



# **America's Safety Net** **Hospitals and Health Systems, 1998**

**Results of the  
1998 Annual NAPH  
Member Survey**

**National Association  
of Public Hospitals  
and Health Systems**



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National Association  
of Public Hospitals and Health Systems

Washington, DC  
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**America's Safety Net Hospitals and Health Systems:  
Results of the 1998 Annual NAPH Member Survey**

October 2000

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The complete text of this publication is available as an Adobe PDF document, which may be downloaded free-of-charge from the Publications menu of the NAPH website, [www.naph.org](http://www.naph.org).

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## Executive Summary

Since its inception, the National Association of Public Hospitals and Health Systems (NAPH) has conducted an annual survey on the characteristics of its member hospitals and health systems. This report includes the results of that survey for 1998, with comparative data from the American Hospital Association (AHA) Annual Survey. NAPH's annual survey has proved valuable to NAPH and to health policymakers in Washington and around the country in assessing the situation of our nation's most important safety net providers during a period in which the number of uninsured has increased and other policy and competitive financial pressures are affecting such providers.

In addition to our annual update on the status of NAPH members, this report describes more fully the unique role served by these hospitals and health systems in the hospital industry. NAPH members provide a significant level of care to the uninsured and low-income Medicaid and Medicare patients. In addition, these hospitals and health systems play an important role in providing high cost specialized services like trauma and emergency care, neonatal and pediatric intensive care, burn care and psychiatric care utilized by their entire communities. These safety net hospitals and health systems also provide significant community benefits in terms of public and community health, and in training our nation's doctors, nurses, and other health professionals.

The report documents the impact of the following trends on NAPH members:

- The burden of treating the uninsured has increasingly fallen on NAPH member hospitals and health systems. Overall, the number of uninsured increased from 36 million in 1990 to 44 million in 1998. In addition, other providers shifted the burden of this care onto safety net providers, as the health care marketplace became more competitive. Between 1993 and 1998, NAPH members saw their percent of costs on uncompensated care increase by 21 percent.
- A shift in the locus of care from inpatient to outpatient settings in NAPH member systems means that more care will be unreimbursed. For outpatient care, 42 percent of patients were uninsured in 1998 as compared to 26 percent for inpatient care.
- Increased competition for Medicaid and other patients covered by third party insurance has caused NAPH members to lose these patients to other providers. (NAPH members lost 24 percent of their inpatient Medicaid market between 1990 and 1998.) Loss of the revenue associated with Medicaid and other insured patients makes it more difficult for NAPH members to cross-subsidize care provided to the uninsured.
- In spite of increased demand for safety net providers, federal and state governments are reducing direct and indirect subsidies for care to low-income and uninsured patients (as mandated by the Balanced Budget Act of 1997), even though they are experiencing unprecedented budget surpluses.

NAPH calls for policymakers to implement the recommendations of the March 2000 Institute of Medicine report, *America's Health Care Safety Net: Intact but Endangered*. This report describes in great detail how these (and other national) trends are placing core safety net providers in jeopardy. The report calls for greater oversight of the plight of safety net providers and new federal investments in coordinating care for the uninsured among safety net providers. NAPH strongly endorses these recommendations and calls for Congress and the Administration to commit to maintaining, if not increasing, financial support for the mission of safety net hospitals.

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# Introduction

The National Association of Public Hospitals and Health Systems (NAPH) reports each year on the status of a key component of the health care safety net – approximately 100 hospitals and health systems across the country that provide care to all, regardless of their ability to pay. NAPH's annual update on the status of its members is based on data collected as part of its annual survey.

This year, NAPH describes more extensively the unique role of its members in the hospital industry, utilizing survey data from the American Hospital Association (AHA) and from the Healthcare Cost Utilization Project (HCUP). (See Appendix C for a description of the HCUP and AHA databases.) Data on the financial and utilization characteristics of NAPH hospitals were collected primarily in the NAPH Annual Characteristics Survey of members. Comparative data on utilization and services relative to all hospitals were derived from the AHA survey of all hospitals in the nation. Data on the demographic characteristics of patients seen by NAPH hospitals and other hospitals were obtained from the HCUP, a database developed by the U.S Department of Health and Human Services, Agency for Healthcare Research and Quality. All data represented are for the 1998 fiscal years of these hospitals, except for the HCUP data, which are from calendar year 1997.

In 1998, 84 members of NAPH responded to its annual survey, for a response rate of 82 percent. In some tables, fewer hospitals are represented due to missing or incomplete data. In a number of instances, data from the AHA survey were used (and noted). AHA data for acute care hospitals were used for total inpatient and outpatient volumes of NAPH members, as well as data comparing NAPH hospitals to other hospitals. Additionally, when presenting trend data, fewer NAPH hospitals are reported, because we relied on a matched set of hospitals to ensure comparability over time. Appendix A provides detailed tables for NAPH hospitals that responded to the NAPH and AHA surveys.

## **NAPH Member Hospitals and Health Systems – An increasingly important component of the nation's health system**

NAPH members represent 2 percent of all acute care hospitals and 4 percent of all inpatient beds in the country. However, in the largely metropolitan markets (defined as counties) where NAPH members are located, they represent 12 percent of all hospitals and 17 percent of inpatient beds. This relatively small presence belies the important role these hospitals play in a number of key areas:

- NAPH members treat all patients regardless of insurance status or ability to pay. In 1998, they provided one-quarter of all uncompensated care, even though they represented only 2 percent of hospitals in the country. They provide significant volumes of care in low-income communities, where access to care is limited. In 1998, 34 percent of their services were to Medicaid patients, with another 27 percent to self-pay patients (who, in the case of these hospitals, are uninsured and have little or no ability to pay for their care).
- NAPH members are major providers of essential services that are vital to the safety and welfare of their communities. In 1998, NAPH hospitals represented 42 percent of all Level I trauma centers in their markets. Additionally, they provided 24 percent of emergency room visits, 59 percent of burn care beds, 26 percent of neonatal intensive care beds, and 27 percent of inpatient psychiatric beds in their markets.

- 
- NAPH members play an important role in training America's physicians, nurses and other health professionals. In 1998, they trained 16 percent of all residents in the country. Eighty-five percent of NAPH acute care hospitals are teaching hospitals, with 27 percent considered integrated academic medical centers (as defined by the Council on Teaching Hospitals).
  - NAPH members tend to have a large presence in their communities. On average, NAPH members are more than twice as large as the average hospital in the country (385 beds vs. 169 beds). They are more than one-third larger than the average hospital in metropolitan counties where NAPH members are located (385 beds vs. 281). NAPH hospitals have higher occupancy rates than hospitals in the industry or in their markets, indicating a higher demand for services. In 1998, NAPH members had an occupancy rate of 71 percent, compared to 63 percent for hospitals in the nation, and 66 percent for hospitals in their markets.
  - NAPH hospitals also provide significantly more outpatient care than hospitals nationally or in their markets. On average, NAPH members provided 313,435 outpatient visits in 1998, which is over three times the level provided by hospitals nationally and almost two times the level provided by hospitals in their markets. While primarily thought of as inpatient providers, NAPH hospitals provide a significant amount of ambulatory care. In 1998, 91 NAPH hospitals provided over 28.5 million outpatient visits, 20 percent of which were emergency department visits.

The remainder of this report provides more in-depth analysis of the situation of NAPH member hospitals and health systems, including an analysis of trends affecting their financial well-being.

# 1

## The Situation of NAPH Member Hospitals, 1998

### *Volume of Inpatient and Outpatient Care*

Figure 1 shows that NAPH hospitals had 15,639 admissions on average in 1998, compared to an average of 6,510 admissions for all hospitals, and 11,540 admissions for hospitals in NAPH markets. NAPH hospitals' average admissions were almost 150 percent higher than the number seen in hospitals in the nation and a third higher than admissions in hospitals in their markets.

Additionally, NAPH members provided substantially more outpatient care. In 1998, NAPH hospitals averaged 313,435 visits, compared to 95,943 visits for all hospitals nationally and 159,222 visits for hospitals in NAPH markets (over three times and two times the number of visits for hospitals nationally and in NAPH markets, respectively). Tables 1 and 2 in Appendix A indicate bed size, admissions, and visits for each NAPH member hospital.

Figure 1

#### Volumes for Acute Care Facilities Nationally and in NAPH Markets

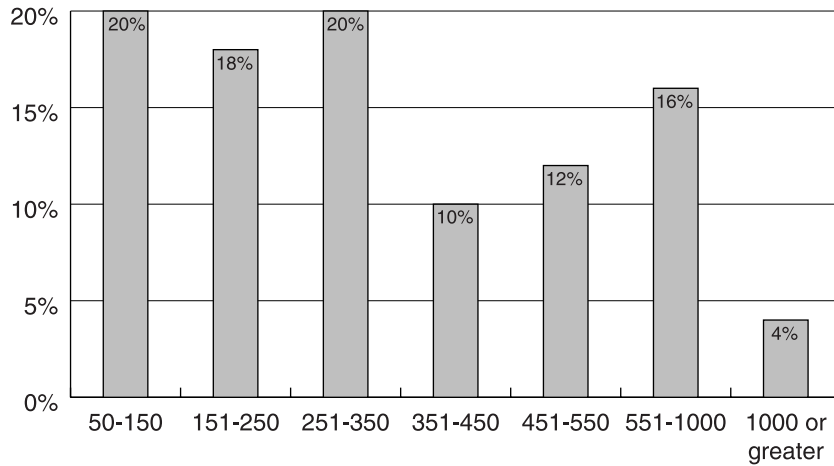
	Hospitals Nationally	Hospitals In NAPH Markets	NAPH Hospitals	NAPH % of Total In Nation / Amount by which NAPH Exceeds National Average	NAPH % of Total In NAPH Markets / Amount by which NAPH Exceeds Market Average
Total Number of Acute Care Facilities	4,824	741	91	2%	12%
Total Number of Staffed Beds	816,894	208,167	35,078	4%	17%
Average Bed Size	169	281	385	2.3 Times*	1.4 Times*
Total Admissions	31,404,764	8,551,242	1,423,127	5%	17%
Average Admissions	6,510	11,540	15,639	2.4 Times*	1.4 Times*
Total Emergency Department Visits	94,066,280	22,571,506	5,620,453	6%	25%
Average Emergency Department Visits	19,500	30,461	61,763	3.2 Times*	2.0 Times*
Total Outpatient Visits (including ER)	462,826,815	117,983,646	28,522,559	6%	24%
Average Outpatient Visits (including ER)	95,943	159,222	313,435	3.3 Times*	2.0 Times*

\* Represents amount by which NAPH averages exceed national and market averages.

Source: AHA Annual Survey of Hospitals, 1998



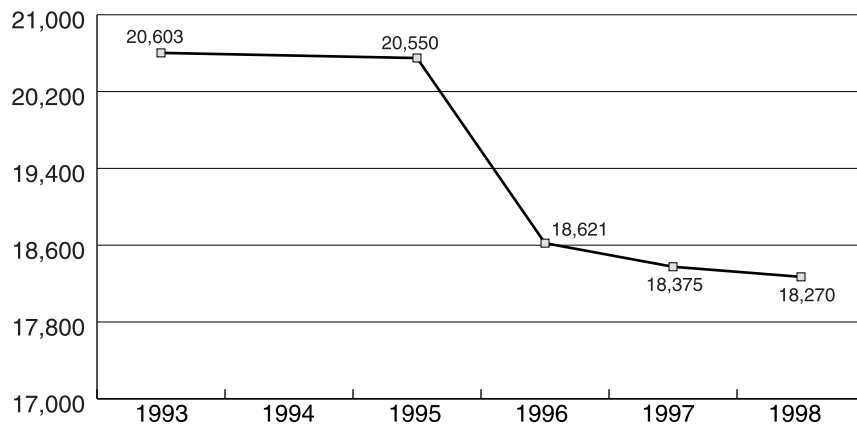
While NAPH hospitals tend to be larger than hospitals nationally, their bed sizes vary, however, as shown in Figure 2. Twenty percent of NAPH hospitals have between 50 and 150 beds, and 4 percent have over 1,000 beds.



**Figure 2**  
Distribution of NAPH Hospitals by Bed Size

Source: AHA Annual Survey of Hospitals, 1998

Despite the comparatively high volume of inpatient services provided at NAPH facilities, survey results indicate that inpatient volume has declined considerably between 1993 and 1998. The average number of discharges, as shown in Figure 3, declined by over 11 percent between 1993 and 1998. This decline is due to a change in the site of care from inpatient to outpatient, as well as a loss of inpatient market share by NAPH hospitals (discussed at greater length in the section on competition).



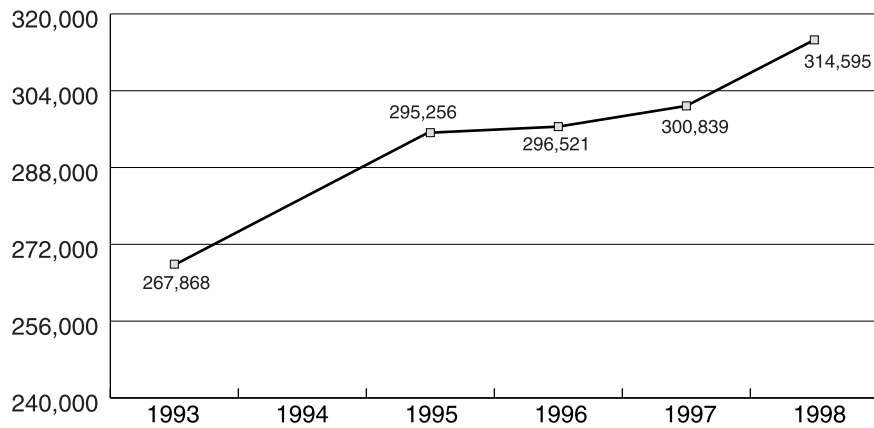
**Figure 3**  
Average Discharges, 1993-1998

Source: NAPH Hospital Characteristics Survey, 1998

In 1998, NAPH acute care hospitals and health systems provided a total of 28.5 million outpatient visits, 5.6 million (or 20 percent) of which were visits to emergency departments.<sup>1</sup> Total outpatient visits are comprised of emergency department visits, on-site and off-site clinic visits, and ambulatory surgeries. These sites provide primary and specialty care to millions of patients each year. They provided 25 percent of all emergency department visits and 24 percent of all hospital outpatient visits in their markets in 1998.

Outpatient volume increased substantially between 1993 and 1998 (See Figure 4). In a matched set of NAPH members, outpatient volume increased 17 percent from 267,868 visits in 1993 to 314,595 in 1998.

**Figure 4**  
Average Outpatient  
Visits at NAPH  
Hospitals, 1993-1998



Source: AHA Annual Survey of Hospitals, 1998

### Role in Low-Income Care

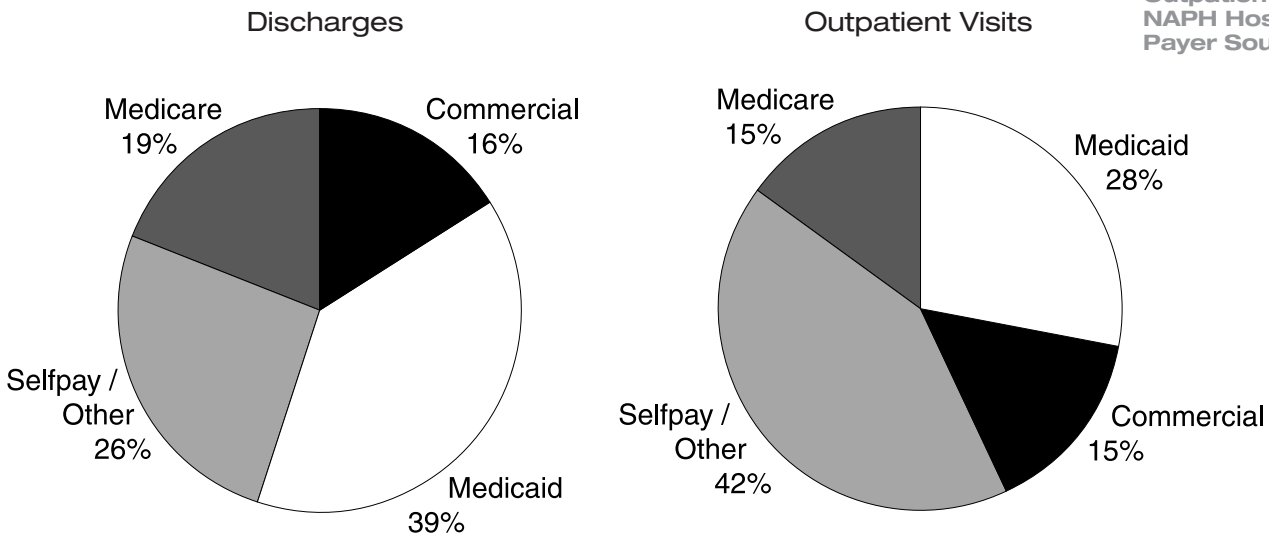
Many of the patients served by NAPH hospitals and health systems are either uninsured or covered by Medicaid. In 1998, 65 percent of inpatient services were provided to Medicaid and self-pay patients, with Medicaid patients representing 39 percent and self-pay patients comprising 26 percent of discharges on average (see Figure 5 on page 4). Medicare and commercially insured patients represented 19 percent and 16 percent of total discharges, respectively. (See Table 3 in Appendix A for data on individual NAPH hospitals.)

<sup>1</sup> Figures on inpatient and outpatient volumes reflect data only from NAPH hospitals responding to the survey.

An average of 70 percent of outpatient visits were provided to Medicaid and self-pay patients, with 28 percent of visits for Medicaid patients and 42 percent for self-pay patients (see Figure 5). The remaining 30 percent of outpatient visits were split evenly between Medicare and commercially insured patients. (See Table 4 in Appendix A for data on individual NAPH hospitals.) As more care moves to the outpatient setting, NAPH member hospitals face higher levels of uninsured patients and self-pay patients represent 42 percent of outpatients as compared to 26 percent of inpatient discharges.

Figure 5

Discharges and Outpatient Visits at NAPH Hospitals by Payer Source, 1998



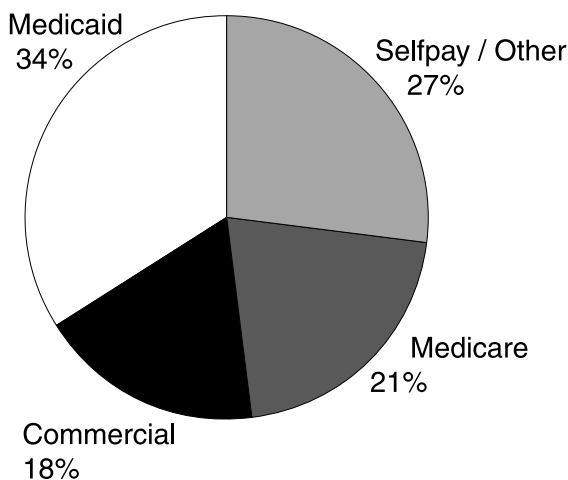
Source: NAPH Hospital Characteristics Survey, 1998

### Sources of Revenue

In 1998, 80 NAPH members provided over \$29 billion in gross revenue charges, for an average of over \$363.7 million per hospital. Figure 6 shows that 34 percent of services were provided to Medicaid patients, and 21 percent to Medicare patients. Commercial insurance and self-pay visits account for the remaining 18 percent and 27 percent of gross revenue charges respectively. (See Table 6 in Appendix A.) Nationally, NAPH member hospitals provide about half as much care to Medicare and commercially-insured patients as other non-profit and for-profit urban hospitals and one-third more to more than double the care to Medicaid patients as other non-profit and for-profit urban hospitals.<sup>2</sup>

<sup>2</sup> Based on a comparison of NAPH member 1996 gross revenues to 1996 AHA data on non-profit and for-profit hospitals in the 100 largest cities as cited in *The Social and Health Landscape of Urban and Suburban America* by Dennis P. Andrulis and Nanette J. Goodman, AHA Press, May 1999.

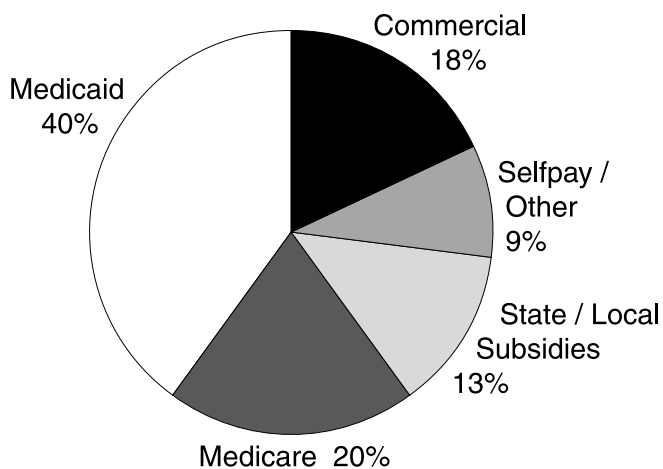
**Figure 6**  
**Gross Revenues by Payer Source for NAPH Member Hospitals, 1998**



Source: NAPH Hospital Characteristics Survey, 1998

These same hospitals received over \$16.8 billion in net revenues, for an average of \$212.6 million per hospital. In addition to governmental sources such as Medicaid and Medicare, NAPH members rely on local or state governmental subsidies to finance the services they provide. As Figure 7 illustrates, in 1998, Medicaid provided 40 percent of total net revenues, Medicare provided 20 percent, and state and local subsidies provided 13 percent of net revenues. Commercial payers accounted for 18 percent of net revenues, while revenues from uninsured patients accounted for only 9 percent of net revenues. (See Table 7 in Appendix A.)

**Figure 7**  
**Net Revenues by Payer Source at NAPH Member Hospitals, 1998**



Source: NAPH Hospital Characteristics Survey, 1998

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## How do NAPH Members Pay for Unreimbursed Care?

To finance the unreimbursed care they deliver, NAPH members rely on subsidies from federal, state, and local governments. Figure 8 illustrates that direct subsidies from state and local governments finance 39 percent of unreimbursed costs. The Medicaid and Medicare Disproportionate Share Hospital (DSH) programs are the other major revenue source that funds unreimbursed care. Medicaid DSH covers 34 percent of unreimbursed costs, and Medicare DSH and Indirect Medical Education (IME) payments finance 8 percent and 6 percent of unreimbursed costs, respectively. Thirteen percent of unreimbursed costs were financed with non-patient revenues (e.g., rental income, gift shop income, etc).

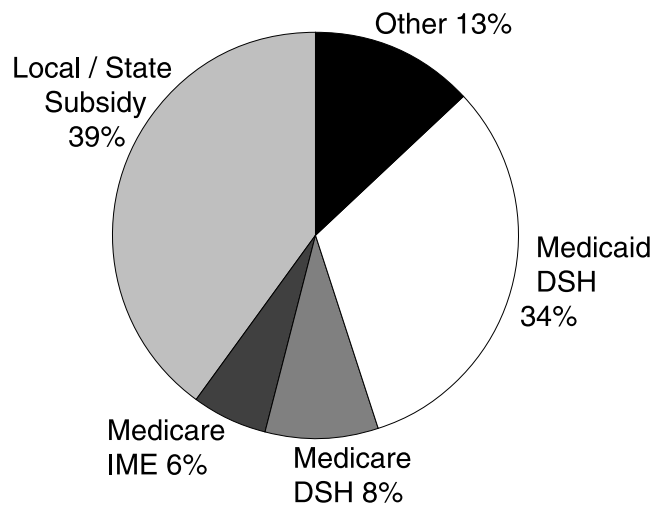


Figure 8

Sources of Financing for Unreimbursed Care at NAPH Hospitals, 1998

Source: NAPH Hospital Characteristics Survey, 1998

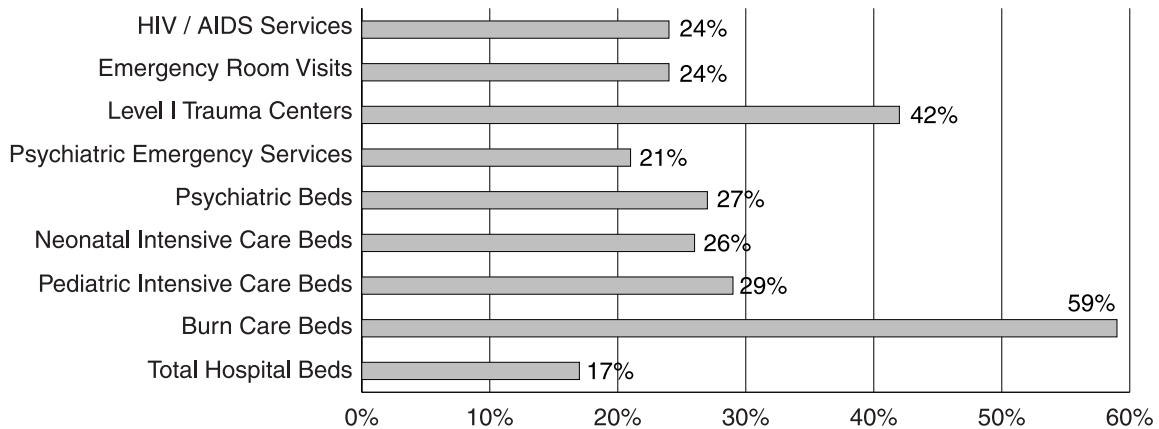
Payment-to-cost ratios for Medicaid, Medicare, and commercial payers also indicate their importance in financing care to low-income or uninsured patients. In 1998, the Medicaid payment-to-cost ratio was 1.13; without DSH (which partially finances indigent care), the Medicaid payment-to-cost ratio was 0.80. For Medicare patients, the payment-to-cost ratio was 0.95; without DSH and IME payments, it was 0.73. Thus, NAPH members would have lost substantially, if federal subsidies in the form of DSH and IME payments were not available. In 1998, NAPH members lost money on commercial patients, whereas other hospitals tend to use gains on these patients to subsidize uncompensated care.

## Role in Specialty Care

NAPH member hospitals are often the primary providers of specialty services in their communities, including emergency and trauma care, burn care, pediatric and neonatal intensive care, psychiatric care, and HIV/AIDS care. NAPH members provide disproportionate amounts of these services, compared to other providers in the communities they serve. As illustrated in Figure 9, in 70 counties, NAPH hospitals represent only 17 percent of hospital beds, but provide 59 percent of all burn beds; 29 percent of all pediatric ICU beds; 26 percent of all neonatal intensive care beds; 27 percent of all psychiatric beds; 24 percent of all emergency visits. These services are high cost, round-the-clock standby services needed by the entire community.

Figure 9

### Role of NAPH Member Hospitals in Provision of Specialty Care Services



Source: AHA Annual Survey of Hospitals, 1998

### Children's Services

Neonatal Intensive Care (NICU) is care for sick infants including those with very low birth weights (less than 1500 grams). NICUs have the ability to provide mechanical ventilation, neonatal surgery and special care for the sickest infants born in the hospital or transferred from another hospital. In the markets where NAPH hospitals are located, NAPH members operate 26 percent of the neonatal intensive care beds.

Pediatric Intensive Care Units (PICU) provide care of a more intensive nature than that usually provided to pediatric patients. PICUs are staffed with specially trained health care personnel who can monitor specialized support equipment for treatment of patients who, because of shock, trauma, or other life-threatening conditions, require intensified, comprehensive observation and care. NAPH members provide 29 percent of the pediatric intensive care beds in the markets they serve.

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### **Trauma**

NAPH member hospitals provide a significant proportion of trauma care in the United States, as seen in Figure 10. NAPH members operate 15 percent of the nation's Level I trauma centers. Level I trauma centers are regional resources that can provide total care for every aspect of injuries and play a leadership role in trauma research and education. In the markets where there are NAPH hospitals, NAPH members operate 26 percent of all trauma centers and 42 percent of Level I Trauma Centers.

Level of Trauma Care	Total Number of Facilities Nationally	Total Number of Facilities in NAPH Markets	Total Number of NAPH Facilities	Percent of Trauma Centers in NAPH Markets that are NAPH Facilities
Level I	208	73	31	42%
Level II	453	82	12	15%
Level III	307	15	2	13%
Total	968	170	45	26%

Figure 10

Trauma Units in Acute Care Hospitals

Source: AHA Survey of Hospitals, 1998

### **HIV/AIDS Care**

NAPH member hospitals have a strong commitment to combating the AIDS epidemic and have responded to the needs of the communities they serve by providing a disproportionate amount of HIV/AIDS care relative to other health care providers in their markets. Their commitment to HIV/AIDS service provision is of particular importance because the majority of AIDS cases is reported in large metropolitan areas of the United States where NAPH member hospitals are typically located.<sup>3</sup> Although NAPH members represent only 17 percent of the hospital beds in their markets, they provide 24 percent of HIV/AIDS care. Member services include medical staff and hospital units dedicated to the diagnosis and treatment of HIV, HIV testing and counseling, continuing care planning, and supportive services for patients and their families.

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<sup>3</sup> US Centers for Disease Control, HIV/AIDS Surveillance Report, 1999, 11, No. 2, p. 10-11.

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## Role in Community Health Services

As part of their mission, NAPH members play an important role in providing community health and outreach services in the markets they serve. While they only represent 12 percent of hospitals in their markets, these health care systems comprise 20 percent of systems that have reproductive health services, and 23 percent of systems that provide dental care. The latter is particularly important in light of a recent US Surgeon General's report showing that 108 million Americans are uninsured for oral health services.<sup>4</sup> In addition, NAPH members comprise 21 percent of providers with teen outreach services, and 26 percent of providers with crisis prevention services.

NAPH members have a strong commitment to the health of their communities. A number of NAPH members in major cities and counties across the country have CEOs who are also responsible for the public health departments. These include many California county health systems, like Los Angeles, Contra Costa County in Martinez, CA, and San Francisco, in addition to Cook County in Chicago, Denver Health in Colorado, and Cambridge Health Alliance in Cambridge, MA, among others. Additionally, many NAPH members initiate healthy communities programs to improve health status in a number of areas including immunizations, violence and injury prevention, low birth-weight infants, infant mortality, teen pregnancy, and mammography and other cancer screenings.

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<sup>4</sup> US Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.



## Role in Training America’s Physicians and Other Health Professionals

NAPH member hospitals train 16 percent of the medical and dental residents trained at acute care hospitals in the United States. As seen in Figure 11, in the markets they serve, NAPH members train 33 percent of the residents. Eighty-five percent of NAPH acute care hospitals are teaching hospitals. Twenty-seven percent are integrated academic medical centers, defined by the Council on Teaching Hospitals as:

- being a non-federal member of the Association of American Medical Colleges’ Council of Teaching Hospitals and Health Systems;
- being under common ownership with a college of medicine or having the majority of medical school department chairmen as the hospital chiefs of service, or having the chairman responsible for appointing the hospital chief of service; and
- providing a short-stay, general hospital service.

Nationally, member hospitals also train 9 percent of other allied health care professionals. In the markets they serve, NAPH members train 16 percent of the allied health professionals.

Figure 11

Volume of Medical and Dental Resident Training

	Number of Trainees in U.S. Acute Care Hospitals	Number of Trainees in NAPH Acute Care Hospital Markets	Number of Trainees in NAPH Acute Care Hospitals	Percent Trained at NAPH Hospitals Nationally	Percent Trained at NAPH Hospitals in NAPH Markets
Number of FTE Interns and Residents	75, 254	36,912	12,106	16%	33%
Number of Other FTE Trainees	3,976	2,179	340	9%	16%

Source: AHA Survey of Hospitals, 1998

## Who Governs NAPH Members?

NAPH members are predominantly publicly owned and operated; however, they are distinguished more by their commitment to care regardless of ability to pay and their community orientation than by their governance structure. Member hospitals can be categorized into three general models of governance: direct operation by local government, separate public entities, and not-for-profit corporations. Appendix B lists member hospitals and health systems by form of governance. Within each form of governance, variations are often developed to tailor the model to a system’s unique needs.

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As of 2000, 37 percent of member hospitals were directly operated by state or local governments. This form of operation has no legal independence from government but may or may not include an advisory board. Increasingly, NAPH members are moving away from this form of governance, as it offers little autonomy or flexibility. Barriers to effective and successful operation in today's health care marketplace include: civil service requirements, local government procurement practices, and the inability to plan strategically in a competitive environment due to the "sunshine" laws.

Recently, several member hospitals and systems have changed from this form of governance to one where they are a separate public entity. As of 2000, 54 percent of member hospitals and systems fell in this category. Within this category there is a fair amount of variability of how hospitals and systems are organized. Examples include separate boards within a governmental entity, hospital taxing districts, hospital authorities, and public benefit corporations. These categories are generally defined as follows:<sup>5</sup>

- *Separate Board within Governmental Entity*: The hospital or public health board has authority to manage the daily operations of the hospital. This entails a higher degree of autonomy than direct operation by state or local government.
- *Hospital Taxing District*: An independent instrumentality of the state government with taxing authority and defined geographic boundaries. A district is typically organized under generic state legislation.
- *Hospital Authority*: A separate public entity existing independent of local government and governed by a separate board, often with the involvement of local government. A hospital authority may be organized under generic, statewide hospital authority statutes.
- *Public Benefit Corporation (PBC)*: A distinctive public corporate entity providing a benefit to state residents. While several states have a body of law applicable to PBCs, this model is generally developed with unique enabling legislation drafted to address the needs of the particular health system.

The remaining 8 percent of member hospitals and systems are not-for-profit corporations. These corporations are typically tax exempt and may be under contractual agreement with the local government to provide safety net health services. In some instances the local government may retain a degree of control over the board appointments or other aspects of the corporation.

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<sup>5</sup> Anne Camper, Larry S. Gage, Barbara Eyman, Steve Stranne, *Reforming the Legal Structure and Governance of Safety Net Health Systems* (=The Safety Net in Transition, Monograph II). National Association of Public Hospitals and Health Systems, June 1996.

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## 2

### NAPH Patient Populations

The Health Care Cost and Utilization Project (HCUP) is a database on the patient populations of hospitals in 22 states (see Appendix C for a description of this database). Twenty-two NAPH hospitals are represented in the database. We compared certain demographic and utilization characteristics of NAPH hospital patients and other urban hospital patients in those states represented. Variables for age, sex, race, hospital admission source, and discharge location were compared for NAPH hospital populations and other urban hospital populations.

#### Age

On average, patients discharged from NAPH member hospitals were younger than those at other urban hospitals. Figure 12 shows that 37 percent of NAPH admitted patients were between 18 and 44 years old as compared to 31 percent of patients admitted to other urban hospitals. In addition, only 18 percent of NAPH patients were age 65 or older at the time of admission while 31 percent of patients that were admitted from urban hospitals were 65 or older. This age distribution is also reflected in the payer mix of these hospitals: NAPH members have far fewer Medicare patients and far more Medicaid patients (who tend to be children or women with young children).

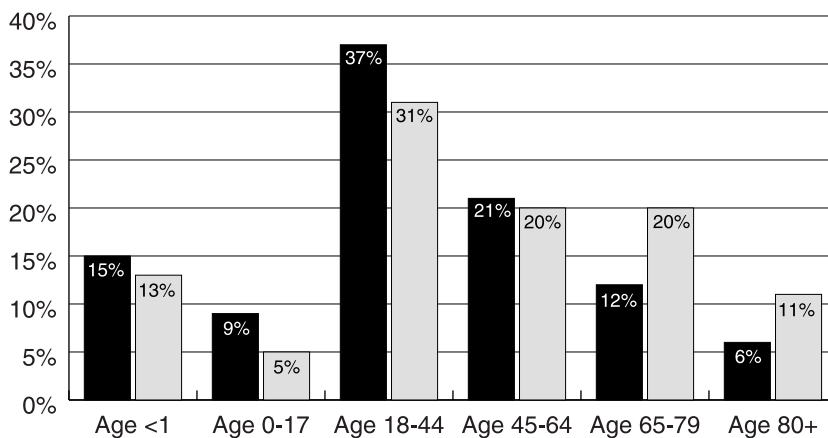


Figure 12

Age at Time of Admission

■ NAPH Members  
■ Urban

Source: HCUP Database. 1997 data

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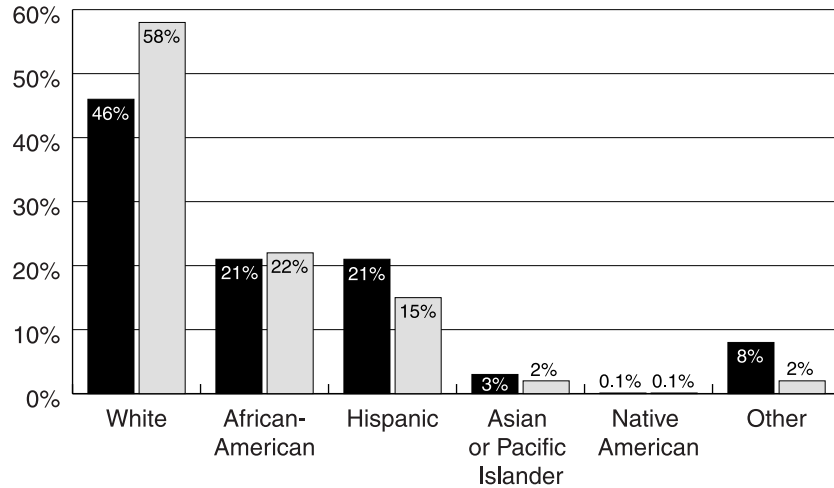
## Race

As seen in Figure 13, the majority of patients at NAPH member hospitals, 54 percent are members of racial and ethnic minority groups. In contrast, 42 percent of patients discharged from urban hospitals are minority.

Figure 13

**Race**

- NAPH Members
- Urban



Source: HCUP Database, 1997 data

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## Admission Source

NAPH member hospitals care for a greater percentage of patients who are admitted from the emergency room as compared to other urban hospitals. As seen in Figure 14, 48 percent of patients admitted to NAPH hospitals are from the emergency department compared to 39 percent of admissions at urban hospitals. As a percentage of patient admissions, NAPH members have fewer transfers from other hospitals and health care facilities, fewer routine admissions and a greater percentage of admissions from court/law enforcement. The latter is true because public hospitals are often responsible for caring for state/county prison populations.

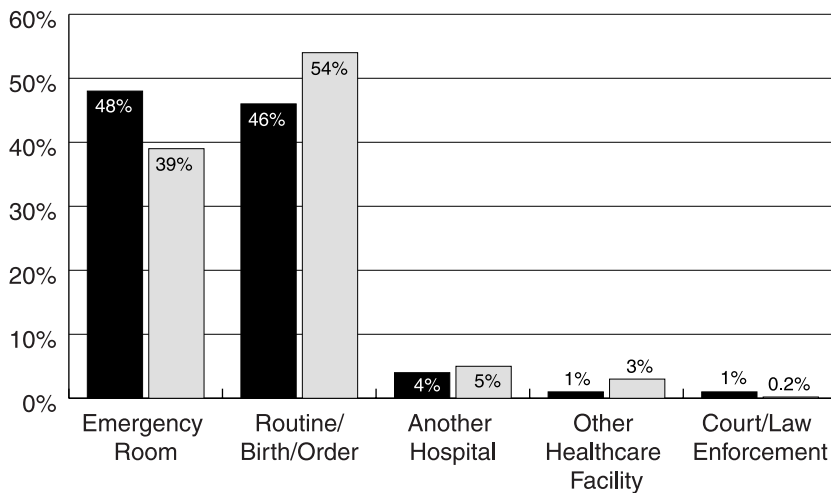
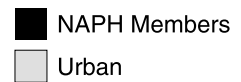


Figure 14

### Admission Source



Source: HCUP Database, 1997 data

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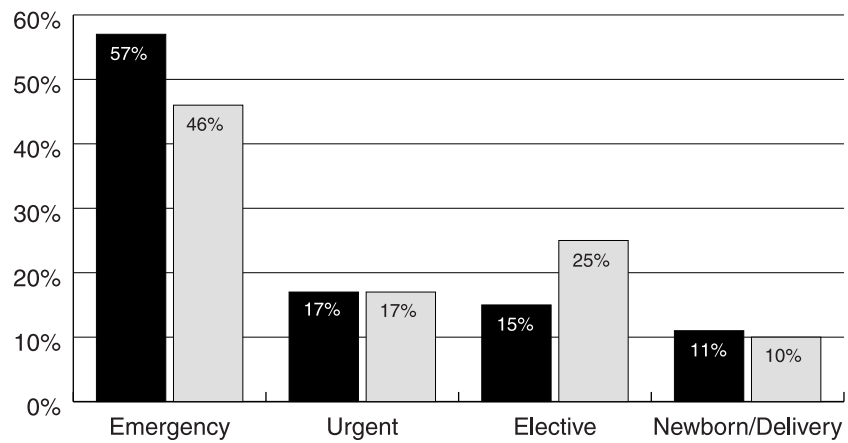
## Admission Type

NAPH members and urban hospitals experience different types of admissions. Urban hospitals have more admissions for elective surgery/procedures than NAPH members do. As seen in Figure 15, 15 percent of admissions at NAPH hospitals are for elective surgery compared to 25 percent of admissions in urban hospitals. NAPH members have a greater percentage of admissions that are emergent in nature. Fifty-seven percent of NAPH admissions are for emergencies as opposed to 46 percent of admissions in urban hospitals.

Figure 15

Admission Type

■ NAPH Members  
■ Urban



Source: HCUP Database, 1997 data

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### 3

## Trends Affecting NAPH Members

### *Increased Commitment to the Uninsured*

NAPH hospitals have seen the number of uninsured patients that they treat increase. During the 1990s, the number of uninsured Americans has increased considerably from 35.6 million in 1990 to 43.9 million in 1998.<sup>6</sup> Between 1996 and 1998, there was a drop in Medicaid enrollment as well, due to the impact of welfare reform and improvements in the economy.<sup>7</sup> Welfare reform legislation affected eligibility in a number of ways: it eliminated Medicaid eligibility for many immigrants; individuals transitioned to jobs that failed to provide affordable insurance and individuals lost automatic eligibility for Medicaid when they received cash assistance. While the federal and state governments have worked to reverse the latter problem, that effort did not have an impact on enrollment declines until recently.

Additionally, intense competition and financial pressure in the hospital industry have resulted in the concentration of uncompensated care among providers traditionally willing to provide care to the uninsured. For all hospitals, the percent of uncompensated care as a percent of cost has remained at 6 percent for the last two decades. Among NAPH hospitals, however, that percentage has increased from 24 percent of costs in 1993 to 29 percent of costs in 1998, which is a 21 percent increase (see Figure 16).

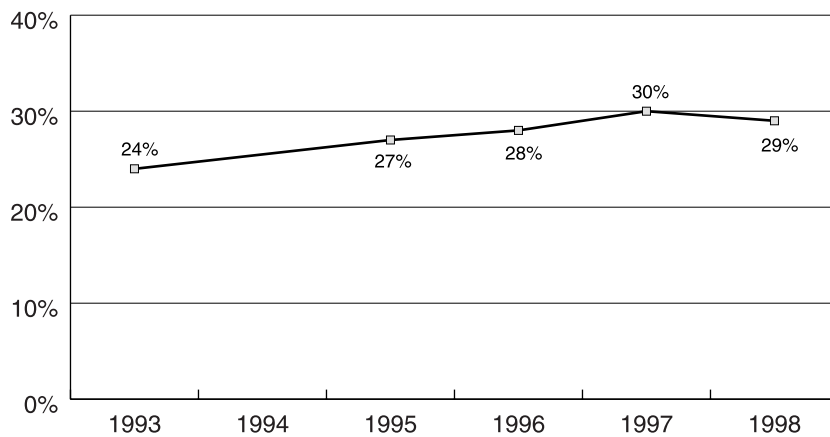


Figure 16

**Uncompensated Care as a Percent of Total Costs for NAPH Hospitals, 1993-1998**

Source: NAPH Hospital Characteristics Survey, 1998

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<sup>6</sup> Hoffman, C. *A Chartbook of The Kaiser Commission on Medicaid and the Uninsured*, 2000, p.3.

<sup>7</sup> While some Medicaid recipients moved to paying jobs after leaving the welfare program, many of these jobs lacked health insurance. To make matters worse, many states did not do a good job of informing people about the availability of transitional Medicaid.

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## *Shift from Inpatient to Outpatient Sites of Care*

NAPH member hospitals and health systems have experienced declines in discharges and increases in outpatient visits. All hospitals have shifted care to outpatient settings, as medical technology enables more procedures and drug treatments to be performed safely without a hospital stay. This trend is financially troublesome for NAPH members, however, because more outpatient care is provided to uninsured patients. Forty-two percent of care is uninsured on the outpatient side for NAPH members, compared to 26 percent on the inpatient side (see Tables 3 and 4 in Appendix A). This outpatient payer mix is partly the result of poorer coverage of outpatient services for patients who are insured by third parties (including Medicare and Medicaid). Patients without coverage seek out NAPH hospitals for ambulatory care because they can obtain access to care even though their insurance may not cover services.

## *Competition*

NAPH member hospitals and health systems have faced intense competition for patients in the last decade. All hospitals have seen their margins decline for patients with commercial insurance, as companies became more cost conscious and less willing to cross-subsidize losses on governmentally insured or uninsured patients. At the same time, Medicaid reimbursement to hospitals has been improving – particularly with the expansion of the disproportionate share hospital (DSH) program in the early 1990s and the advent of managed care. Hospitals that previously avoided treating Medicaid patients began competing with traditional providers of care for these individuals.

In an analysis of AHA data on Medicaid discharges between 1990 and 1998 in 54 counties, NAPH members lost almost 24 percent of their share of the Medicaid inpatient market (their share went from 43 percent to 32 percent of Medicaid discharges). This decline appears to be leveling off, however, as NAPH member market share increased from 31 percent to 32 percent between 1997 and 1998. Using NAPH Characteristics Survey data, Figure 17 demonstrates that Medicaid discharges decreased by almost 28 percent between 1993 and 1998.

The patients that NAPH members lost were predominantly pregnant women. NAPH hospitals experienced a decrease in births of 26 percent from the number of babies delivered in 1993 by these same hospitals. The greatest decline occurred between 1993 and 1996. In the period between 1996 and 1998, births leveled off, indicating that NAPH hospitals have been able to compete more successfully to retain these patients.

*(Figure 17 on next page)*



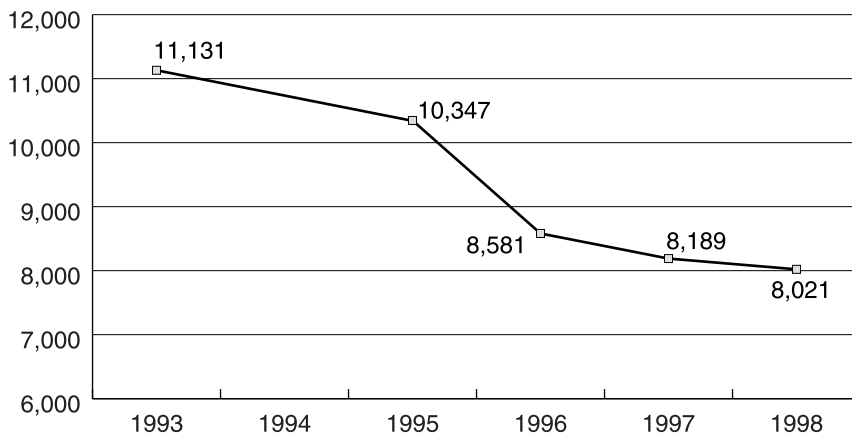


Figure 17

Medicaid Discharges  
at NAPH Hospitals,  
1993-1998

Source: NAPH Hospital Characteristics Survey, 1998

### *Reductions in Governmental Support of Safety Net Hospitals*

Medicare and Medicaid have undergone significant reductions as a consequence of the Balanced Budget Act of 1997 (BBA). Some of these reductions were restored in the Balanced Budget Refinement Act of 1999 (BBRA); however, those restorations were aimed primarily at managed care organizations and long term care. BBRA had a minimal impact on the Medicaid program – Medicaid restorations represented only 3 percent of BBRA give-backs, but 15 percent of savings in the BBA. The bulk of Medicaid reductions from the BBA were in the Disproportionate Share Hospital (DSH) payment program with \$10.4 billion in reductions between 1998 and 2002. Most of these reductions will take effect in the 2000-2002 period.

Based on data prepared by The Lewin Group for a coalition of hospital industry groups, hospitals lost \$7.9 billion in 1998 on Medicaid and uninsured patients.<sup>8</sup> For every dollar of cost for caring for Medicaid or uninsured patients, hospitals received 84 cents in reimbursement from Medicaid and tax appropriations from state or local government (which is the lowest payment-to-cost ratio of any payer). When the full impact of BBA reductions is factored in, the impact on hospitals that treat high numbers of Medicaid and uninsured patients will be devastating.

Overall, support from the federal and state governments for Medicare and Medicaid is projected to decrease in the 1998 to 2002 period, even though there are significant budget surpluses at these levels of government.

Local and state government subsidies increased from 1993 to 1998, when a couple of systems are removed from the trend analysis due to extraordinary circumstances. The increase was from 18 percent of costs to 19 percent of costs in 1998 or a 6 percent increase.

<sup>8</sup> Unpublished analyses prepared by The Lewin Group based on AHA data.

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## Conclusion

NAPH member hospitals and health systems are facing a series of challenges that are placing them in financial jeopardy, including competition for Medicaid and other third party patients from other providers in their markets, increases in the number of uninsured and a concentration of uncompensated care, and reductions in federal and state financing for uncompensated care. The Institute of Medicine report *America's Health Care Safety Net: Intact but Endangered* confirmed these findings, noting that the “convergence of (these) new and powerful dynamics . . . is beginning to place unprecedented strain on the health care safety net in parts of the country.”<sup>9</sup> The panel of experts that prepared the report recommended the following to address the problems of the health care safety net:

- Policymakers should take into account the impact of changes in Medicaid policies on the viability of safety net providers and their patients, in particular the impact of Medicaid managed care.
- Federal programs and policies targeted to support the safety net and the populations it serves should be reviewed for effectiveness in meeting the needs of the uninsured. In particular, the report calls for re-examining the Medicaid and Medicare DSH programs to insure a greater focus on care to the uninsured.
- Efforts should be made to improve the nation's capacity and ability to monitor the structure, capacity, and financial stability of the safety net. The report calls for the creation of an entity to monitor and track the status of the health care safety net, either like MedPAC (called in the report “Safety Net Organizations and Patient Advisory Commission” or SNOPAC) or like the President's Quality Commission.
- The report calls for a new federal initiative like the Community Access Program (CAP), funded at \$2.5 billion over five years. NAPH urges Congress and the Administration to authorize CAP this year and increase funding to at least \$1 billion over five years.
- The report calls for enhanced and coordinated technical assistance programs and policies to improve the competitiveness and operations of safety net providers.

NAPH echoes these recommendations and calls on Congress to provide immediate relief from the impact of the Balanced Budget Act reductions for Medicaid DSH by passing one of the bills introduced in the House and Senate to maintain Medicaid DSH payments at current levels and to allow for some inflationary increases in DSH allotments.

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<sup>9</sup> Institute of Medicine, *America's Health Care Safety Net: Intact but Endangered*, March 2000, p.6.

# Appendix A

## Table 1 Inpatient Utilization Data, 1998

Hospital	Staffed Beds	Admissions	Inpatient Days	Births	Occupancy Rate
Alameda County Medical Center	247	15,226	67,486	1,713	75%
Arrowhead Regional Medical Center	293	14,190	73,426	1,448	69%
Boston Medical Center	443	20,701	114,916	1,615	71%
Cambridge Public Health Commission	269	8,602	60,449	699	62%
Charleston Memorial Hospital	117	1,408	15,355	0	36%
Christus Spohn Hospital	273	9,049	54,976	902	55%
Contra Costa Regional Medical Center	115	7,775	40,651	1,298	97%
Cook County BHS-Cook County Hospital	599	24,979	143,505	2,019	66%
Cook County BHS-Provident Hospital	113	5,243	25,403	912	62%
Cooper Green Hospital	131	5,759	26,373	1,449	55%
DC Health & Hospital Corporation	250	9,458	56,674	736	62%
Denver Health and Hospital Authority	259	15,568	72,759	2,774	77%
Erlanger Health System	783	23,489	120,610	2,267	42%
Grady Health System	1,200	34,115	362,460	4,082	83%
Halifax Medical Center	474	21,776	103,513	2,096	60%
Harborview Medical Center	340	14,537	103,065	0	83%
Harris County Hospital District	894	41,081	237,981	11,373	73%
Hennepin County Medical Center	360	20,687	104,590	2,443	80%
HHSC-Hilo Medical Center	165	8,256	38,428	1,057	64%
HHSC-Kona Community Hospital	53	3,406	14,143	483	73%
HHSC-Maui Memorial Hospital	213	11,269	56,984	1,531	73%
Hurley Medical Center	468	21,514	111,749	3,185	65%
Jackson Memorial Hospital Public Health Trust	1,302	50,075	349,533	5,068	74%
Kern Medical Center	173	11,602	44,715	3,001	71%
LAC-Harbor/UCLA Medical Center	336	23,289	118,267	1,779	96%
LAC-High Desert Hospital	75	1,625	28,010	0	102%
LAC-King/Drew Medical Center	249	18,226	75,563	1,865	83%
LAC-LAC & USC Medical Center	1,328	47,007	281,302	3,464	58%
LAC-Olive View/UCLA Medical Center	220	13,417	68,843	1,879	86%
LAC-Rancho Los Amigos National Rehabilitation Cntr	190	3,252	68,094	0	98%
LSUHSCD-E.A. Conway Medical Center	187	7,619	45,701	1,711	67%
LSUHSCD-Earl K. Long Medical Center	204	8,703	49,365	1,648	66%
LSUHSCD-Huey P. Long Medical Center	123	4,038	18,086	777	40%
LSUHSCD-Lallie Kemp Regional Medical Center	68	2,498	12,927	0	52%
LSUHSCD-Leonard J. Chabert Medical Center	134	6,055	27,722	1,177	57%
LSUHSCD-Medical Center of Louisiana at N.O.	693	32,458	189,927	3,881	75%
LSUHSCD-University Medical Center	141	7,339	37,372	1,025	73%
LSUHSCD-W.O. Moss Regional Hospital	74	2,487	12,868	0	48%
LSUHSCD-Washington/St. Tammany Medical Center	55	1,865	10,020	0	50%
Maricopa Medical Center	491	17,699	95,695	3,028	53%
Medical Center of Central Georgia	495	23,439	112,718	2,751	62%
Memorial Medical Center	451	16,647	96,618	2,243	59%
MetroHealth Medical Center	803	19,143	202,716	3,241	69%
Metropolitan Nashville General Hospital	124	4,961	26,036	791	58%
MHS-Memorial Hospital Pembroke	190	4,733	24,478	0	35%

**Table 1**

Hospital	Staffed Beds	Admissions	Inpatient Days	Births	Occupancy Rate
MHS-Memorial Hospital West	110	11,458	42,815	3,441	107%
MHS-Memorial Regional Hospital	554	28,477	203,195	2,777	100%
MPHC-Field Memorial Community Hospital	66	1,452	5,844	66	24%
MPHC-Memorial Hospital at Gulfport	313	14,983	89,745	1,261	79%
MPHC-Singing River Hospital	282	12,399	75,430	950	73%
MPHC-Southwest Mississippi Regional Medical Cntr	130	6,986	39,657	846	84%
Nassau County Medical Center	1,384	20,511	299,979	2,511	59%
Natividad Medical Center	181	6,720	39,873	1,481	60%
NBHD-Broward General Medical Center	555	21,565	128,705	3,247	64%
NBHD-Coral Springs Medical Center	182	9,781	37,781	1,762	57%
NBHD-Imperial Point Medical Center	160	5,231	35,411	0	61%
NBHD-North Broward Medical Center	334	13,250	74,125	0	61%
NYCHHC-Bellevue Hospital Center	811	25,135	266,255	2,013	90%
NYCHHC-Coney Island Hospital	409	15,993	125,370	1,300	84%
NYCHHC-Elmhurst Hospital Center	525	21,835	158,462	4,232	83%
NYCHHC-Harlem Hospital Center	331	14,032	103,077	1,270	85%
NYCHHC-Jacobi Medical Center	527	19,360	155,125	2,277	81%
NYCHHC-Kings County Hospital Center	720	25,275	230,560	2,205	88%
NYCHHC-Lincoln Medical and Mental Health Cntr	330	20,356	108,178	3,093	90%
NYCHHC-Metropolitan Hospital Center	351	13,318	122,467	1,893	96%
NYCHHC-North Central Bronx Hospital	255	9,846	72,088	3,199	77%
NYCHHC-Queens Hospital Center	276	12,889	91,270	1,361	91%
NYCHHC-Woodhull Medical and Mental Health Cntr	358	16,585	130,610	1,342	100%
Ohio State University Hospital	551	25,838	143,623	3,373	71%
Parkland Health & Hospital System	688	38,858	190,275	13,480	76%
Regional Medical Center at Memphis	383	14,055	85,575	3,718	61%
Riverside General Hospital	282	9,422	45,161	1,132	44%
San Francisco General Hospital	375	18,799	103,132	1,902	75%
San Joaquin General Hospital	181	8,655	42,477	1,816	64%
San Mateo County General Hospital	103	3,552	27,002	0	72%
Santa Clara Valley Health and Hospital System	377	20,145	99,176	2,441	72%
Tampa General Healthcare	734	22,458	147,791	3,079	55%
Thomason General Hospital	267	13,083	67,037	5,081	69%
Truman Medical Center-East	302	4,133	90,479	862	82%
Truman Medical Center-West	215	11,004	63,707	1,966	81%
UMDNJ-University Hospital	498	17,063	124,548	1,964	69%
University Hospital of Brooklyn	376	10,921	79,968	1,576	58%
University Medical Center of Southern Nevada	524	28,406	153,323	4,181	80%
University of Chicago Hospitals	517	24,331	148,187	3,269	79%
University of Colorado-University Hospital	289	13,684	69,273	1,706	66%
University of New Mexico-University Hospital	271	20,367	95,656	3,258	97%
University of Texas Health Center at Tyler	136	3,601	29,780	0	60%
University of Texas Medical Branch Hospital	886	33,609	205,697	4,279	64%
VCU-Medical College of Virginia Hospitals	703	29,456	185,826	2,395	72%
Westchester Medical Center	641	22,747	203,296	1,099	87%
Wishard Health Services	470	15,238	148,253	2,526	86%
<b>Total</b>	<b>35,078</b>	<b>1,423,127</b>	<b>9,187,336</b>	<b>191,041</b>	
<b>Average*</b>	<b>385</b>	<b>15,639</b>	<b>100,960</b>	<b>2,418</b>	<b>71%</b>
<b>Count</b>	<b>91</b>	<b>91</b>	<b>91</b>	<b>79</b>	

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

## Table 2

### Emergency Department and Outpatient Visits, 1998

Hospital	Emergency Department		All Other Outpatient		Total
	Number	% of Total	Number	% of Total	
Alameda County Medical Center	57,879	25%	172,270	75%	230,149
Arrowhead Regional Medical Center	46,240	21%	178,928	79%	225,168
Boston Medical Center	84,986	16%	456,321	84%	541,307
Cambridge Public Health Commission	42,414	10%	391,456	90%	433,870
Charleston Memorial Hospital	30,680	74%	10,759	26%	41,439
Christus Spohn Hospital	30,580	19%	129,906	81%	160,486
Contra Costa Regional Medical Center	56,228	17%	268,402	83%	324,630
Cook County BHS-Cook Cnty Hospital	153,683	21%	575,336	79%	729,019
Cook County BHS-Provident Hospital	52,833	52%	48,553	48%	101,386
Cooper Green Hospital	34,671	51%	33,967	49%	68,638
DC Health & Hospital Corporation	51,237	23%	173,706	77%	224,943
Denver Health and Hospital Authority	52,594	9%	523,292	91%	575,886
Erlanger Health System	93,904	19%	401,862	81%	495,766
Grady Health System	143,601	19%	614,540	81%	758,141
Halifax Medical Center	78,630	22%	274,299	78%	352,929
Harborview Medical Center	48,149	13%	312,272	87%	360,421
Harris County Hospital District	197,595	22%	714,228	78%	911,823
Hennepin County Medical Center	87,566	22%	317,411	78%	404,977
HHSC-Hilo Medical Center	18,739	59%	12,918	41%	31,657
HHSC-Kona Community Hospital	9,071	65%	4,992	35%	14,063
HHSC-Maui Memorial Hospital	15,603	55%	12,691	45%	28,294
Hurley Medical Center	60,051	14%	363,255	86%	423,306
Jackson Mem. Hospital P.H.T.	109,981	22%	385,517	78%	495,498
Kern Medical Center	46,062	27%	125,931	73%	171,993
LAC-Harbor/UCLA Medical Center	82,319	24%	265,700	76%	348,019
LAC-High Desert Hospital	0	0%	48,139	100%	48,139
LAC-King/Drew Medical Center	50,928	22%	185,078	78%	236,006
LAC-LAC & USC Medical Center	219,109	29%	532,083	71%	751,192
LAC-Olive View/UCLA Medical Center	57,052	35%	108,045	65%	165,097
LAC-Rancho Los Amigos National Rehab. Center	0	0%	55,385	100%	55,385
LSUHCD-E.A. Conway Medical Center	43,738	27%	118,821	73%	162,559
LSUHCD-Earl K. Long Medical Center	79,451	41%	113,667	59%	193,118
LSUHCD-Huey P. Long Medical Center	67,914	55%	55,636	45%	123,550
LSUHCD-Lallie Kemp Regional Medical Center	23,179	17%	110,358	83%	133,537
LSUHCD-Leonard J. Chabert Medical Center	59,044	35%	109,377	65%	168,421
LSUHCD-Medical Center of Louisiana at N.O.	182,838	33%	366,293	67%	549,131
LSUHCD-University Medical Center	50,618	31%	112,506	69%	163,124
LSUHCD-W.O. Moss Regional Hospital	43,792	42%	60,256	58%	104,048
LSUHCD-Washington/St. Tammany Medical Cntr	22,944	42%	32,250	58%	55,194
Maricopa Medical Center	46,782	13%	326,411	87%	373,193
Medical Center of Central Georgia	33,446	9%	332,446	91%	365,892
Memorial Medical Center	39,900	19%	167,322	81%	207,222
MetroHealth Medical Center	122,877	19%	525,852	81%	648,729
Metropolitan Nashville General Hospital	27,718	33%	56,741	67%	84,459
MHS-Memorial Hospital Pembroke	20,680	40%	31,064	60%	51,744

**Table 2**

Hospital	Emergency Department		All Other Outpatient		Total
	Number	% of Total	Number	% of Total	
MHS-Memorial Hospital West	46,604	29%	115,729	71%	162,333
MHS-Memorial Regional Hospital	92,382	30%	211,867	70%	304,249
MPHC-Field Memorial Community Hospital	4,974	38%	8,133	62%	13,107
MPHC-Memorial Hospital at Gulfport	48,540	20%	200,024	80%	248,564
MPHC-Singing River Hospital	50,911	27%	139,898	73%	190,809
MPHC-Southwest Mississippi Reg. Medical Cntr	29,118	56%	23,135	44%	52,253
Nassau County Medical Center	88,645	19%	379,359	81%	468,004
Natividad Medical Center	11,372	10%	107,692	90%	119,064
NBHD-Broward General Medical Center	72,222	43%	97,404	57%	169,626
NBHD-Coral Springs Medical Center	23,058	25%	70,001	75%	93,059
NBHD-Imperial Point Medical Center	19,964	31%	43,724	69%	63,688
NBHD-North Broward Medical Center	50,112	22%	182,343	78%	232,455
NYCHHC-Bellevue Hospital Center	78,788	14%	474,654	86%	553,442
NYCHHC-Coney Island Hospital	58,625	16%	305,974	84%	364,599
NYCHHC-Elmhurst Hospital Center	119,375	20%	467,545	80%	586,920
NYCHHC-Harlem Hospital Center	61,863	14%	376,133	86%	437,996
NYCHHC-Jacobi Medical Center	96,507	23%	331,807	77%	428,314
NYCHHC-Kings County Hospital Center	124,615	18%	581,597	82%	706,212
NYCHHC-Lincoln Med. and Mental Health Cntr	132,338	28%	336,305	72%	468,643
NYCHHC-Metropolitan Hospital Center	67,193	17%	334,185	83%	401,378
NYCHHC-North Central Bronx Hospital	59,760	24%	187,667	76%	247,427
NYCHHC-Queens Hospital Center	47,141	16%	254,766	84%	301,907
NYCHHC-Woodhull Med. and Mental Health Cntr	67,568	20%	266,256	80%	333,824
Ohio State University Hospital	46,296	17%	231,933	83%	278,229
Parkland Health & Hospital System	133,090	15%	759,508	85%	892,598
Regional Medical Center at Memphis	48,987	35%	90,636	65%	139,623
Riverside General Hospital	39,561	26%	112,190	74%	151,751
San Francisco General Hospital	66,345	19%	285,660	81%	352,005
San Joaquin General Hospital	41,839	16%	218,520	84%	260,359
San Mateo County General Hospital	25,657	15%	142,945	85%	168,602
Santa Clara Valley Health and Hospital System	97,056	19%	417,894	81%	514,950
Tampa General Healthcare	46,416	18%	213,161	82%	259,577
Thomason General Hospital	49,789	12%	371,953	88%	421,742
Truman Medical Center-East	31,736	30%	72,933	70%	104,669
Truman Medical Center-West	47,394	16%	241,876	84%	289,270
UMDNJ-University Hospital	71,123	25%	217,848	75%	288,971
University Hospital of Brooklyn	7,813	4%	193,794	96%	201,607
University Medical Center of Southern Nevada	99,636	14%	609,376	86%	709,012
University of Chicago Hospitals	58,574	13%	376,701	87%	435,275
University of Colorado-University Hospital	27,909	9%	292,506	91%	320,415
University of New Mexico-University Hospital	50,255	13%	343,945	87%	394,200
University of Texas Health Center at Tyler	8,256	7%	110,262	93%	118,518
University of Texas Medical Branch Hospital	102,444	12%	775,634	88%	878,078
VCU-Medical College of Virginia Hospitals	82,208	20%	322,284	80%	404,492
Westchester Medical Center	19,738	11%	155,666	89%	175,404
Wishard Health Services	89,350	12%	632,441	88%	721,791
<b>Total</b>	<b>5,620,453</b>	<b>20%</b>	<b>22,902,106</b>	<b>80%</b>	<b>28,522,559</b>
<b>Average*</b>	<b>63,151</b>		<b>251,671</b>		<b>313,435</b>
<b>Count</b>	<b>89</b>		<b>91</b>		<b>91</b>

\* Averages are for hospitals that provide the service, e.g., hospitals without emergency departments are not included in the calculation.

## Table 3

### Discharges by Payer Source, 1998

Hospital	Medicare		Medicaid		Commercial		Self Pay/Other		Total Discharges
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Alameda County Medical Center	1,967	15%	6,321	48%	898	7%	4,088	31%	13,220
Boston Medical Center	6,206	30%	5,907	29%	4,595	22%	3,901	19%	20,609
Cambridge Public Health Commission	3,109	36%	1,400	16%	1,173	14%	2,926	34%	8,608
Contra Costa Regional Medical Center	1,386	18%	3,325	43%	409	5%	2,661	34%	7,781
Cook County BHS-Cook County Hospital	2,857	11%	11,178	44%	1,271	5%	10,109	40%	25,415
Cook County BHS-Oak Forest Hospital	219	7%	2,496	79%	321	10%	107	3%	3,144
Cook County BHS-Provident Hospital	530	10%	3,276	62%	456	9%	983	19%	5,245
Cooper Green Hospital	800	14%	1,842	32%	258	4%	2,859	50%	5,759
Denver Health and Hospital Authority	2,362	15%	5,544	36%	1,813	12%	5,861	38%	15,580
Erlanger Health System	6,256	28%	6,407	29%	7,861	35%	1,641	7%	22,165
Grady Health System	5,757	20%	7,965	27%	2,729	9%	12,880	44%	29,331
Halifax Medical Center	9,237	42%	2,885	13%	7,067	32%	2,587	12%	21,776
Harborview Medical Center	3,245	23%	6,610	47%	3,648	26%	484	3%	13,987
Harris County Hospital District	3,295	8%	13,236	34%	2,149	5%	20,751	53%	39,431
Hennepin County Medical Center	2,982	14%	11,530	56%	5,016	24%	1,159	6%	20,687
HHSC-Hilo Medical Center	2,728	32%	2,803	33%	2,802	33%	133	2%	8,466
HHSC-Kona Community Hospital	922	27%	794	23%	1,608	46%	137	4%	3,461
HHSC-Maui Memorial Hospital	3,233	29%	1,846	16%	5,751	51%	417	4%	11,247
Hurley Medical Center	5,366	22%	9,407	39%	8,121	34%	1,104	5%	23,998
Jackson Memorial Hospital P.H.T.	7,144	13%	19,954	36%	8,253	15%	19,792	36%	55,143
Kern Medical Center	1,132	9%	6,752	56%	1,620	13%	2,565	21%	12,069
LAC-Harbor/UCLA Medical Center	1,647	7%	10,488	45%	747	3%	10,321	44%	23,203
LAC-High Desert Hospital	97	6%	871	54%	60	4%	578	36%	1,606
LAC-King/Drew Medical Center	1,311	8%	8,289	52%	1,041	7%	5,246	33%	15,887
LAC-LAC+USC Medical Center	1,575	3%	22,169	46%	4,064	9%	19,935	42%	47,743
LAC-Olive View/UCLA Medical Center	485	4%	7,925	58%	81	1%	5,097	38%	13,588
LAC-Rancho Los Amigos Nat. Rehabilitation Center	375	11%	1,834	55%	88	3%	1,020	31%	3,317
LSUHCD-E.A. Conway Medical Center	741	10%	2,516	33%	258	3%	4,103	54%	7,618
LSUHCD-Earl K. Long Medical Center	446	5%	3,164	36%	99	1%	4,994	57%	8,703
LSUHCD-Huey P. Long Medical Center	257	6%	1,645	41%	83	2%	2,053	51%	4,038
LSUHCD-Lallie Kemp Regional Medical Center	514	21%	408	16%	84	3%	1,493	60%	2,499
LSUHCD-Leonard J. Chabert Medical Center	736	12%	2,394	40%	445	7%	2,480	41%	6,055
LSUHCD-Medical Center of Louisiana at New Orleans	2,970	9%	10,757	33%	964	3%	17,767	55%	32,458
LSUHCD-University Medical Center	597	8%	2,189	30%	225	3%	4,328	59%	7,339
LSUHCD-W.O. Moss Regional Hospital	322	13%	436	18%	124	5%	1,605	65%	2,487
LSUHCD-Wash./St. Tammany Medical Center	454	24%	296	16%	68	4%	1,047	56%	1,865
Maricopa Medical Center	3,822	19%	12,251	62%	845	4%	2,982	15%	19,900
Medical Center of Central Georgia	9,619	41%	4,814	20%	7,378	31%	1,753	7%	23,564
Memorial Medical Center	6,318	34%	4,948	26%	5,794	31%	1,798	10%	18,858
MetroHealth Medical Center	5,047	25%	7,315	36%	5,467	27%	2,624	13%	20,453
Metropolitan Nashville General Hospital	793	15%	2,393	45%	94	2%	2,005	38%	5,285
MHS-Memorial Hospital Pembroke	3,221	68%	246	5%	955	20%	311	7%	4,733
MHS-Memorial Hospital West	3,774	33%	550	5%	6,609	58%	525	5%	11,458
MHS-Memorial Regional Hospital	10,195	37%	4,605	17%	9,594	35%	3,144	11%	27,538
MPHC-Memorial Hospital at Gulfport	6,409	43%	2,379	16%	4,117	28%	1,933	13%	14,838

### Table 3

Hospital	Medicare		Medicaid		Commercial		Self Pay/Other		Total Discharges
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
MPHC-SW Mississippi Regional Medical Center	3,278	47%	1,476	21%	1,698	24%	540	8%	6,992
NBHD-Broward General Medical Center	5,432	25%	4,493	21%	4,279	20%	7,361	34%	21,565
NBHD-Coral Springs Medical Center	2,499	26%	742	8%	5,081	54%	1,111	12%	9,433
NBHD-Imperial Point Medical Center	2,569	49%	532	10%	1,151	22%	979	19%	5,231
NBHD-North Broward Medical Center	7,522	57%	973	7%	2,698	20%	2,057	16%	13,250
NYCHHC-Bellevue Hospital Center	3,567	14%	15,368	61%	1,353	5%	4,826	19%	25,114
NYCHHC-Coney Island Hospital	4,028	25%	8,634	54%	622	4%	2,689	17%	15,973
NYCHHC-Elmhurst Hospital Center	3,337	15%	15,669	71%	1,109	5%	2,087	9%	22,202
NYCHHC-Harlem Hospital Center	2,393	17%	9,184	65%	298	2%	2,247	16%	14,122
NYCHHC-Jacobi Medical Center	2,452	13%	8,654	44%	1,090	6%	7,284	37%	19,480
NYCHHC-Kings County Hospital Center	2,571	10%	14,167	53%	1,785	7%	8,406	31%	26,929
NYCHHC-Lincoln Medical and M.H. Center	2,470	12%	12,505	61%	1,051	5%	4,429	22%	20,455
NYCHHC-Metropolitan Hospital Center	2,285	17%	8,952	68%	899	7%	1,047	8%	13,183
NYCHHC-North Central Bronx Hospital	801	8%	7,092	71%	345	3%	1,717	17%	9,955
NYCHHC-Queens Hospital Center	1,593	12%	8,905	69%	746	6%	1,637	13%	12,881
NYCHHC-Woodhull Medical and M.H. Center	2,887	17%	11,023	64%	259	2%	3,075	18%	17,244
Parkland Health & Hospital System	3,356	9%	20,122	53%	2,498	7%	11,693	31%	37,669
R.E. Thomason General Hospital	1,130	9%	7,638	63%	841	7%	2,560	21%	12,169
Regional Medical Center at Memphis	1,249	9%	6,977	49%	1,789	13%	4,131	29%	14,146
Riverside General Hospital	427	5%	4,196	46%	402	4%	4,150	45%	9,175
San Francisco General Hospital	3,180	15%	11,185	54%	1,065	5%	5,156	25%	20,586
San Joaquin General Hospital	1,267	12%	5,625	55%	577	6%	2,746	27%	10,215
San Mateo County General Hospital	933	25%	769	21%	224	6%	1,821	49%	3,747
Santa Clara Valley Health and Hospital System	2,139	13%	8,401	51%	1,846	11%	3,977	24%	16,363
Tampa General Healthcare	385	29%	7,502	30%	5,843	23%	4,556	18%	25,286
Truman Medical Center, Inc.	3,474	23%	6,453	43%	801	5%	4,190	28%	14,918
UMDNJ-University Hospital	2,672	15%	5,934	34%	4,379	25%	4,546	26%	17,531
University Hospital of Brooklyn	2,533	20%	4,961	39%	2,002	16%	3,104	25%	12,600
University of Chicago Hospitals	6,249	26%	8,026	33%	9,215	38%	841	3%	24,331
University of Colorado-University Hospital	3,141	21%	3,383	22%	4,709	31%	3,889	26%	15,122
University of New Mexico-University Hospital	3,241	15%	6,227	30%	3,416	16%	8,076	39%	20,960
University of Texas M.D. Anderson Cancer Center	4,261	27%	627	4%	8,171	51%	2,873	18%	15,932
University of Texas Medical Branch Hospital	6,461	17%	11,986	32%	4,878	13%	14,008	38%	37,333
University Medical Center of Southern Nevada	5,337	19%	8,659	30%	7,421	26%	7,024	25%	28,441
VCU-Medical College of Virginia Hospitals	6,851	23%	6,920	23%	7,516	26%	8,169	28%	29,456
Westchester Medical Center	6,369	28%	6,784	30%	8,266	36%	1,328	6%	22,747
Wishard Health Services	3,458	20%	6,660	38%	1,369	8%	6,191	35%	17,678
<b>Total</b>	<b>257,255</b>		<b>523,764</b>		<b>218,795</b>		<b>352,808</b>		<b>1,352,569</b>
<b>Average</b>	<b>3,137</b>	<b>19%</b>	<b>6,387</b>	<b>39%</b>	<b>2,668</b>	<b>16%</b>	<b>4,303</b>	<b>26%</b>	<b>16,495</b>
<b>Count</b>									<b>82</b>



**Table 4**  
**Outpatient Visits by**  
**Payer Source, 1998**

Hospital	Medicare		Medicaid		Commercial		Self Pay/Other		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Boston Medical Center	79,067	15%	113,396	21%	138,902	26%	209,942	39%	541,307
Cambridge Public Health Commission	50,920	13%	64,159	17%	104,874	28%	161,123	42%	381,076
Contra Costa Regional Medical Center	46,057	14%	155,347	47%	7,913	2%	122,714	37%	332,031
Cook County BHS-Cook County Hospital	56,649	9%	106,000	17%	15,150	2%	459,786	72%	637,585
Cook County BHS-Oak Forest Hospital	5,641	12%	18,806	40%	16,925	36%	5,641	12%	47,014
Cook County BHS-Provident Hospital	2,853	5%	13,620	26%	3,671	7%	32,689	62%	52,833
Cooper Green Hospital	23,482	18%	16,333	12%	2,626	2%	91,669	68%	134,110
Denver Health and Hospital Authority	48,438	8%	139,664	24%	50,894	9%	336,890	58%	575,886
Erlanger Health System	44,561	18%	65,304	27%	95,038	39%	36,733	15%	241,636
Grady Health System	130,826	17%	200,235	26%	41,904	5%	398,841	52%	771,806
Halifax Medical Center	116,380	35%	49,488	15%	111,564	34%	52,628	16%	330,060
Harborview Medical Center	112,917	28%	158,009	39%	64,729	16%	72,915	18%	408,570
Harris County Hospital District	111,790	12%	117,006	12%	27,788	3%	694,552	73%	951,136
Hennepin County Medical Center	48,418	12%	192,646	48%	97,493	24%	66,420	16%	404,977
HHSC-Hilo Medical Center	6,956	22%	10,702	34%	13,143	42%	856	3%	31,657
HHSC-Kona Community Hospital	2,671	19%	2,776	20%	7,471	53%	1,144	8%	14,062
HHSC-Maui Memorial Hospital	6,263	22%	3,988	14%	15,706	56%	2,337	8%	28,294
Hurley Medical Center	37,677	16%	103,714	44%	61,371	26%	31,826	14%	234,588
Jackson Memorial Hospital Public Health Trust	51,791	10%	135,648	27%	22,108	4%	285,951	58%	495,498
Kern Medical Center	8,396	5%	101,854	59%	9,477	6%	52,266	30%	171,993
LAC-Harbor/UCLA Medical Center	23,115	7%	118,557	34%	4,737	1%	201,610	58%	348,019
LAC-High Desert Hospital	2,088	4%	20,585	43%	322	1%	25,144	52%	48,139
LAC-King/Drew Medical Center	10,420	4%	82,012	35%	17,532	7%	126,496	53%	236,460
LAC-LAC+USC Medical Center	31,801	5%	141,398	21%	52,783	8%	462,359	67%	688,341
LAC-Olive View/UCLA Medical Center	5,830	3%	78,823	46%	6,304	4%	79,998	47%	170,955
LAC-Rancho Los Amigos National Rehab. Center	8,063	20%	20,506	50%	1,569	4%	10,939	27%	41,077
LSUHCS-D-E.A. Conway Medical Center	12,517	8%	27,115	17%	8,729	5%	114,198	70%	162,559
LSUHCS-D-Earl K. Long Medical Center	10,100	5%	40,053	21%	3,302	2%	139,663	72%	193,118
LSUHCS-D-Huey P. Long Medical Center	7,648	6%	23,734	19%	4,905	4%	87,263	71%	123,550
LSUHCS-D-Lallie Kemp Regional Medical Center	16,599	12%	15,224	11%	7,491	6%	94,223	71%	133,537
LSUHCS-D-Leonard J. Chabert Medical Center	18,274	11%	30,686	18%	12,918	8%	106,543	63%	168,421
LSUHCS-D-Medical Center of Louisiana at N.O.	38,110	7%	103,017	19%	15,376	3%	392,628	71%	549,131
LSUHCS-D-University Medical Center	16,231	10%	24,746	15%	9,184	6%	112,963	69%	163,124
LSUHCS-D-W.O. Moss Regional Hospital	9,583	9%	11,861	11%	7,616	7%	74,988	72%	104,048
LSUHCS-D-Washington/St. Tammany Medical Center	6,712	12%	7,302	13%	3,913	7%	37,267	68%	55,194
Maricopa Medical Center	74,616	20%	175,839	47%	11,387	3%	111,352	30%	373,194
Medical Center of Central Georgia	81,784	23%	71,408	20%	133,653	38%	64,585	18%	351,430
Memorial Medical Center	67,754	31%	55,642	25%	61,250	28%	36,411	16%	221,057
MetroHealth Medical Center	99,011	15%	204,638	32%	200,267	31%	140,658	22%	644,574
MHS-Memorial Hospital Pembroke	17,797	36%	3,069	6%	21,038	42%	7,733	16%	49,637
MHS-Memorial Hospital West	49,588	31%	4,310	3%	90,313	57%	14,829	9%	159,040
MHS-Memorial Regional Hospital	70,016	25%	27,094	10%	102,229	37%	75,733	28%	275,072
MPHC-Memorial Hospital at Gulfport	30,780	21%	17,731	12%	58,743	40%	39,138	27%	146,392
MPHC-SW Mississippi Regional Medical Center	28,809	23%	12,578	10%	26,230	21%	55,153	45%	122,770
NBHD-Broward General Medical Center	50,229	32%	32,230	20%	29,045	18%	47,076	30%	158,580

## Table 4

Hospital	Medicare		Medicaid		Commercial		Self Pay/Other		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
NBHD-Coral Springs Medical Center	30,072	33%	6,598	7%	41,589	46%	11,573	13%	89,832
NBHD-Imperial Point Medical Center	36,281	57%	6,672	10%	11,563	18%	9,659	15%	64,175
NBHD-North Broward Medical Center	69,287	58%	8,133	7%	21,644	18%	20,755	17%	119,819
NYCHHC-Bellevue Hospital Center	61,437	12%	225,614	42%	54,343	10%	189,874	36%	531,268
NYCHHC-Coney Island Hospital	61,425	17%	202,487	56%	6,467	2%	94,220	26%	364,599
NYCHHC-Elmhurst Hospital Center	51,673	9%	189,334	32%	64,543	11%	284,975	48%	590,525
NYCHHC-Harlem Hospital Center	52,240	12%	272,912	64%	2,459	1%	96,917	23%	424,528
NYCHHC-Jacobi Medical Center	46,769	11%	233,654	55%	24,469	6%	121,685	29%	426,577
NYCHHC-Kings County Hospital Center	38,731	6%	314,310	47%	4,585	1%	306,043	46%	663,669
NYCHHC-Lincoln Medical and Mental Health Center	41,585	9%	184,988	41%	5,720	1%	221,565	49%	453,858
NYCHHC-Metropolitan Hospital Center	51,257	13%	248,067	62%	18,288	5%	83,766	21%	401,378
NYCHHC-North Central Bronx Hospital	24,661	10%	140,993	57%	5,435	2%	76,205	31%	247,294
NYCHHC-Queens Hospital Center	36,859	12%	133,895	44%	13,255	4%	117,897	39%	301,906
NYCHHC-Woodhull Medical and Mental Health Center	24,098	7%	149,800	43%	2,069	1%	171,795	49%	347,762
Parkland Health & Hospital System	155,228	17%	110,331	12%	93,484	10%	540,090	60%	899,133
R.E. Thomason General Hospital	16,313	5%	28,973	9%	8,018	2%	275,139	84%	328,443
Regional Medical Center at Memphis	22,534	16%	65,991	48%	8,572	6%	40,624	29%	137,721
Riverside General Hospital	5,187	3%	70,554	46%	5,048	3%	70,962	47%	151,751
San Francisco General Hospital	56,957	14%	133,291	32%	16,219	4%	208,081	50%	414,548
San Joaquin General Hospital	31,961	12%	89,088	34%	24,906	9%	119,447	45%	265,402
San Mateo County General Hospital	17,105	10%	59,291	35%	2,170	1%	90,036	53%	168,602
Santa Clara Valley Health and Hospital System	75,132	14%	200,678	38%	82,470	16%	163,693	31%	521,973
Tampa General Healthcare	30,487	14%	48,029	22%	14,696	7%	124,928	57%	218,140
Truman Medical Center, Inc.	51,477	16%	109,496	34%	29,703	9%	130,969	41%	321,645
UMDNJ-University Hospital	48,470	14%	90,819	26%	53,153	15%	163,439	46%	355,872
University Hospital of Brooklyn	32,851	16%	84,787	42%	35,788	18%	50,120	25%	203,546
University of Chicago Hospitals	161,203	29%	133,685	24%	225,364	41%	31,075	6%	551,327
University of Colorado-University Hospital	63,252	20%	34,831	11%	132,168	41%	90,164	28%	320,415
University of New Mexico-University Hospital	59,175	15%	77,805	19%	80,504	20%	188,807	46%	406,291
University of Texas M.D. Anderson Cancer Center	136,880	27%	17,481	3%	250,242	49%	107,416	21%	512,019
University of Texas Medical Branch Hospital	129,026	15%	107,091	13%	131,784	16%	478,204	57%	846,105
University Medical Center of Southern Nevada	70,498	10%	103,651	15%	322,614	46%	212,249	30%	709,012
VCU-Medical College of Virginia Hospitals	57,964	20%	59,438	20%	76,512	26%	100,930	34%	294,844
Westchester Medical Center	42,938	24%	61,475	35%	44,092	25%	26,899	15%	175,404
<b>Total</b>	<b>3,670,241</b>		<b>7,123,095</b>		<b>3,713,519</b>		<b>10,796,074</b>		<b>25,302,921</b>
<b>Average</b>	<b>46,459</b>	<b>15%</b>	<b>90,166</b>	<b>28%</b>	<b>47,007</b>	<b>15%</b>	<b>136,659</b>	<b>42%</b>	<b>320,290</b>
<b>Count</b>									<b>79</b>

## Table 5

### Total Uncompensated Care Costs, 1998

Hospital	Bad Debt and Charity Care Costs	Percent of Total Costs
Alameda County Medical Center	\$53,380,414	26%
Boston Medical Center	\$139,565,949	27%
Cambridge Public Health Commission	\$61,548,875	38%
Contra Costa Regional Medical Center	\$51,698,851	33%
Cook County BHS-Oak Forest Hospital	\$25,847,841	25%
Cook County BHS-Provident Hospital	\$33,917,386	44%
Cooper Green Hospital	\$38,697,176	60%
Denver Health and Hospital Authority	\$93,045,097	40%
Erlanger Health System	\$26,096,864	9%
Grady Health System	\$184,022,967	42%
Halifax Medical Center	\$25,391,906	12%
Harborview Medical Center	\$28,036,612	10%
Harris County Hospital District	\$312,279,927	70%
Hennepin County Medical Center	\$19,905,979	7%
HHSC-Hilo Medical Center	\$1,117,779	2%
HHSC-Kona Community Hospital	\$1,292,547	5%
HHSC-Maui Memorial Hospital	\$1,458,218	2%
Hurley Medical Center	\$10,636,029	4%
Jackson Memorial Hospital Public Health Trust	\$162,994,634	23%
Kern Medical Center	\$22,458,830	21%
LAC-Harbor/UCLA Medical Center	\$86,300,501	30%
LAC-High Desert Hospital	\$16,507,136	37%
LAC-King/Drew Medical Center	\$114,425,722	28%
LAC-LAC+USC Medical Center	\$293,036,763	44%
LAC-Olive View/UCLA Medical Center	\$55,871,433	33%
LAC-Rancho Los Amigos National Rehabilitation Center	\$31,778,982	23%
LSUHCS-D-E.A. Conway Medical Center	\$33,655,346	59%
LSUHCS-D-Earl K. Long Medical Center	\$44,395,299	62%
LSUHCS-D-Huey P. Long Medical Center	\$26,855,244	63%
LSUHCS-D-Lallie Kemp Regional Medical Center	\$17,994,502	61%
LSUHCS-D-Leonard J. Chabert Medical Center	\$29,213,363	51%
LSUHCS-D-Medical Center of Louisiana at New Orleans	\$218,552,337	58%
LSUHCS-D-University Medical Center	\$34,733,862	59%
LSUHCS-D-W.O. Moss Regional Hospital	\$20,980,218	73%
LSUHCS-D-Washington/St. Tammany Medical Center	\$8,762,247	60%
Maricopa Medical Center	\$23,642,472	13%
Medical Center of Central Georgia	\$39,115,611	11%
Memorial Medical Center	\$20,649,453	9%
MetroHealth Medical Center	\$51,432,749	17%
Metropolitan Nashville General Hospital	\$15,409,013	26%
MHS-Memorial Hospital Pembroke	\$3,479,064	9%
MHS-Memorial Hospital West	\$7,069,725	9%
MHS-Memorial Regional Hospital	\$41,681,509	16%
MPHC-Memorial Hospital at Gulfport	\$16,374,982	12%
MPHC-Southwest Mississippi Regional Medical Center	\$4,459,602	8%

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**Table 5**

Hospital	Bad Debt and Charity Care Costs	Percent of Total Costs
NBHD-Broward General Medical Center	\$41,357,311	25%
NBHD-Coral Springs Medical Center	\$7,295,848	12%
NBHD-Imperial Point Medical Center	\$6,729,522	15%
NBHD-North Broward Medical Center	\$17,055,118	18%
NYCHHC-Bellevue Hospital Center	\$42,756,736	11%
NYCHHC-Coney Island Hospital	\$20,164,544	10%
NYCHHC-Elmhurst Hospital Center	\$49,597,539	16%
NYCHHC-Harlem Hospital Center	\$42,465,422	17%
NYCHHC-Jacobi Medical Center	\$54,639,602	19%
NYCHHC-Kings County Hospital Center	\$69,330,139	18%
NYCHHC-Lincoln Medical and Mental Health Center	\$86,202,823	30%
NYCHHC-Metropolitan Hospital Center	\$25,778,751	12%
NYCHHC-North Central Bronx Hospital	\$31,504,460	21%
NYCHHC-Queens Hospital Center	\$43,432,486	24%
NYCHHC-Woodhull Medical and Mental Health Center	\$33,602,083	15%
Parkland Health & Hospital System	\$270,339,484	59%
R.E. Thomason General Hospital	\$49,375,705	40%
Regional Medical Center at Memphis	\$60,991,576	34%
Riverside General Hospital	\$48,062,027	36%
San Francisco General Hospital	\$116,879,706	35%
San Joaquin General Hospital	\$8,573,929	8%
San Mateo County General Hospital	\$27,209,261	31%
Santa Clara Valley Health and Hospital System	\$95,702,995	29%
Tampa General Healthcare	\$46,586,117	16%
Truman Medical Center, Inc.	\$49,300,592	29%
UMDNJ-University Hospital	\$65,247,672	19%
University Hospital of Brooklyn	\$14,631,932	8%
University of Chicago Hospitals	\$27,263,164	6%
University of Colorado-University Hospital	\$29,622,579	13%
University of New Mexico-University Hospital	\$64,048,908	30%
University of Texas M.D. Anderson Cancer Center	\$107,489,197	14%
University of Texas Medical Branch Hospital	\$129,002,394	31%
University Medical Center of Southern Nevada	\$34,418,719	13%
VCU-Medical College of Virginia Hospitals	\$42,782,110	10%
Westchester Medical Center	\$7,265,826	2%
Wishard Health Services	\$77,863,312	34%
<b>Total</b>	<b>\$4,494,340,605</b>	
<b>Average</b>	<b>\$55,485,686</b>	<b>26%</b>
<b>Count</b>		<b>81</b>

**Table 6**  
**Gross Charges by**  
**Payer Source, 1998**

Hospital	Medicare		Medicaid		Commercial		Self Pay/Other		Total Gross Charges
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	
Alameda County Medical Center	\$39,835,671	15%	\$113,018,286	44%	\$16,739,045	6%	\$88,251,841	34%	\$257,844,843
Boston Medical Center	\$158,844,553	25%	\$132,746,213	21%	\$174,874,598	27%	\$177,921,820	28%	\$644,387,184
Cambridge Public Health Commission	\$60,599,771	28%	\$39,969,842	18%	\$34,722,591	16%	\$81,984,172	38%	\$217,276,376
Contra Costa Regional Medical Center	\$34,645,128	18%	\$86,121,944	44%	\$7,919,017	4%	\$65,014,548	34%	\$193,700,637
Cook County BHS-Oak Forest Hospital	\$14,393,223	13%	\$75,003,368	66%	\$18,672,655	16%	\$6,224,218	5%	\$114,293,464
Cook County BHS-Provident Hospital	\$6,213,204	7%	\$36,760,656	42%	\$6,384,787	7%	\$37,911,479	43%	\$87,270,126
Cooper Green Hospital	\$8,945,295	17%	\$11,587,324	22%	\$1,544,848	3%	\$30,222,944	58%	\$52,300,411
Denver Health and Hospital Authority	\$50,833,000	14%	\$92,373,000	25%	\$54,600,000	15%	\$165,024,000	45%	\$362,830,000
Erlanger Health System	\$144,041,572	32%	\$111,442,823	25%	\$165,534,411	36%	\$33,341,763	7%	\$454,360,569
Grady Health System	\$102,609,566	19%	\$144,527,330	26%	\$44,902,481	8%	\$256,873,301	47%	\$548,912,678
Halifax Medical Center	\$204,865,755	46%	\$41,654,318	9%	\$133,354,327	30%	\$62,900,708	14%	\$442,775,108
Harborview Medical Center	\$84,274,002	22%	\$148,893,689	38%	\$115,124,929	30%	\$39,879,056	10%	\$388,171,676
Harris County Hospital District	\$81,369,200	12%	\$160,950,984	24%	\$44,456,231	7%	\$394,342,357	58%	\$681,118,772
Hennepin County Medical Center	\$119,752,293	27%	\$177,916,357	40%	\$117,512,093	26%	\$31,131,310	7%	\$446,312,053
HHSC-Hilo Medical Center	\$44,627,072	42%	\$30,896,692	29%	\$29,780,165	28%	\$1,662,442	2%	\$106,966,372
HHSC-Kona Community Hospital	\$13,902,916	34%	\$8,740,253	21%	\$17,161,730	41%	\$1,685,632	4%	\$41,490,531
HHSC-Maui Memorial Hospital	\$58,263,944	44%	\$16,520,850	13%	\$52,620,487	40%	\$4,648,940	4%	\$132,054,221
Hurley Medical Center	\$108,324,000	27%	\$127,709,000	32%	\$133,355,000	34%	\$25,506,000	6%	\$394,894,000
Jackson Memorial Hospital P.H.T.	\$220,209,548	17%	\$420,158,319	32%	\$285,767,731	21%	\$403,768,695	30%	\$1,329,904,293
Kern Medical Center	\$15,696,580	10%	\$85,537,373	52%	\$15,904,957	10%	\$46,777,901	29%	\$163,916,811
LAC-Harbor/UCLA Medical Center	\$48,821,475	7%	\$333,595,750	50%	\$24,705,469	4%	\$257,999,651	39%	\$665,122,345
LAC-High Desert Hospital	\$5,575,473	6%	\$45,331,760	52%	\$2,732,005	3%	\$33,397,739	38%	\$87,036,977
LAC-King/Drew Medical Center	\$38,432,271	7%	\$307,290,244	60%	\$16,400,290	3%	\$153,681,671	30%	\$515,804,476
LAC-LAC+USC Medical Center	\$59,263,106	4%	\$660,217,830	45%	\$45,658,922	3%	\$702,188,820	48%	\$1,467,328,678
LAC-Olive View/UCLA Medical Center	\$10,224,271	3%	\$179,357,977	61%	\$2,667,552	1%	\$104,041,876	35%	\$296,291,676
LAC-Rancho Los Amigos National Rehab. Cntr	\$18,497,602	12%	\$87,418,123	57%	\$6,529,278	4%	\$40,660,152	27%	\$153,105,155
LSUHCS-D-E.A. Conway Medical Center	\$10,304,072	14%	\$17,348,430	23%	\$3,942,505	5%	\$43,421,283	58%	\$75,016,290
LSUHCS-D-Earl K. Long Medical Center	\$5,903,732	6%	\$33,083,310	31%	\$1,818,056	2%	\$66,417,153	62%	\$107,222,251
LSUHCS-D-Huey P. Long Medical Center	\$4,693,725	10%	\$11,431,197	24%	\$3,092,384	6%	\$28,468,298	60%	\$47,685,604
LSUHCS-D-Lallie Kemp Regional Medical Center	\$8,923,053	21%	\$6,518,751	15%	\$2,296,998	5%	\$25,083,890	59%	\$42,822,692
LSUHCS-D-Leonard J. Chabert Medical Center	\$10,966,977	16%	\$20,058,084	29%	\$4,567,261	7%	\$33,051,496	48%	\$68,643,818
LSUHCS-D-Medical Center of Louisiana at N.O.	\$60,328,400	12%	\$137,208,376	26%	\$40,341,689	8%	\$285,340,890	55%	\$523,219,355
LSUHCS-D-University Medical Center	\$8,910,711	11%	\$22,017,572	28%	\$4,055,483	5%	\$44,393,989	56%	\$79,377,755
LSUHCS-D-W.O. Moss Regional Hospital	\$3,168,350	12%	\$3,287,824	12%	\$1,616,646	6%	\$19,380,673	71%	\$27,453,493
LSUHCS-D-Wash./St. Tammany Medical Center	\$3,514,865	19%	\$2,874,714	15%	\$1,099,529	6%	\$11,465,312	60%	\$18,954,420
Maricopa Medical Center	\$48,901,227	17%	\$147,815,186	50%	\$36,168,541	12%	\$60,676,112	21%	\$293,561,066
Memorial Medical Center	\$137,259,735	34%	\$85,420,491	21%	\$140,662,750	35%	\$38,404,604	10%	\$401,747,580
MetroHealth Medical Center	\$81,744,000	23%	\$107,970,000	30%	\$118,640,000	33%	\$52,928,000	15%	\$361,282,000
Metropolitan Nashville General Hospital	\$9,316,119	18%	\$21,427,745	43%	\$1,190,820	2%	\$18,424,705	37%	\$50,359,389
MHS-Memorial Hospital Pembroke	\$76,696,880	62%	\$6,105,627	5%	\$32,552,722	26%	\$8,783,603	7%	\$124,138,832
MHS-Memorial Hospital West	\$78,608,382	37%	\$7,911,734	4%	\$110,243,873	53%	\$12,965,865	6%	\$209,729,854
MHS-Memorial Regional Hospital	\$250,314,977	40%	\$82,485,350	13%	\$201,239,512	32%	\$90,582,371	15%	\$624,622,210
MPHC-Memorial Hospital at Gulfport	\$132,625,740	46%	\$34,593,114	12%	\$81,758,161	28%	\$38,876,364	14%	\$287,853,379
MPHC-SW Mississippi Reg. Medical Center	\$62,513,081	48%	\$16,206,631	12%	\$30,730,607	24%	\$20,221,051	16%	\$129,671,370

# Table 6

Hospital	Medicare		Medicaid		Commercial		Self Pay/Other		Total Gross Charges
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	
NBHD-Broward General Medical Center	\$204,709,729	28%	\$158,360,648	22%	\$189,597,504	26%	\$166,783,030	23%	\$719,450,911
NBHD-Coral Springs Medical Center	\$68,346,409	31%	\$15,407,701	7%	\$114,432,964	52%	\$20,893,022	10%	\$219,080,096
NBHD-Imperial Point Medical Center	\$68,431,578	42%	\$15,418,175	9%	\$55,288,786	34%	\$24,492,291	15%	\$163,630,830
NBHD-North Broward Medical Center	\$181,020,608	52%	\$27,589,979	8%	\$89,355,954	26%	\$51,074,816	15%	\$349,041,357
NYCHHC-Bellevue Hospital Center	\$126,640,624	19%	\$390,958,963	58%	\$20,066,048	3%	\$140,942,262	21%	\$678,607,897
NYCHHC-Coney Island Hospital	\$100,326,419	26%	\$194,350,594	51%	\$26,267,930	7%	\$58,777,915	15%	\$379,722,878
NYCHHC-Elmhurst Hospital Center	\$88,287,479	16%	\$333,147,147	61%	\$27,460,365	5%	\$94,139,786	17%	\$543,034,777
NYCHHC-Harlem Hospital Center	\$80,075,172	24%	\$198,760,166	59%	\$11,326,642	3%	\$45,456,724	14%	\$335,618,704
NYCHHC-Jacobi Medical Center	\$105,075,897	20%	\$252,337,201	47%	\$27,617,916	5%	\$150,799,190	28%	\$535,830,204
NYCHHC-Kings County Hospital Center	\$80,109,335	12%	\$317,975,854	48%	\$26,045,903	4%	\$240,992,931	36%	\$665,123,423
NYCHHC-Lincoln Medical and M.H. Center	\$57,495,552	15%	\$229,298,642	59%	\$8,611,394	2%	\$92,901,229	24%	\$388,306,817
NYCHHC-Metropolitan Hospital Center	\$71,776,405	20%	\$224,481,405	64%	\$12,163,773	3%	\$43,294,414	12%	\$351,715,997
NYCHHC-North Central Bronx Hospital	\$34,087,856	14%	\$148,594,686	62%	\$8,654,940	4%	\$47,562,722	20%	\$238,900,204
NYCHHC-Queens Hospital Center	\$41,207,148	18%	\$136,853,178	59%	\$15,236,292	7%	\$37,685,360	16%	\$230,981,978
NYCHHC-Woodhull Medical and M.H. Center	\$67,906,890	19%	\$233,147,433	64%	\$5,783,702	2%	\$59,828,543	16%	\$366,666,568
Parkland Health & Hospital System	\$99,263,072	14%	\$170,318,614	24%	\$73,940,700	10%	\$379,549,586	52%	\$723,071,972
R.E. Thomson General Hospital	\$26,215,000	12%	\$75,990,000	35%	\$23,999,000	11%	\$92,668,000	42%	\$218,872,000
Regional Medical Center at Memphis	\$38,983,849	12%	\$118,032,960	37%	\$85,670,098	27%	\$75,120,389	24%	\$317,807,296
Riverside General Hospital	\$9,097,175	5%	\$82,194,993	42%	\$10,130,316	5%	\$95,820,905	49%	\$197,243,389
San Francisco General Hospital	\$76,804,091	20%	\$161,103,460	41%	\$24,847,457	6%	\$129,280,897	33%	\$392,035,905
San Joaquin General Hospital	\$28,870,455	19%	\$66,635,674	43%	\$11,604,873	8%	\$47,156,945	31%	\$154,267,947
San Mateo County General Hospital	\$18,578,448	21%	\$29,028,759	33%	\$3,320,019	4%	\$36,001,424	41%	\$86,928,650
Santa Clara Valley Health and Hospital System	\$62,818,076	14%	\$200,652,580	44%	\$71,095,780	15%	\$124,659,421	27%	\$459,225,857
Tampa General Healthcare	\$207,131,017	36%	\$87,103,061	15%	\$189,093,581	33%	\$95,719,498	17%	\$579,047,157
Truman Medical Center, Inc.	\$50,842,561	25%	\$70,608,770	35%	\$11,853,325	6%	\$67,279,137	34%	\$200,583,796
UMDNJ-University Hospital	\$81,608,000	18%	\$125,513,000	28%	\$98,391,000	22%	\$147,814,000	33%	\$453,326,000
University Hospital of Brooklyn	\$66,372,135	31%	\$73,376,307	34%	\$30,717,497	14%	\$44,807,722	21%	\$215,273,661
University of Chicago Hospitals	\$291,083,113	29%	\$257,396,654	26%	\$422,364,817	43%	\$22,513,931	2%	\$993,358,515
University of Colorado-University Hospital	\$86,327,000	25%	\$52,587,000	15%	\$147,285,000	42%	\$63,021,000	18%	\$349,220,000
University of New Mexico-University Hospital	\$41,498,500	15%	\$66,784,643	24%	\$51,765,818	19%	\$115,183,704	42%	\$275,232,665
University of Texas M.D. Anderson Cancer Center	\$169,043,901	25%	\$28,478,138	4%	\$344,246,518	52%	\$124,888,434	19%	\$666,656,991
University of Texas Medical Branch Hospital	\$144,016,274	19%	\$181,504,322	24%	\$103,520,796	14%	\$319,406,191	43%	\$748,447,583
University Medical Center of Southern Nevada	\$142,841,155	23%	\$156,060,517	25%	\$179,314,957	28%	\$154,447,607	24%	\$632,664,236
VCU-Medical College of Virginia Hospitals	\$166,831,980	25%	\$99,151,770	15%	\$193,279,589	29%	\$208,666,491	31%	\$667,929,830
Westchester Medical Center	\$232,583,368	38%	\$198,323,780	32%	\$148,853,515	24%	\$39,812,502	6%	\$619,573,165
Wishard Health Services	\$67,442,631	26%	\$67,828,604	26%	\$35,529,618	14%	\$89,945,584	34%	\$260,746,437
<b>Total</b>	<b>\$6,231,503,419</b>		<b>\$9,684,859,819</b>		<b>\$5,284,377,523</b>		<b>\$7,895,316,298</b>		<b>\$29,096,056,483</b>
<b>Average</b>	<b>\$77,893,793</b>	<b>21%</b>	<b>\$121,060,748</b>	<b>34%</b>	<b>\$66,054,719</b>	<b>18%</b>	<b>\$98,691,454</b>	<b>27%</b>	<b>\$363,700,706</b>
<b>Count</b>									<b>80</b>

# Table 7

## Net Revenues by Payer Source, 1997

Hospital	Medicare		Medicaid		Commercial		Self Pay/Other		State/Local Subsidies		Total Net Patient	
	Revenues	Percent	Revenues	Percent	Revenues	Percent	Revenues	Percent	Revenues	Percent	Revenues	Percent
Alameda County Medical Center	\$28,861,760	15%	\$95,156,630	48%	\$8,503,939	4%	\$15,441,776	8%	\$48,788,282	25%	\$196,752,387	
Boston Medical Center	\$102,974,013	22%	\$99,926,238	21%	\$116,676,915	25%	\$156,244,811	33%	\$0	0%	\$475,821,977	
Cambridge Public Health Commission	\$35,674,374	25%	\$29,626,723	20%	\$21,024,987	14%	\$28,568	0%	\$58,920,954	41%	\$145,275,606	
Contra Costa Regional Medical Center	\$27,742,406	20%	\$67,793,099	48%	\$2,224,570	2%	\$7,536,253	5%	\$36,849,576	26%	\$142,145,904	
Cook County BHS-Oak Forest Hospital	\$11,223,822	16%	\$54,533,320	76%	\$4,153,011	6%	\$1,384,337	2%	\$0	0%	\$71,294,490	
Cook County BHS-Provident Hospital	\$3,629,785	5%	\$41,038,595	56%	\$5,071,040	7%	\$62,999	0%	\$23,016,401	32%	\$72,818,820	
Cooper Green Hospital	\$7,056,823	12%	\$14,278,200	24%	\$627,577	1%	\$951,354	2%	\$36,119,381	61%	\$59,033,335	
Denver Health and Hospital Authority	\$35,384,000	16%	\$118,212,753	53%	\$40,233,000	18%	\$5,000,000	2%	\$23,800,000	11%	\$222,629,753	
Erlanger Health System	\$78,960,787	33%	\$39,050,340	16%	\$100,685,712	42%	\$19,934,562	8%	\$3,000,000	1%	\$241,631,401	
Grady Health System	\$77,735,781	20%	\$180,997,804	46%	\$31,566,834	8%	\$7,090,762	2%	\$96,568,288	25%	\$393,959,469	
Halifax Medical Center	\$83,392,058	43%	\$17,637,895	9%	\$70,846,078	37%	\$11,146,283	6%	\$10,353,406	5%	\$193,375,720	
Harborview Medical Center	\$57,808,978	21%	\$93,281,043	35%	\$90,637,175	34%	\$19,971,520	7%	\$8,023,124	3%	\$269,721,840	
Harris County Hospital District	\$47,019,272	12%	\$155,736,416	40%	\$25,307,789	6%	\$10,798,844	3%	\$152,846,000	39%	\$391,708,321	
Hennepin County Medical Center	\$71,588,259	25%	\$129,409,302	45%	\$62,520,440	22%	\$9,358,420	3%	\$17,155,677	6%	\$290,032,098	
HHSC-Hilo Medical Center	\$25,370,284	40%	\$13,778,170	22%	\$22,672,081	36%	\$11,116,974	2%	\$0	0%	\$62,937,509	
HHSC-Kona Community Hospital	\$8,525,092	32%	\$4,351,536	17%	\$12,719,333	48%	\$703,634	3%	\$0	0%	\$26,299,595	
HHSC-Maui Memorial Hospital	\$26,978,014	36%	\$5,168,930	7%	\$40,758,778	55%	\$11,43,662	2%	\$0	0%	\$74,049,384	
Hurley Medical Center	\$70,477,000	29%	\$80,344,000	33%	\$81,812,000	33%	\$12,019,000	5%	\$0	0%	\$244,652,000	
Jackson Memorial Hospital P.H.T.	\$129,888,841	20%	\$183,131,258	28%	\$157,695,113	24%	\$29,363,570	4%	\$165,382,006	25%	\$665,460,788	
Kern Medical Center	\$15,547,975	14%	\$58,633,692	51%	\$10,927,847	10%	\$10,337,519	9%	\$18,606,186	16%	\$114,053,219	
LAC-Harbor/UCLA Medical Center	\$25,941,275	8%	\$213,763,647	63%	\$14,551,528	4%	\$16,004,362	5%	\$67,481,713	20%	\$337,742,525	
LAC-High Desert Hospital	\$3,776,760	8%	\$21,968,060	49%	\$1,180,484	3%	\$1,401,493	3%	\$16,762,941	37%	\$45,089,738	
LAC-King/Drew Medical Center	\$20,866,054	7%	\$175,974,003	55%	\$10,921,836	3%	\$12,486,346	4%	\$88,292,274	28%	\$308,540,513	
LAC-LAC+USC Medical Center	\$34,149,103	5%	\$408,441,319	59%	\$17,954,043	3%	\$49,554,481	7%	\$185,796,690	27%	\$695,895,636	
LAC-Olive View/UCLA Medical Center	\$7,481,969	4%	\$114,961,193	61%	\$2,697,941	1%	\$6,848,049	4%	\$57,881,107	30%	\$189,870,259	
LAC-Rancho Los Amigos National Rehab. Cntr	\$11,440,886	9%	\$77,165,612	60%	\$2,565,502	2%	\$4,656,055	4%	\$32,741,949	25%	\$128,570,004	
LSUHSCD-E.A. Conway Medical Center	\$7,521,973	13%	\$49,546,341	83%	\$2,326,078	4%	\$367,355	1%	\$0	0%	\$59,761,747	
LSUHSCD-Earl K. Long Medical Center	\$5,136,247	7%	\$68,742,783	91%	\$963,570	1%	\$661,348	1%	\$0	0%	\$75,503,948	
LSUHSCD-Huey P. Long Medical Center	\$3,285,608	8%	\$34,907,106	86%	\$1,669,887	4%	\$611,340	2%	\$0	0%	\$40,473,941	
LSUHSCD-Lallie Kemp Regional Medical Center	\$3,586,140	15%	\$18,584,538	80%	\$832,259	4%	\$140,486	1%	\$0	0%	\$23,143,423	
LSUHSCD-Leonard J. Chabert Medical Center	\$6,909,196	12%	\$44,927,347	78%	\$2,603,339	5%	\$3,051,375	5%	\$0	0%	\$57,491,256	
LSUHSCD-Medical Center of Louisiana at N.O.	\$47,659,436	11%	\$330,747,578	78%	\$25,011,847	6%	\$22,582,769	5%	\$0	0%	\$426,001,631	
LSUHSCD-University Medical Center	\$7,484,997	13%	\$47,996,913	81%	\$2,271,070	4%	\$1,353,023	2%	\$0	0%	\$59,106,003	
LSUHSCD-W.O. Moss Regional Hospital	\$2,439,630	10%	\$21,485,130	86%	\$808,323	3%	\$199,299	1%	\$0	0%	\$24,932,382	
LSUHSCD-Wash./St. Tammany Medical Center	\$2,284,662	18%	\$9,596,871	75%	\$615,736	5%	\$340,530	3%	\$0	0%	\$12,837,799	

# Table 7

Hospital	Medicare		Medicaid		Commercial		Self Pay/Other		State/Local Subsidies		Total Net Patient Revenues	
	Revenues	Percent	Revenues	Percent	Revenues	Percent	Revenues	Percent	Revenues	Percent	Revenues	Percent
Maricopa Medical Center	\$36,312,478	27%	\$77,009,328	56%	\$22,799,317	17%	\$371,200	0%	\$0	0%	\$136,492,323	0%
Memorial Medical Center	\$77,518,844	33%	\$55,337,005	24%	\$93,027,265	40%	\$1,830,163	1%	\$6,959,259	3%	\$234,672,536	3%
Metropolitan Nashville General Hospital	\$9,007,556	16%	\$7,422,650	13%	\$1,092,485	2%	\$3,469,608	6%	\$36,132,873	63%	\$57,125,172	63%
MHS-Memorial Hospital Pembroke	\$20,654,336	60%	\$1,703,141	5%	\$10,617,451	31%	\$278,938	1%	\$910,507	3%	\$34,164,373	3%
MHS-Memorial Hospital West	\$25,112,365	33%	\$2,404,762	3%	\$47,242,408	63%	-\$669,707	-1%	\$1,203,572	2%	\$75,293,400	2%
MHS-Memorial Regional Hospital	\$92,004,637	40%	\$25,672,349	11%	\$88,868,999	38%	\$1,656,595	1%	\$24,288,296	10%	\$232,490,876	10%
MPHC-Memorial Hospital at Gulfport	\$45,146,306	29%	\$24,809,679	16%	\$64,324,347	41%	\$22,887,740	15%	\$0	0%	\$157,168,072	0%
MPHC-SW Mississippi Regional Medical Center	\$26,576,549	43%	\$6,728,667	11%	\$23,603,934	38%	\$4,994,936	8%	\$0	0%	\$61,904,086	0%
NBHD-Broward General Medical Center	\$62,986,304	32%	\$32,157,961	16%	\$50,039,156	25%	\$14,416,940	7%	\$36,792,266	19%	\$196,392,627	19%
NBHD-Coral Springs Medical Center	\$18,705,289	28%	\$3,529,108	5%	\$38,119,290	57%	\$964,779	1%	\$5,794,975	9%	\$67,113,441	9%
NBHD-Imperial Point Medical Center	\$19,570,698	40%	\$5,108,128	10%	\$17,696,142	36%	\$911,634	2%	\$5,531,679	11%	\$48,818,281	11%
NBHD-North Broward Medical Center	\$52,539,576	50%	\$7,608,292	7%	\$27,673,567	26%	\$2,217,817	2%	\$16,075,577	15%	\$106,114,829	15%
NYCHHC-Bellevue Hospital Center	\$75,849,832	20%	\$267,678,765	71%	\$18,278,957	5%	\$12,602,316	3%	\$2,935,000	1%	\$377,344,870	1%
NYCHHC-Coney Island Hospital	\$44,626,887	24%	\$111,158,148	59%	\$9,253,072	5%	\$15,970,139	9%	\$6,126,000	3%	\$187,134,246	3%
NYCHHC-Elmhurst Hospital Center	\$59,323,590	22%	\$181,211,184	66%	\$23,988,300	9%	\$5,068,024	2%	\$4,767,000	2%	\$274,358,098	2%
NYCHHC-Harlem Hospital Center	\$55,688,470	22%	\$185,715,614	72%	\$9,974,671	4%	\$1,264,316	0%	\$4,172,000	2%	\$256,815,071	2%
NYCHHC-Jacobi Medical Center	\$73,663,026	23%	\$166,747,373	53%	\$5,001,965	2%	\$59,094,210	19%	\$10,422,000	3%	\$314,928,574	3%
NYCHHC-Kings County Hospital Center	\$54,005,622	12%	\$189,946,868	41%	\$20,060,958	4%	\$191,434,930	42%	\$5,009,958	1%	\$460,458,336	1%
NYCHHC-Lincoln Medical and M.H. Center	\$49,816,758	17%	\$159,027,023	53%	\$8,611,394	3%	\$65,533,918	22%	\$16,719,000	6%	\$299,708,093	6%
NYCHHC-Metropolitan Hospital Center	\$49,856,268	22%	\$164,556,781	72%	\$6,286,656	3%	\$2,960,681	1%	\$3,668,000	2%	\$227,328,386	2%
NYCHHC-North Central Bronx Hospital	\$23,393,858	16%	\$114,180,427	78%	\$3,660,673	2%	-\$1,863,860	-1%	\$7,625,000	5%	\$146,996,098	5%
NYCHHC-Queens Hospital Center	\$34,394,847	19%	\$124,537,696	69%	\$12,717,452	7%	\$5,497,110	3%	\$4,131,000	2%	\$181,278,105	2%
NYCHHC-Woodhull Medical and M.H. Center	\$48,405,679	21%	\$161,394,276	69%	\$2,800,844	1%	\$9,536,377	4%	\$10,534,000	5%	\$232,671,176	5%
Parkland Health & Hospital System	\$52,280,127	12%	\$165,189,480	37%	\$39,733,948	9%	\$21,985,646	5%	\$166,241,255	37%	\$445,430,456	37%
R.E. Thomson General Hospital	\$15,512,000	12%	\$64,847,000	49%	\$16,328,000	12%	\$6,114,000	5%	\$29,210,000	22%	\$132,011,000	22%
Regional Medical Center at Memphis	\$24,585,435	14%	\$29,350,937	17%	\$75,731,287	44%	\$3,604,185	2%	\$39,816,407	23%	\$173,088,251	23%
Riverside General Hospital	\$6,110,112	6%	\$62,068,693	57%	\$7,616,979	7%	\$33,610,302	31%	\$0	0%	\$109,406,086	0%
San Francisco General Hospital	\$46,358,612	15%	\$178,942,177	58%	\$19,048,728	6%	\$7,455,224	2%	\$54,765,873	18%	\$306,570,614	18%
San Joaquin General Hospital	\$18,861,068	20%	\$46,024,989	49%	\$8,123,411	9%	\$2,996,566	3%	\$17,178,507	18%	\$93,184,540	18%
San Mateo County General Hospital	\$8,696,321	21%	\$18,704,083	46%	\$3,990,399	10%	\$9,378,702	23%	\$0	0%	\$40,769,505	0%
Santa Clara Valley Health and Hospital System	\$42,297,118	14%	\$103,731,250	34%	\$47,666,450	15%	\$12,215,552	4%	\$103,435,098	33%	\$309,345,468	33%
Tampa General Healthcare	\$106,558,173	40%	\$48,258,995	18%	\$93,030,777	35%	\$20,269,802	8%	\$0	0%	\$268,117,747	0%
Truman Medical Center, Inc.	\$38,821,071	25%	\$61,237,802	40%	\$7,381,260	5%	\$10,803,113	7%	\$36,290,536	23%	\$154,536,782	23%
UMDNJ-University Hospital	\$65,215,000	19%	\$49,636,000	15%	\$65,030,000	19%	\$91,623,000	27%	\$70,389,000	21%	\$341,893,000	21%
University Hospital of Brooklyn	\$56,595,144	32%	\$63,211,193	36%	\$23,327,153	13%	\$22,445,510	13%	\$11,997,000	7%	\$177,576,000	7%
University of Chicago Hospitals	\$123,459,744	28%	\$84,296,346	19%	\$232,267,599	52%	\$8,107,845	2%	\$0	0%	\$448,131,534	0%



# Table 7

Hospital	Medicare		Medicaid		Commercial		Self Pay/Other		State/Local Subsidies		Total Net Patient Revenues	
	Revenues	Percent	Revenues	Percent	Revenues	Percent	Revenues	Percent	Revenues	Percent	Revenues	Percent
University of Colorado-University Hospital	\$57,166,000	25%	\$46,633,000	21%	\$98,352,000	44%	\$14,571,000	6%	\$7,682,000	3%	\$224,404,000	
University of New Mexico-University Hospital	\$39,994,453	21%	\$71,688,820	37%	\$32,027,433	17%	\$21,704,415	11%	\$26,443,648	14%	\$191,858,769	
University of Texas M.D. Anderson Cancer Center	\$96,506,977	17%	\$11,632,447	2%	\$254,618,978	46%	\$47,547,360	9%	\$142,377,943	26%	\$552,683,705	
University of Texas Medical Branch Hospital	\$93,396,064	24%	\$90,548,438	23%	\$53,081,449	14%	\$58,479,590	15%	\$96,100,000	25%	\$391,605,541	
University Medical Center of Southern Nevada	\$62,079,942	23%	\$67,262,974	25%	\$82,148,657	30%	\$52,749,322	19%	\$7,100,000	3%	\$271,340,895	
VCU-Medical College of Virginia Hospitals	\$107,385,135	26%	\$76,471,160	19%	\$119,860,182	29%	\$106,129,684	26%	\$0	0%	\$409,846,161	
Westchester Medical Center	\$135,332,206	38%	\$115,151,543	32%	\$88,753,847	25%	\$13,721,949	4%	\$2,532,287	1%	\$355,491,832	
Wishard Health Services	\$49,601,031	25%	\$68,493,705	35%	\$15,815,751	8%	\$6,994,559	4%	\$57,129,468	29%	\$198,034,514	
<b>Total</b>	<b>\$3,437,774,768</b>		<b>\$6,719,920,642</b>		<b>\$2,983,311,253</b>		<b>\$1,432,829,289</b>		<b>\$2,226,872,939</b>		<b>\$16,800,711,890</b>	
<b>Average</b>	<b>\$43,516,136</b>	<b>20%</b>	<b>\$85,062,287</b>	<b>40%</b>	<b>\$37,763,434</b>	<b>18%</b>	<b>\$18,137,080</b>	<b>9%</b>	<b>\$28,188,265</b>	<b>13%</b>	<b>\$212,667,239</b>	
<b>Count</b>												<b>79</b>

## Appendix B

### Governance Profiles

Hospital	Location	# of Facilities
Separate Public Entity *		
Alameda County Medical Center	Oakland, CA	
Broadlawns Medical Center	Des Moines, IA	
Cambridge Public Health Commission	Cambridge, MA	
DC Health & Hospital Corporation	Washington, DC	
Denver Health & Hospital Authority	Denver, CO	
Erlanger Health System	Chattanooga, TN	
Grady Health System	Atlanta, GA	
Halifax Medical Center	Daytona Beach, FL	
Harborview Medical Center	Seattle, WA	
Harris County Hospital District	Houston, TX	
HHSC-Hawaii Health Systems Corporation	Hawaii	12
Hurley Medical Center	Flint, MI	
Jackson Memorial Hospital Public Health Trust	Miami, FL	
Metropolitan Nashville General Hospital	Nashville, TN	
MHS-Memorial Healthcare System	Florida	4
MPHC-Memorial Hospital at Gulfport	Gulfport, MS	
MPHC-Singing River Hospital	Pascagoula, MS	
MPHC-Southwest Mississippi Regional Medical Center	McComb, MS	
Nassau County Medical Center	East Meadow, NY	
NBHD-North Broward Hospital District	Florida	4
NYCHHC-New York City Health & Hospitals Corporation	New York, NY	14
Parkland Health & Hospital System	Dallas, TX	
Thomason General Hospital	El Paso, TX	
UMDNJ-University Hospital	Newark, NJ	
University of Colorado-University Hospital	Denver, CO	
VCU-Medical College of Virginia Hospitals	Richmond, VA	
Westchester Medical Center	Valhalla, NY	
Wishard Health Services	Indianapolis, IN	
Non-Profit Corporation **		
Boston Medical Center	Boston, MA	
Medical Center of Central Georgia	Macon, GA	
Memorial Medical Center	Savannah, GA	
Regional Medical Center at Memphis	Memphis, TN	
Seton-Brackenridge Hospital	Austin, TX	
Tampa General Healthcare	Tampa, FL	
Truman Medical Center	Kansas City, MO	2
University of Chicago Hospitals	Chicago, IL	

Hospital	Location	# of Facilities
Direct Operation by State or Local Government ***		
Natividad Medical Center	Salinas, CA	
CHNSF-Community Health Network of San Francisco	San Francisco, CA	2
Arrowhead Regional Medical Center	Colton, CA	
Contra Costa Regional Medical Center	Martinez, CA	
Cook County Bureau of Health Services	Chicago, IL	3
Cooper Green Hospital	Birmingham, AL	
Hennepin County Medical Center	Minneapolis, MN	
Kern Medical Center	Bakersfield, CA	
Los Angeles County	Los Angeles County, CA	6
Louisiana State University Health Care Services Division	Louisiana	9
Maricopa Medical Center	Phoenix, AZ	
MetroHealth Medical Center	Cleveland, OH	
Ohio State University Hospital	Columbus, OH	
Riverside General Hospital	Moreno Valley, CA	
San Joaquin General Hospital	French Camp, CA	
San Luis Obispo General Hospital	San Luis Obispo, CA	
San Mateo County General Hospital	San Mateo, CA	
Santa Clara Valley Health and Hospital System	San Jose, CA	
University Hospital of Brooklyn	Brooklyn, NY	
University Medical Center of Southern Nevada	Las Vegas, NV	
University of New Mexico-University Hospital	Albuquerque, NM	
University of Texas System	Texas	3

\* Separate Public Entity — Retains public status, but legally separate from state or local government; has autonomous governing board, though government retains some degree of control over Board or operations.

\*\* Non-Profit Corporation — Created pursuant to a state's non-profit corporation statute; operates as a private corporation, often under contractual agreement with the local government; having adopted this structure, for most purposes the institution is no longer public.

\*\*\* Direct Operation by State or Local Government — Directly administered by state or local government, with or without a dedicated board; no independent legal existence.

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## Appendix C

### *Description of the Health Care Cost and Utilization Project Database and the American Hospital Association's Annual Survey of Hospitals Database, Fiscal Year 1998*

The Healthcare Cost and Utilization Project (HCUP) includes information from two databases, the Nationwide Inpatient Sample (NIS) and the State Inpatient Database (SID). The combined database includes standardized patient-level information for inpatient hospital stays from 1997. The data has been developed by the Agency for Healthcare Research and Quality (AHRQ). The data includes inpatient data from a national sample of about 1,000 hospitals in twenty-two states and represents more than half of all U.S. hospital discharges. Twenty NAPH member hospitals are included in the database by virtue of the states in which they are located.

The American Hospital Association's Annual Survey of Hospitals Database, Fiscal Year 1998 is a derivative of the AHA Annual Survey of Hospitals. AHA has conducted the survey annually since 1946. The database includes responses to survey questions concerning organizational structure, facilities, services, community orientation, utilization, finances, and staffing. NAPH analysis of the database was limited to non-federal, general medical and surgical hospitals. Facilities such as psychiatric and children's hospitals, rehabilitation and long-term care facilities were excluded from analysis. There are 6,247 respondents included in the Fiscal Year 1998 Database. NAPH used Access and SPSS statistical programs to derive the referenced data.

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## Notes



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