

America's Safety Net Hospitals and Health Systems, 2001

Results of the 2001 Annual NAPH Member Survey

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National Association of Public Hospitals and Health Systems

September 2003

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Executive Summary

This report describes the unique and critical role of National Association of Public Hospitals and Health Systems (NAPH) member hospitals in our country's health care system. It contains information about our members' utilization volumes and financial performance for fiscal year 2001. Most of the data is from the most recent NAPH Hospital Characteristics Survey, which has been conducted annually since the mid-1980s. (See Appendix A for a description of the survey methodology). The report also contains information about our members and the markets they serve derived from the American Hospital Association (AHA) annual survey of hospitals for the same year.

Overview of Key Findings

Key findings about the situation of NAPH members in fiscal year 2001 include the following:

- The financial situation of NAPH members is far worse than that of other hospitals in the country. NAPH members were just barely breaking even in 2001, with a margin of less than one percent. In comparison, the average margin of hospitals nationwide was 4.5 percent.
- Forty-three percent of NAPH members exhibited negative margins in 2001.
- The financial picture since 2001 is likely to be much worse given federal cuts in Medicare and Medicaid in federal fiscal year 2003, Medicaid cuts at the state level in the last two years, increases in the number of uninsured and underinsured caused by the economic downturn, and double-digit increases in costs for pharmaceuticals and other medical technology.
- In fiscal year 2001, NAPH members provided \$5.4 billion in uncompensated care costs, representing over a quarter of the uncompensated care in the country.
- Uncompensated care represents 24 percent of costs for NAPH members as compared to 5.6 percent of costs for all hospitals in the country.
- NAPH members rely on governmental payers to help them meet their various "safety net" missions. Seventy-three percent of their revenues are from Medicaid, Medicare, and state or local government. Reimbursement from these sources is not adequate to cover the costs of care – an inadequacy that is worsening over time.
- NAPH members lost over \$631 million on Medicare patients in 2001, even with Medicare disproportionate share hospital (DSH) and indirect medical education (IME) payments included.
- Medicare losses for NAPH members in 2001 increased 20 percent over Medicare losses for the previous year.
- Ninety-three percent of NAPH members lost money on Medicare patients, compared to just under half of all hospitals nationally.
- Medicaid reimbursement is critical for NAPH members, providing 38 percent of their net revenues. Medicaid Disproportionate Share Hospital (DSH) payments

reimburse one-quarter of unreimbursed costs for NAPH member systems – ensuring that losses on Medicaid, Medicare, and uninsured patients are partially covered.

- In spite of its importance, in many states, even Medicaid does not adequately cover the costs of providing low-income care for many NAPH hospitals and health systems. Fifty-four percent of NAPH members lost money on Medicaid in 2001, even with Medicaid DSH payments included.
- NAPH members provide an extraordinary volume of ambulatory care. NAPH members provide almost one-quarter of the hospital ambulatory care visits in their communities. Much of this care is primary care that being provided through networks of community clinics.
- Almost half (46 percent) of ambulatory care visits provided by NAPH members were for primary care.
- NAPH members play a critical role in emergency and disaster preparedness. In 18 cities across the country, NAPH members provide the only trauma center of any level. In 19 cities, they are the only providers of burn care. NAPH members in Las Vegas, Miami, Richmond, and San Francisco are the only providers of both trauma and burn care in those cities.

Conclusion & Recommendations

Financial viability remains a challenge for safety net hospitals and health systems. As a whole in 2001, NAPH members just broke even on average. The NAPH members who operated in the black in 2001 were doing so only marginally. That picture has likely changed for the worse since 2001 with significant cutbacks in state Medicaid programs, the federal Medicaid DSH program, and other programs that support safety net hospital systems.

This country depends on NAPH members as a key part of its health care safety net infrastructure. These providers are not only a major source of health services for Medicaid patients and the uninsured, but they are also key to ensuring homeland security. NAPH members operate many of the nation's only trauma and burn centers and run some of the busiest hospital emergency rooms in the country. Federal and state governments must recognize the importance of preserving the viability of this safety net infrastructure.

Congress must take immediate steps to alleviate the financial crisis being experienced by the nation's health safety net, particularly in this time of economic uncertainty and heightened awareness about national security. NAPH specifically urges Congress and the Administration to take the following steps:

- **Reverse Medicaid DSH cuts for many states that went into effect in FY 2003 and increase allotments for states with unconscionably low DSH allotments.**
- **Eliminate cuts to Medicare Indirect Medical Education (IME) payments that went into effect in FY 2003.**

-
- **Remove regulatory obstacles to allowing public hospitals to negotiate lower pharmaceutical prices on inpatient drugs through the 340B program.**
 - **Avoid undermining the Medicaid program with “reforms” that eliminate the federal/state partnership in the program or the guarantee of coverage and benefits to eligible populations.**
 - **Recognize the significant role of safety net hospitals and health systems in the provision of outpatient care to the uninsured and include support for these providers in any plans to increase direct funding for ambulatory care.**
 - **Continue to expand access to health insurance coverage through Medicaid and SCHIP expansions.**
 - **Ensure adequate financing for emergency preparedness that reaches front-line providers. Avoid provider cuts in federal programs like Medicare and Medicaid that dwarf new appropriated funds for preparedness, and that undermine the fiscal integrity of our nation’s trauma and public health infrastructure.**

NAPH calls on the Congress and the Administration to recognize the essential role of safety net providers in ensuring the nation’s health and safety by increasing financial support for these hospitals and health systems. The following pages provide a detailed discussion of the vital role of NAPH members and an analysis of trends affecting their overall viability.



The Situation of NAPH Member Hospitals, 2001

Members of the National Association of Public Hospitals and Health Systems (NAPH) share a number of important missions that make them an essential part of our nation's health care infrastructure. They treat all patients regardless of their ability to pay – meaning that millions of uninsured and underinsured individuals and families have access to care even if they do not have health insurance. NAPH member hospitals and systems treat large numbers of other populations considered at risk in our current health care system, including the elderly, low-income children and families on Medicaid, minorities, people with limited English proficiency, and people with chronic illnesses like HIV/AIDS, mental illness, diabetes, and asthma. They provide essential high cost around-the-clock services that everyone needs, including trauma care, burn care, neonatal and pediatric intensive care, and emergency psychiatric care.

NAPH hospitals and health systems are at the core of our nation's emergency preparedness efforts with linkages to other first responders like police, fire, emergency services, and public health. These “public” goods are what define these hospitals and health systems as our nation's “safety net”, yet we are not providing adequate resources to these providers given this great responsibility that they shoulder.

In the following pages, we describe the situation of NAPH members in 2001, the latest year for which accurate data are available.

Trends Affecting NAPH Members

Financial Performance

The hospitals and hospital systems that comprise the membership of NAPH were barely holding their own in 2001. As a whole, NAPH members just broke even financially in 2001, which was a slight improvement over the prior year, but lagged significantly behind the rest of the industry. In 2001, NAPH members had a positive margin of 0.7 percent as compared to an average margin of 4.5 percent for all hospitals nationwide (See Figure 1). The slight improvement in 2001 from 2000 for NAPH members is due to increases in state and local subsidies and non-patient care revenues, which offset higher losses from care to Medicare, Medicaid, and uninsured and underinsured patients.

Such razor-thin margins are problematic in the face of greater burdens being placed on NAPH members to meet many different compelling needs. In the last several years, the poor economy has increased the number of uninsured and underinsured individuals and imperiled state finances, forcing cutbacks in Medicaid and other healthcare funding. New public health needs have arisen requiring preparation and strengthening infrastructure to respond to bioterrorism and other public health threats like Severe Acute Respiratory Syndrome (SARS). Keeping pace with new medical technologies and regulatory requirements like patient privacy have required large investments in systems and other equipment. Grappling with workforce shortages that drive up labor costs and accommodating

double-digit increases in pharmaceuticals prices have caused costs to increase faster than revenues. Breaking even is not enough to maintain viability in this health care environment. Industry analysts deem margins of less than two percent inadequate for financing working capital or reinvesting in infrastructure and technology, to say nothing of meeting the special missions that make these hospitals part of our nation's health care safety net.

In 2001, almost half of NAPH members lost money – a number that is likely much larger today. Communities across the nation – Los Angeles, Denver, Alameda County in California, Las Vegas, San Francisco, Westchester County in New York, and Dallas – are reeling from cuts in services in their safety net hospitals and health systems. Many more NAPH members will be announcing cuts in the coming months.

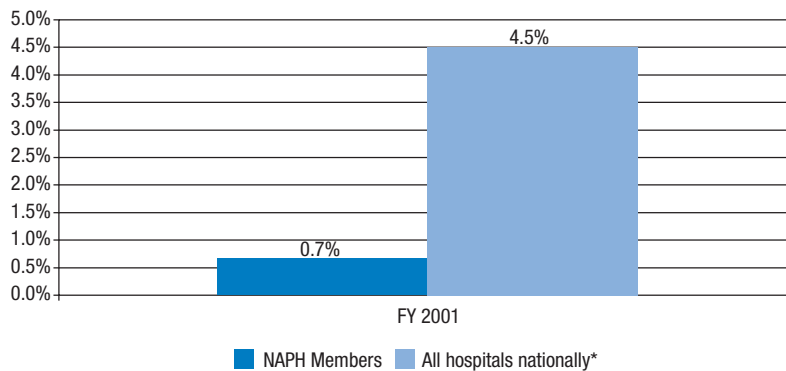


Figure 1
Hospital Margins, Fiscal Year 2001

**Source: MedPAC Analysis of data from the National Hospital Indicators Survey (sponsored by CMS and MedPAC, conducted by the American Hospital Association).*

Changes in Government Support of Safety Net Hospitals

NAPH members rely on Medicaid, Medicare, and state and local governments for over 73 percent of total revenues, making them uniquely reliant on governmental sources of income. Financial support at the federal and state level has been worsening. The economy in the last two years has caused crippling budget deficits, forcing states to cut back on Medicaid and other programs that support services in safety net hospital systems. The federal government has been cutting provider payments over the last several years. In FY 2003, cuts in Medicaid disproportionate share hospital program (DSH) and Medicare indirect medical education (IME) payments will result in a loss of over \$300 million in revenue to NAPH member hospital systems.

Medicaid revenue is extremely important to these hospital systems – providing 38 percent of their total revenue, yet Medicaid reimbursement decreased by 15 percent between 2000 and 2001. Medicaid DSH is intended to reduce shortfalls providers experience treating Medicaid patients and to partially subsidize care to the uninsured, yet even with DSH payments included, over half of NAPH members lost money on treating Medicaid patients.

NAPH members lost over \$631 million on Medicare patients in 2001, even with Medicare DSH and IME payments included. This figure represents an increase of 20 percent over total Medicare losses for the previous year. Ninety-three percent of NAPH members lost money on Medicare patients, compared to just under half of all hospitals nationally.

Since the passage of the Balanced Budget Act of 1997 (BBA), safety net hospitals and health systems have experienced large reductions in reimbursement from

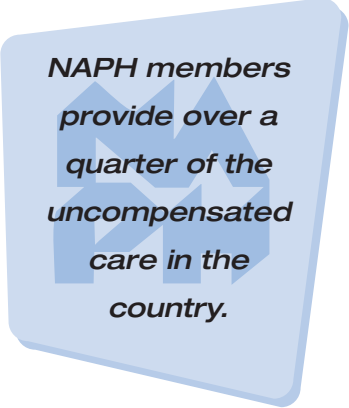
public payers such as Medicare and Medicaid. Data for a matched set of 74 NAPH members reveal that the Medicare payment-to-cost ratio decreased from 0.85 in 2000 to 0.84 in 2001, even when taking subsidies from Medicare DSH and IME funding into account. Without these DSH and IME payments, the Medicare payment-to-cost ratio decreased from 0.68 in 2000 to 0.65 in 2001. In fiscal year 2001, 68 NAPH members lost over \$631 million caring for Medicare patients – 20 percent higher losses than those in the prior year. Members would have lost a significant amount of money caring for Medicaid patients were it not for supplemental DSH funding. Without DSH payments, the Medicaid payment-to-cost ratio was 0.77 in fiscal years 2000 and 2001. We expect that data for the last two years will show even higher Medicaid losses due to Medicaid cuts that have gone into effect since 2001.

Revenues from state and local governments increased slightly in 2001, representing 16 percent of costs for a matched set of NAPH members. This is an increase from 15 percent in 2000. In large part, this increase accounts for the slight improvement in overall margins experienced by NAPH members in 2001. Over a several year period, state and local subsidies have remained relatively constant.

Commitment to the Uninsured

There are currently over 41 million uninsured individuals in the United States, a number that has continued to increase over the last several years as a result of the economic downturn. Harder to document is the sizeable number of underinsured individuals, comprised largely of persons with policies that have high out-of-pocket costs that they often cannot afford to pay. The responsibility of caring for these uninsured and underinsured patients falls primarily on safety net facilities whose mission is to serve all patients regardless of ability to pay.

Due to the amount of low-income care they provide, NAPH members have historically experienced high rates of uncompensated care as a percent of total costs. Twenty-four percent of costs are uncompensated at NAPH systems compared to an average of 5.6 percent for hospitals nationally. In fiscal year 2001, 82 NAPH members provided over a quarter of the uncompensated care in the country.



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Shift to Ambulatory Care

NAPH members have experienced notable increases in their ambulatory care volumes over the last decade. These increases in outpatient visits have come hand in hand with decreases in the volume of discharges. While the shift toward ambulatory care for NAPH members mirrors the trend nationally, it represents a financial problem. More ambulatory care in NAPH facilities is uninsured, so as ambulatory care grows, NAPH members provide more unreimbursed care. In 2001, 42 percent of ambulatory care services were provided to uninsured patients, compared to 25 percent of inpatient services (see Tables 3 and 4 in Appendix C).

Improved Medicaid Enrollment

Over the last decade, increased competition and decreasing reimbursement from various payers have led providers that did not traditionally participate in the Medicaid market to actively compete for Medicaid patients. Many pregnant women covered by Medicaid were actively sought out by other providers. NAPH members experienced significant declines in Medicaid volumes during the 1990s. In

addition to having to forgo Medicaid revenue, safety net facilities were faced with a steadily increasing volume of uninsured patients.

NAPH survey data for a matched set of members indicates that since 1999, health systems have begun to experience a modest increase in the volume of Medicaid discharges (See Figure 2). NAPH members are actively screening uninsured patients to determine eligibility for Medicaid and any other state or local indigent care programs. Many have undertaken aggressive Medicaid enrollment campaigns and have successfully obtained coverage for uninsured individuals whose care would have been otherwise unreimbursed.

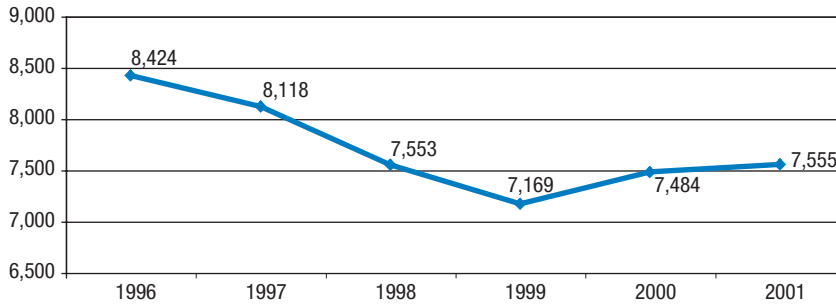


Figure 2
Medicaid Discharges for NAPH Hospitals and Health Systems, 1996-2001

Source: NAPH Hospital Characteristics Survey, 2001

In addition to stepping up their screening and enrollment efforts, members worked aggressively to retain their volume of Medicaid births. Many NAPH members have updated and upgraded their birthing facilities with state-of-the-art labor, delivery, and recovery suites and increased the number of private post-partum rooms. These measures appear to be paying off, as members have experienced a steady increase in births since 1999 (See Figure 3). In 2001, NAPH members delivered over 18 percent of all Medicaid births in their markets, reflecting the highest Medicaid birth market share for NAPH members in the last five years.

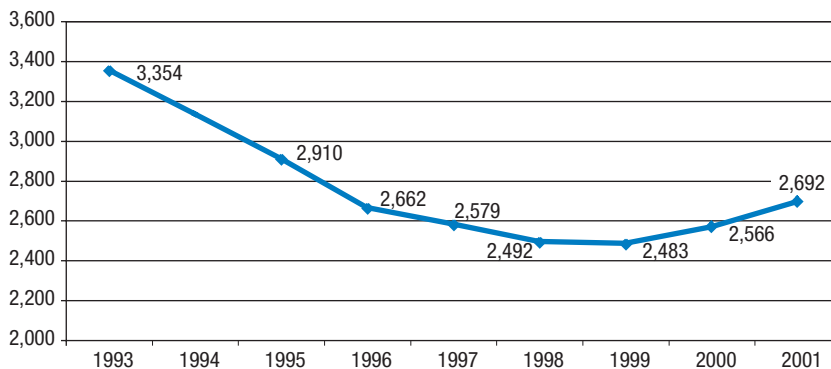


Figure 3
Average Birth Volume for NAPH Members, 1993-2001

Source: AHA Annual Survey of Hospitals, 2001

Characteristics of NAPH Members

Role in Providing Low-Income Care

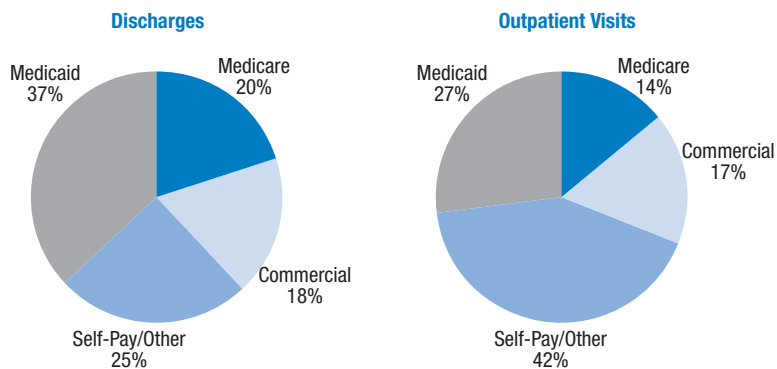
NAPH members serve a substantial proportion of patients who are uninsured, underinsured or covered by the Medicaid program. For fiscal year 2001, an average of 37 percent of patients discharged from NAPH hospitals were covered by Medicaid and another 25 percent of patients were uninsured (See Figure 4). Patients covered through Medicare or commercial insurance represented 20 percent and 18 percent of the discharges, respectively (See Table 3 in Appendix C for data on individual NAPH members).

Through their ambulatory care networks, NAPH members provide an even higher proportion of care to low-income populations. Much of this care is unreimbursed, since the uninsured are able to contribute little, if anything, toward the cost of their care. More than two-thirds of outpatient visits at NAPH hospitals were either for uninsured patients (42 percent) or Medicaid patients (27 percent), (See Figure 4). Fourteen percent of visits were Medicare patients, while the remaining 17 percent were provided to patients with commercial insurance. (See Table 4 in Appendix C for data on individual NAPH members).

Figure 4

Discharges and Outpatient Visits at NAPH Hospitals and Health Systems by Payer Source, 2001

Source: NAPH Hospital Characteristics Survey, 2001

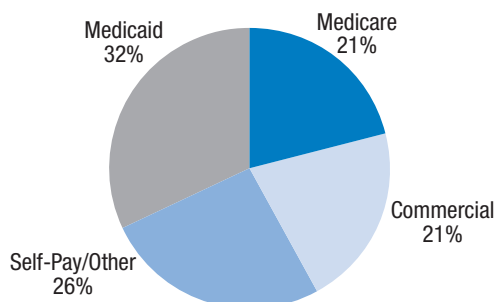


For fiscal year 2001, 81 NAPH members provided over \$37 billion in patient services, an average of more than \$462 million per member hospital system. NAPH hospitals provided 32 percent of these services to Medicaid patients and 26 percent to self-pay patients. (See Figure 5). The remaining 42 percent of services were provided to Medicare patients (21 percent) and commercially insured patients (21 percent). (See Table 6 in Appendix C for a listing of gross revenues by hospital).

Figure 5

Gross Charges by Payer Source for NAPH Members, 2001

Source: NAPH Hospital Characteristics Survey, 2001



NAPH members received over \$20 billion in net revenues, for an average of over \$251 million per member. Data for fiscal year 2001 indicates that NAPH members continue to rely heavily on federal and state governmental funding from such sources as Medicare, Medicaid, and state and local subsidies to sustain their operations. As Figure 6 shows, almost three quarters of revenues for NAPH members comes from federal, state, and local payments. In 2001, 38 percent of members' net revenues came from Medicaid, 18 percent from Medicare, and 17 percent from state and local subsidies. Commercial insurance accounted for 20 percent of net revenues, while uninsured patients provided only 7 percent of net revenues. (See Table 7 in Appendix C for a listing of net revenues by hospital).

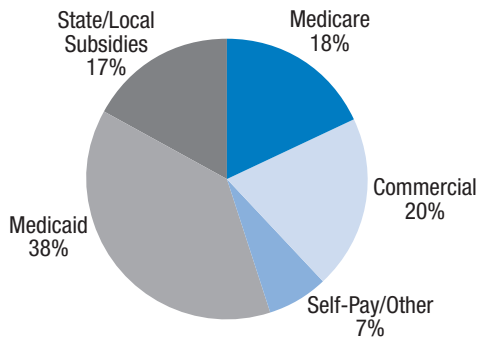


Figure 6

Net Revenues by Payer Source for NAPH Members, 2001

Source: NAPH Hospital Characteristics Survey, 2001

Medicaid DSH alone finances 25 percent of unreimbursed costs for NAPH members.

Financing Unreimbursed Care

The phrase “unreimbursed care” refers to losses on patient care excluding “mission-related” funding such as DSH payments, indirect medical education payments (IME), and state and local government subsidies. It includes losses on Medicare, which totaled almost \$1.5 billion without DSH and GME payments, and losses on Medicaid, which totaled over \$1.75 billion without DSH payments, for 80 NAPH members in 2001.

Figure 7 indicates that state and local subsidies financed 38 percent of the unreimbursed care provided by NAPH members in 2001. Medicaid DSH once again proved to be a critical funding source, financing 25 percent of unreimbursed costs. Medicare subsidized 10 percent of unreimbursed costs, with Medicare DSH covering 6 percent of these costs and Medicare IME funds covering 4 percent. The remaining 27 percent of costs were financed with other revenues unrelated to patient care.

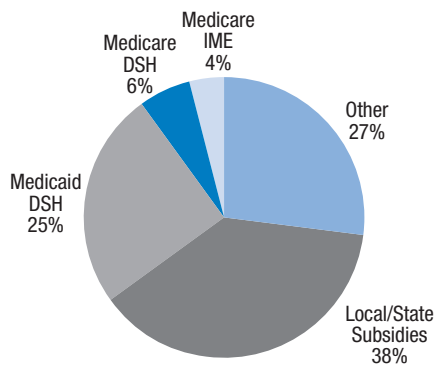


Figure 7

Sources of Financing for Unreimbursed Care at NAPH Hospitals and Health Systems, 2001

Source: NAPH Hospital Characteristics Survey, 2001

Role of Safety Net Facilities

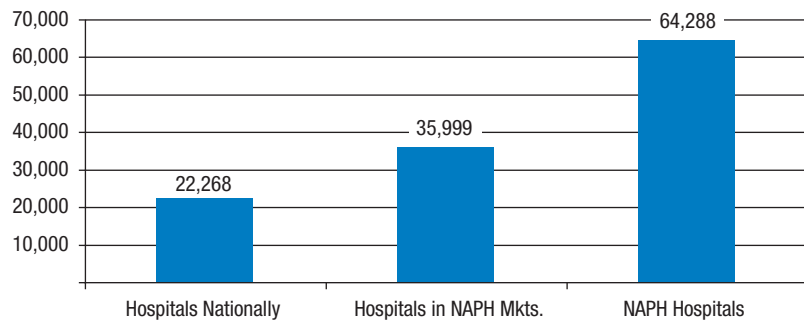
Although NAPH members represent only four percent of staffed hospital beds in the country and 16 percent of staffed beds in their respective markets, these facilities provide large volumes of inpatient and outpatient care and are significant providers of important services within the communities that they serve (See Figure 8). NAPH acute care hospitals represent only two percent of acute care hospitals in the United States, but 12 percent of acute care hospitals in the predominantly urban markets (or counties) in which they are located.

Figure 8

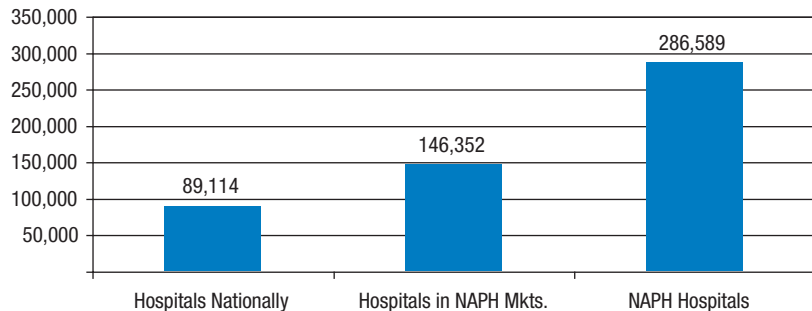
Utilization at NAPH Acute Care Facilities versus all Acute Care Hospitals Nationally and in NAPH Markets, 2001

Source: AHA Annual Survey of Hospitals, 2001

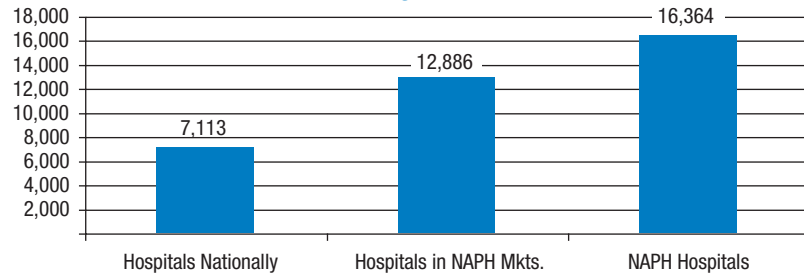
Average Emergency Department Visits



Average Other Outpatient Visits



Average Admissions



NAPH members comprise only 12 percent of acute care hospitals in the markets they serve, but they provide 16% of admissions, 22% of emergency department visits, and 24% of non-emergency ambulatory care visits in these markets.

NAPH member facilities tend to be much larger than other acute care hospitals nationally and in their markets. With an average bed size of 391, NAPH hospitals are one and a third times larger than the average acute care hospital in their markets and more than twice the size of the average acute care hospital nationally. Across the NAPH membership however, there is variation in bed size. As Figure 9 shows, 22 percent of NAPH members have between 251 and 350 beds, and three percent have more than 1000 beds.

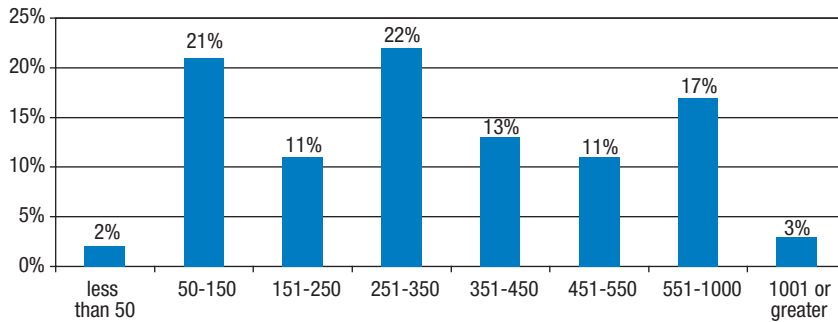


Figure 9
Distribution of NAPH Hospitals by Bed Size, 2001

Source: AHA Annual Survey of Hospitals, 2001

Inpatient and Outpatient Care Volumes

American Hospital Association survey data for fiscal year 2001 shows that the average inpatient volume for NAPH acute care facilities was 2.3 times greater than the average acute care hospital nationally (16,364 admissions versus 7,113 for the average acute care hospital nationally). Despite the high volume of care provided, discharge data collected through the NAPH survey over the past nine years shows that inpatient volumes have declined significantly since 1993.¹ While the average discharge volume has remained relatively steady since 1996, current volumes remain roughly 11 percent lower than they were in the early 1990s (See Figure 10).

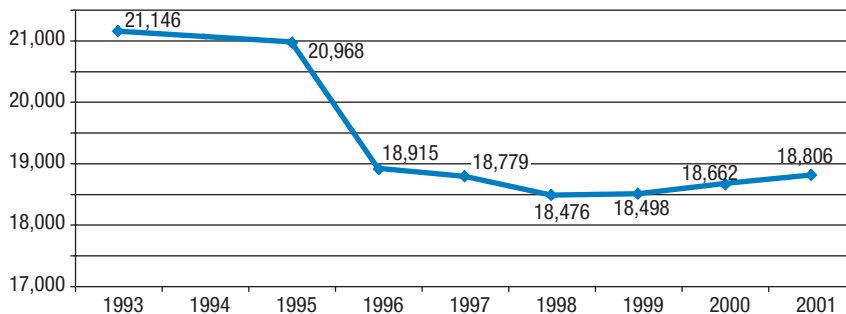


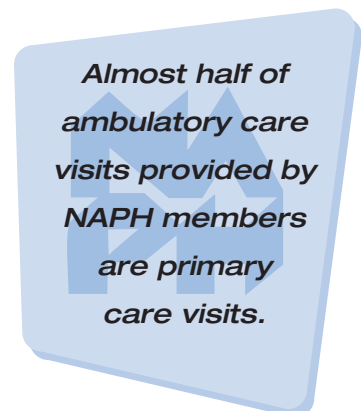
Figure 10
Average Discharges for NAPH Hospitals and Health Systems, 1993-2001

Source: NAPH Hospital Characteristics Survey, 2001

NAPH members provide an extraordinary volume of ambulatory, or outpatient, care. AHA data indicate that in 2001, these health systems provided more than triple the outpatient visit volume provided by the average acute care hospital nationally – an average of 350,876 outpatient visits, compared to 111,381 visits for hospitals nationally and 182,351 visits for hospitals in their markets. Through extensive ambulatory care networks that include on-campus and community health clinics, NAPH members provided more than 31 million outpatient visits, including 5.7 million visits (or 18 percent) to emergency departments.²

¹ The AHA survey collects data on inpatient admissions, while the NAPH survey collects discharge data.

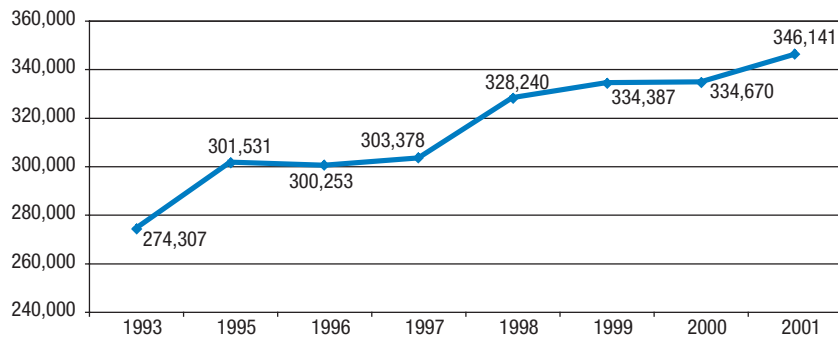
² AHA data on outpatient visits are used so that NAPH member data can be compared to that of hospitals in their markets and in the rest of the nation. This AHA data, referenced in Figure 5, differs slightly from that reported in Appendix B-Table 2 because the AHA survey database includes a higher number of NAPH members.



The volume of outpatient visits has increased steadily since 1993 (See Figure 11). For a matched set of 81 members, outpatient visit volumes increased from 274,307 visits in 1993 to 346,141 visits in 2001, just over a 26 percent increase. While public perception is often one of hospital clinics as primarily providers of specialty care, NAPH members are providing a significant amount of primary care – much of it through their networks of community clinics. NAPH survey data indicates that almost half (46 percent) of ambulatory care visits provided by NAPH members were primary care visits.

Figure 11
Average Outpatient Visits for NAPH Hospitals and Health Systems, 1993-2001

Source: AHA Annual Survey of Hospitals, 2001



Emergency Preparedness Role

As leading providers of emergency room, trauma, and burn care services, NAPH members have long been first responders for such tragedies as chemical spills, major fires, disease outbreaks, and natural disasters. In the wake of the September 11th attacks, the role of safety net providers in homeland security has become even more pronounced. Safety net hospitals are key components of emergency preparedness in their communities. These providers are working with local governments and other first responders like police, fire and emergency services to coordinate communication and response in the event of terrorist attacks. Many NAPH members have strong relationships with their local public health departments to help monitor disease trends to identify incidents of bioterrorism and disease outbreaks such as SARS.

NAPH members are also major providers of trauma services. Trauma centers are facilities that are specially equipped to provide emergency and specialized intensive care to critically ill and injured patients. Level I trauma centers, the most highly-specialized centers, are capable of providing total care for every aspect of injury and play a leadership role in trauma research and education. NAPH members operate 12 percent of the nation's Level I trauma centers and 40 percent of the Level I trauma centers in the markets in which they are located. In these markets, NAPH members operate one-quarter of trauma centers of all levels. In 18 communities, including several major cities such as Albuquerque, Atlanta, Las Vegas, Memphis, Miami, Richmond, and San Francisco, NAPH members are the only trauma center of any level (See Figure 12).

Albuquerque, NM (pop. 448,607)	Las Vegas, NV (pop. 478,434)
Atlanta, GA (pop. 416,474)	Macon, GA (pop. 97,255)
Bakersfield, CA (pop. 247,057)	Memphis, TN (pop. 650,100)
Chattanooga, TN (pop. 155,554)	Miami, FL (pop. 362,470)
Daytona Beach, FL (pop. 64,112)	Newark, NJ (pop. 273,546)
Flint, MI (pop. 124,943)	New Orleans, LA (pop. 484,674)
Ft. Lauderdale, FL (pop. 152,397)	Richmond, VA (pop. 197,790)
Galveston, TX (pop. 57,247)	San Francisco, CA (pop. 776,733)
Hollywood, FL (pop. 139,357)	Seattle, WA (pop. 563,374)

Figure 12

Communities Where NAPH Members Provide the Only Level 1 Trauma Center or the Only Trauma Center of Any Level

Source: AHA Annual Survey of Hospitals, 2001 and U.S. Census Bureau, Census 2000

Another essential, highly specialized service that NAPH members provide is burn care. In 19 communities across the country, including cities such as Atlanta, GA, Cleveland, OH, Dallas, TX, Denver, CO, Las Vegas, NV, Miami, FL, New Orleans, LA, and Richmond, VA, NAPH members are the only providers of burn care (See Figure 13).

Albuquerque, NM (pop. 448,607)	Galveston, TX (pop. 57,247)
Atlanta, GA (pop. 416,474)	Las Vegas, NV (pop. 478,434)
Chattanooga, TN (pop. 155,554)	Memphis, TN (pop. 650,100)
Cleveland, OH (pop. 478,403)	Miami, FL (pop. 362,470)
Colton, CA (pop. 47,662)	Minneapolis, MN (pop. 382,618)
Columbus, OH (pop. 711,470)	New Orleans, LA (pop. 484,674)
Dallas, TX (pop. 1,188,580)	Richmond, VA (pop. 197,790)
Denver, CO (pop. 554,636)	San Jose, CA (pop. 894,943)
East Meadow, NY (pop. 37,461)	Worcester, MA (pop. 172,648)
Flint, MI (pop. 124,943)	

Figure 13

Communities Where NAPH Members are the Only Providers of Burn Care

Source: AHA Annual Survey of Hospitals, 2001 and U.S. Census Bureau, Census 2000

Role in Training the Nation’s Physicians and Other Health Professionals

NAPH hospitals and health systems play a central role in the training of the country’s physicians, nurses, and other health care professionals. Eighty percent of NAPH members are teaching institutions. Half are classified as academic medical centers, which by definition have at least four approved residency programs.

In 2001, NAPH members trained over 11,000 full-time equivalent (FTE) medical and dental residents and over 300 FTE allied health professionals. This accounts for 15 percent of the doctors and 10 percent of the allied health professionals receiving training at acute care facilities across the country in that year. NAPH members’ teaching role is even more pronounced in the markets they serve. In 2001, NAPH members trained 31 percent of the medical and dental residents and 34 percent of the allied health trainees in the markets in which they are located (See Figure 14).

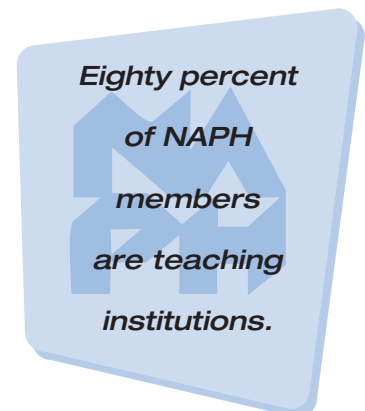
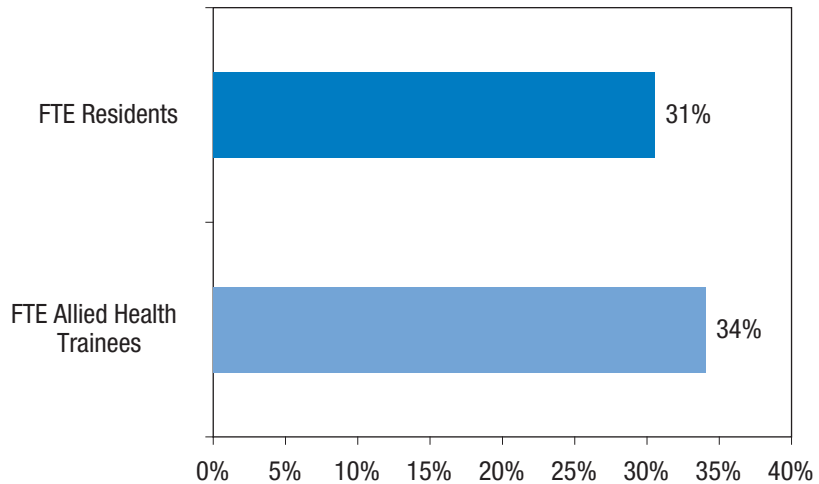


Figure 14

Volume of Medical and Dental Resident and Allied Health Professional Training, Provided by NAPH Members as a Percent of Total in their Markets, 2001

Source: AHA Annual Survey of Hospitals, 2001



Community Health Services

NAPH members are often responsible for public health services in their communities. In several major cities across the country, including Cambridge, Denver, Martinez in California, Chicago, Los Angeles, and San Francisco, CEOs of NAPH member hospitals and health systems are responsible for running local public health departments.

By establishing programs to provide immunizations, address problems with teen pregnancy and low birth-weight, prevent violence and injury, and provide mammography and other cancer screenings, many NAPH members also seek to improve the health status of their communities in a hands-on way. In the markets that they serve, NAPH acute care hospitals provide 12 percent of community outreach services, 18 percent of teen outreach services, and 23 percent of crisis prevention services. They also comprise 20 percent of hospitals providing reproductive health services and 22 percent of those providing dental services.

Common Governance Structures

Not all NAPH members are publicly owned and operated. In fact, the membership can be categorized into three governance models: direct operation by local or state government (or state university), separate public entities, and non-profit corporations. (See Appendix D for a list of NAPH members by governance structure). Even within these three general categories, some variations are a product of certain health systems' specific needs.

As of May 2003, 40 percent of NAPH members were directly operated by either their local or state government (or state university). (See Figure 15). This governance structure provides health systems little autonomy and flexibility, and often imposes civil service requirements, procurement rules, and sunshine laws. Because these types of requirements can affect health systems' ability to plan strategically and to react in a timely manner in competitive situations, many members have chosen to move away from this type of arrangement toward models that allow for more flexibility.

Fifty-three percent of members are organized as separate public entities. Under this model, health systems may be organized as separate boards within a governmental entity, hospital taxing districts, hospital authorities, and public benefit corporations. (See Figure 16 for descriptions of these models).

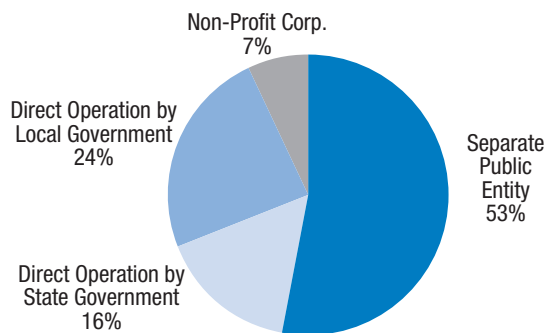


Figure 15

Common Governance Structures at NAPH Hospitals and Health Systems, 2001

The remaining 7 percent of NAPH members are non-profit corporations. Under this model, health systems are typically structured as tax-exempt corporations under a contractual agreement with the local government to provide health services to the uninsured and underserved. In some circumstances, the local government may retain some control over board appointments or other aspects of the corporation.

Figure 16**Common Models for Separate Public Entities³****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 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

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.

³ Camper A, Gage LS, Eyman B, Stranne S. *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.

Appendix A: Methodology

NAPH conducts an annual survey to collect financial and utilization data from approximately 100 safety net institutions that comprise its membership. This report is an update on the status of our members based on data collected through the Hospital Characteristics Survey for fiscal year 2001.

In 2001, 75 NAPH members responded to the annual survey in time to be included in this draft report. Some members are excluded from certain tables due to missing or incomplete data. Fewer members are represented in the various trend analyses because we relied on a matched set of hospitals that have consistently participated in the survey over the years. This methodology allows us to ensure comparability over time.

We relied on data from the American Hospital Association (AHA) Annual Survey of Hospitals for 2001 to compare NAPH members to other acute care hospitals in the nation and in the markets in which they are located. AHA has conducted this survey since 1946 and uses this tool to collect data on organizational structure, facilities, services, community orientation, utilization, finances, and staffing.

Appendix B: Glossary of Key Terms

Ambulatory Care: Health care provided on an outpatient basis that includes emergency department visits, clinic visits and outpatient surgery.

Balanced Budget Act of 1997 (BBA): Federal law passed in 1997 to balance the federal budget over a five-year period. Resulted in significant cuts in Medicare and Medicaid spending.

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

Emergency Preparedness: Refers to the role of hospitals in responding to mass casualty events such as natural disasters, industrial accidents and multiple vehicle accidents. Preparation should include pre-event coordination with other first responders like police, fire and emergency services, and teamwork with local public health departments to monitor disease trends. Terrorism response capability is a subset of overall emergency preparedness.

Graduate Medical Education (GME) payments: Medicare payments to a hospital for costs related to the salaries and supervision of medical residents (known as Direct Graduate Medical Education payments) as well as the additional costs of operating a teaching hospital (known as Indirect Medical Education payments).

Medicaid: A program funded by the federal and state governments that provides health coverage to low-income families with children, the low-income elderly, and persons with disabilities.

Medicare: A federally-funded program that provides health coverage for those 65 and over, and for the disabled.

Payment-to-cost ratio: Reflects the degree to which revenues cover expenses and is calculated by dividing total revenues by total expenses.

State Children's Health Insurance Program: A state and federal funded health insurance program created in 1997 that targets uninsured children. States receive matching federal funds for approved programs that may operate through the state's Medicaid program or via private insurance.

State and Local Subsidies: Payments made to the hospitals by the state or local governments to subsidize unreimbursed patient care. Generally not tied to individual patients (if so, they would be considered state and local indigent care programs).

Uncompensated Care: The sum of charity care (care to patients whom a hospital or system determines cannot pay for health care) and bad debt (care to patients who do not pay but are considered able to pay).

Unreimbursed care: Refers to losses on patient care that includes losses on Medicare and Medicaid (excluding funding such as DSH payments, indirect medical education payments (IME), and state and local government subsidies), and losses on self pay patients.

340B Drug Discount Program: Requires pharmaceutical manufacturers participating in the Medicaid program to provide discounts on covered outpatient drugs purchased by specified government-supported facilities, called "covered entities," that serve the nation's most vulnerable patient populations. Covered entities include public hospitals, community health centers, and others.

Appendix C: Hospital-Specific Data on Utilization and Finances

Table 1

NAPH Member Hospitals & Health Systems - Inpatient Utilization Data, 2001

Hospital Name	Staffed Beds	Discharges	Inpatient Days	Births	Occupancy Rate
Alameda County Medical Center	430	13,219	123,043	1,218	78%
Arrowhead Regional Medical Center	373	19,748	99,028	2,520	73%
Boston Medical Center	383	23,494	132,220	1,805	95%
Broadlawns Medical Center	117	5,032	21,205	434	50%
Cambridge Health Alliance	270	9,690	63,939	858	65%
Central Georgia Health System, Inc	485	26,296	135,500	2,949	77%
Community Medical Centers	724	38,094	176,500	9,145	67%
Contra Costa Regional Medical Center	124	7,899	44,069	1,616	97%
Cook County BHS-John H. Stroger, Jr. Hospital of Cook County	525	24,286	138,574	1,240	72%
Cook County BHS-Oak Forest Hospital	519	2,833	168,528	0	89%
Cook County BHS-Provident Hospital of Cook County	113	5,576	25,874	793	63%
Denver Health	289	16,365	76,349	3,639	72%
Erlanger Medical Center	461	28,141	132,239	4,282	79%
Grady Health System	748	29,728	201,422	4,449	74%
Halifax Fish Community Health	672	25,962	119,072	2,123	49%
Harborview Medical Center	349	16,800	118,778	0	93%
Harris County Hospital District	757	37,533	216,631	10,702	78%
Health and Hospital Corporation of Marion County	261	16,392	75,296	2,865	79%
Hennepin County Medical Center	416	21,693	115,818	2,758	76%
HHSC-Hilo Medical Center	163	7,195	43,860	1,022	74%
HHSC-Kona Hospital	57	3,059	13,237	479	64%
HHSC-Maui Memorial Hospital	196	10,206	53,670	1,563	75%
Hurley Medical Center	438	23,806	121,126	2,817	76%
Jackson Memorial Hospital	1,594	57,011	397,396	8,620	68%
JPS Health Network	301	14,881	77,965	5,569	71%
Kern Medical Center	180	12,648	53,200	3,808	81%
LAC-Harbor/UCLA Medical Center	320	22,366	116,709	1,145	100%
LAC-High Desert Hospital	70	1,373	26,696	0	104%
LAC-LAC+USC Healthcare Network	732	44,559	254,736	2,113	95%
LAC-Martin Luther King/Charles Drew Medical Center	249	13,336	79,546	1,076	88%
LAC-Olive View-UCLA Medical Center	237	14,338	71,688	1,272	83%
LAC-Rancho Los Amigos National Rehabilitation Center	207	3,492	72,666	0	96%
LSUHCS-D-E.A. Conway Memorial Hospital	140	7,637	43,517	1,522	85%
LSUHCS-D-Earl K. Long Medical Center	136	6,962	42,309	1,335	85%
LSUHCS-D-Huey P. Long Medical Center	70	4,077	19,434	573	76%
LSUHCS-D-Lallie Kemp Regional Med Ctr	36	2,239	10,797	0	82%
LSUHCS-D-Leonard J. Chabert Medical Center	82	6,117	29,286	918	98%
LSUHCS-D-Medical Center of Louisiana at New Orleans	557	27,451	169,578	3,242	83%
LSUHCS-D-University Medical Center	128	5,960	33,013	787	71%
LSUHCS-D-W.O. Moss Regional Hospital	54	2,440	13,996	0	71%
LSUHCS-D-Washington-St. Tammany Regional Medical Center	32	1,433	8,753	2	75%
Maricopa Integrated Health System	375	21,618	111,819	5,329	82%

Hospital Name	Staffed Beds	Discharges	Inpatient Days	Births	Occupancy Rate
Metro Nashville General Hospital	127	5,638	30,454	1,283	66%
MetroHealth System, The	529	23,975	135,952	3,431	70%
MHS-Memorial Hospital Pembroke	149	5,932	30,718	0	56%
MHS-Memorial Hospital West	184	14,525	58,502	4,403	87%
MHS-Memorial Regional Hospital	684	32,875	192,212	3,613	77%
Nassau University Medical Center	481	21,914	131,404	1,866	75%
Natividad Medical Center	163	8,163	43,475	2,445	73%
NBHD-Broward General Medical Center	554	22,546	133,613	3,999	66%
NBHD-Coral Springs Medical Center	182	11,981	44,769	2,232	67%
NBHD-Imperial Point Medical Center	160	6,544	38,929	0	67%
NBHD-North Broward Medical Center	334	14,401	75,208	0	62%
NYCHHC-Bellevue Hospital Center	754	24,686	238,973	2,120	87%
NYCHHC-Coney Island Hospital	376	15,129	104,934	1,220	76%
NYCHHC-Elmhurst Hospital Center	485	23,086	161,043	4,881	91%
NYCHHC-Harlem Hospital Center	275	12,010	83,904	1,183	84%
NYCHHC-Jacobi Medical Center	534	19,155	150,569	2,164	77%
NYCHHC-Kings County Hospital	665	25,043	216,559	2,265	89%
NYCHHC-Lincoln Medical and Mental Health Center	322	19,329	98,049	2,930	83%
NYCHHC-North Central Bronx Hospital	199	7,568	52,837	2,070	73%
NYCHHC-Queens Hospital Center	248	13,041	89,299	1,725	99%
NYCHHC-Woodhull Medical and Mental Health Center	385	16,804	122,899	1,290	87%
Ohio State University Hospital	530	27,524	148,528	3,456	77%
Parkland Health & Hospital System	711	42,426	199,727	16,353	77%
Regional Medical Center at Memphis	347	15,788	109,603	4,516	87%
Riverside County Regional Medical Center	347	15,374	80,033	1,715	63%
San Francisco General Hospital	547	16,496	152,772	1,279	77%
San Joaquin General Hospital	181	9,363	46,355	1,796	70%
San Mateo Medical Center	138	3,418	50,461	0	100%
Santa Clara Valley Health & Hospital System	510	20,456	116,747	4,103	63%
Thomason General Hospital	254	14,360	61,472	5,148	66%
Truman Medical Centers	504	15,172	139,009	2,793	76%
UMDNJ-University Hospital	440	18,940	124,224	1,834	77%
University Hospital, University of New Mexico Health Sciences Center	249	18,717	89,149	3,521	98%
University Medical Center of Southern Nevada	531	29,249	163,015	5,264	84%
University of Colorado Hospital	331	15,759	78,880	2,111	65%
University of Texas-Health Center at Tyler	127	3,431	27,556	0	59%
University of Texas-M.D. Anderson Cancer Center	468	18,560	137,204	0	80%
University of Texas-Medical Branch at Galveston	774	32,927	175,956	4,770	62%
Westchester Medical Center	956	23,156	326,091	1,095	93%
Total	30,105	1,368,446	8,510,166	201,462	
Average	376	17,077	106,007	2,908	77%
Count	82	82	82	70	

Note: 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

NAPH Member Hospitals & Health Systems - Emergency Department and Outpatient Visits, 2001

Hospital Name	Emergency Dept. Number	Emergency Dept. % of Total	All Other Outpatient Number	All Other Outpatient % of Total	Total
Alameda County Medical Center	44,958	12%	326,190	88%	371,148
Arrowhead Regional Medical Center	57,523	21%	217,436	79%	274,959
Boston Medical Center	93,177	12%	659,813	88%	752,990
Broadlawns Medical Center	34,973	27%	96,065	73%	131,038
Cambridge Health Alliance	52,101	9%	518,896	91%	570,997
Central Georgia Health System, Inc	55,210	13%	354,207	87%	409,417
Community Medical Centers	128,391	26%	362,816	74%	491,207
Contra Costa Regional Medical Center	54,804	16%	283,962	84%	338,766
Cook County Bureau of Health Services*	204,249	19%	855,778	81%	1,060,028
Denver Health	51,412	7%	694,938	93%	746,350
Erlanger Medical Center	85,141	32%	180,042	68%	265,183
Grady Health System	155,731	19%	647,082	81%	802,813
Halifax Fish Community Health	86,299	22%	312,560	78%	398,859
Harborview Medical Center	49,468	15%	281,527	85%	330,995
Harris County Hospital District	165,142	18%	731,850	82%	896,992
Health and Hospital Corporation of Marion County	105,463	13%	725,438	87%	830,901
Hennepin County Medical Center	97,642	22%	342,653	78%	440,295
HHSC-Hilo Medical Center	24,087	71%	9,832	29%	33,919
HHSC-Kona Hospital	12,623	68%	5,900	32%	18,523
HHSC-Maui Memorial Hospital	22,644	59%	15,785	41%	38,429
Hurley Medical Center	71,389	19%	311,843	81%	383,232
Jackson Memorial Hospital	145,710	26%	413,005	74%	558,715
JPS Health Network	40,159	8%	462,339	92%	502,498
Kern Medical Center	56,820	19%	239,239	81%	296,059
LAC-Harbor/UCLA Medical Center	75,651	21%	276,509	79%	352,160
LAC-High Desert Hospital	—	0%	47,413	100%	47,413
LAC-LAC+USC Healthcare Network	175,271	25%	517,173	75%	692,444
LAC-Martin Luther King/Charles Drew Medical Center	42,385	18%	197,151	82%	239,536
LAC-Olive View-UCLA Medical Center	39,414	22%	142,997	78%	182,411
LAC-Rancho Los Amigos National Rehabilitation Center	—	0%	42,447	100%	42,447
LSUHCS-D-E.A. Conway Memorial Hospital	37,488	24%	120,049	76%	157,537
LSUHCS-D-Earl K. Long Medical Center	47,358	22%	165,590	78%	212,948
LSUHCS-D-Huey P. Long Medical Center	47,817	34%	92,888	66%	140,705
LSUHCS-D-Lallie Kemp Regional Med Ctr	32,162	26%	93,557	74%	125,719
LSUHCS-D-Leonard J. Chabert Medical Center	48,223	23%	158,964	77%	207,187
LSUHCS-D-Medical Center of Louisiana at New Orleans	174,133	32%	367,634	68%	541,767
LSUHCS-D-University Medical Center	44,965	24%	140,054	76%	185,019
LSUHCS-D-W.O. Moss Regional Hospital	41,416	30%	97,534	70%	138,950
LSUHCS-D-Washington-St. Tammany Regional Medical Center	19,563	36%	35,551	65%	55,114
Maricopa Integrated Health System	73,411	18%	324,791	82%	398,202
Metro Nashville General Hospital	26,053	32%	56,446	68%	82,499
MetroHealth System, The	68,155	10%	624,694	90%	692,849
MHS-Memorial Hospital Pembroke	32,606	30%	75,024	70%	107,630
MHS-Memorial Hospital West	65,242	29%	156,576	71%	221,818
MHS-Memorial Regional Hospital	74,280	24%	234,960	76%	309,240
Nassau University Medical Center	82,111	23%	282,258	77%	364,369

Hospital Name	Emergency Dept. Number	Emergency Dept. % of Total	All Other Outpatient Number	All Other Outpatient % of Total	Total
Natividad Medical Center	31,260	21%	120,278	79%	151,538
NBHD-Broward General Medical Center	64,060	21%	234,365	79%	298,425
NBHD-Coral Springs Medical Center	42,955	48%	46,141	52%	89,096
NBHD-Imperial Point Medical Center	22,918	38%	37,696	62%	60,614
NBHD-North Broward Medical Center	51,786	39%	79,454	61%	131,240
NYCHHC-Bellevue Hospital Center	86,366	15%	479,019	85%	565,385
NYCHHC-Coney Island Hospital	60,133	18%	281,580	82%	341,713
NYCHHC-Elmhurst Hospital Center	139,378	20%	540,767	80%	680,145
NYCHHC-Harlem Hospital Center	70,380	17%	342,823	83%	413,203
NYCHHC-Jacobi Medical Center	94,309	20%	369,997	80%	464,306
NYCHHC-Kings County Hospital	139,741	20%	564,542	80%	704,283
NYCHHC-Lincoln Medical and Mental Health Center	166,961	31%	369,842	69%	536,803
NYCHHC-North Central Bronx Hospital	44,766	17%	211,302	83%	256,068
NYCHHC-Queens Hospital Center	60,775	17%	297,710	83%	358,485
NYCHHC-Woodhull Medical and Mental Health Center	89,554	25%	269,262	75%	358,816
Ohio State University Hospital	52,565	18%	235,066	82%	287,631
Parkland Health & Hospital System	114,511	12%	842,535	88%	957,046
Regional Medical Center at Memphis	75,166	23%	245,745	77%	320,911
Riverside County Regional Medical Center	63,377	33%	129,464	67%	192,841
San Francisco General Hospital	51,937	7%	659,150	93%	711,087
San Joaquin General Hospital	49,013	18%	229,099	82%	278,112
San Mateo Medical Center	20,408	10%	190,304	90%	210,712
Santa Clara Valley Health & Hospital System	58,743	10%	559,906	91%	618,649
Thomason General Hospital	50,119	13%	343,538	87%	393,657
Truman Medical Centers	77,291	15%	422,425	85%	499,716
UMDNJ-University Hospital	71,608	19%	302,129	81%	373,737
University Hospital, University of New Mexico Health Sciences Center	61,059	15%	340,808	85%	401,867
University Medical Center of Southern Nevada	100,925	10%	932,120	90%	1,033,045
University of Colorado Hospital	29,473	8%	328,823	92%	358,296
University of Texas-Health Center at Tyler	8,562	6%	127,416	94%	135,978
University of Texas-M.D. Anderson Cancer Center	—	0%	714,944	100%	714,944
University of Texas-Medical Branch at Galveston	67,946	9%	714,891	91%	782,837
VCU Health System Authority	79,042	18%	366,854	82%	445,896
Westchester Medical Center	24,157	8%	284,167	92%	308,324
Total	5,364,064	17%	25,513,618	83%	30,877,683
Average	67,900		314,983		376,557
Count	79		81		82

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

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

Table 3**NAPH Member Hospitals & Health Systems - Discharges by Payer Source, 2001**

Hospital Name	Medicare		Medicaid		Commercial		Self Pay/Other		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Alameda County Medical Center	1,153	9%	5,757	44%	747	6%	5,562	42%	13,219
Arrowhead Regional Medical Center	1,632	8%	10,543	53%	1,498	8%	6,075	31%	19,748
Boston Medical Center	8,047	34%	6,802	29%	4,421	19%	4,224	18%	23,494
Broadlawns Medical Center	1,016	20%	795	16%	422	8%	2,799	56%	5,032
Cambridge Health Alliance	2,749	28%	2,598	27%	1,998	21%	2,345	24%	9,690
Central Georgia Health System, Inc	10,666	41%	4,755	18%	9,295	35%	1,580	6%	26,296
Community Medical Centers	9,036	24%	12,593	33%	10,045	26%	6,420	17%	38,094
Contra Costa Regional Medical Center	1,391	18%	3,727	47%	896	11%	1,885	24%	7,899
Cook County BHS-John H. Stroger, Jr. Hospital of Cook County	3,193	13%	10,802	44%	997	4%	9,294	38%	24,286
Cook County BHS-Oak Forest Hospital	283	10%	2,238	79%	109	4%	203	7%	2,833
Cook County BHS-Provident Hospital of Cook County	1,017	18%	1,409	25%	483	9%	2,667	48%	5,576
Denver Health	1,869	11%	6,475	40%	1,673	10%	6,348	39%	16,365
Erlanger Medical Center	6,733	24%	8,021	29%	12,211	43%	1,176	4%	28,141
Grady Health System	5,816	20%	11,138	37%	2,899	10%	9,875	33%	29,728
Halifax Fish Community Health	12,037	46%	3,498	13%	8,079	31%	2,348	9%	25,962
Harborview Medical Center	4,044	24%	6,765	40%	4,244	25%	1,747	10%	16,800
Harris County Hospital District	3,337	9%	12,641	34%	1,236	3%	20,319	54%	37,533
Health and Hospital Corporation of Marion County	3,362	21%	7,319	45%	1,302	8%	4,409	27%	16,392
Hennepin County Medical Center	5,566	26%	10,589	49%	4,409	20%	1,129	5%	21,693
HHSC-Hilo Medical Center	2,664	37%	1,963	27%	2,102	29%	466	6%	7,195
HHSC-Kona Hospital	887	29%	596	19%	1,310	43%	266	9%	3,059
HHSC-Maui Memorial Hospital	3,325	33%	1,410	14%	4,780	47%	691	7%	10,206
Hurley Medical Center	6,026	25%	8,591	36%	7,691	32%	1,498	6%	23,806
Jackson Memorial Hospital	7,237	13%	13,729	24%	8,526	15%	27,519	48%	57,011
JPS Health Network	1,787	12%	6,164	41%	995	7%	5,935	40%	14,881
Kern Medical Center	1,416	11%	7,437	59%	1,432	11%	2,363	19%	12,648
LAC-Harbor/UCLA Medical Center	2,061	9%	10,746	48%	900	4%	8,659	39%	22,366
LAC-High Desert Hospital	82	6%	679	49%	91	7%	521	38%	1,373
LAC-LAC+USC Healthcare Network	2,047	5%	18,388	41%	3,764	8%	20,360	46%	44,559
LAC-Martin Luther King/Charles Drew Medical Center	1,686	13%	6,049	45%	334	3%	5,267	40%	13,336
LAC-Olive View-UCLA Medical Center	699	5%	6,870	48%	225	2%	6,544	46%	14,338
LAC-Rancho Los Amigos National Rehabilitation Center	384	11%	2,007	57%	91	3%	1,010	29%	3,492
LSUHCS-D-E.A. Conway Memorial Hospital	718	9%	2,577	34%	308	4%	4,034	53%	7,637
LSUHCS-D-Earl K. Long Medical Center	355	5%	2,649	38%	173	2%	3,785	54%	6,962
LSUHCS-D-Huey P. Long Medical Center	344	8%	1,577	39%	155	4%	2,001	49%	4,077
LSUHCS-D-Lallie Kemp Regional Med Ctr	509	23%	369	16%	148	7%	1,213	54%	2,239
LSUHCS-D-Leonard J. Chabert Medical Center	872	14%	2,506	41%	467	8%	2,272	37%	6,117
LSUHCS-D-Medical Center of Louisiana at New Orleans	2,418	9%	8,997	33%	1,278	5%	14,758	54%	27,451
LSUHCS-D-University Medical Center	544	9%	1,811	30%	270	5%	3,335	56%	5,960
LSUHCS-D-W.O. Moss Regional Hospital	308	13%	411	17%	102	4%	1,619	66%	2,440
LSUHCS-D-Washington-St. Tammany Regional Medical Center	329	23%	256	18%	60	4%	788	55%	1,433
Maricopa Integrated Health System	2,208	10%	14,013	65%	519	2%	4,878	23%	21,618
Metro Nashville General Hospital	763	14%	3,303	59%	571	10%	1,001	18%	5,638
MetroHealth System, The	5,794	24%	8,806	37%	6,126	26%	3,249	14%	23,975

Hospital Name	Medicare		Medicaid		Commercial		Self Pay/Other		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
MHS-Memorial Hospital Pembroke	3,475	59%	368	6%	1,537	26%	552	9%	5,932
MHS-Memorial Hospital West	4,242	29%	972	7%	8,604	59%	707	5%	14,525
MHS-Memorial Regional Hospital	11,584	35%	4,523	14%	12,217	37%	4,551	14%	32,875
Nassau University Medical Center	4,162	19%	10,698	49%	4,634	21%	2,420	11%	21,914
Natividad Medical Center	1,024	13%	4,102	50%	2,211	27%	826	10%	8,163
NBHD-Broward General Medical Center	5,499	24%	5,497	24%	5,105	23%	6,445	29%	22,546
NBHD-Coral Springs Medical Center	3,457	29%	1,024	9%	6,178	52%	1,322	11%	11,981
NBHD-Imperial Point Medical Center	3,263	50%	623	10%	1,485	23%	1,173	18%	6,544
NBHD-North Broward Medical Center	8,003	56%	1,504	10%	3,054	21%	1,840	13%	14,401
NYCHHC-Bellevue Hospital Center	4,097	17%	13,200	53%	1,804	7%	5,585	23%	24,686
NYCHHC-Coney Island Hospital	3,731	25%	8,564	57%	1,017	7%	1,817	12%	15,129
NYCHHC-Elmhurst Hospital Center	3,854	17%	12,992	56%	1,781	8%	4,459	19%	23,086
NYCHHC-Harlem Hospital Center	2,420	20%	8,051	67%	627	5%	912	8%	12,010
NYCHHC-Jacobi Medical Center	3,938	21%	10,614	55%	2,128	11%	2,475	13%	19,155
NYCHHC-Kings County Hospital	3,029	12%	14,183	57%	2,230	9%	5,601	22%	25,043
NYCHHC-Lincoln Medical and Mental Health Center	3,547	18%	12,532	65%	1,507	8%	1,743	9%	19,329
NYCHHC-North Central Bronx Hospital	1,022	14%	5,332	70%	577	8%	637	8%	7,568
NYCHHC-Queens Hospital Center	1,887	14%	8,307	64%	1,064	8%	1,783	14%	13,041
NYCHHC-Woodhull Medical and Mental Health Center	3,378	20%	10,914	65%	1,061	6%	1,451	9%	16,804
Ohio State University Hospital	7,901	29%	4,670	17%	10,789	39%	4,164	15%	27,524
Parkland Health & Hospital System	4,015	9%	21,715	51%	4,720	11%	11,976	28%	42,426
Regional Medical Center at Memphis	1,618	10%	8,460	54%	1,792	11%	3,918	25%	15,788
Riverside County Regional Medical Center	1,159	8%	5,918	38%	1,515	10%	6,782	44%	15,374
San Francisco General Hospital	3,002	18%	9,473	57%	1,128	7%	2,893	18%	16,496
San Joaquin General Hospital	1,331	14%	4,718	50%	624	7%	2,690	29%	9,363
San Mateo Medical Center	873	26%	1,237	36%	178	5%	1,130	33%	3,418
Santa Clara Valley Health & Hospital System	2,918	14%	9,936	49%	3,268	16%	4,334	21%	20,456
Thomason General Hospital	1,421	10%	7,209	50%	1,320	9%	4,410	31%	14,360
Truman Medical Centers	3,250	21%	7,528	50%	1,179	8%	3,215	21%	15,172
UMDNJ-University Hospital	3,033	16%	8,597	45%	1,841	10%	5,469	29%	18,940
University Hospital, University of New Mexico Health Sciences Center	2,948	16%	5,822	31%	3,444	18%	6,503	35%	18,717
University Medical Center of Southern Nevada	5,327	18%	7,938	27%	8,605	29%	7,379	25%	29,249
University of Colorado Hospital	3,594	23%	3,473	22%	4,693	30%	3,999	25%	15,759
University of Texas-Health Center at Tyler	1,877	55%	315	9%	638	19%	601	18%	3,431
University of Texas-M.D. Anderson Cancer Center	4,926	27%	630	3%	10,340	56%	2,664	14%	18,560
University of Texas-Medical Branch at Galveston	6,016	18%	12,724	39%	4,697	14%	9,490	29%	32,927
VCU Health System Authority	7,648	24%	6,993	22%	9,047	28%	8,123	26%	31,811
Westchester Medical Center	6,236	27%	5,781	25%	8,886	38%	2,253	10%	23,156
Total	273,115	20%	527,506	37%	246,907	18%	352,729	25%	1,400,257
Average	3,331		6,433		3,012		4,302		17,077
Count									82

Table 4

NAPH Member Hospitals & Health Systems - Outpatient Visits by Payer Source, 2001

Hospital Name	Medicare		Medicaid		Commercial		Self Pay/Other		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Alameda County Medical Center	29,295	8%	131,533	35%	20,204	5%	190,116	51%	371,148
Arrowhead Regional Medical Center	25,110	9%	78,793	29%	17,990	7%	153,066	56%	274,959
Boston Medical Center	113,023	15%	187,901	25%	146,288	19%	305,778	41%	752,990
Broadlawns Medical Center	17,035	13%	22,276	17%	7,862	6%	83,865	64%	131,038
Cambridge Health Alliance	71,938	13%	88,314	15%	141,911	25%	268,834	47%	570,997
Central Georgia Health System, Inc	106,159	26%	77,135	19%	164,043	40%	62,080	15%	409,417
Community Medical Centers	125,305	26%	162,697	33%	133,110	27%	70,095	14%	491,207
Contra Costa Regional Medical Center	46,135	14%	156,346	46%	44,365	13%	91,920	27%	338,766
Cook County Bureau of Health Services*	115,011	11%	175,021	17%	47,614	4%	722,382	68%	1,060,028
Denver Health	55,493	7%	180,442	24%	80,940	11%	429,475	58%	746,350
Erlanger Medical Center	46,098	17%	77,366	29%	119,666	45%	22,053	8%	265,183
Grady Health System	127,590	16%	206,129	26%	39,606	5%	429,488	54%	802,813
Halifax Fish Community Health	157,012	39%	51,534	13%	146,479	37%	43,834	11%	398,859
Harborview Medical Center	58,198	18%	100,375	30%	86,649	26%	85,773	26%	330,995
Harris County Hospital District	157,085	18%	99,451	11%	8,550	1%	631,906	70%	896,992
Health and Hospital Corporation of Marion County	168,023	20%	211,924	26%	87,507	11%	363,447	44%	830,901
Hennepin County Medical Center	86,106	20%	193,661	44%	97,968	22%	62,560	14%	440,295
HHSC-Hilo Medical Center	8,157	24%	10,931	32%	10,729	32%	4,102	12%	33,919
HHSC-Kona Hospital	4,080	22%	3,263	18%	8,491	46%	2,689	15%	18,523
HHSC-Maui Memorial Hospital	9,307	24%	4,936	13%	18,355	48%	5,831	15%	38,429
Hurley Medical Center	67,794	18%	107,458	28%	132,751	35%	75,229	20%	383,232
Jackson Memorial Hospital	63,108	11%	137,442	25%	55,923	10%	302,242	54%	558,715
JPS Health Network	54,662	11%	92,648	18%	26,515	5%	328,673	65%	502,498
Kern Medical Center	8,012	3%	104,931	35%	8,516	3%	174,600	59%	296,059
LAC-Harbor/UCLA Medical Center	27,383	8%	122,296	35%	5,844	2%	196,637	56%	352,160
LAC-High Desert Hospital	1,968	4%	20,048	42%	4,253	9%	21,144	45%	47,413
LAC-LAC+USC Healthcare Network	25,885	4%	150,395	22%	39,964	6%	476,200	69%	692,444
LAC-Martin Luther King/Charles Drew Medical Center	13,709	6%	90,446	38%	16,081	7%	119,300	50%	239,536
LAC-Olive View-UCLA Medical Center	6,863	4%	83,010	46%	7,302	4%	85,236	47%	182,411
LAC-Rancho Los Amigos National Rehabilitation Center	8,362	20%	18,830	44%	1,409	3%	13,846	33%	42,447
LSUHSCSD-E.A. Conway Memorial Hospital	20,166	13%	39,806	25%	13,652	9%	83,913	53%	157,537
LSUHSCSD-Earl K. Long Medical Center	13,676	6%	43,518	20%	6,724	3%	149,030	70%	212,948
LSUHSCSD-Huey P. Long Medical Center	11,589	8%	26,215	19%	8,078	6%	94,823	67%	140,705
LSUHSCSD-Lallie Kemp Regional Med Ctr	18,724	15%	15,905	13%	8,172	7%	82,918	66%	125,719
LSUHSCSD-Leonard J. Chabert Medical Center	28,365	14%	44,273	21%	16,082	8%	118,467	57%	207,187
LSUHSCSD-Medical Center of Louisiana at New Orleans	42,880	8%	103,469	19%	26,779	5%	368,639	68%	541,767
LSUHSCSD-University Medical Center	18,189	10%	31,587	17%	11,530	6%	123,713	67%	185,019
LSUHSCSD-W.O. Moss Regional Hospital	15,635	11%	13,366	10%	10,175	7%	99,774	72%	138,950
LSUHSCSD-Washington-St. Tammany Regional Medical Center	6,676	12%	6,771	12%	3,818	7%	37,849	69%	55,114
Maricopa Integrated Health System	55,373	14%	183,929	46%	11,621	3%	147,279	37%	398,202
Metro Nashville General Hospital	7,999	10%	37,130	45%	6,136	7%	31,234	38%	82,499
MetroHealth System	107,474	16%	225,060	32%	209,498	30%	150,817	22%	692,849
MHS-Memorial Hospital Pembroke	28,933	27%	8,012	7%	50,155	47%	20,530	19%	107,630
MHS-Memorial Hospital West	56,039	25%	10,357	5%	141,894	64%	13,528	6%	221,818
MHS-Memorial Regional Hospital	77,109	25%	33,668	11%	136,264	44%	62,199	20%	309,240

Hospital Name	Medicare		Medicaid		Commercial		Self Pay/Other		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Nassau University Medical Center	49,685	14%	128,805	35%	59,855	16%	126,024	35%	364,369
Natividad Medical Center	14,810	10%	52,831	35%	53,524	35%	30,373	20%	151,538
NBHD-Broward General Medical Center	16,925	6%	38,455	13%	81,519	27%	161,526	54%	298,425
NBHD-Coral Springs Medical Center	7,310	8%	4,890	5%	66,613	75%	10,283	12%	89,096
NBHD-Imperial Point Medical Center	11,744	19%	2,620	4%	36,268	60%	9,982	16%	60,614
NBHD-North Broward Medical Center	16,829	13%	11,083	8%	49,269	38%	54,059	41%	131,240
NYCHHC-Bellevue Hospital Center	74,483	13%	262,537	46%	34,781	6%	193,584	34%	565,385
NYCHHC-Coney Island Hospital	66,608	19%	149,750	44%	21,462	6%	103,893	30%	341,713
NYCHHC-Elmhurst Hospital Center	64,162	9%	283,777	42%	67,716	10%	264,490	39%	680,145
NYCHHC-Harlem Hospital Center	46,507	11%	234,419	57%	12,184	3%	120,093	29%	413,203
NYCHHC-Jacobi Medical Center	53,853	12%	251,923	54%	32,332	7%	126,198	27%	464,306
NYCHHC-Kings County Hospital	31,582	4%	295,429	42%	11,479	2%	365,793	52%	704,283
NYCHHC-Lincoln Medical and Mental Health Center	65,394	12%	291,832	54%	24,440	5%	155,137	29%	536,803
NYCHHC-North Central Bronx Hospital	17,319	7%	133,956	52%	9,298	4%	95,495	37%	256,068
NYCHHC-Queens Hospital Center	40,261	11%	136,794	38%	36,146	10%	145,284	41%	358,485
NYCHHC-Woodhull Medical and Mental Health Center	37,343	10%	180,625	50%	19,612	5%	121,236	34%	358,816
Ohio State University Hospital	63,608	22%	33,756	12%	155,331	54%	34,936	12%	287,631
Parkland Health & Hospital System	156,082	16%	139,266	15%	116,615	12%	545,083	57%	957,046
Regional Medical Center at Memphis	43,323	14%	134,140	42%	74,452	23%	68,996	22%	320,911
Riverside County Regional Medical Center	7,268	4%	71,645	37%	13,631	7%	100,297	52%	192,841
San Francisco General Hospital	106,460	15%	250,046	35%	40,835	6%	313,746	44%	711,087
San Joaquin General Hospital	28,698	10%	142,606	51%	30,887	11%	75,921	27%	278,112
San Mateo Medical Center	25,812	12%	72,943	35%	4,782	2%	107,175	51%	210,712
Santa Clara Valley Health & Hospital System	92,517	15%	228,283	37%	66,406	11%	231,443	37%	618,649
Thomason General Hospital	62,281	16%	85,358	22%	67,660	17%	178,358	45%	393,657
Truman Medical Centers	60,247	12%	161,328	32%	46,118	9%	232,023	46%	499,716
UMDNJ-University Hospital	55,716	15%	96,382	26%	26,537	7%	195,102	52%	373,737
University Hospital, University of New Mexico Health Sciences Center	63,526	16%	95,178	24%	82,418	21%	160,745	40%	401,867
University Medical Center of Southern Nevada	89,089	9%	111,980	11%	590,384	57%	241,592	23%	1,033,045
University of Colorado Hospital	80,507	22%	37,473	10%	138,421	39%	101,895	28%	358,296
University of Texas-Health Center at Tyler	53,075	39%	12,325	9%	51,200	38%	19,378	14%	135,978
University of Texas-M.D. Anderson Cancer Center	196,816	28%	23,452	3%	386,938	54%	107,738	15%	714,944
University of Texas-Medical Branch at Galveston	147,270	19%	97,060	12%	165,713	21%	372,794	48%	782,837
VCU Health System Authority	90,325	20%	71,595	16%	134,070	30%	149,906	34%	445,896
Westchester Medical Center	75,045	24%	81,053	26%	119,555	39%	32,671	11%	308,324
Total	4,425,213	14%	8,376,193	27%	5,315,914	17%	12,760,363	42%	30,877,683
Average	53,966		102,149		64,828		155,614		376,557
Count									82

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

Table 5**NAPH Member Hospitals & Health Systems - Total Uncompensated Care Costs, 2001**

Hospital Name	Bad Debt & Charity Care Costs	% of Total Costs
Alameda County Medical Center	\$53,320,014	18%
Arrowhead Regional Medical Center	\$132,793,419	48%
Boston Medical Center	\$105,254,404	16%
Broadlawns Medical Center	\$36,688,345	45%
Cambridge Health Alliance	\$67,455,122	31%
Central Georgia Health System, Inc	\$40,033,298	10%
Community Medical Centers	\$13,980,981	3%
Contra Costa Regional Medical Center	\$49,318,975	24%
Cook County BHS-John H. Stroger, Jr. Hospital of Cook County	\$270,924,755	47%
Cook County BHS-Oak Forest Hospital	\$42,283,332	34%
Cook County BHS-Provident Hospital of Cook County	\$39,554,534	45%
Denver Health	\$155,246,041	41%
Erlanger Medical Center	\$54,729,466	17%
Grady Health System	\$244,539,619	44%
Halifax Fish Community Health	\$22,850,793	8%
Harborview Medical Center	\$39,392,739	11%
Harris County Hospital District	\$340,002,425	62%
Health and Hospital Corporation of Marion County	\$129,650,568	41%
Hennepin County Medical Center	\$24,232,383	7%
HHSC-Hilo Medical Center	\$2,392,829	4%
HHSC-Kona Hospital	\$737,822	2%
HHSC-Maui Memorial Hospital	\$2,497,354	3%
Hurley Medical Center	\$12,704,494	5%
Jackson Memorial Hospital	\$283,426,633	28%
JPS Health Network	\$143,715,161	51%
Kern Medical Center	\$35,939,117	24%
LAC-Harbor/UCLA Medical Center	\$103,940,414	31%
LAC-High Desert Hospital	\$18,333,951	32%
LAC-LAC+USC Healthcare Network	\$342,071,224	47%
LAC-Martin Luther King/Charles Drew Medical Center	\$116,589,958	35%
LAC-Olive View-UCLA Medical Center	\$59,660,123	26%
LAC-Rancho Los Amigos National Rehabilitation Center	\$36,824,489	23%
LSUHCS-D-E.A. Conway Memorial Hospital	\$34,323,090	57%
LSUHCS-D-Earl K. Long Medical Center	\$47,169,828	60%
LSUHCS-D-Huey P. Long Medical Center	\$26,998,300	58%
LSUHCS-D-Lallie Kemp Regional Med Ctr	\$17,661,760	60%
LSUHCS-D-Leonard J. Chabert Medical Center	\$26,851,659	44%
LSUHCS-D-Medical Center of Louisiana at New Orleans	\$211,259,001	55%
LSUHCS-D-University Medical Center	\$34,929,132	56%
LSUHCS-D-W.O. Moss Regional Hospital	\$21,025,988	72%
LSUHCS-D-Washington-St. Tammany Regional Medical Center	\$9,718,300	64%
Maricopa Integrated Health System	\$45,913,363	19%
Metro Nashville General Hospital	\$11,753,669	17%
MetroHealth System	\$49,995,402	14%
MHS-Memorial Hospital Pembroke	\$7,451,473	12%
MHS-Memorial Hospital West	\$9,191,611	7%
MHS-Memorial Regional Hospital	\$45,869,202	13%
Nassau University Medical Center	\$46,702,936	14%

Hospital Name	Bad Debt & Charity Care Costs	% of Total Costs
Natividad Medical Center	\$4,255,144	4%
NBHD-Broward General Medical Center	\$50,181,439	22%
NBHD-Coral Springs Medical Center	\$6,641,678	8%
NBHD-Imperial Point Medical Center	\$8,573,346	14%
NBHD-North Broward Medical Center	\$17,414,887	14%
NYCHHC-Bellevue Hospital Center	\$52,107,685	12%
NYCHHC-Coney Island Hospital	\$20,730,088	9%
NYCHHC-Elmhurst Hospital Center	\$42,274,017	12%
NYCHHC-Harlem Hospital Center	\$37,572,933	14%
NYCHHC-Jacobi Medical Center	\$56,109,637	15%
NYCHHC-Kings County Hospital	\$57,461,010	13%
NYCHHC-Lincoln Medical and Mental Health Center	\$42,228,883	13%
NYCHHC-North Central Bronx Hospital	\$22,055,217	14%
NYCHHC-Queens Hospital Center	\$41,305,921	19%
NYCHHC-Woodhull Medical and Mental Health Center	\$33,185,875	13%
Ohio State University Hospital	\$25,555,533	6%
Parkland Health & Hospital System	\$244,472,615	40%
Regional Medical Center at Memphis	\$51,419,871	22%
Riverside County Regional Medical Center	\$54,716,635	28%
San Francisco General Hospital	\$94,095,788	27%
San Joaquin General Hospital	\$30,800,251	26%
San Mateo Medical Center	\$41,363,520	34%
Santa Clara Valley Health & Hospital System	\$89,030,459	18%
Thomason General Hospital	\$56,140,067	33%
Truman Medical Centers	\$37,160,370	17%
UMDNJ-University Hospital	\$60,123,962	14%
University Hospital, University of New Mexico Health Sciences Center	\$67,868,147	27%
University Medical Center of Southern Nevada	\$42,346,255	12%
University of Colorado Hospital	\$33,096,008	11%
University of Texas-Health Center at Tyler	\$22,901,302	31%
University of Texas-M.D. Anderson Cancer Center	\$115,536,232	10%
University of Texas-Medical Branch at Galveston	\$121,442,089	32%
VCU Health System Authority	\$90,113,010	20%
Westchester Medical Center	\$12,622,415	2%
Total	\$5,450,801,785	24%
Average	\$66,473,193	
Count		82

Table 6

NAPH Member Hospitals & Health Systems - Gross Charges by Payer Source, 2001

Hospital Name	Medicare		Medicaid		Commercial		Self Pay/Other		Total
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	
Alameda County Medical Center	\$49,526,071	12%	\$197,890,024	48%	\$23,759,410	6%	\$142,628,300	34%	\$413,803,805
Arrowhead Regional Medical Center	\$47,765,495	11%	\$185,583,168	44%	\$60,001,773	14%	\$124,651,780	30%	\$418,002,216
Boston Medical Center	\$173,165,034	26%	\$160,516,860	24%	\$154,188,676	23%	\$189,314,233	28%	\$677,184,803
Broadlawns Medical Center	\$13,534,452	16%	\$12,846,653	16%	\$6,977,907	8%	\$49,045,078	60%	\$82,404,090
Cambridge Health Alliance	\$60,958,964	20%	\$86,997,564	28%	\$57,984,507	19%	\$100,769,406	33%	\$306,710,441
Community Medical Centers	\$267,872,947	28%	\$300,454,162	32%	\$274,704,136	29%	\$101,876,704	11%	\$944,907,949
Contra Costa Regional Medical Center	\$50,345,546	19%	\$116,375,031	44%	\$31,398,520	12%	\$65,337,815	25%	\$263,456,912
Cook County BHS-John H. Stroger, Jr. Hospital of Cook County	\$64,485,438	13%	\$165,741,383	34%	\$24,564,505	5%	\$226,897,476	47%	\$481,688,802
Cook County BHS-Oak Forest Hospital	\$19,035,255	16%	\$78,552,431	65%	\$8,003,371	7%	\$14,863,403	12%	\$120,454,460
Cook County BHS-Provident Hospital of Cook County	\$9,192,655	9%	\$47,042,323	45%	\$6,803,790	7%	\$41,110,428	39%	\$104,149,196
Denver Health	\$57,450,680	12%	\$111,823,560	23%	\$99,828,664	21%	\$215,469,645	44%	\$484,572,549
Erlanger Medical Center	\$195,487,169	28%	\$171,079,812	25%	\$287,492,810	42%	\$38,190,460	6%	\$692,250,251
Grady Health System	\$115,000,074	18%	\$183,473,978	29%	\$60,108,946	9%	\$275,487,486	43%	\$634,070,484
Halifax Fish Community Health	\$332,975,507	49%	\$60,608,921	9%	\$231,431,369	34%	\$61,365,319	9%	\$686,381,116
Harborview Medical Center	\$129,082,178	23%	\$189,180,373	33%	\$197,420,943	35%	\$55,950,747	10%	\$571,634,241
Harris County Hospital District	\$99,834,359	14%	\$188,634,037	27%	\$23,149,049	3%	\$393,966,555	56%	\$705,584,000
Health and Hospital Corporation of Marion County	\$82,009,091	24%	\$96,372,175	28%	\$34,595,784	10%	\$132,320,513	38%	\$345,297,563
Hennepin County Medical Center	\$173,266,507	28%	\$241,154,140	39%	\$160,142,871	26%	\$42,219,128	7%	\$616,782,646
HHSC-Hilo Medical Center	\$52,416,180	40%	\$38,813,116	30%	\$29,417,510	22%	\$10,828,830	8%	\$131,475,636
HHSC-Kona Hospital	\$18,274,673	33%	\$11,324,940	21%	\$20,062,727	37%	\$5,224,804	10%	\$54,887,144
HHSC-Maui Memorial Hospital	\$77,142,960	43%	\$19,982,197	11%	\$67,454,878	38%	\$13,729,052	8%	\$178,309,087
Hurley Medical Center	\$126,554,369	28%	\$127,071,134	28%	\$174,589,675	38%	\$27,291,780	6%	\$455,506,958
Jackson Memorial Hospital	\$331,713,053	18%	\$557,882,933	31%	\$399,284,890	22%	\$518,755,563	29%	\$1,807,636,439
JPS Health Network	\$39,978,000	10%	\$85,820,000	22%	\$46,868,000	12%	\$215,347,000	56%	\$388,013,000
Kern Medical Center	\$19,623,279	9%	\$100,987,145	48%	\$28,284,077	13%	\$63,293,792	30%	\$212,188,293
LAC-Harbor/UCLA Medical Center	\$107,161,552	11%	\$461,790,131	48%	\$43,387,857	5%	\$351,715,074	36%	\$964,054,614
LAC-High Desert Hospital	\$4,891,564	5%	\$45,947,500	46%	\$13,978,966	14%	\$34,590,357	35%	\$99,408,387
LAC-LAC+USC Healthcare Network	\$81,580,451	5%	\$738,520,227	43%	\$37,191,312	2%	\$871,740,122	50%	\$1,729,032,112
LAC-Martin Luther King/Charles Drew Medical Center	\$74,192,724	11%	\$324,758,451	47%	\$29,191,497	4%	\$257,497,207	38%	\$685,639,879
LAC-Olive View-UCLA Medical Center	\$16,063,424	3%	\$302,805,157	64%	\$5,533,911	1%	\$145,668,182	31%	\$470,070,674
LAC-Rancho Los Amigos National Rehabilitation Center	\$38,602,361	12%	\$198,236,800	61%	\$12,530,124	4%	\$77,984,207	24%	\$327,353,492
LSUHCS-D-E.A. Conway Memorial Hospital	\$11,119,931	15%	\$18,611,976	25%	\$3,034,634	4%	\$43,071,833	57%	\$75,838,374
LSUHCS-D-Earl K. Long Medical Center	\$6,487,609	7%	\$30,048,602	31%	\$2,142,385	2%	\$59,260,234	61%	\$97,938,830
LSUHCS-D-Huey P. Long Medical Center	\$6,392,978	11%	\$15,326,142	26%	\$2,923,082	5%	\$34,538,290	58%	\$59,180,492
LSUHCS-D-Lallie Kemp Regional Med Ctr	\$6,528,352	19%	\$4,378,514	13%	\$2,086,917	6%	\$20,559,064	61%	\$33,552,847
LSUHCS-D-Leonard J. Chabert Medical Center	\$15,114,991	17%	\$28,104,394	32%	\$6,171,385	7%	\$39,818,885	45%	\$89,209,655
LSUHCS-D-Medical Center of Louisiana at New Orleans	\$49,171,227	10%	\$141,542,008	28%	\$35,301,996	7%	\$276,235,678	55%	\$502,250,909
LSUHCS-D-University Medical Center	\$9,106,819	12%	\$19,903,085	26%	\$4,182,642	5%	\$43,271,101	57%	\$76,463,647
LSUHCS-D-W.O. Moss Regional Hospital	\$4,600,864	13%	\$3,214,403	9%	\$1,692,978	5%	\$24,646,776	72%	\$34,155,021
LSUHCS-D-Washington-St. Tammany Regional Medical Center	\$2,308,395	16%	\$2,025,239	14%	\$780,712	5%	\$9,367,584	65%	\$14,481,930
Maricopa Integrated Health System	\$67,200,605	15%	\$248,061,298	56%	\$44,120,072	10%	\$84,695,683	19%	\$444,077,658
Metro Nashville General Hospital	\$11,328,394	15%	\$39,112,899	52%	\$9,030,904	12%	\$15,184,541	20%	\$74,656,738
MetroHealth System, The	\$124,891,000	23%	\$166,045,000	30%	\$179,241,000	33%	\$78,604,000	14%	\$548,781,000
MHS-Memorial Hospital Pembroke	\$105,018,787	49%	\$14,507,925	7%	\$71,864,377	33%	\$24,215,101	11%	\$215,606,190

Hospital Name	Medicare		Medicaid		Commercial		Self Pay/Other		Total
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	
MHS-Memorial Hospital West	\$121,389,470	34%	\$19,208,198	5%	\$201,271,607	56%	\$19,913,790	6%	\$361,783,065
MHS-Memorial Regional Hospital	\$345,605,495	37%	\$109,073,772	12%	\$354,973,054	38%	\$116,660,351	13%	\$926,312,672
Nassau University Medical Center	\$94,417,118	23%	\$163,489,256	40%	\$64,690,204	16%	\$82,702,810	20%	\$405,299,388
Natividad Medical Center	\$31,989,158	12%	\$124,995,492	47%	\$67,820,761	26%	\$38,722,288	15%	\$263,527,699
NBHD-Broward General Medical Center	\$236,833,874	27%	\$188,988,750	22%	\$240,009,047	28%	\$204,097,465	23%	\$869,929,136
NBHD-Coral Springs Medical Center	\$94,992,987	31%	\$24,893,468	8%	\$163,734,332	53%	\$27,473,222	9%	\$311,094,009
NBHD-Imperial Point Medical Center	\$92,582,014	44%	\$17,644,985	8%	\$71,781,126	34%	\$29,781,119	14%	\$211,789,244
NBHD-North Broward Medical Center	\$225,824,987	51%	\$41,236,529	9%	\$111,411,183	25%	\$63,133,942	14%	\$441,606,641
NYCHHC-Bellevue Hospital Center	\$127,030,209	20%	\$355,231,263	55%	\$37,460,247	6%	\$131,171,582	20%	\$650,893,301
NYCHHC-Coney Island Hospital	\$89,672,970	28%	\$172,992,137	55%	\$14,046,696	4%	\$40,722,091	13%	\$317,433,894
NYCHHC-Elmhurst Hospital Center	\$95,697,879	16%	\$325,155,705	55%	\$40,668,216	7%	\$131,793,109	22%	\$593,314,909
NYCHHC-Harlem Hospital Center	\$71,690,981	24%	\$172,885,622	57%	\$13,245,417	4%	\$45,201,152	15%	\$303,023,172
NYCHHC-Jacobi Medical Center	\$124,736,648	23%	\$288,902,746	54%	\$40,670,645	8%	\$78,296,063	15%	\$532,606,102
NYCHHC-Kings County Hospital	\$61,402,643	10%	\$301,980,828	49%	\$44,307,089	7%	\$202,443,538	33%	\$610,134,098
NYCHHC-Lincoln Medical and Mental Health Center	\$62,487,378	17%	\$231,510,034	62%	\$18,949,061	5%	\$61,818,056	17%	\$374,764,529
NYCHHC-North Central Bronx Hospital	\$38,949,051	19%	\$119,830,621	59%	\$10,540,429	5%	\$34,123,997	17%	\$203,444,098
NYCHHC-Queens Hospital Center	\$41,929,930	17%	\$136,324,383	54%	\$18,260,216	7%	\$57,261,609	23%	\$253,776,138
NYCHHC-Woodhull Medical and Mental Health Center	\$80,374,123	22%	\$174,245,326	47%	\$18,890,398	5%	\$98,637,630	27%	\$372,147,477
Ohio State University Hospital	\$155,208,000	29%	\$58,096,000	11%	\$256,438,000	48%	\$65,509,000	12%	\$535,251,000
Parkland Health & Hospital System	\$133,941,610	15%	\$252,040,753	29%	\$123,389,950	14%	\$364,292,330	42%	\$873,664,643
Regional Medical Center at Memphis	\$63,456,008	14%	\$200,443,742	43%	\$105,865,481	23%	\$97,910,338	21%	\$467,675,569
Riverside County Regional Medical Center	\$28,550,844	7%	\$166,359,513	43%	\$40,978,338	10%	\$154,728,037	40%	\$390,616,732
San Francisco General Hospital	\$86,692,586	18%	\$203,865,318	43%	\$40,796,275	9%	\$140,773,015	30%	\$472,127,194
San Joaquin General Hospital	\$35,657,880	17%	\$96,109,317	46%	\$15,048,064	7%	\$61,143,767	29%	\$207,959,028
San Mateo Medical Center	\$25,271,168	19%	\$49,957,767	38%	\$4,196,722	3%	\$50,805,915	39%	\$130,231,572
Santa Clara Valley Health & Hospital System	\$135,581,978	15%	\$394,515,668	44%	\$149,760,207	17%	\$208,128,459	23%	\$887,986,312
Thomason General Hospital	\$32,643,118	13%	\$86,922,888	35%	\$38,518,777	15%	\$92,501,382	37%	\$250,586,165
Truman Medical Centers	\$49,436,444	21%	\$105,315,352	45%	\$20,339,509	9%	\$57,084,211	25%	\$232,175,516
UMDNJ-University Hospital	\$157,416,000	20%	\$171,619,000	22%	\$269,838,000	34%	\$198,323,000	25%	\$797,196,000
University Hospital, University of New Mexico Health Sciences Center	\$62,705,804	16%	\$101,680,219	26%	\$86,737,680	22%	\$145,054,178	37%	\$396,177,881
University Medical Center of Southern Nevada	\$195,209,516	23%	\$165,912,478	19%	\$291,182,794	34%	\$210,614,121	24%	\$862,918,909
University of Colorado Hospital	\$156,877,949	26%	\$76,907,737	13%	\$228,556,733	39%	\$129,872,275	22%	\$592,214,694
University of Texas-Health Center at Tyler	\$45,754,599	45%	\$10,276,677	10%	\$23,055,138	23%	\$23,069,470	23%	\$102,155,884
University of Texas-M.D. Anderson Cancer Center	\$391,378,770	26%	\$47,855,807	3%	\$846,223,368	56%	\$233,489,192	15%	\$1,518,947,137
University of Texas-Medical Branch at Galveston	\$162,591,208	22%	\$177,277,668	24%	\$127,265,778	18%	\$256,692,943	35%	\$723,827,597
VCU Health System Authority	\$207,368,197	25%	\$128,351,284	15%	\$259,602,753	31%	\$236,317,073	28%	\$831,639,307
Westchester Medical Center	\$236,363,033	29%	\$251,678,621	30%	\$276,938,767	33%	\$64,223,860	8%	\$829,204,281
Total	\$7,748,163,591	21%	\$12,052,922,735	32%	\$7,750,367,601	21%	\$9,873,085,596	26%	\$37,424,539,523
Average	\$95,656,341		\$148,801,515		\$95,683,551		\$121,889,946		\$462,031,352
Count									81

Table 7

NAPH Member Hospitals & Health Systems - Net Revenues by Payer Source, 2001

Hospital Name	Medicare		Medicaid*		Commercial		Self Pay/Other		State/Local Subsidies		Total
	Revenues	Percent	Revenues	Percent	Revenues	Percent	Revenues	Percent	Revenues	Percent	
Alameda County Medical Center	\$27,734,600	11%	\$127,342,380	49%	\$13,305,270	5%	\$0	0%	\$89,840,226	35%	\$258,222,476
Arrowhead Regional Medical Center	\$21,225,100	11%	\$102,859,290	53%	\$32,781,522	17%	\$3,509,106	2%	\$32,086,257	17%	\$192,461,275
Boston Medical Center	\$115,555,872	26%	\$110,126,008	25%	\$73,684,551	17%	\$117,307,984	27%	\$21,288,585	5%	\$437,963,000
Broadlawn Medical Center	\$10,991,323	17%	\$6,382,523	10%	\$6,493,873	10%	\$10,110,830	16%	\$29,734,706	47%	\$63,713,255
Cambridge Health Alliance	\$32,180,237	18%	\$36,935,343	20%	\$28,011,818	15%	\$700,831	0%	\$84,896,658	46%	\$182,724,887
Community Medical Centers	\$121,909,957	29%	\$111,746,176	27%	\$155,989,702	38%	\$9,960,759	2%	\$15,432,954	4%	\$415,039,548
Contra Costa Regional Medical Center	\$25,747,188	18%	\$72,799,219	51%	\$15,919,940	11%	\$3,164,265	2%	\$25,371,173	18%	\$143,001,785
Cook County BHS-John H. Stroger, Jr. Hospital of Cook County	\$35,843,830	7%	\$232,499,056	44%	\$23,342,891	4%	\$3,420,082	1%	\$238,848,359	45%	\$533,954,218
Cook County BHS-Oak Forest Hospital	\$4,865,729	4%	\$70,939,187	63%	(\$2,016,436)	-2%	(\$3,744,809)	-3%	\$42,735,876	38%	\$112,779,547
Cook County BHS-Provident Hospital of Cook County	\$4,164,844	5%	\$41,982,148	48%	\$3,411,515	4%	\$16,079,352	18%	\$21,968,458	25%	\$87,606,317
Denver Health	\$28,658,180	9%	\$162,035,788	52%	\$80,547,020	26%	\$14,958,000	5%	\$26,067,996	8%	\$312,266,984
Erlanger Medical Center	\$93,189,714	31%	\$40,998,807	14%	\$161,879,616	54%	\$2,785,401	1%	\$3,500,000	1%	\$302,353,538
Grady Health System	\$88,784,827	19%	\$219,798,137	47%	\$48,215,908	10%	\$9,549,002	2%	\$98,487,598	21%	\$464,835,472
Halifax Fish Community Health	\$129,551,002	53%	\$14,708,727	6%	\$93,770,616	38%	\$6,264,261	3%	\$0	0%	\$244,294,606
Harborview Medical Center	\$69,649,030	20%	\$110,861,060	32%	\$142,619,052	41%	\$19,362,366	6%	\$8,026,092	2%	\$350,517,600
Harris County Hospital District	\$41,378,250	8%	\$136,019,616	25%	\$19,457,142	4%	\$21,747,674	4%	\$315,022,000	59%	\$533,624,682
Health and Hospital Corporation of Marion County	\$50,102,695	20%	\$118,919,815	47%	\$20,757,470	8%	\$12,918,607	5%	\$50,785,824	20%	\$253,484,411
Hennepin County Medical Center	\$95,149,344	26%	\$130,536,407	38%	\$83,908,842	24%	\$18,849,590	6%	\$14,379,757	4%	\$342,823,940
HHSC-Hilo Medical Center	\$23,086,326	36%	\$13,833,765	23%	\$18,173,885	30%	\$5,441,964	9%	\$0	0%	\$60,535,940
HHSC-Kona Hospital	\$7,418,057	26%	\$4,400,413	17%	\$11,806,692	45%	\$2,639,365	10%	\$0	0%	\$26,264,527
HHSC-Maui Memorial Hospital	\$27,989,802	35%	\$5,141,798	6%	\$41,002,259	51%	\$6,679,746	8%	\$0	0%	\$80,813,605
Hurley Medical Center	\$67,498,248	26%	\$69,830,914	29%	\$93,118,058	38%	\$14,556,173	6%	\$0	0%	\$245,003,393
Jackson Memorial Hospital	\$169,960,854	19%	\$165,335,610	18%	\$202,199,820	22%	\$127,263,123	14%	\$235,535,814	26%	\$900,295,221
JPS Health Network	\$19,586,000	7%	\$73,233,000	26%	\$24,535,000	9%	\$5,226,000	2%	\$154,528,000	56%	\$277,108,000
Kern Medical Center	\$12,100,977	11%	\$57,107,350	50%	\$14,634,016	13%	\$9,016,147	8%	\$21,365,194	19%	\$114,223,684
LAC-Harbor/UCLA Medical Center	\$25,196,843	8%	\$169,743,480	54%	\$13,992,325	4%	\$21,446,885	7%	\$86,052,786	27%	\$316,432,319
LAC-High Desert Hospital	\$1,143,717	2%	\$24,620,592	44%	\$2,732,776	5%	\$2,566,599	5%	\$25,032,277	45%	\$56,095,961
LAC-LAC-USC Healthcare Network	\$15,755,011	2%	\$395,663,866	54%	\$18,510,257	3%	\$59,950,158	8%	\$248,727,918	34%	\$738,607,210
LAC-Martin Luther King/Charles Drew Medical Center	\$17,089,610	5%	\$167,846,307	49%	\$7,049,220	2%	\$18,038,287	5%	\$132,650,267	39%	\$342,673,691
LAC-Olive View-UCLA Medical Center	\$8,445,878	3%	\$127,658,880	58%	\$6,064,253	3%	\$10,324,037	5%	\$69,896,220	32%	\$220,389,268
LAC-Rancho Los Amigos National Rehabilitation Center	\$14,605,075	9%	\$96,373,670	60%	\$3,605,058	2%	\$3,424,518	2%	\$43,546,455	27%	\$161,554,776
LSUHCSD-E.A. Conway Memorial Hospital	\$4,310,567	8%	\$49,314,151	89%	\$1,492,386	3%	\$164,552	0%	\$0	0%	\$55,281,656
LSUHCSD-Earl K. Long Medical Center	\$2,298,357	5%	\$59,787,907	94%	\$545,118	1%	\$153,837	0%	\$0	0%	\$63,785,219
LSUHCSD-Huey P. Long Medical Center	\$2,876,790	8%	\$31,766,935	89%	\$934,091	3%	\$154,358	0%	\$0	0%	\$35,732,174

Hospital Name	Medicare		Medicaid*		Commercial		Self Pay/Other		State/Local Subsidies		Total
	Revenues	Percent	Revenues	Percent	Revenues	Percent	Revenues	Percent	Revenues	Percent	
ALSHUCSD-Laille Kemp Regional Med Ctr	\$3,253,995	13%	\$19,549,454	81%	\$1,095,419	5%	\$262,616	1%	\$0	0%	\$24,161,484
LSUHCSD-Leonard J. Chabert Medical Center	\$7,565,961	13%	\$48,724,021	82%	\$2,789,721	5%	\$243,939	0%	\$0	0%	\$59,313,642
LSUHCSD-Medical Center of Louisiana at New Orleans	\$24,439,368	8%	\$282,259,618	88%	\$14,046,621	4%	\$887,335	0%	\$500,000	0%	\$322,132,942
LSUHCSD-University Medical Center	\$5,311,870	9%	\$50,630,298	88%	\$1,360,945	2%	\$298,947	1%	\$0	0%	\$57,602,060
LSUHCSD-W.O. Moss Regional Hospital	\$2,570,950	12%	\$18,904,727	85%	\$723,779	3%	\$158,795	1%	\$0	0%	\$22,358,251
LSUHCSD-Washington-St. Tammany Regional Medical Center	\$1,333,013	10%	\$11,767,349	87%	\$353,675	3%	\$71,678	1%	\$0	0%	\$13,525,715
MariCopa Integrated Health System	\$27,431,886	13%	\$128,581,264	61%	\$29,012,858	14%	\$25,598,167	12%	\$0	0%	\$210,624,175
Metro Nashville General Hospital	\$9,712,442	15%	\$18,304,359	29%	\$5,852,275	9%	\$1,623,021	3%	\$28,098,418	44%	\$63,590,515
Metro-Health System, The	\$80,162,000	24%	\$139,176,000	41%	\$82,721,000	24%	\$12,619,000	4%	\$23,100,000	7%	\$337,778,000
MHS-Memorial Hospital Pembroke	\$26,731,649	42%	\$2,858,035	4%	\$30,539,879	48%	\$1,662,315	3%	\$2,437,210	4%	\$64,229,088
MHS-Memorial Hospital West	\$31,562,956	24%	\$4,750,460	4%	\$82,429,232	70%	\$1,553,804	1%	\$2,013,388	2%	\$132,309,840
MHS-Memorial Regional Hospital	\$108,748,282	33%	\$25,629,207	8%	\$166,888,466	51%	\$4,401,497	1%	\$24,627,754	7%	\$330,275,206
Nassau University Medical Center	\$65,589,664	26%	\$89,003,237	35%	\$44,316,287	18%	\$52,222,717	21%	\$2,051,841	1%	\$253,183,746
Natividad Medical Center	\$11,536,844	12%	\$51,171,749	53%	\$24,020,352	25%	\$629,587	1%	\$9,025,187	9%	\$96,383,719
NBHD-Broward General Medical Center	\$58,844,215	25%	\$48,536,297	20%	\$78,946,611	33%	\$2,301,210	1%	\$48,541,564	20%	\$238,169,897
NBHD-Coral Springs Medical Center	\$21,836,395	26%	\$5,467,798	7%	\$46,591,136	56%	\$2,747,323	3%	\$6,946,388	8%	\$83,589,040
NBHD-Imperial Point Medical Center	\$25,222,455	43%	\$5,293,705	9%	\$19,675,820	33%	\$983,824	2%	\$7,705,961	13%	\$58,881,765
NBHD-North Broward Medical Center	\$55,899,505	44%	\$8,360,972	7%	\$41,501,020	33%	\$2,420,674	2%	\$18,562,994	15%	\$126,745,165
NYCHHC-Bellevue Hospital Center	\$86,932,376	22%	\$263,618,537	65%	\$31,039,961	8%	(\$11,592,573)	-3%	\$34,890,000	9%	\$406,888,301
NYCHHC-Coney Island Hospital	\$55,470,334	28%	\$118,195,973	60%	\$3,784,732	2%	\$7,341,061	4%	\$11,397,000	6%	\$196,189,100
NYCHHC-Elnhurst Hospital Center	\$61,562,822	18%	\$213,034,923	64%	\$32,486,585	10%	\$22,678,630	7%	\$3,434,000	1%	\$333,196,960
NYCHHC-Harlem Hospital Center	\$47,121,965	19%	\$170,642,170	70%	\$10,177,864	4%	\$4,069,288	2%	\$11,492,000	5%	\$243,503,287
NYCHHC-Jacobi Medical Center	\$82,996,108	24%	\$207,789,764	61%	\$8,410,210	2%	\$19,250,125	6%	\$24,694,000	7%	\$343,140,207
NYCHHC-Kings County Hospital	\$36,215,229	9%	\$219,943,740	55%	\$36,035,086	9%	\$69,440,415	17%	\$40,725,000	10%	\$402,359,470
NYCHHC-Lincoln Medical and Mental Health Center	\$44,363,819	17%	\$204,800,351	80%	\$5,352,009	2%	\$7,321,589	3%	(\$5,908,000)	-2%	\$255,929,768
NYCHHC-North Central Bronx Hospital	\$22,329,370	15%	\$107,092,670	70%	\$1,061,887	1%	\$4,771,740	3%	\$17,858,000	12%	\$153,113,667
NYCHHC-Queens Hospital Center	\$32,911,370	17%	\$125,612,893	65%	\$15,507,318	8%	\$7,383,021	4%	\$11,001,001	6%	\$192,415,603
NYCHHC-Woodhull Medical and Mental Health Center	\$60,572,796	25%	\$140,696,683	57%	\$12,603,324	5%	\$39,352,572	16%	(\$7,079,000)	-3%	\$246,146,375
Ohio State University Hospital	\$116,905,000	35%	\$40,883,950	12%	\$152,343,000	46%	\$9,424,000	3%	\$9,853,000	3%	\$329,408,950
Parkland Health & Hospital System	\$58,509,009	10%	\$150,676,426	26%	\$56,638,964	10%	\$22,543,549	4%	\$285,440,000	50%	\$573,807,948
Regional Medical Center at Memphis	\$29,694,675	14%	\$76,847,432	37%	\$62,365,454	30%	\$2,926,351	1%	\$37,753,789	18%	\$209,587,701
Riverside County Regional Medical Center	\$11,763,370	6%	\$97,807,862	53%	\$24,468,110	13%	\$28,299,210	15%	\$21,418,800	12%	\$183,757,352
San Francisco General Hospital	\$44,958,713	29%	\$88,557,934	57%	\$17,833,352	12%	\$3,286,672	2%	0	0%	\$154,636,571
San Joaquin General Hospital	\$14,359,528	13%	\$56,739,688	52%	\$9,102,992	8%	\$3,096,588	3%	\$25,200,669	23%	\$108,499,465
San Mateo Medical Center	\$11,706,514	20%	\$37,582,934	64%	\$2,457,496	4%	\$6,758,276	12%	\$0	0%	\$58,485,220
Santa Clara Valley Health & Hospital System	\$69,651,386	13%	\$287,456,859	55%	\$72,074,949	14%	\$22,329,326	4%	\$68,478,639	13%	\$519,991,159
Thomason General Hospital	\$20,604,143	14%	\$52,626,950	36%	\$24,182,282	17%	\$10,655,928	7%	\$36,727,743	25%	\$144,797,046

Hospital Name	Medicare		Medicaid*		Commercial		Self Pay/Other		State/Local Subsidies		Total
	Revenues	Percent	Revenues	Percent	Revenues	Percent	Revenues	Percent	Revenues	Percent	
AlTruman Medical Centers	\$38,444,058	19%	\$83,507,619	42%	\$11,630,461	6%	\$22,961,933	12%	\$41,132,816	21%	\$197,676,887
UMDNJ-University Hospital	\$79,223,000	20%	\$79,566,000	20%	\$100,752,000	25%	\$91,764,000	23%	\$54,210,000	13%	\$405,515,000
University Hospital, University of New Mexico Health Sciences Center	\$44,722,292	19%	\$86,357,337	36%	\$49,294,415	21%	\$29,208,360	12%	\$28,948,526	12%	\$238,531,930
University Medical Center of Southern Nevada	\$75,529,030	22%	\$73,883,009	21%	\$128,135,501	37%	\$72,112,661	21%	\$0	0%	\$349,660,201
University of Colorado Hospital	\$67,256,756	21%	\$62,674,204	20%	\$141,710,201	45%	\$34,279,351	11%	\$9,537,162	3%	\$315,457,674
University of Texas-Health Center at Tyler	\$21,816,994	30%	\$9,351,242	13%	\$10,997,750	15%	\$2,776,482	4%	\$28,341,329	39%	\$73,283,797
University of Texas-M.D. Anderson Cancer Center	\$159,309,515	16%	\$17,950,799	2%	\$617,546,732	62%	\$47,120,159	5%	\$149,780,871	15%	\$991,708,076
University of Texas-Medical Branch at Galveston	\$86,574,278	22%	\$77,221,446	20%	\$56,578,783	14%	\$57,424,852	15%	\$116,100,000	29%	\$393,899,359
VCU Health System Authority	\$109,370,140	25%	\$167,848,237	38%	\$131,855,086	30%	\$29,019,647	7%	\$0	0%	\$438,093,110
Westchester Medical Center	\$130,761,074	28%	\$151,182,294	33%	\$131,914,896	28%	\$49,936,499	11%	\$0	0%	\$463,794,763
Total	\$3,707,422,948	18%	\$7,788,246,701	38%	\$4,103,662,022	20%	\$1,380,615,211	7%	\$3,364,846,500	17%	\$20,344,793,382
Average	\$45,770,654		\$96,151,194		\$50,662,494		\$17,044,632		\$41,541,315		\$251,170,289
Count											81

* Medicaid net revenues include base Medicaid payments and net Medicaid DSH payments.

Appendix D

NAPH Member Hospitals & Health Systems - Governance Profiles 2003

Hospital	Location	# of Facilities
Separate Public Entity *		
Alameda County Medical Center	Oakland, CA	
Broadlawns Medical Center	Des Moines, IA	
Cambridge Health Alliance	Cambridge, MA	
Denver Health	Denver, CO	
Erlanger Medical Center	Chattanooga, TN	
Grady Health System	Atlanta, GA	
Halifax Community Health Systems	Daytona Beach, FL	
Harborview Medical Center	Seattle, WA	
Harris County Hospital District	Houston, TX	2
Hawaii Health Systems Corporation	Hawaii	12
Hurley Medical Center	Flint, MI	
Jackson Memorial Hospital	Miami, FL	
JPS Health Network	Fort Worth, TX	
Memorial Healthcare System	Florida	3
Memorial Hospital at Gulfport	Gulfport, MS	
Metropolitan Nashville General Hospital	Nashville, TN	
Nassau University Medical Center	East Meadow, NY	
New York City Health and Hospitals Corporation	New York, NY	13
North Broward Hospital District	Florida	4
Parkland Health & Hospital System	Dallas, TX	
The Health and Hospital Corporation of Marion County	Indianapolis, IN	
Thomason General Hospital	El Paso, TX	
UMDNJ-University Hospital	Newark, NJ	
University of Colorado Hospital	Denver, CO	
VCU Health System Authority	Richmond, VA	
Westchester Medical Center	Valhalla, NY	
Non-Profit Corporation **		
Boston Medical Center	Boston, MA	
Central Georgia Health System Inc.	Macon, GA	
Community Medical Centers of Fresno	Fresno, CA	
Hillcrest HealthCare System	Tulsa, OK	
Regional Medical Center at Memphis	Memphis, TN	
Truman Medical Centers	Kansas City, MO	2
UMass Memorial Health Care	Worcester, MA	
University of Chicago Hospitals & Health System	Chicago, IL	
Direct Operation by Local Government ***		
Arrowhead Regional Medical Center	Colton, CA	
Community Health Network of San Francisco	San Francisco, CA	2
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 Department of Health Services	Los Angeles County, CA	6

Direct Operation by Local Government (continued)

Maricopa Integrated Health System	Phoenix, AZ
Natividad Medical Center	Salinas, CA
Riverside County Regional Medical Center	Moreno Valley, CA
San Francisco General Hospital	San Francisco, CA
San Joaquin General Hospital	French Camp, CA
San Mateo County General Hospital	San Mateo, CA
Santa Clara Valley Health & Hospital System	San Jose, CA
The MetroHealth System	Cleveland, OH
University Medical Center of Southern Nevada	Las Vegas, NV

Direct Operation by State Government***

LSU Health Sciences Center Health Care Services Division	Louisiana	9
Ohio State University Hospital	Columbus, OH	
Stony Brook University Hospital	Stony Brook, NY	
University Hospital of Brooklyn	Brooklyn, NY	
University Hospital, University of New Mexico Health Sciences Center	Albuquerque, NM	
University of Arkansas for Medical Sciences	Little Rock, AR	
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 not "public."*

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

Appendix E

List of Full NAPH Membership

Alameda County Medical Center (Oakland CA)

Arrowhead Regional Medical Center (Colton CA)

Boston Medical Center (Boston MA)

Broadlawns Medical Center (Des Moines IA)

Cambridge Health Alliance (Cambridge MA)

Central Georgia Health System Inc. (Macon GA)

Community Health Network of San Francisco (San Francisco CA)
Laguna Honda Hospital & Rehabilitation Center (San Francisco CA)
San Francisco General Hospital (San Francisco CA)

Community Medical Centers (Fresno CA)

Contra Costa Regional Medical Center (Martinez CA)

Cook County Bureau of Health Services (Chicago IL)
John H. Stroger, Jr. Hospital (Chicago IL)
Oak Forest Hospital (Oak Forest IL)
Provident Hospital of Cook County (Chicago IL)

Cooper Green Hospital (Birmingham AL)

Denver Health (Denver CO)

Erlanger Medical Center (Chattanooga TN)

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

Grady Health System (Atlanta GA)

Halifax-Fish Community Health (Daytona Beach FL)

Harborview Medical Center (Seattle WA)

Harris County Hospital District (Houston TX)
Ben Taub General Hospital (Houston TX)
Lyndon B. Johnson Hospital (Houston TX)

Hawaii Health Systems Corporation (Honolulu HI)
Hale Ho'ola Kamaku Hospital (Honokaa HI)
Hilo Medical Center (Hilo HI)
Ka'u Hospital (Pahala HI)
Kauai Veterans Memorial Hospital (Waimea HI)
Kohala Hospital (Kapaau HI)
Kona Hospital (Kealahou HI)
Kula Hospital (Kula HI)
Lana'i Community Hospital (Lana'i City HI)
Leahi Hospital (Honolulu HI)
Maluhia (Honolulu HI)
Maui Memorial Hospital (Wailuku HI)
Samuel Mahelona Memorial Hospital (Kapaa HI)

The Health and Hospital Corporation of Marion County (Indianapolis IN)
Hennepin County Medical Center (Minneapolis MN)
Hillcrest HealthCare System (Tulsa OK)
Hurley Medical Center (Flint MI)
Jackson Memorial Hospital (Miami FL)
JPS Health Network (Fort Worth TX)
Kern Medical Center (Bakersfield CA)
Los Angeles County Department of Health Services (Los Angeles CA)
Harbor/UCLA Medical Center (Torrance CA)
High Desert Hospital (Lancaster CA)
Martin Luther King/Drew Medical Center (Los Angeles CA)
LAC+USC Healthcare Network (Los Angeles CA)
Olive View-UCLA Medical Center (Sylmar CA)
Rancho Los Amigos National Rehabilitation Center (Downey CA)
LSU Health Sciences Center Health Care Services Division (Baton Rouge LA)
Earl K. Long Medical Center (Baton Rouge LA)
Huey P. Long Medical Center (Pineville LA)
Lallie Kemp Regional Medical Center (Independence LA)
Leonard J. Chabert Medical Center (Houma LA)
Medical Center of Louisiana at New Orleans (New Orleans LA)
University Medical Center (Lafayette LA)
Washington-St. Tammany Regional Medical Center (Bogalusa LA)
Dr. Walter O. Moss Regional Medical Center (Lake Charles LA)
Maricopa Integrated Health System (Phoenix AZ)
Memorial Healthcare System (Hollywood FL)
Joe DiMaggio Children's Hospital at Memorial (Hollywood FL)
Memorial Hospital Pembroke (Pembroke Pines FL)
Memorial Hospital West (Pembroke Pines FL)
Memorial Regional Hospital (Hollywood FL)
Memorial Hospital at Gulfport (Gulfport MS)
Metropolitan Nashville General Hospital (Nashville TN)
The MetroHealth System (Cleveland OH)
Nassau University Medical Center (East Meadow NY)
Natividad Medical Center (Salinas CA)
New York City Health and Hospitals Corporation (New York NY)
Bellevue Hospital Center (New York NY)
Coler-Goldwater Memorial Hospital (Roosevelt Island NY)
Coney Island Hospital (Brooklyn NY)
Elmhurst Hospital Center (Elmhurst NY)
Gouverneur Nursing and Diagnostic & Treatment Center (New York NY)

Harlem Hospital Center (New York NY)
Jacobi Medical Center (Bronx NY)
Kings County Hospital (Brooklyn NY)
Lincoln Medical and Mental Health Center (Bronx NY)
Metropolitan Hospital Center (New York NY)
North Central Bronx Hospital (Bronx NY)
Queens Hospital Center (Jamaica NY)
Sea View Hospital Rehabilitation Center & Home (Staten Island NY)
Woodhull Medical and Mental Health Center (Brooklyn NY)

North Broward Hospital District (Fort Lauderdale FL)
Broward General Medical Center (Fort Lauderdale FL)
Coral Springs Medical Center (Coral Springs FL)
Imperial Point Medical Center (Imperial Point FL)
North Broward Medical Center (Pompano Beach FL)

The Ohio State University Hospital (Columbus OH)

Parkland Health & Hospital System (Dallas TX)

Regional Medical Center at Memphis (Memphis TN)

Riverside County Regional Medical Center (Riverside CA)

Roy Lester Schneider Hospital (St. Thomas VI)

San Joaquin General Hospital (Stockton CA)

San Mateo Medical Center (San Mateo CA)

Santa Clara Valley Health & Hospital System (San Jose CA)

Stony Brook University Hospital (Stony Brook NY)

Thomason Hospital (El Paso TX)

Truman Medical Centers (Kansas City MO)
TMC Hospital Hill (Kansas City MO)
TMC Lakewood (Kansas City MO)
TMC Behavioral Health (Kansas City MO)

UMass Memorial Healthcare System (Worcester MA)

UMDNJ-University Hospital (Newark NJ)

University HealthSystem Consortium (Oak Brook IL)

University Hospital, The University of New Mexico Health Sciences Center (Albuquerque NM)

University Hospital of Brooklyn (Brooklyn NY)

University Medical Center of Southern Nevada (Las Vegas NV)

University of Arkansas for Medical Sciences (Little Rock AR)

University of Chicago Hospitals & Health System (Chicago IL)

University of Colorado Hospital (Denver CO)

University of Texas System (Austin TX)
Health Center at Tyler (Tyler TX)
M.D. Anderson Cancer Center (Houston TX)
Medical Branch at Galveston (Galveston TX)
VCU Health System Authority (Richmond VA)
Westchester Medical Center (Valhalla NY)