



National
Association
of Public
Hospitals
and Health
Systems

AMERICA'S PUBLIC HOSPITALS AND HEALTH SYSTEMS, 2003

Results of the Annual NAPH Hospital Characteristics Survey



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WASHINGTON, DC

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About the National Association of Public Hospitals and Health Systems

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

Acknowledgments

The authors express their thanks to all NAPH member hospitals and health systems that participated in the annual survey. Additional thanks are owed to Christine Capito Burch, Larry S. Gage, Lynne Fagnani, Charles Luband, Jennifer Tolbert, Linda Cummings, and Allison Hogge for their assistance in the preparation of this report.

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Foreword

In producing this newest report on the situation of NAPH members, I am pleased and proud that our research and policy staff have once again provided a vivid and fact-filled portrait of our nation's largest and most essential safety net hospitals and health systems. Ordinarily, in an introduction to this survey, I would highlight some of the most significant findings and praise NAPH staff for producing a report that is both thorough and timely. However, just a few days before I sat down to write this introduction, Hurricane Katrina brushed quickly through South Florida before strengthening into one of the most calamitous natural disasters ever to strike America. Since coming ashore near the Louisiana-Mississippi border, Katrina has left in its wake enormous personal, structural, and economic damage and loss, the magnitude of which may not be known for months. At the same time, almost like the terrorist attacks of September 11, 2001, Katrina seems to have struck a psychological blow to the entire nation, not just the Gulf region. We all mourn for those directly affected, and at the same time we are made newly aware of just how fine a line separates prosperity, happiness, and good health from catastrophic disruption and loss.

Each year, this report and the survey data it contains testify to the essential role NAPH members play in our nation's health care system. This year, their role has been dramatically underscored, not by data but by action—by their immediate response to a crisis of unprecedented proportions. Not only were our members

(the LSU hospitals in Louisiana and Memorial Hospital at Gulfport) quite literally at “ground zero” of the disaster itself, those members continued to play a vital role after the disaster. Memorial Hospital—while damaged—never stopped functioning at virtually full capacity, even though over 400 staff and physicians had lost their homes. In New Orleans, two LSU hospitals had to be evacuated, but the rest of the hospitals in the LSU system moved quickly to pick up the pieces—in some cases doubling their inpatient and outpatient services overnight. Moreover, NAPH members in Houston, Dallas, San Antonio, Fort Worth, Galveston, Little Rock, Birmingham, and elsewhere quickly mobilized to assist evacuees with a wide range of chronic and emergency medical problems.

We should not require a terrible disaster to convince our nation's policymakers of both the importance and fragility of America's public hospitals and health systems. Sound data, well analyzed, should be sufficient. But sometimes it takes a crisis to remind us of something we all should have known. For this reason, NAPH dedicates this report to those members directly and indirectly affected by Hurricane Katrina—in the full knowledge that if we can convince policymakers to fund and support the nation's health care safety net, all of our members will be equal to the task of serving their communities, under the best of conditions and, even more importantly, under the worst.

Larry S. Gage President



Executive Summary

In 2003, members of the National Association of Public Hospitals and Health Systems continued to offer millions of uninsured and underserved individuals access to the medical services so critical for lifelong health and well-being. Delivering these services was difficult, however, given the economic downturn early in the decade and the resulting inadequacies associated with safety net financing. This report examines the operations and activities of NAPH members in 2003, presents the financial challenges they faced, describes the clinical and community services they provided, and profiles the patients they served.

Information on the 89 hospitals profiled in this report was taken from the annual NAPH member survey, which has provided insight on public hospitals and the people they serve for the past 20 years.

Key findings about NAPH members in fiscal year 2003 include the following:

Safety Net Financing

■ Medicaid remained the most important source of financing for public hospitals, with 37 percent of total net revenues for NAPH members coming from Medicaid in 2003. Medicaid discharge volumes and Medicaid births increased significantly for NAPH members between 1998 and 2003.

■ NAPH members rely on a combination of federal, state, and local funding sources for financial viability. Medicaid disproportionate share hospital (DSH)

funding financed almost a quarter of the unreimbursed care provided in 2003, while state and local subsidies financed 39 percent.

■ NAPH members continued to operate with margins significantly lower than the rest of the hospital industry. Even with DSH and other supplemental Medicaid payments, 60 percent of NAPH members had margins lower than 2 percent. Their average margin was 0.5 percent compared to 4.8 percent for all hospitals in the U.S. Without DSH or UPL payments, overall NAPH member margins would drop to -11.4 percent.

Serving Patients and Communities

■ NAPH members provided an extraordinary amount of ambulatory care, averaging almost 400,000 visits in 2003, a steady increase since 1998. On average,

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

- In addition to ambulatory care, NAPH members provided high volumes of inpatient services, averaging almost 18,000 discharges in 2003.

- NAPH members continued to provide high volumes of care to uninsured and underserved patients in their communities. In 2003, 38 percent of outpatient visits and 23 percent of inpatient services were provided to self-pay patients.

- In 2003, NAPH members provided over \$50 billion in total inpatient and outpatient services, with 32 percent of these services going to Medicaid patients and 24 percent to self-pay patients.

- Many public hospitals serve as the training ground for physicians, nurses, and other health care professionals. In 2003, NAPH members trained medical and dental residents equal to more than 11,000 full-time equivalent (FTE) positions and trained allied health professionals translating into over 1,100 FTE positions. This represents 15 percent of the doctors and more than 25 percent of the allied health professionals who received their training at acute care facilities.

- Public hospitals continue to lead emergency preparedness activities. NAPH members are the only Level I trauma care centers, or the only trauma centers of any level, in 24 communities across the country.

Challenges Affecting Public Hospitals

- In 2003, 21 percent of public hospital costs were uncompensated, compared to 5.5 percent of costs for hospitals nationally. NAPH members delivered 24 percent of the uncompensated care provided by U.S. hospitals that year.

- Although the entire hospital industry experienced workforce shortages, NAPH members reported an average vacancy rate for nursing staff almost twice as high as in hospitals nationally.

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

NAPH members historically have struggled to maintain their viability while fulfilling their safety net missions, but these hospital systems now face increased challenges. Beginning in the mid-1990s, the number of uninsured and underinsured increased in the U.S. as a result of a poor economy, rising health care costs, and declining rates of coverage in the private sector. Meanwhile, costs for medical equipment and supplies increased and continuing medical workforce shortages drove up labor costs. While costs and demand for services grew, federal and state budget deficits led to crippling cuts in Medicaid and other health care programs. With less funding, public hospitals struggle to remain competitive now and to make the health information technology investments necessary to be competitive in the future.

The Role of Public Hospitals: Serving Patients and Communities

In 2003, America's public hospitals continued to offer millions of uninsured and underserved individuals access to the medical services so critical for lifelong health and well-being. NAPH members represent only 2 percent of acute care hospitals in the nation and 11 percent of acute care hospitals in their respective markets but are often the major providers of inpatient care, outpatient care, and specialized services within their communities. Whether serving as a medical home for families, providing life-saving trauma or neonatal care, managing chronic conditions, or delivering babies, public hospitals maintained their mission to provide care to all, regardless of insurance coverage or ability to pay.

Providing these services was difficult, however, given the economic downturn early in the decade and the resulting inadequacies associated with safety net financing. Public hospitals found themselves challenged to provide more and better care with less secure or unstable financing. The one certainty for public hospitals around the nation in 2003 was the growing demand for services, especially among uninsured individuals who lacked the resources to pay for their care out of pocket.

Caring for Low-Income and Uninsured Patients

The Kaiser Commission on Medicaid and the Uninsured reported in 2004 that on any given day, 45 million people are uninsured in America, and an even greater number are uninsured for at least

some part of the year. As leading providers of care to low-income populations, NAPH members have had historically high rates of uncompensated care as a percent of total costs. Twenty-one percent of NAPH member costs are uncompensated, in contrast to 5.5 percent of costs for hospitals nationally.¹ In 2003, NAPH members—representing only 2 percent of the acute care hospitals in the country—administered 24 percent of the uncompensated care provided at hospitals across the nation² (see Table 5 in Appendix C for data on individual NAPH members).

Major Providers of Ambulatory Care

According to American Hospital Association (AHA) data, the average NAPH member provides over three times the number of non-emergency outpatient visits as

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PUBLIC HOSPITALS

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

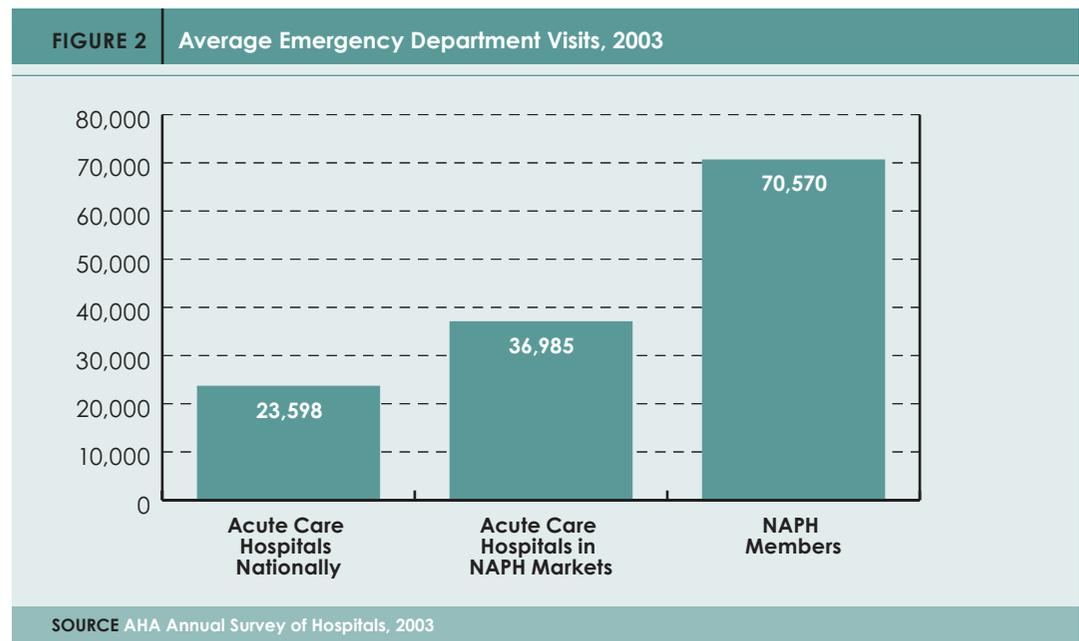
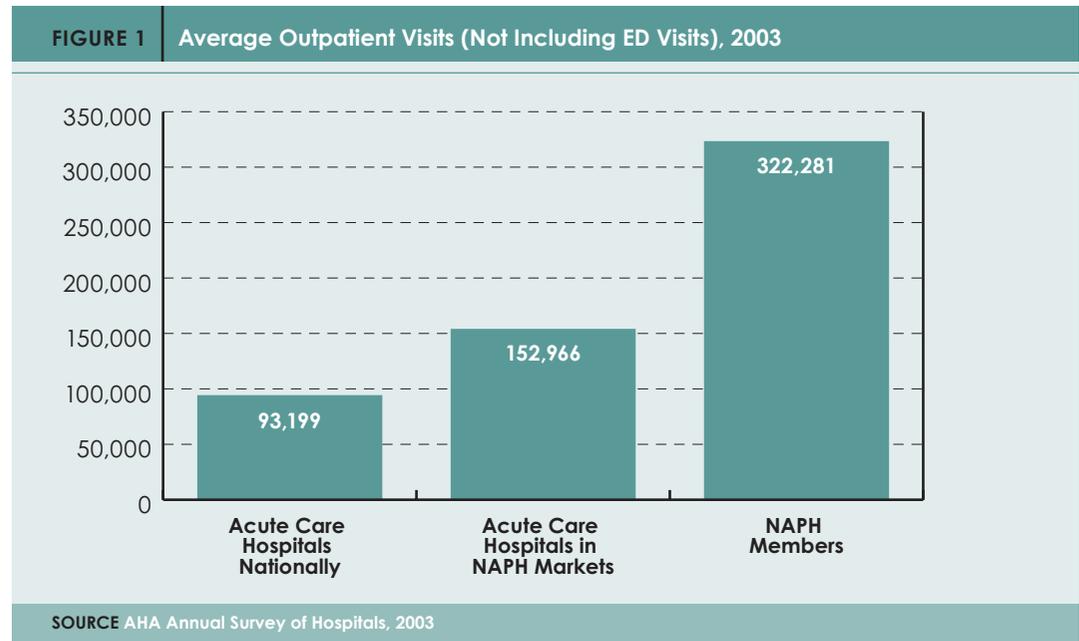
other acute care hospitals in the country and three times higher volumes of emergency department visits (see Figures 1 and 2).³ In particular, providing ambulatory care for uninsured and underserved indi-

viduals is a signature characteristic of America's public hospitals. Given that so many of their patients are uninsured, low-income, and chronically ill, this translates into an extraordinary amount of primary and specialty

PROVIDING CARE TO UNINSURED PATIENTS

In 2003, NAPH members provided:

- 38 percent of ambulatory care visits for uninsured patients, including:
 - 2.6 million emergency department visits
 - 10.0 million non-emergency outpatient visits
- 23 percent of inpatient services for uninsured patients
- 24 percent of the uncompensated hospital care in the country.



care delivered to vulnerable populations. In 2003, 10.0 million primary and specialty care visits and another 2.6 million emergency department visits at NAPH members were for uninsured patients.

When considering the wide range of patients NAPH members serve—from low-income and uninsured patients to those with ample insurance coverage—it becomes clear that public hospitals provide a huge amount of ambulatory care overall. In 2003, NAPH members provided more than 27 million outpatient visits, divided equally between primary and specialty health care services. That number does not include the nearly six million emergency department visits at NAPH member facilities that year (see Table 2 in Appendix C for data on individual NAPH members).

As shown in Figure 3, the average number of outpatient visits for an NAPH

member hospital reached almost 400,000 in 2003, a 21 percent increase over just five years earlier. In fact, ambulatory care visits have climbed steadily since 1998 and grown by 49 percent over the decade spanning 1993–2003.

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

In 2003, 10.0 million primary and specialty care visits and another 2.6 million emergency department visits at NAPH members were for uninsured patients.

FIGURE 3 Average Outpatient Visit Volumes for NAPH Members, 1993–2003

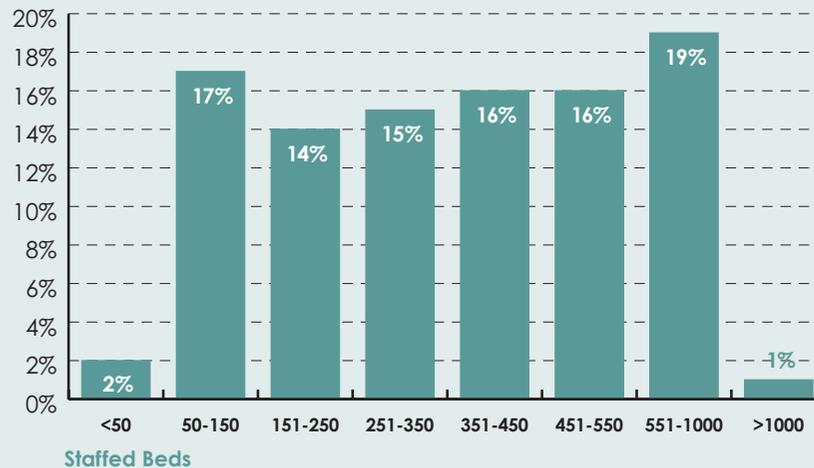


SOURCES AHA Annual Survey of Hospitals, 2003, and NAPH Hospital Characteristics Survey, 2003. Numbers reflect average volumes for all ambulatory care, including primary care, specialty care, and emergency services.

SIZE OF NAPH MEMBER HOSPITALS AND HEALTH SYSTEMS

NAPH Members by Bed Size, 2003

NAPH members tend to be larger than other acute care hospitals – averaging 378 beds, more than double the size of the average acute care hospital nationally. Within the membership, however, there is a great deal of variation, as can be seen in the figure, right. One-third (33 percent) of NAPH members have 250 beds or fewer, 31 percent have 251-450 beds, 35 percent have 451-1,000 beds, and one hospital has more than 1,000 beds (see Table 1 in Appendix C for data on individual NAPH members).



SOURCE NAPH Hospital Characteristics Survey, 2003

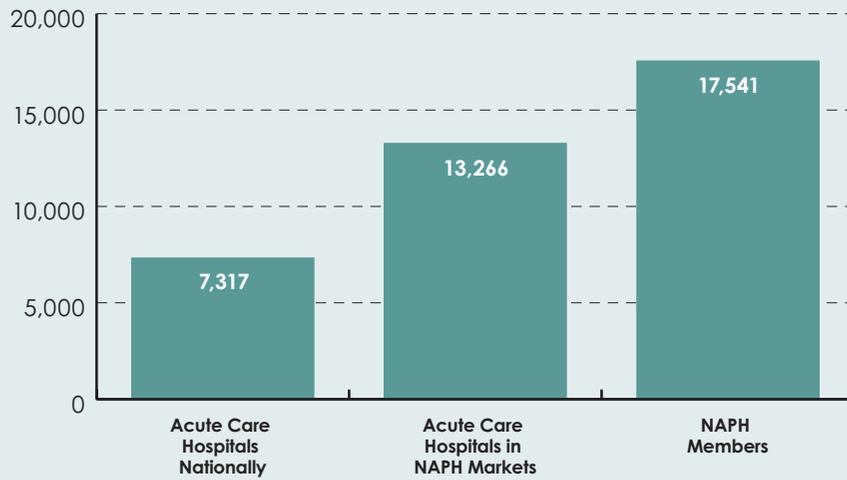
In addition, NAPH members are major providers of outpatient specialty care—an area woefully under-resourced in the nation’s health care safety net. Often, NAPH members are the only source of specialty care for entire communities. Recent studies have described the consequences of a national shortage of specialty care available to uninsured and low-income individuals: long waits for specialty visits, or an inability to access care at all, have been shown to result in poorer health outcomes and greater use of emergency department and inpatient services.⁴

Inpatient Care Volumes

The rising demand for ambulatory care has not eclipsed the importance of in-

patient services at public hospitals. In 2003, NAPH members continued to provide extraordinary amounts of inpatient care, reporting roughly 2.5 times the volume of admissions seen in other acute care hospitals in the country (see Figure 4).⁵ NAPH members also tended to dominate their markets, exceeding average admissions at other hospitals in their markets by more than 30 percent. As Figure 5 illustrates, after a drop in the mid-1990s, the average inpatient volume for NAPH members steadily increased, from just over 16,000 visits in 1999 to nearly 18,000 in 2003. For the year, NAPH members counted more than 1.5 million discharges (see Table 1 in Appendix C for data on individual NAPH members).

FIGURE 4 Average Admissions, 2003



SOURCE AHA Annual Survey of Hospitals, 2003

FIGURE 5 Average Discharges for NAPH Members, 1993–2003⁶



SOURCE NAPH Hospital Characteristics Survey, 2003

Community Health Services

Most NAPH members maintain close ties with their local health departments,

and a significant number are responsible for public health services in their communities. In several major cities across the country, including Cambridge, MA,

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

Albuquerque, NM
Atlanta, GA
Bronx, NY
Charlotte, NC
Chattanooga, TN
Daytona Beach, FL
El Paso, TX
Flint, MI
Fresno, CA
Ft. Lauderdale, FL
Galveston, TX
Hollywood, FL
Independence, LA
Las Vegas, NV
Macon, GA
Memphis, TN
New Orleans, LA
Newark, NJ
Pembroke Pines, FL
Richmond, VA
San Francisco, CA
St Croix, VI
Stony Brook, NY
Worcester, MA

SOURCE AHA Annual Survey
of Hospitals, 2003

Chicago, IL, Denver, CO, Los Angeles, San Francisco, and Martinez, CA, the public hospital is integrated with the local public health department.

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

Trauma Care and Emergency Preparedness

Among the most important services that many NAPH members provide to their communities is trauma care – highly specialized treatment provided through facilities equipped to administer emergency and specialized intensive care to critically ill and injured patients. Level I trauma centers, the most highly specialized, are equipped to provide total care for every aspect of injury. They also play a leading role in trauma research and education. In 24 communities, including several major cities such as Albuquerque, Las Vegas, Memphis, New Orleans, Richmond, and San Francisco, NAPH members are either the only Level I trauma center or the only trauma center of any level.

Because of their leading role as providers of emergency room, trauma, and burn care services, NAPH members have long been first responders for catastrophes such as chemical spills, fires, disease outbreaks, and natural disasters. As an extension of this role, public hospitals now play a key part in ensuring homeland security. Their responsibilities include working with local governments, health departments, and other first responders like police, fire, and emergency services to coordinate communication and response in the event of a terrorist attack. Additionally, the strong relationships that many NAPH members have with their local public health departments allow them to monitor disease trends to identify potential incidents of bioterrorism or outbreaks of disease.

Patient Diversity

NAPH member hospitals and health systems do not just serve their communities; they also reflect them, through the diversity of their patients. As Figure 6 shows, more than half of the discharges in 2003 were for patients who are members of racial and ethnic minorities. One in four patients was black and nearly one in four Hispanic; the remaining 7 percent were Asian/Pacific Islander or other races/ethnicities. In comparison, on the outpatient side, more patients were members of racial/ethnic minorities. According to an NAPH survey of ambulatory care directors in 2001, 29 percent of outpatient visits were for white patients, 32 percent were for black patients, and 30

percent were for Hispanic patients.⁷The remaining 9 percent were for Asian/Pacific Islander patients or patients in other race/ethnicity groups.

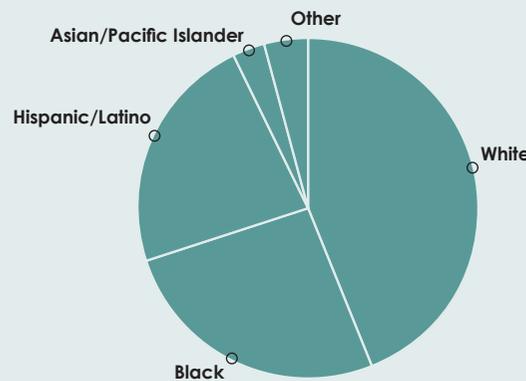
As comprehensive systems of care, public hospitals can address patient health care needs through every stage of life. As Figure 7 illustrates, patients come from all age groups. NAPH members reported 13

percent of discharges for patients 18 years of age or younger and another 39 percent for patients ages 19–44; 19 percent of discharges were for patients 65 or older.

In addition to diversity by race/ethnicity and age, NAPH members serve patients with varying forms of insurance coverage. In 2003, patients with commercial insurance accounted for 18 percent of both

FIGURE 6 Discharges by Race/Ethnicity at NAPH Members, 2003

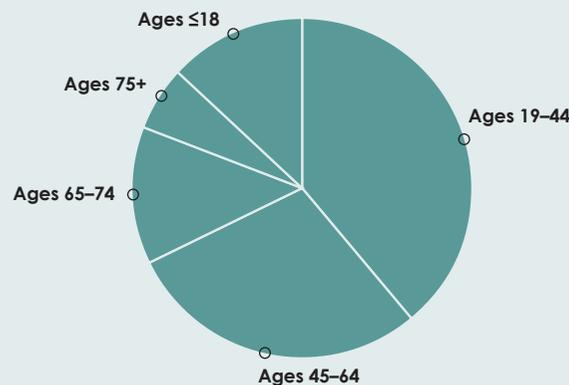
White	44%
Black	26%
Hispanic/Latino	23%
Asian/Pacific Islander	3%
Other	4%



SOURCE NAPH Hospital Characteristics Survey, 2003

FIGURE 7 Discharges by Age at NAPH Members, 2003

Ages ≤18	13%
Ages 19–44	39%
Ages 45–64	29%
Ages 65–74	13%
Ages 75+	6%



SOURCE NAPH Hospital Characteristics Survey, 2003

The emphasis on outpatient care has exacerbated the financial challenges of caring for uninsured patients.

outpatient and discharge volumes. Nevertheless, the majority of patients served were uninsured or low-income; more than half of all discharges and outpatient visits were either for uninsured patients or for those covered by Medicaid (see Figure 8). Furthermore, 38 percent of ambulatory care services—compared to 23 percent of inpatient services—were provided to uninsured patients (see Tables 3 and 4 in Appendix C for data on individual NAPH members), reflecting the growing demand for ambulatory care that began in the mid-1990s. This emphasis on outpatient care, which tends to be poorly reimbursed compared to inpatient services, has exacerbated the financial challenges of caring for uninsured patients.

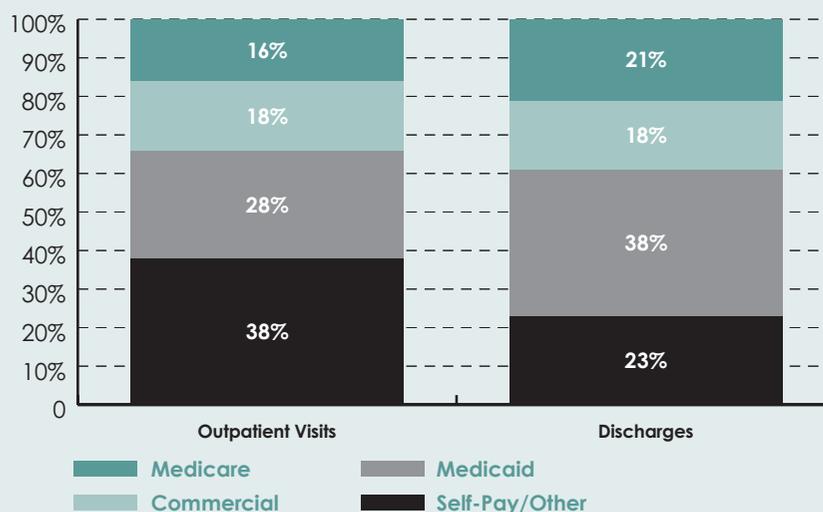
Diversity in the Workforce

Like the patient populations, the workforce

at public hospitals reflects the diversity of the communities they serve. While about 15 percent of registered nurses (RNs) in the U.S. are members of racial and ethnic minorities,⁸ the percentage for RNs at NAPH members in 2003 was almost three times that amount. In addition, 40 percent of physicians and dentists at NAPH member hospitals and health systems were members of racial and ethnic minorities, compared to 23 percent of physicians and dentists nationally⁹ (see Figure 9).

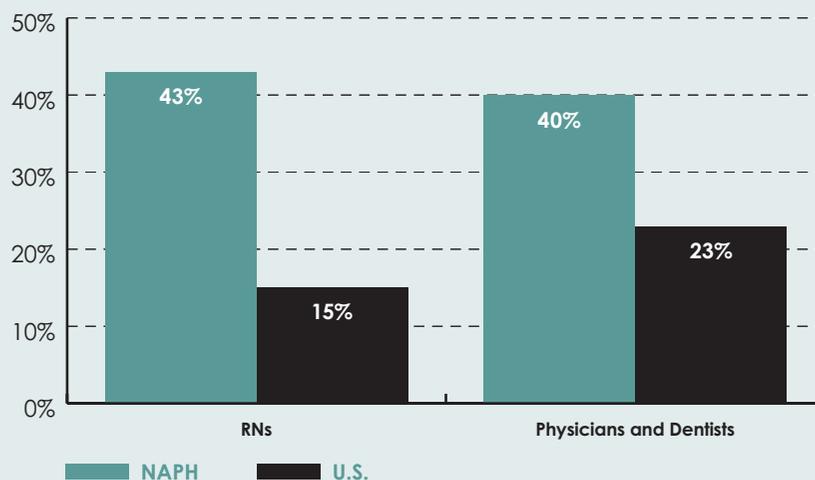
Two-thirds (64 percent) of licensed practical nurses (LPNs) or licensed vocational nurses (LVNs) and almost half (49 percent) of registered pharmacists at NAPH hospitals were members of racial and ethnic minorities. The diverse composition of this workforce reflects the strong commitment to community that is a hallmark of the care public hospitals deliver.

FIGURE 8 Outpatient Visits and Discharges by Payer Source at NAPH Members, 2003



SOURCE NAPH Hospital Characteristics Survey, 2003

FIGURE 9 Percent of RNs and Physicians/Dentists who are Members of Racial/Ethnic Minorities



SOURCES NAPH Hospital Characteristics Survey, 2003; E. Spratley, A. Johnson, J. Sochalski, M. Fritz, W. Spencer, *The Registered Nurse Population: Findings from the National Sample Survey of Registered Nurses*, (Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Service Administration, March 2000). Distribution of non-federal physicians by race/ethnicity is for 2002 (see Statehealthfacts.org). Percent of professionally active dentists is estimated from Valachovic et al, "Trends in Dentistry and Dental Education," *Journal of Dental Education* (June 2001): 539-561.

Training Physicians and Other Health Care Professionals

In addition to promoting high-quality, community-centered health care today, NAPH members ensure that such care will be available to patients in the future through the education and training of new health care providers. More than three-quarters (84 percent) of NAPH members are teaching institutions, as defined by the Accreditation Council for Graduate Medical Education (ACG-ME),¹⁰ and 48 percent are academic medical centers, as defined by the Council of Teaching Hospitals of the Association of American Medical Colleges (COTH).¹¹ As such, public hospitals serve as the training ground for a large percentage of

the country's physicians, nurses, and other health care professionals.

In 2003, NAPH members trained medical and dental residents sufficient to fill more than 11,000 full-time equivalent (FTE) positions as well as allied health professionals translating into over 1,100 FTE positions. These future providers represented 15 percent of the doctors and more than 25 percent of the allied health professionals trained at acute care facilities that year. In their markets, public hospitals played an even larger teaching role, training 30 percent of the medical and dental residents and 47 percent of the allied health professionals in 2003.

Challenges Affecting Public Hospitals

2

NAPH member hospitals and health systems encounter numerous challenges in fulfilling their mission of providing care to all. These challenges include a growing uninsured population in the United States, an increasing demand for ambulatory care, a dwindling workforce, and rising costs for training, supplies, and equipment.

By far the greatest challenge for public hospitals across the nation, however, is securing adequate financial support.

Public hospitals rely on a variety of funding sources—including Medicaid, Medicare, state and local governments, and private insurance—to finance the care they provide to millions of uninsured, low-income, or otherwise vulnerable individuals each year. Yet even these multiple contributors cannot guarantee financial stability for safety net providers. While demand for services has grown steadily, policy shifts and budget cuts in federal, state, and local sources have threatened the ability of providers to meet the needs of their patients.

Government Support

Medicaid remains the single most important source of financing for NAPH members; in 2003, it accounted for 37 percent of total net revenues. A critical component of these revenues was Medicaid disproportionate share hospital (DSH) payments, intended to reduce the shortfalls accrued by treating Medicaid patients and to partially subsidize care for the uninsured. Without DSH

payments, NAPH members would have lost \$2.0 billion on the care of Medicaid patients in 2003, and their Medicaid payment-to-cost ratio would have been 0.78. For more than half of NAPH members (56 percent), Medicaid payments and Medicaid DSH payments did not cover the full cost of providing care to Medicaid patients.

Medicare is another important source of financing for public hospitals. In 2003 most NAPH members (90 percent) experienced significant losses on the care of Medicare patients, amounting to almost \$1.2 billion, compared to \$903 million lost in 2002. Taking subsidies from Medicare DSH and indirect medical education (IME) funding into account, the Medicare payment-to-cost ratio was 0.80 in 2003. Without DSH and IME funds, the average ratio for NAPH members would have been a mere 0.64 for the same period.

Also critical to public hospital financing are state and local government subsidies, which have remained relatively steady since the mid-1990s. In 2003, the revenues received by NAPH members from their state and local governments covered 14 percent of their total costs.

Financial Performance

NAPH members continued to struggle financially in 2003 and experienced an increasing reliance on supplemental payments for financial viability. Even with DSH and other supplemental Medicaid payments—often called upper payment limits (UPL)—60 percent of NAPH members had margins lower than 2 percent in 2003. According to industry analysts, margins of less than 2 percent are inadequate to finance working capital or reinvest in infrastructure and technology, let alone support the special services that make public hospitals the core of our nation's health care safety net.

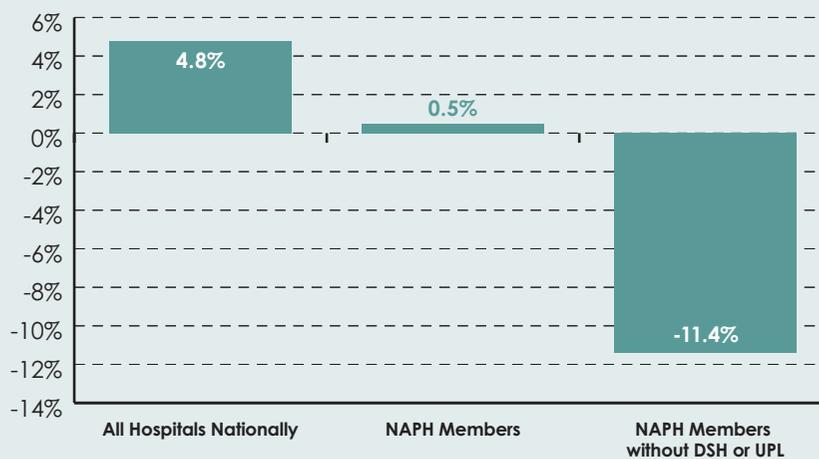
Despite the support of supplemental payments, NAPH members experience greater financial pressures than other hospitals nationally. In 2003, the average margin for NAPH members was

0.5 percent—significantly lower than the average margin of 4.8 percent for all hospitals in the U.S. (see Figure 10). Without the critical supports of Medicaid DSH and UPL payments, overall NAPH member margins would drop to -11.4 percent. Clearly, public hospitals could not survive with such negative margins.

In 2003, NAPH members provided over \$50 billion in total inpatient and outpatient services, averaging more than \$591 million in gross charges per hospital or health system. Thirty-two percent of these services were provided to Medicaid patients and 24 percent to self-pay patients, the overwhelming majority of whom were uninsured and low-income (see Figure 11). Twenty-two percent of services were provided to Medicare patients and another 22 percent to the commercially insured (see Table 6

In 2003, NAPH members provided over \$50 billion in total inpatient and outpatient services.

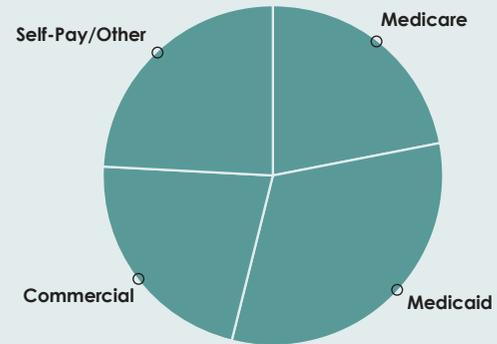
FIGURE 10 Hospital Margins, 2003



SOURCES AHA Annual Survey 2003; NAPH Hospital Characteristics Survey, 2003

FIGURE 11 Gross Charges by Payer Source at NAPH Members, 2003

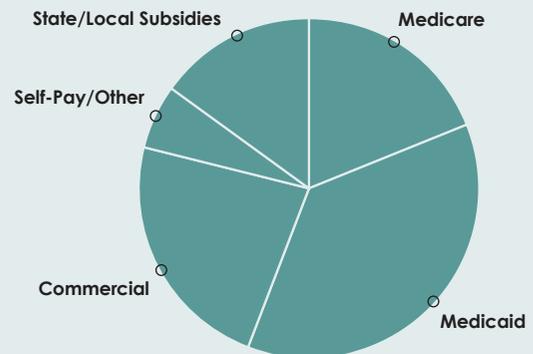
Medicare	22%
Medicaid	32%
Commercial	22%
Self-Pay/Other	24%



SOURCE NAPH Hospital Characteristics Survey, 2003

FIGURE 12 Net Revenues by Payer Source at NAPH Members, 2003

Medicare	19%
Medicaid	37%
Commercial	23%
Self-Pay/Other	6%
State/Local Subsidies	15%



SOURCE NAPH Hospital Characteristics Survey, 2003

in Appendix C for data on individual NAPH members).

Net revenues for NAPH members amounted to \$25 billion in 2003, an average of \$298 million each. These providers continued to rely primarily on a combination of federal, state, and local funding sources to sustain their opera-

tions. In 2003, almost three-quarters of revenues for public hospitals came from federal, state, and local payment sources: 37 percent from Medicaid, 19 percent from Medicare, and 15 percent from state and local subsidies (see Figure 12). An additional 23 percent of revenues came from commercially insured patients,

while payments from self-pay patients accounted for 6 percent of net revenues (see Table 7 in Appendix C for data on individual NAPH members).

Financing Unreimbursed Care

“Unreimbursed care” refers to losses on care provided to all patients, excluding “mission-related” supplemental funding such as DSH and IME payments and state or local government subsidies. A large percentage of care provided by NAPH members is unreimbursed, meaning that base payments received for services provided do not cover the full costs of providing these services. Unreimbursed care costs add to the overall financial losses of public hospitals, which can be substantial. For example, without Medicare DSH and IME payments, NAPH members would have lost over \$2.1 billion on care provided to Medicare patients in 2003 and \$2.0

billion on care provided to Medicaid patients (without Medicaid DSH payments).

As Figure 13 indicates, state and local subsidies financed 39 percent of the unreimbursed care provided by NAPH members in 2003. Medicaid DSH also represented a critical funding source, financing almost a quarter of the unreimbursed care provided. Medicare DSH and IME payments subsidized 10 percent of unreimbursed care, covering 6 percent and 4 percent respectively. Revenues unrelated to patient care, which can include interest and investment income, cafeteria and parking revenues, medical record fees, sales tax, tobacco settlement monies, and rental income, covered the remaining 28 percent of unreimbursed care costs.

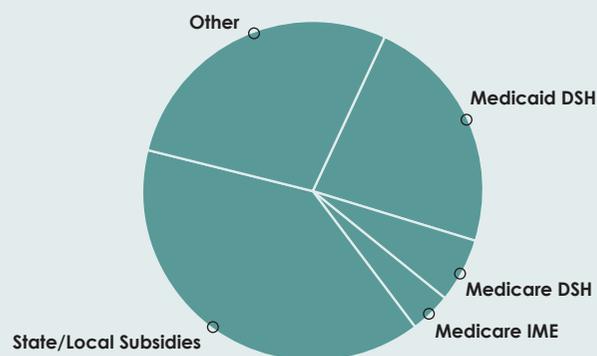
Without Medicare DSH and IME payments, NAPH members would have lost over \$2.1 billion on care provided to Medicare patients in 2003.

Competition for Medicaid Patients

After years of extremely low rates,

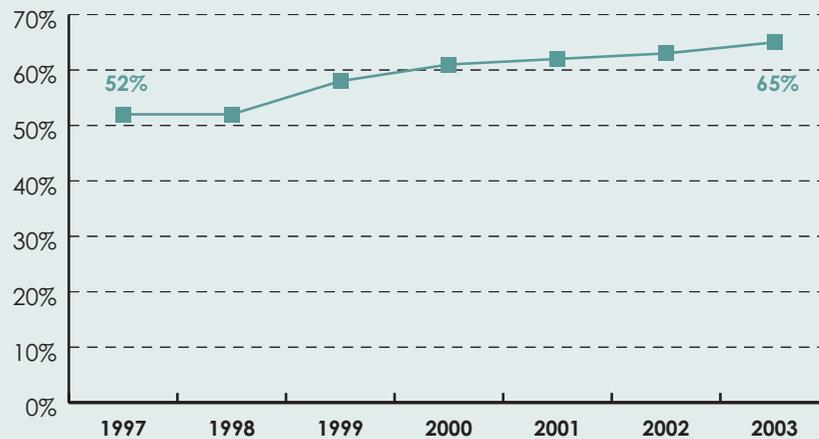
FIGURE 13 Sources of Financing for Unreimbursed Care, 2003

Medicaid DSH	23%
Medicare DSH	6%
Medicare IME	4%
State/Local Subsidies	39%
Other	28%



SOURCE NAPH Hospital Characteristics Survey, 2003

FIGURE 14 Medicaid Births as Percent of Births at NAPH Members, 1997–2003



SOURCE NAPH Hospital Characteristics Survey, 2003

TRENDS IN CARE FOR MEDICAID PATIENTS AT NAPH MEMBER HOSPITALS

- Average Medicaid inpatient volume increased by 17 percent since 1999
- Average Medicaid outpatient volume increased by 30 percent since 1999
- Medicaid births increased from 52 percent of all births at NAPH member hospitals in 1997 to 65 percent in 2003

Medicaid payments to providers rose in the mid-1990s as Medicaid managed care plans sought to increase provider participation in their programs. These payment increases served as a financial incentive to care for Medicaid enrollees, and the market responded with public and private providers actively competing for certain types of Medicaid patients. Chief among these categories of patients were children and pregnant women. As a result, Medicaid discharges for NAPH members fell sharply, with public hospitals losing Medicaid births to competitors that had not traditionally served the Medicaid population.

Since 1999, average Medicaid discharge volumes have increased by 17 percent as NAPH members developed their own Medicaid enrollment initiatives and began more careful screening of

uninsured patients to determine Medicaid eligibility. These trends and initiatives increased the volume of outpatient care for Medicaid patients at NAPH member hospitals and health systems.

In addition to screening and enrollment efforts, NAPH members have worked aggressively to retain their Medicaid market share of births because of the impact of these births on Medicaid inpatient volume. Updating their birthing facilities with state-of-the-art labor, delivery, and recovery suites and increasing the number of private postpartum rooms are measures that appear to help public hospitals retain and increase their share of Medicaid births. Capital improvements combined with better financial screening and enrollment have improved market share for NAPH members and also have resulted

in greater numbers of Medicaid births as a proportion of NAPH births overall (see Figure 14).

Just as it has grown in importance in other areas, Medicaid's significance has increased over the years in terms of financing births. From 1997 (the first year NAPH members reported Medicaid births) to 2003, the percent of total births at NAPH members that were paid by Medicaid increased from 52 to 65 percent.

In 2003, NAPH members delivered more than 215,000 babies, representing approximately 18 percent of all births in their markets. For NAPH members, births are reflective of their patient populations and are disproportionately represented by members of racial and ethnic minorities. In 2003, one out of every eight Latino babies and one out of every 11 African-American babies born in the

U.S. were born at an NAPH member hospital or health system.¹²

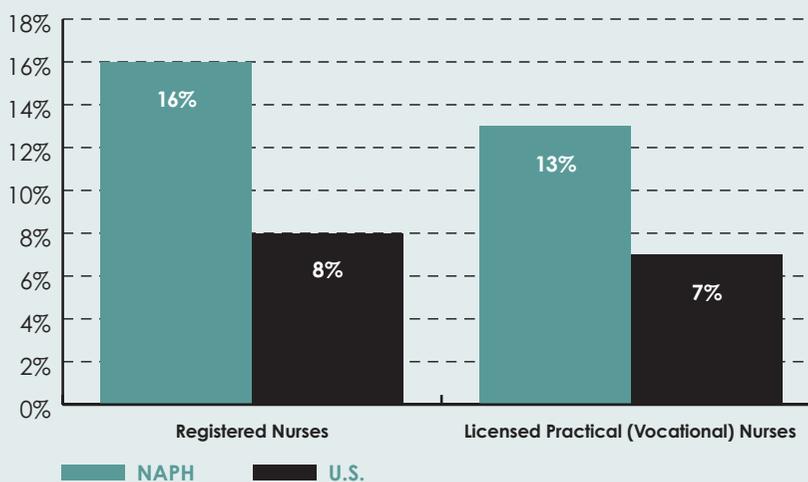
Diminishing Workforce, Rising Costs

Since the mid-1990s, the health care industry has experienced workforce shortages, particularly in nursing and pharmacy. In 2003, NAPH members reported an average vacancy rate for RNs and LPNs/LVNs almost twice as high as for hospitals nationally (see Figure 15). Vacancy rates for registered pharmacists are comparable for NAPH members and other hospitals. Given these shortages, some public hospitals have resorted to inefficient and costly staffing strategies (e.g., contract staff) in order to ensure that patient care is not compromised as a result of staff vacancies.¹³

In addition to competition for hospital staff and high vacancy rates, many

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

FIGURE 15 Nursing Vacancy Rates at NAPH Members vs. Hospitals Nationally, 2003



SOURCES NAPH Hospital Characteristics Survey, 2003; 2004 AHA Survey of Hospital Leaders

NAPH members shoulder the burden of rising costs associated with training tens of thousands of health care professionals each year. This burden weighs heavier on public hospitals given ever-tighter budgets and challenges to federal and state financial supports. Between 1997 and 2003, NAPH members experienced a 27 percent increase in average expenses for resident salaries and benefits.¹⁴

Along with higher costs for training residents, NAPH members suffered a 55 percent increase in the average cost of medical and surgical supplies since 1999, rising from \$14.3 million on average to almost \$23 million. Staffing pressures, combined with such rising costs, compete with the need to improve hospital infrastructure. Inevitably, investments in infrastructure lose out to these other demands.

Common Governance Structures of NAPH Members

The NAPH membership can be categorized into three governance structures: direct operation by local or state governments (or state university), separate public entities, and non-profit corporations. Within these general categories, there may be variations designed to address the specific needs of a given public hospital.

3

In 2003, 45 percent of NAPH members reported that they were operated directly by their local or state government (or university) (see Figure 16). This governance structure offers little flexibility and often imposes civil service requirements, procurement rules, and sunshine laws, which allow the public hospital little autonomy and may curtail its ability to plan strategically and react proactively in competitive situations. Some NAPH members have subsequently chosen to move toward other governance structures that allow for more flexibility.

Nearly half of all NAPH members are organized as separate public entities. Within this governance structure, a public hospital may be organized as a separate board within a governmental entity, hospital taxing district, hospital authority, or public benefit corporation. Each of these models functions somewhat differently, as illustrated below:¹⁵

- **Separate Board within Governmental Entity:** A hospital or public health board that 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.

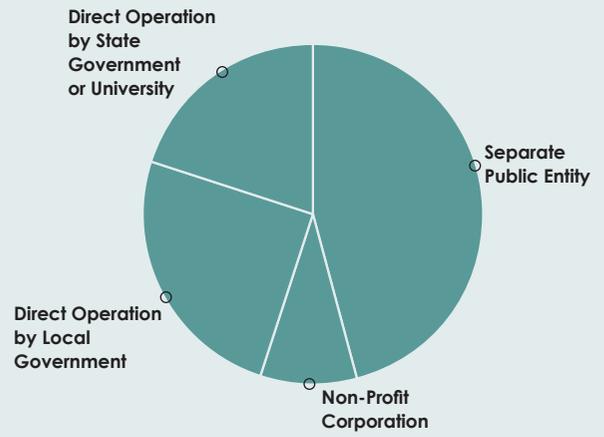
- **Hospital Authority:** A separate public entity, independent of local government and governed by a separate board, often with the involvement of local government. A hospital authority may be organized under generic, statewide hospital authority statutes.

- **Public Benefit Corporation:** A distinctive public corporate entity providing a benefit to state residents. While several states have a body of law applicable to public benefit corporations, this model is generally developed with unique enabling legislation drafted to address the needs of the particular hospital.

The remaining 9 percent of NAPH members are non-profit corporations. In this model, public hospitals tend to be structured as tax-exempt corporations under a contractual agreement with the local government to provide health services to the uninsured and underserved. In some cases, the local government retains some control over board appointments or other aspects of the corporation (see Appendix D for a list of NAPH members by governance structure).

FIGURE 16 Common Governance Structures for NAPH Members, 2003

Separate Public Entity	46%
Non-Profit Corporation	9%
Direct Operation by Local Government	25%
Direct Operation by State Government or University	20%



SOURCE NAPH Hospital Characteristics Survey, 2003

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

NAPH is comprised of approximately 130 public hospitals across the country, approximately 95 of which are acute care hospitals. This report is an update on the status of NAPH members based on data collected through the Hospital Characteristics Survey (of acute care facilities) for fiscal year 2003.

In 2003, 89 NAPH acute care hospitals, representing 55 hospitals or health systems, responded to the annual survey, for a response rate of 94 percent. (Some members are excluded from certain tables due to missing or incomplete data.) Trend analyses in this report may differ slightly from prior published reports on survey findings; in the past, a uniform set of hospitals reporting data

for all trend years was used in analyses. For 2003, trend analyses include all available data for all current members that responded to the survey. For trends, some prior years include fewer than 89 hospitals due to fewer respondents or changes in membership.

In order to compare NAPH members to other acute care hospitals nationally and in the markets they serve, NAPH researchers relied on data from the American Hospital Association (AHA) Annual Survey of Hospitals for 2003. AHA has conducted this survey since 1946 and uses it to collect data on organizational structure, facilities, services, community orientation, utilization, finances, and staffing.

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

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

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

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

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

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

er for costs related to the salaries and supervision of medical residents (known as "Direct Graduate Medical Education" payments, or DGME) as well as the additional costs of operating a teaching hospital (known as "Indirect Medical Education" payments, or IME). In 2003, the Medicare program reimbursed providers an estimated \$2.5 billion in DGME payments and \$5.07 billion in IME payments.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Appendix C

Hospital-Specific Data on Utilization and Finances

Table 1. NAPH Member Hospitals and Health Systems—Inpatient Utilization Data, 2003

Hospital Name	Staffed Beds	Discharges	Inpatient Days	Births
Alameda County Medical Center	430	14,232	119,134	1,469
Arrowhead Regional Medical Center	353	22,656	105,873	2,598
Boston Medical Center	506	25,636	137,902	1,930
Broadlawns Medical Center	89	4,747	17,826	381
Cambridge Health Alliance	386	15,878	102,146	1,033
Community Medical Centers	778	40,783	200,148	10,051
Contra Costa Regional Medical Center	124	8,719	44,231	1,829
Cook County BHS-John H. Stroger, Jr. Hospital	460	21,682	126,035	1,041
Cook County BHS-Oak Forest Hospital	450	3,566	150,788	-
Cook County BHS-Provident Hospital of Cook County	119	6,682	29,209	721
Cooper Green Hospital	141	5,961	24,723	1,013
Denver Health	336	17,010	83,130	3,590
Erlanger Health System	528	25,124	137,163	4,388
Governor Juan F Luis Hospital & Medical Center	130	4,496	31,515	778
Grady Health System	748	29,597	189,289	4,187
Halifax Community Health System	515	26,645	131,449	1,928
Harborview Medical Center	368	17,314	125,408	-
Harris County Hospital District	838	40,350	239,405	10,817
The Health and Hospital Corporation of Marion County	296	18,072	85,084	3,047
Hennepin County Medical Center	422	24,453	116,082	2,667
HHSC-Hilo Medical Center	277	7,254	82,118	1,019
HHSC-Kona Community Hospital	94	3,580	26,111	481
HHSC-Maui Memorial Hospital	196	11,140	58,382	1,659
Howard University Hospital	319	13,251	82,753	630
Hurley Medical Center	463	23,699	124,058	2,739
Jackson Memorial Hospital	1,605	68,475	446,292	9,148
JPS Health Network	328	17,562	96,033	5,803
Kern Medical Center	180	12,725	55,505	3,882
LAC-Harbor/UCLA Medical Center	321	21,924	117,057	958
LAC-LAC+USC Medical Center	736	43,083	266,406	1,569
LAC-Martin Luther King/Drew Medical Center	298	11,561	78,281	783
LAC-Olive View/UCLA Medical Center	238	13,292	65,658	973
LAC-Rancho Los Amigos National Rehabilitation Center	207	3,009	67,290	-
LSUHCS-D-Bogalusa Medical Center	83	3,087	18,410	-
LSUHCS-D-Earl K. Long Medical Center	135	6,472	38,102	1,023
LSUHCS-D-Huey P. Long Medical Center	60	3,546	16,263	319
LSUHCS-D-Lallie Kemp Regional Medical Center	28	1,664	7,628	-
LSUHCS-D-Leonard J. Chabert Medical Center	77	5,709	25,753	735
LSUHCS-D-Medical Center of Louisiana at New Orleans	565	25,086	146,178	2,853
LSUHCS-D-University Medical Center	101	4,875	26,825	601
LSUHCS-D-Dr. Walter O. Moss Regional Hospital	44	1,795	10,467	-
Medical Center of Central Georgia	495	28,378	151,466	3,111
Memorial Hospital at Gulfport	445	15,744	91,551	1,393
The MetroHealth System	545	23,737	129,006	3,474
MHS-Memorial Hospital Pembroke	149	6,550	29,698	-
MHS-Memorial Hospital West	236	18,955	79,919	4,957
MHS-Memorial Regional Hospital	684	33,329	193,585	3,907
Natividad Medical Center	159	8,416	35,411	3,001
NBHD-Broward General Medical Center	560	24,633	147,668	3,767
NBHD-Coral Springs Medical Center	182	11,790	43,231	2,235

Hospital-Specific Data on Utilization and Finances

Hospital Name	Staffed Beds	Discharges	Inpatient Days	Births
NBHD-Imperial Point Medical Center	180	7,155	43,000	-
NBHD-North Broward Medical Center	337	16,038	79,005	-
NYCHHC-Bellevue Hospital Center	754	24,979	238,012	2,041
NYCHHC-Coney Island Hospital	364	15,705	101,909	1,234
NYCHHC-Elmhurst Hospital Center	525	23,513	169,874	4,370
NYCHHC-Harlem Hospital Center	257	12,433	82,868	958
NYCHHC-Jacobi Medical Center	534	20,951	145,062	2,168
NYCHHC-Kings County Hospital Center	616	22,549	200,596	2,337
NYCHHC-Lincoln Medical and Mental Health Center	322	20,722	104,596	2,713
NYCHHC-Metropolitan Hospital Center	341	13,418	111,508	2,025
NYCHHC-North Central Bronx Hospital	184	7,633	50,046	1,678
NYCHHC-Queens Hospital Center	208	11,863	67,725	1,788
NYCHHC-Woodhull Medical and Mental Health Center	385	17,463	122,319	1,325
The Ohio State University Medical Center-University Hospital	559	27,479	160,251	4,053
Parkland Health & Hospital System	735	43,356	213,721	15,883
Phoebe Putney Memorial Hospital	424	19,178	106,984	2,734
Regional Medical Center at Memphis	376	16,842	104,343	4,603
Riverside County Regional Medical Center	359	18,523	90,401	1,910
San Francisco General Hospital	547	16,921	166,429	1,256
San Joaquin General Hospital	146	9,639	50,711	1,830
San Mateo Medical Center	181	3,799	44,821	-
Santa Clara Valley Health & Hospital System	506	22,251	119,312	4,827
Schneider Regional Medical Center	123	4,577	26,884	829
Stony Brook University Hospital	502	27,264	158,600	3,249
Thomason General Hospital	232	14,734	63,743	5,108
Truman Medical Centers	501	16,601	141,390	3,206
UMass Memorial Medical Center	640	42,099	202,260	4,334
UMDNJ-University Hospital	414	19,133	122,390	1,892
University Medical Center of Southern Nevada	565	29,347	169,894	5,298
University of Arkansas for Medical Sciences	260	13,746	78,736	2,179
University of Colorado Hospital Authority	368	19,658	92,594	3,059
University Hospital, The University of New Mexico Health Sciences Center	320	18,293	97,276	3,551
The University of Texas Health Center at Tyler	119	3,773	26,942	-
The University of Texas M.D. Anderson Cancer Center	456	19,399	144,906	-
The University of Texas Medical Branch at Galveston	670	37,190	194,642	6,246
VCU Health System	678	30,394	186,609	1,942
Total	32,515	1,536,542	9,234,004	215,114
Average	378	17,867	107,372	2,907
Count	86	86	86	74

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

Appendix C

Hospital-Specific Data on Utilization and Finances

Table 2. NAPH Member Hospitals and Health Systems—Emergency Department and Outpatient Visits, 2003

Hospital Name	Emergency Department Number	Emergency Department % of Total	All Other Outpatient Number	All Other Outpatient % of Total	Total
Alameda County Medical Center	61,820	17%	306,875	83%	368,695
Arrowhead Regional Medical Center	66,735	23%	221,102	77%	287,837
Boston Medical Center	122,591	14%	753,779	86%	876,370
Broadlawns Medical Center	27,459	24%	89,113	76%	116,572
Cambridge Health Alliance	80,541	15%	467,224	85%	547,765
Community Medical Centers	126,163	25%	380,063	75%	506,226
Contra Costa Regional Medical Center	56,467	15%	311,987	85%	368,454
Cook County Bureau of Health Services	233,763	24%	727,283	76%	961,046
Cooper Green Hospital	37,786	23%	124,662	77%	162,448
Denver Health	47,779	5%	880,575	95%	928,354
Erlanger Health System	76,372	29%	191,319	71%	267,691
Governor Juan F Luis Hospital & Medical Center	18,178	83%	3,599	17%	21,777
Grady Health System	192,563	22%	700,454	78%	893,017
Halifax Community Health System	83,719	24%	264,474	76%	348,193
Harborview Medical Center	88,082	25%	261,665	75%	349,747
Harris County Hospital District	160,990	15%	882,540	85%	1,043,530
The Health and Hospital Corporation of Marion County	130,932	13%	871,675	87%	1,002,607
Hennepin County Medical Center	98,070	21%	365,286	79%	463,356
HHSC-Hilo Medical Center	25,574	73%	9,552	27%	35,126
HHSC-Kona Community Hospital	14,005	63%	8,099	37%	22,104
HHSC-Maui Memorial Hospital	25,606	61%	16,186	39%	41,792
Howard University Hospital	34,990	37%	60,351	63%	95,341
Hurley Medical Center	75,555	16%	389,132	84%	464,687
Jackson Memorial Hospital	222,481	36%	388,004	64%	610,485
JPS Health Network	60,430	9%	597,955	91%	658,385
Kern Medical Center	41,304	15%	236,016	85%	277,320
LAC-Harbor/UCLA Medical Center	77,840	22%	279,286	78%	357,126
LAC-LAC+USC Medical Center	133,651	18%	594,351	82%	728,002
LAC-Martin Luther King/Drew Medical Center	37,531	16%	204,046	84%	241,577
LAC-Olive View/UCLA Medical Center	40,327	20%	165,901	80%	206,228
LAC-Rancho Los Amigos National Rehabilitation Center	-	-	54,491	100%	54,491
LSUHSCD-Bogalusa Medical Center	25,322	36%	45,620	64%	70,942
LSUHSCD-Earl K. Long Medical Center	38,376	25%	117,340	75%	155,716
LSUHSCD-Huey P. Long Medical Center	41,741	45%	51,865	55%	93,606
LSUHSCD-Lallie Kemp Regional Medical Center	17,979	21%	67,119	79%	85,098
LSUHSCD-Leonard J. Chabert Medical Center	28,994	22%	102,863	78%	131,857
LSUHSCD-Medical Center of Louisiana at New Orleans	143,740	35%	263,437	65%	407,177
LSUHSCD-University Medical Center	26,598	20%	106,033	80%	132,631
LSUHSCD-Dr. Walter O. Moss Regional Hospital	22,392	28%	58,151	72%	80,543
Medical Center of Central Georgia	55,199	13%	383,086	87%	438,285
Memorial Hospital at Gulfport	49,667	30%	117,536	70%	167,203
The MetroHealth System	71,284	10%	678,919	90%	750,203
MHS-Memorial Hospital Pembroke	34,038	28%	89,228	72%	123,266
MHS-Memorial Hospital West	74,963	31%	166,451	69%	241,414
MHS-Memorial Regional Hospital	86,492	27%	230,905	73%	317,397
Natividad Medical Center	31,740	21%	117,474	79%	149,214
NBHD-Broward General Medical Center	70,120	27%	193,436	73%	263,556
NBHD-Coral Springs Medical Center	44,328	48%	47,249	52%	91,577
NBHD-Imperial Point Medical Center	23,608	34%	46,202	66%	69,810

Hospital-Specific Data on Utilization and Finances

Hospital Name	Emergency Department Number	Emergency Department % of Total	All Other Outpatient Number	All Other Outpatient % of Total	Total
NBHD-North Broward Medical Center	54,146	42%	73,980	58%	128,126
NYCHHC-Bellevue Hospital Center	88,366	15%	513,027	85%	601,393
NYCHHC-Coney Island Hospital	63,041	19%	262,120	81%	325,161
NYCHHC-Elmhurst Hospital Center	123,856	18%	560,023	82%	683,879
NYCHHC-Harlem Hospital Center	78,406	19%	326,195	81%	404,601
NYCHHC-Jacobi Medical Center	100,355	21%	386,509	79%	486,864
NYCHHC-Kings County Hospital Center	135,296	19%	578,045	81%	713,341
NYCHHC-Lincoln Medical and Mental Health Center	152,371	29%	376,478	71%	528,849
NYCHHC-Metropolitan Hospital Center	74,270	17%	366,030	83%	440,300
NYCHHC-North Central Bronx Hospital	54,484	22%	196,137	78%	250,621
NYCHHC-Queens Hospital Center	59,881	17%	297,193	83%	357,074
NYCHHC-Woodhull Medical and Mental Health Center	92,708	26%	264,350	74%	357,058
The Ohio State University Medical Center-University Hospital	56,645	19%	234,975	81%	291,620
Parkland Health & Hospital System	143,837	14%	856,947	86%	1,000,784
Phoebe Putney Memorial Hospital	52,850	11%	434,177	89%	487,027
Regional Medical Center at Memphis	65,184	21%	238,047	79%	303,231
Riverside County Regional Medical Center	61,964	31%	138,009	69%	199,973
San Francisco General Hospital	46,732	7%	664,094	93%	710,826
San Joaquin General Hospital	43,256	15%	238,384	85%	281,640
San Mateo Medical Center	32,507	14%	207,207	86%	239,714
Santa Clara Valley Health & Hospital System	51,531	8%	628,302	92%	679,833
Schneider Regional Medical Center	17,329	46%	20,615	54%	37,944
Stony Brook University Hospital	71,593	12%	507,876	88%	579,469
Thomason General Hospital	60,663	13%	398,639	87%	459,302
Truman Medical Centers	84,744	18%	392,725	82%	477,469
UMass Memorial Medical Center	117,219	15%	690,687	85%	807,906
UMDNJ-University Hospital	74,755	17%	357,414	83%	432,169
University Medical Center of Southern Nevada	104,566	14%	640,878	86%	745,444
University of Arkansas for Medical Sciences	30,346	11%	257,148	89%	287,494
University of Colorado Hospital Authority	30,759	6%	447,065	94%	477,824
University Hospital, The University of New Mexico Health Sciences Center	65,876	16%	342,490	84%	408,366
The University of Texas Health Center at Tyler	9,466	7%	129,050	93%	138,516
The University of Texas M.D. Anderson Cancer Center	-	-	761,516	100%	761,516
The University of Texas Medical Branch at Galveston	70,817	8%	786,612	92%	857,429
VCU Health System	78,629	19%	343,256	81%	421,885
Total	5,834,333	17%	27,606,159	83%	33,440,492
Average	71,150		328,645		398,101
Count	82		84		84

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

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

Appendix C

Hospital-Specific Data on Utilization and Finances

Table 3. NAPH Member Hospitals and Health Systems—Discharges by Payer Source, 2003

Hospital Name	Medicare		Medicaid		Commercial		Self-Pay/Other		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Alameda County Medical Center	1,291	9%	6,674	47%	600	4%	5,667	40%	14,232
Arrowhead Regional Medical Center	1,614	7%	13,414	59%	1,931	9%	5,697	25%	22,656
Boston Medical Center	8,931	35%	6,715	26%	4,407	17%	5,583	22%	25,636
Broadlawn Medical Center	925	20%	1,113	23%	397	8%	2,312	49%	4,747
Cambridge Health Alliance	5,398	34%	3,572	22%	3,442	22%	3,466	22%	15,878
Community Medical Centers	8,806	22%	13,486	33%	12,003	29%	6,488	16%	40,783
Contra Costa Regional Medical Center	1,580	18%	4,355	50%	905	10%	1,879	22%	8,719
Cook County BHS-John H. Stroger, Jr. Hospital	2,537	12%	9,649	44%	1,193	6%	8,303	38%	21,682
Cook County BHS-Oak Forest Hospital	392	11%	2,568	72%	351	10%	255	7%	3,566
Cook County BHS-Provident Hospital of Cook County	1,163	17%	1,240	19%	343	5%	3,936	59%	6,682
Cooper Green Hospital	756	13%	3,038	51%	68	1%	2,099	35%	5,961
Denver Health	2,335	14%	6,776	40%	2,495	14%	5,404	32%	17,010
Erlanger Health System	7,358	29%	7,057	28%	9,430	38%	1,279	5%	25,124
Governor Juan F Luis Hospital & Medical Center	762	17%	791	18%	1,460	32%	1,483	33%	4,496
Grady Health System	5,984	20%	11,670	39%	3,460	12%	8,483	29%	29,597
Halifax Community Health System	12,536	47%	4,027	15%	7,161	27%	2,921	11%	26,645
Harborview Medical Center	4,272	25%	6,799	39%	4,212	24%	2,031	12%	17,314
Harris County Hospital District	3,989	10%	19,021	47%	693	2%	16,647	41%	40,350
The Health and Hospital Corporation of Marion County	3,783	21%	7,666	42%	1,207	7%	5,416	30%	18,072
Hennepin County Medical Center	6,337	26%	11,954	49%	4,859	20%	1,303	5%	24,453
HHSC-Hilo Medical Center	2,622	36%	2,143	30%	2,057	28%	432	6%	7,254
HHSC-Kona Community Hospital	1,063	30%	784	22%	1,456	40%	277	8%	3,580
HHSC-Maui Memorial Hospital	3,527	32%	1,820	16%	4,982	45%	811	7%	11,140
Howard University Hospital	3,538	27%	3,425	26%	1,101	8%	5,187	39%	13,251
Hurley Medical Center	5,947	25%	9,026	38%	7,185	30%	1,541	7%	23,699
Jackson Memorial Hospital	11,390	17%	20,925	30%	8,771	13%	27,389	40%	68,475
JPS Health Network	2,299	13%	7,767	44%	1,071	6%	6,425	37%	17,562
Kern Medical Center	1,141	9%	7,889	62%	1,673	13%	2,022	16%	12,725
LAC-Harbor/UCLA Medical Center	2,239	10%	10,763	49%	783	4%	8,139	37%	21,924
LAC-LAC+USC Medical Center	2,242	5%	17,576	41%	3,552	8%	19,713	46%	43,083
LAC-Martin Luther King/Drew Medical Center	862	7%	5,736	50%	263	2%	4,700	41%	11,561
LAC-Olive View/UCLA Medical Center	656	5%	7,252	55%	273	2%	5,111	38%	13,292
LAC-Rancho Los Amigos National Rehabilitation Center	380	13%	1,861	62%	72	2%	696	23%	3,009
LSUHSCD-Bogalusa Medical Center	464	15%	519	17%	293	9%	1,811	59%	3,087
LSUHSCD-Earl K. Long Medical Center	386	6%	2,449	38%	137	2%	3,500	54%	6,472
LSUHSCD-Huey P. Long Medical Center	272	8%	1,243	35%	131	4%	1,900	53%	3,546
LSUHSCD-Lallie Kemp Regional Medical Center	408	25%	303	18%	46	3%	907	54%	1,664
LSUHSCD-Leonard J. Chabert Medical Center	967	17%	2,433	42%	327	6%	1,982	35%	5,709
LSUHSCD-Medical Center of Louisiana at New Orleans	2,447	10%	8,426	33%	504	2%	13,709	55%	25,086
LSUHSCD-University Medical Center	398	8%	1,493	31%	215	4%	2,769	57%	4,875
LSUHSCD-Dr. Walter O. Moss Regional Hospital	216	12%	336	19%	72	4%	1,171	65%	1,795
Medical Center of Central Georgia	11,528	40%	5,083	18%	9,833	35%	1,934	7%	28,378
Memorial Hospital at Gulfport	6,251	40%	3,833	24%	2,318	15%	3,342	21%	15,744
The MetroHealth System	5,722	24%	8,903	38%	5,556	23%	3,556	15%	23,737
MHS-Memorial Hospital Pembroke	3,569	54%	595	9%	1,678	26%	708	11%	6,550
MHS-Memorial Hospital West	5,917	31%	1,942	10%	10,120	54%	976	5%	18,955
MHS-Memorial Regional Hospital	10,903	33%	5,779	17%	12,003	36%	4,644	14%	33,329
Natividad Medical Center	952	11%	4,760	57%	1,916	23%	788	9%	8,416
NBHD-Broward General Medical Center	5,999	24%	6,339	26%	5,189	21%	7,106	29%	24,633
NBHD-Coral Springs Medical Center	3,033	26%	1,776	15%	5,445	46%	1,536	13%	11,790

Hospital-Specific Data on Utilization and Finances

Hospital Name	Medicare		Medicaid		Commercial		Self-Pay/Other		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
NBHD-Imperial Point Medical Center	3,517	49%	735	10%	1,556	22%	1,347	19%	7,155
NBHD-North Broward Medical Center	7,545	47%	1,585	10%	3,869	24%	3,039	19%	16,038
NYCHHC-Bellevue Hospital Center	3,503	14%	14,698	59%	1,987	8%	4,791	19%	24,979
NYCHHC-Coney Island Hospital	4,086	26%	9,089	58%	1,191	8%	1,339	8%	15,705
NYCHHC-Elmhurst Hospital Center	4,135	17%	15,961	68%	1,597	7%	1,820	8%	23,513
NYCHHC-Harlem Hospital Center	2,770	22%	6,029	48%	1,310	11%	2,324	19%	12,433
NYCHHC-Jacobi Medical Center	4,083	20%	12,859	61%	2,151	10%	1,858	9%	20,951
NYCHHC-Kings County Hospital Center	3,317	15%	11,342	50%	1,251	6%	6,639	29%	22,549
NYCHHC-Lincoln Medical and Mental Health Center	3,386	16%	14,314	69%	1,569	8%	1,453	7%	20,722
NYCHHC-Metropolitan Hospital Center	2,123	16%	9,629	72%	868	6%	798	6%	13,418
NYCHHC-North Central Bronx Hospital	1,204	16%	5,342	70%	566	7%	521	7%	7,633
NYCHHC-Queens Hospital Center	1,916	16%	8,805	74%	796	7%	346	3%	11,863
NYCHHC-Woodhull Medical and Mental Health Center	3,048	17%	12,486	71%	1,147	7%	782	5%	17,463
The Ohio State University									
Medical Center-University Hospital	7,805	29%	5,571	20%	9,992	36%	4,111	15%	27,479
Parkland Health & Hospital System	4,450	10%	24,732	57%	4,434	10%	9,740	23%	43,356
Phoebe Putney Memorial Hospital	6,643	35%	5,623	29%	5,660	29%	1,252	7%	19,178
Regional Medical Center at Memphis	1,829	11%	8,685	51%	1,800	11%	4,528	27%	16,842
Riverside County Regional Medical Center	1,599	8%	7,173	39%	1,644	9%	8,107	44%	18,523
San Francisco General Hospital	3,093	18%	10,457	62%	766	5%	2,605	15%	16,921
San Joaquin General Hospital	1,369	14%	5,063	53%	704	7%	2,503	26%	9,639
San Mateo Medical Center	949	25%	1,382	36%	161	4%	1,307	35%	3,799
Santa Clara Valley Health & Hospital System	2,975	13%	11,520	52%	2,531	11%	5,225	24%	22,251
Schneider Regional Medical Center	934	20%	627	14%	1,718	38%	1,298	28%	4,577
Stony Brook University Hospital	7,598	28%	4,217	16%	12,325	45%	3,124	11%	27,264
Thomason General Hospital	1,570	11%	7,194	49%	1,340	9%	4,630	31%	14,734
Truman Medical Centers	3,585	22%	8,062	48%	1,258	8%	3,696	22%	16,601
UMass Memorial Medical Center	14,911	35%	7,959	19%	17,580	42%	1,649	4%	42,099
UMDNJ-University Hospital	3,071	16%	6,897	36%	1,511	8%	7,654	40%	19,133
University Medical Center of Southern Nevada	4,578	16%	9,484	32%	6,378	22%	8,907	30%	29,347
University of Arkansas for Medical Sciences	4,215	31%	3,334	24%	3,242	24%	2,955	21%	13,746
University of Colorado Hospital Authority	4,078	21%	5,832	30%	6,696	34%	3,052	15%	19,658
University Hospital, The University									
of New Mexico Health Sciences Center	2,777	15%	6,394	35%	3,437	19%	5,685	31%	18,293
The University of Texas Health Center at Tyler	2,124	56%	337	9%	613	16%	699	19%	3,773
The University of Texas M.D. Anderson Cancer Center	5,688	29%	955	5%	10,549	55%	2,207	11%	19,399
The University of Texas Medical Branch at Galveston	7,011	19%	14,619	39%	4,695	13%	10,865	29%	37,190
VCU Health System	7,333	24%	6,602	22%	8,518	28%	7,941	26%	30,394
Total	322,905	21%	580,357	38%	277,049	18%	356,231	23%	1,536,542
Average	3,755		6,748		3,222		4,142		17,867
Count									86

Appendix C

Hospital-Specific Data on Utilization and Finances

Table 4. NAPH Member Hospitals and Health Systems—Outpatient Visits by Payer Source, 2003

Hospital Name	Medicare		Medicaid		Commercial		Self-Pay/Other		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Alameda County Medical Center	35,535	10%	153,192	41%	10,732	3%	169,236	46%	368,695
Arrowhead Regional Medical Center	28,852	10%	119,410	42%	15,064	5%	124,511	43%	287,837
Boston Medical Center	139,717	16%	212,471	24%	170,749	20%	353,433	40%	876,370
Broadlawn Medical Center	11,397	10%	17,767	15%	11,653	10%	75,755	65%	116,572
Cambridge Health Alliance	81,449	15%	79,898	15%	170,340	31%	216,078	39%	547,765
Community Medical Centers	127,084	25%	189,619	37%	136,285	27%	53,238	11%	506,226
Contra Costa Regional Medical Center	53,499	15%	165,724	45%	51,657	14%	97,574	26%	368,454
Cook County Bureau of Health Services	91,150	10%	125,857	13%	60,844	6%	683,195	71%	961,046
Cooper Green Hospital	34,299	21%	21,713	13%	2,898	2%	103,538	64%	162,448
Denver Health	63,015	7%	180,322	19%	82,496	9%	602,521	65%	928,354
Erlanger Health System	51,123	19%	78,282	29%	118,055	44%	20,231	8%	267,691
Governor Juan F Luis Hospital & Medical Center	-	-	-	-	-	-	-	-	21,777
Grady Health System	132,453	15%	252,600	28%	38,589	4%	469,375	53%	893,017
Halifax Community Health System	125,255	36%	61,490	18%	109,780	31%	51,668	15%	348,193
Harborview Medical Center	60,243	17%	114,395	33%	89,871	26%	85,238	24%	349,747
Harris County Hospital District	175,500	17%	107,032	10%	14,639	1%	746,359	72%	1,043,530
The Health and Hospital Corporation of Marion County	220,575	22%	345,296	34%	61,387	6%	375,349	38%	1,002,607
Hennepin County Medical Center	86,969	19%	220,365	47%	86,877	19%	69,145	15%	463,356
HHSC-Hilo Medical Center	7,875	22%	11,136	32%	11,863	34%	4,252	12%	35,126
HHSC-Kona Community Hospital	4,803	22%	3,768	17%	10,462	47%	3,071	14%	22,104
HHSC-Maui Memorial Hospital	9,469	23%	5,724	14%	20,623	49%	5,976	14%	41,792
Howard University Hospital	21,550	22%	19,666	21%	34,926	37%	19,199	20%	95,341
Hurley Medical Center	47,313	10%	219,794	47%	123,865	27%	73,715	16%	464,687
Jackson Memorial Hospital	63,246	10%	129,362	21%	55,126	9%	362,751	60%	610,485
JPS Health Network	82,973	13%	139,708	21%	33,687	5%	402,017	61%	658,385
Kern Medical Center	5,272	2%	54,556	20%	8,442	3%	209,050	75%	277,320
LAC-Harbor/UCLA Medical Center	31,553	9%	123,175	34%	5,696	2%	196,702	55%	357,126
LAC-LAC+USC Medical Center	27,586	4%	194,879	27%	57,501	8%	448,036	61%	728,002
LAC-Martin Luther King/Drew Medical Center	11,346	4%	91,183	38%	1,820	1%	137,228	57%	241,577
LAC-Olive View/UCLA Medical Center	8,415	4%	83,175	40%	8,624	4%	106,014	52%	206,228
LAC-Rancho Los Amigos National Rehabilitation Center	11,710	22%	28,821	53%	1,155	2%	12,805	23%	54,491
LSUHCS-D-Bogalusa Medical Center	7,514	10%	8,282	12%	6,986	10%	48,160	68%	70,942
LSUHCS-D-Earl K. Long Medical Center	12,558	8%	37,261	24%	2,383	2%	103,514	66%	155,716
LSUHCS-D-Huey P. Long Medical Center	8,195	9%	18,747	20%	3,326	3%	63,338	68%	93,606
LSUHCS-D-Lallie Kemp Regional Medical Center	14,090	17%	12,071	14%	4,086	5%	54,851	64%	85,098
LSUHCS-D-Leonard J. Chabert Medical Center	21,749	17%	32,907	25%	8,408	6%	68,793	52%	131,857
LSUHCS-D-Medical Center of Louisiana at New Orleans	41,073	10%	92,397	23%	8,198	2%	265,509	65%	407,177
LSUHCS-D-University Medical Center	15,211	12%	25,431	19%	6,573	5%	85,416	64%	132,631
LSUHCS-D-Dr. Walter O. Moss Regional Hospital	9,751	12%	10,319	13%	4,213	5%	56,260	70%	80,543
Medical Center of Central Georgia	123,457	28%	81,840	19%	165,433	38%	67,555	15%	438,285
Memorial Hospital at Gulfport	39,545	24%	34,489	21%	39,182	23%	53,987	32%	167,203
The MetroHealth System	124,725	16%	260,292	35%	214,884	29%	150,302	20%	750,203
MHS-Memorial Hospital Pembroke	28,835	24%	12,316	10%	55,846	45%	26,269	21%	123,266
MHS-Memorial Hospital West	62,538	26%	16,691	7%	143,803	59%	18,382	8%	241,414
MHS-Memorial Regional Hospital	61,899	19%	41,893	13%	129,032	41%	84,573	27%	317,397
Natividad Medical Center	14,176	9%	51,803	35%	52,290	35%	30,945	21%	149,214
NBHD-Broward General Medical Center	16,996	6%	34,376	13%	70,697	27%	141,487	54%	263,556
NBHD-Coral Springs Medical Center	8,282	9%	7,240	8%	64,614	71%	11,441	12%	91,577
NBHD-Imperial Point Medical Center	16,380	24%	2,993	4%	39,887	57%	10,550	15%	69,810
NBHD-North Broward Medical Center	17,871	14%	12,916	10%	49,481	39%	47,858	37%	128,126

Hospital-Specific Data on Utilization and Finances

Hospital Name	Medicare		Medicaid		Commercial		Self-Pay/Other		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
NYCHHC-Bellevue Hospital Center	75,517	13%	303,198	50%	41,278	7%	181,400	30%	601,393
NYCHHC-Coney Island Hospital	59,639	19%	153,386	47%	26,777	8%	85,359	26%	325,161
NYCHHC-Elmhurst Hospital Center	70,784	10%	326,490	48%	61,553	9%	225,052	33%	683,879
NYCHHC-Harlem Hospital Center	51,565	13%	217,609	54%	24,974	6%	110,453	27%	404,601
NYCHHC-Jacobi Medical Center	53,809	11%	290,155	60%	39,093	8%	103,807	21%	486,864
NYCHHC-Kings County Hospital Center	31,001	4%	329,198	46%	17,115	3%	336,027	47%	713,341
NYCHHC-Lincoln Medical and Mental Health Center	68,449	13%	282,506	54%	38,347	7%	139,547	26%	528,849
NYCHHC-Metropolitan Hospital Center	67,068	15%	236,296	54%	16,314	4%	120,622	27%	440,300
NYCHHC-North Central Bronx Hospital	17,541	7%	149,151	60%	17,774	7%	66,155	26%	250,621
NYCHHC-Queens Hospital Center	41,813	12%	158,880	44%	37,640	11%	118,741	33%	357,074
NYCHHC-Woodhull Medical and Mental Health Center	39,614	11%	187,904	53%	22,229	6%	107,311	30%	357,058
The Ohio State University									
Medical Center-University Hospital	65,489	22%	42,549	15%	148,316	51%	35,266	12%	291,620
Parkland Health & Hospital System	153,090	15%	129,038	13%	126,952	13%	591,704	59%	1,000,784
Phoebe Putney Memorial Hospital	166,292	34%	80,307	16%	207,260	43%	33,168	7%	487,027
Regional Medical Center at Memphis	46,091	15%	112,801	37%	65,498	22%	78,841	26%	303,231
Riverside County Regional Medical Center	9,609	5%	71,647	36%	11,020	5%	107,697	54%	199,973
San Francisco General Hospital	113,174	16%	244,789	34%	20,999	3%	331,864	47%	710,826
San Joaquin General Hospital	39,469	14%	98,803	35%	34,956	12%	108,412	39%	281,640
San Mateo Medical Center	22,267	9%	64,489	27%	7,874	3%	145,084	61%	239,714
Santa Clara Valley Health & Hospital System	97,362	14%	274,716	40%	72,425	11%	235,330	35%	679,833
Schneider Regional Medical Center	9,684	26%	5,682	15%	15,305	40%	7,273	19%	37,944
Stony Brook University Hospital	148,650	26%	71,892	12%	288,121	50%	70,806	12%	579,469
Thomason General Hospital	76,788	17%	115,461	25%	61,729	13%	205,324	45%	459,302
Truman Medical Centers	64,390	13%	157,553	33%	45,991	10%	209,535	44%	477,469
UMass Memorial Medical Center	213,611	27%	107,147	13%	428,538	53%	58,610	7%	807,906
UMDNJ-University Hospital	59,137	14%	170,012	39%	28,386	7%	174,634	40%	432,169
University Medical Center of Southern Nevada	66,115	9%	127,266	17%	335,669	45%	216,394	29%	745,444
University of Arkansas for Medical Sciences	92,862	32%	33,255	12%	108,244	38%	53,133	18%	287,494
University of Colorado Hospital Authority	114,677	24%	50,028	10%	242,505	51%	70,614	15%	477,824
University Hospital, The University									
of New Mexico Health Sciences Center	69,393	17%	100,728	25%	87,688	21%	150,557	37%	408,366
The University of Texas Health Center at Tyler	54,769	39%	17,629	13%	47,262	34%	18,856	14%	138,516
The University of Texas M.D. Anderson Cancer Center	226,429	30%	26,119	3%	418,829	55%	90,139	12%	761,516
The University of Texas Medical Branch at Galveston	201,801	23%	134,571	16%	248,777	29%	272,280	32%	857,429
VCU Health System Authority	83,274	20%	73,806	18%	124,166	29%	140,639	33%	421,885
Total	5,270,726	16%	9,295,759	28%	6,198,669	18%	12,675,338	38%	33,440,492
Average	62,747		110,664		73,794		150,897		398,101
Count									84

*Data for the three hospitals of the Cook County Bureau of Health Services have been consolidated because community clinic ambulatory care volumes are not associated with specific hospitals. Totals include imputed values for missing data based on average percentage for all hospitals.

Appendix C

Hospital-Specific Data on Utilization and Finances

Table 5. NAPH Member Hospitals and Health Systems—Total Uncompensated Care Costs, 2003

Hospital Name	Bad Debt and Charity Care Costs*	% of Total Costs
Alameda County Medical Center	\$86,125,589	25%
Arrowhead Regional Medical Center	\$108,431,775	35%
Boston Medical Center	\$183,367,525	18%
Broadlawns Medical Center	\$40,259,662	48%
Cambridge Health Alliance	\$111,061,604	32%
Community Medical Centers	\$14,320,922	3%
Contra Costa Regional Medical Center	\$57,460,491	24%
Cook County BHS-John H. Stroger, Jr. Hospital	\$278,181,000	46%
Cook County BHS-Oak Forest Hospital	\$5,497,921	4%
Cook County BHS-Provident Hospital of Cook County	\$30,317,448	30%
Cooper Green Hospital	\$38,061,704	53%
Denver Health	\$152,140,039	38%
Erlanger Health System	\$52,800,529	14%
Governor Juan F Luis Hospital & Medical Center	\$13,365,804	27%
Grady Health System	\$248,243,534	40%
Halifax Community Health System	\$30,719,321	10%
Harborview Medical Center	\$54,810,918	12%
Harris County Hospital District	\$388,067,057	58%
The Health and Hospital Corporation of Marion County	\$140,861,580	39%
Hennepin County Medical Center	\$23,178,502	6%
HHSC-Hilo Medical Center	\$2,214,860	3%
HHSC-Kona Community Hospital	\$1,371,665	3%
HHSC-Maui Memorial Hospital	\$3,971,053	4%
Howard University Hospital	\$32,466,281	14%
Hurley Medical Center	\$13,986,779	5%
Jackson Memorial Hospital	\$318,516,487	27%
JPS Health Network	\$194,812,690	54%
Kern Medical Center	\$30,718,774	18%
LAC-Olive View/UCLA Medical Center	\$72,418,834	32%
LAC-Rancho Los Amigos National Rehabilitation Center	\$33,996,409	21%
LAC-Harbor/UCLA Medical Center	\$103,813,253	29%
LAC-LAC+USC Medical Center	\$265,566,312	34%
LAC-Martin Luther King/Drew Medical Center	\$132,157,212	36%
LSUHCS-D-Earl K. Long Medical Center	\$47,990,806	58%
LSUHCS-D-Huey P. Long Medical Center	\$29,778,765	65%
LSUHCS-D-Lallie Kemp Regional Medical Center	\$18,272,521	58%
LSUHCS-D-Leonard J. Chabert Medical Center	\$25,801,864	41%
LSUHCS-D-Medical Center of Louisiana at New Orleans	\$218,447,054	51%
LSUHCS-D-Dr. Walter O. Moss Regional Hospital	\$21,240,697	67%
LSUHCS-D-Bogalusa Medical Center	\$10,399,386	32%
LSUHCS-D-University Medical Center	\$37,643,287	58%
Medical Center of Central Georgia	\$48,111,486	10%
Memorial Hospital at Gulfport	\$21,692,950	11%
The MetroHealth System	\$49,421,572	13%
MHS-Memorial Hospital Pembroke	\$11,856,671	15%
MHS-Memorial Hospital West	\$12,538,859	7%
MHS-Memorial Regional Hospital	\$61,608,946	14%
Natividad Medical Center	\$7,845,977	6%
NBHD-Broward General Medical Center	\$63,013,686	23%
NBHD-Coral Springs Medical Center	\$9,278,531	10%

Hospital-Specific Data on Utilization and Finances

Hospital Name	Bad Debt and Charity Care Costs*	% of Total Costs
NBHD-Imperial Point Medical Center	\$8,050,290	10%
NBHD-North Broward Medical Center	\$29,965,952	21%
NYCHHC-Bellevue Hospital Center	\$44,396,249	9%
NYCHHC-Coney Island Hospital	\$17,720,201	7%
NYCHHC-Elmhurst Hospital Center	\$46,018,186	11%
NYCHHC-Harlem Hospital Center	\$32,187,745	11%
NYCHHC-Jacobi Medical Center	\$33,395,242	8%
NYCHHC-Kings County Hospital Center	\$39,927,555	9%
NYCHHC-Lincoln Medical and Mental Health Center	\$56,876,339	16%
NYCHHC-Metropolitan Hospital Center	\$19,582,061	7%
NYCHHC-North Central Bronx Hospital	\$12,588,721	8%
NYCHHC-Queens Hospital Center	\$42,051,775	17%
NYCHHC-Woodhull Medical and Mental Health Center	\$25,263,090	8%
The Ohio State University Medical Center-University Hospital	\$29,625,455	6%
Parkland Health & Hospital System	\$278,282,502	36%
Phoebe Putney Memorial Hospital	\$37,394,920	12%
Regional Medical Center at Memphis	\$71,656,206	27%
Riverside County Regional Medical Center	\$73,316,495	32%
San Francisco General Hospital	\$80,252,050	20%
San Joaquin General Hospital	\$42,824,627	28%
San Mateo Medical Center	\$62,398,927	39%
Santa Clara Valley Health & Hospital System	\$114,670,201	20%
Stony Brook University Hospital	\$39,844,072	7%
Thomason General Hospital	\$80,891,662	37%
Truman Medical Centers	\$67,112,038	26%
UMass Memorial Medical Center	\$22,140,471	3%
UMDNJ-University Hospital	\$79,566,554	18%
University Medical Center of Southern Nevada	\$72,010,404	17%
University of Colorado Hospital Authority	\$39,610,232	10%
University Hospital, The University of New Mexico Health Sciences Center	\$76,410,861	26%
The University of Texas Health Center at Tyler	\$24,472,492	20%
The University of Texas M.D. Anderson Cancer Center	\$138,217,279	9%
The University of Texas Medical Branch at Galveston	\$189,267,455	37%
VCU Health System	\$103,867,288	20%
Total	\$5,888,213,862	21%
Average	\$70,097,784	
Count		84

*Bad debt and charity care costs are calculated by reducing charges reported for bad debt and charity care to costs using a ratio of costs to charges. The formula is the sum of bad debt and charity care charges multiplied by the ratio of total expenses to total charges.

Appendix C

Hospital-Specific Data on Utilization and Finances

Table 6. NAPH Member Hospitals and Health Systems—Gross Charges by Payer Source, 2003

Hospital Name	Medicare		Medicaid		Commercial		Self-Pay/Other		Total
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	
Alameda County Medical Center	\$54,757,525	11%	\$243,587,138	49%	\$21,728,567	4%	\$183,065,518	36%	\$503,138,748
Arrowhead Regional Medical Center	\$62,429,251	9%	\$340,932,107	48%	\$61,063,079	9%	\$239,291,429	34%	\$703,715,866
Boston Medical Center	\$217,971,122	26%	\$164,765,470	20%	\$187,933,615	22%	\$267,656,117	32%	\$838,326,324
Broadlawn Medical Center	\$11,912,889	16%	\$14,513,949	19%	\$3,180,927	4%	\$46,593,149	61%	\$76,200,914
Cambridge Health Alliance	\$90,299,774	18%	\$97,000,393	20%	\$154,222,874	32%	\$147,212,707	30%	\$488,735,748
Community Medical Centers	\$344,445,197	28%	\$422,178,011	35%	\$349,324,249	29%	\$96,966,381	8%	\$1,212,913,838
Contra Costa Regional Medical Center	\$66,301,517	20%	\$143,107,998	43%	\$38,443,452	12%	\$81,319,490	25%	\$329,172,457
Cook County BHS-John H. Stroger, Jr. Hospital	\$55,615,262	11%	\$260,901,637	50%	\$25,937,753	5%	\$178,325,305	34%	\$520,779,957
Cook County BHS-Oak Forest Hospital	\$18,922,360	8%	\$188,946,517	80%	\$17,189,907	7%	\$12,447,864	5%	\$237,506,648
Cook County BHS-Provident Hospital of Cook County	\$8,979,155	5%	\$123,118,438	67%	\$4,053,906	2%	\$46,557,231	26%	\$182,708,730
Cooper Green Hospital	\$12,713,568	19%	\$13,697,313	20%	\$1,872,652	3%	\$38,987,345	58%	\$67,270,878
Denver Health	\$82,680,000	13%	\$171,367,000	28%	\$121,130,000	19%	\$248,774,469	40%	\$623,951,469
Erlanger Health System	\$279,972,945	30%	\$250,869,948	26%	\$367,691,315	39%	\$46,840,877	5%	\$945,375,085
Governor Juan F Luis Hospital & Medical Center	\$17,371,443	34%	\$6,574,880	13%	\$13,503,064	26%	\$14,024,819	27%	\$51,474,206
Grady Health System	\$133,205,254	18%	\$278,928,996	37%	\$82,969,238	11%	\$258,060,744	34%	\$753,164,232
Halifax Community Health System	\$396,837,838	52%	\$72,834,489	9%	\$217,203,229	28%	\$82,228,302	11%	\$769,103,858
Harborview Medical Center	\$167,380,000	23%	\$246,727,000	35%	\$217,882,000	31%	\$79,306,000	11%	\$711,295,000
Harris County Hospital District	\$149,056,148	16%	\$269,892,693	28%	\$20,078,608	2%	\$512,625,551	54%	\$951,653,000
The Health and Hospital Corporation of Marion County	\$110,631,343	24%	\$129,489,034	28%	\$44,272,196	9%	\$184,127,577	39%	\$468,520,150
Hennepin County Medical Center	\$188,723,740	27%	\$289,630,208	42%	\$176,819,411	25%	\$42,660,090	6%	\$697,833,449
HHSC-Hilo Medical Center	\$59,995,447	38%	\$46,865,237	30%	\$36,220,276	23%	\$13,190,056	9%	\$156,271,016
HHSC-Kona Community Hospital	\$22,671,855	32%	\$13,542,537	19%	\$29,173,149	41%	\$6,183,630	8%	\$71,571,171
HHSC-Maui Memorial Hospital	\$98,641,203	40%	\$31,925,445	13%	\$93,604,157	38%	\$23,225,804	9%	\$247,396,609
Howard University Hospital	\$85,511,714	27%	\$98,807,049	32%	\$25,073,494	8%	\$103,295,766	33%	\$312,688,023
Hurley Medical Center	\$151,535,569	27%	\$173,670,073	30%	\$192,713,350	34%	\$49,394,416	9%	\$567,313,408
Jackson Memorial Hospital	\$408,349,353	18%	\$781,756,434	34%	\$421,428,252	19%	\$670,849,446	29%	\$2,282,383,485
JPS Health Network	\$76,134,000	12%	\$144,784,000	23%	\$57,980,000	10%	\$342,540,000	55%	\$621,438,000
Kern Medical Center	\$29,975,428	9%	\$182,519,397	56%	\$40,784,635	13%	\$72,681,594	22%	\$325,961,054
LAC-Harbor/UCLA Medical Center	\$123,159,976	11%	\$576,659,622	53%	\$39,616,702	4%	\$349,179,918	32%	\$1,088,616,218
LAC-Martin Luther King/Drew Medical Center	\$76,268,328	9%	\$437,701,524	50%	\$14,711,375	2%	\$338,479,236	39%	\$867,160,463
LAC-Olive View/UCLA Medical Center	\$17,193,992	4%	\$267,155,624	56%	\$4,018,196	1%	\$188,335,052	39%	\$476,702,864
LAC-Rancho Los Amigos									
National Rehabilitation Center	\$36,119,603	10%	\$225,655,950	65%	\$10,164,994	3%	\$76,423,082	22%	\$348,363,629
LAC-LAC+USC Medical Center	\$115,825,014	6%	\$1,120,906,748	55%	\$62,624,863	3%	\$736,817,611	36%	\$2,036,174,236
LSUHSCSD-Bogalusa Medical Center	\$21,160,284	42%	\$8,661,377	17%	\$3,927,342	8%	\$16,244,063	33%	\$49,993,066
LSUHSCSD-Earl K. Long Medical Center	\$8,903,237	7%	\$41,315,443	31%	\$4,882,126	4%	\$77,321,666	58%	\$132,422,472
LSUHSCSD-Huey P. Long Medical Center	\$5,352,819	8%	\$13,797,929	22%	\$2,889,334	5%	\$41,834,978	65%	\$63,875,060
LSUHSCSD-Lallie Kemp Regional Medical Center	\$8,712,688	23%	\$5,298,123	14%	\$1,582,617	4%	\$22,249,378	59%	\$37,842,806
LSUHSCSD-Leonard J. Chabert Medical Center	\$22,502,026	21%	\$33,417,615	31%	\$5,956,749	6%	\$44,455,217	42%	\$106,331,607
LSUHSCSD-Medical Center of Louisiana at New Orleans	\$64,538,801	11%	\$186,939,981	32%	\$38,218,559	6%	\$301,299,832	51%	\$590,997,173
LSUHSCSD-University Medical Center	\$9,381,443	11%	\$21,364,906	26%	\$4,365,787	5%	\$48,760,094	58%	\$83,872,230
LSUHSCSD-Dr. Walter O. Moss Regional Hospital	\$5,585,725	13%	\$6,146,520	15%	\$1,970,487	5%	\$28,284,609	67%	\$41,987,341
Medical Center of Central Georgia	\$400,313,168	40%	\$164,563,398	17%	\$350,734,689	35%	\$76,548,878	8%	\$992,160,134
Memorial Hospital at Gulfport	\$268,056,117	45%	\$111,831,322	18%	\$89,352,039	15%	\$131,049,658	22%	\$600,289,136
The MetroHealth System	\$150,194,000	23%	\$202,500,000	31%	\$208,066,000	32%	\$95,203,000	14%	\$655,963,000
MHS-Memorial Hospital Pembroke	\$112,444,304	41%	\$24,364,213	9%	\$94,253,664	35%	\$40,848,533	15%	\$271,910,714

Hospital-Specific Data on Utilization and Finances

Hospital Name	Medicare		Medicaid		Commercial		Self-Pay/Other		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
MHS-Memorial Hospital West	\$188,388,114	35%	\$42,083,594	8%	\$275,958,947	51%	\$31,635,624	6%	\$538,066,279
MHS-Memorial Regional Hospital	\$397,889,577	35%	\$164,248,369	14%	\$421,187,900	37%	\$158,941,987	14%	\$1,142,267,833
Natividad Medical Center	\$34,220,322	12%	\$152,813,682	55%	\$54,575,880	20%	\$34,812,161	13%	\$276,422,045
NBHD-Broward General Medical Center	\$301,966,400	28%	\$253,276,617	24%	\$274,028,054	25%	\$246,329,414	23%	\$1,075,600,485
NBHD-Coral Springs Medical Center	\$99,446,682	27%	\$43,548,739	12%	\$183,733,947	50%	\$39,442,974	11%	\$366,172,342
NBHD-Imperial Point Medical Center	\$130,899,969	44%	\$22,961,303	8%	\$102,833,214	34%	\$40,519,412	14%	\$297,213,898
NBHD-North Broward Medical Center	\$244,620,426	45%	\$57,153,744	11%	\$134,979,676	25%	\$104,643,681	19%	\$541,397,527
NYCHHC-Bellevue Hospital Center	\$117,692,704	17%	\$337,294,042	50%	\$41,694,327	6%	\$186,317,826	27%	\$682,998,899
NYCHHC-Coney Island Hospital	\$95,944,166	30%	\$163,901,890	52%	\$19,466,622	6%	\$37,322,200	12%	\$316,634,878
NYCHHC-Elmhurst Hospital Center	\$127,317,841	21%	\$350,846,009	57%	\$46,796,642	7%	\$91,768,856	15%	\$616,729,348
NYCHHC-Harlem Hospital Center	\$64,374,257	22%	\$142,423,030	48%	\$24,607,264	8%	\$65,288,882	22%	\$296,693,433
NYCHHC-Jacobi Medical Center	\$119,503,068	22%	\$312,015,644	59%	\$39,698,068	7%	\$62,409,709	12%	\$533,626,489
NYCHHC-Kings County Hospital Center	\$80,198,188	13%	\$236,609,428	40%	\$53,918,261	9%	\$227,919,957	38%	\$598,645,834
NYCHHC-Lincoln Medical and Mental Health Center	\$68,344,497	18%	\$247,232,528	63%	\$23,176,421	6%	\$50,880,464	13%	\$389,633,910
NYCHHC-Metropolitan Hospital Center	\$58,911,049	19%	\$209,239,363	66%	\$14,784,441	5%	\$31,939,634	10%	\$314,874,487
NYCHHC-North Central Bronx Hospital	\$39,705,205	21%	\$111,034,111	60%	\$11,922,981	7%	\$22,834,351	12%	\$185,496,648
NYCHHC-Queens Hospital Center	\$43,381,347	19%	\$131,956,673	57%	\$18,917,091	8%	\$38,664,447	16%	\$232,919,558
NYCHHC-Woodhull Medical and Mental Health Center	\$75,263,225	21%	\$223,707,392	63%	\$22,174,153	6%	\$35,084,678	10%	\$356,229,448
The Ohio State University Medical Center-University Hospital	\$243,590,000	30%	\$92,383,000	11%	\$389,136,000	48%	\$86,254,000	11%	\$811,363,000
Parkland Health & Hospital System	\$185,687,854	15%	\$420,403,620	34%	\$134,545,702	11%	\$499,815,695	40%	\$1,240,452,871
Phoebe Putney Memorial Hospital	\$278,266,398	42%	\$121,806,500	18%	\$229,648,430	35%	\$33,895,432	5%	\$663,616,760
Regional Medical Center at Memphis	\$97,259,372	15%	\$241,444,191	38%	\$136,971,344	21%	\$167,139,205	26%	\$642,814,112
Riverside County Regional Medical Center	\$41,266,871	9%	\$209,074,808	44%	\$63,687,882	13%	\$159,318,695	34%	\$473,348,256
San Francisco General Hospital	\$123,123,621	18%	\$334,923,342	48%	\$48,327,330	7%	\$193,059,789	27%	\$699,434,082
San Joaquin General Hospital	\$45,662,232	18%	\$106,216,008	42%	\$22,499,238	9%	\$79,209,825	31%	\$253,587,303
San Mateo Medical Center	\$23,135,411	12%	\$91,218,073	45%	\$8,998,950	5%	\$77,205,373	38%	\$200,557,807
Santa Clara Valley Health & Hospital System	\$168,333,218	15%	\$514,783,027	45%	\$167,589,496	15%	\$284,369,807	25%	\$1,135,075,548
Schneider Regional Medical Center	\$23,862,440	38%	\$8,132,163	13%	\$18,569,980	29%	\$12,395,038	20%	\$62,959,621
Stony Brook University Hospital	\$298,380,886	33%	\$125,540,819	14%	\$380,338,936	42%	\$106,781,699	11%	\$911,042,340
Thomason General Hospital	\$41,883,491	13%	\$106,546,266	33%	\$49,946,201	16%	\$121,583,067	38%	\$319,959,025
Truman Medical Centers	\$65,970,444	22%	\$138,759,468	45%	\$27,030,661	9%	\$73,346,660	24%	\$305,107,233
UMass Memorial Medical Center	\$414,118,975	29%	\$139,414,025	9%	\$809,151,255	55%	\$104,961,403	7%	\$1,467,645,658
UMDNJ-University Hospital	\$221,271,000	20%	\$302,947,000	27%	\$136,378,000	12%	\$459,475,000	41%	\$1,120,071,000
University Medical Center of Southern Nevada	\$216,116,305	19%	\$273,035,188	24%	\$306,968,174	28%	\$322,944,507	29%	\$1,119,064,174
University of Arkansas for Medical Sciences	\$205,097,376	33%	\$125,533,180	20%	\$223,670,108	35%	\$78,108,307	12%	\$632,408,971
University of Colorado Hospital Authority	\$255,892,801	28%	\$124,350,908	13%	\$422,894,475	45%	\$128,772,480	14%	\$931,910,664
University Hospital, The University of New Mexico Health Sciences Center	\$67,828,410	15%	\$143,479,379	31%	\$93,356,971	20%	\$154,862,139	34%	\$459,526,899
The University of Texas Health Center at Tyler	\$70,254,095	51%	\$12,406,639	9%	\$25,889,231	19%	\$29,594,576	21%	\$138,144,541
The University of Texas M.D. Anderson Cancer Center	\$626,702,120	29%	\$77,105,325	3%	\$1,229,934,967	56%	\$261,471,387	12%	\$2,195,213,799
The University of Texas Medical Branch at Galveston	\$241,438,128	23%	\$276,936,150	26%	\$166,287,162	16%	\$365,320,413	35%	\$1,049,981,853
VCU Health System	\$285,887,931	25%	\$165,738,033	15%	\$371,430,961	33%	\$303,021,423	27%	\$1,126,078,348
Total	\$11,377,828,841	22%	\$16,005,736,956	32%	\$11,188,518,221	22%	\$12,311,428,659	24%	\$50,883,512,678
Average	\$132,300,335		\$186,113,220		\$130,099,049		\$143,156,147		\$591,668,752
Count									86

Appendix C

Hospital-Specific Data on Utilization and Finances

Table 7. NAPH Member Hospitals and Health Systems—Net Revenues by Payer Source, 2003

Hospital Name	Medicare		Medicaid*	
	Revenues	Percent	Revenues	Percent
Alameda County Medical Center	\$30,664,214	11%	\$108,036,268	40%
Arrowhead Regional Medical Center	\$25,857,229	8%	\$174,516,850	57%
Boston Medical Center	\$133,472,946	25%	\$117,818,004	22%
Broadlawns Medical Center	\$8,693,038	13%	\$10,491,740	16%
Cambridge Health Alliance	\$46,153,265	16%	\$39,621,753	13%
Community Medical Centers	\$117,348,736	25%	\$152,922,641	33%
Contra Costa Regional Medical Center	\$30,922,623	17%	\$93,792,028	50%
Cook County BHS-John H. Stroger, Jr. Hospital	\$45,987,801	8%	\$345,034,494	59%
Cook County BHS-Oak Forest Hospital	\$8,085,315	5%	\$113,029,168	74%
Cook County BHS-Provident Hospital of Cook County	\$6,810,790	7%	\$62,551,511	66%
Cooper Green Hospital	\$8,358,761	40%	\$10,598,379	50%
Denver Health	\$35,079,000	11%	\$179,490,597	55%
Erlanger Health System	\$103,752,299	28%	\$76,766,248	21%
Governor Juan F Luis Hospital & Medical Center	\$9,187,756	23%	\$1,414,912	3%
Grady Health System	\$86,956,118	17%	\$255,601,883	50%
Halifax Community Health System	\$154,647,480	53%	\$22,398,291	8%
Harborview Medical Center	\$78,702,000	19%	\$133,322,000	33%
Harris County Hospital District	\$52,680,274	8%	\$207,522,195	32%
The Health and Hospital Corporation of Marion County	\$65,143,979	19%	\$172,321,359	51%
Hennepin County Medical Center	\$99,003,146	26%	\$153,862,602	41%
HHSC-Hilo Medical Center	\$23,623,000	33%	\$20,307,947	28%
HHSC-Kona Community Hospital	\$8,662,134	26%	\$4,818,424	14%
HHSC-Maui Memorial Hospital	\$28,539,776	30%	\$7,806,526	8%
Howard University Hospital	\$51,023,207	22%	\$84,988,741	37%
Hurley Medical Center	\$70,581,403	26%	\$83,391,090	31%
Jackson Memorial Hospital	\$105,701,163	11%	\$249,314,040	26%
JPS Health Network	\$44,283,000	12%	\$100,037,000	27%
Kern Medical Center	\$17,125,044	11%	\$80,669,407	54%
LAC-Harbor/UCLA Medical Center	\$34,029,180	9%	\$213,730,034	61%
LAC-Martin Luther King/Drew Medical Center	\$19,074,503	5%	\$216,057,097	60%
LAC-Olive View/UCLA Medical Center	\$7,688,220	3%	\$158,530,658	66%
LAC-Rancho Los Amigos National Rehabilitation Center	\$16,142,331	10%	\$101,292,854	61%
LAC-LAC+USC Medical Center	\$30,349,256	4%	\$504,837,488	63%
LSUHCSD-Bogalusa Medical Center	\$8,193,866	18%	\$33,283,226	74%
LSUHCSD-Earl K. Long Medical Center	\$3,726,809	5%	\$59,371,290	80%
LSUHCSD-Huey P. Long Medical Center	\$2,267,929	6%	\$32,567,506	82%
LSUHCSD-Lallie Kemp Regional Medical Center	\$3,285,330	12%	\$22,935,939	82%
LSUHCSD-Leonard J. Chabert Medical Center	\$9,026,007	17%	\$41,577,040	77%
LSUHCSD-Medical Center of Louisiana at New Orleans	\$27,153,273	7%	\$329,478,033	85%
LSUHCSD-University Medical Center	\$5,162,475	9%	\$46,791,443	85%
LSUHCSD-Dr. Walter O. Moss Regional Hospital	\$1,952,910	8%	\$20,709,964	85%
Medical Center of Central Georgia	\$182,234,394	39%	\$84,745,942	18%
Memorial Hospital at Gulfport	\$70,850,314	36%	\$42,429,392	21%
The MetroHealth System	\$92,073,000	25%	\$145,520,000	39%
MHS-Memorial Hospital Pembroke	\$26,649,661	33%	\$3,811,605	5%
MHS-Memorial Hospital West	\$52,071,484	26%	\$8,873,014	4%
MHS-Memorial Regional Hospital	\$126,534,483	31%	\$48,696,414	12%
Natividad Medical Center	\$12,843,747	12%	\$60,666,306	58%
NBHD-Broward General Medical Center	\$74,745,148	26%	\$66,774,923	23%
NBHD-Coral Springs Medical Center	\$23,022,516	23%	\$9,594,908	10%

Hospital-Specific Data on Utilization and Finances

Commercial Revenues		Self-Pay/Other Revenues		State/Local Subsidies		Total
Revenues	Percent	Revenues	Percent	Revenues	Percent	
\$12,167,998	5%	\$21,661,787	8%	\$96,454,662	36%	\$268,984,929
\$44,269,282	15%	\$8,207,672	3%	\$51,023,075	17%	\$303,874,108
\$96,597,067	18%	\$153,585,730	28%	\$40,116,253	7%	\$541,590,000
\$2,508,717	4%	\$8,138,523	12%	\$36,856,410	55%	\$66,688,428
\$80,943,243	28%	\$107,043,153	37%	\$18,210,426	6%	\$291,971,840
\$180,935,915	39%	\$895,148	0%	\$16,506,592	3%	\$468,609,032
\$16,927,023	9%	\$2,929,814	2%	\$41,937,370	22%	\$186,508,858
\$6,571,979	1%	\$3,607,960	1%	\$179,618,463	31%	\$580,820,697
\$2,729,544	2%	\$1,873,119	1%	\$27,001,923	18%	\$152,719,069
\$2,889,278	3%	\$1,366,578	2%	\$20,791,735	22%	\$94,409,892
\$827,002	4%	\$1,214,821	6%	\$0	0%	\$20,998,963
\$73,923,000	22%	\$12,211,064	4%	\$26,900,000	8%	\$327,603,661
\$183,161,592	50%	\$1,565,891	0%	\$2,979,170	1%	\$368,225,200
\$9,786,060	24%	\$1,280,351	3%	\$19,225,539	47%	\$40,894,618
\$49,938,801	10%	\$12,593,001	3%	\$103,269,315	20%	\$508,359,118
\$107,354,396	37%	\$7,488,465	2%	\$0	0%	\$291,888,632
\$164,732,000	40%	\$23,554,000	6%	\$7,707,000	2%	\$408,017,000
\$10,271,343	2%	\$49,088,188	7%	\$334,732,000	51%	\$654,224,000
\$33,394,015	10%	\$12,483,706	4%	\$53,878,681	16%	\$337,221,740
\$104,611,539	28%	\$1,050,861	0%	\$19,001,693	5%	\$377,529,841
\$20,352,140	29%	\$6,904,793	10%	\$0	0%	\$71,187,880
\$16,727,914	50%	\$3,162,270	10%	\$0	0%	\$33,370,742
\$49,830,741	53%	\$8,032,446	9%	\$0	0%	\$94,209,489
\$14,090,457	6%	\$49,290,621	22%	\$30,004,650	13%	\$229,397,676
\$89,760,963	34%	\$23,006,659	9%	\$0	0%	\$266,740,115
\$220,064,954	23%	\$150,279,208	15%	\$246,271,747	25%	\$971,631,112
\$36,141,000	10%	\$4,872,000	1%	\$184,173,000	50%	\$369,506,000
\$17,563,852	12%	\$4,121,371	3%	\$30,147,266	20%	\$149,626,940
\$20,239,307	6%	\$16,826,125	5%	\$66,651,392	19%	\$351,476,038
\$10,680,936	3%	\$10,700,126	3%	\$104,337,757	29%	\$360,850,419
\$4,018,196	2%	\$11,803,852	5%	\$57,038,822	24%	\$239,079,748
\$5,395,595	3%	\$1,798,680	1%	\$42,651,798	25%	\$167,281,258
\$33,369,715	4%	\$42,179,972	5%	\$187,094,976	24%	\$797,831,407
\$2,582,113	6%	\$407,941	1%	\$515,999	1%	\$44,983,145
\$876,487	1%	\$220,749	0%	\$10,587,142	14%	\$74,782,477
\$1,222,682	3%	\$186,284	1%	\$3,366,682	8%	\$39,611,084
\$796,117	3%	\$209,379	1%	\$617,520	2%	\$27,844,285
\$2,495,894	4%	\$364,536	1%	\$600,629	1%	\$54,064,106
\$14,677,421	4%	\$1,151,777	0%	\$14,523,241	4%	\$386,983,745
\$1,532,030	3%	\$402,608	1%	\$926,562	2%	\$54,815,118
\$694,881	3%	\$268,849	1%	\$796,009	3%	\$24,422,613
\$159,664,804	34%	\$34,847,313	8%	\$5,969,344	1%	\$467,461,797
\$58,541,474	30%	\$26,000,292	13%	\$0	0%	\$197,821,472
\$103,810,000	28%	\$12,544,000	3%	\$20,600,000	5%	\$374,547,000
\$42,202,274	53%	\$2,628,793	3%	\$4,582,085	6%	\$79,874,418
\$136,908,841	67%	\$2,389,685	1%	\$2,987,274	2%	\$203,230,298
\$206,719,991	50%	\$2,496,367	1%	\$23,880,513	6%	\$408,327,768
\$17,897,252	17%	\$1,772,997	2%	\$10,783,763	11%	\$103,964,065
\$78,904,666	28%	\$3,356,365	1%	\$62,409,778	22%	\$286,190,880
\$55,774,969	56%	\$1,296,316	1%	\$9,319,481	10%	\$99,008,190

Appendix C

Hospital-Specific Data on Utilization and Finances

Table 7. NAPH Member Hospitals and Health Systems—Net Revenues by Payer Source, 2003 (continued)

Hospital Name	Medicare		Medicaid*	
	Revenues	Percent	Revenues	Percent
NBHD-Imperial Point Medical Center	\$33,989,767	41%	\$8,971,156	11%
NBHD-North Broward Medical Center	\$61,990,067	42%	\$21,085,821	14%
NYCHHC-Bellevue Hospital Center	\$85,586,368	20%	\$228,669,397	52%
NYCHHC-Coney Island Hospital	\$63,697,760	34%	\$95,260,686	51%
NYCHHC-Elmhurst Hospital Center	\$67,888,664	19%	\$213,434,043	58%
NYCHHC-Harlem Hospital Center	\$42,849,392	18%	\$171,453,119	70%
NYCHHC-Jacobi Medical Center	\$98,771,837	27%	\$236,655,570	65%
NYCHHC-Kings County Hospital Center	\$55,991,709	13%	\$268,382,165	63%
NYCHHC-Lincoln Medical and Mental Health Center	\$70,484,233	23%	\$222,222,002	71%
NYCHHC-Metropolitan Hospital Center	\$29,704,909	14%	\$160,046,557	76%
NYCHHC-North Central Bronx Hospital	\$31,137,666	24%	\$94,864,873	74%
NYCHHC-Queens Hospital Center	\$33,747,470	17%	\$130,446,040	67%
NYCHHC-Woodhull Medical and Mental Health Center	\$68,305,654	24%	\$183,100,553	65%
The Ohio State University Medical Center-University Hospital	\$135,566,000	34%	\$41,816,707	10%
Parkland Health & Hospital System	\$80,299,908	11%	\$216,184,815	31%
Phoebe Putney Memorial Hospital	\$103,959,433	33%	\$52,854,149	16%
Regional Medical Center at Memphis	\$33,089,244	13%	\$79,559,865	31%
Riverside County Regional Medical Center	\$11,130,369	6%	\$98,429,906	51%
San Francisco General Hospital	\$50,051,751	16%	\$94,201,485	30%
San Joaquin General Hospital	\$17,230,960	13%	\$60,780,029	48%
San Mateo Medical Center	\$14,315,261	11%	\$46,110,483	36%
Santa Clara Valley Health & Hospital System	\$75,158,801	12%	\$298,223,049	48%
Schneider Regional Medical Center	\$10,046,255	19%	\$1,577,798	3%
Stony Brook University Hospital	\$131,604,464	27%	\$146,393,532	30%
Thomason General Hospital	\$25,879,041	15%	\$79,102,426	47%
Truman Medical Centers	\$50,814,629	22%	\$103,525,710	45%
UMass Memorial Medical Center	\$236,749,391	34%	\$49,109,874	7%
UMDNJ-University Hospital	\$77,757,000	18%	\$96,319,000	22%
University Medical Center of Southern Nevada	\$62,764,005	15%	\$113,255,260	27%
University of Arkansas for Medical Sciences	\$92,272,130	34%	\$62,601,240	23%
University of Colorado Hospital Authority	\$90,338,328	24%	\$62,596,600	16%
University Hospital, The University of New Mexico Health Sciences Center	\$47,397,858	16%	\$108,173,791	38%
The University of Texas Health Center at Tyler	\$26,962,383	33%	\$4,072,967	5%
The University of Texas M.D. Anderson Cancer Center	\$245,854,142	19%	\$25,020,605	2%
The University of Texas Medical Branch at Galveston	\$108,200,138	20%	\$111,738,636	21%
VCU Health System	\$120,080,599	23%	\$171,174,390	32%
Total	\$4,917,789,919	19%	\$9,472,135,473	37%
Average	\$57,183,604		\$110,141,110	
Count				

Hospital-Specific Data on Utilization and Finances

Commercial Revenues		Self-Pay/Other Revenues		State/Local Subsidies		Total
Revenues	Percent	Revenues	Percent	Revenues	Percent	
\$30,759,362	37%	\$1,352,792	1%	\$8,041,554	10%	\$83,114,631
\$39,303,695	27%	\$1,681,234	1%	\$23,382,245	16%	\$147,443,062
\$33,569,886	8%	\$51,107,814	12%	\$36,096,000	8%	\$435,029,465
\$9,635,559	5%	\$13,939,724	7%	\$5,149,000	3%	\$187,682,729
\$29,881,002	8%	\$27,709,933	7%	\$30,762,000	8%	\$369,675,642
\$20,172,336	8%	\$842,927	0%	\$9,962,000	4%	\$245,279,774
\$670,662	0%	\$16,941,064	5%	\$10,552,000	3%	\$363,591,133
\$47,164,108	11%	\$27,695,431	6%	\$28,546,000	7%	\$427,779,413
\$15,947,289	5%	(\$8,436,334)	-3%	\$13,766,000	4%	\$313,983,190
\$8,029,308	4%	\$6,986,007	3%	\$5,934,000	3%	\$210,700,781
(\$13,568,321)	-11%	\$8,791,606	7%	\$7,687,000	6%	\$128,912,824
\$14,157,543	7%	\$2,779,624	2%	\$14,287,000	7%	\$195,417,677
\$13,319,721	5%	\$7,716,443	3%	\$10,006,000	3%	\$282,448,371
\$195,121,000	48%	\$24,571,000	6%	\$5,908,333	2%	\$402,983,040
\$59,645,882	9%	\$30,736,044	4%	\$321,387,200	45%	\$708,253,849
\$158,539,788	50%	\$1,720,155	1%	\$0	0%	\$317,073,525
\$81,250,239	32%	\$9,343,284	4%	\$50,344,447	20%	\$253,587,079
\$32,677,603	17%	\$9,223,858	5%	41298264	21%	\$192,760,000
\$18,365,521	6%	\$9,267,807	3%	\$139,092,814	45%	\$310,979,378
\$13,449,853	11%	\$7,596,090	6%	\$28,031,266	22%	\$127,088,198
\$4,422,459	4%	\$7,217,267	6%	\$54,985,937	43%	\$127,051,407
\$89,438,959	14%	\$25,740,070	4%	\$136,428,449	22%	\$624,989,328
\$15,647,934	30%	\$2,725,179	5%	\$22,209,129	43%	\$52,206,295
\$187,479,372	38%	\$26,586,476	5%	\$0	0%	\$492,063,844
\$21,463,506	13%	\$3,901,159	2%	\$38,664,000	23%	\$169,010,132
\$15,065,348	7%	\$26,538,544	11%	\$35,482,452	15%	\$231,426,683
\$364,630,284	52%	\$47,699,813	7%	\$0	0%	\$698,189,362
\$47,924,000	11%	\$161,465,000	36%	\$57,979,000	13%	\$441,444,000
\$123,470,784	29%	\$84,378,785	20%	\$38,400,000	9%	\$422,268,834
\$105,555,270	39%	\$12,008,598	4%	\$0	0%	\$272,437,238
\$196,963,772	51%	\$20,158,616	5%	\$13,271,399	4%	\$383,328,715
\$58,448,478	20%	\$20,043,315	7%	\$55,238,316	19%	\$289,301,758
\$13,478,598	16%	\$695,657	1%	\$36,571,568	45%	\$81,781,173
\$851,128,499	67%	\$9,735,819	1%	\$148,136,902	11%	\$1,279,875,967
\$76,748,925	14%	\$66,548,237	12%	\$174,142,843	33%	\$537,378,779
\$193,452,504	37%	\$41,452,848	8%	\$0	0%	\$526,160,341
\$5,781,488,188	23%	\$1,663,824,092	6%	\$3,818,790,855	15%	\$25,654,028,528
\$67,226,607		\$19,346,792		\$44,404,545		\$298,302,657

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*Medicaid Net Revenues include base Medicaid payments and net Medicaid DSH payments.

Appendix D

NAPH Member Governance Structures, 2003

Separate Public Entity*

Alameda County Medical Center	Oakland, CA
Cambridge Health Alliance	Cambridge, MA
Denver Health	Denver, CO
Erlanger Health System	Chattanooga, TN
Governor Juan F Luis Hospital and Medical Center	St. Croix, VI
Grady Health System	Atlanta, GA
Halifax Community Health System	Daytona Beach, FL
Harborview Medical Center	Seattle, WA
Harris County Hospital District	Houston, TX
The Health and Hospital Corporation of Marion County	Indianapolis, IN
HHSC-Hilo Medical Center	Hilo, HI
HHSC-Kona Community Hospital	Kealahou, HI
HHSC-Maui Memorial Hospital	Wailuku, HI
Jackson Memorial Hospital	Miami, FL
JPS Health Network	Forth Worth, TX
The MetroHealth System	Cleveland, OH
MHS-Memorial Hospital Pembroke	Pembroke Pines, FL
MHS-Memorial Hospital West	Pembroke Pines, FL
MHS-Memorial Regional Hospital	Hollywood, FL
NBHD-Broward General Medical Center	Fort Lauderdale, FL
NBHD-Coral Springs Medical Center	Coral Springs, FL
NBHD-Imperial Point Medical Center	Imperial Point, FL
NBHD-North Broward Medical Center	Pompano Beach, FL
NYCHHC-Bellevue Hospital Center	New York, NY
NYCHHC-Coney Island Hospital	Brooklyn, NY
NYCHHC-Elmhurst Hospital Center	Elmhurst, NY
NYCHHC-Harlem Hospital Center	New York, NY
NYCHHC-Jacobi Medical Center	Bronx, NY
NYCHHC-Kings County Hospital Center	Brooklyn, NY
NYCHHC-Lincoln Medical and Mental Health Center	Bronx, NY
NYCHHC-Metropolitan Hospital Center	New York, NY
NYCHHC-North Central Bronx Hospital	Bronx, NY
NYCHHC-Queens Hospital Center	Jamaica, NY
NYCHHC-Woodhull Medical and Mental Health Center	Brooklyn, NY
Parkland Health & Hospital System	Dallas, TX
Schneider Regional Medical Center	St. Thomas, VI
Thomason Hospital	El Paso, TX
University of Colorado Hospital	Denver, CO
VCU Health System	Richmond, VA

Non-Profit Corporation**

Boston Medical Center	Boston, MA
Community Medical Centers	Fresno, CA
Medical Center of Central Georgia	Macon, GA
Phoebe Putney Memorial Hospital	Albany, GA
Regional Medical Center at Memphis	Memphis, TN
Truman Medical Centers	Kansas City, MO
UMass Memorial Healthcare System	Worcester, MA

Direct Operation by Local Government***

Arrowhead Regional Medical Center	Colton, CA
Broadlawns Medical Center	Des Moines, IA
Contra Costa Regional Medical Center	Martinez, CA
Cook County BHS-Provident Hospital of Cook County	Chicago, IL
Cook County BHS-John H. Stroger, Jr. Hospital	Chicago, IL
Cook County BHS-Oak Forest Hospital	Oak Forest, IL
Cooper Green Hospital	Birmingham, AL
Hennepin County Medical Center	Minneapolis, MN
Hurley Medical Center	Flint, MI
Kern Medical Center	Bakersfield, CA
LAC-Harbor/UCLA Medical Center	Torrance, CA
LAC-LAC+USC Medical Center	Los Angeles, CA
LAC-Martin Luther King/Drew Medical Center	Los Angeles, CA
LAC-Olive View/UCLA Medical Center	Sylmar, CA
LAC-Rancho Los Amigos National Rehabilitation Center	Downey, CA
Memorial Hospital at Gulfport	Gulfport, MS
Natividad Medical Center	Salinas, CA
Riverside County Regional Medical Center	Riverside, CA
San Francisco General Hospital	San Francisco, CA
San Joaquin General Hospital	Stockton, CA
San Mateo Medical Center	San Mateo, CA
Santa Clara Valley Health & Hospital System	San Jose, CA

Direct Operation by State Government or University***

LSUHCS-D-Bogalusa Medical Center	Bogalusa, LA
LSUHCS-D-Earl K. Long Medical Center	Baton Rouge, LA
LSUHCS-D-Huey P. Long Medical Center	Pineville, LA
LSUHCS-D-Lallie Kemp Regional Medical Center	Independence, LA
LSUHCS-D-Leonard J. Chabert Medical Center	Houma, LA
LSUHCS-D-Medical Center of Louisiana at New Orleans	New Orleans, LA
LSUHCS-D-University Medical Center	Lafayette, LA
LSUHCS-D-Dr. Walter O. Moss Regional Medical Center	Lake Charles, LA
The Ohio State University Medical Center—University Hospital	Columbus, OH
Stony Brook University Hospital	Stony Brook, NY
University of Arkansas for Medical Sciences	Little Rock, AR
UMDNJ-University Hospital	Newark, NJ
University Hospital, The University of New Mexico Health Sciences Center	Albuquerque, NM
University Medical Center of Southern Nevada	Las Vegas, NV
The University of Texas Health Center at Tyler	Tyler, TX
The University of Texas M.D. Anderson Cancer Center	Houston, TX
The University of Texas Medical Branch at Galveston	Galveston, TX

*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; often operates under contractual agreement with the local government, which sometimes exercises an element of control through Board appointments

*** 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

Notes

1. National figure is reported in AHA Uncompensated Hospital Care Cost Fact Sheet, November 2004.
2. A 2005 report by PriceWaterHouseCoopers Health Research Institute, *Acts of Charity: Charity Care Strategies for Hospitals in Changing Landscape*, indicates that uncompensated care provided in 2003 totaled \$24.9 billion.
3. Even after controlling for hospital bed size, MSA size, and teaching status, the average NAPH member provides over three times the number of non-ED outpatient visits as other acute care hospitals in the country and more than twice the number of non-ED outpatient visits as other acute care hospitals in their markets. AHA annual survey data is from: American Hospital Association, *AHA Annual Survey Database for Fiscal Year 2003 Data*, (Washington, DC: American Hospital Association, 2005). AHA data on outpatient visits are used so that NAPH member data can be compared to that of hospitals in their markets and in the rest of the nation.
4. Laurie E. Felland, Suzanne Felt-Lisk, Megan McHugh, "Health Care Access For Low-income People: Significant Safety Net Gaps Remain." *Issue Brief* No. 84, (Washington, DC: Center for Studying Health System Change, June 2004); M. Regenstein, L. Nolan, M. Wilson, H. Mead, B. Siegel, *Walking a Tightrope: The State of the Safety Net in 10 U.S. Communities*, (Washington, DC: Urgent Matters, The George Washington University Medical Center, 2004); J. Graham, "Needy Patients Find Door Shut When Searching for Specialist," *Chicago Tribune*, May 23, 2005.
5. The AHA survey collects data on inpatient admissions, while the NAPH survey collects discharge data.
6. The 1995 results represented in Figure 5 include FY1994 and FY1995 data.
7. See M. Regenstein and J. Shearer, *NAPH Ambulatory Care Source Book: Findings from the 2001 NAPH Ambulatory Care Survey*, (Washington, DC: National Association of Public Hospitals and Health Systems, October 2001).
8. E. Spratley, A. Johnson, J. Sochalski, M. Fritz, W. Spencer, *The Registered Nurse Population. Findings from the National Sample Survey of Registered Nurses*, (Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Service Administration, March 2000).
9. Distribution of non-federal physicians by race/ethnicity is for 2002 (see Statehealthfacts.org). Percent of professionally active dentists in the U.S. in 2000 is estimated from R. W. Valachovic, R. G. Weaver, J. C. Sinkford, N. K. Haden, "Trends in Dentistry and Dental Education," *Journal of Dental Education*, (June 2001):539-561.
10. ACGME designates a hospital as a teaching hospital if it meets at least one of the following criteria: reports a medical school affiliation to the American Medical Association; supports a residency program accredited by the Accreditation Council of Graduate Medical Education; supports an internship program approved by the American Osteopathic Association (AOA); or supports a residency program approved by the AOA.
11. Using ACGME definitions, all members of the COTH are considered academic medical center hospitals. COTH membership is limited to organizations having a documented affiliation agreement with a medical school accredited by the Liaison Committee on Medical Education (LCME). These organizations must sponsor, or participate significantly in, at least four approved, active residency programs. At least two of the approved residency programs should be in medicine, surgery, obstetrics/gynecology, pediatrics, family practice, or psychiatry. For additional information, please refer to <http://www.aamc.org/members/coth/membercriteria.htm>.
12. Calculations are based on data from the 2003 Hospital Characteristics Survey, and: (1) NPHHI/March of Dimes study, *Barriers to Prenatal Care: Findings from a Survey of Low-Income and Uninsured Women Who Deliver at Safety Net Hospitals and Health Systems, 2003*, publication pending; (2) B.E. Hamilton, J.A. Martin, P.D. Sutton, "Births: Preliminary Data for 2003," *National Vital Statistics Report*, 53 (2004):1-17.
13. M. Regenstein and J. Huang, *Stresses to the Safety Net: The Public Hospital Perspective*, (Washington, DC: The Kaiser Commission on Medicaid and the Uninsured, June 2005).
14. NAPH members frequently do not receive adequate reimbursement for teaching costs for a variety of reasons, for example: many NAPH members have a lower volume of Medicare patients, for which Medicare has direct reimbursement for resident costs; Medicaid reimbursement for teaching is limited; and NAPH members provide care for a many uninsured patients.
15. A. Camper, L.S. Gage, B. Eyman, S. Stranne, *Reforming the Legal Structure and Governance of Safety Net Health Systems*, (Washington, DC: National Association of Public Hospitals and Health Systems, June 1996).

NAPH Members

Alameda County Medical Center Oakland CA

Arrowhead Regional Medical Center Colton CA

Boston Medical Center Boston MA

Broadlawns Medical Center Des Moines IA

Cambridge Health Alliance Cambridge MA

Carolinas HealthCare System Charlotte NC

Central Georgia Health System Inc. Macon GA

Community Health Network of San Francisco

San Francisco CA

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

San Francisco General Hospital
San Francisco CA

Contra Costa Regional Medical Center
Martinez CA

Cook County Bureau of Health Services Chicago IL

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

Oak Forest Hospital Oak Forest IL

Provident Hospital of Cook County Chicago IL

Cooper Green Hospital Birmingham AL

Denver Health Denver CO

Erlanger Health System Chattanooga TN

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

Grady Health System Atlanta GA

Halifax Community Health System
Daytona Beach FL

Harborview Medical Center Seattle WA

Harris County Hospital District Houston TX

Ben Taub General Hospital Houston TX

Lyndon B. Johnson 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 Lanai City HI

Leahi Hospital Honolulu HI

Maluhia Honolulu HI

Maui Memorial Hospital Wailuku HI

Samuel Mahelona Memorial Hospital Kapaa HI

West Kauai Medical Center Kauai HI

Health Care District of Palm Beach County

West Palm Beach FL

Glades General Hospital Belle Glade FL

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

Wishard Health Services Indianapolis IN

Hennepin County Medical Center Minneapolis MN

Howard University Hospital Washington DC

Hurley Medical Center Flint MI

Jackson Memorial Hospital Miami FL

JPS Health Network Fort Worth TX

Kern Medical Center Bakersfield CA

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

Harbor/UCLA Medical Center Torrance CA

Martin Luther King/Drew Medical Center Los Angeles CA

LAC+USC Healthcare Network Los Angeles CA

Olive View-UCLA Medical Center Sylmar CA

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

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

Bogalusa Medical Center Bogalusa LA

Earl K. Long Medical Center Baton Rouge LA

Huey P. Long Medical Center Pineville LA

Lallie Kemp Regional Medical Center
Independence LA

Leonard J. Chabert Medical Center Houma LA

Medical Center of Louisiana at New Orleans
New Orleans LA

University Medical Center Lafayette LA

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

Maricopa Integrated Health System Phoenix AZ

Memorial Healthcare System Hollywood FL

Joe DiMaggio Children's Hospital at Memorial
Hollywood FL

NAPH Members

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



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