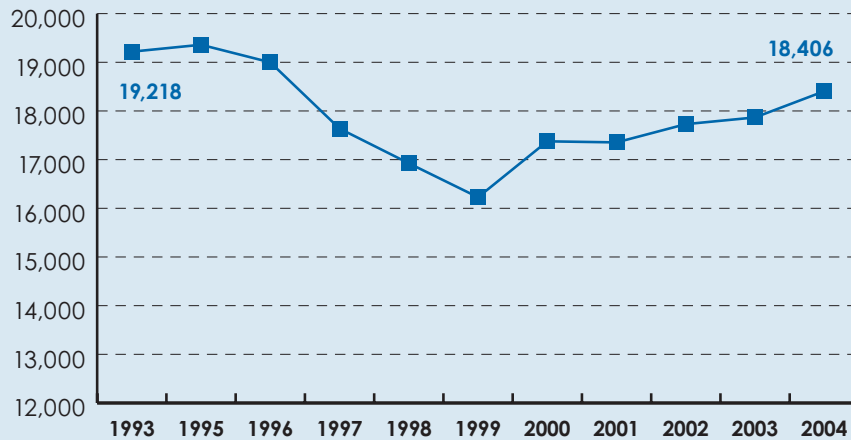
SOURCE AHA Annual Survey of Hospitals, 2004

**FIGURE 7 Average Occupancy Rate, 2004**



SOURCE AHA Annual Survey of Hospitals, 2004

**FIGURE 8 Average Discharges for NAPH Members, 1993–2004<sup>6</sup>**



SOURCE NAPH Hospital Characteristics Survey, 2004

**Community Health Services**

Most NAPH members maintain close ties with their local health departments, and a significant number are responsible

for public health services in their communities. In several major cities across the country, including Cambridge (MA), Denver (CO), Los Angeles (CA), and San Francisco (CA), as well as in counties

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like Cook County in Illinois, and Contra Costa County in California, the public hospital is integrated with the local public health department.

NAPH members play a leading role in various efforts to improve the health status of the communities they serve. They have established programs to provide immunizations, address teen pregnancy and low birthweight, prevent violence and injury, and provide mammography and other cancer screenings. Within their communities, NAPH members perform a significant amount of adult and teen outreach, crisis prevention, reproductive health services and education, and dental care.

### **Trauma Care and Emergency Preparedness**

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Among the most important services that many NAPH members provide to their communities is trauma care—highly specialized treatment provided through facilities equipped to administer emergency and specialized intensive care to critically ill and injured patients. Level I trauma centers, the most highly specialized, are equipped to provide total care for every aspect of injury. They also play a leading role in trauma research and education. In 30 communities, including several major cities such as Albuquerque, Las Vegas, Memphis, New Orleans, Richmond, and San Francisco, NAPH members are either the only Level I trauma center or the only trauma center of any level. Because of their

leading role as providers of emergency room, trauma, and burn care services, NAPH members have long been first receivers for catastrophes such as chemical spills, fires, disease outbreaks, and natural disasters.

As an extension of this role, public hospitals now play a key part in ensuring homeland security. Their responsibilities include working with local governments, health departments, and first responders like police, fire, and emergency services to coordinate communication and response efforts in the event of a terrorist attack or other type of disaster. Of the member hospitals that participated in a recent NAPH survey on emergency preparedness, about half were designated to receive patients through the National Disaster Medical System.<sup>7</sup> Twenty-nine percent run or provide direction to the local 911 emergency response system.<sup>8</sup> Additionally, the strong relationships that many NAPH members have with their local public health departments allow them to monitor disease trends and identify potential outbreaks or incidents of bioterrorism.

### **Patient Diversity**

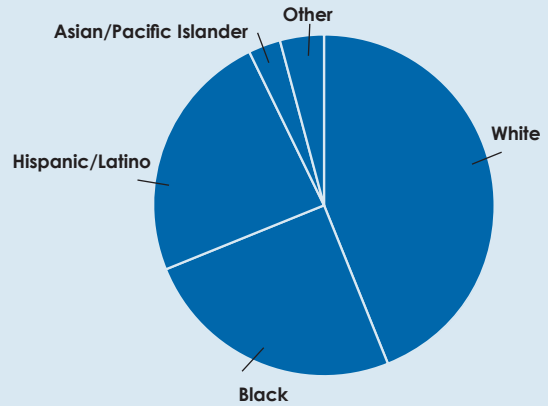
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NAPH member hospitals serve racially and ethnically diverse communities. As Figure 9 shows, the majority of the discharges in 2004 were for patients who are members of racial and ethnic minorities. One in four patients was Black. Nearly a quarter of patients were Hispanic. Asian/Pacific Islander or

As comprehensive systems of care, public hospitals can address patient health care needs through every stage of life.

**FIGURE 9** Discharges by Race/Ethnicity at NAPH Members, 2004

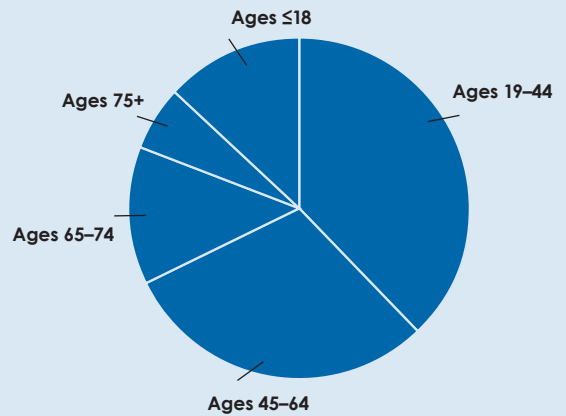
White	44%
Black	25%
Hispanic/Latino	24%
Asian/Pacific Islander	3%
Other	4%



SOURCE NAPH Hospital Characteristics Survey, 2004

**FIGURE 10** Discharges by Age at NAPH Members, 2004

Ages ≤18	13%
Ages 19–44	38%
Ages 45–64	30%
Ages 65–74	13%
Ages 75+	6%



SOURCE NAPH Hospital Characteristics Survey, 2004

other races/ethnicities made up the remaining 7 percent.

As comprehensive systems of care, public hospitals can address patient health care needs through every stage of life. As Figure 10 illustrates, patients come from all age groups. NAPH members reported 13 percent of discharges for patients

18 years of age or younger and another 38 percent for patients ages 19 to 44; 19 percent of discharges were for patients 65 or older.

In addition to diversity by race/ethnicity and age, NAPH members serve patients with varying forms of insurance coverage. In 2004, patients

with commercial insurance accounted for 20 percent of outpatient volume and 18 percent of inpatient volume at member hospitals. Nevertheless, the majority of patients served were uninsured or low-income; more than half of all discharges and outpatient visits were either for uninsured patients or for those covered by Medicaid (see Figure 11). Furthermore, 37 percent of ambulatory care services—compared to 23 percent of inpatient services—were provided to uninsured patients (see Tables 3 and 4 in Appendix C for data on individual NAPH members).

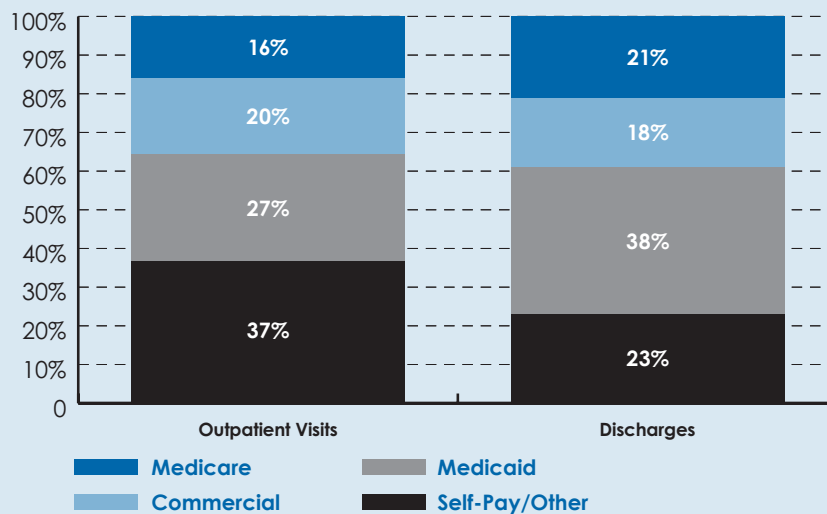
The extraordinary amount of ambulatory care NAPH members provide is poorly reimbursed, if it is reimbursed at all. The combination of low reimbursement rates for outpatient services and the

substantial amount of care they provide to the uninsured exacerbates the financial pressures on safety net hospitals.

### Training Physicians and Other Health Care Professionals

In addition to promoting high-quality, community-centered health care today, NAPH members ensure that this care will be available to patients in the future through the education and training of new health care providers. More than three-quarters (85 percent) of NAPH members are teaching institutions, as defined by the Accreditation Council for Graduate Medical Education (ACGME),<sup>9</sup> and 51 percent are academic medical centers, as defined by the Council of Teaching Hospitals of the Association

**FIGURE 11** Outpatient Visits and Discharges at NAPH Member Hospitals and Health Systems, by Payer Source for FY2004



SOURCE NAPH Hospital Characteristics Survey, 2004

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of American Medical Colleges (COH),<sup>10</sup> As such, public hospitals serve as the training ground for a large percentage of the country's physicians, nurses, and other health care professionals.

In 2004, NAPH members trained medical and dental residents sufficient to fill more than 13,000 full-time equivalent (FTE) positions as well as allied health professionals translating into over

890 FTE positions. These future providers represented 18 percent of the doctors and more than 27 percent of the allied health professionals trained at acute care facilities that year. In their markets, public hospitals played an even larger teaching role, training 35 percent of the medical and dental residents and 55 percent of the allied health professionals in 2004.

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## Challenges Facing Public Hospitals

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Public hospitals often need to deliver large volumes of care while trying to preserve scarce financial resources. Although NAPH member hospitals manage to operate with the funding they receive from a variety of sources—including Medicaid, Medicare, private insurance, as well as state and local governments—it is a struggle to finance the care they provide to the millions of uninsured, low income, or otherwise vulnerable individuals they serve each year.

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These pressures, combined with increasing costs for training, supplies, and equipment, as well as a diminishing workforce, require hospitals to make tough choices between meeting the demand for patient care services, investing in technology, and maintaining infrastructure. With budget pressures at all levels of government, adequate funding for safety net hospitals is hard to come by. Continuing to provide health care services to patients regardless of their ability to pay, in this type of environment, is a challenge public hospitals face every day.

### Government Support

Medicaid remains the single most important source of financing for NAPH members; in 2004, it accounted for 35 percent of total net revenues. A critical component of Medicaid revenues was Medicaid disproportionate share hospital (DSH) payments and other supplemental Medicaid payments, which are intended

to reduce the shortfalls accrued by treating Medicaid patients and to partially subsidize care for the uninsured. Without DSH and supplemental payments, NAPH members would have lost \$3 billion on the care of Medicaid patients in 2004; their Medicaid payment-to-cost ratio would have been 0.69. For 48 percent of NAPH members, these Medicaid payments did not cover the full cost of providing care to Medicaid patients, leaving no DSH funding to subsidize the care of the uninsured.

Medicare revenues are supplemented by Medicare DSH payments, which also target hospitals that serve low-income and uninsured patients, and indirect medical education (IME) payments, which subsidize the higher costs incurred by teaching hospitals. In addition, public hospital financing from state and local government subsidies have remained relatively steady since the mid-1990s, holding between 13 and 17 percent.

In 2004, NAPH members provided over \$60 billion in total inpatient and outpatient services.

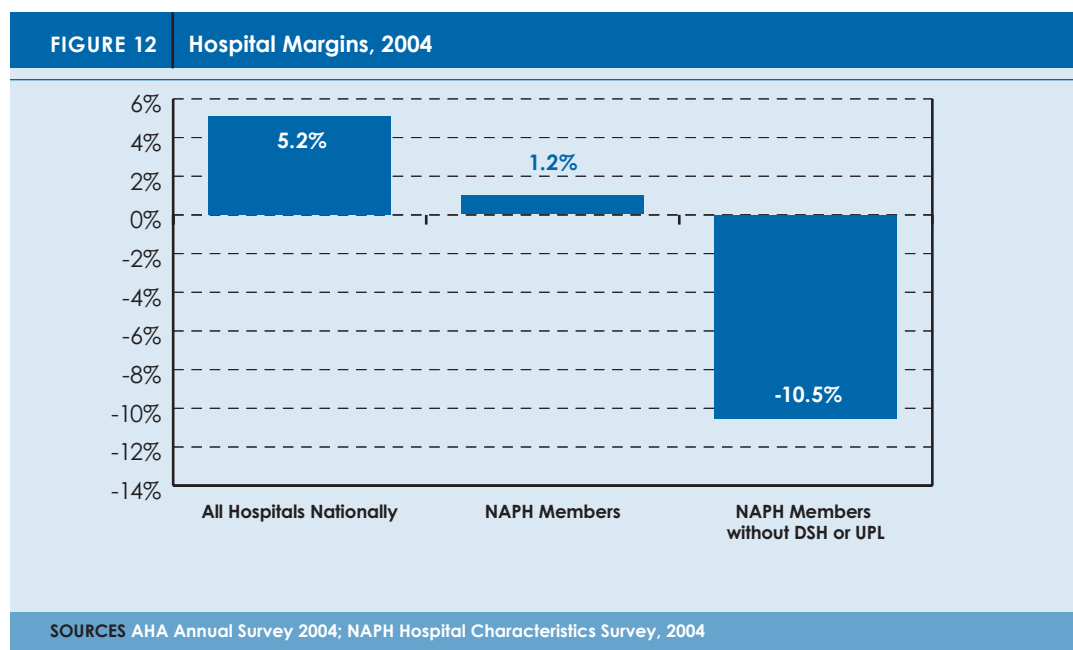
## Financial Performance

Public hospitals experience greater financial pressures than other hospitals nationally. In 2004, the average margin for NAPH members was 1.2 percent—4 percentage points lower than the average margin of 5.2 percent for all hospitals in the U.S. (see Figure 12). According to industry analysts, margins of less than 2 percent are inadequate to finance working capital or reinvest in hospital infrastructure and technology.<sup>11</sup> These scarce resources are often needed to support the special services that make public hospitals the core of our nation’s health care safety net.

NAPH members continued to struggle financially in 2004 and relied heavily on supplemental payments for financial viability. Even with DSH and other supplemental Medicaid payments (called

upper payment limit or UPL payments), 58 percent of NAPH members had margins lower than 2 percent in 2004. Without the critical support of Medicaid DSH and UPL payments, overall NAPH member margins would drop to -10.5 percent. Clearly, public hospitals could not survive with such negative margins.

In 2004, NAPH members provided over \$60 billion in total inpatient and outpatient services, averaging more than \$682 million in gross charges per hospital or health system. Thirty percent of these services were provided to Medicaid patients and 24 percent to self-pay patients, the overwhelming majority of whom were uninsured or were covered by state and local indigent care programs (see Figure 13). Twenty-three percent of services were provided to Medicare patients and another 23 percent to the commercially insured (see Table 5 in

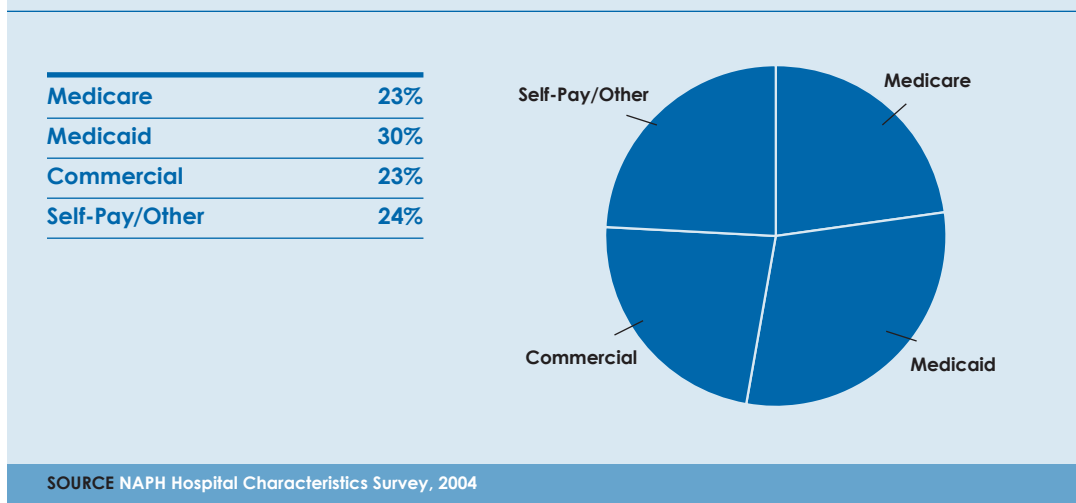


Appendix C for data on individual NAPH members).

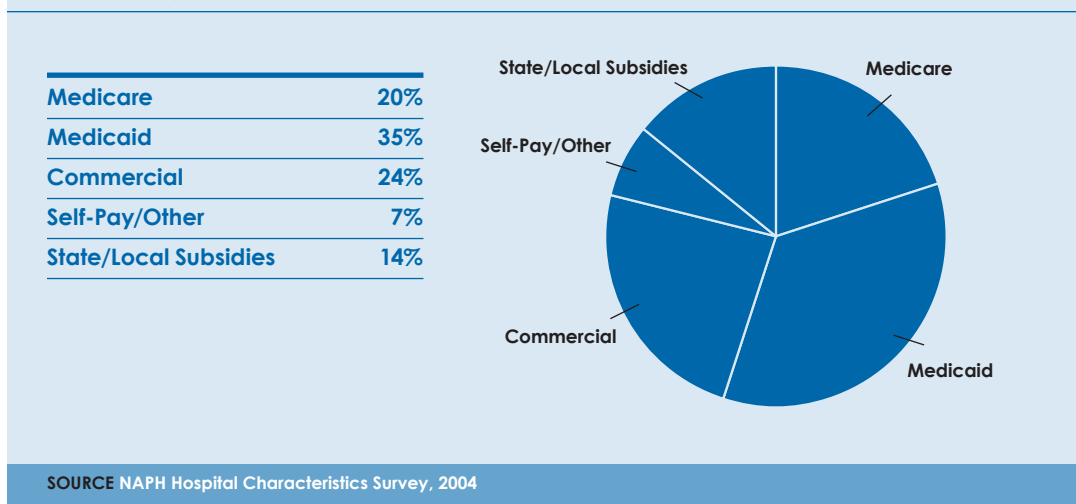
Net revenues for NAPH members amounted to \$29 billion in 2004, an average of \$328 million each. These providers continued to rely primarily on a combination of federal, state, and local funding sources to sustain their operations. In 2004, more than two-thirds of

revenues for public hospitals came from federal, state, and local payment sources: 35 percent from Medicaid, 20 percent from Medicare, and 14 percent from state and local subsidies (see Figure 14). An additional 24 percent of revenues came from commercially insured patients, while payments from self-pay patients accounted for 7 percent of net revenues

**FIGURE 13** Gross Charges by Payer Source at NAPH Members, 2004



**FIGURE 14** Net Revenues by Payer Source at NAPH Members, 2004





Without Medicaid DSH and other supplemental Medicaid payments, NAPH members would have lost \$3 billion on care provided to Medicaid patients in 2004.

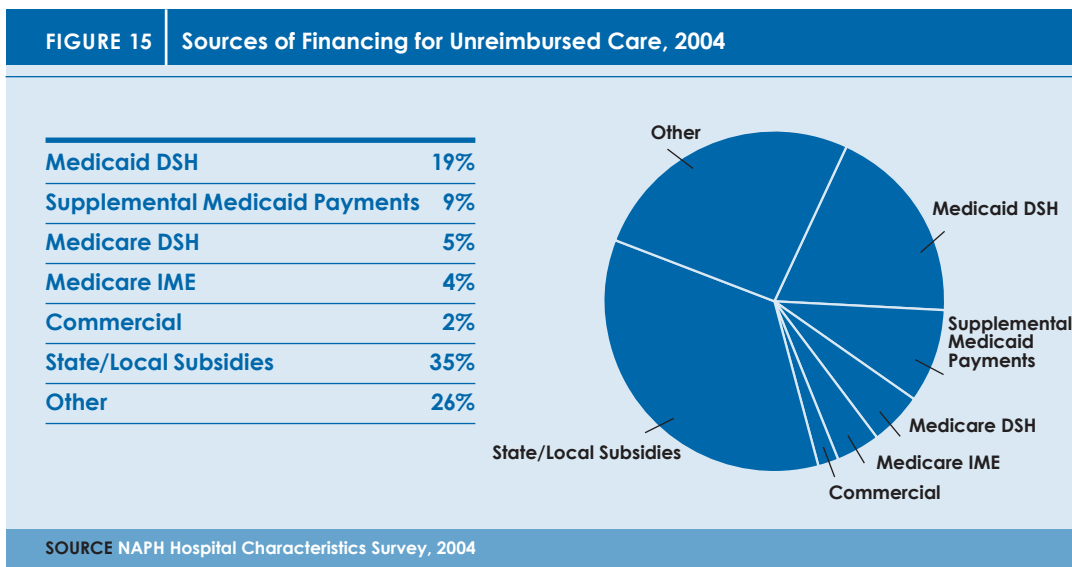
(see Table 6 in Appendix C for data on individual NAPH members).

### Financing Unreimbursed Care

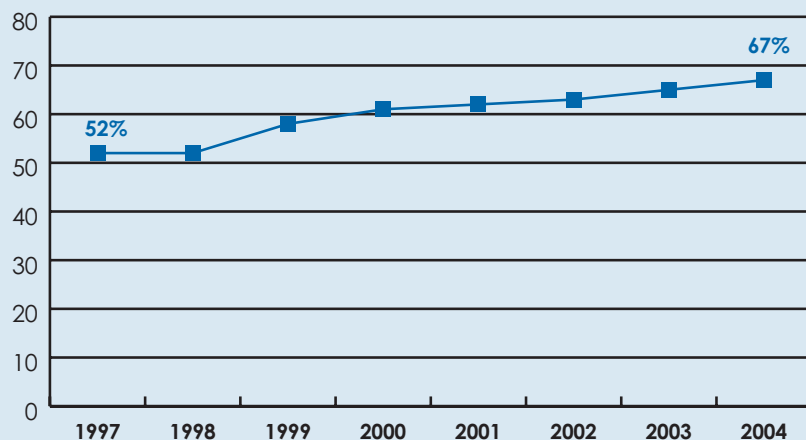
“Unreimbursed care” refers to losses on care provided to all patients, excluding “mission-related” supplemental funding such as DSH and IME payments and state or local government subsidies. A large percentage of care provided by NAPH members is unreimbursed, meaning that base payments received for services provided do not cover the full costs of providing these services. Unreimbursed care costs add to the overall financial losses of public hospitals, which can be substantial. Without Medicaid DSH and other supplemental Medicaid payments, NAPH members would have lost \$3 billion on care provided to Medicaid patients in 2004.

As Figure 15 indicates, state and local subsidies financed 35 percent of the

unreimbursed care provided by NAPH members in 2004. Medicaid DSH also represented a critical funding source, financing almost one fifth of the unreimbursed care provided. Nine percent of funding came from other supplemental Medicaid payments. Medicare DSH and IME payments subsidized 9 percent of unreimbursed care, covering 5 percent and 4 percent respectively. Revenues unrelated to patient care, which can include interest and investment income, cafeteria and parking revenues, medical record fees, sales tax, tobacco settlement monies, and rental income, covered 26 percent of unreimbursed care costs. NAPH members financed the remaining 2 percent of their uncompensated care costs through cost shifting from commercial payers. These data suggest that NAPH members are dedicating their margins to finance care for the uninsured and underinsured. As a result, NAPH members lack adequate resources to invest in



**FIGURE 16** Medicaid Births as Percent of Births at NAPH Members, 1997–2004



SOURCE NAPH Hospital Characteristics Survey, 2004

information technology and other capital improvements.

### Medicaid Births at NAPH Member Hospitals

Medicaid has provided increased coverage for births over the years. This increase may be caused by several factors, including an increase in overall Medicaid enrollment during this period. From 1997 (the first year NAPH members reported Medicaid births) to 2004, the percent of total births at NAPH members that were paid by Medicaid increased from 52 to 67 percent (see Figure 16).

In 2004, NAPH members delivered more than 220,000 babies, representing approximately 17 percent of all births in their markets. For NAPH members, births are reflective of their patient

populations and are disproportionately represented by members of racial and ethnic minorities. In 2004, one out of every eight Latino babies and one out of every 11 African-American babies born in the U.S. were born at an NAPH member hospital or health system.<sup>12</sup>

### Diminishing Workforces, Rising Costs

Since the mid-1990s, the health care industry has experienced workforce shortages, particularly in nursing and pharmacy. In 2004, NAPH members, compared to other hospitals nationally, reported higher average vacancy rates for RNs and LPNs/LVNs by 50 and 100 percent, respectively (see Figure 17). Vacancy rates for registered pharmacists are also higher at NAPH members (12 percent) than at other hospitals

#### TRENDS IN CARE FOR MEDICAID PATIENTS AT NAPH MEMBER HOSPITALS

- Average Medicaid inpatient volume increased by 25 percent since 1999
- Average Medicaid outpatient volume increased by 34 percent since 1999
- Medicaid births increased from 52 percent of all births at NAPH member hospitals in 1997 to 67 percent in 2004

Staffing pressures, combined with rising costs, compete with the need to improve hospital infrastructure.

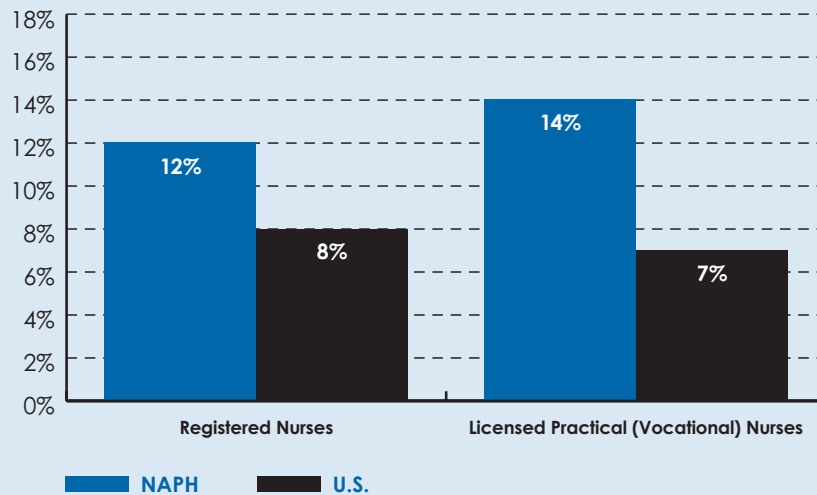
(7 percent). Given these shortages, some public hospitals had to resort to costly staffing strategies (e.g., contract staff) in order to ensure that patient care is not compromised as a result of staff vacancies.<sup>13</sup>

In addition to competition for hospital staff and high vacancy rates, many NAPH members face increasing costs associated with training tens of thousands of health care professionals each year. These costs weigh heavier on public hospitals given ever-tighter budgets and challenges to federal and state financial supports. Between 1997 and 2004, NAPH members experienced a 45 percent increase in average expenses for resident

salaries and benefits, more than twice the rate of inflation over the same period of time.<sup>14</sup>

Along with higher costs for training residents, NAPH members suffered a 79 percent increase in the average cost of medical and surgical supplies since 1997, rising from \$14.3 million on average to \$24.8 million. Similar growth was seen with pharmaceuticals with costs increasing four times the rate of inflation. Staffing pressures, combined with such rising costs, compete with the need to improve hospital infrastructure. Inevitably, investments in infrastructure cannot compete with these other demands.

**FIGURE 17** Nursing Vacancy Rates at NAPH Members vs. Hospitals Nationally, 2004



SOURCES NAPH Hospital Characteristics Survey, 2004; 2004 AHA Survey of Hospital Leaders

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## Each year, the National Association of Public Hospitals and Health Systems (NAPH) reports on the financial and utilization characteristics of its membership.

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NAPH is comprised of approximately 122 public hospitals across the country, and approximately 94 were acute care hospitals. This report is an update on the status of our members based on data collected through the Hospital Characteristics Survey (of acute care facilities) for fiscal year 2004.

In 2004, 89 NAPH acute care hospitals representing 58 hospitals or health care systems responded to the annual survey, for a survey response rate of 95 percent. Some members are excluded from certain tables due to missing or incomplete data. Trend analyses in this report may differ slightly from prior published reports on survey findings; in the past, a uniform set of hospitals

reporting data for all trend years was used in analyses. For 2004, trend analyses include all available data for all current members that responded to the survey. For trends, some prior years include fewer than 89 members due to fewer respondents in prior years or changes in membership.

In order to compare NAPH members to other acute care hospitals nationally and in the markets they serve, we relied on data from the American Hospital Association (AHA) Annual Survey of Hospitals for 2004. AHA has conducted this survey since 1946 and uses this tool to collect data on organizational structure, facilities, services, community orientation, utilization, finances, and staffing.

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**Ambulatory Care.** Outpatient health care that includes emergency department visits, clinic visits, and outpatient surgery.

**Bad Debt.** The unpaid obligation for care provided to patients who are considered able to pay, but who do not pay. Includes unpaid co-payments from insured patients.

**Charity Care.** Care provided to individuals who are determined to be unable to pay. Results from provider policy to offer services free of charge to individuals who meet certain financial criteria.

**Discharge.** The formal release of a patient from a hospital following a procedure or course of treatment delivered in the inpatient hospital setting.

**Disproportionate Share Hospital (DSH) Payments.** Payments made either by Medicare or a state's Medicaid program to hospitals that serve a "disproportionate share" of low-income patients. These payments are in addition to the regular payments such hospitals receive for providing care to Medicare and Medicaid beneficiaries. Medicare DSH payments are based on a federal statutory qualifying formula and payment methodology. For Medicaid DSH, there are certain minimum federal criteria, but qualifying formulas and payment methodologies are largely determined by states.

**Graduate Medical Education (GME) Payments.** Medicare payments to a hospital or qualified non-hospital provider

for costs related to the salaries and supervision of medical residents (known as "Direct Graduate Medical Education" payments, or DGME) as well as the additional costs of operating a teaching hospital (known as "Indirect Medical Education" payments, or IME). In 2004, the Medicare program reimbursed providers an estimated \$2.2 billion in DGME payments and \$5.4 billion in IME payments.

■ DGME pays for stipends and fringe benefits of residents, salaries and fringe benefits of supervising medical faculty, other direct costs (such as clerical support staff that work directly on GME administration), and allocated institutional overhead costs (such as maintenance and electricity).

■ IME recognizes the indirect costs of graduate medical education, that is, the higher costs incurred by teaching hospitals with medical education programs. Such costs include additional tests ordered by residents in their training, a higher patient acuity, etc.

**Gross Charges.** The amount hospitals charge for providing services to all patients, irrespective of payments received for services.

**Hospital Margin.** Used as a measure of the financial condition of the hospital. It is calculated as the difference between total net revenues and total expenses divided by total net revenues.

**Medicaid.** A program jointly funded by the federal and state governments to pro-

vide health coverage to those who qualify on the basis of income and eligibility; e.g., low-income families with children, the low-income elderly, and persons with disabilities. Many states also extend coverage to groups that meet higher income limits or to certain “medically needy” populations. Through waivers, some states have expanded coverage even further.

**Medicare.** Provides health coverage for individuals 65 and older, for certain disabled individuals under age 65, and for people with end-stage renal disease (ESRD), which is permanent kidney failure requiring dialysis or a kidney transplant. In contrast to Medicaid, Medicare is a purely federal program. While covering broad categories of services, Medicare leaves major gaps in coverage, including many preventive services. The program provides coverage for hospital care through what is known as “Part A” and physician and other ambulatory care through what is called “Part B.” Beneficiaries may also enroll in a Medicare managed care plan, or Medicare Advantage plan, through Medicare “Part C.” Starting in 2006, Medicare is offering beneficiaries the option of enrolling in a new Medicare “Part D” prescription drug benefit.

**Net Revenues.** Payments the hospital receives for the services provided, including both the portion paid by the patient and that paid by a third party.

**Payment-to-Cost Ratio.** A ratio that reflects the degree to which revenues

cover expenses, calculated by dividing total revenues by total expenses.

**State and Local Subsidies.** Payments made to hospitals by state or local governments to subsidize unreimbursed patient care. Subsidies are usually paid as a lump sum or as periodic payments and are not tied to volume of services or per-patient amounts. State or local subsidies are different from state or local indigent care programs, which usually have eligibility requirements and make payments on a per-person or per-service basis.

**Uncompensated Care.** The sum of charity care (care to patients who are unable to pay) and bad debt (care to patients who do not pay but are considered able to pay).

**Unreimbursed Care.** Losses on patient care, including losses on self-pay patients and losses on Medicare and Medicaid (excluding funding such as DSH payments, IME payments, and state and local government subsidies).

**Upper Payment Limit (UPL).** Limits set by CMS regulations on the amount of Medicaid payments a state may make to hospitals, nursing facilities, and other classes of providers and plans. Payments in excess of the UPLs do not qualify for federal Medicaid matching funds. The UPL generally is keyed to the reasonably estimated amount that would be paid, in the aggregate, to the class of providers in question using Medicare payment rules.

**Table 1.** NAPH Member Hospitals and Health Systems—Inpatient Utilization Data, 2004

Hospital Name	Staffed Beds	Discharges	Inpatient Days	Births
Alameda County Medical Center	430	14,363	114,599	1,424
Arrowhead Regional Medical Center	353	23,773	109,596	3,087
Boston Medical Center	525	28,173	152,290	2,137
Broadlawns Medical Center	89	4,205	17,429	351
Cambridge Health Alliance	270	16,274	99,383	1,175
Contra Costa Regional Medical Center	126	9,332	44,673	1,934
Cook County BHS-John H. Stroger, Jr. Hospital	460	21,733	129,219	1,278
Cook County BHS-Oak Forest Hospital	450	3,822	144,717	-
Cook County BHS-Provident Hospital of Cook County	119	6,796	28,438	609
Cooper Green Hospital	141	5,273	23,732	764
Denver Health	330	17,993	83,544	3,654
Erlanger Health System	519	25,821	140,535	4,533
Governor Juan F. Luis Hospital & Medical Center	130	4,575	34,380	776
Grady Health System	744	27,711	176,858	3,928
Halifax Community Health System	559	28,782	147,024	1,867
Harborview Medical Center	367	19,087	131,355	-
Harris County Hospital District	838	42,154	239,289	11,280
The Health and Hospital Corporation of Marion County	280	14,997	81,056	2,992
Hennepin County Medical Center	428	22,173	111,797	2,562
HHSC-Hilo Medical Center	275	7,430	79,718	1,078
HHSC-Kona Community Hospital	94	3,637	24,203	509
HHSC-Maui Memorial Medical Center	196	11,495	56,345	1,670
Howard University Hospital	319	13,534	88,708	663
Hurley Medical Center	463	24,590	126,211	2,952
Jackson Memorial Hospital	1,444	61,522	428,243	8,330
JPS Health Network	378	19,453	109,966	5,949
Kern Medical Center	195	13,555	55,896	4,104
LAC-Harbor/UCLA Medical Center	321	21,435	117,487	934
LAC-LAC+USC Medical Center	737	38,584	256,081	1,424
LAC-Martin Luther King/Drew Medical Center	212	10,659	74,269	676
LAC-Olive View/UCLA Medical Center	238	12,501	60,858	889
LSUHSCD-Bogalusa Medical Center	66	3,085	19,464	-
LSUHSCD-Dr. Walter O. Moss Regional Hospital	30	1,416	8,473	-
LSUHSCD-Earl K. Long Medical Center	134	5,646	32,980	802
LSUHSCD-Huey P. Long Medical Center	55	3,169	15,178	298
LSUHSCD-Lallie Kemp Regional Medical Center	28	1,366	6,092	-
LSUHSCD-Leonard J. Chabert Medical Center	82	5,040	22,530	668
LSUHSCD-Medical Center of Louisiana at New Orleans	561	23,221	128,789	2,553
LSUHSCD-University Medical Center	99	4,533	24,207	486
Maricopa Integrated Health System	354	18,581	88,635	4,365
Medical Center of Central Georgia	559	29,207	157,042	3,216
Memorial Hospital at Gulfport	370	16,548	97,425	1,262
The MetroHealth System	553	23,661	128,561	3,339
MHS-Memorial Hospital Pembroke	149	6,687	28,681	-
MHS-Memorial Hospital West	236	21,399	86,751	5,461
MHS-Memorial Regional Hospital	684	35,230	196,124	3,946
Mount Sinai Hospital at Chicago	293	19,541	80,078	3,745
Natividad Medical Center	159	7,957	28,923	2,989
NBHD-Broward General Medical Center	567	23,928	145,583	3,604
NBHD-Coral Springs Medical Center	182	12,380	47,798	2,392

## Hospital-Specific Data on Utilization and Finances

Hospital Name	Staffed Beds	Discharges	Inpatient Days	Births
NBHD-Imperial Point Medical Center	180	7,330	43,378	-
NBHD-North Broward Medical Center	343	15,289	77,579	-
NYCHHC-Bellevue Hospital Center	828	25,932	237,377	2,094
NYCHHC-Coney Island Hospital	364	16,426	99,642	1,062
NYCHHC-Elmhurst Hospital Center	525	24,473	168,464	4,274
NYCHHC-Harlem Hospital Center	257	12,706	83,546	1,058
NYCHHC-Jacobi Medical Center	534	21,155	145,725	2,336
NYCHHC-Kings County Hospital Center	616	23,037	206,172	1,357
NYCHHC-Lincoln Medical and Mental Health Center	322	20,684	99,748	2,457
NYCHHC-Metropolitan Hospital Center	345	13,658	112,911	2,054
NYCHHC-North Central Bronx Hospital	184	7,858	51,791	1,727
NYCHHC-Queens Hospital Center	248	13,607	71,471	1,770
NYCHHC-Woodhull Medical and Mental Health Center	385	17,589	119,524	1,383
The Ohio State University Medical Center	915	44,961	258,457	4,103
Parkland Health & Hospital System	796	41,425	208,730	15,938
Regional Medical Center at Memphis	376	16,731	104,476	4,391
Riverside County Regional Medical Center	359	18,563	88,201	2,376
San Francisco General Hospital	501	16,646	136,146	1,210
San Joaquin General Hospital	181	9,350	47,688	2,402
San Mateo Medical Center	181	3,795	44,983	-
Santa Clara Valley Health & Hospital System	510	23,470	122,135	4,977
Shands HealthCare-Shands at the University of Florida and Shands AGH	818	36,717	239,393	3,338
Shands HealthCare-Shands Jacksonville Medical Center	526	24,913	138,606	3,071
Stony Brook University Hospital	502	27,639	160,033	3,160
Thomason General Hospital	239	15,395	66,298	5,074
Truman Medical Centers	501	17,503	148,136	3,096
UMass Memorial Medical Center	672	39,920	200,277	4,486
UMDNJ-University Hospital	451	20,734	137,347	2,039
University Health System at San Antonio University Hospital,	484	21,897	125,153	2,864
The University of New Mexico Health Sciences Center	355	18,794	107,094	3,555
University Medical Center of Southern Nevada	567	29,773	168,139	5,297
University of Arkansas for Medical Sciences	262	14,333	83,502	2,171
University of Colorado Hospital Authority	399	18,689	92,298	2,498
The University of Kansas Hospital	451	18,990	108,477	1,404
University of South Alabama Medical Center	112	5,904	37,133	-
The University of Texas Health Center at Tyler	109	3,378	24,836	-
The University of Texas M.D. Anderson Cancer Center	475	20,530	150,915	-
The University of Texas Medical Branch at Galveston	610	40,452	199,862	7,097
VCU Health System	678	29,847	180,762	1,893
<b>Total</b>	<b>34,352</b>	<b>1,638,120</b>	<b>9,727,618</b>	<b>220,667</b>
<b>Average</b>	<b>386</b>	<b>18,406</b>	<b>109,299</b>	<b>2,866</b>
<b>Count</b>	<b>89</b>	<b>89</b>	<b>89</b>	<b>77</b>

Note: Averages are for hospitals that have the service, e.g., if no births are reported, that hospital is not included in the average.



# Appendix C

## Hospital-Specific Data on Utilization and Finances

**Table 2.** NAPH Member Hospitals and Health Systems—Emergency Department and Outpatient Visits, 2004

Hospital Name	Emergency Department Number	Emergency Department % of Total	All Other Outpatient Number	All Other Outpatient % of Total	Total
Alameda County Medical Center	52,030	18%	231,445	82%	283,475
Arrowhead Regional Medical Center	88,338	27%	244,325	73%	332,663
Boston Medical Center	124,928	14%	762,734	86%	887,662
Broadlawns Medical Center	27,724	23%	90,883	77%	118,607
Cambridge Health Alliance	83,268	15%	490,828	85%	574,096
Contra Costa Regional Medical Center	59,064	15%	342,357	85%	401,421
Cook County Bureau of Health Services	225,562	23%	768,087	77%	993,649
Cooper Green Hospital	26,593	18%	124,125	82%	150,718
Denver Health	48,224	5%	862,618	95%	910,842
Erlanger Health System	98,042	34%	193,260	66%	291,302
Governor Juan F. Luis Hospital & Medical Center	18,521	84%	3,632	16%	22,153
Grady Health System	162,700	19%	705,285	81%	867,985
Halifax Community Health System	85,770	25%	258,178	75%	343,948
Harborview Medical Center	87,634	24%	272,284	76%	359,918
Harris County Hospital District	167,639	15%	961,912	85%	1,129,551
The Health and Hospital Corporation of Marion County	97,159	9%	1,022,202	91%	1,119,361
Hennepin County Medical Center	95,151	21%	359,445	79%	454,596
HHSC-Hilo Medical Center	26,549	71%	10,706	29%	37,255
HHSC-Kona Community Hospital	14,525	67%	7,309	33%	21,834
HHSC-Maui Memorial Medical Center	27,635	61%	17,388	39%	45,023
Howard University Hospital	37,588	39%	58,604	61%	96,192
Hurley Medical Center	77,084	17%	386,025	83%	463,109
Jackson Memorial Hospital	221,550	36%	399,988	64%	621,538
JPS Health Network	63,645	9%	622,513	91%	686,158
Kern Medical Center	33,788	12%	243,227	88%	277,015
LAC-Harbor/UCLA Medical Center	82,746	23%	279,252	77%	361,998
LAC-LAC+USC Medical Center	119,099	17%	589,586	83%	708,685
LAC-Martin Luther King/Drew Medical Center	44,855	22%	157,937	78%	202,792
LAC-Olive View/UCLA Medical Center	40,942	20%	162,749	80%	203,691
LSUHCS-D-Bogalusa Medical Center	26,019	45%	31,427	55%	57,446
LSUHCS-D-Dr. Walter O. Moss Regional Hospital	17,023	26%	48,621	74%	65,644
LSUHCS-D-Earl K. Long Medical Center	36,215	27%	100,126	73%	136,341
LSUHCS-D-Huey P. Long Medical Center	29,145	37%	50,365	63%	79,510
LSUHCS-D-Lallie Kemp Regional Medical Center	23,679	28%	60,722	72%	84,401
LSUHCS-D-Leonard J. Chabert Medical Center	25,377	19%	108,287	81%	133,664
LSUHCS-D-Medical Center of Louisiana at New Orleans	132,207	33%	262,803	67%	395,010
LSUHCS-D-University Medical Center	25,484	19%	107,492	81%	132,976
Maricopa Integrated Health System	75,855	18%	339,887	82%	415,742
Medical Center of Central Georgia	51,776	12%	397,625	88%	449,401
Memorial Hospital at Gulfport	52,403	31%	117,452	69%	169,855
The MetroHealth System	73,694	10%	699,835	90%	773,529
MHS-Memorial Hospital Pembroke	34,506	26%	97,372	74%	131,878
MHS-Memorial Hospital West	81,532	32%	172,852	68%	254,384
MHS-Memorial Regional Hospital	90,238	28%	234,422	72%	324,660
Mount Sinai Hospital at Chicago	43,564	15%	239,019	85%	282,583
Natividad Medical Center	31,868	29%	78,008	71%	109,876
NBHD-Broward General Medical Center	77,735	29%	193,716	71%	271,451
NBHD-Coral Springs Medical Center	46,315	48%	49,507	52%	95,822
NBHD-Imperial Point Medical Center	24,544	35%	45,636	65%	70,180

## Hospital-Specific Data on Utilization and Finances

Hospital Name	Emergency Department Number	Emergency Department % of Total	All Other Outpatient Number	All Other Outpatient % of Total	Total
NBHD-North Broward Medical Center	52,415	41%	74,366	59%	126,781
NYCHHC-Bellevue Hospital Center	89,937	15%	502,466	85%	592,403
NYCHHC-Coney Island Hospital	67,824	20%	270,015	80%	337,839
NYCHHC-Elmhurst Hospital Center	122,972	17%	590,876	83%	713,848
NYCHHC-Harlem Hospital Center	77,011	20%	316,522	80%	393,533
NYCHHC-Jacobi Medical Center	98,107	19%	405,508	81%	503,615
NYCHHC-Kings County Hospital Center	130,960	18%	591,881	82%	722,841
NYCHHC-Lincoln Medical and Mental Health Center	144,880	28%	366,497	72%	511,377
NYCHHC-Metropolitan Hospital Center	73,493	17%	362,390	83%	435,883
NYCHHC-North Central Bronx Hospital	55,215	21%	204,040	79%	259,255
NYCHHC-Queens Hospital Center	64,079	17%	313,419	83%	377,498
NYCHHC-Woodhull Medical and Mental Health Center	94,031	26%	273,426	74%	367,457
The Ohio State University Medical Center	87,281	10%	781,734	90%	869,015
Parkland Health & Hospital System	148,213	15%	810,732	85%	958,945
Regional Medical Center at Memphis	64,033	22%	231,949	78%	295,982
Riverside County Regional Medical Center	66,404	34%	126,971	66%	193,375
San Francisco General Hospital	45,354	9%	470,643	91%	515,997
San Joaquin General Hospital	43,972	21%	169,463	79%	213,435
San Mateo Medical Center	31,867	13%	216,879	87%	248,746
Santa Clara Valley Health & Hospital System	43,521	6%	677,075	94%	720,596
Shands HealthCare-Shands at the University of Florida and Shands AGH	66,167	10%	592,942	90%	659,109
Shands HealthCare-Shands Jacksonville Medical Center	77,224	20%	318,046	80%	395,270
Stony Brook University Hospital	70,419	20%	282,391	80%	352,810
Thomason General Hospital	60,479	12%	441,383	88%	501,862
Truman Medical Centers	82,532	15%	469,158	85%	551,690
UMass Memorial Medical Center	118,191	14%	703,010	86%	821,201
UMDNJ-University Hospital	78,616	28%	205,593	72%	284,209
University Health System at San Antonio	70,326	18%	311,703	82%	382,029
University Hospital, The University of New Mexico Health Sciences Center	63,874	15%	350,910	85%	414,784
University Medical Center of Southern Nevada	109,974	16%	562,091	84%	672,065
University of Arkansas for Medical Sciences	33,028	11%	267,412	89%	300,440
University of Colorado Hospital Authority	32,599	6%	480,932	94%	513,531
The University of Kansas Hospital	39,089	9%	381,610	91%	420,699
University of South Alabama Medical Center	29,813	53%	26,043	47%	55,856
The University of Texas Health Center at Tyler	8,887	7%	111,482	93%	120,369
The University of Texas M.D. Anderson Cancer Center	-	-	782,568	100%	782,568
The University of Texas Medical Branch at Galveston	68,273	8%	776,937	92%	845,210
VCU Health System	75,702	18%	339,190	82%	414,892
<b>Total</b>	<b>6,024,294</b>	<b>17%</b>	<b>29,224,311</b>	<b>83%</b>	<b>35,248,605</b>
<b>Average</b>	<b>70,050</b>		<b>335,912</b>		<b>405,156</b>
<b>Count</b>	<b>86</b>		<b>87</b>		<b>87</b>

Note: Averages are for hospitals that provide the service, e.g., hospitals without emergency departments are not included in the average.

Note: Data for the three hospitals of the Cook County Bureau of Health Services have been consolidated because community ambulatory care volumes are not associated with specific hospitals.

Note: Row percentages may not add up to 100% due to rounding.

# Appendix C

## Hospital-Specific Data on Utilization and Finances

**Table 3.** NAPH Member Hospitals and Health Systems—Discharges by Payer Source, 2004

Hospital Name	Medicare		Medicaid		Commercial		Self-Pay/Other		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Alameda County Medical Center	1,904	13%	8,700	61%	719	5%	3,040	21%	14,363
Arrowhead Regional Medical Center	1,933	8%	14,119	59%	1,822	8%	5,899	25%	23,773
Boston Medical Center	8,951	32%	9,431	33%	4,793	17%	4,998	18%	28,173
Broadlawn Medical Center	864	21%	1,150	27%	357	8%	1,834	44%	4,205
Cambridge Health Alliance	5,578	34%	3,414	21%	3,032	19%	4,250	26%	16,274
Contra Costa Regional Medical Center	1,664	18%	4,775	51%	845	9%	2,048	22%	9,332
Cook County BHS-John H. Stroger, Jr. Hospital	2,807	13%	8,928	41%	1,384	6%	8,614	40%	21,733
Cook County BHS-Oak Forest Hospital	432	11%	2,760	72%	378	10%	252	7%	3,822
Cook County BHS-Provident Hospital of Cook County	1,191	18%	1,096	16%	486	7%	4,023	59%	6,796
Cooper Green Hospital	802	15%	2,164	41%	35	1%	2,272	43%	5,273
Denver Health	2,699	15%	6,642	37%	1,684	9%	6,968	39%	17,993
Erlanger Health System	7,665	30%	7,539	29%	9,507	37%	1,110	4%	25,821
Governor Juan F. Luis Hospital & Medical Center	852	19%	840	18%	1,509	33%	1,374	30%	4,575
Grady Health System	5,536	20%	11,594	42%	3,066	11%	7,515	27%	27,711
Halifax Community Health System	13,123	46%	4,488	16%	7,758	27%	3,413	12%	28,782
Harborview Medical Center	4,404	23%	5,620	29%	6,186	32%	2,877	15%	19,087
Harris County Hospital District	3,968	9%	20,651	49%	680	2%	16,855	40%	42,154
The Health and Hospital Corporation of Marion County	3,466	23%	6,131	41%	1,016	7%	4,384	29%	14,997
Hennepin County Medical Center	5,420	24%	11,017	50%	4,403	20%	1,333	6%	22,173
HHSC-Hilo Medical Center	2,906	39%	2,062	28%	1,980	27%	482	6%	7,430
HHSC-Kona Community Hospital	1,110	31%	916	25%	1,338	37%	273	8%	3,637
HHSC-Maui Memorial Medical Center	3,686	32%	1,913	17%	5,063	44%	833	7%	11,495
Howard University Hospital	3,403	25%	3,559	26%	1,087	8%	5,485	41%	13,534
Hurley Medical Center	5,977	24%	9,963	41%	7,450	30%	1,200	5%	24,590
Jackson Memorial Hospital	9,637	16%	16,170	26%	10,896	18%	24,819	40%	61,522
JPS Health Network	2,576	13%	7,715	40%	1,099	6%	8,063	41%	19,453
Kern Medical Center	1,170	9%	8,246	61%	1,575	12%	2,564	19%	13,555
LAC-Harbor/UCLA Medical Center	2,005	9%	10,889	51%	656	3%	7,885	37%	21,435
LAC-LAC+USC Medical Center	2,021	5%	16,179	42%	431	1%	19,953	52%	38,584
LAC-Martin Luther King/Drew Medical Center	623	6%	3,722	35%	235	2%	6,079	57%	10,659
LAC-Olive View/UCLA Medical Center	617	5%	6,762	54%	112	1%	5,010	40%	12,501
LSUHSCD-Bogalusa Medical Center	1,302	42%	704	23%	195	6%	884	29%	3,085
LSUHSCD-Dr. Walter O. Moss Regional Hospital	177	13%	280	20%	40	3%	919	65%	1,416
LSUHSCD-Earl K. Long Medical Center	391	7%	1,969	35%	136	2%	3,150	56%	5,646
LSUHSCD-Huey P. Long Medical Center	222	7%	1,016	32%	129	4%	1,802	57%	3,169
LSUHSCD-Lallie Kemp Regional Medical Center	302	22%	225	16%	43	3%	796	58%	1,366
LSUHSCD-Leonard J. Chabert Medical Center	855	17%	2,209	44%	275	5%	1,701	34%	5,040
LSUHSCD-Medical Center of Louisiana at New Orleans	2,122	9%	8,533	37%	473	2%	12,093	52%	23,221
LSUHSCD-University Medical Center	390	9%	1,471	32%	192	4%	2,480	55%	4,533
Maricopa Integrated Health System	2,185	12%	10,286	55%	668	4%	5,442	29%	18,581
Medical Center of Central Georgia	12,371	42%	5,317	18%	9,391	32%	2,128	7%	29,207
Memorial Hospital at Gulfport	6,704	41%	3,784	23%	3,912	24%	2,148	13%	16,548
The MetroHealth System	5,806	25%	8,961	38%	5,436	23%	3,458	15%	23,661
MHS-Memorial Hospital Pembroke	3,332	50%	844	13%	1,703	25%	808	12%	6,687
MHS-Memorial Hospital West	5,245	25%	2,770	13%	12,411	58%	973	5%	21,399
MHS-Memorial Regional Hospital	10,372	29%	7,910	22%	12,897	37%	4,051	11%	35,230
Mount Sinai Hospital at Chicago	2,652	14%	12,891	66%	2,327	12%	1,671	9%	19,541
Natividad Medical Center	869	11%	4,846	61%	1,612	20%	630	8%	7,957
NBHD-Broward General Medical Center	5,879	25%	7,853	33%	4,802	20%	5,394	23%	23,928
NBHD-Coral Springs Medical Center	3,152	25%	2,545	21%	5,232	42%	1,451	12%	12,380

## Hospital-Specific Data on Utilization and Finances

Hospital Name	Medicare		Medicaid		Commercial		Self-Pay/Other		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
NBHD-Imperial Point Medical Center	3,460	47%	868	12%	1,786	24%	1,216	17%	7,330
NBHD-North Broward Medical Center	7,426	49%	1,134	7%	3,785	25%	2,944	19%	15,289
NYCHHC-Bellevue Hospital Center	3,929	15%	15,012	58%	3,599	14%	3,392	13%	25,932
NYCHHC-Coney Island Hospital	4,424	27%	9,277	56%	1,464	9%	1,261	8%	16,426
NYCHHC-Elmhurst Hospital Center	4,316	18%	16,476	67%	1,672	7%	2,009	8%	24,473
NYCHHC-Harlem Hospital Center	2,346	18%	8,652	68%	827	7%	881	7%	12,706
NYCHHC-Jacobi Medical Center	3,662	17%	13,870	66%	1,975	9%	1,648	8%	21,155
NYCHHC-Kings County Hospital Center	3,639	16%	9,384	41%	1,985	9%	8,029	35%	23,037
NYCHHC-Lincoln Medical and Mental Health Center	3,688	18%	14,269	69%	1,525	7%	1,202	6%	20,684
NYCHHC-Metropolitan Hospital Center	2,185	16%	10,059	74%	838	6%	576	4%	13,658
NYCHHC-North Central Bronx Hospital	1,161	15%	5,773	73%	507	6%	417	5%	7,858
NYCHHC-Queens Hospital Center	2,312	17%	9,056	67%	991	7%	1,248	9%	13,607
NYCHHC-Woodhull Medical and Mental Health Center	3,065	17%	12,752	72%	1,233	7%	539	3%	17,589
The Ohio State University Medical Center	14,544	32%	6,899	15%	17,119	38%	6,399	14%	44,961
Parkland Health & Hospital System	4,057	10%	22,752	55%	3,086	7%	11,530	28%	41,425
Regional Medical Center at Memphis	1,836	11%	8,391	50%	2,450	15%	4,054	24%	16,731
Riverside County Regional Medical Center	1,611	9%	6,604	36%	1,881	10%	8,467	46%	18,563
San Francisco General Hospital	3,078	18%	10,208	61%	756	5%	2,604	16%	16,646
San Joaquin General Hospital	1,324	14%	4,573	49%	703	8%	2,750	29%	9,350
San Mateo Medical Center	993	26%	1,424	38%	156	4%	1,222	32%	3,795
Santa Clara Valley Health & Hospital System	3,126	13%	12,605	54%	2,227	9%	5,512	23%	23,470
Shands HealthCare-Shands at the University of Florida and Shands AGH	13,100	36%	8,557	23%	11,098	30%	3,962	11%	36,717
Shands HealthCare-Shands Jacksonville Medical Center	6,381	26%	7,848	32%	6,822	27%	3,862	16%	24,913
Stony Brook University Hospital	7,732	28%	4,604	17%	12,393	45%	2,910	11%	27,639
Thomason General Hospital	1,762	11%	5,189	34%	2,655	17%	5,789	38%	15,395
Truman Medical Centers	3,827	22%	8,235	47%	1,369	8%	4,072	23%	17,503
UMass Memorial Medical Center	15,497	39%	6,989	18%	15,602	39%	1,832	5%	39,920
UMDNJ-University Hospital	2,507	12%	7,420	36%	524	3%	10,283	50%	20,734
University Health System at San Antonio University Hospital,	3,745	17%	6,564	30%	2,626	12%	8,962	41%	21,897
The University of New Mexico Health Sciences Center	2,954	16%	6,042	32%	3,527	19%	6,271	33%	18,794
University Medical Center of Southern Nevada	4,799	16%	9,496	32%	5,949	20%	9,529	32%	29,773
University of Arkansas for Medical Sciences	4,331	30%	3,576	25%	3,376	24%	3,050	21%	14,333
University of Colorado Hospital Authority	4,512	24%	4,202	22%	6,684	36%	3,291	18%	18,689
The University of Kansas Hospital	5,770	30%	4,487	24%	6,634	35%	2,099	11%	18,990
University of South Alabama Medical Center	1,235	21%	1,043	18%	1,015	17%	2,611	44%	5,904
The University of Texas Health Center at Tyler	1,871	55%	380	11%	557	16%	570	17%	3,378
The University of Texas M.D. Anderson Cancer Center	6,241	30%	840	4%	11,094	54%	2,355	11%	20,530
The University of Texas Medical Branch at Galveston	7,289	18%	17,453	43%	4,338	11%	11,372	28%	40,452
VCU Health System	7,372	25%	6,688	22%	8,386	28%	7,401	25%	29,847
<b>Total</b>	<b>350,425</b>	<b>21%</b>	<b>613,220</b>	<b>38%</b>	<b>298,670</b>	<b>18%</b>	<b>375,805</b>	<b>23%</b>	<b>1,638,120</b>
<b>Average</b>	<b>3,937</b>		<b>6,890</b>		<b>3,356</b>		<b>4,223</b>		<b>18,406</b>
<b>Count</b>									<b>89</b>

Note: Row percentages may not add up to 100% due to rounding.

# Appendix C

## Hospital-Specific Data on Utilization and Finances

**Table 4.** NAPH Member Hospitals and Health Systems—Outpatient Visits by Payer Source, 2004

Hospital Name	Medicare		Medicaid		Commercial		Self-Pay/Other		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Alameda County Medical Center	35,989	13%	115,324	41%	3,043	1%	129,119	46%	283,475
Arrowhead Regional Medical Center	33,514	10%	140,200	42%	15,333	5%	143,616	43%	332,663
Boston Medical Center	149,119	17%	227,407	26%	181,006	20%	330,130	37%	887,662
Broadlawn Medical Center	11,677	10%	26,240	22%	10,090	9%	70,600	60%	118,607
Cambridge Health Alliance	50,195	9%	93,064	16%	169,243	29%	261,594	46%	574,096
Contra Costa Regional Medical Center	60,334	15%	199,079	50%	54,730	14%	87,278	22%	401,421
Cook County Bureau of Health Services	80,258	8%	123,813	12%	58,587	6%	730,991	74%	993,649
Cooper Green Hospital	32,368	21%	22,317	15%	3,345	2%	92,688	61%	150,718
Denver Health	69,642	8%	201,590	22%	79,726	9%	559,884	61%	910,842
Erlanger Health System	61,729	21%	84,083	29%	124,696	43%	20,794	7%	291,302
Grady Health System	128,740	15%	245,519	28%	37,508	4%	456,218	53%	867,985
Halifax Community Health System	121,707	35%	62,618	18%	103,543	30%	56,080	16%	343,948
Harborview Medical Center	68,355	19%	136,710	38%	73,908	21%	80,945	22%	359,918
Harris County Hospital District	178,488	16%	104,812	9%	13,061	1%	833,190	74%	1,129,551
The Health and Hospital Corporation of Marion County	202,631	18%	326,380	29%	91,115	8%	499,235	45%	1,119,361
Hennepin County Medical Center	78,709	17%	214,116	47%	80,543	18%	81,228	18%	454,596
HHSC-Hilo Medical Center	8,773	24%	12,041	32%	11,957	32%	4,484	12%	37,255
HHSC-Kona Community Hospital	4,350	20%	4,315	20%	10,035	46%	3,134	14%	21,834
HHSC-Maui Memorial Medical Center	10,403	23%	6,600	15%	21,500	48%	6,520	14%	45,023
Howard University Hospital	21,158	22%	15,594	16%	34,942	36%	24,498	25%	96,192
Hurley Medical Center	84,912	18%	173,226	37%	161,053	35%	43,918	9%	463,109
Jackson Memorial Hospital	67,499	11%	124,991	20%	72,223	12%	356,825	57%	621,538
JPS Health Network	87,193	13%	145,409	21%	30,779	4%	422,777	62%	686,158
Kern Medical Center	9,958	4%	81,397	29%	9,819	4%	175,841	63%	277,015
LAC-Harbor/UCLA Medical Center	29,247	8%	124,481	34%	5,688	2%	202,582	56%	361,998
LAC-LAC+USC Medical Center	28,730	4%	183,083	26%	3,323	0%	493,549	70%	708,685
LAC-Martin Luther King/Drew Medical Center	10,397	5%	74,028	37%	1,312	1%	117,055	58%	202,792
LAC-Olive View/UCLA Medical Center	8,303	4%	81,023	40%	1,214	1%	113,151	56%	203,691
LSUHSCSD-Bogalusa Medical Center	10,728	19%	11,602	20%	5,713	10%	29,403	51%	57,446
LSUHSCSD-Dr. Walter O. Moss Regional Hospital	9,343	14%	8,003	12%	3,393	5%	44,905	68%	65,644
LSUHSCSD-Earl K. Long Medical Center	13,266	10%	32,132	24%	2,269	2%	88,674	65%	136,341
LSUHSCSD-Huey P. Long Medical Center	8,099	10%	15,825	20%	2,789	4%	52,797	66%	79,510
LSUHSCSD-Lallie Kemp Regional Medical Center	14,237	17%	11,038	13%	3,946	5%	55,180	65%	84,401
LSUHSCSD-Leonard J. Chabert Medical Center	22,683	17%	34,587	26%	8,049	6%	68,345	51%	133,664
LSUHSCSD-Medical Center of Louisiana at New Orleans	41,952	11%	91,232	23%	7,487	2%	254,339	64%	395,010
LSUHSCSD-University Medical Center	15,489	12%	29,297	22%	6,224	5%	81,966	62%	132,976
Maricopa Integrated Health System	83,261	20%	182,996	44%	3,101	1%	146,384	35%	415,742
Medical Center of Central Georgia	130,988	29%	87,134	19%	161,703	36%	69,576	15%	449,401
Memorial Hospital at Gulfport	43,820	26%	32,685	19%	51,448	30%	41,902	25%	169,855
The MetroHealth System	129,052	17%	262,312	34%	216,536	28%	165,629	21%	773,529
MHS-Memorial Hospital Pembroke	25,386	19%	12,178	9%	57,583	44%	36,731	28%	131,878
MHS-Memorial Hospital West	58,317	23%	20,521	8%	152,258	60%	23,288	9%	254,384
MHS-Memorial Regional Hospital	58,937	18%	48,239	15%	117,883	36%	99,601	31%	324,660
Mount Sinai Hospital at Chicago	23,271	8%	107,136	38%	86,357	31%	65,819	23%	282,583
Natividad Medical Center	10,099	9%	37,850	34%	37,225	34%	24,702	22%	109,876
NBHD-Broward General Medical Center	20,011	7%	36,226	13%	75,181	28%	140,033	52%	271,451
NBHD-Coral Springs Medical Center	9,393	10%	8,727	9%	65,754	69%	11,948	12%	95,822
NBHD-Imperial Point Medical Center	16,764	24%	3,194	5%	39,659	57%	10,563	15%	70,180
NBHD-North Broward Medical Center	18,999	15%	12,698	10%	46,971	37%	48,113	38%	126,781
NYCHHC-Bellevue Hospital Center	77,307	13%	219,890	37%	128,803	22%	166,403	28%	592,403

## Hospital-Specific Data on Utilization and Finances

Hospital Name	Medicare		Medicaid		Commercial		Self-Pay/Other		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
NYCHHC-Coney Island Hospital	57,708	17%	156,580	46%	40,039	12%	83,512	25%	337,839
NYCHHC-Elmhurst Hospital Center	72,844	10%	362,702	51%	60,660	8%	217,642	30%	713,848
NYCHHC-Harlem Hospital Center	52,150	13%	228,670	58%	25,611	7%	87,102	22%	393,533
NYCHHC-Jacobi Medical Center	63,818	13%	309,122	61%	53,697	11%	76,978	15%	503,615
NYCHHC-Kings County Hospital Center	33,482	5%	223,822	31%	46,162	6%	419,375	58%	722,841
NYCHHC-Lincoln Medical and Mental Health Center	69,136	14%	263,984	52%	45,502	9%	132,755	26%	511,377
NYCHHC-Metropolitan Hospital Center	67,273	15%	212,827	49%	33,505	8%	122,278	28%	435,883
NYCHHC-North Central Bronx Hospital	21,342	8%	172,530	67%	23,916	9%	41,467	16%	259,255
NYCHHC-Queens Hospital Center	45,591	12%	190,917	51%	37,420	10%	103,570	27%	377,498
NYCHHC-Woodhull Medical and Mental Health Center	42,319	12%	198,964	54%	27,349	7%	98,825	27%	367,457
The Ohio State University Medical Center	206,980	24%	82,591	10%	495,349	57%	84,095	10%	869,015
Parkland Health & Hospital System	181,464	19%	178,659	19%	74,289	8%	524,533	55%	958,945
Regional Medical Center at Memphis	41,438	14%	116,025	39%	65,412	22%	73,107	25%	295,982
Riverside County Regional Medical Center	10,764	6%	75,686	39%	11,037	6%	95,888	50%	193,375
San Francisco General Hospital	83,193	16%	190,402	37%	10,998	2%	231,404	45%	515,997
San Joaquin General Hospital	35,256	17%	69,529	33%	25,695	12%	82,955	39%	213,435
San Mateo Medical Center	26,275	11%	68,081	27%	9,701	4%	144,689	58%	248,746
Santa Clara Valley Health & Hospital System	101,278	14%	304,911	42%	78,577	11%	235,830	33%	720,596
Shands HealthCare-Shands at the University of Florida and Shands AGH	166,075	25%	122,896	19%	284,738	43%	85,400	13%	659,109
Shands HealthCare-Shands Jacksonville Medical Center	77,189	20%	91,084	23%	122,757	31%	104,240	26%	395,270
Stony Brook University Hospital	85,916	24%	53,769	15%	169,750	48%	43,375	12%	352,810
Thomason General Hospital	106,060	21%	101,207	20%	76,466	15%	218,129	43%	501,862
Truman Medical Centers	64,514	12%	168,656	31%	54,214	10%	264,306	48%	551,690
UMass Memorial Medical Center	221,744	27%	102,534	12%	426,901	52%	70,022	9%	821,201
UMDNJ-University Hospital	36,327	13%	110,675	39%	18,780	7%	118,427	42%	284,209
University Health System at San Antonio University Hospital,	68,206	18%	43,116	11%	37,138	10%	233,569	61%	382,029
The University of New Mexico Health Sciences Center	70,532	17%	96,095	23%	87,619	21%	160,538	39%	414,784
University Medical Center of Southern Nevada	63,190	9%	116,785	17%	278,649	41%	213,441	32%	672,065
University of Arkansas for Medical Sciences	99,225	33%	37,206	12%	105,729	35%	58,280	19%	300,440
University of Colorado Hospital Authority	128,324	25%	51,162	10%	260,128	51%	73,917	14%	513,531
The University of Kansas Hospital	92,031	22%	53,707	13%	242,069	58%	32,892	8%	420,699
The University of Texas Health Center at Tyler	46,887	39%	17,503	15%	37,569	31%	18,410	15%	120,369
The University of Texas M.D. Anderson Cancer Center	248,428	32%	29,559	4%	417,632	53%	86,949	11%	782,568
The University of Texas Medical Branch at Galveston	212,409	25%	141,485	17%	231,242	27%	260,074	31%	845,210
VCU Health System	86,867	21%	74,014	18%	124,852	30%	129,159	31%	414,892
<b>Total</b>	<b>5,662,015</b>	<b>16%</b>	<b>9,472,417</b>	<b>27%</b>	<b>6,884,806</b>	<b>20%</b>	<b>13,151,358</b>	<b>37%</b>	<b>35,170,596</b>
<b>Average</b>	<b>66,612</b>		<b>111,440</b>		<b>80,998</b>		<b>154,722</b>		<b>413,772</b>
<b>Count</b>									<b>85</b>

Note: Data for the three hospitals of the Cook County Bureau of Health Services has been consolidated because community clinic ambulatory care volumes are not associated with specific hospitals.

Note: Hospitals that do not track outpatient visits by payer source are excluded.

Note: Row percentages may not add up to 100% due to rounding.

# Appendix C

## Hospital-Specific Data on Utilization and Finances

**Table 5.** NAPH Member Hospitals and Health Systems—Gross Charges by Payer Source, 2004

Hospital Name	Medicare		Medicaid		Commercial		Self-Pay/Other		Total
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	
Alameda County Medical Center	\$70,282,652	14%	\$293,386,834	57%	\$26,663,497	5%	\$123,899,628	24%	\$514,232,611
Arrowhead Regional Medical Center	\$95,335,446	12%	\$320,193,135	40%	\$75,508,082	9%	\$315,871,951	39%	\$806,908,614
Boston Medical Center	\$268,321,564	27%	\$230,587,221	23%	\$221,435,279	22%	\$265,153,017	27%	\$985,497,081
Broadlawn Medical Center	\$12,095,124	14%	\$16,131,089	19%	\$6,807,067	8%	\$49,306,779	58%	\$84,340,059
Cambridge Health Alliance	\$124,605,358	24%	\$98,382,318	19%	\$61,836,896	12%	\$240,453,643	46%	\$525,278,215
Contra Costa Regional Medical Center	\$68,462,937	19%	\$170,769,107	47%	\$38,846,051	11%	\$84,654,630	23%	\$362,732,725
Cook County BHS-John H. Stroger, Jr. Hospital	\$56,755,677	10%	\$263,368,990	48%	\$22,825,522	4%	\$204,808,126	37%	\$547,758,315
Cook County BHS-Oak Forest Hospital	\$19,510,682	17%	\$65,181,838	57%	\$18,144,484	16%	\$12,096,323	11%	\$114,933,327
Cook County BHS-Provident Hospital of Cook County	\$10,345,518	10%	\$42,606,331	41%	\$5,817,579	6%	\$44,033,248	43%	\$102,802,676
Cooper Green Hospital	\$15,364,790	21%	\$8,559,573	12%	\$1,928,000	3%	\$47,400,172	65%	\$73,252,535
Denver Health	\$99,937,000	14%	\$178,759,000	26%	\$122,855,000	18%	\$299,101,408	43%	\$700,652,408
Erlanger Health System	\$309,472,395	29%	\$293,053,121	28%	\$407,629,657	39%	\$46,659,484	4%	\$1,056,814,657
Governor Juan F. Luis Hospital & Medical Center	\$18,928,200	33%	\$8,116,756	14%	\$15,350,802	27%	\$14,916,478	26%	\$57,312,236
Grady Health System	\$164,335,248	18%	\$347,385,188	39%	\$93,208,120	10%	\$283,892,823	32%	\$888,821,379
Halifax Community Health System	\$431,956,666	51%	\$86,070,733	10%	\$237,975,916	28%	\$98,026,641	11%	\$854,029,956
Harborview Medical Center	\$177,868,000	22%	\$235,275,000	30%	\$273,726,000	35%	\$106,166,000	13%	\$793,035,000
Harris County Hospital District	\$173,423,252	15%	\$316,224,487	28%	\$24,204,603	2%	\$621,958,658	55%	\$1,135,811,000
The Health and Hospital Corporation of Marion County	\$114,065,961	23%	\$140,950,698	29%	\$41,442,840	8%	\$192,333,160	39%	\$488,792,659
Hennepin County Medical Center	\$205,741,418	25%	\$355,471,787	44%	\$193,488,984	24%	\$54,847,810	7%	\$809,549,999
HHSC-Hilo Medical Center	\$69,452,922	39%	\$50,937,684	28%	\$42,952,254	24%	\$16,128,933	9%	\$179,471,793
HHSC-Kona Community Hospital	\$25,692,920	32%	\$17,233,358	22%	\$28,769,403	36%	\$8,251,971	10%	\$79,947,652
HHSC-Maui Memorial Medical Center	\$104,474,078	39%	\$35,584,984	13%	\$103,107,701	38%	\$25,173,879	9%	\$268,340,642
Howard University Hospital	\$105,332,097	31%	\$92,014,263	27%	\$28,725,292	8%	\$118,794,292	34%	\$344,865,944
Hurley Medical Center	\$158,732,458	25%	\$213,705,012	33%	\$225,929,645	35%	\$43,822,432	7%	\$642,189,547
Jackson Memorial Hospital	\$466,913,466	18%	\$755,148,953	30%	\$480,142,242	19%	\$825,582,091	33%	\$2,527,786,752
JPS Health Network	\$105,647,000	14%	\$172,079,000	22%	\$39,663,000	5%	\$450,287,000	59%	\$767,676,000
Kern Medical Center	\$35,053,246	11%	\$168,804,030	51%	\$46,618,699	14%	\$80,924,811	24%	\$331,400,786
LAC-Harbor/UCLA Medical Center	\$120,404,285	11%	\$602,454,924	54%	\$42,922,357	4%	\$339,697,989	31%	\$1,105,479,555
LAC-LAC+USC Medical Center	\$107,306,946	5%	\$1,125,401,552	57%	\$71,682,224	4%	\$671,482,341	34%	\$1,975,873,063
LAC-Marlin Luther King/Drew Medical Center	\$71,202,235	9%	\$455,460,517	55%	\$18,309,074	2%	\$278,564,544	34%	\$823,536,370
LAC-Olive View/UCLA Medical Center	\$22,569,722	5%	\$262,097,056	54%	\$5,399,242	1%	\$192,588,641	40%	\$482,654,661
LSUHCS-D-Bogalusa Medical Center	\$18,356,280	39%	\$9,489,799	20%	\$4,468,198	9%	\$15,333,557	32%	\$47,647,834
LSUHCS-D-Dr. Walter O. Moss Regional Hospital	\$4,934,939	15%	\$4,127,223	12%	\$1,568,745	5%	\$22,470,453	68%	\$33,101,360
LSUHCS-D-Earl K. Long Medical Center	\$10,468,380	8%	\$36,765,180	28%	\$5,108,070	4%	\$77,234,142	60%	\$129,575,772
LSUHCS-D-Huey P. Long Medical Center	\$4,652,861	8%	\$12,752,020	21%	\$2,506,288	4%	\$41,573,778	68%	\$61,484,947
LSUHCS-D-Lallie Kemp Regional Medical Center	\$7,641,514	22%	\$4,385,408	12%	\$1,559,164	4%	\$21,928,468	62%	\$35,514,554
LSUHCS-D-Leonard J. Chabert Medical Center	\$21,132,517	20%	\$35,046,795	34%	\$6,063,493	6%	\$42,365,183	40%	\$104,607,988
LSUHCS-D-Medical Center of Louisiana at New Orleans	\$61,255,853	11%	\$189,804,656	33%	\$39,899,803	7%	\$287,102,229	50%	\$578,062,541
LSUHCS-D-University Medical Center	\$9,591,697	12%	\$23,458,439	29%	\$3,805,509	5%	\$44,318,058	55%	\$81,173,703
Maricopa Integrated Health System	\$127,419,125	19%	\$334,604,415	49%	\$32,368,405	5%	\$187,175,885	27%	\$681,567,830
Medical Center of Central Georgia	\$476,067,062	42%	\$184,677,378	16%	\$382,873,870	34%	\$85,778,559	8%	\$1,129,396,869
Memorial Hospital at Gulfport	\$342,317,666	48%	\$106,752,608	15%	\$153,776,518	22%	\$106,472,863	15%	\$709,319,655
The MetroHealth System	\$158,539,000	23%	\$222,575,000	32%	\$228,532,000	33%	\$89,948,000	13%	\$699,594,000
MHS-Memorial Hospital Pembroke	\$104,635,672	38%	\$30,298,228	11%	\$97,412,124	35%	\$43,606,993	16%	\$275,953,017
MHS-Memorial Hospital West	\$211,518,244	34%	\$52,774,678	9%	\$313,268,972	51%	\$38,845,942	6%	\$616,407,836
MHS-Memorial Regional Hospital	\$441,680,370	34%	\$235,856,938	18%	\$453,635,856	35%	\$164,958,839	13%	\$1,296,132,003
Mount Sinai Hospital at Chicago	\$95,998,000	19%	\$256,948,000	50%	\$92,004,000	18%	\$64,684,000	13%	\$509,634,000
Natividad Medical Center	\$44,411,907	16%	\$151,271,384	54%	\$50,246,404	18%	\$33,801,858	12%	\$279,731,553
NBHD-Broward General Medical Center	\$300,099,332	26%	\$284,218,723	25%	\$293,983,265	25%	\$275,407,922	24%	\$1,153,709,242
NBHD-Coral Springs Medical Center	\$128,592,598	27%	\$60,375,309	13%	\$227,359,098	48%	\$57,600,457	12%	\$473,927,462

## Hospital-Specific Data on Utilization and Finances

Hospital Name	Medicare		Medicaid		Commercial		Self-Pay/Other		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
NBHD-Imperial Point Medical Center	\$138,662,684	42%	\$28,266,319	9%	\$115,369,286	35%	\$45,799,190	14%	\$328,097,479
NBHD-North Broward Medical Center	\$268,091,659	44%	\$59,923,371	10%	\$154,389,992	26%	\$121,655,410	20%	\$604,060,432
NYCHHC-Bellevue Hospital Center	\$125,359,997	17%	\$324,426,580	44%	\$79,552,327	11%	\$203,282,879	28%	\$732,621,783
NYCHHC-Coney Island Hospital	\$94,770,754	28%	\$172,352,899	51%	\$22,640,822	7%	\$47,930,860	14%	\$337,695,335
NYCHHC-Elmhurst Hospital Center	\$129,050,995	20%	\$336,874,229	52%	\$57,344,025	9%	\$129,367,579	20%	\$652,636,828
NYCHHC-Harlem Hospital Center	\$68,762,927	22%	\$192,960,815	61%	\$19,450,333	6%	\$33,206,223	11%	\$314,380,298
NYCHHC-Jacobi Medical Center	\$123,152,190	21%	\$365,444,036	61%	\$45,254,157	8%	\$64,960,876	11%	\$598,811,259
NYCHHC-Kings County Hospital Center	\$97,274,668	14%	\$270,479,046	39%	\$84,017,475	12%	\$239,175,298	35%	\$690,946,487
NYCHHC-Lincoln Medical and Mental Health Center	\$77,200,247	19%	\$259,308,607	62%	\$24,731,044	6%	\$53,837,000	13%	\$415,076,898
NYCHHC-Metropolitan Hospital Center	\$66,400,838	19%	\$223,675,023	65%	\$19,220,714	6%	\$35,127,556	10%	\$344,424,131
NYCHHC-North Central Bronx Hospital	\$36,843,833	17%	\$140,816,342	66%	\$13,109,100	6%	\$22,969,607	11%	\$213,738,882
NYCHHC-Queens Hospital Center	\$50,200,045	18%	\$138,100,249	50%	\$24,265,139	9%	\$61,792,890	23%	\$274,358,323
NYCHHC-Woodhull Medical and Mental Health Center	\$77,572,776	20%	\$245,518,706	63%	\$25,959,360	7%	\$43,368,365	11%	\$392,419,207
The Ohio State University Medical Center	\$537,084,000	30%	\$184,593,000	10%	\$825,105,000	47%	\$221,756,005	13%	\$1,768,538,005
Parkland Health & Hospital System	\$252,335,802	18%	\$419,598,842	29%	\$136,483,004	10%	\$613,956,299	43%	\$1,422,373,947
Regional Medical Center at Memphis	\$108,599,113	14%	\$308,041,272	40%	\$168,379,065	22%	\$189,887,185	25%	\$774,906,635
Riverside County Regional Medical Center	\$42,235,052	8%	\$199,238,252	36%	\$70,736,024	13%	\$246,958,793	44%	\$559,168,121
San Francisco General Hospital	\$148,034,891	19%	\$350,731,514	46%	\$39,515,676	5%	\$227,516,986	30%	\$765,799,067
San Joaquin General Hospital	\$52,009,421	20%	\$100,573,730	39%	\$22,824,915	9%	\$82,571,838	32%	\$257,979,904
San Mateo Medical Center	\$44,412,150	20%	\$83,919,041	37%	\$10,113,298	4%	\$87,460,767	39%	\$225,905,256
Santa Clara Valley Health & Hospital System	\$186,024,973	15%	\$611,226,928	48%	\$184,466,753	14%	\$295,738,333	23%	\$1,277,456,987
Shands HealthCare-Shands at the University of Florida and Shands AGH	\$567,129,890	38%	\$253,833,295	17%	\$517,117,994	35%	\$156,423,786	10%	\$1,494,504,965
Shands HealthCare-Shands Jacksonville Medical Center	\$293,147,613	27%	\$236,826,719	22%	\$369,449,151	34%	\$201,738,060	18%	\$1,101,161,543
Stony Brook University Hospital	\$351,091,071	32%	\$166,802,560	15%	\$443,433,927	41%	\$119,393,854	11%	\$1,080,721,412
Thomason General Hospital	\$53,399,881	13%	\$103,800,954	25%	\$48,938,385	12%	\$208,007,969	50%	\$414,147,189
Truman Medical Centers	\$70,243,665	20%	\$158,398,545	46%	\$34,208,015	10%	\$83,152,429	24%	\$346,002,654
UMass Memorial Medical Center	\$624,183,754	36%	\$236,586,161	14%	\$728,726,545	42%	\$156,941,389	9%	\$1,746,437,849
UMDNJ-University Hospital	\$271,654,000	19%	\$426,225,000	30%	\$194,635,000	14%	\$522,722,000	37%	\$1,415,236,000
University Health System at San Antonio	\$156,190,688	21%	\$160,856,564	22%	\$98,934,606	13%	\$318,581,183	43%	\$734,563,041
University Hospital, The University of New Mexico Health Sciences Center	\$98,060,883	17%	\$156,613,173	27%	\$119,088,514	21%	\$202,048,421	35%	\$575,810,991
University Medical Center of Southern Nevada	\$254,051,238	20%	\$307,273,605	24%	\$324,109,937	25%	\$388,526,158	30%	\$1,273,960,938
University of Arkansas for Medical Sciences	\$230,240,401	33%	\$137,087,419	20%	\$227,240,316	33%	\$101,660,502	15%	\$696,228,638
University of Colorado Hospital Authority	\$316,332,549	29%	\$137,165,647	12%	\$498,611,363	45%	\$148,515,861	13%	\$1,100,625,420
The University of Kansas Hospital	\$364,781,486	35%	\$140,447,473	13%	\$444,035,657	42%	\$99,394,881	9%	\$1,048,659,497
University of South Alabama Medical Center	\$38,551,422	23%	\$27,068,087	16%	\$36,871,313	22%	\$66,269,892	39%	\$168,760,714
The University of Texas Health Center at Tyler The University of Texas M.D.	\$87,807,588	52%	\$18,806,576	11%	\$34,602,407	21%	\$27,105,935	16%	\$168,322,506
Anderson Cancer Center	\$749,620,887	29%	\$98,824,299	4%	\$1,426,149,349	55%	\$310,277,575	12%	\$2,584,872,110
The Univ. of Texas Medical Branch at Galveston	\$277,464,717	24%	\$270,841,148	23%	\$177,479,568	15%	\$434,122,359	37%	\$1,159,907,792
VCU Health System	\$329,446,648	25%	\$192,889,558	15%	\$446,119,849	34%	\$344,506,221	26%	\$1,312,962,276
<b>Total</b>	<b>\$14,256,379,676</b>	<b>23%</b>	<b>\$17,903,992,304</b>	<b>30%</b>	<b>\$13,727,034,699</b>	<b>23%</b>	<b>\$14,815,194,503</b>	<b>24%</b>	<b>\$60,702,601,182</b>
<b>Average</b>	<b>\$160,184,041</b>		<b>\$201,168,453</b>		<b>\$154,236,345</b>		<b>\$166,462,860</b>		<b>\$682,051,699</b>
<b>Count</b>									<b>89</b>

Note: Row percentages may not add up to 100% due to rounding.



# Appendix C

## Hospital-Specific Data on Utilization and Finances

**Table 6.** NAPH Member Hospitals and Health Systems—Net Revenues by Payer Source, 2004

Hospital Name	Medicare		Medicaid*	
	Revenues	Percent	Revenues	Percent
Alameda County Medical Center	\$29,700,343	10%	\$112,718,795	39%
Arrowhead Regional Medical Center	\$28,181,862	9%	\$169,597,080	55%
Boston Medical Center	\$153,566,299	28%	\$126,946,852	23%
Broadlawns Medical Center	\$8,369,571	12%	\$11,132,381	16%
Cambridge Health Alliance	\$72,865,116	27%	\$83,678,617	30%
Contra Costa Regional Medical Center	\$35,297,204	17%	\$112,544,606	54%
Cook County BHS-John H. Stroger, Jr. Hospital	\$43,009,647	8%	\$317,709,873	58%
Cook County BHS-Oak Forest Hospital	\$7,658,700	6%	\$93,299,532	69%
Cook County BHS-Provident Hospital of Cook County	\$7,713,097	7%	\$69,702,113	66%
Cooper Green Hospital	\$4,791,786	9%	\$7,221,577	13%
Denver Health	\$40,488,000	12%	\$190,152,326	54%
Erlanger Health System	\$116,420,612	29%	\$89,416,177	22%
Governor Juan F. Luis Hospital & Medical Center	\$9,638,239	23%	\$1,500,000	4%
Grady Health System	\$94,383,523	17%	\$286,227,939	52%
Halifax Community Health System	\$157,577,470	51%	\$27,570,596	9%
Harborview Medical Center	\$90,022,000	20%	\$144,585,000	33%
Harris County Hospital District	\$59,616,053	8%	\$224,346,857	32%
The Health and Hospital Corporation of Marion County	\$66,612,648	20%	\$164,060,321	49%
Hennepin County Medical Center	\$97,411,142	24%	\$171,678,548	42%
HHSC-Hilo Medical Center	\$25,828,021	36%	\$18,767,652	26%
HHSC-Kona Community Hospital	\$9,524,994	27%	\$6,458,267	18%
HHSC-Maui Memorial Medical Center	\$35,836,976	34%	\$8,442,617	8%
Howard University Hospital	\$46,077,061	19%	\$84,467,995	36%
Hurley Medical Center	\$67,597,929	26%	\$91,008,584	35%
Jackson Memorial Hospital	\$188,729,899	18%	\$211,940,101	20%
JPS Health Network	\$47,332,000	12%	\$114,588,000	29%
Kern Medical Center	\$16,669,510	10%	\$85,209,338	52%
LAC-Harbor/UCLA Medical Center	\$27,980,659	8%	\$214,455,407	61%
LAC-LAC+USC Medical Center	\$28,017,057	4%	\$441,588,979	56%
LAC-Martin Luther King/Drew Medical Center	\$16,493,784	5%	\$205,484,920	57%
LAC-Olive View/UCLA Medical Center	\$10,745,116	4%	\$149,143,567	59%
LSUHCS-D-Bogalusa Medical Center	\$7,542,624	26%	\$15,910,430	54%
LSUHCS-D-Dr. Walter O. Moss Regional Hospital	\$1,873,649	8%	\$16,806,398	75%
LSUHCS-D-Earl K. Long Medical Center	\$4,530,980	6%	\$60,226,170	76%
LSUHCS-D-Huey P. Long Medical Center	\$2,289,251	5%	\$32,795,396	78%
LSUHCS-D-Lallie Kemp Regional Medical Center	\$2,872,507	12%	\$17,864,001	72%
LSUHCS-D-Leonard J. Chabert Medical Center	\$8,471,953	15%	\$44,410,508	78%
LSUHCS-D-Medical Center of Louisiana at New Orleans	\$25,932,872	6%	\$354,002,606	84%
LSUHCS-D-University Medical Center	\$4,869,702	8%	\$49,561,997	84%
Maricopa Integrated Health System	\$62,802,022	20%	\$136,514,752	43%
Medical Center of Central Georgia	\$203,024,015	40%	\$95,550,933	19%
Memorial Hospital at Gulfport	\$92,774,734	40%	\$41,077,492	18%
The MetroHealth System	\$97,939,000	24%	\$157,510,000	39%
MHS-Memorial Hospital Pembroke	\$26,833,583	32%	\$6,443,015	8%
MHS-Memorial Hospital West	\$57,249,690	25%	\$13,336,373	6%
MHS-Memorial Regional Hospital	\$143,362,452	31%	\$71,631,462	15%
Mount Sinai Hospital at Chicago	\$34,040,000	20%	\$104,171,000	60%
Natividad Medical Center	\$20,503,558	20%	\$55,494,690	54%
NBHD-Broward General Medical Center	\$71,608,559	24%	\$67,959,754	23%
NBHD-Coral Springs Medical Center	\$25,585,015	23%	\$13,918,484	12%

## Hospital-Specific Data on Utilization and Finances

Commercial Revenues		Self-Pay/Other Revenues		State/Local Subsidies		Total
Percent	Revenues	Percent	Revenues	Percent	Revenues	
9%	\$27,041,319	7%	\$19,076,875	34%	\$99,135,334	\$287,672,666
17%	\$52,311,381	4%	\$11,179,816	15%	\$47,768,422	\$309,038,561
15%	\$83,253,837	28%	\$151,625,644	5%	\$26,217,368	\$541,610,000
4%	\$3,058,316	12%	\$8,637,244	56%	\$39,630,842	\$70,828,354
10%	\$28,013,066	31%	\$84,045,148	2%	\$5,919,152	\$274,521,099
11%	\$22,516,128	1%	\$2,351,249	16%	\$34,058,405	\$206,767,592
1%	\$6,589,652	1%	\$2,761,696	33%	\$180,330,689	\$550,401,557
1%	\$1,765,372	1%	\$843,581	23%	\$30,923,210	\$134,490,395
5%	\$5,184,582	1%	\$1,390,207	20%	\$21,617,824	\$105,607,823
2%	\$848,320	13%	\$6,973,395	63%	\$34,489,368	\$54,324,446
22%	\$76,823,000	5%	\$16,637,816	8%	\$26,900,000	\$351,001,142
48%	\$190,657,402	0%	\$1,559,828	1%	\$2,977,083	\$401,031,102
27%	\$11,513,101	4%	\$1,567,217	43%	\$18,248,617	\$42,467,174
9%	\$51,696,291	2%	\$9,472,078	19%	\$105,279,081	\$547,058,912
38%	\$116,642,645	3%	\$8,141,815	0%	\$0	\$309,932,526
44%	\$194,423,000	1%	\$4,403,000	2%	\$7,534,000	\$440,967,000
1%	\$10,472,965	9%	\$60,854,461	50%	\$351,030,000	\$706,320,336
9%	\$31,735,768	5%	\$17,115,473	17%	\$55,495,041	\$335,019,251
26%	\$107,298,971	2%	\$9,791,896	5%	\$20,183,361	\$406,363,918
31%	\$22,247,652	8%	\$5,905,972	0%	\$0	\$72,749,297
45%	\$15,750,175	10%	\$3,340,285	0%	\$0	\$35,073,721
50%	\$52,583,211	7%	\$7,715,459	0%	\$0	\$104,578,263
6%	\$13,779,321	26%	\$62,120,942	13%	\$30,043,359	\$236,488,678
37%	\$96,214,575	2%	\$6,050,280	0%	\$0	\$260,871,368
18%	\$190,071,571	18%	\$186,347,678	26%	\$273,635,383	\$1,050,724,632
6%	\$25,764,000	1%	\$4,567,000	52%	\$205,254,000	\$397,505,000
14%	\$23,318,241	3%	\$4,082,366	21%	\$34,013,787	\$163,293,242
10%	\$34,611,121	5%	\$15,967,123	17%	\$60,734,382	\$353,748,692
6%	\$45,722,028	5%	\$37,670,340	30%	\$238,247,912	\$791,246,316
4%	\$13,670,601	2%	\$7,077,990	32%	\$116,625,389	\$359,352,684
2%	\$5,399,242	5%	\$12,777,947	30%	\$75,033,870	\$253,099,742
10%	\$3,007,744	1%	\$399,791	8%	\$2,451,842	\$29,312,431
3%	\$576,268	1%	\$310,941	12%	\$2,711,654	\$22,278,910
1%	\$997,984	0%	\$375,015	17%	\$13,324,463	\$79,454,612
3%	\$1,070,040	1%	\$265,914	13%	\$5,647,272	\$42,067,873
3%	\$706,652	1%	\$332,671	12%	\$2,920,346	\$24,696,177
5%	\$2,729,756	1%	\$560,068	1%	\$678,736	\$56,851,021
4%	\$15,907,267	0%	\$1,722,623	5%	\$21,602,977	\$419,168,345
2%	\$1,395,654	1%	\$551,508	4%	\$2,482,405	\$58,861,266
10%	\$31,265,130	24%	\$78,114,210	4%	\$11,826,272	\$320,522,386
32%	\$163,280,758	7%	\$36,581,206	1%	\$6,108,256	\$504,545,168
37%	\$86,520,426	5%	\$11,854,548	0%	\$0	\$232,227,200
29%	\$116,643,000	2%	\$7,054,000	7%	\$26,512,000	\$405,658,000
54%	\$45,239,074	2%	\$1,564,136	4%	\$3,265,202	\$83,345,010
67%	\$151,894,380	1%	\$2,073,352	1%	\$2,354,685	\$226,908,480
47%	\$222,749,767	0%	\$1,406,430	7%	\$30,780,899	\$469,931,010
19%	\$32,527,000	1%	\$2,081,000	0%	\$0	\$172,819,000
12%	\$12,445,198	2%	\$1,629,032	13%	\$13,547,928	\$103,620,406
28%	\$84,037,712	3%	\$8,333,028	21%	\$63,331,880	\$295,270,933
50%	\$56,780,318	4%	\$4,690,165	10%	\$11,695,206	\$112,669,188

# Appendix C

## Hospital-Specific Data on Utilization and Finances

**Table 6.** NAPH Member Hospitals and Health Systems—Net Revenues by Payer Source, 2004 (continued)

Hospital Name	Medicare		Medicaid*	
	Revenues	Percent	Revenues	Percent
NBHD-Imperial Point Medical Center	\$33,175,023	39%	\$10,343,402	12%
NBHD-North Broward Medical Center	\$62,626,941	39%	\$18,651,073	12%
NYCHHC-Bellevue Hospital Center	\$97,096,148	20%	\$224,679,282	47%
NYCHHC-Coney Island Hospital	\$61,978,451	24%	\$143,468,102	57%
NYCHHC-Elmhurst Hospital Center	\$83,817,205	22%	\$183,782,799	48%
NYCHHC-Harlem Hospital Center	\$54,031,205	20%	\$184,203,904	67%
NYCHHC-Jacobi Medical Center	\$94,632,529	24%	\$258,254,102	65%
NYCHHC-Kings County Hospital Center	\$66,456,326	15%	\$199,718,447	45%
NYCHHC-Lincoln Medical and Mental Health Center	\$63,573,136	20%	\$201,110,191	63%
NYCHHC-Metropolitan Hospital Center	\$55,164,551	22%	\$177,092,399	69%
NYCHHC-North Central Bronx Hospital	\$19,461,087	14%	\$100,978,476	71%
NYCHHC-Queens Hospital Center	\$45,813,299	20%	\$124,495,030	54%
NYCHHC-Woodhull Medical and Mental Health Center	\$75,220,142	25%	\$195,781,940	65%
The Ohio State University Medical Center	\$232,535,000	28%	\$61,410,587	7%
Parkland Health & Hospital System	\$84,758,653	12%	\$228,969,054	32%
Regional Medical Center at Memphis	\$29,755,565	12%	\$69,825,710	27%
Riverside County Regional Medical Center	\$10,812,961	5%	\$122,215,479	54%
San Francisco General Hospital	\$53,762,418	16%	\$131,011,254	39%
San Joaquin General Hospital	\$18,746,632	14%	\$68,820,134	53%
San Mateo Medical Center	\$23,709,107	18%	\$48,751,712	36%
Santa Clara Valley Health & Hospital System	\$74,145,573	13%	\$280,493,361	48%
Shands HealthCare-Shands at the University of Florida and Shands AGH	\$241,514,409	37%	\$99,037,031	15%
Shands HealthCare-Shands Jacksonville Medical Center	\$118,999,438	28%	\$144,806,091	34%
Stony Brook University Hospital	\$135,005,004	25%	\$172,959,957	33%
Thomason General Hospital	\$25,899,644	14%	\$87,788,872	48%
Truman Medical Centers	\$52,829,223	18%	\$164,072,472	56%
UMass Memorial Medical Center	\$276,207,228	35%	\$101,608,344	13%
UMDNJ-University Hospital	\$103,964,000	21%	\$160,261,000	33%
University Health System at San Antonio	\$90,630,269	21%	\$123,710,598	28%
University Hospital, The University of New Mexico Health Sciences Center	\$49,323,532	16%	\$119,329,308	38%
University Medical Center of Southern Nevada	\$70,377,730	17%	\$132,906,390	31%
University of Arkansas for Medical Sciences	\$97,503,196	34%	\$66,914,762	24%
University of Colorado Hospital Authority	\$101,201,951	24%	\$74,213,705	18%
The University of Kansas Hospital	\$111,116,774	28%	\$61,636,713	15%
University of South Alabama Medical Center	\$21,660,876	26%	\$14,069,154	17%
The University of Texas Health Center at Tyler	\$24,532,207	29%	\$3,671,396	4%
The University of Texas M.D. Anderson Cancer Center	\$280,371,423	19%	\$27,461,969	2%
The University of Texas Medical Branch at Galveston	\$125,789,901	23%	\$106,371,782	19%
VCU Health System	\$125,317,303	23%	\$163,252,292	29%
<b>Total</b>	<b>\$5,931,778,544</b>	<b>20%</b>	<b>\$10,248,958,352</b>	<b>35%</b>
<b>Average</b>	<b>\$66,649,197</b>		<b>\$115,156,835</b>	
<b>Count</b>				

## Hospital-Specific Data on Utilization and Finances

Commercial Revenues		Self-Pay/Other Revenues		State/Local Subsidies		Total
Revenues	Percent	Revenues	Percent	Revenues	Percent	
\$25,724,156	30%	\$7,039,008	8%	\$9,551,013	11%	\$85,832,602
\$47,844,765	30%	\$3,165,253	2%	\$28,812,076	18%	\$161,100,108
\$70,917,651	15%	\$30,510,981	6%	\$52,489,814	11%	\$475,693,876
\$7,648,789	3%	\$25,684,681	10%	\$14,538,708	6%	\$253,318,731
\$30,572,092	8%	\$37,802,284	10%	\$43,312,912	11%	\$379,287,292
\$13,969,550	5%	\$4,044,144	1%	\$18,463,772	7%	\$274,712,575
\$3,905,118	1%	\$18,799,920	5%	\$22,867,042	6%	\$398,458,711
\$68,751,276	16%	\$62,113,032	14%	\$45,859,266	10%	\$442,898,347
\$13,055,480	4%	\$16,407,918	5%	\$23,567,859	7%	\$317,714,584
\$8,628,152	3%	\$696,268	0%	\$14,572,005	6%	\$256,153,375
\$2,395,077	2%	\$9,633,391	7%	\$9,950,312	7%	\$142,418,343
\$17,036,534	7%	\$20,241,198	9%	\$21,435,299	9%	\$229,021,360
\$11,819,004	4%	\$1,448,591	0%	\$18,789,812	6%	\$303,059,489
\$444,789,000	53%	\$99,506,498	12%	\$2,947,500	0%	\$841,188,585
\$62,890,012	9%	\$20,485,012	3%	\$322,108,538	45%	\$719,211,269
\$91,876,231	36%	\$4,284,336	2%	\$61,543,189	24%	\$257,285,031
\$33,848,704	15%	\$17,149,798	8%	\$40,275,592	18%	\$224,302,534
\$23,413,778	7%	\$8,669,035	3%	\$123,270,392	36%	\$340,126,877
\$12,568,257	10%	\$2,263,490	2%	\$27,904,112	21%	\$130,302,625
\$3,957,765	3%	\$5,256,544	4%	\$53,199,859	39%	\$134,874,987
\$112,172,432	19%	\$18,242,700	3%	\$102,397,782	17%	\$587,451,848
\$278,245,207	42%	\$16,615,077	3%	\$22,043,978	3%	\$657,455,702
\$122,130,925	28%	\$43,225,924	10%	\$0	0%	\$429,162,378
\$208,665,029	39%	\$14,465,979	3%	\$0	0%	\$531,095,969
\$4,098,898	2%	\$26,598,408	14%	\$40,140,000	22%	\$184,525,822
\$19,540,880	7%	\$24,200,456	8%	\$34,331,000	12%	\$294,974,031
\$328,638,736	42%	\$72,408,951	9%	\$0	0%	\$778,863,259
\$119,870,000	25%	\$68,284,000	14%	\$33,733,000	7%	\$486,112,000
\$49,689,348	11%	\$26,805,763	6%	\$151,231,213	34%	\$442,067,191
\$66,789,156	21%	\$23,494,575	7%	\$54,849,009	17%	\$313,785,580
\$110,408,667	26%	\$92,809,226	22%	\$20,000,000	5%	\$426,502,013
\$106,091,250	37%	\$13,994,918	5%	\$0	0%	\$284,504,126
\$225,808,873	53%	\$17,947,564	4%	\$3,518,904	1%	\$422,690,997
\$206,688,745	52%	\$18,401,694	5%	\$0	0%	\$397,843,926
\$21,059,128	25%	\$9,199,650	11%	\$17,478,437	21%	\$83,467,245
\$15,938,105	19%	\$1,907,424	2%	\$37,467,516	45%	\$83,516,648
\$998,624,332	67%	\$43,435,224	3%	\$149,237,079	10%	\$1,499,130,027
\$85,302,151	15%	\$83,976,899	15%	\$154,656,386	28%	\$556,097,119
\$226,182,478	41%	\$38,257,986	7%	\$639,740	0%	\$553,649,799
<b>\$6,892,306,713</b>	<b>24%</b>	<b>\$1,981,425,259</b>	<b>7%</b>	<b>\$4,139,751,018</b>	<b>14%</b>	<b>\$29,194,219,886</b>
<b>\$77,441,648</b>		<b>\$22,263,205</b>		<b>\$46,514,056</b>		<b>\$328,024,943</b>

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\*Medicaid Net Revenues include base Medicaid payments, net Medicaid DSH payments, and net supplemental Medicaid payments. Intergovernmental Transfers and Provider Taxes related to base Medicaid payments are excluded.

Note: Row percentages may not add up to 100% due to rounding.

## Notes

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1. National figure is reported in AHA Uncompensated Hospital Care Cost Fact Sheet, November 2005.
2. National uncompensated care provided in 2004 totaled \$26.9 billion, Uncompensated Hospital Care Cost Fact Sheet, November 2005.
3. After using multivariate regression analysis to control for the number of hospital beds, MSA size, and teaching status, the number of non-ED outpatient visits to an average NAPH member exceeds the number of non-ED outpatient visits to other acute care hospitals in the country and other acute care hospitals in their markets by 45 percent and 60 percent, respectively. AHA annual survey data is from: American Hospital Association, AHA Annual Survey Database for Fiscal Year 2004 Data, (Washington, DC: American Hospital Association, 2006). AHA data on outpatient visits are used so that NAPH member data can be compared to that of hospitals in their markets and in the rest of the nation.
4. Laurie E. Felland, Suzanne Felt-Lisk, Megan McHugh, "Health Care Access For Low-income People: Significant Safety Net Gaps Remain." Issue Brief No. 84, (Washington, DC: Center for Studying Health System Change, June 2004); M. Regenstein, L. Nolan, M. Wilson, H. Mead, B. Siegel, *Walking a Tightrope: The State of the Safety Net in 10 U.S. Communities*, (Washington, DC: Urgent Matters, The George Washington University Medical Center, 2004); J. Graham, "Needy Patients Find Door Shut When Searching for Specialist," *Chicago Tribune*, May 23, 2005.
5. The AHA survey collects data on inpatient admissions, while the NAPH survey collects discharge data.
6. The 1995 results represented in Figure 7 include FY1994 and FY1995 data.
7. The National Disaster Medical System (NDMS) is a section within the U.S. Department of Homeland Security, Federal Emergency Management Agency, Response Division, Operations Branch, and is responsible for supporting federal agencies in the management and coordination of the federal medical response to major emergencies and federally declared disasters.
8. See L. Cummings, Research Brief: Findings from the NPHHI Emergency Preparedness Survey, (Washington, DC: National Public Health and Hospital Institute, September 2006).
9. ACGME designates a hospital as a teaching hospital if it meets at least one of the following criteria: reports a medical school affiliation to the American Medical Association; supports a residency program accredited by the Accreditation Council of Graduate Medical Education; supports an internship program approved by the American Osteopathic Association (AOA); or supports a residency program approved by the AOA.
10. Using ACGME definitions, all members of the COTH are considered academic medical center hospitals. COTH membership is limited to organizations having a documented affiliation agreement with a medical school accredited by the Liaison Committee on Medical Education (LCME). These organizations must sponsor, or participate significantly in, at least four approved, active residency programs. At least two of the approved residency programs should be in medicine, surgery, obstetrics/gynecology, pediatrics, family practice, or psychiatry. For additional information, please refer to <http://www.aamc.org/members/coth/membercriteria.htm>.
11. Tom Bethel, Senior Vice President, Healthcare Banking Group at Bank of America, Peter Bruton, Managing Director of RBC Capital Markets, and David Ertel, Executive Director and Head of Health Care at Morgan Stanley, were analysts consulted for this report (August 2006).
12. Calculations are based on data from the 2004 Hospital Characteristics Survey, and: (1) NPHHI/March of Dimes study, *Barriers to Prenatal Care Among Women Who Deliver at Safety Net Hospitals—Executive Summary*, April 2005; (2) J.A. Martin, et al., "Preliminary births for 2004: Infant and Maternal Health," *National Center for Health Statistics*, November 15, 2005.
13. M. Regenstein and J. Huang, *Stresses to the Safety Net: The Public Hospital Perspective*, (Washington, DC: The Kaiser Commission on Medicaid and the Uninsured, June 2005).
14. NAPH members frequently do not receive adequate reimbursement for teaching costs for a variety of reasons, for example: many NAPH members have a lower volume of Medicare patients, for which Medicare has direct reimbursement for resident costs; Medicaid reimbursement for teaching is limited; and NAPH members provide care for many uninsured patients.

# NAPH Members

**Alameda County Medical Center** Oakland CA

**Arrowhead Regional Medical Center** Colton CA

**Boston Medical Center** Boston MA

**Broadlawns Medical Center** Des Moines IA

**Cambridge Health Alliance** Cambridge MA

**Carolinas HealthCare System** Charlotte NC

**Central Georgia Health System Inc.** Macon GA

**Community Health Network of San Francisco**  
San Francisco CA

**Laguna Honda Hospital & Rehabilitation Center**  
San Francisco CA

**San Francisco General Hospital** San Francisco CA

**Contra Costa Regional Medical Center** Martinez CA

**Cook County Bureau of Health Services** Chicago IL

**The John H. Stroger, Jr. Hospital of Cook County**  
Chicago IL

**Oak Forest Hospital** Oak Forest IL

**Provident Hospital of Cook County** Chicago IL

**Cooper Green Hospital** Birmingham AL

**Denver Health** Denver CO

**Erlanger Health System** Chattanooga TN

**Governor Juan F. Luis Hospital and Medical Center**  
St. Croix VI

**Grady Health System** Atlanta GA

**Hallfax Community Health System** Daytona Beach FL

**Harborview Medical Center** Seattle WA

**Harris County Hospital District** Houston TX

**Ben Taub General Hospital** Houston TX

**Lyndon B. Johnson General Hospital** Houston TX

**Hawaii Health Systems Corporation** Honolulu HI

**Hale Ho'ola Hamakua Hospital** Honokaa HI

**Hilo Medical Center** Hilo HI

**Ka'u Hospital** Pahala HI

**Kauai Veterans Memorial Hospital** Waimea HI

**Kohala Hospital** Kapaau HI

**Kona Community Hospital** Kealahou HI

**Kula Hospital** Kula HI

**Lana'i Community Hospital** Lanai City HI

**Leahi Hospital** Honolulu HI

**Maluhia (Long Term Care Health Center)** Honolulu HI

**Maui Memorial Medical Center** Wailuku HI

**Samuel Mahelona Memorial Hospital** Kapaa HI

**Health Care District of Palm Beach County**  
West Palm Beach FL

**Glades General Hospital** Belle Glade FL

**The Health and Hospital Corporation  
of Marion County** Indianapolis IN

**Wishard Health Services** Indianapolis IN

**Hennepin County Medical Center** Minneapolis MN

**Howard University Hospital** Washington DC

**Hurley Medical Center** Flint MI

**Jackson Memorial Hospital** Miami FL

**JPS Health Network** Fort Worth TX

**Kern Medical Center** Bakersfield CA

**Los Angeles County Department of Health Services**  
Los Angeles CA

**Harbor/UCLA Medical Center** Torrance CA

**Martin Luther King/Drew Medical Center**  
Los Angeles CA

**LAC+USC Healthcare Network** Los Angeles CA

**Olive View-UCLA Medical Center** Sylmar CA

**Rancho Los Amigos National Rehabilitation Center**  
Downey CA

**LSU Health Sciences Center Health Care Services  
Division** Baton Rouge LA

**Bogalusa Medical Center** Bogalusa LA

**Earl K. Long Medical Center** Baton Rouge LA

**Huey P. Long Medical Center** Pineville LA

**Lallie Kemp Regional Medical Center**  
Independence LA

**Leonard J. Chabert Medical Center** Houma LA

**Medical Center of Louisiana at New Orleans**  
New Orleans LA

**University Medical Center** Lafayette LA

**Dr. Walter O. Moss Regional Medical Center**  
Lake Charles LA

**Maricopa Integrated Health System** Phoenix AZ

**Memorial Healthcare System** Hollywood FL

**Joe DiMaggio Children's Hospital at Memorial**  
Hollywood FL

**Memorial Hospital Miramar** Miramar FL

**Memorial Hospital Pembroke** Pembroke Pines FL

## NAPH Members

<b>Memorial Hospital West</b> Pembroke Pines FL	<b>North Broward Medical Center</b> Pompano Beach FL
<b>Memorial Regional Hospital</b> Hollywood FL	<b>The Ohio State University Medical Center</b> Columbus OH
<b>Memorial Hospital at Gulfport</b> Gulfport MS	<b>Parkland Health &amp; Hospital System</b> Dallas TX
<b>The MetroHealth System</b> Cleveland OH	<b>Regional Medical Center at Memphis</b> Memphis TN
<b>Nashville General Hospital at Meharry</b> Nashville TN	<b>Riverside County Regional Medical Center</b> Riverside CA
<b>Nassau University Medical Center</b> East Meadow NY	<b>San Joaquin General Hospital</b> Stockton CA
<b>Natividad Medical Center</b> Salinas CA	<b>San Mateo Medical Center</b> San Mateo CA
<b>New York City Health and Hospitals Corporation</b> New York NY	<b>Santa Clara Valley Health &amp; Hospital System</b> San Jose CA
<b>Bellevue Hospital Center</b> New York NY	<b>Schneider Regional Medical Center</b> St. Thomas VI
<b>Coler-Goldwater Memorial Hospital</b> Roosevelt Island NY	<b>Roy Lester Schneider Hospital</b> St. Thomas VI
<b>Coney Island Hospital</b> Brooklyn NY	<b>Myrah Keating Smith Community Health Center</b> St. John VI
<b>Cumberland Diagnostics &amp; Treatment Center</b> Brooklyn NY	<b>Shands HealthCare</b> Gainesville FL
<b>Dr. Susan Smith McKinney Nursing and Rehabilitation Center</b> Brooklyn NY	<b>Sinai Health System</b> Chicago IL
<b>East New York Diagnostics &amp; Treatment Center</b> Brooklyn NY	<b>Stony Brook University Hospital</b> Stony Brook NY
<b>Elmhurst Hospital Center</b> Elmhurst NY	<b>Thomason Hospital</b> El Paso TX
<b>Gouverneur Nursing and Diagnostic &amp; Treatment Center</b> New York NY	<b>Truman Medical Centers</b> Kansas City MO
<b>Harlem Hospital Center</b> New York NY	<b>TMC Hospital Hill</b> Kansas City MO
<b>Jacobi Medical Center</b> Bronx NY	<b>TMC Lakewood</b> Kansas City MO
<b>Kings County Hospital</b> Brooklyn NY	<b>TMC Behavioral Health</b> Kansas City MO
<b>Lincoln Medical and Mental Health Center</b> Bronx NY	<b>UMass Memorial Healthcare System</b> Worcester MA
<b>Metropolitan Hospital Center</b> New York NY	<b>UMDNJ-University Hospital</b> Newark NJ
<b>Morrisania Diagnostic &amp; Treatment Center</b> Bronx NY	<b>University Health System</b> San Antonio TX
<b>North Central Bronx Hospital</b> Bronx NY	<b>University HealthSystem Consortium</b> Oak Brook IL
<b>Queens Hospital Center</b> Jamaica NY	<b>University Hospital, The University of New Mexico Health Sciences Center</b> Albuquerque NM
<b>Renaissance Health Care Network Diagnostic &amp; Treatment Center</b> New York NY	<b>University Medical Center of Southern Nevada</b> Las Vegas NV
<b>Sea View Hospital Rehabilitation Center &amp; Home</b> Staten Island NY	<b>University of Arkansas for Medical Sciences</b> Little Rock AR
<b>Segundo Ruiz Belvis Diagnostic &amp; Treatment Center</b> Bronx NY	<b>University of California</b> Oakland CA
<b>Woodhull Medical and Mental Health Center</b> Brooklyn NY	<b>University of California, Davis Medical Center</b> Sacramento CA
<b>North Broward Hospital District</b> Fort Lauderdale FL	<b>University of California, Irvine Medical Center</b> Orange CA
<b>Broward General Medical Center</b> Fort Lauderdale FL	<b>University of California, San Diego Medical Center</b> San Diego CA
<b>Coral Springs Medical Center</b> Coral Springs FL	<b>University of Chicago Hospitals &amp; Health System</b> Chicago IL
<b>Imperial Point Medical Center</b> Imperial Point FL	<b>University of Colorado Hospital</b> Denver CO
	<b>The University of Kansas Hospital</b> Kansas City KS

# NAPH Members

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**The University of Mississippi Medical Center**

Jackson MS

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**University of South Alabama Medical Center** Mobile AL

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**University of Texas System** Austin TX

**The University of Texas Health Center at Tyler** Tyler TX

**The University of Texas M.D. Anderson  
Cancer Center** Houston TX

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**The University of Texas Medical Branch  
at Galveston** Galveston TX

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**VCU Health System** Richmond VA

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