

National  
Association  
of Public  
Hospitals  
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Systems

## AMERICA'S PUBLIC HOSPITALS AND HEALTH SYSTEMS, 2009

Results of the Annual NAPH Hospital Characteristics Survey





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of Public  
Hospitals  
*and* Health  
Systems

NPHHI

National Public Health  
*and* Hospital Institute

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Results of the Annual NAPH Hospital Characteristics Survey

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This report was developed for the National Association of Public Hospitals and Health Systems by the National Public Health and Hospital Institute.

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## About the National Public Health and Hospital Institute

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The National Public Health and Hospital Institute (NPHHI) is the research affiliate of the National Association of Public Hospitals and Health Systems (NAPH). NPHHI is a private, nonprofit organization established in 1988 to address the major issues facing public hospitals, safety net organizations, underserved communities, and related health policy issues of national priority. Its membership includes the health care organizations that comprise NAPH. The NPHHI board includes public and nonprofit sector leaders in health policy and service delivery.

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

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The National Association of Public Hospitals and Health Systems (NAPH) represents America's 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 more than 52 million ambulatory care visits annually, altogether. NAPH advocates on behalf of its members on issues of importance to safety net health systems across the country.

## Acknowledgments

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## A Message from the CEO

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Now that health reform is a reality, public hospitals will play an even larger role in delivering high quality health care to millions of Americans. Our members have already been leaders in the integration of services and the seamless, efficient delivery of care, driven by their unique missions and commitment to the community.

NAPH members are serving a rapidly growing number of patients in their medical practices and other outpatient settings. Our health systems totaled more than 50 million outpatient visits in 2009, close to a 50 percent increase since 1997. These patients are no longer just being treated on-site at the hospital but are accessing care through networks of clinics throughout their communities. Alternative methods are also being used to deliver services to places where they are most needed, using mobile units to deliver care in settings such as schools and housing developments.

Of the care that NAPH members delivered to patients through their clinics in 2009, 56 percent of the visits were for specialty care. While health reform legislation addressed primary care capacity, it did not address the demand for specialty care among low-income populations. As reform is implemented policymakers will need to address the need for similar provisions to ensure that safety net systems have adequate capacity

for the specialty care demands coverage expansions will create.

In addition to their role as major providers of ambulatory care, NAPH members are serving an ever increasing number of patients on the inpatient side as well. In 2009, member hospitals saw close to 2 million discharges exit their doors, a 30 percent increase from 1997. These patients sought care ranging from the most routine of procedures to the most highly specialized of services. Often times, NAPH members are a community's only provider of high technology services like transplants and trauma care. And they do this while serving as some of the largest trainers of the next generation of health professionals.

The fact that NAPH members have been finding innovative ways to manage the health of their communities has positioned them for success as health reform is implemented. The Affordable Care Act rewards providers that deliver care more efficiently using concepts such as accountable care organizations. As in the past, NAPH members will be taking the lead as health care moves in this new and exciting direction but success for the millions of people they serve will depend on lawmakers at the national, state, and local levels recognizing the need to support and fortify the health care safety net during this time of transition.

**Bruce Siegel MD, MPH**

## A Message from the President

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NAPH's annual member hospital characteristics survey for 2009 continues to illustrate the critical role played by our members in our nation's health system, even as we prepare for implementation of the most important expansion of health coverage in nearly a half century. While the enactment of health reform in 2010 is truly an exciting and historic development, the statistics and analysis in this 26th annual survey show that substantial immediate needs are also being met by our members.

While the economy continues its slow (and relatively jobless) recovery, many millions of Americans continue to rely on safety net hospitals and health systems for their care.

Although implementation of expanded Medicaid coverage and the new health exchanges are still several years down the road, our current survey makes clear that NAPH members are going to be ready for health reform. The demand for health care services will only increase with the implementation of reform, and the tremendous

volume of high quality services provided by our members means that they are ready to take on this challenge as well.

At the same time, safety net providers must also prepare for reforms of the delivery system itself, through enhanced coordination of health services across the full spectrum of care, as well as the expansion of primary care services and medical homes for the newly insured.

NAPH itself is preparing for a transition in the coming year, with the arrival of Dr. Bruce Siegel as a new leader with a truly national perspective on system reform and quality improvement, as well as the development of a new NAPH Transformation Center to help safety net hospitals and health systems gear up for reform. As we prepare for these changes, our characteristics survey—which we have been conducting for more than a quarter of a century at this point—will continue to provide us with a solid foundation for the future.

**Larry S. Gage**

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## Executive Summary

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Members of the National Association of Public Hospitals and Health Systems (NAPH) face many challenges as they navigate new requirements under health reform and feel the effects of a sluggish national economy. This report examines the operations and activities of NAPH members in 2009; it presents their financial characteristics; describes the clinical and community services they provided; and profiles the patients they served. Information on the 92 hospitals included in this report was taken from the annual NAPH member survey, which has provided insight into public hospitals and their patients for 26 years.

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Key findings include the following:

### Safety Net Financing

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- In 2009, 16 percent of NAPH members' costs were uncompensated, compared to 6 percent of costs for hospitals nationally. NAPH members represent only 2 percent of the nation's acute care hospitals, but delivered 20 percent of the uncompensated care provided by U.S. hospitals in 2009.
- Medicaid remained the most important source of financing for public hospitals, representing 35 percent of total net revenues in 2009.
- NAPH members rely on a combination of federal, state, and local funding sources for financial viability. Medicaid disproportionate share hospital

(DSH) funding financed 22 percent of the unreimbursed care provided in 2009, while state and local payments financed 33 percent.

- NAPH members continued to operate with lower margins than the rest of the hospital industry. The average margin for NAPH hospitals was 2.5 percent, compared to 5.0 percent for all hospitals nationally. Without Medicaid DSH, overall NAPH member margins would have dropped to -5.5 percent. Without other supplemental Medicaid payments, this figure would have dropped further to -11.7 percent.

### Serving Patients and Communities

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- NAPH members averaged more than 582,000 ambulatory care visits in 2009, which represents a steady

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increase since 1997. On average, they delivered higher volumes of outpatient care than did other acute care hospitals across the country and in their markets.

- NAPH members provided higher volumes of inpatient services than other acute care hospitals both nationally and within their markets, averaging more than 21,000 discharges per member in 2009.
- A substantial portion of the care that NAPH members provide benefits uninsured and underinsured patients. In 2009, 31 percent of outpatient visits and 18 percent of inpatient services were provided to uninsured patients, who generally cannot afford to pay for much, if any, of their care.
- In 2009, NAPH members provided nearly \$115 billion in total inpatient and outpatient services, nearly half of which was for low-income patients. Specifically, Medicaid patients received 27 percent and the uninsured received 19 percent of these services.
- NAPH members performed well on health care quality measures when compared to other hospitals nationally. On average, NAPH member hospitals scored higher than hospitals nationally on summary clinical performance measures for heart failure, heart attack, and surgical care. Since 2007, NAPH members, on average, have improved on all 21 of the individual core measures

and at a faster rate than other U.S. hospitals on 10 of the measures.

- Many public hospitals serve as training sites for physicians, nurses, and other health care professionals. In 2009, NAPH members trained more than 19,000 full-time equivalent (FTE) medical and dental residents, and more than 400 FTE allied health professionals. These future providers represent 23 percent of the doctors (and more than 11 percent of allied health professionals) who received their training at acute care facilities nationwide.
- Public hospitals continue to serve 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 29 counties across the country.

For the member hospitals and health systems of NAPH, maintaining their commitment to provide high quality care to their communities—especially to vulnerable populations—has been a challenge over the years. The unprecedented circumstances under which they now find themselves—that is, operating within a health care system in overhaul, facing cuts to critical safety net financing, and a struggling national economy—will necessitate innovative thinking about creating efficiencies and integrating delivery systems as NAPH and its members move forward.



# The Role of Public Hospitals: Serving Patients and Communities

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NAPH members have shown leadership as innovators in the delivery of health care to their communities. Given the limited resources public hospitals often face and the complex health care needs of their patient populations, finding efficient and cost-effective ways of providing care is critical. A recent NAPH paper outlined examples of member hospitals utilizing integrated systems and collaborative approaches to increase access to care while controlling costs.<sup>1</sup> Given the now statutory link between payment and delivery system reform, replicating these models will be imperative for safety net hospital viability as health reform is implemented. Though NAPH members represent only 13 percent of acute care hospitals in their respective markets, their innovative delivery of health care will be integral in effectively providing inpatient care, outpatient care, and specialized services to millions of people who rely on public hospitals for their health care needs.

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## Caring for Low-Income and Uninsured Patients

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According to the U.S. Census Bureau, more than 50 million people—16.7 percent of the U.S. population—were uninsured in 2009.<sup>2</sup> As high national unemployment rates have resulted in the loss of employer-sponsored insurance coverage, these numbers continue to rise. Such vulnerable populations often turn to public hospitals

when they lack the resources to pay for their care. As a result, many NAPH members have far higher rates of uncompensated care as a percentage of total costs (that is, 16 percent) compared with hospitals nationally (that is, 6 percent).<sup>3</sup> In 2009, NAPH members—representing only 2 percent of the acute care hospitals in the country—administered 20 percent of the uncompensated care provided at hospitals across the nation.<sup>4</sup>

1

### PUBLIC HOSPITALS

Throughout this report, the term “public hospitals” is used to refer to NAPH member hospitals and health systems, which include 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.

Public hospitals—along with community health centers—serve a critical role in their communities, ensuring access to ambulatory care for patients who are uninsured or are covered by Medicaid or Medicare.

## 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 patients who are uninsured or are covered by Medicaid or Medicare. In 2009, NAPH members provided more than 45 million non-emergency outpatient visits, which represented more than one-third of all ambulatory care visits to safety net providers (see Figure 1). Of the non-emergency visits at NAPH member facilities, approximately 56 percent were for specialty care services and 44 percent for primary care services. In addition, NAPH member facilities provided close to 7 million emergency department visits. (See Table 2 in Appendix C for data on individual NAPH members.)

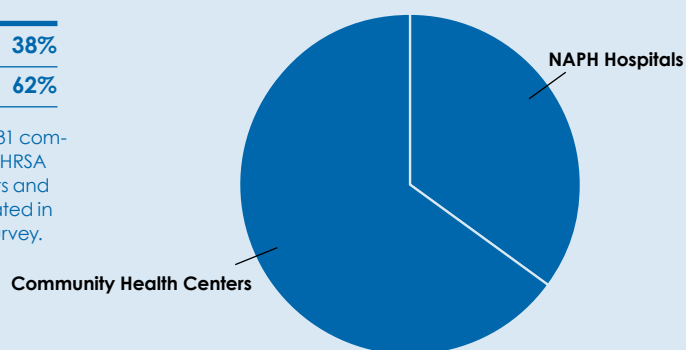
According to 2009 data from the American Hospital Association, the

average NAPH member provided more than five times the volume of non-emergency outpatient visits as other acute care hospitals in the country, and almost three times the volume seen at other acute care hospitals in their markets (see Figure 2). NAPH members also saw almost three times the volume of emergency department visits as the average hospital nationally (see Figure 3). In 2009, 8.2 million primary and specialty care visits and 2.7 million emergency department visits at NAPH member hospitals delivered care to uninsured patients, reflecting the commitment of public hospitals to provide ambulatory care to low-income individuals and the chronically ill, regardless of their ability to pay. As illustrated in Figure 4, NAPH member hospitals averaged more than 582,000 total outpatient visits in 2009, representing a 46 percent increase since 1997.

**FIGURE 1** Outpatient Visits to Safety Net Providers, 2009

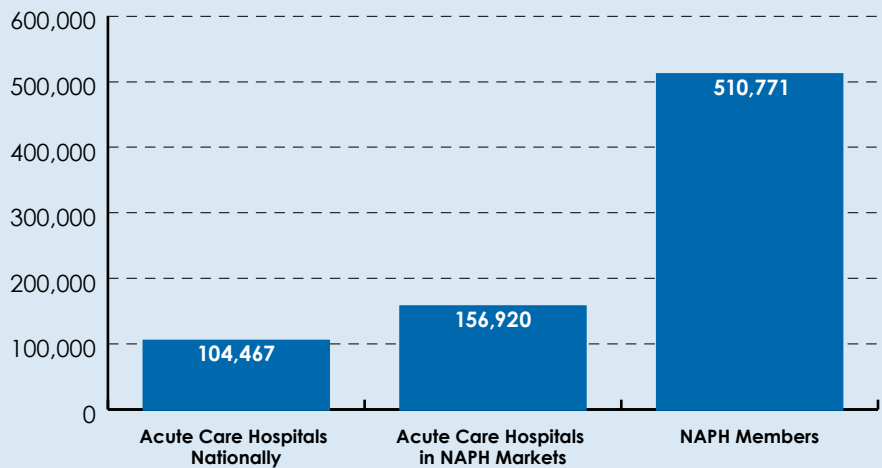
<b>NAPH Hospitals</b>	<b>38%</b>
<b>Community Health Centers</b>	<b>62%</b>

This data from FY 2009 represents 1,131 community health centers that received HRSA Bureau of Primary Health Care grants and the 92 public hospitals that participated in the NAPH Hospital Characteristics Survey.



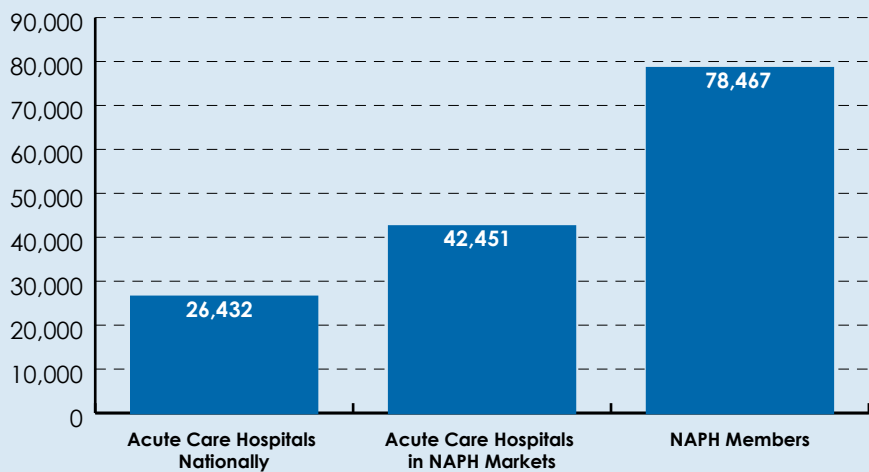
**SOURCE** NAPH Hospital Characteristics Survey, 2009 and U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Uniform Data Set (UDS), 2009.

**FIGURE 2** Average Outpatient Visit Volume (Not Including ED Visits), 2009



SOURCE AHA Annual Survey of Hospitals, 2009.

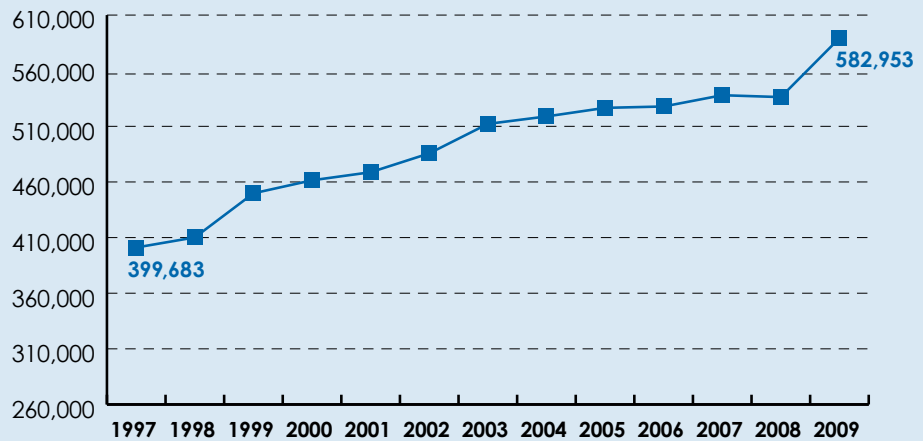
**FIGURE 3** Average Emergency Department Visit Volume, 2009



SOURCE AHA Annual Survey of Hospitals, 2009.

Of the non-emergency visits at NAPH member facilities, approximately 56 percent were for specialty care services and 44 percent for primary care services.

**FIGURE 4** Average Outpatient Visit Volumes for NAPH Members, 1997–2009



**SOURCE** AHA Annual Survey of Hospitals, 2009 and NAPH Hospital Characteristics Survey, 2009.

Numbers reflect average volumes for all ambulatory care, including primary care, specialty care, and emergency services.

Public hospitals are leading providers of primary care in outpatient settings, caring for patients in thousands of communities across the country. In addition to their on-campus hospital clinics, many public hospital systems operate extensive networks of community clinics. These often take the form of free-standing health clinics that serve as medical homes to residents in their communities. In addition, public hospitals utilize mobile units to deliver ambulatory care services to schools and housing developments.

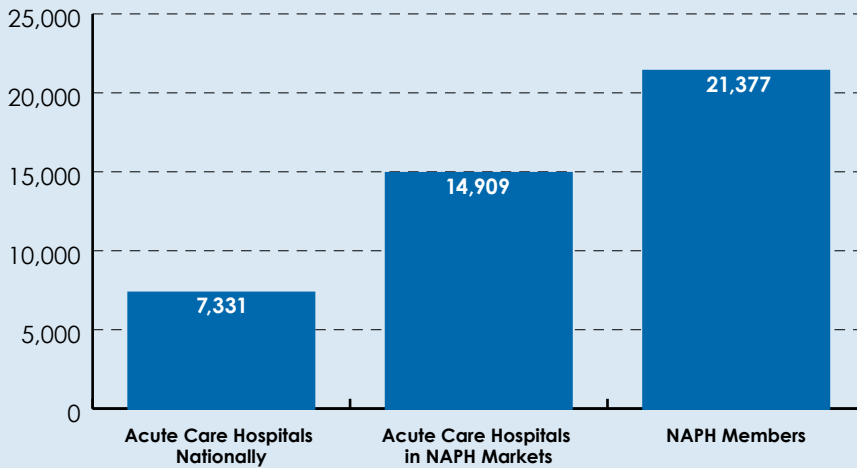
NAPH members are major providers of outpatient specialty care—an area markedly under-resourced in the nation’s health care safety net. Often, NAPH members are the only source of specialty

care in their service areas. 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>5</sup>

### Inpatient Care Volumes

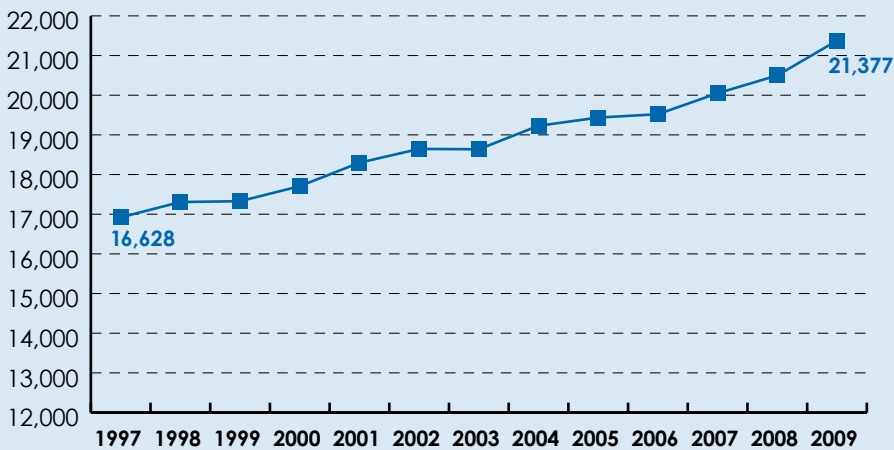
The rising demand for ambulatory care has not eclipsed the importance of inpatient services at public hospitals. In 2009, NAPH members continued to provide extraordinary amounts of inpatient care, reporting on average almost three times the volume of admissions

**FIGURE 5** Average Admissions, 2009



SOURCE AHA Annual Survey of Hospitals, 2009.

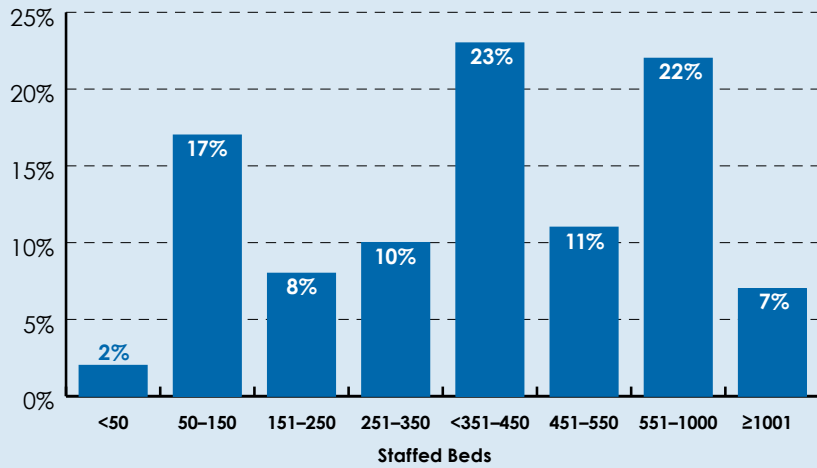
**FIGURE 6** Average Admissions for NAPH Members, 1997–2009



SOURCE AHA Annual Surveys of Hospitals, 1997–2009.

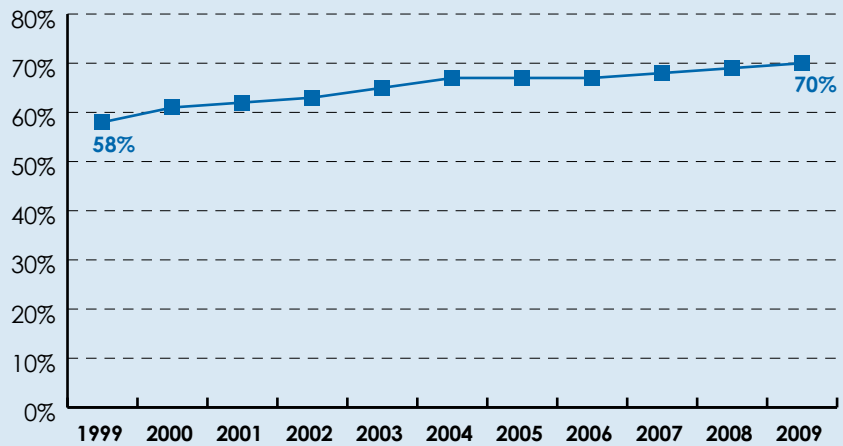
NAPH members continued to provide extraordinary amounts of inpatient care, reporting on average almost three times the volume of admissions seen in other acute care hospitals in the country.

**FIGURE 7** NAPH Members by Bed Size, 2009



SOURCE NAPH Hospital Characteristics Survey, 2009.

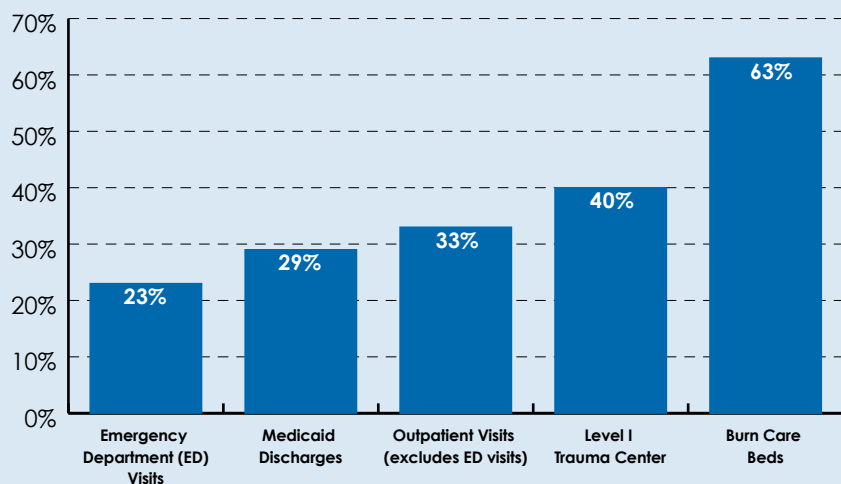
**FIGURE 8** Medicaid Births as Percentage of Births at NAPH Members, 1999-2009



SOURCE NAPH Hospital Characteristics Surveys, 1999-2009.



**FIGURE 9** Percentage of Services Provided by NAPH Members in the 10 Largest U.S. Cities, 2009



SOURCE AHA Annual Survey of Hospitals, 2009.

seen in other acute care hospitals in the country (see Figure 5).<sup>6</sup> Within their markets, NAPH members exceeded average admissions at other hospitals by 43 percent. As Figure 6 illustrates, the average inpatient volume for NAPH members steadily increased—from fewer than 17,000 admissions in 1997 to more than 21,000 in 2009. NAPH members overall accounted for more than 1.9 million discharges in 2009. (See Table 1 in Appendix C for data on individual NAPH members.)

There is a great deal of variation in bed size within the NAPH membership, as indicated in Figure 7. Twenty-seven percent of NAPH members have 250 beds or fewer; 33 percent have between 251 and 450 beds; 33 percent have between 451 and 1,000 beds; and 6 hospitals have more than 1,000 beds.

NAPH members tend to be larger than other acute care hospitals both nationally and in their markets. The average NAPH facility has 440 beds—more than double the size of the average acute care hospital nationally. (See Table 1 in Appendix C for data on individual NAPH members.)

### Medicaid Births at NAPH Member Hospitals

Medicaid has provided increased coverage for births over the years. This increase may be due to several factors, including a growth in overall Medicaid enrollment during this period. From 1999 (the first year NAPH members reported Medicaid births) to 2009, the percentage of total births at NAPH member hospitals that were paid by

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

- Albuquerque, NM
- Cambridge, MA
- Charlotte, NC
- Daytona Beach, FL
- Flint, MI
- Fort Lauderdale, FL
- Fort Myers, FL
- Gainesville, FL
- Independence, LA
- Jacksonville, FL
- Kansas City, KS
- Las Vegas, NV
- Lexington, KY
- Memphis, TN
- Mobile, AL
- New Orleans, LA
- Newark, NJ
- Orange, CA
- Orlando, FL
- Richmond, VA
- Sacramento, CA
- San Antonio, TX
- San Francisco, CA
- Seattle, WA
- Stony Brook, NY
- Syracuse, NY
- Tampa, FL
- Ventura, CA
- Worcester, MA

**SOURCE AHA Annual Survey of Hospitals, 2009**

Medicaid increased from 58 to 70 percent (see Figure 8).

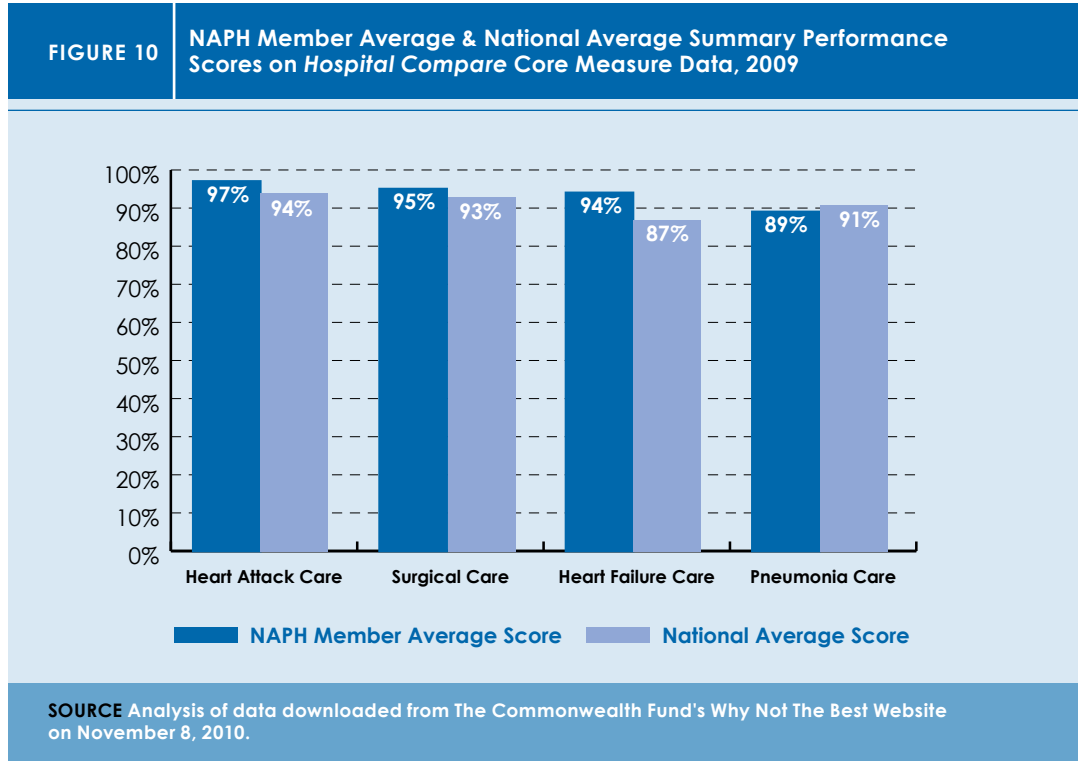
In 2009, NAPH members delivered more than 240,000 babies, representing approximately 16 percent of all births in their markets. These births are disproportionately represented by members of racial and ethnic minorities, reflecting the patient populations NAPH members serve.

**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, Denver, Los Angeles, and San Francisco, as well as in counties 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



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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.

In an analysis of the 10 largest U.S. cities, NAPH members represented only 12 percent of local acute care hospitals, but provided a disproportionate share of critical services (see Figure 9).<sup>7</sup> Specifically, NAPH member hospitals provided 23 percent of the emergency department visits and 33 percent of non-emergency hospital outpatient visits. As major providers of trauma care, public hospitals represented 40 percent of Level I trauma providers and 63 percent of the burn care beds available to treat the critically injured in these cities. Moreover, illustrating their importance in providing care to low-income patients, NAPH members were responsible for 29 percent of Medicaid discharges in these major metropolitan areas.

### Trauma Care and Emergency Preparedness

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Trauma care—highly specialized treatment provided through facilities equipped to administer emergency and intensive care to critically ill and injured patients—is among the most important services offered by public hospitals. Level I trauma centers, which are the most highly specialized, are able to address every aspect of severe injury. Level I trauma centers also play a leading

role in trauma research and education. In 29 communities—including Albuquerque, Las Vegas, Memphis, 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, trauma, and burn care services, NAPH members have long been first receivers for catastrophes such as chemical spills, fires, disease outbreaks, and natural disasters.

Extensive trauma coverage, coupled with a direct relationship with local governments, means that public hospitals are uniquely poised to be leaders in emergency preparedness. Fully 97 percent of NAPH member hospitals serve on a community emergency preparedness coordinating committee, while more than half (62 percent) are involved with three or more such groups. Moreover, most NAPH members (82 percent) also participate in the Metropolitan Medical Response Service (MMRS), a federal system that assists highly populated jurisdictions with increasing their capacity to respond to a mass casualty event caused by a terrorist attack. Most NAPH members also have explicit provisions in their emergency plans addressing the needs of vulnerable populations, including limited English proficiency patients (85 percent), non-ambulatory patients (88 percent), children (85 percent), nursing home/assisted living patients (55 percent), and the homeless (45 percent).<sup>8</sup>

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

**PROVIDING CARE TO UNINSURED PATIENTS**

**In 2009, NAPH members provided:**

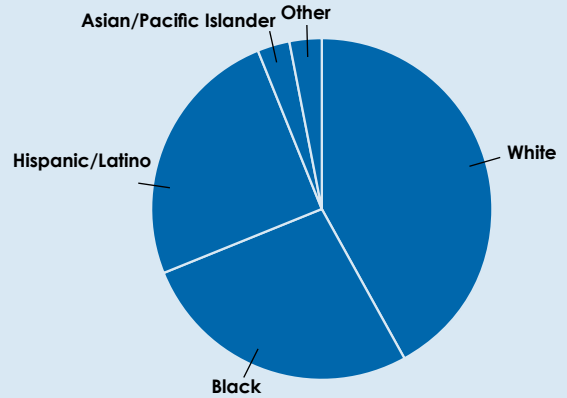
31 percent of ambulatory care visits for uninsured patients

18 percent of inpatient services for uninsured patients

20 percent of the uncompensated hospital care in the country

**FIGURE 11** Discharges by Race/Ethnicity at NAPH Members, 2009

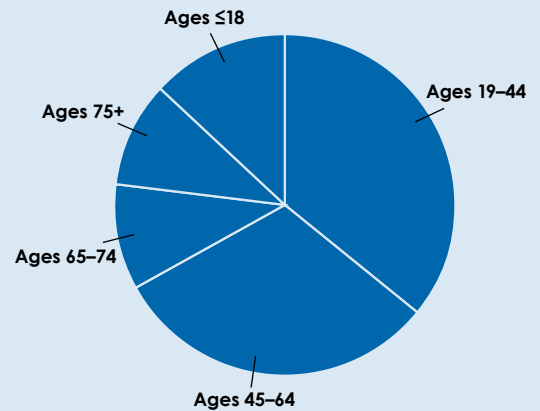
White	42%
Black	27%
Hispanic/Latino	25%
Asian/Pacific Islander	3%
Other	3%



SOURCE NAPH Hospital Characteristics Surveys, 2009.

**FIGURE 12** Discharges by Age at NAPH Members, 2009

Ages ≤18	13%
Ages 19–44	36%
Ages 45–64	31%
Ages 65–74	10%
Ages 75+	10%



SOURCE NAPH Hospital Characteristics Survey, 2009.

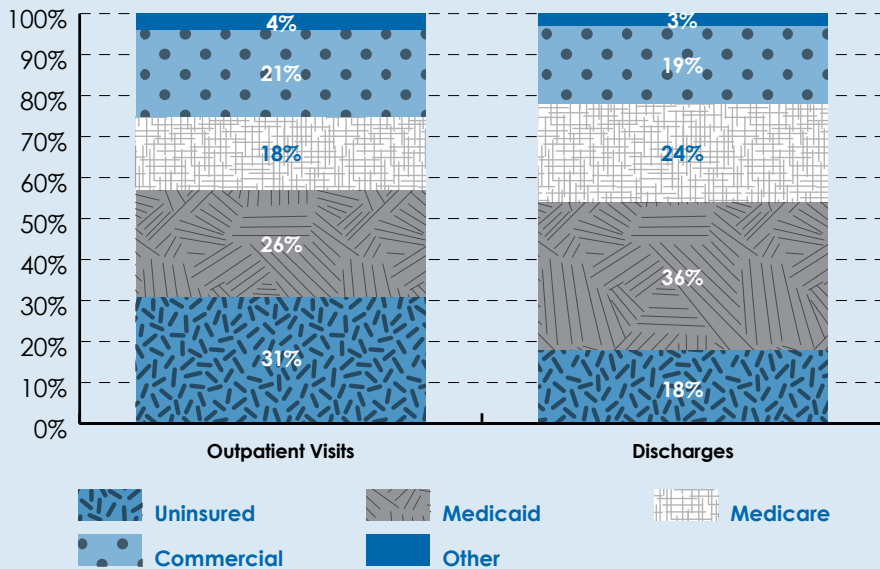
**Quality of Care**

NAPH members are committed to delivering high quality care to their patients. The Centers for Medicare and Medicaid Services (CMS) have published hospital quality measure data on heart failure, heart attack, pneumonia,

and surgical care since 2005, and NAPH continually tracks member progress on these measures. NAPH analyzed members’ average performance on 24 measures in 2009 and compared it to the average performance of all U.S. hospitals. NAPH also analyzed hospital performance in the four clinical areas

FIGURE 13

Outpatient Visits and Discharges at NAPH Member Hospitals and Health Systems, by Payer Source, 2009



SOURCE NAPH Hospital Characteristics Survey, 2009.

mentioned above using summary performance scores reported on The Commonwealth Fund’s *Why Not The Best* website (see Figure 10).<sup>9</sup> On average, NAPH members provided appropriate care more often than other hospitals nationally for heart attack and heart failure patients, as well as for patients who had surgical procedures. NAPH members performed slightly lower, on average, than other hospitals nationally on the measure for pneumonia care.<sup>10</sup>

Since 2007, NAPH members have improved on the 21 relevant performance measures and at a faster rate than all hospitals nationally on 10 of these measures.<sup>11</sup> NAPH and its member hospitals will continue to focus on

improvement in regards to national quality measures.

### Patient Diversity

NAPH member hospitals serve racially and ethnically diverse communities. As Figure 11 shows, the majority of the discharges in 2009 were for patients who are members of racial and ethnic minorities. More than a quarter of patients were Black. A quarter of patients were Hispanic. Asian/Pacific Islander and other races/ethnicities made up 6 percent of total discharges. Forty-two percent were White.

As comprehensive systems of care, public hospitals can address patient

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health needs through every stage of life. As Figure 12 illustrates, public hospital patients represent all age groups. NAPH members reported 13 percent of discharges for patients 18 years of age or younger, 36 percent for patients aged 19 to 44, and 20 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 2009, patients with commercial insurance accounted for only 21 percent of outpatient volume and 19 percent of inpatient volume at member hospitals. The majority of patients were uninsured or low-income; more than half of all discharges and outpatient visits were either for uninsured or Medicaid patients (see Figure 13). Furthermore, 31 percent of ambulatory care services—compared to 18 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 provided by NAPH members is reimbursed poorly, if it at all. This is due to lower reimbursement rates for outpatient services than inpatient services, as well as a substantial number of uninsured ambulatory care patients. These factors contribute to the financial challenges NAPH members face.

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## Training Physicians and Other Health Care Professionals

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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 (82 percent) of NAPH members are teaching institutions, as defined by the Accreditation Council for Graduate Medical Education (ACGME),<sup>12</sup> and 61 percent are academic medical centers, as defined by the Council of Teaching Hospitals of the Association of American Medical Colleges (COATH).<sup>13</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 2009, NAPH members trained more than 19,000 full-time equivalent (FTE) medical and dental residents, and more than 400 FTE allied health professionals. These future providers represented 23 percent of the doctors and more than 11 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 38 percent of the medical and dental residents and 21 percent of the allied health professionals in 2009.



## Challenges Facing Public Hospitals

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NAPH members are currently facing unprecedented financial challenges. First, they are managing the impact of a slow recovery from an economic recession. A recent survey of NAPH members found that in the period between the start of the recession through 2009, NAPH members experienced a 23 percent increase in the number of uninsured patients served and a 10 percent increase in the amount of uncompensated care provided.<sup>14</sup> The economic crisis has also resulted in state and local governments having fewer resources to devote to funding the health care safety net.<sup>15</sup> It is with this backdrop that NAPH members continue to serve the health care needs of their communities. They utilize funding from a variety of sources—including Medicaid, Medicare, private insurance, as well as support from state and local government—to provide the vital services their patients need. At the same time, they struggle to contain the increased costs of training, supplies, and equipment while maintaining investments in technology and infrastructure.

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### Government Support

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Medicaid remains the single most important source of financing for NAPH members; in 2009, it accounted for 35 percent of total net revenues. Critical components of Medicaid revenues were both the 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 \$3.2 billion on

Without DSH and supplemental payments, NAPH members would have lost \$3.2 billion on the care of Medicaid patients in 2009.

the care of Medicaid patients in 2009; their Medicaid payment-to-cost ratio would have been 0.74. For 40 percent of NAPH members, these additional Medicaid payments did not even cover the full cost of providing care to Medicaid patients, leaving no DSH funding to help cover 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 hospitals rely heavily on payments from state and local governments.

### Financial Characteristics

NAPH members provided nearly \$115 billion in total inpatient and outpatient services, averaging more than \$1.2 billion in gross charges per hospital or health system in 2009. Twenty-seven percent of these services were provided to Medicaid patients and 19 percent to uninsured patients who were considered self-pay, charity care, or were covered by state or local indigent care programs (see Figure 14). Twenty-six percent of services were provided to Medicare patients and another 24 percent to the commercially insured. Services for “other” groups of patients, including military veterans and those covered by Workers’ Compensation, account for the remaining 4 percent of care provided to patients. (See Table 5 in

Appendix C for data on individual NAPH members.)

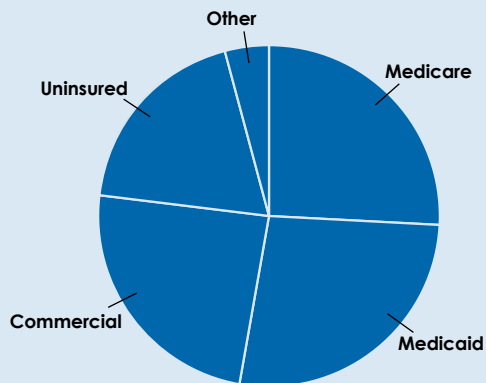
Net revenues for NAPH members amounted to \$45 billion in 2009, representing a per-member average of \$492 million. These providers continued to rely primarily on a combination of federal, state, and local funding sources to sustain their operations. In 2009, about two-thirds of revenues for public hospitals came from federal, state and local payment sources: 35 percent from Medicaid, 21 percent from Medicare, and 12 percent from state and local payments (see Figure 15). An additional 25 percent of revenues came from commercially insured patients, while payments from uninsured patients accounted for 4 percent of net revenues. Payments for “other” patient groups accounted for 3 percent of net revenues. (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 payments. In addition to the number of uninsured patients they care for, 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. As a result, unreimbursed care costs represent a significant burden for public hospitals.

**FIGURE 14** Gross Charges by Payer Source at NAPH Members, 2009

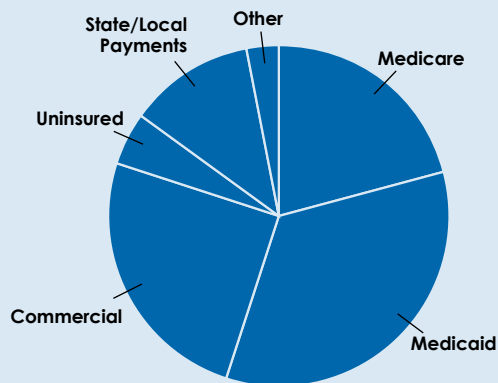
Medicare	26%
Medicaid	27%
Commercial	24%
Uninsured	19%
Other	4%



SOURCE NAPH Hospital Characteristics Survey, 2009.

**FIGURE 15** Net Revenues by Payer Source at NAPH Members, 2009

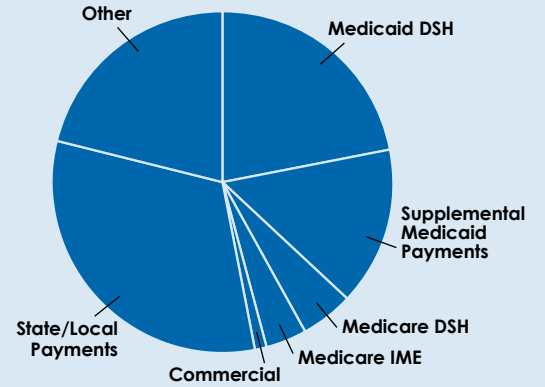
Medicare	21%
Medicaid	35%
Commercial	25%
Uninsured	4%
State/Local Payments	12%
Other	3%



SOURCE NAPH Hospital Characteristics Survey, 2009.

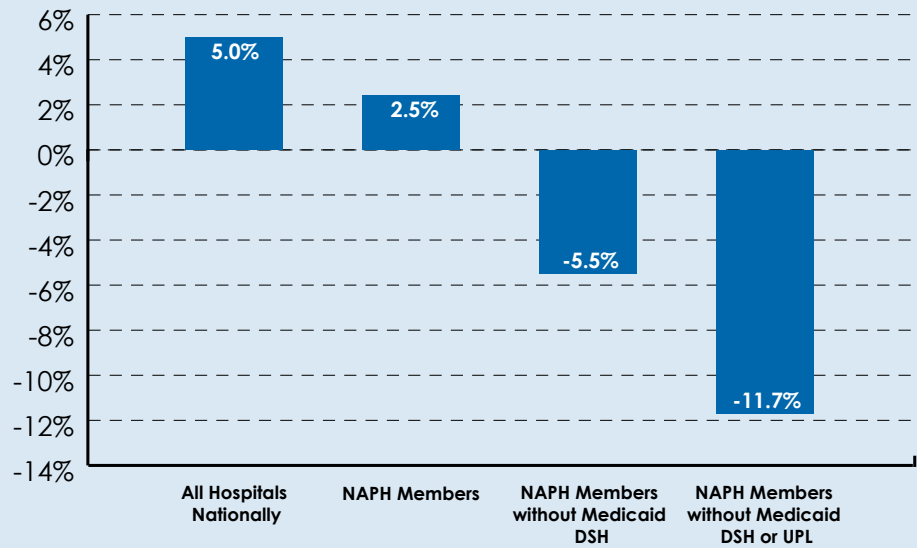
**FIGURE 16** Sources of Financing for Unreimbursed Care, 2009

Medicaid DSH	22%
Supplemental Medicaid Payments	15%
Medicare DSH	5%
Medicare IME	4%
Commercial	1%
State/Local Payments	32%
Other	21%



SOURCE NAPH Hospital Characteristics Survey, 2009.

**FIGURE 17** Hospital Margins, 2009



SOURCE NAPH Hospital Characteristics Survey, 2009 and AHA Hospital Statistics, 2009.

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As Figure 16 indicates, state and local payments financed 32 percent of the unreimbursed care provided by NAPH members in 2009. Medicaid DSH was also a critical funding source, financing 22 percent of the unreimbursed care provided. Fifteen percent of funding came from other supplemental Medicaid payments (called “upper payment limit,” or UPL, payments). Medicare DSH and IME payments helped pay for 9 percent of unreimbursed care, covering 5 percent and 4 percent respectively. Revenues unrelated to patient care—including interest and investment income, cafeteria and parking revenues, medical record fees, sales tax, tobacco settlement monies, and rental income—covered 21 percent of unreimbursed care costs. NAPH members financed the remaining 1 percent of their

unreimbursed costs through cost shifting from commercial payers.

### **Financial Performance**

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Due to the level of unreimbursed care they provide, NAPH member hospitals typically have lower hospital margins than other hospitals nationally. In 2009, the average margin for NAPH members was 2.5 percent—lower than the average margin of 5.0 percent for all U.S. hospitals. (see Figure 17). Medicaid DSH and other supplemental Medicaid payments are essential to the financial viability of public hospitals. Without the critical support of Medicaid DSH, the overall NAPH member margin would have dropped to -5.5 percent. Without UPL payments the average margin would have fallen even further, to -11.7 percent.

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This report is an update on the status of NAPH member hospitals and health systems based on data collected for fiscal year 2009 through an annual Hospital Characteristics Survey of 97 acute care facilities. In 2009, 92 NAPH acute care hospitals responded to the annual survey, for a survey response rate of 95 percent.

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The annual survey is sent by email to NAPH members and responses are submitted online using a secure survey website. Technical support and analysis of the results are performed by the NAPH research department.

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 due to changes in membership.

In order to compare NAPH members to other acute care hospitals nationally and in the markets they serve, NAPH relied on data from the American Hospital Association (AHA) Annual Survey of Hospitals for 2009. 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.



**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 2009, the Medicare program reimbursed providers an estimated \$2.4 billion in DGME payments and \$6.1 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, higher patient acuity, etc.

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

**Hospital Margin.** 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 provide 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). In contrast to Medicaid, which has joint federal and state government funding, 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 2007, Medicare offered 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.

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**Payment-to-Cost Ratio.** A ratio indicating the degree to which revenues cover expenses, calculated by dividing total revenues by total expenses.

**State and Local Payments.** Payments made to hospitals by state or local governments to subsidize unreimbursed patient care. Payments are usually made as a lump sum or as periodic payments and are not tied to volume of services or per-patient amounts. State or local payments 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 payments).

**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.

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## Hospital-Specific Data on Utilization and Finances

**Table 1.** NAPH Member Hospitals and Health Systems—Inpatient Utilization Data, 2009

Hospital Name	Staffed Beds	Discharges	Inpatient Days	Births
Alameda County Medical Center	389	13,619	115,778	1,364
Arrowhead Regional Medical Center	353	24,097	106,582	3,850
Bergen Regional Medical Center	1,006	11,703	337,873	-
Boston Medical Center	518	28,753	139,811	2,478
Broadlawns Medical Center	89	3,994	15,726	363
Broward Health-Broward General Medical Center	656	28,688	160,234	3,397
Broward Health-Coral Springs Medical Center	200	12,502	48,991	2,349
Broward Health-Imperial Point Medical Center	180	8,549	38,149	-
Broward Health-North Broward Medical Center	360	13,978	78,499	-
Cambridge Health Alliance	231	14,230	76,860	1,446
Contra Costa Regional Medical Center	111	9,413	38,262	2,572
Cook County HHS-Oak Forest Hospital of Cook County	95	3,172	23,212	-
Cook County HHS-Provident Hospital of Cook County	94	4,739	19,688	348
Cook County HHS-The John H. Stroger, Jr. Hospital of Cook County	460	23,835	114,943	873
Cooper Green Mercy Hospital	141	4,285	20,847	450
Denver Health	372	22,071	101,553	3,773
Erlanger Health System	533	26,169	133,130	5,196
Grady Health System	689	26,810	158,989	3,099
Halifax Community Health System	566	26,650	132,732	2,362
Harborview Medical Center	408	19,424	136,687	-
Harris County Hospital District	843	40,699	243,024	9,722
The Health and Hospital Corporation of Marion County	311	16,176	75,816	2,751
Health Care District of Palm Beach County	60	2,886	10,124	466
Hennepin County Medical Center	471	25,069	132,361	2,774
Howard University Hospital	291	12,374	60,992	742
Hurley Medical Center	423	20,234	109,704	2,628
Jackson Health System	1,763	76,348	477,436	7,888
JPS Health Network	547	27,081	138,034	6,690
LAC-Harbor/UCLA Medical Center	355	23,349	127,611	1,037
LAC-LAC+USC Medical Center	663	34,639	203,790	1,359
LAC-Olive View/UCLA Medical Center	238	14,243	69,312	972
Lee Memorial Health System	1,382	69,511	337,912	6,078
LSUHSCD-Bogalusa Medical Center	57	2,945	16,715	67
LSUHSCD-Earl K. Long Medical Center	102	5,516	24,383	670
LSUHSCD-Interim LSU Public Hospital	245	12,836	74,423	895
LSUHSCD-Lallie Kemp Regional Medical Center	18	1,070	4,236	-
LSUHSCD-Leonard J. Chabert Medical Center	90	4,747	24,493	366
LSUHSCD-University Medical Center	105	5,207	28,824	334
LSUHSCD-Walter O. Moss Regional Hospital	29	1,243	7,757	-
Maricopa Integrated Health System	528	20,116	142,683	3,730
Memorial Hospital at Gulfport	360	15,573	85,971	1,395
The MetroHealth System	552	25,505	130,423	2,963
MHS-Memorial Hospital Miramar	178	10,752	35,893	3,084
MHS-Memorial Hospital Pembroke	149	6,874	29,525	-
MHS-Memorial Hospital West	302	22,627	94,289	4,577
MHS-Memorial Regional Hospital	1,014	39,626	213,939	4,022
Mount Sinai Hospital at Chicago	291	21,812	82,028	3,707
Nashville General Hospital at Meharry	114	5,172	23,597	1,027
Nassau University Medical Center	481	23,861	152,755	1,769
NYCHHC-Bellevue Hospital Center	809	28,211	231,836	1,798
NYCHHC-Coney Island Hospital	371	17,722	117,716	1,238

## Hospital-Specific Data on Utilization and Finances

Hospital Name	Staffed Beds	Discharges	Inpatient Days	Births
NYCHHC-Elmhurst Hospital Center	551	25,142	174,561	3,946
NYCHHC-Harlem Hospital Center	257	11,795	75,826	1,211
NYCHHC-Jacobi Medical Center	457	21,106	138,450	2,300
NYCHHC-Kings County Hospital Center	601	24,353	185,662	2,649
NYCHHC-Lincoln Medical and Mental Health Center	322	21,764	91,843	2,443
NYCHHC-Metropolitan Hospital Center	341	14,570	95,383	1,698
NYCHHC-North Central Bronx Hospital	202	7,876	48,768	1,710
NYCHHC-Queens Hospital Center	261	16,628	94,105	2,165
NYCHHC-Woodhull Medical and Mental Health Center	371	17,983	115,807	1,698
The Ohio State University Medical Center	1,086	55,316	328,942	4,515
Orlando Health	1,426	87,263	420,705	15,008
Parkland Health & Hospital System	799	41,364	217,688	14,821
Regional Medical Center at Memphis	348	15,804	104,609	4,629
Riverside County Regional Medical Center	405	21,188	113,860	2,446
San Francisco General Hospital	507	15,029	146,125	1,313
San Joaquin General Hospital	114	9,022	39,411	2,351
San Mateo Medical Center	97	4,114	35,319	-
Santa Clara Valley Health & Hospital System	554	23,988	126,105	5,171
Shands HealthCare-Shands at the University of Florida	799	40,739	239,257	3,810
Shands HealthCare-Shands Jacksonville Medical Center	579	28,293	155,556	3,341
Stony Brook University Hospital	567	30,736	180,068	3,920
SUNY Downstate Medical Center	360	18,379	118,258	1,747
Tampa General Hospital	988	38,847	262,803	5,468
Truman Medical Centers	523	20,066	144,328	3,615
UMass Memorial Medical Center	677	42,474	216,350	4,240
UMDNJ-University Hospital	418	21,518	116,768	1,937
University Health System at San Antonio	373	20,812	128,802	2,859
University Hospital, The SUNY Upstate Medical University	396	17,895	114,079	-
University Hospital, The University of New Mexico Health Sciences Center	430	25,592	144,393	3,923
University Medical Center of El Paso	301	15,561	67,516	4,466
University Medical Center of Southern Nevada	575	27,439	150,456	4,647
University of California-Davis Medical Center	563	30,876	171,605	2,436
University of California-Irvine Medical Center	376	16,793	101,763	1,205
University of California-San Diego Medical Center	535	23,219	133,871	2,091
University of Colorado Hospital Authority	407	20,821	113,073	2,743
The University of Kansas Hospital	540	24,209	137,019	1,520
University of South Alabama Medical Center	137	5,980	39,772	2
The University of Texas Health Center at Tyler	123	3,060	22,129	-
University of Utah Health Care	444	23,624	127,752	3,469
UW Medical Center	394	19,925	117,128	1,917
VCU Health System	707	31,464	186,567	2,119
<b>Total</b>	<b>40,504</b>	<b>1,943,332</b>	<b>11,248,630</b>	<b>240,218</b>
<b>Average</b>	<b>440</b>	<b>21,123</b>	<b>122,268</b>	<b>2,966</b>
<b>Count</b>	<b>92</b>	<b>92</b>	<b>92</b>	<b>81</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.  
Note: Row percentages may not add up to 100% due to rounding.

Source: NAPH Hospital Characteristics Survey, 2009

# Appendix C

## Hospital-Specific Data on Utilization and Finances

**Table 2.** NAPH Member Hospitals and Health Systems—Emergency Department and Other Outpatient Visits, 2009

Hospital Name	Emergency Department Number	Emergency Department % of Total	All Other Outpatient Number	All Other Outpatient % of Total	Total
Alameda County Medical Center	78,319	22%	284,080	78%	362,399
Arrowhead Regional Medical Center	108,996	20%	447,380	80%	556,376
Bergen Regional Medical Center	12,914	12%	94,756	88%	107,670
Boston Medical Center	132,303	14%	794,990	86%	927,293
Broadlawns Medical Center	30,132	17%	142,188	83%	172,320
Broward Health-Broward General Medical Center	116,767	30%	273,454	70%	390,221
Broward Health-Coral Springs Medical Center	48,801	41%	69,872	59%	118,673
Broward Health-Imperial Point Medical Center	30,228	35%	57,207	65%	87,435
Broward Health-North Broward Medical Center	57,653	38%	94,800	62%	152,453
Cambridge Health Alliance	99,354	14%	606,780	86%	706,134
Contra Costa Regional Medical Center	61,671	13%	399,115	87%	460,786
Cook County Health and Hospitals System*	186,174	22%	659,134	78%	845,308
Cooper Green Mercy Hospital	33,619	22%	118,973	78%	152,592
Denver Health	72,944	7%	987,870	93%	1,060,814
Erlanger Health System	89,334	38%	148,130	62%	237,464
Grady Health System	114,006	2%	4,594,402	98%	4,708,408
Halifax Community Health System	119,155	45%	147,322	55%	266,477
Harborview Medical Center	65,515	21%	242,660	79%	308,175
Harris County Hospital District	128,760	9%	1,297,861	91%	1,426,621
The Health and Hospital Corporation of Marion County	107,438	8%	1,276,078	92%	1,383,516
Health Care District of Palm Beach County	18,964	52%	17,833	48%	36,797
Hennepin County Medical Center	130,075	21%	479,005	79%	609,080
Howard University Hospital	43,026	28%	109,441	72%	152,467
Hurley Medical Center	77,633	17%	380,497	83%	458,130
Jackson Health System	234,538	43%	309,591	57%	544,129
JPS Health Network	80,906	8%	897,322	92%	978,228
LAC-Harbor/UCLA Medical Center	89,598	17%	435,405	83%	525,003
LAC-LAC+USC Medical Center	90,681	18%	403,246	82%	493,927
LAC-Olive View/UCLA Medical Center	39,454	12%	299,133	88%	338,587
Lee Memorial Health System	157,186	36%	277,486	64%	434,672
LSUHCS-D-Bogalusa Medical Center	28,777	23%	99,120	77%	127,897
LSUHCS-D-Earl K. Long Medical Center	44,420	20%	173,227	80%	217,647
LSUHCS-D-Interim LSU Public Hospital	63,793	26%	181,023	74%	244,816
LSUHCS-D-Lallie Kemp Regional Medical Center	25,445	24%	79,018	76%	104,463
LSUHCS-D-Leonard J. Chabert Medical Center	40,075	20%	158,278	80%	198,353
LSUHCS-D-University Medical Center	48,159	23%	161,442	77%	209,601
LSUHCS-D-Walter O. Moss Regional Hospital	28,056	27%	77,069	73%	105,125
Maricopa Integrated Health System	55,294	9%	561,429	91%	616,723
Memorial Hospital at Gulfport	61,087	41%	89,400	59%	150,487
The MetroHealth System	92,278	10%	815,434	90%	907,712
MHS-Memorial Hospital Miramar	47,960	47%	54,325	53%	102,285
MHS-Memorial Hospital Pembroke	33,491	26%	96,451	74%	129,942
MHS-Memorial Hospital West	84,192	31%	188,569	69%	272,761
MHS-Memorial Regional Hospital	147,006	30%	345,272	70%	492,278
Mount Sinai Hospital at Chicago	58,043	14%	348,551	86%	406,594
Nashville General Hospital at Meharry	29,578	34%	57,584	66%	87,162
Nassau University Medical Center	76,916	28%	199,728	72%	276,644
NYCHHC-Bellevue Hospital Center	110,412	17%	543,009	83%	653,421
NYCHHC-Coney Island Hospital	72,049	20%	294,707	80%	366,756
NYCHHC-Elmhurst Hospital Center	138,130	19%	598,268	81%	736,398

## 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
NYCHHC-Harlem Hospital Center	76,969	21%	297,050	79%	374,019
NYCHHC-Jacobi Medical Center	117,060	23%	387,786	77%	504,846
NYCHHC-Kings County Hospital Center	128,360	17%	609,050	83%	737,410
NYCHHC-Lincoln Medical and Mental Health Center	153,457	27%	417,449	73%	570,906
NYCHHC-Metropolitan Hospital Center	61,393	14%	364,671	86%	426,064
NYCHHC-North Central Bronx Hospital	58,959	23%	196,743	77%	255,702
NYCHHC-Queens Hospital Center	97,339	21%	357,582	79%	454,921
NYCHHC-Woodhull Medical and Mental Health Center	103,549	20%	402,253	80%	505,802
The Ohio State University Medical Center	114,137	11%	889,444	89%	1,003,581
Orlando Health	234,015	18%	1,064,698	82%	1,298,713
Parkland Health & Hospital System	147,400	12%	1,089,158	88%	1,236,558
Regional Medical Center at Memphis	55,591	24%	175,450	76%	231,041
Riverside County Regional Medical Center	99,491	17%	485,451	83%	584,942
San Francisco General Hospital	51,562	7%	693,524	93%	745,086
San Joaquin General Hospital	38,204	18%	169,902	82%	208,106
San Mateo Medical Center	35,675	8%	420,527	92%	456,202
Santa Clara Valley Health & Hospital System	63,362	7%	781,849	93%	845,211
Shands HealthCare-Shands at the University of Florida	72,357	9%	710,368	91%	782,725
Shands HealthCare-Shands Jacksonville Medical Center	88,962	23%	298,362	77%	387,324
Stony Brook University Hospital	86,227	25%	253,623	75%	339,850
SUNY Downstate Medical Center	77,268	21%	293,131	79%	370,399
Tampa General Hospital	75,912	29%	187,729	71%	263,641
Truman Medical Centers	92,077	12%	685,742	88%	777,819
UMass Memorial Medical Center	138,159	13%	964,700	87%	1,102,859
UMDNJ-University Hospital	100,358	38%	166,010	62%	266,368
University Health System at San Antonio	67,126	4%	1,626,989	96%	1,694,115
University Hospital, The SUNY Upstate Medical University	52,265	12%	370,566	88%	422,831
University Hospital, The University of New Mexico Health Sciences Center	82,477	7%	1,126,489	93%	1,208,966
University Medical Center of El Paso	60,272	11%	488,809	89%	549,081
University Medical Center of Southern Nevada	115,942	13%	759,968	87%	875,910
University of California-Davis Medical Center	55,773	2%	2,887,319	98%	2,943,092
University of California-Irvine Medical Center	33,625	8%	401,954	92%	435,579
University of California-San Diego Medical Center	60,551	21%	230,548	79%	291,099
University of Colorado Hospital Authority	44,853	7%	629,722	93%	674,575
The University of Kansas Hospital	32,063	6%	531,776	94%	563,839
University of South Alabama Medical Center	30,787	77%	9,266	23%	40,053
The University of Texas Health Center at Tyler	13,352	8%	150,801	92%	164,153
University of Utah Health Care	37,224	4%	1,025,588	96%	1,062,812
UW Medical Center	23,380	5%	478,900	95%	502,280
VCU Health System	84,485	9%	813,627	91%	898,112
<b>Total</b>	<b>7,103,323</b>	<b>14%</b>	<b>45,362,489</b>	<b>86%</b>	<b>52,465,812</b>
<b>Average</b>	<b>78,926</b>		<b>504,028</b>		<b>582,953</b>
<b>Count</b>	<b>90</b>		<b>90</b>		<b>90</b>

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

\* Data for the three hospitals of the Cook County Health and Hospitals System have been consolidated because community ambulatory care volumes are not associated with specific hospitals.

Source: NAPH Hospital Characteristics Survey, 2009



# Appendix C

## Hospital-Specific Data on Utilization and Finances

**Table 3.** NAPH Member Hospitals and Health Systems—Discharges by Payer Source, 2009

Hospital Name	Medicare		Medicaid		Commercial		Uninsured*		Other**		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Alameda County Medical Center	2,211	16%	6,924	51%	637	5%	3,847	28%	0	0%	13,619
Arrowhead Regional Medical Center	2,950	12%	11,693	49%	1,700	7%	7,013	29%	741	3%	24,097
Bergen Regional Medical Center	2,124	18%	1,640	14%	812	7%	6,953	59%	174	1%	11,703
Boston Medical Center	9,097	32%	12,205	42%	5,481	19%	1,694	6%	276	1%	28,753
Broadlawns Medical Center	532	13%	887	22%	367	9%	2,208	55%	0	0%	3,994
Broward Health-Broward General Medical Center	6,830	24%	10,074	35%	5,689	20%	6,095	21%	0	0%	28,688
Broward Health-Coral Springs Medical Center	3,544	28%	2,625	21%	4,159	33%	2,174	17%	0	0%	12,502
Broward Health-Imperial Point Medical Center	3,950	46%	1,134	13%	1,806	21%	1,659	19%	0	0%	8,549
Broward Health-North Broward Medical Center	6,706	48%	1,439	10%	2,746	20%	3,087	22%	0	0%	13,978
Cambridge Health Alliance	4,796	34%	5,371	38%	2,430	17%	1,616	11%	17	0.1%	14,230
Contra Costa Regional Medical Center	1,517	16%	4,987	53%	851	9%	1,947	21%	111	1%	9,413
Cook County HHS-Oak Forest Hospital of Cook County	616	19%	1,181	37%	52	2%	1,323	42%	0	0%	3,172
Cook County HHS-Provident Hospital of Cook County	860	18%	2,423	51%	696	15%	759	16%	1	0.02%	4,739
Cook County HHS-The John H. Stroger, Jr. Hospital of Cook County	2,747	12%	7,893	33%	1,191	5%	12,004	50%	0	0%	23,835
Cooper Green Mercy Hospital	613	14%	1,427	33%	457	11%	1,495	35%	293	7%	4,285
Denver Health	3,483	16%	10,102	46%	2,241	10%	5,401	24%	844	4%	22,071
Erlanger Health System	6,448	25%	7,687	29%	9,715	37%	2,009	8%	310	1%	26,169
Grady Health System	4,467	17%	8,677	32%	3,923	15%	9,743	36%	0	0%	26,810
Halifax Community Health System	11,109	42%	5,056	19%	7,530	28%	2,633	10%	322	1%	26,650
Harborview Medical Center	5,143	26%	5,082	26%	5,848	30%	3,351	17%	0	0%	19,424
Harris County Hospital District	3,270	8%	18,055	44%	1,099	3%	17,726	44%	549	1%	40,699
The Health and Hospital Corporation of Marion County	3,804	24%	5,847	36%	1,347	8%	3,672	23%	1,506	9%	16,176
Health Care District of Palm Beach County	683	24%	1,322	46%	394	14%	481	17%	6	0.2%	2,886
Hennepin County Medical Center	8,297	33%	5,887	23%	3,408	14%	6,708	27%	769	3%	25,069
Howard University Hospital	2,976	24%	4,999	40%	2,141	17%	2,154	17%	104	1%	12,374
Hurley Medical Center	5,743	28%	8,259	41%	4,712	23%	1,032	5%	488	2%	20,234
Jackson Health System	11,311	15%	24,980	33%	16,781	22%	23,052	30%	224	0.3%	76,348
JPS Health Network	3,593	13%	10,555	39%	2,136	8%	10,364	38%	433	2%	27,081
LAC-Harbor/UCLA Medical Center	2,118	9%	12,342	53%	767	3%	7,597	33%	525	2%	23,349
LAC-LAC+USC Medical Center	2,030	6%	17,132	49%	963	3%	12,158	35%	2,356	7%	34,639
LAC-Olive View/UCLA Medical Center	1,048	7%	7,512	53%	158	1%	5,191	36%	334	2%	14,243
Lee Memorial Health System	32,939	47%	12,193	18%	16,789	24%	5,154	7%	2,436	4%	69,511
LSUHCS-D-Bogalusa Medical Center	939	32%	828	28%	305	10%	829	28%	44	1%	2,945
LSUHCS-D-Earl K. Long Medical Center	436	8%	2,510	46%	175	3%	1,714	31%	681	12%	5,516
LSUHCS-D-Interim LSU Public Hospital	1,351	11%	4,796	37%	763	6%	5,429	42%	497	4%	12,836
LSUHCS-D-Lallie Kemp Regional Medical Center	205	19%	268	25%	76	7%	491	46%	30	3%	1,070
LSUHCS-D-Leonard J. Chabert Medical Center	778	16%	2,119	45%	304	6%	1,489	31%	57	1%	4,747
LSUHCS-D-University Medical Center	643	12%	1,852	36%	273	5%	2,339	45%	100	2%	5,207
LSUHCS-D-Walter O. Moss Regional Hospital	144	12%	272	22%	57	5%	726	58%	44	4%	1,243
Maricopa Integrated Health System	2,234	11%	11,454	57%	1,695	8%	2,051	10%	2,682	13%	20,116
Memorial Hospital at Gulfport	6,596	42%	3,522	23%	2,844	18%	1,852	12%	759	5%	15,573
The MetroHealth System	7,060	28%	9,532	37%	5,160	20%	3,151	12%	602	2%	25,505
MHS-Memorial Hospital Miramar	2,139	20%	1,999	19%	5,506	51%	676	6%	432	4%	10,752
MHS-Memorial Hospital Pembroke	3,049	44%	861	13%	1,637	24%	1,046	15%	281	4%	6,874
MHS-Memorial Hospital West	8,470	37%	3,197	14%	8,634	38%	1,521	7%	805	4%	22,627
MHS-Memorial Regional Hospital	14,166	36%	8,110	20%	11,200	28%	4,829	12%	1,321	3%	39,626
Mount Sinai Hospital at Chicago	2,723	12%	14,221	65%	2,075	10%	2,449	11%	344	2%	21,812
Nashville General Hospital at Meharry	640	12%	1,780	34%	200	4%	1,585	31%	967	19%	5,172
Nassau University Medical Center	4,506	19%	11,992	50%	4,183	18%	1,528	6%	1,652	7%	23,861
NYCHHC-Bellevue Hospital Center	4,513	16%	15,051	57%	2,018	7%	2,429	9%	3,200	11%	28,211



## Hospital-Specific Data on Utilization and Finances

Hospital Name	Medicare		Medicaid		Commercial		Uninsured*		Other**		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
NYCHHC-Coney Island Hospital	6,530	37%	8,560	48%	1,634	9%	862	5%	136	1%	17,722
NYCHHC-Elmhurst Hospital Center	4,881	19%	15,592	62%	2,087	8%	1,250	5%	1,332	5%	25,142
NYCHHC-Harlem Hospital Center	2,588	22%	7,546	64%	940	8%	479	4%	242	2%	11,795
NYCHHC-Jacobi Medical Center	4,439	21%	12,602	60%	2,225	11%	1,324	6%	516	2%	21,106
NYCHHC-Kings County Hospital Center	4,378	18%	15,182	62%	2,507	10%	1,784	7%	502	2%	24,353
NYCHHC-Lincoln Medical and Mental Health Center	4,880	22%	14,240	65%	1,515	7%	754	3%	375	2%	21,764
NYCHHC-Metropolitan Hospital Center	2,787	19%	10,228	70%	895	6%	560	4%	100	1%	14,570
NYCHHC-North Central Bronx Hospital	1,460	19%	5,369	68%	585	7%	435	6%	27	0.3%	7,876
NYCHHC-Queens Hospital Center	3,324	20%	10,449	63%	1,411	8%	1,338	8%	106	1%	16,628
NYCHHC-Woodhull Medical and Mental Health Center	3,318	18%	11,909	66%	1,094	6%	1,592	9%	70	0.4%	17,983
The Ohio State University Medical Center	17,125	31%	13,129	24%	16,768	30%	5,008	9%	3,286	6%	55,316
Orlando Health	25,727	29%	18,747	21%	33,009	38%	9,156	10%	624	1%	87,263
Parkland Health & Hospital System	4,072	10%	24,050	58%	1,849	4%	10,685	26%	708	2%	41,364
Regional Medical Center at Memphis	2,004	13%	7,626	48%	1,915	12%	4,259	27%	0	0%	15,804
Riverside County Regional Medical Center	2,241	11%	8,832	42%	1,559	7%	5,746	27%	2,810	13%	21,188
San Francisco General Hospital	3,159	21%	5,199	35%	750	5%	3,786	25%	2,135	14%	15,029
San Joaquin General Hospital	1,193	13%	5,585	62%	683	8%	1,561	17%	0	0%	9,022
San Mateo Medical Center	1,098	27%	1,741	42%	151	4%	1,092	27%	32	1%	4,114
Santa Clara Valley Health & Hospital System	3,033	13%	13,224	55%	2,281	10%	5,013	21%	437	2%	23,988
Shands HealthCare-Shands at the University of Florida	13,195	32%	10,812	27%	11,678	29%	3,164	8%	1,890	5%	40,739
Shands HealthCare-Shands Jacksonville Medical Center	9,646	34%	9,106	32%	3,374	12%	4,904	17%	1,263	4%	28,293
Stony Brook University Hospital	10,135	33%	6,729	22%	11,483	37%	1,495	5%	894	3%	30,736
SUNY Downstate Medical Center	6,233	34%	7,756	42%	3,373	18%	973	5%	44	0.2%	18,379
Tampa General Hospital	12,336	32%	14,404	37%	6,794	17%	3,779	10%	1,534	4%	38,847
Truman Medical Centers	3,941	20%	9,698	48%	1,426	7%	4,811	24%	190	1%	20,066
UMass Memorial Medical Center	16,841	40%	7,791	18%	15,727	37%	1,925	5%	190	0.4%	42,474
UMDNJ-University Hospital	3,901	18%	9,347	43%	3,441	16%	4,496	21%	333	2%	21,518
University Health System at San Antonio	3,050	15%	6,265	30%	2,528	12%	8,123	39%	846	4%	20,812
University Hospital, The SUNY Upstate Medical University	6,001	34%	4,431	25%	5,476	31%	630	4%	1,357	8%	17,895
University Hospital, The University of New Mexico Health Sciences Center	3,574	14%	9,488	37%	5,903	23%	4,229	17%	2,398	9%	25,592
University Medical Center of El Paso	1,866	12%	5,344	34%	1,669	11%	6,682	43%	0	0%	15,561
University Medical Center of Southern Nevada	4,532	17%	7,551	28%	5,844	21%	8,569	31%	943	3%	27,439
University of California-Davis Medical Center	6,750	22%	7,563	24%	12,326	40%	3,749	12%	488	2%	30,876
University of California-Irvine Medical Center	4,575	27%	4,730	28%	5,027	30%	2,461	15%	0	0%	16,793
University of California-San Diego Medical Center	5,407	28%	6,358	27%	7,816	34%	2,638	11%	0	0%	23,219
University of Colorado Hospital Authority	6,210	30%	3,762	18%	6,929	33%	2,490	12%	1,430	7%	20,821
The University of Kansas Hospital	7,957	33%	5,252	22%	8,417	35%	1,796	7%	787	3%	24,209
University of South Alabama Medical Center	1,018	17%	956	16%	1,229	21%	2,231	37%	546	9%	5,980
The University of Texas Health Center at Tyler	1,506	49%	323	11%	402	13%	265	9%	564	18%	3,060
University of Utah Health Care	6,176	26%	4,598	19%	9,447	40%	2,252	10%	1,151	5%	23,624
UW Medical Center	5,172	26%	3,430	17%	8,578	43%	2,059	10%	686	3%	19,925
VCU Health System	8,431	27%	8,328	26%	8,288	26%	4,434	14%	1,983	6%	31,464
<b>Total</b>	<b>465,837</b>	<b>24%</b>	<b>696,786</b>	<b>36%</b>	<b>377,164</b>	<b>19%</b>	<b>343,273</b>	<b>18%</b>	<b>60,272</b>	<b>3%</b>	<b>1,943,332</b>
<b>Average</b>	<b>5,063</b>		<b>7,574</b>		<b>4,100</b>		<b>3,731</b>		<b>655</b>		<b>21,123</b>
<b>Count</b>											<b>92</b>

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

\* Uninsured discharges are attributed to patients that are considered Self Pay, Charity Care, or covered by a State or Local Indigent Care Program.

\*\* Examples of Other payer sources include Workers' Compensation, Veterans' Care, and Prisoner Care.

Source: NAPH Hospital Characteristics Survey, 2009

# Appendix C

## Hospital-Specific Data on Utilization and Finances

**Table 4.** NAPH Member Hospitals and Health Systems—Total Outpatient Visits by Payer Source, 2009

Hospital Name	Medicare		Medicaid		Commercial		Uninsured**		Other***		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Alameda County Medical Center	30,585	8%	162,122	45%	11,676	3%	157,742	44%	274	0.1%	362,399
Arrowhead Regional Medical Center	36,497	7%	191,922	34%	13,127	2%	264,361	48%	50,469	9%	556,376
Bergen Regional Medical Center	17,811	17%	8,574	8%	7,942	7%	73,031	68%	312	0.3%	107,670
Boston Medical Center	195,526	21%	381,042	41%	239,539	26%	95,681	10%	15,505	2%	927,293
Broadlawns Medical Center	18,128	11%	39,771	23%	17,041	10%	97,380	57%	0	0%	172,320
Broward Health-Broward General Medical Center	33,640	9%	80,126	21%	70,608	18%	205,847	53%	0	0%	390,221
Broward Health-Coral Springs Medical Center	20,769	18%	17,981	15%	60,495	51%	19,428	16%	0	0%	118,673
Broward Health-Imperial Point Medical Center	33,295	38%	6,117	7%	33,627	38%	14,396	16%	0	0%	87,435
Broward Health-North Broward Medical Center	32,183	21%	23,473	15%	28,180	18%	68,617	45%	0	0%	152,453
Cambridge Health Alliance	124,570	18%	268,309	38%	208,191	29%	97,607	14%	7,457	1%	706,134
Contra Costa Regional Medical Center	62,858	14%	226,250	49%	57,937	13%	111,307	24%	2,434	1%	460,786
Cook County Health and Hospitals System*	79,735	9%	168,841	20%	41,088	5%	555,626	66%	18	0.002%	845,308
Cooper Green Mercy Hospital	28,032	18%	20,774	14%	9,839	6%	85,041	56%	8,906	6%	152,592
Denver Health	74,951	7%	265,006	25%	92,003	9%	340,427	32%	288,427	27%	1,060,814
Erlanger Health System	27,652	12%	74,685	31%	105,753	45%	26,594	11%	2,780	1%	237,464
Grady Health System	1,149,277	24%	835,271	18%	348,219	7%	2,375,641	50%	0	0%	4,708,408
Halifax Community Health System	95,430	36%	48,742	18%	77,971	29%	38,287	14%	6,047	2%	266,477
Harborview Medical Center	68,846	22%	96,451	31%	70,587	23%	72,291	23%	0	0%	308,175
Harris County Hospital District	144,663	10%	231,131	16%	8,807	1%	1,019,837	71%	22,183	2%	1,426,621
The Health and Hospital Corporation of Marion County	402,596	29%	225,196	16%	73,889	5%	332,689	24%	349,146	25%	1,383,516
Health Care District of Palm Beach County	4,892	13%	14,793	40%	3,472	9%	12,175	33%	1,465	4%	36,797
Hennepin County Medical Center	144,990	24%	163,152	27%	85,699	14%	203,243	33%	11,996	2%	609,080
Howard University Hospital	29,238	19%	62,998	41%	27,550	18%	27,795	18%	4,886	3%	152,467
Hurley Medical Center	96,969	21%	164,997	36%	135,445	30%	47,614	10%	13,105	3%	458,130
Jackson Health System	64,115	12%	150,866	28%	45,483	8%	281,821	52%	1,844	0.3%	544,129
JPS Health Network	112,159	11%	264,297	27%	42,950	4%	548,814	56%	10,008	1%	978,228
LAC-Harbor/UCLA Medical Center	37,254	7%	161,919	31%	5,223	1%	292,892	56%	27,715	5%	525,003
LAC-LAC+USC Medical Center	22,666	5%	208,612	42%	5,084	1%	222,154	45%	35,411	7%	493,927
LAC-Olive View/UCLA Medical Center	17,956	5%	97,337	29%	1,397	0.4%	178,277	53%	43,620	13%	338,587
Lee Memorial Health System	174,688	40%	69,830	16%	106,305	24%	49,333	11%	34,516	8%	434,672
LSUHCSD-Bogalusa Medical Center	28,906	23%	22,908	18%	20,998	16%	52,260	41%	2,825	2%	127,897
LSUHCSD-Earl K. Long Medical Center	20,204	9%	59,325	27%	8,017	4%	117,283	54%	12,818	6%	217,647
LSUHCSD-Interim LSU Public Hospital	22,225	9%	44,136	18%	10,886	4%	158,684	65%	8,885	4%	244,816
LSUHCSD-Lallie Kemp Regional Medical Center	13,194	13%	15,218	15%	8,406	8%	65,914	63%	1,731	2%	104,463
LSUHCSD-Leonard J. Chabert Medical Center	32,686	16%	45,084	23%	17,070	9%	100,530	51%	2,983	2%	198,353
LSUHCSD-University Medical Center	29,295	14%	47,678	23%	13,549	6%	115,054	55%	4,025	2%	209,601
LSUHCSD-Walter O. Moss Regional Hospital	15,944	15%	15,212	14%	7,336	7%	65,128	62%	1,505	1%	105,125
Maricopa Integrated Health System	62,971	10%	367,771	60%	23,751	4%	71,756	12%	90,474	15%	616,723
Memorial Hospital at Gulfport	56,680	38%	24,258	16%	31,710	21%	23,962	16%	13,877	9%	150,487
The MetroHealth System	162,592	18%	289,293	32%	213,315	24%	223,591	25%	18,921	2%	907,712
MHS-Memorial Hospital Miramar	11,048	11%	13,960	14%	61,588	60%	10,933	11%	4,756	5%	102,285
MHS-Memorial Hospital Pembroke	24,121	19%	14,150	11%	49,104	38%	34,337	26%	8,230	6%	129,942
MHS-Memorial Hospital West	66,237	24%	31,247	11%	137,606	50%	30,973	11%	6,698	2%	272,761
MHS-Memorial Regional Hospital	97,546	20%	84,494	17%	131,328	27%	156,217	32%	22,693	5%	492,278
Mount Sinai Hospital at Chicago	28,363	7%	161,223	40%	113,182	28%	87,105	21%	16,721	4%	406,594
Nashville General Hospital at Meharry	11,417	13%	20,460	23%	8,075	9%	46,930	54%	280	0.3%	87,162
Nassau University Medical Center	28,742	10%	80,317	29%	70,060	25%	78,623	28%	18,902	7%	276,644
NYCHHC-Bellevue Hospital Center	81,952	13%	284,971	44%	48,573	7%	216,011	33%	21,914	3%	653,421
NYCHHC-Coney Island Hospital	62,559	17%	159,441	43%	32,665	9%	106,980	29%	5,111	1%	366,756
NYCHHC-Elmhurst Hospital Center	77,060	10%	365,730	50%	46,934	6%	235,093	32%	11,581	2%	736,398
NYCHHC-Harlem Hospital Center	51,435	14%	185,965	50%	23,198	6%	109,113	29%	4,308	1%	374,019

## Hospital-Specific Data on Utilization and Finances

Hospital Name	Medicare		Medicaid		Commercial		Uninsured**		Other***		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
NYCHHC-Jacobi Medical Center	64,583	13%	253,084	50%	49,483	10%	132,668	26%	5,028	1%	504,846
NYCHHC-Kings County Hospital Center	78,033	11%	338,494	46%	55,498	8%	262,013	36%	3,372	0.5%	737,410
NYCHHC-Lincoln Medical and Mental Health Center	82,312	14%	296,167	52%	35,475	6%	147,995	26%	8,957	2%	570,906
NYCHHC-Metropolitan Hospital Center	68,355	16%	214,292	50%	25,933	6%	113,818	27%	3,666	1%	426,064
NYCHHC-North Central Bronx Hospital	21,731	8%	145,187	57%	19,142	7%	69,414	27%	228	0.1%	255,702
NYCHHC-Queens Hospital Center	60,565	13%	210,590	46%	37,133	8%	144,491	32%	2,142	0.5%	454,921
NYCHHC-Woodhull Medical and Mental Health Center	60,388	12%	260,590	52%	28,193	6%	154,674	31%	1,957	0.4%	505,802
The Ohio State University Medical Center	241,272	24%	160,330	16%	472,396	47%	79,057	8%	50,526	5%	1,003,581
Orlando Health	347,444	27%	249,994	19%	534,383	41%	138,949	11%	27,943	2%	1,298,713
Parkland Health & Hospital System	151,376	12%	379,050	31%	23,800	2%	564,706	46%	117,626	10%	1,236,558
Regional Medical Center at Memphis	36,504	16%	73,933	32%	47,084	20%	73,520	32%	0	0%	231,041
Riverside County Regional Medical Center	36,772	6%	192,203	33%	38,665	7%	256,554	44%	60,748	10%	584,942
San Francisco General Hospital	127,998	17%	207,307	28%	11,115	1%	260,865	35%	137,801	18%	745,086
San Joaquin General Hospital	32,657	16%	101,157	49%	20,257	10%	54,035	26%	0	0%	208,106
San Mateo Medical Center	63,584	14%	117,505	39%	12,055	3%	200,251	44%	2,807	1%	456,202
Santa Clara Valley Health & Hospital System	94,678	11%	417,233	49%	97,472	12%	230,870	27%	4,958	1%	845,211
Shands HealthCare-Shands at the University of Florida	222,037	28%	146,373	19%	301,780	39%	71,742	9%	40,793	5%	782,725
Shands HealthCare-Shands Jacksonville Medical Center	110,574	29%	102,854	27%	59,240	15%	86,840	22%	27,816	7%	387,324
Stony Brook University Hospital	84,862	25%	59,897	18%	153,070	45%	22,255	7%	19,766	6%	339,850
SUNY Downstate Medical Center	97,408	26%	151,314	41%	87,844	24%	31,757	9%	2,076	1%	370,399
Tampa General Hospital	51,746	20%	72,321	27%	58,984	22%	67,231	26%	13,359	5%	263,641
Truman Medical Centers	112,136	14%	221,185	28%	78,665	10%	350,721	45%	15,112	2%	777,819
UMass Memorial Medical Center	324,496	29%	172,654	16%	515,687	47%	77,864	7%	12,158	1%	1,102,859
UMDNJ-University Hospital	29,150	11%	76,940	29%	29,732	11%	127,230	48%	3,316	1%	266,368
University Health System at San Antonio	281,068	17%	221,716	13%	165,256	10%	950,036	56%	76,039	4%	1,694,115
University Hospital, The SUNY Upstate Medical University	122,670	29%	103,695	25%	139,655	33%	19,149	5%	37,662	9%	422,831
University Hospital, The University of New Mexico Health Sciences Center	165,431	14%	343,987	28%	320,100	26%	295,262	24%	84,186	7%	1,208,966
University Medical Center of El Paso	87,769	16%	117,149	21%	96,180	18%	247,983	45%	0	0%	549,081
University Medical Center of Southern Nevada	92,927	11%	136,013	16%	277,114	32%	327,157	37%	42,699	5%	875,910
University of California-Davis Medical Center	553,300	19%	230,311	8%	1,935,646	66%	182,325	6%	41,510	1%	2,943,092
University of California-Irvine Medical Center	127,562	29%	89,512	21%	174,229	40%	44,276	10%	0	0%	435,579
University of California-San Diego Medical Center	101,335	35%	78,027	27%	85,311	30%	25,426	9%	0	0%	291,099
University of Colorado Hospital Authority	202,840	30%	58,277	9%	254,657	38%	56,110	8%	102,691	15%	674,575
The University of Kansas Hospital	154,498	27%	42,948	8%	336,616	60%	23,481	4%	6,296	1%	563,839
University of South Alabama Medical Center	5,986	15%	5,814	15%	8,626	22%	14,714	37%	4,913	12%	40,053
The University of Texas Health Center at Tyler	81,421	50%	25,489	16%	43,712	27%	12,738	8%	793	0.5%	164,153
University of Utah Health Care	240,833	23%	146,487	14%	542,630	51%	80,211	8%	52,651	5%	1,062,812
UW Medical Center	116,246	23%	58,897	12%	265,818	53%	39,899	8%	21,420	4%	502,280
VCU Health System	224,473	25%	166,919	19%	306,063	34%	169,895	19%	30,762	3%	898,112
<b>Total</b>	<b>9,526,168</b>	<b>18%</b>	<b>13,569,321</b>	<b>26%</b>	<b>10,858,177</b>	<b>21%</b>	<b>16,230,607</b>	<b>31%</b>	<b>2,281,539</b>	<b>4%</b>	<b>52,465,812</b>
<b>Average</b>	<b>105,846</b>		<b>150,770</b>		<b>120,646</b>		<b>180,340</b>		<b>25,350</b>		<b>582,953</b>
<b>Count</b>											<b>90</b>

\* Data for the three hospitals of the Cook County Health and Hospitals System has been consolidated because community clinic ambulatory care volumes are not associated with specific hospitals.

\*\* Uninsured visits are attributed to patients that are considered Self Pay, Charity Care, or covered by a State or Local Indigent Care Program.

\*\*\* Examples of Other payer sources include Workers' Compensation, Veterans' Care, and Prisoner Care.

Source: NAPH Hospital Characteristics Survey, 2009

**Table 5.** NAPH Member Hospitals and Health Systems—Gross Charges by Payer Source, 2009

Hospital Name	Medicare		Medicaid	
	Charges	Percent	Charges	Percent
Alameda County Medical Center	\$121,129,588	14%	\$447,058,025	51%
Arrowhead Regional Medical Center	\$129,536,693	11%	\$529,152,042	43%
Bergen Regional Medical Center	\$113,128,052	23%	\$124,710,721	26%
Boston Medical Center	\$471,795,350	30%	\$582,563,392	37%
Broadlawns Medical Center	\$14,159,951	11%	\$22,808,468	18%
Broward Health-Broward General Medical Center	\$443,499,631	25%	\$457,645,028	26%
Broward Health-Coral Springs Medical Center	\$173,414,628	30%	\$82,972,999	14%
Broward Health-Imperial Point Medical Center	\$178,281,269	44%	\$34,849,629	9%
Broward Health-North Broward Medical Center	\$344,546,786	44%	\$87,706,211	11%
Cambridge Health Alliance	\$204,429,610	25%	\$285,544,078	35%
Contra Costa Regional Medical Center	\$85,728,752	17%	\$238,229,656	47%
Cook County HHS-Oak Forest Hospital of Cook County	\$9,579,652	14%	\$24,400,996	36%
Cook County HHS-Provident Hospital of Cook County	\$7,052,392	9%	\$27,125,900	36%
Cook County HHS-The John H. Stroger, Jr. Hospital of Cook County	\$56,118,880	9%	\$204,157,126	31%
Cooper Green Mercy Hospital	\$18,183,894	17%	\$20,607,261	20%
Denver Health	\$144,636,986	12%	\$419,208,022	34%
Erlanger Health System	\$316,115,952	23%	\$332,192,301	24%
Grady Health System	\$284,370,401	18%	\$445,824,335	28%
Halifax Community Health System	\$558,183,884	47%	\$154,489,325	13%
Harborview Medical Center	\$370,989,000	28%	\$303,284,000	23%
Harris County Hospital District	\$187,508,502	9%	\$483,756,570	24%
The Health and Hospital Corporation of Marion County	\$169,278,519	21%	\$151,154,788	19%
Health Care District of Palm Beach County	\$30,224,547	27%	\$43,860,880	39%
Hennepin County Medical Center	\$314,384,873	30%	\$335,073,426	32%
Howard University Hospital	\$160,784,962	31%	\$206,142,262	40%
Hurley Medical Center	\$251,716,570	27%	\$335,605,742	36%
Jackson Health System	\$879,272,608	21%	\$1,213,008,240	29%
JPS Health Network	\$248,390,000	15%	\$418,109,000	25%
LAC-Harbor/UCLA Medical Center	\$123,833,175	10%	\$724,982,342	56%
LAC-LAC+USC Medical Center	\$123,184,953	7%	\$1,003,863,869	54%
LAC-Olive View/UCLA Medical Center	\$30,159,787	4%	\$385,110,210	53%
Lee Memorial Health System	\$1,655,226,876	50%	\$447,087,716	13%
LSUHSCD-Bogalusa Medical Center	\$24,192,075	28%	\$18,129,445	21%
LSUHSCD-Earl K. Long Medical Center	\$14,413,521	8%	\$67,732,620	39%
LSUHSCD-Interim LSU Public Hospital	\$52,299,347	10%	\$207,805,515	39%
LSUHSCD-Lallie Kemp Regional Medical Center	\$7,325,140	15%	\$11,295,516	23%
LSUHSCD-Leonard J. Chabert Medical Center	\$27,614,478	17%	\$56,115,603	35%
LSUHSCD-University Medical Center	\$26,034,113	16%	\$57,336,308	34%
LSUHSCD-Walter O. Moss Regional Hospital	\$6,836,033	16%	\$9,833,464	22%
Maricopa Integrated Health System	\$194,245,826	14%	\$665,976,355	46%
Memorial Hospital at Gulfport	\$632,041,404	48%	\$199,098,327	15%
The MetroHealth System	\$310,761,000	25%	\$390,443,000	31%
MHS-Memorial Hospital Miramar	\$107,470,829	19%	\$76,090,879	14%
MHS-Memorial Hospital Pembroke	\$188,791,795	35%	\$64,424,769	12%
MHS-Memorial Hospital West	\$505,028,277	37%	\$150,350,980	11%
MHS-Memorial Regional Hospital	\$862,740,199	32%	\$511,002,279	19%
Mount Sinai Hospital at Chicago	\$130,396,397	16%	\$366,156,895	46%
Nashville General Hospital at Meharry	\$24,079,894	14%	\$47,982,834	27%
Nassau University Medical Center	\$147,634,022	26%	\$235,913,042	42%
NYCHHC-Bellevue Hospital Center	\$192,131,756	19%	\$587,117,146	58%

## Hospital-Specific Data on Utilization and Finances

Commercial		Uninsured*		Other**		Total
Charges	Percent	Charges	Percent	Charges	Percent	
\$46,641,875	5%	\$262,359,921	30%	\$0	0%	\$877,189,409
\$126,185,887	10%	\$404,932,451	33%	\$41,982,625	3%	\$1,231,789,698
\$52,634,991	11%	\$189,234,017	39%	\$3,830,901	1%	\$483,538,682
\$374,923,631	24%	\$139,553,164	9%	\$20,543,972	1%	\$1,589,379,509
\$8,155,436	6%	\$81,597,244	64%	\$0	0%	\$126,721,099
\$428,766,211	25%	\$409,316,165	24%	\$0	0%	\$1,739,227,035
\$233,016,303	40%	\$94,102,519	16%	\$0	0%	\$583,506,449
\$136,592,636	33%	\$59,737,177	15%	\$0	0%	\$409,460,711
\$175,443,833	23%	\$167,721,606	22%	\$0	0%	\$775,418,436
\$206,531,523	25%	\$111,440,386	14%	\$7,152,303	1%	\$815,097,900
\$56,720,914	11%	\$122,963,639	24%	\$6,746,689	1%	\$510,389,650
\$1,463,963	2%	\$31,793,607	47%	\$0	0%	\$67,238,218
\$4,224,056	6%	\$36,676,754	49%	\$44,198	0.1%	\$75,123,300
\$37,057,668	6%	\$355,328,219	54%	\$0	0%	\$652,661,893
\$2,122,426	2%	\$58,898,439	56%	\$4,819,210	5%	\$104,631,230
\$260,386,668	21%	\$373,592,564	30%	\$28,215,757	2%	\$1,226,039,997
\$578,215,980	42%	\$135,067,613	10%	\$18,628,823	1%	\$1,380,220,669
\$263,627,342	16%	\$563,524,643	35%	\$59,733,644	4%	\$1,617,080,365
\$344,579,691	29%	\$107,761,922	9%	\$13,878,888	1%	\$1,178,893,710
\$480,777,000	36%	\$168,319,000	13%	\$0	0%	\$1,323,369,000
\$56,693,829	3%	\$1,273,504,099	62%	\$39,387,655	2%	\$2,040,850,655
\$100,623,242	12%	\$332,204,524	41%	\$62,164,656	8%	\$815,425,729
\$16,189,162	15%	\$18,045,947	16%	\$3,202,050	3%	\$111,522,586
\$171,122,755	16%	\$186,610,108	18%	\$52,471,707	5%	\$1,059,662,869
\$83,635,267	16%	\$67,132,769	13%	\$0	0%	\$517,695,260
\$230,757,026	25%	\$74,340,689	8%	\$33,184,994	4%	\$925,605,021
\$742,830,855	18%	\$1,288,777,256	31%	\$23,337,910	1%	\$4,147,226,869
\$121,605,000	7%	\$861,466,000	51%	\$38,451,000	2%	\$1,688,021,000
\$58,509,705	5%	\$368,118,366	28%	\$20,796,626	2%	\$1,296,240,214
\$52,487,930	3%	\$622,655,073	34%	\$43,207,706	2%	\$1,845,399,531
\$9,850,640	1%	\$271,510,566	38%	\$27,271,504	4%	\$723,902,707
\$864,769,574	26%	\$225,127,282	7%	\$144,407,443	4%	\$3,336,618,891
\$11,803,874	13%	\$32,378,174	37%	\$1,346,839	2%	\$87,850,407
\$6,740,522	4%	\$68,313,865	39%	\$17,407,354	10%	\$174,607,882
\$44,052,119	8%	\$211,435,288	40%	\$13,171,423	2%	\$528,763,692
\$3,978,163	8%	\$25,439,211	52%	\$976,390	2%	\$49,014,420
\$11,311,607	7%	\$62,518,362	39%	\$2,380,176	1%	\$159,940,226
\$9,960,635	6%	\$70,760,344	42%	\$2,650,309	2%	\$166,741,709
\$3,719,643	8%	\$22,085,536	50%	\$1,352,272	3%	\$43,826,948
\$144,420,019	10%	\$248,667,547	17%	\$180,311,163	13%	\$1,433,620,910
\$253,529,986	19%	\$159,595,739	12%	\$76,891,325	6%	\$1,321,156,781
\$359,830,000	29%	\$181,504,000	14%	\$9,560,000	1%	\$1,252,098,000
\$299,586,011	54%	\$61,443,043	11%	\$9,377,127	2%	\$553,967,889
\$170,424,515	32%	\$109,553,429	20%	\$6,615,986	1%	\$539,810,494
\$564,562,890	41%	\$150,542,169	11%	\$12,233,720	1%	\$1,382,718,036
\$852,699,162	32%	\$432,689,256	16%	\$24,403,536	1%	\$2,683,534,432
\$155,905,464	20%	\$114,378,796	14%	\$24,770,449	3%	\$791,608,001
\$9,510,298	5%	\$67,152,149	38%	\$26,513,447	15%	\$175,238,622
\$89,127,424	16%	\$47,732,127	8%	\$46,400,999	8%	\$566,807,614
\$57,175,311	6%	\$169,422,537	17%	\$15,028,707	1%	\$1,020,875,457



## Hospital-Specific Data on Utilization and Finances

**Table 5.** NAPH Member Hospitals and Health Systems—Gross Charges by Payer Source, 2009

Hospital Name	Medicare		Medicaid	
	Charges	Percent	Charges	Percent
NYCHHC-Coney Island Hospital	\$187,836,281	35%	\$233,840,883	43%
NYCHHC-Elmhurst Hospital Center	\$170,642,808	18%	\$458,185,433	49%
NYCHHC-Harlem Hospital Center	\$87,158,263	22%	\$215,743,466	53%
NYCHHC-Jacobi Medical Center	\$160,516,081	19%	\$408,046,103	48%
NYCHHC-Kings County Hospital Center	\$144,140,996	15%	\$548,772,029	56%
NYCHHC-Lincoln Medical and Mental Health Center	\$103,946,681	17%	\$341,474,331	56%
NYCHHC-Metropolitan Hospital Center	\$80,246,343	18%	\$224,924,643	51%
NYCHHC-North Central Bronx Hospital	\$44,868,751	15%	\$163,291,193	54%
NYCHHC-Queens Hospital Center	\$89,997,355	18%	\$266,008,769	53%
NYCHHC-Woodhull Medical and Mental Health Center	\$114,387,766	18%	\$336,301,330	54%
The Ohio State University Medical Center	\$1,505,972,303	31%	\$742,969,258	15%
Orlando Health	\$1,729,264,693	31%	\$931,735,104	17%
Parkland Health & Hospital System	\$365,051,326	15%	\$800,955,359	33%
Regional Medical Center at Memphis	\$190,024,098	16%	\$390,717,249	32%
Riverside County Regional Medical Center	\$148,860,564	11%	\$500,912,196	37%
San Francisco General Hospital	\$270,294,608	20%	\$596,163,676	44%
San Joaquin General Hospital	\$61,513,270	16%	\$207,824,654	54%
San Mateo Medical Center	\$52,038,933	16%	\$156,523,484	47%
Santa Clara Valley Health & Hospital System	\$413,402,748	18%	\$1,024,192,362	43%
Shands HealthCare-Shands at the University of Florida	\$810,575,860	35%	\$440,682,539	19%
Shands HealthCare-Shands Jacksonville Medical Center	\$614,879,505	36%	\$414,358,215	25%
Stony Brook University Hospital	\$728,318,655	37%	\$355,207,716	18%
SUNY Downstate Medical Center	\$269,886,298	33%	\$320,419,688	39%
Tampa General Hospital	\$1,291,921,891	34%	\$574,037,498	15%
Truman Medical Centers	\$103,754,368	20%	\$220,667,278	42%
UMass Memorial Medical Center	\$1,024,303,235	35%	\$479,114,995	16%
UMDNJ-University Hospital	\$388,175,000	20%	\$578,449,000	29%
University Health System at San Antonio	\$218,275,217	19%	\$245,691,619	21%
University Hospital, The SUNY Upstate Medical University	\$306,984,583	34%	\$194,922,546	22%
University Hospital, The University of New Mexico Health Sciences Center	\$192,109,386	16%	\$341,290,209	28%
University Medical Center of El Paso	\$99,119,690	16%	\$141,364,592	23%
University Medical Center of Southern Nevada	\$353,031,746	19%	\$375,314,171	20%
University of California-Davis Medical Center	\$1,368,737,665	28%	\$1,263,255,375	26%
University of California-Irvine Medical Center	\$684,535,391	30%	\$645,223,819	28%
University of California-San Diego Medical Center	\$588,633,000	29%	\$445,230,000	22%
University of Colorado Hospital Authority	\$707,903,867	31%	\$294,443,673	13%
The University of Kansas Hospital	\$800,248,600	36%	\$270,217,003	12%
University of South Alabama Medical Center	\$43,164,069	19%	\$33,567,332	15%
The University of Texas Health Center at Tyler	\$69,801,286	50%	\$17,582,656	13%
University of Utah Health Care	\$410,297,720	30%	\$160,061,296	12%
UW Medical Center	\$382,204,892	30%	\$233,459,768	18%
VCU Health System	\$643,243,122	28%	\$396,852,569	17%
<b>Total</b>	<b>\$29,693,151,743</b>	<b>26%</b>	<b>\$31,285,084,616</b>	<b>27%</b>
<b>Average</b>	<b>\$322,751,649</b>		<b>\$340,055,268</b>	
<b>Count</b>				

## Hospital-Specific Data on Utilization and Finances

(continued)

Commercial		Uninsured*		Other**		Total
Charges	Percent	Charges	Percent	Charges	Percent	
\$41,597,619	8%	\$72,525,755	13%	\$6,206,417	1%	\$542,006,955
\$103,609,678	11%	\$171,687,778	18%	\$39,649,692	4%	\$943,775,389
\$26,898,982	7%	\$65,960,574	16%	\$9,595,382	2%	\$405,356,667
\$80,424,567	10%	\$175,107,911	21%	\$19,537,503	2%	\$843,632,165
\$81,239,631	8%	\$187,095,941	19%	\$10,195,323	1%	\$971,443,920
\$49,459,918	8%	\$101,357,229	17%	\$15,899,095	3%	\$612,137,254
\$30,861,394	7%	\$104,938,883	24%	\$3,925,262	1%	\$444,896,525
\$25,541,356	9%	\$63,467,620	21%	\$3,005,468	1%	\$300,174,388
\$57,687,102	12%	\$84,904,443	17%	\$385,076	0.1%	\$498,982,745
\$58,044,046	9%	\$115,739,376	18%	\$3,670,847	1%	\$628,143,365
\$2,057,815,530	42%	\$298,136,545	6%	\$287,011,554	6%	\$4,891,905,190
\$2,105,601,520	38%	\$682,497,755	12%	\$63,020,763	1%	\$5,512,119,835
\$147,364,293	6%	\$1,028,306,998	43%	\$66,916,636	3%	\$2,408,594,612
\$244,539,859	20%	\$380,640,778	32%	\$0	0%	\$1,205,921,984
\$97,191,095	7%	\$369,072,411	27%	\$230,349,731	17%	\$1,346,385,997
\$74,456,469	6%	\$221,037,133	16%	\$182,673,415	14%	\$1,344,625,301
\$34,574,021	9%	\$80,533,952	21%	\$0	0%	\$384,445,897
\$16,958,825	5%	\$106,241,228	32%	\$225,935	0%	\$331,988,405
\$338,488,160	14%	\$541,048,830	23%	\$40,373,670	2%	\$2,357,505,770
\$795,740,573	34%	\$188,059,815	8%	\$93,421,668	4%	\$2,328,480,455
\$269,041,513	16%	\$289,084,925	17%	\$100,266,475	6%	\$1,687,630,633
\$676,204,334	35%	\$70,832,426	4%	\$113,170,187	6%	\$1,943,733,318
\$174,002,167	21%	\$47,309,378	6%	\$3,188,378	0.4%	\$814,805,909
\$992,801,416	26%	\$655,115,212	17%	\$246,304,301	7%	\$3,760,180,318
\$48,673,616	9%	\$135,279,457	26%	\$10,941,016	2%	\$519,315,735
\$1,255,177,785	43%	\$161,110,647	5%	\$21,316,217	1%	\$2,941,022,879
\$395,927,000	20%	\$591,282,000	30%	\$17,845,000	1%	\$1,971,678,000
\$154,136,503	13%	\$495,949,788	43%	\$49,825,872	4%	\$1,163,878,999
\$275,759,443	31%	\$30,950,745	3%	\$90,352,178	10%	\$898,969,495
\$302,618,524	25%	\$288,335,407	24%	\$82,270,697	7%	\$1,206,624,223
\$99,039,806	16%	\$280,504,375	45%	\$0	0%	\$620,028,463
\$442,076,582	23%	\$631,646,532	33%	\$100,935,521	5%	\$1,903,004,552
\$1,750,367,360	36%	\$398,755,363	8%	\$65,457,614	1%	\$4,846,573,377
\$755,182,309	33%	\$230,468,620	10%	\$0	0%	\$2,315,410,139
\$797,347,000	40%	\$165,758,000	8%	\$0	0%	\$1,996,968,000
\$860,669,121	37%	\$246,897,947	11%	\$207,928,327	9%	\$2,317,842,935
\$967,854,612	44%	\$102,173,856	5%	\$69,069,107	3%	\$2,209,563,178
\$62,674,920	28%	\$68,450,919	30%	\$18,803,864	8%	\$226,661,104
\$22,520,946	16%	\$11,657,510	8%	\$17,671,505	13%	\$139,233,903
\$651,422,358	48%	\$66,466,645	5%	\$69,481,694	5%	\$1,357,729,713
\$415,652,147	33%	\$34,233,512	3%	\$204,375,717	16%	\$1,269,926,036
\$664,682,563	29%	\$436,272,894	19%	\$151,495,859	7%	\$2,292,547,007
<b>\$27,877,407,325</b>	<b>24%</b>	<b>\$22,175,922,414</b>	<b>19%</b>	<b>\$3,881,614,449</b>	<b>4%</b>	<b>\$114,913,180,547</b>
<b>\$303,015,297</b>		<b>\$241,042,635</b>		<b>\$42,191,461</b>		<b>\$1,249,056,310</b>
						<b>92</b>

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

\* Uninsured charges are attributed to patients that are considered Self Pay, Charity Care, or covered by a State or Local Indigent Care Program.

\*\* Examples of Other payer sources include Workers' Compensation, Veterans' Care, and Prisoner Care.

Source: NAPH Hospital Characteristics Survey, 2009

# Appendix C

## Hospital-Specific Data on Utilization and Finances

**Table 6.** NAPH Member Hospitals and Health Systems—Net Revenues by Payer Source, 2009

Hospital Name	Medicare		Medicaid*	
	Revenues	Percent	Revenues	Percent
Alameda County Medical Center	\$43,095,956	10%	\$179,533,114	42%
Arrowhead Regional Medical Center	\$33,812,000	8%	\$217,730,380	53%
Bergen Regional Medical Center	\$43,354,000	21%	\$133,360,000	66%
Boston Medical Center	\$228,608,737	24%	\$199,109,624	21%
Broadlawns Medical Center	\$7,374,111	8%	\$16,813,400	19%
Broward Health-Broward General Medical Center	\$115,800,061	25%	\$133,266,436	29%
Broward Health-Coral Springs Medical Center	\$38,773,311	27%	\$22,019,576	16%
Broward Health-Imperial Point Medical Center	\$41,722,465	41%	\$10,787,014	11%
Broward Health-North Broward Medical Center	\$78,142,387	40%	\$25,484,491	13%
Cambridge Health Alliance	\$82,033,683	23%	\$142,979,546	40%
Contra Costa Regional Medical Center	\$35,626,531	12%	\$183,990,764	60%
Cook County HHS-Oak Forest Hospital of Cook County	\$5,443,120	4%	\$95,026,296	64%
Cook County HHS-Provident Hospital of Cook County	\$10,114,073	6%	\$112,133,547	62%
Cook County HHS-The John H. Stroger, Jr. Hospital of Cook County	\$44,658,424	6%	\$414,870,591	52%
Denver Health	\$52,550,367	10%	\$293,472,184	55%
Erlanger Health System	\$102,596,769	23%	\$91,772,244	21%
Grady Health System	\$128,164,606	21%	\$244,292,502	40%
Halifax Community Health System	\$168,260,162	45%	\$56,570,285	15%
Harborview Medical Center	\$160,792,000	25%	\$153,084,000	24%
Harris County Hospital District	\$56,864,400	6%	\$303,273,753	32%
The Health and Hospital Corporation of Marion County	\$81,253,689	22%	\$122,320,984	32%
Health Care District of Palm Beach County	\$6,177,407	24%	\$11,341,222	45%
Hennepin County Medical Center	\$136,313,915	25%	\$175,613,594	33%
Howard University Hospital	\$66,551,325	24%	\$130,738,772	47%
Hurley Medical Center	\$79,103,070	24%	\$155,874,740	48%
Jackson Health System	\$276,904,428	20%	\$317,179,866	23%
JPS Health Network	\$75,726,000	13%	\$182,363,000	31%
LAC-Harbor/UCLA Medical Center	\$48,147,603	8%	\$321,973,341	52%
LAC-LAC+USC Medical Center	\$45,435,636	4%	\$639,711,508	53%
LAC-Olive View/UCLA Medical Center	\$16,238,187	4%	\$215,597,273	54%
Lee Memorial Health System	\$370,033,243	41%	\$101,972,011	11%
LSUHCSD-Bogalusa Medical Center	\$9,522,062	17%	\$34,568,141	63%
LSUHCSD-Earl K. Long Medical Center	\$7,125,682	5%	\$106,579,027	80%
LSUHCSD-Interim LSU Public Hospital	\$32,645,455	8%	\$282,468,619	72%
LSUHCSD-Lallie Kemp Regional Medical Center	\$5,141,031	12%	\$28,911,773	68%
LSUHCSD-Leonard J. Chabert Medical Center	\$10,625,361	11%	\$73,726,845	76%
LSUHCSD-University Medical Center	\$9,310,831	8%	\$91,651,500	81%
LSUHCSD-Walter O. Moss Regional Hospital	\$2,372,341	6%	\$29,836,443	73%
Maricopa Integrated Health System	\$40,507,937	10%	\$158,832,068	41%
Memorial Hospital at Gulfport	\$161,704,223	39%	\$83,343,012	20%
The MetroHealth System	\$159,057,000	29%	\$173,052,000	32%
MHS-Memorial Hospital Miramar	\$18,671,753	13%	\$21,479,392	15%
MHS-Memorial Hospital Pembroke	\$28,628,379	26%	\$12,805,991	12%
MHS-Memorial Hospital West	\$90,866,356	26%	\$36,507,663	11%
MHS-Memorial Regional Hospital	\$198,310,749	28%	\$147,106,798	21%
Mount Sinai Hospital at Chicago	\$46,425,975	22%	\$115,050,219	56%
Nashville General Hospital at Meharry	\$9,418,126	12%	\$21,518,654	27%
Nassau University Medical Center	\$70,347,383	20%	\$190,423,467	54%
NYCHHC-Bellevue Hospital Center	\$103,149,716	16%	\$446,522,900	68%
NYCHHC-Coney Island Hospital****	\$115,167,889	16%	\$575,053,162	81%



## Hospital-Specific Data on Utilization and Finances

Commercial		Uninsured**		Other***		State/Local Payments		Total
Revenues	Percent	Revenues	Percent	Revenues	Percent	Revenues	Percent	
\$24,942,823	6%	\$1,928,744	0.4%	\$0	0%	\$182,882,241	42%	\$432,382,878
\$61,579,376	15%	\$26,064,887	6%	\$14,988,804	4%	\$60,369,620	15%	\$414,545,067
\$19,063,000	9%	\$5,008,000	2%	\$1,230,000	1%	\$0	0%	\$202,015,000
\$161,369,249	17%	\$156,031,682	16%	\$9,697,914	1%	\$201,401,996	21%	\$956,219,202
\$5,422,608	6%	\$9,577,575	11%	\$0	0%	\$50,897,442	56%	\$90,085,136
\$140,482,506	30%	\$4,540,885	1%	\$0	0%	\$72,521,624	16%	\$466,611,512
\$65,866,862	47%	\$1,355,896	1%	\$0	0%	\$13,034,187	9%	\$141,049,832
\$36,665,506	36%	\$3,016,290	3%	\$0	0%	\$8,733,662	9%	\$100,924,937
\$57,995,499	29%	\$5,139,818	3%	\$0	0%	\$30,014,950	15%	\$196,777,145
\$73,689,001	20%	\$50,136,422	14%	\$4,844,998	1%	\$6,000,000	2%	\$359,683,650
\$27,283,529	9%	\$1,068,473	0.3%	\$374,650	0.1%	\$57,830,866	19%	\$306,174,813
\$749,349	1%	\$358,075	0.2%	\$0	0%	\$46,262,604	31%	\$147,839,444
\$8,315,110	5%	\$477,322	0.3%	\$113,449	0.1%	\$49,450,511	27%	\$180,604,012
\$9,998,618	1%	\$3,470,279	0.4%	\$0	0%	\$318,338,388	40%	\$791,336,300
\$135,563,786	25%	\$16,669,727	3%	\$8,017,440	2%	\$27,977,303	5%	\$534,250,807
\$234,064,629	53%	\$4,552,026	1%	\$7,471,609	2%	\$2,975,004	1%	\$443,432,281
\$103,056,532	17%	\$12,844,097	2%	\$4,106,898	1%	\$113,706,006	19%	\$606,170,641
\$142,424,402	38%	\$2,668,364	1%	\$4,951,555	1%	\$0	0%	\$374,874,768
\$305,015,000	48%	\$9,191,000	1%	\$0	0%	\$7,934,000	1%	\$636,016,000
\$26,593,794	3%	\$25,060,018	3%	\$5,380,609	1%	\$522,052,647	56%	\$939,225,221
\$55,400,970	15%	\$2,534,652	1%	\$46,269,342	12%	\$68,747,025	18%	\$376,526,662
\$4,961,625	20%	\$58,391	0.2%	\$2,651,753	10%	\$112,500	0.4%	\$25,302,898
\$90,324,383	17%	\$77,629,706	15%	\$27,366,709	5%	\$27,802,851	5%	\$535,051,158
\$27,778,223	10%	\$24,932,395	9%	\$0	0%	\$28,946,079	10%	\$278,946,794
\$72,516,439	22%	\$11,222,128	3%	\$5,510,552	2%	\$0	0%	\$324,226,929
\$200,732,908	14%	\$212,417,569	15%	\$5,993,785	0.4%	\$383,832,383	27%	\$1,397,060,939
\$44,985,000	8%	\$6,678,000	1%	\$3,145,000	1%	\$276,487,000	47%	\$589,384,000
\$31,226,626	5%	\$5,373,714	1%	\$15,606,941	3%	\$198,696,616	32%	\$621,024,841
\$34,036,504	3%	\$4,886,207	0.4%	\$41,515,373	3%	\$437,749,390	36%	\$1,203,334,618
\$4,214,930	1%	\$2,274,669	1%	\$17,295,843	4%	\$143,863,401	36%	\$399,484,303
\$387,212,625	42%	\$7,770,806	1%	\$45,669,970	5%	\$0	0%	\$912,658,655
\$5,622,536	10%	\$731,663	1%	\$0	0%	\$4,462,303	8%	\$54,906,705
\$2,879,610	2%	\$1,183,304	1%	\$0	0%	\$14,710,102	11%	\$132,477,725
\$26,892,753	7%	\$2,106,891	1%	\$0	0%	\$50,568,376	13%	\$394,682,094
\$2,215,213	5%	\$566,347	1%	\$0	0%	\$5,981,040	14%	\$42,815,404
\$5,033,528	5%	\$1,333,089	1%	\$0	0%	\$5,896,797	6%	\$96,615,620
\$2,656,213	2%	\$1,117,192	1%	\$0	0%	\$8,589,459	8%	\$113,325,195
\$1,107,145	3%	\$567,429	1%	\$0	0%	\$7,120,480	17%	\$41,003,838
\$59,474,073	15%	\$86,604,992	22%	\$41,801,491	11%	\$0	0%	\$387,220,561
\$103,153,941	25%	\$36,045,023	9%	\$29,864,962	7%	\$0	0%	\$414,111,161
\$169,602,000	31%	\$2,644,000	0.5%	\$2,692,000	0.5%	\$39,412,000	7%	\$546,459,000
\$91,674,862	66%	\$3,233,461	2%	\$2,433,642	2%	\$1,554,083	1%	\$139,047,193
\$55,460,888	51%	\$5,591,378	5%	\$3,107,767	3%	\$3,480,843	3%	\$109,075,246
\$201,414,133	59%	\$4,501,536	1%	\$3,758,444	1%	\$5,982,569	2%	\$343,030,701
\$276,969,981	39%	\$21,529,461	3%	\$9,888,221	1%	\$48,286,243	7%	\$702,091,453
\$37,705,307	18%	\$3,066,061	1%	\$4,674,184	2%	\$0	0%	\$206,921,746
\$3,391,364	4%	\$1,243,457	2%	\$11,176,689	14%	\$33,523,613	42%	\$80,271,903
\$24,055,186	7%	\$34,597,807	10%	\$34,233,397	10%	\$0	0%	\$353,657,240
\$25,813,807	4%	\$4,659,000	1%	\$11,843,132	2%	\$67,773,345	10%	\$659,761,900
\$17,185,764	2%	\$1,585,000	0.2%	\$251,827	0.04%	(\$2,317,545)	-0.3%	\$706,926,097

# Appendix C

## Hospital-Specific Data on Utilization and Finances

**Table 6.** NAPH Member Hospitals and Health Systems—Net Revenues by Payer Source, 2009 (continued)

Hospital Name	Medicare		Medicaid*	
	Revenues	Percent	Revenues	Percent
NYCHHC-Elmhurst Hospital Center	\$103,427,761	23%	\$289,172,405	63%
NYCHHC-Harlem Hospital Center****	\$84,577,213	27%	\$224,380,549	71%
NYCHHC-Jacobi Medical Center	\$106,926,017	20%	\$409,940,505	77%
NYCHHC-Kings County Hospital Center****	\$117,623,400	20%	\$407,957,464	71%
NYCHHC-Lincoln Medical and Mental Health Center	\$96,263,351	25%	\$272,199,561	70%
NYCHHC-Metropolitan Hospital Center	\$62,097,592	30%	\$122,610,500	59%
NYCHHC-North Central Bronx Hospital	\$27,508,928	17%	\$111,412,437	68%
NYCHHC-Queens Hospital Center****	\$71,086,012	26%	\$185,018,651	67%
NYCHHC-Woodhull Medical and Mental Health Center	\$97,898,236	27%	\$231,529,795	63%
The Ohio State University Medical Center	\$367,144,977	25%	\$183,471,029	12%
Orlando Health	\$372,263,355	26%	\$207,624,786	14%
Parkland Health & Hospital System	\$119,062,888	12%	\$325,003,732	32%
Regional Medical Center at Memphis	\$40,692,628	14%	\$74,445,618	26%
Riverside County Regional Medical Center	\$34,368,679	9%	\$184,025,047	48%
San Francisco General Hospital	\$56,557,566	11%	\$174,328,132	35%
San Joaquin General Hospital	\$28,108,124	15%	\$96,759,165	53%
San Mateo Medical Center	\$19,033,903	12%	\$103,630,628	64%
Santa Clara Valley Health & Hospital System	\$126,230,135	13%	\$425,127,961	45%
Shands HealthCare-Shands at the University of Florida	\$283,335,077	32%	\$172,675,622	19%
Shands HealthCare-Shands Jacksonville Medical Center	\$189,527,433	40%	\$146,806,235	31%
Stony Brook University Hospital	\$241,900,105	32%	\$194,650,071	26%
SUNY Downstate Medical Center	\$131,702,890	31%	\$201,011,566	47%
Tampa General Hospital	\$155,939,559	19%	\$78,932,432	9%
Truman Medical Centers	\$76,161,148	20%	\$246,491,390	64%
UMass Memorial Medical Center	\$331,166,621	30%	\$284,591,308	25%
UMDNJ-University Hospital	\$105,291,000	19%	\$124,985,000	22%
University Health System at San Antonio	\$98,790,773	15%	\$156,447,356	24%
University Hospital, The SUNY Upstate Medical University	\$130,389,967	27%	\$165,442,720	34%
University Hospital, The University of New Mexico Health Sciences Center	\$84,163,427	13%	\$263,855,193	41%
University Medical Center of El Paso	\$34,341,858	14%	\$93,555,407	38%
University Medical Center of Southern Nevada	\$73,092,881	13%	\$196,787,230	36%
University of California-Davis Medical Center	\$264,447,343	23%	\$322,935,383	29%
University of California-Irvine Medical Center	\$142,815,483	25%	\$126,888,166	22%
University of California-San Diego Medical Center	\$189,953,000	24%	\$202,906,000	26%
University of Colorado Hospital Authority	\$171,400,310	24%	\$81,243,770	11%
The University of Kansas Hospital	\$191,551,541	27%	\$89,354,131	12%
University of South Alabama Medical Center	\$30,596,186	26%	\$15,335,449	13%
The University of Texas Health Center at Tyler	\$19,569,760	22%	\$6,592,450	8%
University of Utah Health Care	\$212,336,934	25%	\$123,480,258	15%
UW Medical Center	\$176,364,762	25%	\$109,614,303	15%
VCU Health System	\$193,463,446	21%	\$305,871,021	34%
<b>Total</b>	<b>\$9,257,642,184</b>	<b>21%</b>	<b>\$15,772,784,158</b>	<b>35%</b>
<b>Average</b>	<b>\$101,734,529</b>		<b>\$173,327,298</b>	
<b>Count</b>				

## Hospital-Specific Data on Utilization and Finances

Commercial		Uninsured**		Other***		State/Local Payments		Total
Revenues	Percent	Revenues	Percent	Revenues	Percent	Revenues	Percent	
\$56,042,205	12%	\$3,520,000	1%	(\$18,384,973)	-4%	\$21,858,580	5%	\$455,635,978
\$17,550,800	6%	\$1,218,000	0.4%	(\$12,142,641)	-4%	(\$1,129,658)	-0.4%	\$314,454,263
\$31,939,481	6%	\$1,842,000	0.3%	(\$19,918,243)	-4%	\$1,797,327	0.3%	\$532,527,087
\$48,625,684	8%	\$2,848,000	0.5%	\$8,372,921	1%	(\$9,589,027)	-2%	\$575,838,442
\$18,966,898	5%	\$1,687,000	0.4%	(\$3,094,355)	-1%	\$3,832,124	1%	\$389,854,579
\$16,390,405	8%	\$1,493,000	1%	\$5,134,188	2%	\$859,808	0.4%	\$208,585,493
\$19,623,019	12%	\$519,000	0.3%	\$3,406,094	2%	\$1,659,743	1%	\$164,129,221
\$33,196,552	12%	\$2,728,000	1%	(\$10,562,523)	-4%	(\$4,039,388)	-1%	\$277,427,304
\$24,193,465	7%	\$2,162,000	1%	\$10,073,205	3%	\$742,515	0.2%	\$366,599,216
\$746,293,525	50%	\$97,281,144	7%	\$92,212,114	6%	\$0	0%	\$1,486,402,789
\$804,775,944	56%	\$25,878,913	2%	\$36,687,002	3%	\$0	0%	\$1,447,230,000
\$83,754,418	8%	\$20,288,960	2%	\$39,754,215	4%	\$424,137,087	42%	\$1,012,001,300
\$120,452,737	42%	\$15,138,285	5%	\$0	0%	\$36,883,940	13%	\$287,613,208
\$57,965,803	15%	\$3,662,630	1%	\$46,129,489	12%	\$55,538,769	15%	\$381,690,417
\$59,700,336	12%	\$435,268	0.1%	\$13,179,982	3%	\$197,541,593	39%	\$501,742,877
\$14,164,691	8%	\$4,421,525	2%	\$0	0%	\$40,285,000	22%	\$183,738,505
\$7,227,162	4%	\$12,298,539	8%	\$42,319	0.03%	\$18,453,573	11%	\$160,686,124
\$181,631,199	19%	\$36,715,790	4%	\$7,843,432	1%	\$174,885,479	18%	\$952,433,996
\$401,769,047	45%	\$0	0%	\$30,979,902	3%	\$0	0%	\$888,759,648
\$99,785,524	21%	\$5,326,899	1%	\$29,818,246	6%	\$0	0%	\$471,264,337
\$281,000,684	37%	\$6,027,029	1%	\$25,963,755	3%	\$0	0%	\$749,541,644
\$57,847,551	14%	\$35,633,597	8%	\$1,524,997	0.4%	\$0	0%	\$427,720,601
\$260,194,168	31%	\$183,839,371	22%	\$163,655,278	19%	\$0	0%	\$842,560,808
\$14,048,399	4%	\$7,561,176	2%	\$1,916,759	0.5%	\$38,497,071	10%	\$384,675,943
\$473,633,990	42%	\$26,546,205	2%	\$6,557,526	1%	\$0	0%	\$1,122,495,650
\$95,370,000	17%	\$138,814,000	25%	\$10,324,000	2%	\$87,743,000	16%	\$562,527,000
\$60,886,658	9%	\$39,203,136	6%	\$7,993,174	1%	\$281,362,005	44%	\$644,683,102
\$145,247,385	30%	\$19,789,257	4%	\$30,876,048	6%	\$0	0%	\$491,745,377
\$174,784,496	27%	\$7,453,766	1%	\$26,205,299	4%	\$88,648,151	14%	\$645,110,332
\$32,705,459	13%	\$19,665,889	8%	\$0	0%	\$63,000,754	26%	\$243,269,367
\$108,289,804	20%	\$87,458,137	16%	\$16,391,474	3%	\$62,026,422	11%	\$544,045,948
\$496,520,691	44%	\$40,621,831	4%	\$3,419,740	0.3%	\$0	0%	\$1,127,944,988
\$264,608,032	46%	\$24,746,920	4%	\$0	0%	\$12,519,939	2%	\$571,578,540
\$359,842,000	46%	\$17,978,000	2%	\$0	0%	\$7,853,000	1%	\$778,532,000
\$374,292,453	52%	\$26,708,526	4%	\$61,494,314	9%	\$0	0%	\$715,139,373
\$412,108,397	58%	\$4,188,752	1%	\$18,389,429	3%	\$0	0%	\$715,592,250
\$37,533,651	31%	\$2,719,332	2%	\$8,210,101	7%	\$25,419,687	21%	\$119,814,406
\$9,133,795	10%	\$1,272,561	1%	\$8,526,481	10%	\$42,176,630	48%	\$87,271,677
\$451,488,493	53%	\$11,066,205	1%	\$43,663,339	5%	\$4,744,476	1%	\$846,779,705
\$285,590,846	40%	\$10,650,675	1%	\$122,887,287	17%	\$8,457,744	1%	\$713,565,617
\$326,922,180	36%	\$16,957,580	2%	\$62,973,675	7%	\$0	0%	\$906,187,902
<b>\$11,271,937,743</b>	<b>25%</b>	<b>\$1,876,211,806</b>	<b>4%</b>	<b>\$1,308,432,000</b>	<b>3%</b>	<b>\$5,319,810,348</b>	<b>12%</b>	<b>\$44,807,018,239</b>
<b>\$123,867,448</b>		<b>\$20,617,712</b>		<b>\$14,378,374</b>		<b>\$58,459,454</b>		<b>\$492,384,816</b>

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

\* 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.

\*\* Uninsured revenue are attributed to patients that are considered Self Pay, Charity Care, or covered by a State or Local Indigent Care Program.

\*\*\* Examples of Other payer sources include Workers' Compensation, Veterans' Care, and Prisoner Care.

\*\*\*\* New York City subsidy for FY2009 was pre-paid in prior years resulting in negative tax levies being reported as State/Local Payments for some NYCHHC hospitals.

Source: NAPH Hospital Characteristics Survey, 2009

## Notes

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1. Safety Net Health Systems: Transforming the Health System and Preparing for the Medicaid Expansion, (Washington, DC: National Association of Public Hospitals and Health Systems, June 2010).
2. U.S. Census Bureau, Income, Poverty, and Health Insurance Coverage in the United States: 2009. Data released September 2010. Table 8. People With or Without Health Insurance Coverage by Selected Characteristics: 2008 and 2009.
3. National figure is reported in AHA Uncompensated Hospital Care Cost Fact Sheet, December 2010.
4. National uncompensated care provided in 2009 totaled \$39.1 billion, AHA Uncompensated Hospital Care Cost Fact Sheet, December 2010.
5. L.E. Felland, S. Felt-Lisk, M. 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.
6. The AHA survey collects data on inpatient admissions, while the NAPH survey collects discharge data.
7. The analysis is based on the 10 largest cities base on data presented in US Census Bureau: Table 1: Annual Estimates of the Population for Incorporated Places >100,000 (July 1, 2010). These cities include New York City, Los Angeles, Chicago, Houston, Phoenix, Philadelphia, San Antonio, San Diego, Dallas, and San Jose.
8. S. Siegel-Spieler, M. Ptacek-Singer, L. Cummings, Emergency Preparedness in Public Hospitals: Complete Findings of the 2006–2007 Emergency Preparedness Study, (Washington, DC: National Association of Public Hospitals and Health Systems, June 2008).
9. The Commonwealth Fund calculates these summary performance scores using The Joint Commission's method of taking the number of times a hospital performed the appropriate action across all core measures for that condition, divided by the number of opportunities the hospital had to provide appropriate care for that condition. Scores are not weighted, except that measures with larger denominators contribute more weight to the calculation of the mean for that measure. See: [www.whynotthebest.org/pages/methodology#cspm](http://www.whynotthebest.org/pages/methodology#cspm)
10. Using core measure data, summary performance scores are calculated for each hospital for each of the following four conditions: Heart Attack Summary Score—composite of 7 process-of-care core measures for this condition; Surgical Care Improvement Summary Score—composite of 7 care processes used to prevent surgical infections; Heart Failure Summary Score—composite of 4 process-of-care core measures for this condition; Pneumonia Summary Score—composite of 6 process-of-care core measures for this condition. The summary score is number of times a hospital performed the appropriate action across all core measures for that condition, divided by the number of opportunities the hospital had to provide appropriate care for that condition. Scores are not weighted, except that measures with larger denominators contribute more weight to the calculation of the mean for that measure. Hospitals with fewer than 30 patients reported for a particular measure were excluded from the measure summary.
11. Three surgical care measures were introduced after 2008, and therefore have insufficient data to identify trends.
12. 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.
13. 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 [www.aamc.org/members/coth/membercriteria.htm](http://www.aamc.org/members/coth/membercriteria.htm).
14. Safety Net Health Systems: An Essential Resource During the Economic Recession, (Washington, DC: National Association of Public Hospitals and Health Systems, August 2010).
15. N. Johnson, P. Oliff, and E. Williams, An Update on State Budget Cuts, (Washington, DC: Center on Budget and Policy Priorities, August 4, 2010).

# NAPH Members

**Alameda County Medical Center** San Leandro, CA

**Arrowhead Regional Medical Center** Colton, CA

**Bergen Regional Medical Center** Paramus, NJ

**Boston Medical Center** Boston, MA

**Broadlawns Medical Center** Des Moines, IA

**Broward Health** Fort Lauderdale, FL

**Broward Health Broward General Medical Center**  
Fort Lauderdale, FL

**Broward Health Coral Springs Medical Center**  
Coral Springs, FL

**Broward Health Imperial Point Medical Center**  
Fort Lauderdale, FL

**Broward Health North Broward Medical Center**  
Pompano Beach, FL

**Cambridge Health Alliance** Cambridge, MA

**Cambridge Hospital Campus** Cambridge, MA

**CHS–Carolinas HealthCare System** Charlotte, NC

**Carolinas Medical Center** Charlotte, NC

**City and County of San Francisco Department of Public Health** San Francisco, CA

**Laguna Honda Hospital** San Francisco, CA

**San Francisco General Hospital and Trauma Center**  
San Francisco, CA

**Contra Costa Health Services** Martinez, CA

**Contra Costa Regional Medical Center** Martinez, CA

**Cook County Health & Hospitals Systems** Chicago, IL

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

**Oak Forest Hospital of Cook County** Oak Forest, IL

**Provident Hospital of Cook County** Chicago, IL

**Cooper Green Mercy Hospital** Birmingham, AL

**Denver Health** Denver, CO

**GACH–Georgia Alliance of Community Hospitals**  
Tifton, GA

**Grady Health System** Atlanta, GA

**Halifax Health** Daytona Beach, FL

**Atlantic Campus** Daytona Beach, FL

**Medical Center of Daytona Beach**  
Daytona Beach, FL

**Medical Center of Port Orange** Port Orange, FL

**Harris County Hospital District** Houston, TX

**Ben Taub General Hospital** Houston, TX

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

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

**Wishard Health Services** Indianapolis, IN

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

**Lakeside Medical Center** Belle Glade, FL

**Hennepin County Medical Center** Minneapolis, MN

**Howard University Hospital** Washington, DC

**Hurley Medical Center** Flint, MI

**Jackson Health System** Miami, FL

**Jackson Memorial Hospital** Miami, FL

**Jackson North Medical Center** Miami, FL

**Jackson South Community Hospital** Miami, FL

**JPS Health Network** Fort Worth, TX

**JPS Hospital** Fort Worth, TX

**Kern Medical Center** Bakersfield, CA

**Lee Memorial Health System** Fort Myers, FL

**Cape Coral Hospital** Cape Coral, FL

**Gulf Coast Medical Center** Fort Myers, FL

**HealthPark Medical Center** Fort Myers, FL

**Lee Memorial Hospital** Fort Myers, FL

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

**Harbor–UCLA Medical Center** Torrance, CA

**High Desert Health System** Lancaster, CA

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

**Martin Luther King Jr. Multi-Service Ambulatory Care Center** Los Angeles, CA

**Olive View–UCLA Medical Center** Sylmar, CA

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

**LSU Health Care Services Division** Baton Rouge, LA

**Bogalusa Medical Center** Bogalusa, LA

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

**Interim LSU Public Hospital** New Orleans, LA

**Lallie Kemp Regional Medical Center**  
Independence, LA

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

## NAPH Members

<b>University Medical Center</b> Lafayette, LA	<b>Morrisania Diagnostics &amp; Treatment Center</b> Bronx, NY
<b>Walter O. Moss Regional Medical Center</b> Lake Charles, LA	<b>North Bronx Healthcare Network</b> Bronx, NY
<b>Maricopa Integrated Health System</b> Phoenix, AZ	<b>North Brooklyn Health Network</b> Brooklyn, NY
<b>Maricopa Medical Center</b> Phoenix, AZ	<b>North Central Bronx Hospital</b> Bronx, NY
<b>Memorial Healthcare System</b> Hollywood, FL	<b>Queens Health Network</b> Elmhurst, NY
<b>Joe Dimaggio Children's Hospital</b> Hollywood, FL	<b>Queens Hospital Center</b> Jamaica, NY
<b>Memorial Hospital Miramar</b> Miramar, FL	<b>Renaissance Health Care Network Diagnostic &amp; Treatment Center</b> New York, NY
<b>Memorial Hospital Pembroke</b> Pembroke Pines, FL	<b>Sea View Hospital Rehabilitation Center &amp; Home</b> Staten Island, NY
<b>Memorial Hospital West</b> Pembroke Pines, FL	<b>Segundo Ruiz Belvis Neighborhood Family Health</b> Bronx, NY
<b>Memorial Regional Hospital</b> Hollywood, FL	<b>South Manhattan Healthcare Network</b> New York, NY
<b>Memorial Regional Hospital South</b> Hollywood, FL	<b>Southern Brooklyn and Staten Island Health Network</b> Brooklyn, NY
<b>Memorial Hospital at Gulfport</b> Gulfport, MS	<b>Woodhull Medical &amp; Mental Health Center</b> Brooklyn, NY
<b>The MetroHealth System</b> Cleveland, OH	<b>NuHealth</b> East Meadow, NY
<b>MetroHealth Medical Center—Main Campus</b> Cleveland, OH	<b>Nassau University Medical Center</b> East Meadow, NY
<b>Metropolitan Nashville Hospital Authority</b> Nashville, TN	<b>Orlando Health</b> Orlando, FL
<b>Nashville General Hospital At Meharry</b> Nashville, TN	<b>Arnold Palmer Hospital for Children</b> Orlando, FL
<b>Natividad Medical Center</b> Salinas, CA	<b>Orlando Regional Medical Center</b> Orlando, FL
<b>New York City Health and Hospitals Corporation</b> New York, NY	<b>Parkland Health &amp; Hospital System</b> Dallas, TX
<b>Bellevue Hospital Center</b> New York, NY	<b>Regional Medical Center at Memphis</b> Memphis, TN
<b>Central Brooklyn Family Health Network</b> Brooklyn, NY	<b>Riverside County Regional Medical Center</b> Moreno Valley, CA
<b>Coler—Goldwater Specialty Hospital and Nursing Facility</b> New York, NY	<b>San Joaquin General Hospital</b> French Camp, CA
<b>Coney Island Hospital</b> Brooklyn, NY	<b>San Mateo Medical Center</b> San Mateo, CA
<b>Cumberland Diagnostics &amp; Treatment Center</b> Brooklyn, NY	<b>Santa Clara Valley Health &amp; Hospital System</b> San Jose, CA
<b>Dr. Susan Smith McKinney Nursing and Rehabilitation Center</b> Brooklyn, NY	<b>Santa Clara Valley Medical Center</b> San Jose, CA
<b>East New York Diagnostic &amp; Treatment Center</b> Brooklyn, NY	<b>Shands HealthCare</b> Gainesville, FL
<b>Elmhurst Hospital Center</b> Elmhurst, NY	<b>Shands At the University of Florida</b> Gainesville, FL
<b>Generations+/Northern Manhattan Health Network</b> Bronx, NY	<b>Shands Jacksonville</b> Jacksonville, FL
<b>Gouverneur Healthcare Services</b> New York, NY	<b>Sinai Health System</b> Chicago, IL
<b>Harlem Hospital Center</b> New York, NY	<b>Mount Sinai Medical Center</b> Chicago, IL
<b>Jacobi Medical Center</b> Bronx, NY	<b>SNHAF—Safety Net Hospital Alliance of Florida</b> Tallahassee, FL
<b>Kings County Hospital Center</b> Brooklyn, NY	<b>SUNY—State University of New York</b> Albany, NY
<b>Lincoln Medical &amp; Mental Health Center</b> Bronx, NY	<b>Stony Brook University Medical Center</b> Stony Brook, NY
<b>Metropolitan Hospital Center</b> New York, NY	

# NAPH Members

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**SUNY Downstate Medical Center** Brooklyn, NY  
**SUNY Upstate Medical University** Syracuse, NY

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**Tampa General Hospital** Tampa, FL

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**The Ohio State University Medical Center** Columbus, OH  
**James Cancer Hospital and Solove Research Institute** Columbus, OH  
**Ohio State University Health System** Columbus, OH  
**Ohio State University Hospital East** Columbus, OH

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**The University of Kansas Hospital** Kansas City, KS  
**University of Kansas Cancer Center** Kansas City, KS

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**Truman Medical Centers** Kansas City, MO  
**TMC Behavioral Health** Kansas City, MO  
**TMC Hospital Hill** Kansas City, MO  
**TMC Lakewood** Kansas City, MO

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**UMass Memorial Health Care** Worcester, MA  
**Clinton Hospital** Clinton, MA  
**HealthAlliance Hospital** Leominster, MA  
**Marlborough Hospital** Marlborough, MA  
**UMass Memorial Medical Center** Worcester, MA  
**Wing Memorial Hospital** Palmer, MA

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**UMDNJ–The University Hospital** Newark, NJ

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**University Health System** San Antonio, TX  
**University Hospital** San Antonio, TX

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**University HealthSystem Consortium** Oak Brook, IL

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**University Medical Center of El Paso** El Paso, TX

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**University Medical Center of Southern Nevada** Las Vegas, NV

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**University of California Health System** Oakland, CA

**UC Davis Medical Center** Sacramento, CA  
**UC Irvine Medical Center** Orange, CA  
**UC San Diego Medical Center** San Diego, CA

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**University of Colorado Hospital** Aurora, CO  
**Anschutz Inpatient Pavilion** Aurora, CO

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**University of Kentucky Medical Center** Lexington, KY  
**UK Chandler Hospital** Lexington, KY  
**UK Good Samaritan Hospital** Lexington, KY

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**University of Utah Health Care** Salt Lake City, UT

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**UNM–Health Sciences Center** Albuquerque, NM  
**UNM Hospital** Albuquerque, NM  
**UNM–Cancer Center** Albuquerque, NM  
**UNM–Carrie Tingley Hospital** Albuquerque, NM

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**UPH–University Physicians Healthcare** Tucson, AZ

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**USA Medical Center (University of South Alabama)** Mobile, AL  
**University of South Alabama Children's and Women's Hospital** Mobile, AL

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**UT University of Texas Health Science Center at Tyler** Tyler, TX

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**UW Medicine** Seattle, WA  
**Harborview Medical Center** Seattle, WA  
**UW Medical Center** Seattle, WA

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**VCU Health System** Richmond, VA  
**MCV Hospitals** Richmond, VA  
**VCU Massey Cancer Center** Richmond, VA

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**Ventura County Health Care Agency** Ventura, CA  
**Ventura County Medical Center** Ventura, CA

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**Westchester Medical Center** Valhalla, NY

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