

General Acute Care Hospitals

Volume One

Financial Analysis 2000

**An Annual Report on the
Financial Health of Pennsylvania's Hospitals**

Fiscal Year 2000: July 1, 1999 - June 30, 2000

Pennsylvania Health Care Cost Containment Council (PHC4)

Foreword

The Pennsylvania Health Care Cost Containment Council (PHC4) is an independent state agency charged with addressing the cost and quality of health care in Pennsylvania. The Council fosters competition in the health care market through the collection, analysis and dissemination of quality health care information.

In order to maintain a high quality, cost-effective health care delivery system, hospitals and freestanding surgery centers must be financially viable. Beginning with fiscal year 1989, the Council has produced a series of Financial Reports that measure the financial health of the Commonwealth's hospitals and surgery centers and the utilization of their services.

This is the first volume of the Council's *Financial Analysis 2000* series. This volume is intended to present a profile of the financial health of Pennsylvania's 194 General Acute Care (GAC) hospitals in a timely manner. A subsequent volume will report on the non-GAC hospitals (rehabilitation, long-term acute, psychiatric and specialty) as well as ambulatory surgery centers.

This report focuses primarily on Fiscal Year 2000 (FY00). For most General Acute Care hospitals, FY00 began on July 1, 1999 and ended June 30, 2000. For those hospitals that utilize a different fiscal year, the data presented in this report reflect the fiscal year that ended prior to June 30, 2000.

The information contained in this report was derived from the financial statements of the hospitals, the Council's annual financial form, and Medicare cost reports where applicable. By law, hospitals are required to submit this financial and utilization information to the Council. Every reasonable effort has been made by the Council to ensure the accuracy of the information contained herein. Each facility had the opportunity to review their data and to make corrections. The ultimate responsibility for data accuracy lies with the individual facility.

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Hospital Income

What are General Acute Care Hospitals?

General Acute Care (GAC) hospitals include all non-federal, short-term general and specialty acute care hospitals open to the public. By definition, patients typically stay at GAC hospitals less than 30 days. However, many GAC hospitals operate subunits, such as skilled nursing units, where a patient's stay may exceed 30 days. Generally, all of the activities of a hospital and any of its subunits are included in the information presented in this report. Ancillary operations, such as physician practice groups, have been excluded whenever possible.

During the 2000 fiscal year (FY00) there were 194 GAC hospitals licensed in Pennsylvania. All but ten of these GAC hospitals functioned solely as non-profit organizations or as components of larger non-profit organizations. All income or "profit" from their operations is retained within the organization. The primary uses of income are to fund capital improvements, retire outstanding debt and to provide a reserve in the event revenues do not cover expenses in the future.

In FY00, ten GAC hospitals were operated by for-profit corporations. For-profit hospitals may distribute a portion of their profits to their shareholders in the form of dividends. Dividends reflect a return on the investments the shareholder has made in the hospitals. Like non-profit hospitals, for-profit hospitals need to earn sufficient income to make investments in their facilities and equipment and to repay debt that was acquired for capital improvements. Additionally, they need to be able to offer dividends to attract equity financing. (Additional information on Pennsylvania's for-profit GAC hospitals is presented in the following "For-Profit Hospitals" section).

Why is Income Important?

Hospitals need a positive total income (total margin) to stay in business. Those that have a negative total margin (deficit) are not receiving sufficient revenue to pay all of their expenses. Hospitals operating at a deficit must use other sources of funds, such as cash reserves or the sale of assets, to pay their expenses. Unless these

hospitals can alleviate the deficit by increasing revenues and/or cutting expenses, they can stay in business only as long as they have assets to liquidate.

Earning a positive total margin alone may not be enough to remain viable. Hospitals need to earn sufficient income to make improvements to their facilities and equipment. These investments are necessary to replace worn out or obsolete buildings and equipment, keep pace with changes in medical technology and meet the changing health care needs of the community.

Hospitals finance improvements to facilities and equipment by issuing bonds or entering into other debt financing. However, financial institutions and potential bondholders must be convinced that a hospital is capable of repaying its debt. Therefore, it may be difficult for hospitals that are projected to have low or negative income to borrow money.

It is very important to closely monitor hospital income levels because relatively small changes in revenues or expenses can make a large difference in the financial health of a hospital. For example, a hospital realizing an above-average 4% operating margin one year can have an operating deficit the following year if revenues fall by 2% and expenses rise at the rate of inflation (e.g., 2% to 3%).

What is an “Appropriate” Income Level?

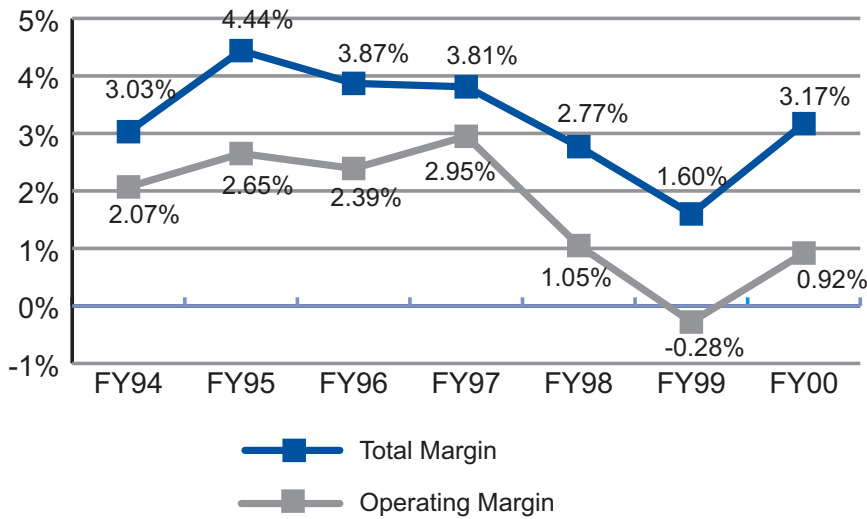
The “appropriate” level of income needed to keep a hospital viable will be different for each individual hospital or health system. The precise amount of income a hospital needs depends on several factors, including, but not limited to: the condition of its plant and equipment, amount of debt, assets available for capital improvements, the mix of care provided by the hospital, the level of payment risk and the current and future needs of the market a hospital serves.

For example, a hospital that has experienced low or negative income levels for a number of years may need to realize an above average income level if it is to make overdue capital improvements, reduce outstanding debts and replenish its capital reserves. Alternatively, a

The FY00 statewide average total margin was 37% below the national average.

FIGURE 1

Statewide Average Total and Operating Margin



hospital with a history of continuous moderate income levels can probably remain viable with a lower income level if it has kept pace with needed improvements and has not depleted its capital reserves or acquired debt in order to meet expenses in the past.

National average income levels may provide a benchmark against which to compare hospital performance in Pennsylvania.

The American Hospital Association, the Medicare Payment Advisory Commission and the Health Care Financing Administration have contracted with the Lewin Group to undertake the National Health Indicator Survey. For the twelve-month period ending September 1999, the Survey produced a national average total margin of 2.7%. The preliminary estimate for the twelve-month period ending in September 2000 yields an average total margin of 5.1%.

The increase in the average total margin for Pennsylvania hospitals shown on Figure 1 is consistent with the national trend. However, the FY99 and FY00 *average* total margins for Pennsylvania hospitals were 1.1 points (40.1%) and 1.9 points (37.3%), respectively, below the national average.

Operating Margin vs. Total Margin

Hospital income is usually expressed as either operating margin or total margin.

Operating margin reflects the percent of operating revenue left after all operating expenses are paid. A hospital's operations include functions related directly to patient care as well as a variety of other related functions such as medical education, cafeterias, and parking.

A positive operating margin indicates a hospital is receiving more revenue for its operations than it costs to run them. Alternatively, a negative margin indicates that revenues are not covering costs.

The calculation of total margin includes both operating income and income from all other sources. The income from sources other than operations is called “non-operating income.” Examples of non-operating income are investment and trust income and contributions. However, some hospitals include all or part of investment and trust income in operating revenue, particularly when the funds have been designated to support specific operations of a hospital.

Total margin reveals the composite financial health of a facility over a given period (e.g. one-year). If total margin is negative, the hospital is losing money after all sources of revenue and income have been considered.

Some hospitals have endowments that enable them to provide care beyond the level of operating revenue they receive. For those hospitals, a negative operating margin may not be that critical as long as they can realize a healthy positive total margin. Other hospitals may not have large endowments or other sources of income; as a result, their operating margins and total margins will be very similar. In these instances, a low or negative operating and total margin may reveal the hospital is under financial stress.

Typically, for-profit hospitals present their financial statements differently than non-profit hospitals. The major differences are that for-profit hospitals do not segregate between operating and non-operating income and for-profit hospitals pay income taxes.

For this report, the operating margins for the for-profit facilities reflect the total (pre-tax) net income for the facility, which accounts for all sources of revenue and all expenses, except federal income taxes. The total margin is computed from the hospital’s after-tax income. Consequently, if a for-profit facility is realizing positive income, its total margin will be less than its operating margin because of its federal tax liability.

If a for-profit facility is losing money, its total margin may be greater than its operating margin because it may record a tax credit. The tax credit reflects the amount its parent organization’s net taxes have decreased because the facility lost money.

Statewide operating income increased because statewide operating revenue grew faster than statewide operating expenses.

However, slightly more than half of all hospitals still saw expenses grow faster than revenues.

Statewide Average Operating and Total Margins Improve

In FY99, Pennsylvania hospitals as a group lost money on their operations. The statewide average operating margin was -0.28%. During FY00, the statewide average operating margin improved 1.20 points to 0.92%. On average, Pennsylvania hospitals realized 92 cents of income for every hundred dollars of revenue they received from operations.

GAC hospitals collectively received about \$18.8 billion in operating revenue during FY00, a growth of 4.0%, or \$729 million over FY99. Statewide expenses grew 2.8%, or \$505 million, to a total of \$18.6 billion. Since overall revenues grew faster than expenses, the statewide operating margin improved.

While operating revenues grew faster than operating expenses on a statewide basis, the majority of hospitals saw their operating expenses grow faster than operating revenues during FY00.

FIGURE 2

Difference between the Percent Change in Total Operating Revenue (TOR) and Total Operating Expenses (TOE) at Individual Hospitals

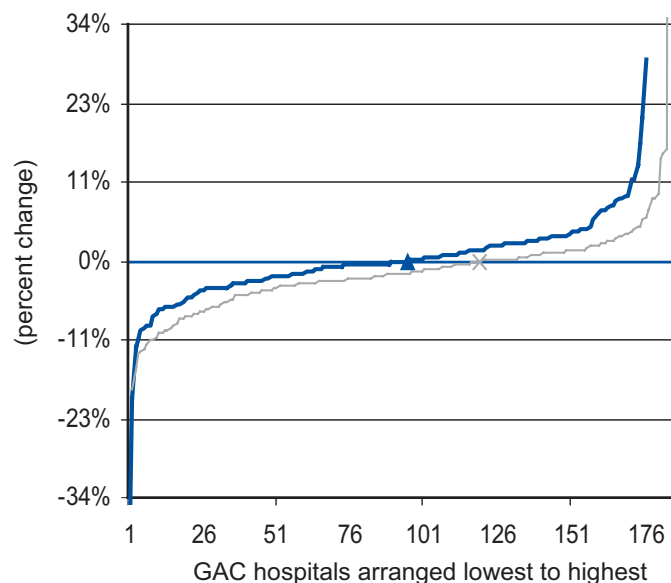


Figure 2 reflects the difference between the one-year percent change in total operating revenue and the one-year percent change in total operating expenses.

$$\frac{(TOR_{00} - TOR_{99})}{TOR_{99}} - \frac{(TOE_{00} - TOE_{99})}{TOE_{99}}$$

- ▲ FY00, 95 had TOE grow faster than TOR, n=176
- × FY99, 120 had TOE grow faster than TOR, n=184

Figure 2 reflects the percent difference between the change in total operating revenues and the change in total operating expenses. For 95, or 54% of the 176 reporting hospitals, operating expenses grew faster than operating revenues during FY00. This is a significant improvement over FY99 where 120 or 65% of the 184 reporting hospitals saw expenses grow faster than revenues.

Net patient revenue (NPR), the revenue hospitals receive for patient care, grew slightly faster than overall hospital revenues. NPR increased about 4.1%, or \$702 million, to a statewide total of \$17.7 billion. NPR represented about 94.2% of total operating revenue during FY00.

Revenue from commercial insurers grew by 7.2%, which was responsible for 67.0% of the increase in statewide NPR during FY00. The 12.0% increase in total payments from the Medical Assistance (MA) program was responsible for 24.1% of the growth in NPR. Hospitals reported a small decline in revenue from Medicare.

Part of the reason for the large increase in MA revenue during FY00 is the implementation of MA managed care in the Southwestern part of the state during the first six months of 1999. The transition of MA participants from a fee-for-service plan to a managed care program resulted in hospitals receiving a disproportionate share of revenue in FY00 (after July 1, 1999) for care provided in FY99.

Growth in Non-operating Income

Statewide non-operating income grew by \$88.3 million, from \$346.4 million in FY99 to \$434.8 million in FY00. The principal components of non-operating income are investment income and contributions.

The growth in non-operating income coupled with the \$224.8 million improvement in operating income resulted in a 1.57 point improvement in the statewide average total margin to 3.17%.

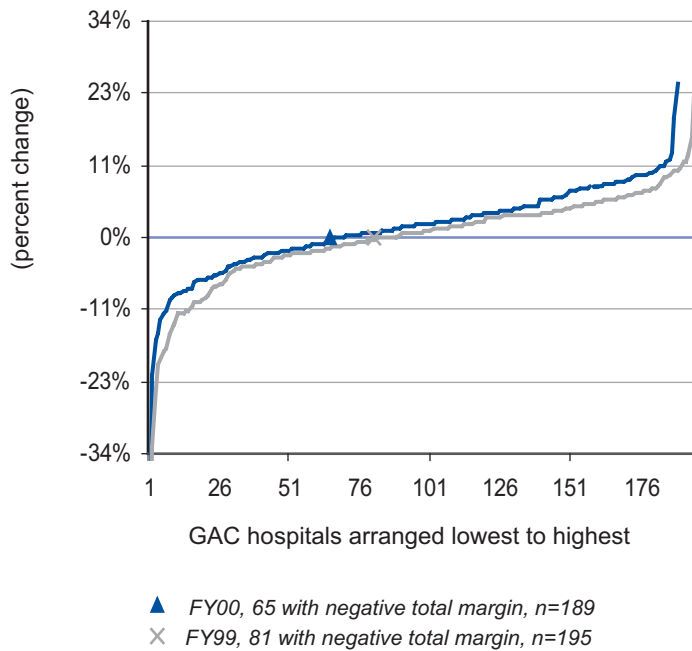
Although operating income improved during FY00, about 71% of statewide hospital income came from non-operating sources. Consequently, only about 29% of hospital income was derived from operations such as treating patients and other related services.

Commercial insurers lead the increases in NPR. Medicare revenue fell slightly.

Non-operating sources of income represent 71% of total hospital income.

FIGURE 3

Distribution of Statewide Average Total Margins



More hospitals had negative 3-year average total margins during FY00 than in FY99.

Fewer Hospitals Lost Money

The number of hospitals that finished FY00 with a loss fell to 65 or 34% of the 189 GAC hospitals that provided complete financial data. This is a decline from the 81 or 42% of the 195 reporting hospitals in FY99. Figure 3 reveals a relatively uniform improvement in the distribution of total margins with fewer hospitals at both ends of the spectrum.

While fewer hospitals lost money in FY00, more hospitals had negative 3-year average total margins. The number of hospitals that had a negative average total margin over the past three fiscal years (FY98 – FY00) grew to 66 or 36% of GAC hospitals. At the end of FY99, there were 51 hospitals (27%) with negative 3-year average total margins.

TABLE 1
Statewide Three-Year Average Total Margin

3-yr. Average Total Margin	Reporting Hospitals FY97 to FY99		Reporting Hospitals FY98 to FY00	
	Number	Percent	Number	Percent
Loss	51	27%	66	36%
0-2%	36	19%	23	12%
2-4%	32	17%	31	17%
4-6%	28	15%	26	14%
6-8%	17	9%	19	10%
>8%	26	14%	20	11%
Total	190	100%	185	100%

One reason for the increase in the number of hospitals with negative 3-year average total margins is that the improvements in hospital income levels during FY00 were not enough to completely offset losses incurred during FY99 and/or FY98.

Figures 4 and 5 and Table 1 reveal that the distribution of hospitals with 3-year average total margins has not changed dramatically during FY00. There is a noticeable decline in the number of hospitals that experienced a small positive total margin in the 0% - 2% range and a corresponding increase in the hospitals realizing losses. In addition, the percentage of hospitals realizing 3-year average total margins above 8% has declined from 14% in FY99 to 11% during FY00.

FIGURE 4

Distribution of Statewide Three-Year Average Total Margin

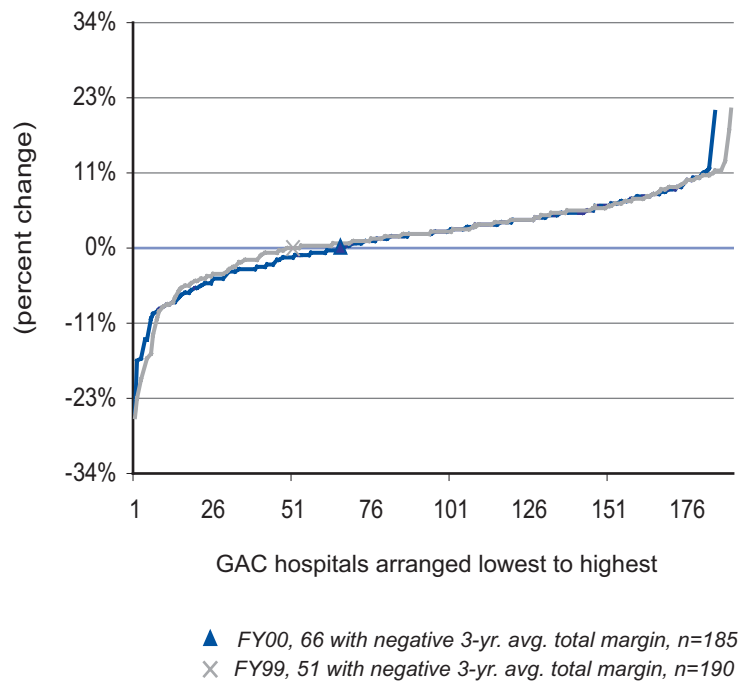
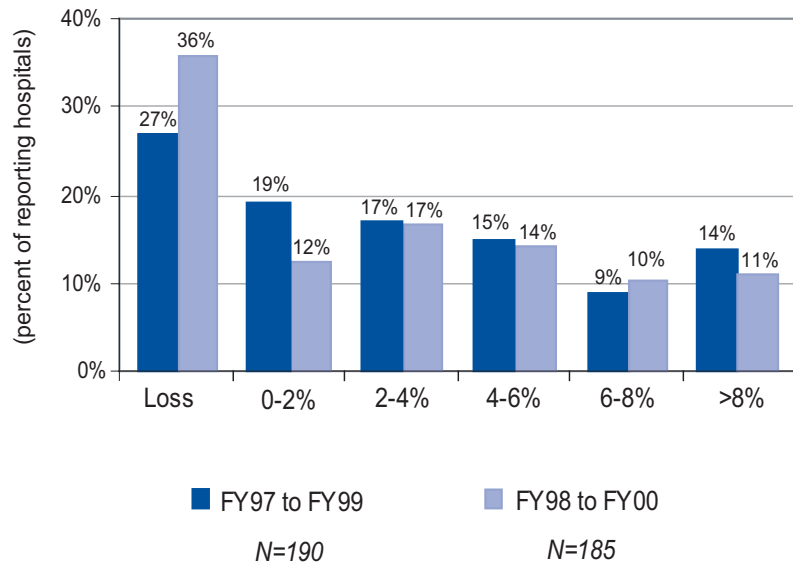


FIGURE 5

Statewide Three-Year Average Total Margin



For-Profit Hospitals

Eight of nine facilities that operated as a for-profit hospital for a full fiscal year have experienced a large improvement in their total margin.

For-profit facilities are common among Pennsylvania's freestanding psychiatric, rehabilitation and long-term acute care hospitals. However, prior to 1998, all of the GAC hospitals in the Commonwealth were operated by non-profit organizations.

As a result of the bankruptcy of the eight eastern hospitals of the Allegheny Health Education and Research Foundation (AHERF), the Tenet Healthcare Corporation acquired these hospitals on November 10, 1998. Tenet is a for-profit corporation headquartered in California and operates 110 hospitals in 17 states.

On March 1, 1999, the assets of Berwick Hospital were purchased by CHS Berwick Hospital Corporation, a for-profit Pennsylvania corporation. CHS Berwick is a wholly-owned subsidiary of Community Health Systems, Inc. (CHS). CHS is based in Tennessee and operates 52 hospitals in 20 states.

Health Management Associates (HMA) of Naples, Florida acquired the Community Hospital of Lancaster on July 1, 1999 and St. Joseph Hospital of Lancaster a year later. HMA operates 32 hospitals and focuses on non-urban areas.

A Means for Recovery

All 11 hospitals that were acquired by for-profit corporations had relatively large negative 3-year average total margins and/or sustained very large losses during the fiscal year before they were acquired. Consequently, all of these hospitals were under considerable financial stress, and for most, their financial health had been deteriorating.

Nine of the 11 hospitals listed on Table 2 have been in operation a full fiscal year following their acquisition. Eight of the nine have shown a large improvement in their total margin and only two hospitals, Tenet's Parkview and Elkins Park, still had a negative total margin. Tenet closed City Avenue Hospital in May 2000.

Community Service

Pennsylvania's hospitals provide a broad spectrum of community services for which they receive little or no reimbursement. A common argument against the transition of non-profit hospitals to for-profit facilities is that for-profit hospitals may dedicate fewer resources to community health services than their non-profit predecessors.

Hospitals do not report the cost of all of their unreimbursed community services. However, the Council does capture data on one major component of community services: the amount of uncompensated care that each hospital provides. (A description of uncompensated care is presented in the following "Uncompensated Care" section.) A comparison of the levels of uncompensated care between for-profit hospitals and their non-profit predecessors may provide some insight into the level of commitment to community service by the new for-profit facilities.

The only hospital that provided data on uncompensated care for the fiscal years before and after the transition to a for-profit facility was the Berwick Hospital Center. The ratio of uncompensated care to total net patient revenue increased slightly from 3.63% to 3.83% after it was acquired by Community Health Systems.

The Allegheny Health Education and Research Foundation (AHERF) did not provide uncompensated care data for its eight eastern Pennsylvania facilities presented on Table 2 for FY98. However, the FY00 uncompensated care ratios for the eight Tenet facilities are well above the 5.85% average for all hospitals in the City of Philadelphia (Region 9) and the 4.04% average for the four suburban Philadelphia-area counties (Region 8).

Taxes

While some non-profit hospitals pay a fee in lieu of taxes to their local municipality, non-profit hospitals are exempt from local, state and federal taxes. In contrast, for-profit facilities pay all applicable taxes.

TABLE 2

Pennsylvania’s For-Profit GAC Hospitals

Hospital	New Corporate Owner	Full Fiscal Year before Acquisition (Non-Profit)				Full Fiscal Year after Acquisition (For-Profit)		
		FY	Total Margin	3-yr. Avg. Total Margin	Uncomp. Care to NPR	FY	Total Margin	Uncomp. Care to NPR
Berwick	Community Health Systems	99	-13.54%	0.57%	3.63%	00	0.18%	3.83%
City Avenue	Tenet Healthcare	98	-27.46% ¹	-19.39% ¹	NR	00	-21.70% ²	15.82%
Community/ Lancaster	Health Management Associates	99	-17.69%	-6.19%	4.47%	01	NA ³	NA ³
Elkins Park	Tenet Healthcare	98	-26.44%	-10.72%	NR	00	-2.03%	8.66%
Graduate	Tenet Healthcare	98	-8.63%	-7.51%	NR	00	4.81%	10.72%
Hahnemann	Tenet Healthcare	98	-11.86%	-4.62%	NR	00	2.55%	11.97%
Medical College of PA	Tenet Healthcare	98	-21.19%	-5.23%	NR	00	0.77%	14.08%
Parkview	Tenet Healthcare	98	-27.46% ¹	-19.39% ¹	NR	00	-2.45%	11.97%
St Christopher’s Children	Tenet Healthcare	98	-17.02%	-0.83%	NR	00	2.29%	14.07%
St. Joseph/ Lancaster⁴	Health Management Associates	00	24.32% ⁵	-9.50%	5.63%	01	NA	NA
Warminster	Tenet Healthcare	98	-26.59%	-6.11%	NR	00	0.64%	10.50%

FOOTNOTES TO TABLE 2

NA Not Applicable. The hospital has not operated for a full fiscal year following acquisition.

¹ The Allegheny Health Education and Research Foundation (AHERF) reported City Avenue and Parkview Hospitals as a single facility. The data presented for FY98 reflects the combined City Avenue and Parkview operations.

² The Tenet Healthcare Corporation closed City Avenue Hospital to inpatient care during March 2000 and outpatient care in May 2000. The FY00 total margin does not include specific extraordinary items associated with the closure of the hospital.

³ Due to a change in its fiscal year, the FY00 data for the Community Hospital of Lancaster reflects only the first three months (July through September 1999) of operation by Health Management Associates. The total margin was 9.07% and uncompensated care was 2.44% of net patient revenue for the initial three-month period.

⁴ Effective with the July 1, 2000 acquisition of St Joseph Hospital /Lancaster by Health Management Associates, the hospital’s name was changed to the Lancaster Regional Medical Center.

⁵ The large positive FY00 total margin for St Joseph Hospital /Lancaster is the result of a \$20.3 million non-operating gain associated with the acquisition of the hospital by Health Management Associates.

On one hand, the tax revenue generated from for-profit hospitals can be considered a public benefit. On the other hand, these tax expenses have to be recovered through the fees for care.

Of all the taxes incurred by for-profit hospitals, the Council receives data on only each hospital’s *pro rata* share of their parent corporation’s federal income taxes. Nine hospitals that operated as for-profit hospitals for 12 months during FY00 reported federal income tax expenses totaling \$4.5 million. For these hospitals, federal taxes were equal to about 0.5% of total operating revenue. Consequently, at current income (and loss) levels, federal income taxes alone were equal to about 0.5% of the fees these hospitals received during FY00.

The average portion of revenue needed to pay federal income taxes should increase if the for-profit hospitals that operated at a loss become profitable.

City Avenue, Elkins Park and Parkview recorded tax credits during FY00 because their losses reduced their parent corporation’s total federal liability. Excluding these three hospitals, federal income taxes represent about 1.4% of total operating revenue.

Utilization and Revenue by Payor

The growth in Medicare managed care discharges began to level off.

Hospitals receive over 91% of their NPR from third-party health care insurers. These third-party health insurers include the federal Medicare program, the state and federally-funded Medical Assistance (MA) program, and commercial managed care and indemnity companies.

Statewide Medicare Revenue Falls

Figure 6 shows that the single largest third-party payor, Medicare, provides 42.7% of statewide GAC revenue. The total net patient revenue (NPR) hospitals received from Medicare during FY00 declined 1.6% from the FY99 statewide level (shown in Table 6).

While hospitals received slightly more Medicare inpatient revenue per discharge (0.4%) and per patient day (1.5%), Medicare discharges declined 2.6% and patient days declined 3.7%.

Over the two-year period between FY97 and FY99, the number of discharges for patients participating in a Medicare managed care plan grew about 55%. This large growth reflects the voluntary transition of Medicare patients from the traditional Medicare indemnity program to the various Medicare managed care plans administered by commercial insurers. In contrast,

FIGURE 6
Statewide NPR by Payor

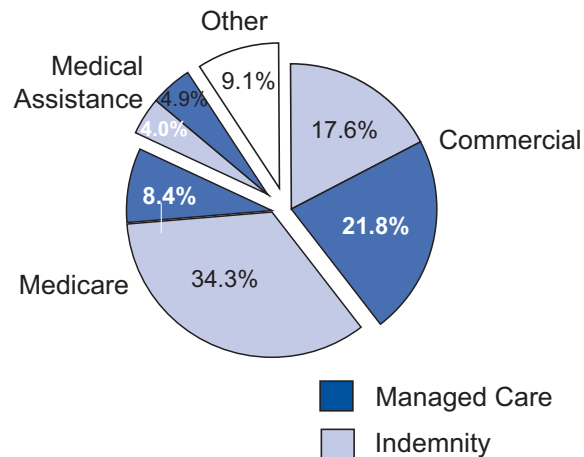


Table 3 reveals that discharges of Medicare managed care patients grew only 1.5% during FY00.

Reimbursements from Commercial Insurers Increase

Hospitals reported an 8.0% growth in average inpatient revenue per discharge and a 4.4% increase in average inpatient revenue per day from commercial health insurance companies. This growth in average reimbursement rates, coupled with a 0.1% increase in discharges and a 3.6% growth in patient days, resulted in a 7.2% increase in statewide revenue from commercial health insurers.

FIGURE 7
Statewide Average Length of Stay

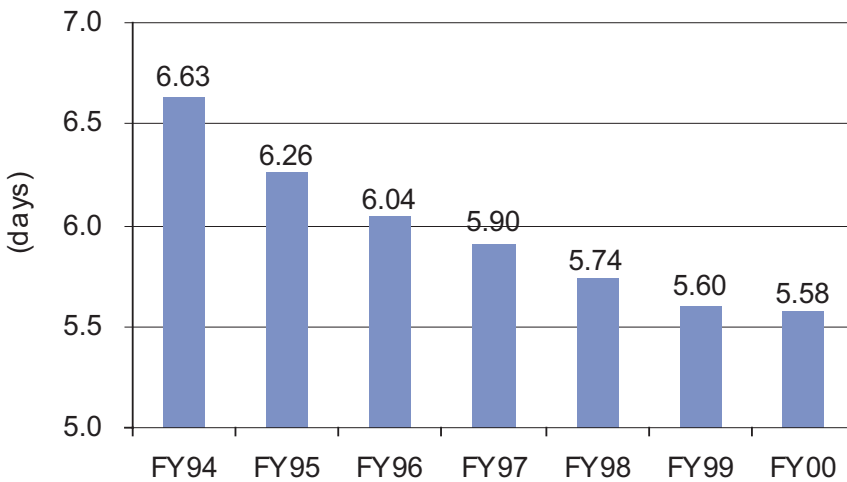


Figure 7 shows that the average length of stay for all inpatients leveled off during FY00 after seven years of steady decline. Contrary to this trend, hospitals reported that the average length of stay for participants in commercial managed care plans grew 5.8% during FY00 (Table 4).

One reason for the growth in commercial managed care average length of stay is that a smaller percentage of those participants are being admitted for inpatient care. Data compiled by the Pennsylvania

Department of Health indicates that membership in commercial managed care plans grew 2.3% from calendar year 1998 to 1999. Table 3 shows a 1.3% decline in commercial managed care discharges during FY00. Therefore, commercial managed care membership is growing while total inpatient hospitalizations are decreasing.

The decline in the percentage of the commercial managed care membership receiving inpatient care suggests that more care is being

TABLE 3

Discharges by Payor

	Discharges			Percent Change FY99 to FY00	Inpatient Revenue per Discharge			Percent Change FY99 to FY00
	FY98	FY99	FY00		FY98	FY99	FY00	
COMMERCIAL								
Indemnity	244,862	229,176	235,263	2.7%	\$7,088	\$6,901	\$7,497	8.6%
Managed Care	335,250	385,155	379,974	-1.3%	\$4,969	\$5,283	\$5,655	7.0%
Total	580,112	614,331	615,237	0.1%	\$5,863	\$5,887	\$6,359	8.0%
MEDICARE								
Indemnity	689,142	663,020	638,643	-3.7%	\$7,750	\$7,579	\$7,608	0.4%
Managed Care	131,119	171,531	174,099	1.5%	\$6,109	\$6,203	\$6,289	1.4%
Total	820,261	834,552	812,742	-2.6%	\$7,488	\$7,297	\$7,325	0.4%
MEDICAL ASSISTANCE								
Indemnity	137,357	122,102	103,371	-15.3%	\$4,593	\$5,059	\$5,496	8.6%
Managed Care	94,639	95,114	113,360	19.2%	\$4,032	\$4,819	\$5,421	12.5%
Total	231,997	217,216	216,732	-0.2%	\$4,364	\$4,954	\$5,456	10.1%
OTHER	109,964	89,226	104,139	16.7%	\$7,423	\$7,082	\$7,166	1.2%
TOTAL	1,743,266	1,755,325	1,748,850	-0.4%	\$6,523	\$6,502	\$6,733	3.6%

provided on an outpatient basis and that some admissions are being avoided through preventive care. Consequently, those patients still requiring inpatient care may be sicker, resulting in longer lengths of stay and more intensive care.

Commercial health insurance companies also administer the Medicare and MA managed care plans. Consistent with the commercial managed care plans, the average length of stay increased 8.3% for MA managed care participants. However, there was a decline in the average length of stay for participants of the Medicare managed care plans.

Contrary to the statewide trend, average length of stay increased for commercial managed care patients.

TABLE 4

Average Length of Stay by Payor (Days)

	FY98	FY99	FY00	Percent Change FY99 to FY00
COMMERCIAL				
Indemnity	4.45	4.43	4.42	-0.2%
Managed Care	4.10	4.06	4.30	5.8%
Total	4.25	4.20	4.34	3.4%
MEDICARE				
Indemnity	7.26	6.96	6.92	-0.6%
Managed Care	6.18	5.95	5.78	-2.7%
Total	7.09	6.76	6.68	-1.1%
MEDICAL ASSISTANCE				
Indemnity	5.69	6.62	6.46	-2.5%
Managed Care	4.53	4.26	4.62	8.3%
Total	5.22	5.59	5.49	-1.7%
OTHER				
	4.67	4.47	4.44	-0.8%
TOTAL	5.74	5.60	5.58	-0.4%

Medical Assistance in Southwest Pennsylvania Moves to Managed Care

During FY99 the Department of Public Welfare implemented the transition of the MA program in the Pittsburgh area from a traditional indemnity program to managed care. Consequently, Tables 3, 4 and 5 reflect a large growth in MA managed care utilization and revenue and a decline in the indemnity component of MA.

Hospitals reported an overall 12.0% growth in the total MA revenue they received during FY00 and a 10.0% growth with inpatient revenue. Since MA inpatient utilization declined slightly during FY00, the growth in MA inpatient revenue resulted from 10.1% growth in revenue per discharge and a 12.0% increase in revenue per day.

TABLE 5

Patient Days by Payor

	Patient Days			Percent Change FY99 to FY00	Inpatient Revenue per Day			Percent Change FY99 to FY00
	FY 98	FY99	FY00		FY 98	FY99	FY00	
COMMERCIAL								
Indemnity	1,089,913	1,014,520	1,039,220	2.4%	\$1,593	\$1,559	\$1,697	8.9%
Managed Care	1,374,570	1,564,469	1,632,176	4.3%	\$1,212	\$1,301	\$1,317	1.2%
Total	2,464,483	2,578,989	2,671,396	3.6%	\$1,380	\$1,402	\$1,465	4.4%
MEDICARE								
Indemnity	5,001,106	4,617,247	4,422,329	-4.2%	\$1,068	\$1,088	\$1,099	0.9%
Managed Care	810,547	1,020,210	1,007,023	-1.3%	\$988	\$1,043	\$1,087	4.2%
Total	5,811,654	5,637,457	5,429,353	-3.7%	\$1,057	\$1,080	\$1,097	1.5%
MEDICAL ASSISTANCE								
Indemnity	781,924	808,511	667,533	-17.4%	\$807	\$764	\$851	11.4%
Managed Care	428,748	405,473	523,306	29.1%	\$890	\$1,130	\$1,174	3.9%
Total	1,210,672	1,213,984	1,190,839	-1.9%	\$836	\$886	\$993	12.0%
OTHER								
	513,261	399,227	462,355	15.8%	\$1,590	\$1,583	\$1,614	2.0%
TOTAL	9,998,749	9,829,593	9,753,943	-0.8%	\$1,137	\$1,161	\$1,207	4.0%

Part of the reason for the growth in total MA revenue in FY00 was the transition from indemnity to managed care in the Pittsburgh region. The analysis of our data indicates that hospitals in the region continued to receive MA indemnity revenue into FY00 for care provided in FY99.

Overall Dynamics of Utilization

Figures 8 and 9 show that statewide inpatient days and discharges appear to have leveled off after steady declines from the peak in inpatient care in FY92. During FY00 discharges fell by only 0.4% and patient days fell by 0.8% as shown in Table 3 and 5.

Because total statewide inpatient days of care declined less than one percent, the decline in Medicare inpatient utilization was largely offset by a growth in patient days by patients with commercial health insurance and care reimbursed by “other” payors. Other payors include auto insurance, workers compensation, and “self-pay” patients.

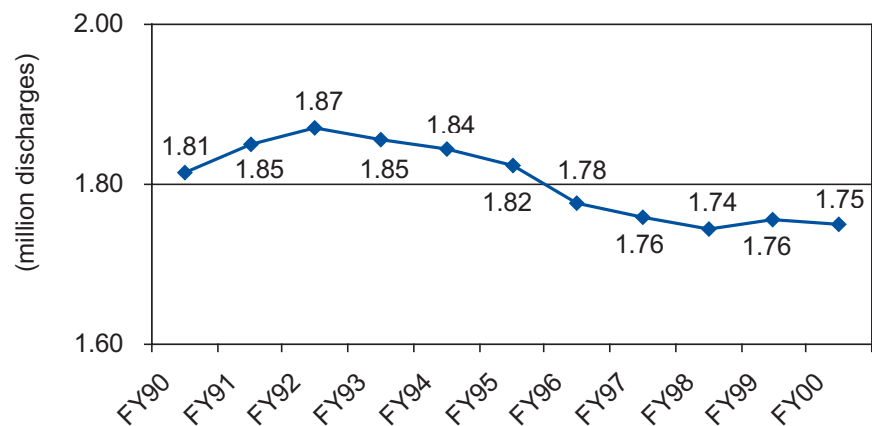
TABLE 6

Net Patient Revenue by Payor (in millions)

	FY98	FY99	FY00	Percent Change FY99 to FY00
COMMERCIAL				
Indemnity	\$3,013	\$2,828	\$3,114	10.1%
Managed Care	\$3,049	\$3,671	\$3,855	5.0%
Total	\$6,062	\$6,499	\$6,969	7.2%
MEDICARE				
Indemnity	\$6,648	\$6,250	\$6,077	-2.8%
Managed Care	\$1,110	\$1,431	\$1,484	3.7%
Total	\$7,758	\$7,680	\$7,561	-1.6%
MEDICAL ASSISTANCE				
Indemnity	\$826	\$778	\$716	-7.9%
Managed Care	\$547	\$633	\$863	36.5%
Total	\$1,373	\$1,410	\$1,579	12.0%
OTHER				
	\$1,643	\$1,433	\$1,615	12.7%
TOTAL	\$16,836	\$17,022	\$17,724	4.1%

FIGURE 8

Statewide Discharges

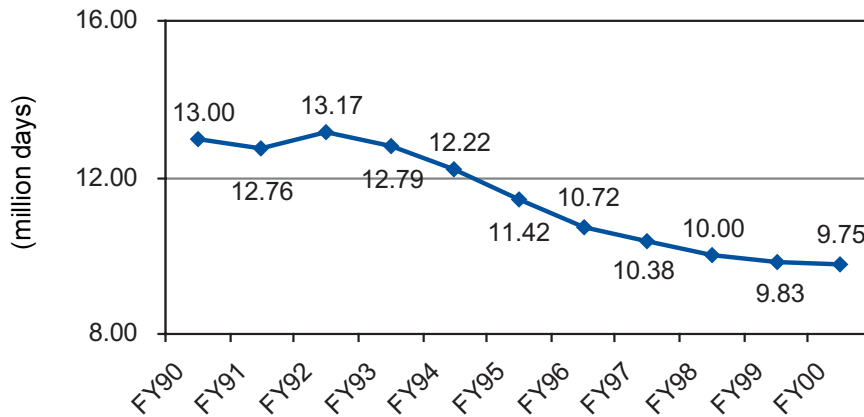


Outpatient Care Continues to Grow

While statewide inpatient days and discharges declined less than one percent, outpatient visits grew 4.86% in FY00 and 10.41% during the last two fiscal years (FY99 and FY00).

The revenue hospitals received for outpatient care rose to \$5.93 billion, which is 33.5% of statewide NPR. The growth in outpatient revenue represented 45.7% of the growth in statewide NPR in FY00. The 25.5 million visits during the year provided an average outpatient revenue of \$232 per visit.

FIGURE 9
Statewide Patient Days



Competition Among Commercial Payors Continues to Decline

The consolidation of commercial health insurance companies has potentially reduced competition in the industry. Figure 10 reveals that the average portion of NPR that individual Pennsylvania hospitals receive from their largest commercial payor increased from 17.8% in FY98 to 19.6% in FY00. The percentage of revenue received from the top three payors grew from 31.2% to 35.9% over the same period.

Outpatient care now represents one-third of statewide NPR.

Since commercial insurers also administer the Medicare and MA managed care programs, the rates that generate 52.7% of statewide NPR are established by commercial insurers.

Theoretically, a hospital may have some leverage in negotiating reimbursement rates by electing not to enter into contractual arrangements with a specific payor. However, considering that the average total margin in FY00 was 3.17%, a hospital would likely face losses, at least in the short-run, if it rejected any of its three largest commercial payors.

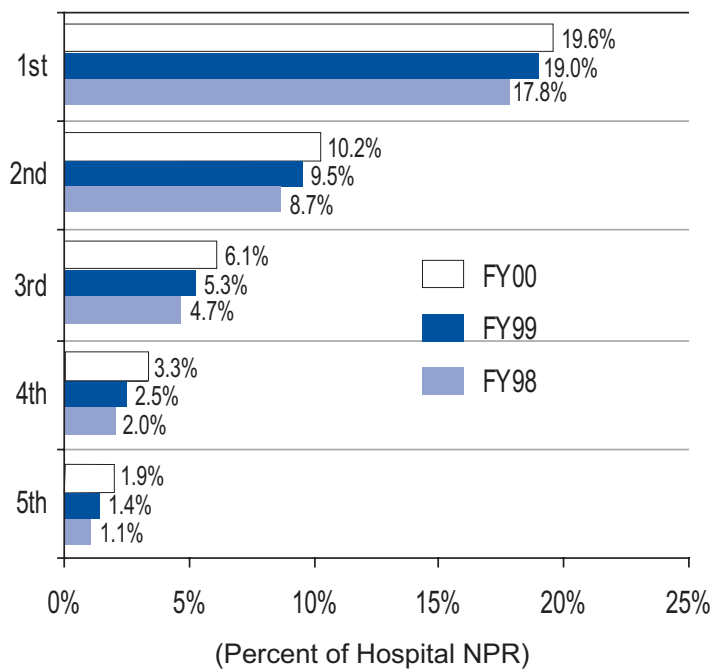
The Average Days in Accounts Receivable Declined

Between the period when hospital services are concluded and when a hospital receives payment, the payment the hospital expects is recorded as an accounts receivable. Accounts receivable can be affected by a number of factors including: the time it takes third-party payors and individuals to pay bills, efficiency of hospital billing systems, communications between hospitals and payors, and the time it takes hospitals to remove uncollectible accounts from accounts receivable.

On a statewide basis, the amount of time the average bill remained in accounts receivable declined by 1.4 days during FY00. Figure 11 shows that after two years of increases, the statewide average days in patient accounts receivable declined to 61.8 days.

FIGURE 10

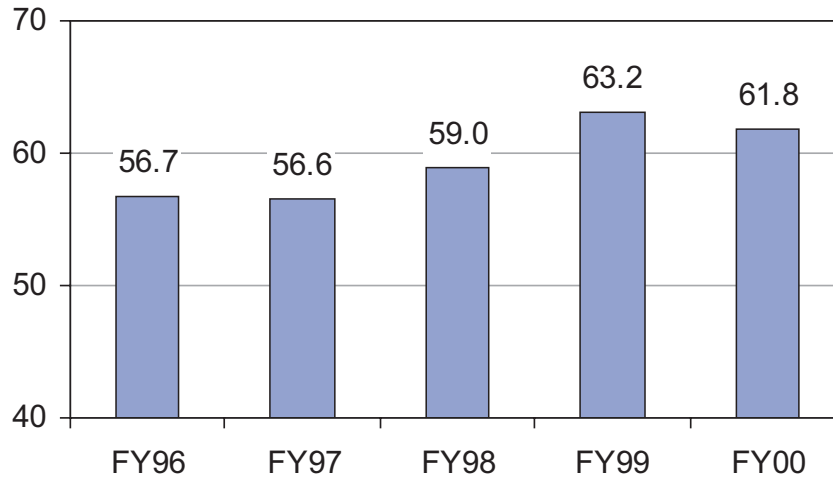
Average Contribution to Net Patient Revenue by the Top Five Commercial Payors*



* Includes Medicare and Medical Assistance funded managed care plans administered by commercial insurance and other payors.

FIGURE 11

Statewide Average Days in Accounts Receivable (*n=172 Hospitals*)



The statewide average of days in accounts receivable was derived from a sample of 172 hospitals. These 172 hospitals provided complete data and did not appear to experience any extraordinary increases or declines in patient accounts receivable over the five fiscal years between FY96 and FY00. Extraordinary changes in accounts receivable are typically caused by a change in organizational structure (e.g. merger or acquisition) or a change in billing practices.

Statewide patient accounts receivable grew 1.63% during FY00 because statewide NPR grew. However, the growth in accounts receivable was tempered by the decline in the average time patient bills remained in accounts receivable. If the average days in accounts receivable had remained at the FY99 level of 63.2 days, accounts receivable would have been 3.89% higher. Therefore, the FY00 statewide operating margin would have been lower if days in accounts receivable remained at the FY99 level.

Assuming it costs hospitals 6% to finance accounts receivable, the 1.4 day reduction caused the FY00 statewide average margin to be 0.02 points higher than it would have been if days in accounts receivable remained at 63.2 days. During FY00, statewide operating margin increased 1.20 points to 0.92%.

Uncompensated Care

Uncompensated care grew 8.0% to \$896 million during FY00.

Uncompensated Care Continues to Increase

Pennsylvania's GAC hospitals provided \$896 million of uncompensated care (bad debt and charity care) during FY00. This is equivalent to 5.06% of statewide NPR.

During FY99, statewide uncompensated care was equivalent to 4.88% of NPR. Consequently, the ratio of uncompensated care to NPR increased 3.6% during FY00.

The dollar value of uncompensated care in FY00 increased 8.0% or \$66 million over the FY99 level.

Figure 12 shows that uncompensated care increased by 24.9% or \$178 million over the past three fiscal years (FY97 - FY00).

How Uncompensated Care is Reported

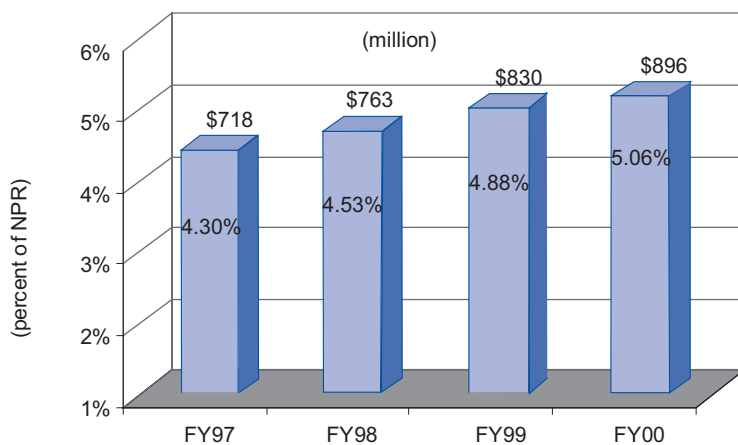
Hospitals provide *charity care* when they determine that the patient is unable to pay for services through insurance coverage or the patient's own resources.

Hospitals have varying procedures for determining a patient's ability to pay and different policies for granting charity care.

Bad debt occurs when a hospital expects the patient to pay, and later determines that all or a portion of the bill is uncollectible. This determination may occur months after treatment has ended.

Policies and procedures related to uncompensated care vary from hospital to hospital. What one hospital may record as a bad debt expense another hospital may categorize as charity care. Consequently, it is difficult to

FIGURE 12
Statewide Uncompensated Care



78% of uncompensated care was booked as bad debt expense.

make a distinction between charity care and bad debt expense on a statewide basis. Therefore, bad debt and charity care are reported together as uncompensated care.

Uncompensated care is presented on a foregone revenue (NPR) basis. The information presented in Figure 12 reflects the revenue hospitals would have received had they been reimbursed for services provided for free.

What is Included in Charity Care

All services and materials that are provided to the general public under an established fee are eligible to be included under charity care. Therefore, the cost of many public health programs is not included. Hospitals frequently report these activities separately.

Some hospitals report the difference between the reimbursement they receive from government-funded programs, such as Medical Assistance, and their customary fees or charges as a component of charity care. These differences are not included in the uncompensated care levels presented in this report. However, if a patient fails to pay a required co-payment, or receives care beyond the benefits provided by a third-party payor, these foregone revenues are eligible to be included in charity care.

While it is difficult to compare bad debt and charity care among individual hospitals, some observations can be made about how hospitals record bad debt and charity care.

Seventy-eight percent of uncompensated care was booked as a bad debt expense during FY00. This indicates that on a statewide basis, hospitals attempted to collect 78% of the fees that were ultimately determined to be uncompensated care.

Of the \$66 million net increase in statewide uncompensated care, \$62 million (95%) of the increase was booked as bad debt and \$4 million (5%) was provided as charity care. Consequently, the amount of uncompensated care booked as bad debt expenses grew faster than the amount recorded as charity care.

Effect on Hospital Income

By definition, uncompensated care has a direct effect on individual hospital income. A hospital that provides free care incurs the costs associated with that care while receiving no revenue. Consequently, for every dollar of uncompensated care that is provided, hospital income declines by one dollar.

The 0.18 point increase in the ratio of uncompensated care to NPR (from 4.88% in FY99 to 5.06% in FY00) had a significant effect on statewide hospital income. If uncompensated care had remained at the FY99 \$830 million level, the statewide operating margin would have been 1.27% instead of 0.92% and the total margin would have been 3.50% instead of 3.17%.

Relationship between Hospital Charges and Uncompensated Care

For most hospitals, a change in hospital charges can have an effect on the level of bad debt expenses.

If a patient does not have any medical insurance and the patient is not eligible for Medical Assistance or charity care, the patient is usually classified as “self-pay.” Self-pay patients are typically billed according to the hospital’s schedule of fees known as charges. The hospital may subsequently negotiate payment arrangements that may include a reduction in the established charges.

If the hospital is unable to collect all or part of a bill, then the outstanding amount will eventually be recorded as a bad debt expense.

Table 7 reveals that during FY00, the ratio of hospital charges for medical care to total operating expenses grew by 5.27% during FY00 and 11.92% from the end of FY97. On a statewide basis, charges are growing faster than expenses.

Since statewide charges are growing faster than statewide expenses, the portion of bad debt expenses that is based on charges is likely growing faster than the cost to provide the uncompensated care. Consequently, a portion of the growth in statewide uncompensated care can be attributed to the increase in hospital charges.

TABLE 7

Statewide Ratio of Net Patient Revenue (NPR) and Total Operating Expenses (TOE)

	FY97	FY98	FY99	FY00	% Change	
					1-Year (FY99-00)	3-Year (FY97-FY00)
Ratio of Charges to NPR	221.65%	230.61%	243.05%	253.14%	4.15%	14.21%
Ratio of Charges to TOE	215.26%	218.83%	228.84%	240.91%	5.27%	11.92%

Hospitals with a Negative 3-Year Average Total Margin

The total margin for a single year may not completely reflect the financial health of a hospital. There are numerous factors that can affect a single-year margin, including sudden changes in reimbursement levels from third-party payors, early retirement of obsolete plant and equipment, debt refinancing, and the restructuring of the operations of the hospital. Therefore, it is useful to observe the average total margin over a number of years.

For some hospitals, a negative 3-year average total margin may only indicate a cyclical downturn and may not indicate that the hospital's future solvency is in jeopardy. These hospitals may be able to make adjustments in their management to return to profitability. They may also have sufficient "available assets" to enable them to weather a period of losses before returning to a positive income.

Available assets are those that can be liquidated by the hospital or its board of directors to fund operating deficits. Many of the hospitals with negative 3-year average total margins have diverted funds earmarked for capital improvements to pay expenses not covered by hospital revenue.

A few hospitals may be able to function with persistent losses because they are part of a larger health system that can underwrite the losing hospital's operations. A losing hospital may be an important source of patients to a health system; losses incurred by one facility may at least be partially offset by the overall economic benefit to the entire system.

Unfortunately, there are a large number of hospitals where a negative 3-year average total margin indicates that the hospital is under financial stress and short-term solutions are necessary.

Tables 9, 10, and 11 contain profiles of the 70 hospitals that had 3-year average negative total margins during FY00 and/or FY99. The "Notes" presented in those tables provide some information on why the hospital's income levels have changed and, where possible, some insights on the future solvency of the hospital.

The information for these Notes was derived from each facility's audited financial statements and public information made available by the hospitals and their parent organizations.

Insights into the future solvency of a hospital or health system were provided in the Notes when it was clear from the available information that a hospital can only sustain current losses for a limited period of time or where there were sufficient available assets to make solvency not an issue.

Table 8 provides a short-term perspective on the status of hospitals that had negative 3-year average total margins during FY98 and/or FY99.

Of the 16 hospitals that had been acquired by for-profit corporations or merged under another non-profit hospital's license, all but five had positive total margins during FY00. Three of the eight hospitals acquired by the for-profit Tenet Healthcare Corporation, following bankruptcy, still had negative total margins and one of these was closed. However, the two hospitals with negative total margins that are still operating have realized sharp improvements in their total margins during the first 19 months following bankruptcy.

There were eight hospitals that established some form of affiliation agreement with another hospital or health system while still maintaining a separate license. Five of these hospitals still had negative total margins during FY00, one closed, and three have achieved total margins above 2%.

Thirty-eight (38) of the 63 hospitals presented on Table 8 have not undergone an organizational change as of the end of FY00. Sixty-three percent (63%) or 24 of these hospitals still experienced a negative total margin during FY00. Six may be on their way to recovery with total margins above 2%. The other six have low, but positive margins between 0% and 2%.

TABLE 8

Status of Hospitals with a Negative 3-Year Average Total Margin during FY98 and/or FY99

	Number of Facilities	Hospitals Closed	FY00 Total Margin ¹		
			Negative	0%-2%	Above 2%
Acquired by for-profit organization following bankruptcy	8	1	3	2	3
Acquired by for-profit corporation (no bankruptcy)	2	0	0	0	2
Merged with another facility or health system * ¹	6	0	2	0	4
Affiliated with another facility or health system *	8	1	5	0	3
No longer an operating licensed hospital	1	0	1	0	0
No change	38 ²	0	24	6	6
TOTAL	63	2	35	8	18

1 The FY00 total margin for hospitals that merged with another hospital or health system reflects the total margin for the surviving health system unless the merger occurred after FY00.

2 Two hospitals in the "No Change" category did not provide financial data for FY00.

* Definitions of "merged" and "affiliated" are presented on page 32.

TABLE 9

Hospitals 3-Year Average Total Margin Became Negative during FY00

Name/Region	3-yr. Avg. Total Margin FY98-FY00	Total Margin			NOTES
		FY00	FY99	FY98	
Berwick Hospital Center / 4	-1.95%	0.18%	-13.54%	3.67%	3/99 P Community Health Systems, Inc (CHS). The FY00 negative 3-yr average total margin is the result of the large FY99 losses. FY99 was only 9 months.
Brownsville General Hospital / 1	-3.12%	-8.80%	0.08%	-1.18%	The sharp decline in the FY00 total margin was primarily the result of a 10.1% decrease in operating revenue, led by a fall in the inpatient revenue. Operating expenses remained relatively constant. The hospital reports that it has initiated a multi-faceted program to improve performance and it is on target to achieve a "break-even" operating margin for FY01.
Clearfield Hospital / 2	-1.11%	-1.06%	-5.59%	2.83%	The improvement in the FY00 total margin was largely the result of reductions in personnel expenses, supplies, purchased services, and bad debt expense. Sufficient available assets make solvency not an issue.
Corry Memorial Hospital / 2	-2.84%	-6.57%	-4.43%	2.64%	The decline in the FY00 total margin was primarily caused by a \$0.6 million or 127% increase in bad debt expense. Part of the jump in bad debt expense was due to a one-time write-down. As a result of various initiatives, the hospital is on target for a positive operating margin in FY01.
Easton Hospital / 7	-0.52%	-1.21%	-0.74%	0.36%	The continued operating losses, coupled with forthcoming 2002 bond repayment requirements, bring the hospital's future solvency into question.
Frick Hospital / 1	-0.80%	-3.65%	-1.12%	2.24%	5/00 A with Westmoreland Health System to form "an integrated health delivery system." The hospital's available assets may only enable it to continue to absorb losses similar to FY00 for a few additional years.
Greene County Memorial Hospital / 1	-0.61%	-2.96%	-1.34%	2.54%	The hospital had a FY00 operating loss of -8.0%, which was offset by \$1.2 million in non-operating gains, mostly from realized gains on investments. The hospital's available assets may only enable it to continue to absorb losses similar to FY00 for a few additional years.
Hazleton General Hospital / 6	-2.58%	-3.15%	-7.60%	0.45%	The hospital changed its accounting year and the FY99 total margin reflects a 6-month period. The 6.8% growth in operating expenses between FY00 and FY98 outpaced the 3.3% growth in operating revenues. The growth in expenses was led by depreciation and bad debt expenses.
Hazleton Saint Joseph Medical Center / 6	-0.61%	-1.77%	-2.72%	2.68%	The -4.1% FY00 operating margin was a 0.3 point decline over FY99. The FY00 total margin improved primarily due the proceeds of a risk-sharing agreement with Hazleton General.
Hospital of the University of Pennsylvania / 9	-4.43%	-1.41%	-9.98%	-1.61%	The hospital experienced a 13.26 point improvement in its operating margin mainly as a result of a \$95.9 million or 14.43% reduction in operating expenses led by the allocation of corporate service expenses and lower salary and wage costs.
JC Blair Memorial Hospital / 5	-1.60%	-1.05%	-0.66%	-3.19%	The relatively modest losses coupled with ample available assets afford JC Blair an ample time period to improve operating income.

See Key to Tables 9, 10 and 11 on page 32

TABLE 9 CONTINUED

Hospitals 3-Year Average Total Margin Became Negative during FY00

Name/Region	3-yr. Avg. Total Margin FY98-FY00	Total Margin			NOTES
		FY00	FY99	FY98	
Lancaster General /Susquehanna Division / 5	-3.21%	-9.59%	-0.29%	2.04%	While operating revenues have grown almost 50% since FY97, operating expenses have grown faster, resulting in a -9.6% total margin. Since most available assets are held by the parent organization, Lancaster Health Alliance, losses are largely offset by transfers from its affiliate, Lancaster General Hospital, and the Alliance.
Lock Haven Hospital / 4	-0.47%	-3.77%	0.09%	2.29%	The decline in total margin is primarily the result of a 1.7% increase in operating expenses and a 2.1% decline in operating revenues. Third-party settlements for care provided in prior years yielded a boost in the FY99 total margin. Lock Haven does not have sufficient available assets to sustain losses similar to FY00 for an extended period of time.
Marian Community Hospital / 6	-1.54%	-2.50%	-1.34%	-0.69%	Despite a 6.4% increase in operating revenue during FY00, the hospital realized a 3.0% operating loss because operating expenses grew faster. Marian does not appear to have sufficient available assets to sustain losses similar to FY00 for an extended period of time.
Nazareth Hospital / 9	-2.62%	-9.87%	2.01%	0.02%	The large FY00 losses are primarily caused by a 10.3% growth in expenses against relatively flat revenues. The increase in expenses was led by a \$2.8 million or 145% growth in bad debt and a 7.6% increase in salaries and wages.
North Penn Hospital / 8	-2.77%	-6.58%	-4.32%	2.71%	An audited financial statement was not filed with the Council.
Penn State University Hospital /Hershey / 5	-0.68%	-6.09%	0.04%	3.84%	The hospital experienced a sharp drop in the FY00 operating margin largely as a result of a decline in the inpatient admissions and inpatient revenue.
Pottsville Hospital and Ware Clinic / 7	-0.12%	1.46%	-2.41%	0.51%	The 3.9 point improvement in total margin during FY00 was the result of the hospital's ability to keep expenses constant while experiencing a 4.1% growth in operating revenue.
Sacred Heart Hospital /Allentown / 7	-0.92%	-5.62%	0.68%	2.86%	Operating revenues rose 7.4% brought about by a 12.4% increase in net patient revenue. However, operating expenses grew by 14.2% during FY00, causing a 6.3 point decline in the total margin. The large growth in expenses was led by a 15.4% increase in salaries and wages and a 20% increase in "other expenses."
St Vincent Health Center / 2	-1.38%	-8.56%	1.38%	2.99%	Half of the center's FY00 losses were caused by \$6.1 million of severance and early retirement expenses. The other half was the result of a 2.3% decline in operating revenue and a 4.5% growth in operating expenses.
St Francis Hospital of New Castle / 2	-0.52%	-4.20%	-2.40%	4.57%	The FY00 deficit grew because operating revenues fell by 8.8% while operating expenses fell by 5.0%. Net patient revenue has fallen 7.8% since FY98. It does not appear that the hospital or its affiliates have available assets to sustain prolonged deficits.
St Mary Medical Center / 8	-1.56%	-4.03%	-0.79%	0.48%	While operating revenues grew by 6.5% during FY00, expenses grew by 9.3%. Most of the increase in the deficit can be attributed to a \$4.0 million increase in bad debt expenses. A portion of the jump in debt expenses was due to a one-time accounting change.
Temple University Children's Medical Center / 9	-16.53%	-2.60%	-19.30%	-95.62%	The center began operations in 1/98. The large initial deficit and the steadily improving margins are typical for a new facility.

See Key to Tables 9, 10 and 11 on page 32

TABLE 10

Hospitals 3-Year Average Total Margin Remained Negative during FY00

Name/Region	3-yr. Avg. Total Margin FY98-FY00	Total Margin			NOTES
		FY00	FY99	FY98	
Allegheny Valley Hospital / 1	-8.89%	-2.31%	-17.90%	-7.01%	8/99 A with the Healthcare Alliance of Western Pennsylvania. The sharp improvement in the FY00 total margin was largely the result of a 4.1% increase in operating revenue and a 6.3% reduction in expenses.
Bloomsburg Hospital / 4	-3.22%	-5.23%	-4.64%	0.17%	There were no significant changes in revenues or expenses during FY00. Solvency is not an immediate concern, but the hospital cannot weather losses at current levels for an extended period of time.
Brandywine Hospital / 8	-3.72%	-2.39%	-10.08%	0.85%	The improvement in FY00 total margin was primarily the result of a large growth in investment income and a 2.8% reduction in operating expenses.
Brookville Hospital / 2	-1.43%	-2.27%	-1.02%	-1.02%	Although losses are relatively small, the hospital does not have available assets to sustain losses for a long period of time.
Canonsburg General Hospital / 1	-8.59%	-1.04%	-11.55%	-14.07%	8/99 A with the Healthcare Alliance of Western Pennsylvania. The improvement in the FY00 total margin is largely the result of a 6.6% growth in operating revenue and a 0.1% reduction in expenses.
Chester County Hospital / 8	-0.99%	2.53%	-3.13%	-2.69%	The 6.1% growth in NPR and the 7.2% growth in operating revenue drove the 5.7 point improvement in total margin during FY00. Operating expenses were held to a 1.3% increase.
Chestnut Hill Hospital / 9	-1.13%	1.77%	-2.59%	-3.01%	The improvement in FY00 total margin was led by a 12.0% growth in net patient revenue. The growth in total operating expenses was held to 7.7%.
Citizens General Hospital / 1	-5.43%	-5.53%	-1.41%	-9.59%	11/00 C The FY00 operating losses actually declined because the 3.2% decline in operating expenses was greater than the 2.0% decline in operating revenue. The dramatic decline in the FY00 total margin was primarily caused by a \$2.4 million decline in investment income.
City Avenue Hospital / 9	-24.96%	-21.70%	-20.13%	-27.46%	5/00 C by Tenet Healthcare Corporation, a national for-profit owner/operator of healthcare facilities. The FY98 total margin and FY00 3-yr average total margin reflects the hospital's operations under AHERF, the former operator of the hospital. The FY00 total margin does not include extraordinary expenses associated with the closure of the facility.
Community Hospital of Lancaster / 5	-8.30%	9.07%	-17.69%	-3.84%	7/99 P by Health Management Associates, a national owner/operator of for-profit hospitals. The FY00 was less than a full year due to a change in the fiscal year.
Elkins Park Hospital / 8	-13.92%	-2.03%	-12.00%	-26.44%	11/98 P by Tenet Healthcare Corporation, a national for-profit owner/operator of healthcare facilities, following the bankruptcy of AHERF. The FY98 total margin reflects the hospital's operations immediately prior to bankruptcy under AHERF, the former operator of the hospital. The FY99 total margin encompasses less than seven months of operation under Tenet, immediately following the acquisition of the bankrupt facility.

See Key to Tables 9, 10 and 11 on page 32

TABLE 10 CONTINUED

Hospitals 3-Year Average Total Margin Remained Negative during FY00

Name/Region	3-yr. Avg. Total Margin FY98-FY00	Total Margin			NOTES
		FY00	FY99	FY98	
Forbes Regional Hospital / 1	-13.72%	-11.70%	-14.32%	-15.09%	8/99 A with the Healthcare Alliance of Western Pennsylvania.
Graduate Hospital / 9	-3.23%	4.81%	-3.76%	-8.63%	11/98 P by Tenet Healthcare Corporation. See Elkins Park Hospital. The hospital has made a strong recovery during FY00, its first full year after bankruptcy.
Hahnemann University Hospital / 9	-4.46%	2.55%	-2.14%	-11.86%	11/98 P by Tenet Healthcare Corporation. See Elkins Park Hospital. The hospital's after tax total margin has improved 4.7 points during FY00, its first full year after bankruptcy.
Highlands Hospital / 1	-5.47%	-11.85%	-2.07%	-3.01%	The hospital ended its affiliation with Frick Hospital on 5/00 as part of the Fay-West Health System, Inc. Highlands Hospital's available assets may only enable it to sustain current losses for a few additional years.
Jefferson Hospital / 1	-4.60%	-8.29%	-4.97%	-0.81%	Although Jefferson Hospital's total margin has declined steadily over the past few years, its parent, South Hills Health System, still had a positive total margin due to investment earnings. Sufficient available assets make solvency not an issue.
Jersey Shore / 4	-3.03%	-3.74%	-2.86%	-2.44%	Total margin continues to decline because for the past two years (FY99 and FY00) operating expenses have increased 8.5% and revenues have increased 7.2%. "Purchased services" and bad debt expense led the growth in expenses. The hospital's available assets may only enable it to sustain current losses for a few additional years.
Medical College of Pennsylvania / 9	-10.77%	0.77%	-10.12%	-21.19%	11/98 P by Tenet Healthcare Corporation. See Elkins Park Hospital. The hospital's after tax total margin has improved 10.9 points during FY00, its first full year after bankruptcy.
Mercy Community Hospital / 8	-8.24%	-15.99%	-11.86%	2.05%	Mercy Community is part of the Mercy Health System of Southeastern Pennsylvania (MHSSP). MHSSP had a FY00 (calendar year 1999) total margin of -0.6% before restructuring expense and a 7.5% loss after restructuring expenses. In 10/97 MHSSP joined Catholic Health East, which operates 32 hospitals and numerous other health facilities in 10 eastern states.
Mercy Providence Hospital / 1	-6.81%	-12.96%	-9.15%	0.30%	Mercy Providence is part of the Mercy Health System of Southeastern Pennsylvania (MHSSP). See Mercy Community Hospital, above.
Metro Health Center / 2	-9.16%	-8.13%	-9.59%	-9.62%	While the hospital reduced operating expenses 11.1% during FY00, revenue fell 11.5%. Given the persistent losses and limited available assets, the hospital needs to realize positive income in the near future to remain solvent.
Meyersdale Community Hospital / 3	-6.64%	-9.01%	-4.43%	-6.48%	As a stand-alone facility, the available assets reported by the hospital are not sufficient to enable it to continue to operate with losses similar to those realized during FY00. Meyersdale is affiliated with the Conemaugh Health System. The System, through the Memorial Medical Center, provided a cash advance to Meyersdale during FY99, but no infusions were reported for FY00.

See Key to Tables 9, 10 and 11 on page 32

TABLE 10 CONTINUED

Hospitals 3-Year Average Total Margin Remained Negative during FY00

Name/Region	3-yr. Avg. Total Margin FY98-FY00	Total Margin			NOTES
		FY00	FY99	FY98	
Mid-Valley Hospital / 6	-4.68%	-3.63%	-6.08%	-4.30%	Mid-Valley Hospital is operated by the Moses Taylor Foundation and it relies on the Foundation and affiliated organizations for financial support. As a result of its continuous losses and minimal available assets, the hospital could not operate as a stand-alone facility.
Miners Hospital of Northern Cambria / 3	-2.83%	-6.81%	-2.35%	1.09%	Operating revenue increased by 13.0% during FY00, including a 10.7% increase in NPR. Losses grew during FY00 due to a 17.2% growth in expenses led by depreciation and interest expenses associated with the construction of a new hospital. Contributions from Central Pennsylvania Health Services Corporation (parent of Altoona Hospital) resulting from an affiliation agreement helped preserve Miners' financial position.
Pennsylvania Hospital of the University of Pennsylvania / 9	-5.89%	-6.08%	-3.15%	-8.87%	Although the hospital made significant reductions in employee expenses and "supplies and expenses," the decline in the total margin was led by sharp increases in its allocation of corporate service expenses by its parent organization and bad debt expenses.
Phillipsburg Area Hospital / 4	-6.35%	-6.14%	0.82%	-14.39%	The FY00 loss was the result of a 15.6% decline in operating revenue and a 9.1% decrease in expenses. The hospital managed to decrease most expense categories but experienced a 51.6% growth in bad debt expense. The available assets reported by the hospital are not sufficient to enable the hospital to continue to sustain similar losses.
Roxborough Memorial Hospital / 9	-5.39%	-4.45%	-7.44%	-4.44%	The hospital's FY00 losses shrank because operating revenues grew 9.6% and expenses increased 6.5%. "Supplies and purchased services" and bad debt expense led the growth in expenses. The available assets of the hospital and its parent, the Roxborough Memorial Health Foundation may only enable it to sustain similar losses for a few more years.
St Christopher's Hospital / 9	-5.88%	2.29%	1.87%	-17.02%	11/98 P by Tenet Healthcare Corporation. See Elkins Park Hospital. The hospital was able to realize a positive after tax margin immediately after bankruptcy (FY98) and total margin continued to improve in FY99.
St Francis Medical Center / 1	-3.48%	-6.67%	-2.71%	-1.33%	Because the center's debt service coverage ratio fell below the minimum established in its Master Trust Indenture, it was required to hire a consultant to examine the operations of the center. In response to the consultant's recommendations, the center is implementing a plan in FY01 to reduce staffing and terminate certain services.
St Joseph Hospital /Lancaster / 5	-9.50%	24.32%	-45.17%	-9.82%	7/00 P by Health Management Associates (HMA). The large positive FY00 total margin is the result of a \$20.3 million non-operating gain associated with purchase of the hospital by HMA. The large negative FY99 total margin was largely the result of a \$20.4 million restructuring expense (depreciation adjustment) in preparation of the sale to HMA.
St Joseph's Hospital /Philadelphia / 9	-0.45%	0.09%	-5.36%	3.35%	The hospital's parent organization, the North Philadelphia Health System, reports that it has implemented a management plan for FY01 that will, <i>inter alia</i> , improve rates paid by managed care payors, reduce certain expenses, improve collections and reduce accounts receivable.
St Luke's Quakertown Hospital / 8	-7.22%	-8.90%	-7.28%	-5.40%	Despite the hospital's history of losses, the available assets and income realized by its parent, St Luke's Health Network, and its affiliate hospital(s), St. Luke's Hospital of Bethlehem, make solvency not an issue.

See Key to Tables 9, 10 and 11 on page 32

TABLE 10 CONTINUED

Hospitals 3-Year Average Total Margin Remained Negative during FY00

Name/Region	3-yr. Avg. Total Margin FY98-FY00	Total Margin			NOTES
		FY00	FY99	FY98	
Suburban General Hospital / 1	-3.46%	0.04%	-3.20%	-7.54%	Income in FY00 improved because the 7.0% increase in operating revenue outpaced the 3.6% growth in expenses. The hospital reduced personnel expenses during FY00, but saw increases in "supplies and purchased services," depreciation and bad debt expenses. The hospital also incurred a one-time charge of \$447,000 associated with debt restructuring expenses.
Sunbury Community Hospital / 4	-3.55%	0.47%	-10.17%	-1.56%	Large improvement in the FY00 total margin was primarily the result of 14.2% increase in net patient revenue. Operating expenses only grew 3.6%.
Temple East / 9	-1.11%	-1.21%	0.64%	-5.05%	Without a \$5.6 million retroactive Medicare Disproportionate Share payment received in FY00 for FY94 through FY99, the FY00 total margin would have been -9.0%. The large potential loss was the result of 17.6% growth in operating expenses led by a \$4.3 million asset impairment (depreciation adjustment) and an increase in nursing agency expenses and supply costs.
Temple Lower Bucks / 8	-2.31%	-1.83%	-3.69%	-1.41%	The small improvement in the FY00 total margin was primarily the result of the 8.5% growth in operating revenue, which outpaced the 6.4% increase in expenses.
Troy Community Hospital / 6	-8.67%	-8.12%	-12.02%	-6.01%	The hospital relies on transfers from its parent organization, the Guthrie Healthcare System, to remain solvent. The \$2.2 million transfer from Guthrie during FY00 was equal to about 26% of Troy's total operating revenue.
Union City Memorial Hospital / 2	-3.13%	-6.32%	-2.49%	-0.68%	Although the hospital's available assets will not enable it to continue to sustain losses at the FY00 level, Union City is a member of the Saint Vincent Health System.
UPMC, Beaver Valley / 1	-16.84%	-52.58%	-6.65%	3.73%	The large increase in the FY00 loss was primarily the result of a \$12.5 million increase in depreciation expense and a 17.1% decline in operating revenue. The large depreciation expense was posted to make corrections to the book value of assets in preparation of the transfer of the ownership of the hospital to Woodland Health Resources, Inc (WHRI) during 2001. WHRI is a non-profit community group serving the Aliquippa area.
Warminster Hospital / 8	-9.93%	0.64%	1.29%	-26.59%	11/98 P by Tenet Healthcare Corporation. See Elkins Park Hospital.
Wayne Memorial Hospital / 6	-0.55%	2.64%	-1.32%	-3.57%	The improvement in the FY00 total margin was largely the result of an 8.2% increase in operating revenue, led by a 10.5% increase in NPR. In comparison, operating expenses grew by 5.3% during the fiscal year.
WVHCS-Hospital / 6	-5.61%	-7.00%	-10.77%	0.62%	While operating expenses were reduced by 7.1% during FY00, operating revenue and NPR declined by 3.9% and 4.5%, respectively. It appears that the hospital's available assets will only enable it to sustain losses at current levels for a few more years.

See Key to Tables 9, 10 and 11 on page 32

TABLE 11

Hospitals 3-Year Average Was Negative during FY99 and Became Positive in FY00

Name/Region	3-yr. Avg. Total Margin FY98-FY00	Total Margin			NOTES
		FY00	FY99	FY98	
Delaware Valley Medical Center / 8	10.02%	6.44%	-32.88%	-11.83%	12/98 C11B and M into the Frankford Hospital 3/99. The 3-yr average total margin and the FY00 total margin are those of Frankford Hospital.
Elk County Regional Medical Center / 2	3.95%	2.24%	-23.99%	-19.33%	7/99 M with the St Mary's Regional Health System to form the Elk Regional Health Center. The 3-yr average total margin and the FY00 total margin reflect the new Health Center.
Germantown Hospital & Community Services / 9	9.16%	10.71%	-7.80%	-1.12%	7/99 M into the Albert Einstein Medical Center (AEMC). Inpatient and skilled nursing care were discontinued at the Germantown campus. Germantown now provides emergency room, outpatient and long-term care services. The 3-yr average total margin and the FY00 total margin are those of AEMC.
Magee-Women's Hospital of the UPMC Health System / 1	2.90%	8.52%	0.14%	-0.53%	4/99 A with the UPMC Health System. Magee-Women's FY00 operating margin was only 0.34%. The big boost in the total margin came from non-operating gains, principally investment income.
UPMC, McKeesport / 1	1.26%	6.76%	5.27%	-8.53%	The hospital had small negative 3-yr. average total margins at the end of FY98 and FY99 because of a large loss in FY98. The hospital continues to experience strong income levels as a result of steadily increasing revenues and a large reduction in staffing costs and professional fees during FY99.

KEY TO TABLES 9, 10 and 11

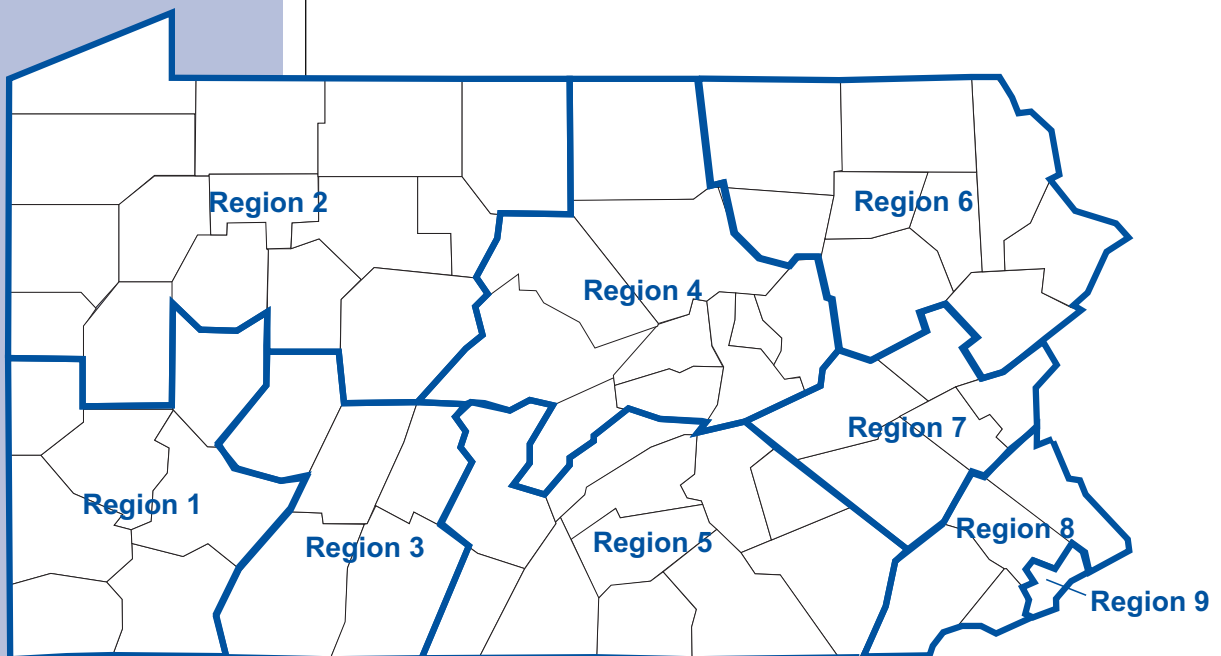
- A** Affiliated with another non-profit hospital or health system and still operating under a separate license.
- C** The facility closed.
- M** Merged with another non-profit hospital or health system. No longer operating under a separate license and no longer providing individual financial data to the Council.
- NA** Not applicable.
- P** Purchased by a for-profit corporation and still operates under a separate license.
- C11B** Hospital filed for Chapter 11 bankruptcy.

Individual Hospital Data

The following tables provide hospital-specific financial data for the 194 general acute care hospitals covered in this report. The hospitals have been arranged by the Council's nine regions.

Included in these tables are the FY00 Operating and Total Margins for each individual hospital. The corresponding Operating Income and Total Income expressed in dollars, as well as each hospital's Total Operating Revenue, can be found on the Council's Web site at www.phc4.org. (Comparing Net Patient Revenue to Total Operating Expenses will not result in these dollar figures.)

Averages for all of the hospitals in the region are presented in the first row of each table. The regional averages that are expressed as a percentage (e.g., "3-Yr. Average Change in NPR" and "Operating Margin") are calculated as if the entire region were a single reporting entity. For example, the regional average operating margins are calculated by adding the operating income and the operating revenue for all hospitals in the region. The regional total operating income is divided by the regional total operating revenue to yield a regional average operating margin.



Hospital	Net Patient Revenue NPR (million)				3-yr. Avg. Change in NPR FY97-FY00	Total Operating Expenses TOE (million)				3-yr. Avg. Change in TOE FY97-FY00
	FY00	FY99	FY98	FY97		FY00	FY99	FY98	FY97	
REGION 1 AVERAGE	\$106	\$107	\$106	\$104	0.66%	\$114	\$114	\$114	\$109	1.47%
Allegheny General ^{5,6}	\$400	\$440	\$450	\$441	-3.12%	\$438	\$481	\$543	\$466	-1.97%
Allegheny Valley ⁵	\$69	\$66	\$68	\$76	-2.93%	\$72	\$80	\$83	\$71	0.71%
Armstrong County Memorial ⁵	\$54	\$51	\$48	\$46	5.44%	\$53	\$51	\$49	\$47	4.15%
Brownsville General ⁵	\$18	\$20	\$20	\$21	-4.02%	\$20	\$21	\$21	\$21	-0.81%
Butler Memorial ⁵	\$83	\$76	\$69	\$67	8.02%	\$81	\$75	\$68	\$70	5.42%
Canonsburg ^{5,6}	\$32	\$30	\$28	\$27	5.01%	\$34	\$34	\$33	\$28	6.16%
Children's Hosp /Pittsburgh	\$175	\$169	\$161	\$142	7.91%	\$208	\$197	\$191	\$188	3.45%
Citizens General ^{5,11,13,14}	\$38	\$39	\$39	\$39	-0.71%	\$44	\$45	\$46	\$43	1.01%
Forbes Regional ⁵	\$92	\$94	\$97	\$99	-2.64%	\$108	\$116	\$113	\$99	2.94%
Frick ⁵	\$40	\$40	\$41	\$42	-1.76%	\$42	\$42	\$42	\$41	0.67%
Greene County Memorial ⁵	\$22	\$23	\$22	\$23	-1.69%	\$26	\$26	\$24	\$24	2.69%
Highlands ⁵	\$17	\$19	\$18	\$18	-1.97%	\$19	\$20	\$19	\$20	-0.64%
Jeannette Memorial ⁵	\$35	\$36	\$35	\$37	-1.71%	\$39	\$37	\$36	\$37	1.87%
Jefferson ⁵	\$120	\$124	\$129	\$127	-1.66%	\$136	\$136	\$136	\$131	1.37%
Latrobe Area ^{5,6}	\$97	\$104	\$107	\$99	-0.53%	\$100	\$105	\$103	\$95	1.74%
Magee-Womens ^{13,14}	\$133	\$121	\$111	\$110	6.99%	\$141	\$145	\$136	\$135	1.40%
Medical Center/Beaver ⁵	\$136	\$143	\$144	\$142	-1.39%	\$149	\$146	\$147	\$146	0.80%
Mercy/Pittsburgh ^{1,5}	\$200	\$215	\$214	\$211	-1.72%	\$214	\$228	\$220	\$220	-0.84%
Mercy/Providence ^{1,5}	\$23	\$25	\$28	\$29	-7.59%	\$26	\$28	\$28	\$32	-5.98%
Monongahela Valley ⁵	\$76	\$77	\$76	\$72	2.09%	\$77	\$77	\$75	\$72	2.44%
Monsour ¹²	NR	\$20	\$22	\$23	NR	NR	\$24	\$24	\$26	NR
Ohio Valley General ⁵	\$39	\$39	\$42	\$41	-1.60%	\$45	\$43	\$43	\$43	1.34%
Sewickley Valley ⁵	\$78	\$81	\$82	\$86	-3.09%	\$87	\$88	\$89	\$89	-0.91%
St Clair Memorial ⁵	\$98	\$95	\$91	\$90	2.79%	\$104	\$100	\$94	\$90	5.31%
St Francis Central ^{11,12}	NR	\$38	\$41	\$39	NR	NR	\$46	\$43	\$39	NR
St Francis Medical Center ⁵	\$146	\$157	\$168	\$169	-4.57%	\$191	\$193	\$202	\$193	-0.32%
Suburban Gen/Pittsburgh ^{5,6}	\$28	\$27	\$27	\$28	-0.48%	\$31	\$30	\$31	\$31	0.85%
Uniontown ⁵	\$71	\$72	\$73	\$73	-0.77%	\$69	\$71	\$73	\$72	-1.27%
UPMC Beaver Valley ^{5,14}	\$30	\$36	\$34	\$34	-3.92%	\$51	\$42	\$37	\$39	9.67%
UPMC Braddock ^{5,14}	\$40	\$41	\$40	\$37	2.47%	\$40	\$42	\$40	\$40	0.14%
UPMC McKeesport ^{5,14}	\$75	\$72	\$71	\$79	-1.59%	\$73	\$72	\$81	\$80	-2.95%
UPMC Passavant ⁵	\$98	\$90	\$83	\$80	7.69%	\$95	\$87	\$81	\$79	6.72%
UPMC Presbyterian ^{5,14}	\$707	\$709	\$661	\$658	2.49%	\$710	\$691	\$690	\$675	1.75%
UPMC Shadyside ^{5,14}	\$238	\$234	\$214	\$206	5.22%	\$247	\$227	\$216	\$210	5.93%
UPMC South Side ^{5,14}	\$38	\$37	\$40	\$37	0.41%	\$38	\$37	\$37	\$36	2.32%
UPMC St Margaret ⁵	\$84	\$83	\$80	\$82	0.76%	\$87	\$86	\$83	\$87	0.10%
Washington ⁵	\$135	\$131	\$131	\$132	0.63%	\$142	\$135	\$136	\$128	3.73%
Western Pennsylvania ^{5,6}	\$214	\$210	\$209	\$207	1.19%	\$221	\$218	\$217	\$209	1.97%
Westmoreland Regional ⁵	\$109	\$106	\$104	\$103	1.83%	\$107	\$107	\$102	\$100	2.48%

See footnotes on page 48.

Hospital	Operating Margin FY00 *	Total Margin FY00 *	3-yr. Average Total Margin FY98-FY00	Uncompensated Care to NPR FY00	Medicare Share of NPR FY00	Medical Assistance Share of NPR FY00
REGION 1 AVERAGE	0.07%	2.50%	3.07%	3.55%	50.16%	7.47%
Allegheny General ^{5,6}	-1.69%	-3.02%	-7.58%	4.75%	45.42%	6.55%
Allegheny Valley ⁵	-2.31%	-2.31%	-8.89%	3.51%	56.30%	4.06%
Armstrong County Memorial ⁵	2.12%	3.98%	3.49%	4.31%	47.67%	6.52%
Brownsville General ⁵	-10.63%	-8.80%	-3.12%	3.18%	72.29%	5.85%
Butler Memorial ⁵	4.60%	7.75%	7.65%	3.42%	NR	NR
Canonsburg ^{5,6}	-1.04%	-1.04%	-8.59%	3.78%	51.69%	1.98%
Children's Hosp /Pittsburgh	3.54%	4.98%	4.29%	2.64%	0.41%	28.01%
Citizens General ^{5,11,13,14}	-12.60%	-5.53%	-5.43%	3.83%	NR	NR
Forbes Regional ⁵	-11.70%	-11.70%	-13.72%	5.73%	51.77%	3.06%
Frick ⁵	-5.15%	-3.65%	-0.80%	5.64%	62.73%	9.12%
Greene County Memorial ⁵	-8.01%	-2.96%	-0.61%	6.67%	60.79%	5.61%
Highlands ⁵	-13.18%	-11.85%	-5.47%	6.33%	53.45%	21.87%
Jeannette Memorial ⁵	-8.30%	-0.70%	5.39%	2.87%	56.59%	5.71%
Jefferson ⁵	-8.77%	-8.29%	-4.60%	2.78%	65.86%	5.19%
Latrobe Area ^{5,6}	0.69%	-1.82%	5.56%	5.42%	48.54%	7.06%
Magee-Womens ^{13,14}	0.34%	8.52%	2.90%	NR	NR	NR
Medical Center/Beaver ⁵	-6.91%	-1.64%	4.10%	4.13%	52.58%	3.96%
Mercy/Pittsburgh ^{1,5}	-0.09%	-0.09%	0.27%	6.89%	58.98%	7.10%
Mercy/Providence ^{1,5}	-12.96%	-12.96%	-6.81%	10.61%	62.21%	15.41%
Monongahela Valley ⁵	1.00%	4.27%	5.03%	2.94%	67.50%	7.80%
Monsour ¹²	NR	NR	NR	NR	NR	NR
Ohio Valley General ⁵	-5.64%	10.64%	6.49%	3.33%	58.75%	2.85%
Sewickley Valley ⁵	1.29%	4.90%	7.81%	3.16%	46.78%	2.46%
St Clair Memorial ⁵	0.92%	3.90%	3.75%	3.47%	NR	NR
St Francis Central ^{11,12}	NR	NR	NR	NR	NR	NR
St Francis Medical Center ⁵	-13.54%	-6.67%	-3.48%	6.03%	NR	11.62%
Suburban Gen/Pittsburgh ^{5,6}	0.04%	0.04%	-3.46%	3.26%	72.93%	2.24%
Uniontown ⁵	5.28%	7.96%	6.38%	4.54%	59.36%	10.87%
UPMC Beaver Valley ^{5,14}	-55.33%	-52.58%	-16.84%	-2.64%	NR	NR
UPMC Braddock ^{5,14}	1.42%	1.42%	2.00%	8.30%	NR	NR
UPMC McKeesport ^{5,14}	5.14%	6.76%	1.26%	4.67%	NR	NR
UPMC Passavant ⁵	7.32%	7.32%	6.69%	2.04%	54.68%	0.96%
UPMC Presbyterian ^{5,14}	8.34%	9.98%	10.17%	3.50%	NR	NR
UPMC Shadyside ^{5,14}	-0.29%	8.55%	10.57%	4.35%	NR	NR
UPMC South Side ^{5,14}	4.86%	7.62%	10.70%	6.36%	NR	NR
UPMC St Margaret ⁵	2.26%	6.02%	7.08%	1.92%	65.36%	1.54%
Washington ⁵	-1.17%	2.03%	3.07%	3.05%	51.04%	7.60%
Western Pennsylvania ^{5,6}	1.67%	1.67%	2.68%	3.18%	48.18%	7.74%
Westmoreland Regional ⁵	3.95%	7.88%	7.99%	3.83%	54.52%	4.08%

See footnotes on page 48.

*Check Web site for dollar figures.

Hospital	Net Patient Revenue NPR (million)				3-yr. Avg. Change in NPR FY97-FY00	Total Operating Expenses TOE (million)				3-yr. Avg. Change in TOE FY97-FY00
	FY00	FY99	FY98	FY97		FY00	FY99	FY98	FY97	
REGION 2 AVERAGE	\$45	\$42	\$43	\$42	2.49%	\$47	\$44	\$44	\$42	3.80%
Bradford Regional ⁵	\$43	\$42	\$41	\$40	2.13%	\$46	\$45	\$43	\$43	2.51%
Brookville	\$21	\$21	\$21	\$21	-0.63%	\$22	\$21	\$22	\$22	0.25%
Charles Cole Memorial ⁵	\$37	\$36	\$34	\$29	9.50%	\$39	\$37	\$34	\$29	11.72%
Clarion ^{5, 14}	\$29	\$29	\$27	\$26	3.80%	\$31	\$30	\$27	\$26	6.48%
Clearfield ⁵	\$42	\$41	\$46	\$46	-3.32%	\$44	\$45	\$47	\$45	-0.75%
Corry Memorial ⁵	\$15	\$14	\$14	\$12	5.60%	\$16	\$15	\$14	\$13	8.36%
DuBois Regional ⁵	\$84	\$78	\$75	\$69	7.07%	\$82	\$75	\$72	\$67	7.49%
Elk Regional ^{5, 8}	\$41	\$34	\$33	\$31	10.47%	\$41	\$34	\$31	\$30	13.20%
Ellwood City ⁵	\$23	\$23	\$21	\$22	2.72%	\$26	\$25	\$23	\$22	6.25%
Hamot ⁵	\$151	\$142	\$140	\$140	2.57%	\$155	\$144	\$143	\$138	4.14%
Jameson Memorial ^{5, 14}	\$60	\$57	\$59	\$59	0.59%	\$63	\$62	\$63	\$64	-0.56%
Kane Community	\$10	\$9	\$10	\$9	5.34%	\$10	\$9	\$9	\$9	6.66%
Meadville ⁵	\$65	\$64	\$65	\$64	0.28%	\$67	\$68	\$68	\$64	1.29%
Metro Health Center ^{5, 14}	\$15	\$18	\$18	\$19	-5.96%	\$18	\$20	\$21	\$20	-3.62%
Millcreek Community	\$22	\$21	\$22	\$22	-0.09%	\$21	\$20	\$20	\$19	2.35%
Northwest ⁵	\$60	\$60	\$60	\$63	-1.80%	\$61	\$62	\$62	\$63	-1.09%
Punxsutawney Area	\$20	\$19	\$19	\$19	2.35%	\$21	\$20	\$19	\$18	6.08%
Sharon Regional ⁵	\$85	\$79	\$72	\$71	6.62%	\$88	\$81	\$74	\$70	8.97%
St Francis/Cranberry ^{3, 5}	\$19	\$11	NA	NA	NA	\$22	\$13	NA	NA	NA
St Francis New Castle ⁵	\$33	\$34	\$35	\$32	0.25%	\$37	\$38	\$37	\$34	2.16%
St Vincent ^{5, 6}	\$143	\$148	\$142	\$143	0.00%	\$155	\$148	\$142	\$144	2.53%
Titusville Area ⁵	\$22	\$22	\$21	\$20	2.90%	\$22	\$21	\$21	\$21	1.88%
Union City Memorial	\$5	\$5	\$5	\$5	0.17%	\$5	\$5	\$5	\$5	1.78%
United Community ⁵	\$27	\$26	\$26	\$25	2.11%	\$26	\$25	\$25	\$25	1.30%
UPMC Horizon ^{5, 14}	\$76	\$69	\$70	\$71	2.45%	\$74	\$72	\$70	\$71	1.40%
Warren General ⁵	\$33	\$34	\$32	\$29	5.11%	\$36	\$35	\$33	\$31	4.90%

See footnotes on page 48.

Hospital	Operating Margin FY00 *	Total Margin FY00 *	3-yr. Average Total Margin FY98-FY00	Uncompensated Care to NPR FY00	Medicare Share of NPR FY00	Medical Assistance Share of NPR FY00
REGION 2 AVERAGE	-0.72%	0.83%	3.13%	3.04%	47.19%	8.28%
Bradford Regional ⁵	-3.99%	1.01%	0.67%	1.46%	40.53%	14.69%
Brookville	-4.55%	-2.27%	-1.43%	2.99%	52.36%	3.70%
Charles Cole Memorial ⁵	-1.78%	0.39%	2.62%	2.75%	29.76%	16.04%
Clarion ^{5, 14}	-2.88%	0.28%	3.45%	3.22%	NR	NR
Clearfield ⁵	-1.06%	-1.06%	-1.11%	3.34%	53.07%	5.53%
Corry Memorial ⁵	-6.32%	-6.57%	-2.84%	7.62%	44.10%	6.44%
DuBois Regional ⁵	3.48%	7.23%	7.55%	1.90%	43.91%	8.43%
Elk Regional ^{5, 8}	0.59%	2.24%	3.95%	4.73%	NR	NR
Ellwood City ⁵	-6.20%	1.10%	5.80%	2.74%	62.73%	2.14%
Hamot ⁵	0.56%	0.90%	1.60%	2.26%	45.52%	8.12%
Jameson Memorial ^{5, 14}	0.39%	1.97%	1.56%	2.81%	NR	NR
Kane Community	2.73%	3.52%	4.29%	2.77%	53.54%	3.28%
Meadville ⁵	0.39%	1.92%	0.94%	2.81%	48.11%	9.96%
Metro Health Center ^{5, 14}	-10.78%	-8.13%	-9.16%	7.66%	NR	NR
Millcreek Community	10.87%	18.94%	17.61%	9.01%	49.23%	16.11%
Northwest ⁵	0.26%	2.28%	0.80%	4.27%	50.80%	5.14%
Punxsutawney Area	-1.22%	0.02%	1.33%	5.93%	48.15%	8.82%
Sharon Regional ⁵	2.36%	4.37%	5.20%	3.04%	49.53%	8.40%
St Francis/Cranberry ^{3, 5}	-15.09%	-15.09%	NA	7.29%	NR	NR
St Francis New Castle ⁵	-6.61%	-4.20%	-0.52%	7.10%	45.45%	18.56%
St Vincent ^{5, 6}	-4.49%	-8.56%	-1.38%	3.72%	47.69%	6.01%
Titusville Area ⁵	1.70%	2.88%	2.23%	4.57%	51.57%	10.25%
Union City Memorial	-8.40%	-6.32%	-3.13%	5.72%	NR	NR
United Community ⁵	5.15%	9.77%	9.28%	4.07%	48.01%	5.04%
UPMC Horizon ^{5, 14}	3.57%	4.71%	2.48%	3.63%	NR	NR
Warren General ⁵	-4.80%	2.30%	2.01%	5.53%	46.80%	3.11%

See footnotes on page 48.

* Check Web site for dollar figures.

Hospital	Net Patient Revenue NPR (million)				3-yr. Avg. Change in NPR FY97-FY00	Total Operating Expenses TOE (million)				3-yr. Avg. Change in TOE FY97-FY00
	FY00	FY99	FY98	FY97		FY00	FY99	FY98	FY97	
REGION 3 AVERAGE	\$51	\$50	\$49	\$46	1.02%	\$54	\$53	\$51	\$46	2.59%
Altoona ^{5, 14}	\$139	\$134	\$128	\$127	3.10%	\$144	\$135	\$128	\$125	5.04%
Bon Secours Holy Family ^{1, 5}	\$53	\$54	\$38	NA	NA	\$55	\$55	\$39	NA	NA
Conemaugh Valley Memorial ^{5, 9}	\$167	\$168	\$182	\$161	1.10%	\$183	\$190	\$198	\$163	4.23%
Indiana ⁵	\$56	\$55	\$55	\$53	1.68%	\$57	\$56	\$53	\$52	3.06%
Meyersdale Community	\$5	\$5	\$5	\$4	5.27%	\$6	\$6	\$5	\$5	4.64%
Miners Northern Cambria	\$11	\$10	\$10	\$11	1.62%	\$14	\$12	\$12	\$11	7.66%
Nason	\$14	\$14	\$15	\$14	-0.56%	\$16	\$15	\$15	\$14	4.75%
Somerset Ctr for Health ⁵	\$39	\$38	\$36	\$36	2.64%	\$38	\$37	\$36	\$35	3.42%
Tyrone ¹⁴	\$11	\$9	\$10	\$10	1.12%	\$10	\$10	\$10	\$10	0.64%
UPMC Bedford	\$23	\$20	\$20	\$19	6.83%	\$21	\$20	\$20	\$18	4.94%
UPMC Lee Regional ^{5, 14}	\$79	\$74	\$72	\$72	3.39%	\$80	\$78	\$75	\$73	3.53%
Windber ⁵	\$17	\$18	\$18	\$17	1.55%	\$21	\$20	\$19	\$16	10.62%

Hospital	Net Patient Revenue NPR (million)				3-yr. Avg. Change in NPR FY97-FY00	Total Operating Expenses TOE (million)				3-yr. Avg. Change in TOE FY97-FY00
	FY00	FY99	FY98	FY97		FY00	FY99	FY98	FY97	
REGION 4 AVERAGE	\$47	\$44	\$43	\$44	0.04%	\$48	\$46	\$46	\$44	0.34%
Berwick ^{3, 5, 10}	\$26	\$19	\$30	\$30	-4.13%	\$26	\$23	\$30	\$28	-2.22%
Bloomsburg ^{13, 14}	\$25	\$25	\$25	\$26	-1.23%	\$28	\$27	\$27	\$26	1.75%
Bucktail ⁵	\$3	\$3	\$3	\$3	0.77%	\$4	\$3	\$3	\$3	1.43%
Centre Community ⁵	\$60	\$61	\$64	\$61	-0.79%	\$61	\$60	\$61	\$59	1.46%
Evangelical Community ⁵	\$63	\$54	\$50	\$45	13.11%	\$59	\$53	\$48	\$44	11.03%
Geisinger/Danville ⁵	\$254	\$229	\$220	\$234	2.81%	\$260	\$250	\$250	\$241	2.72%
Jersey Shore ¹⁴	\$13	\$12	\$12	\$12	3.44%	\$14	\$13	\$13	\$12	6.05%
Lewistown ⁵	\$49	\$46	\$47	\$49	0.00%	\$46	\$46	\$46	\$47	-0.61%
Lock Haven ⁵	\$23	\$23	\$22	\$23	-0.43%	\$25	\$24	\$23	\$23	2.60%
Muncy Valley ⁵	\$18	\$18	\$17	\$16	3.08%	\$18	\$18	\$18	\$17	2.20%
Philipsburg Area	\$12	\$14	\$13	\$15	-6.53%	\$13	\$14	\$15	\$15	-4.74%
Shamokin Area Community ⁵	\$16	\$15	\$15	\$14	2.97%	\$16	\$16	\$14	\$14	4.29%
Soldiers & Sailors ⁵	\$25	\$24	\$23	\$22	4.15%	\$25	\$24	\$24	\$22	4.04%
Sunbury Community ⁵	\$24	\$21	\$21	\$22	3.24%	\$26	\$25	\$23	\$23	4.92%
Williamsport ⁵	\$99	\$94	\$88	\$87	4.24%	\$96	\$91	\$86	\$85	4.15%

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Hospital	Operating Margin FY00 *	Total Margin FY00 *	3-yr. Average Total Margin FY98-FY00	Uncompensated Care to NPR FY00	Medicare Share of NPR FY00	Medical Assistance Share of NPR FY00
REGION 3 AVERAGE	-1.36%	4.85%	5.51%	3.08%	50.12%	6.98%
Altoona ^{5, 14}	-0.66%	2.34%	7.02%	2.82%	NR	NR
Bon Secours Holy Family ^{1, 5}	0.23%	0.84%	2.09%	3.88%	50.72%	6.54%
Conemaugh Valley Memorial ^{5, 9}	-5.58%	8.21%	4.16%	4.93%	51.85%	6.43%
Indiana ⁵	0.15%	9.67%	10.41%	4.43%	51.28%	6.75%
Meyersdale Community	-11.12%	-9.01%	-6.64%	5.02%	43.76%	6.63%
Miners Northern Cambria	-8.19%	-6.81%	-2.83%	5.26%	NR	NR
Nason	-1.49%	0.64%	3.62%	3.05%	45.27%	3.42%
Somerset Ctr for Health ⁵	3.70%	5.81%	5.34%	3.39%	44.77%	11.06%
Tyrone ¹⁴	5.15%	8.69%	6.30%	6.85%	NR	NR
UPMC Bedford	8.11%	10.19%	5.47%	3.04%	40.44%	8.96%
UPMC Lee Regional ^{5, 14}	0.77%	2.86%	1.90%	1.43%	NR	NR
Windber ⁵	-4.64%	-1.50%	0.61%	3.20%	58.36%	5.69%

Hospital	Operating Margin FY00 *	Total Margin FY00 *	3-yr. Average Total Margin FY98-FY00	Uncompensated Care to NPR FY00	Medicare Share of NPR FY00	Medical Assistance Share of NPR FY00
REGION 4 AVERAGE	5.04%	5.94%	3.41%	3.71%	39.93%	7.08%
Berwick ^{3, 5, 10}	0.31%	0.18%	-1.95%	3.83%	40.41%	4.16%
Bloomsburg ^{13, 14}	-8.09%	-5.23%	-3.22%	NR	NR	NR
Bucktail ⁵	0.11%	0.11%	1.13%	2.18%	23.60%	55.91%
Centre Community ⁵	-0.84%	2.11%	6.24%	4.91%	38.77%	3.66%
Evangelical Community ⁵	12.38%	13.29%	11.97%	2.29%	33.90%	2.31%
Geisinger/Danville ⁵	8.81%	8.81%	3.12%	2.51%	38.84%	6.40%
Jersey Shore ¹⁴	-4.11%	-3.74%	-3.03%	4.63%	25.34%	0.49%
Lewistown ⁵	6.58%	9.76%	7.60%	4.83%	50.37%	6.68%
Lock Haven ⁵	-4.84%	-3.77%	-0.47%	2.39%	38.66%	20.20%
Muncy Valley ⁵	5.76%	7.50%	4.28%	2.97%	28.46%	27.39%
Philipsburg Area	-7.01%	-6.14%	-6.35%	12.81%	25.07%	8.39%
Shamokin Area Community ⁵	3.18%	3.88%	5.03%	4.81%	54.70%	5.61%
Soldiers & Sailors ⁵	3.22%	4.57%	3.44%	5.44%	39.69%	11.28%
Sunbury Community ⁵	-0.88%	0.47%	-3.55%	7.05%	51.14%	11.13%
Williamsport ⁵	4.12%	4.79%	2.07%	3.98%	43.77%	5.43%

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* Check Web site for dollar figures.

Hospital	Net Patient Revenue NPR (million)				3-yr. Avg. Change in NPR FY97-FY00	Total Operating Expenses TOE (million)				3-yr. Avg. Change in TOE FY97-FY00
	FY00	FY99	FY98	FY97		FY00	FY99	FY98	FY97	
REGION 5 AVERAGE	\$109	\$103	\$95	\$90	5.04%	\$112	\$107	\$95	\$89	6.33%
Carlisle ⁵	\$62	\$56	\$57	\$55	4.77%	\$64	\$60	\$58	\$54	5.87%
Chambersburg ⁵	\$103	\$96	\$92	\$82	8.68%	\$101	\$94	\$85	\$78	10.12%
Community/Lancaster ^{1, 2, 5, 10}	\$9	\$36	\$39	\$40	NA	\$8	\$42	\$42	\$41	NA
Ephrata Community ⁵	\$70	\$56	\$49	\$47	17.02%	\$71	\$55	\$47	\$43	21.58%
Fulton County ⁵	\$15	\$15	\$13	\$12	9.76%	\$15	\$14	\$13	\$12	8.60%
Gettysburg ⁵	\$46	\$42	\$40	\$38	6.78%	\$45	\$43	\$40	\$37	6.88%
Good Samaritan/Lebanon ⁵	\$83	\$80	\$78	\$76	3.21%	\$83	\$80	\$75	\$68	7.71%
Hanover General	\$59	\$57	\$53	\$50	5.89%	\$57	\$53	\$51	\$50	4.54%
Holy Spirit ⁵	\$105	\$96	\$92	\$91	5.08%	\$107	\$96	\$93	\$88	7.31%
J C Blair Memorial ⁵	\$28	\$27	\$25	\$26	2.65%	\$30	\$29	\$29	\$27	3.79%
Lancaster General ⁵	\$252	\$230	\$217	\$207	7.21%	\$262	\$238	\$223	\$210	8.32%
Lancaster Gen/Susquehanna ^{5, 14}	\$12	\$10	\$9	\$8	16.98%	\$13	\$10	\$9	\$8	21.33%
Memorial/York ⁵	\$48	\$45	\$45	\$46	1.65%	\$48	\$46	\$45	\$46	1.19%
Penn State/Hershey ^{5, 9}	\$299	\$311	\$309	\$264	4.40%	\$338	\$335	\$316	\$274	7.85%
Pinnacle Health ^{5, 9}	\$360	\$340	\$288	\$286	8.64%	\$365	\$340	\$293	\$287	9.06%
St Joseph/Lancaster ^{5, 6}	\$72	\$69	\$75	\$72	0.21%	\$76	\$101	\$81	\$73	1.42%
Waynesboro ¹⁴	\$30	\$28	\$26	\$25	6.72%	\$31	\$29	\$27	\$25	7.86%
York ⁵	\$285	\$266	\$247	\$234	7.22%	\$272	\$259	\$233	\$219	8.15%

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Hospital	Operating Margin FY00 *	Total Margin FY00 *	3-yr. Average Total Margin FY98-FY00	Uncompensated Care to NPR FY00	Medicare Share of NPR FY00	Medical Assistance Share of NPR FY00
REGION 5 AVERAGE	1.47%	4.82%	4.48%	2.87%	39.69%	5.77%
Carlisle ⁵	2.17%	2.17%	0.81%	5.58%	42.71%	2.30%
Chambersburg ⁵	2.53%	10.15%	11.42%	8.08%	42.02%	5.85%
Community/Lancaster ^{1, 2, 5, 10}	14.28%	9.07%	-8.30%	2.44%	50.59%	5.40%
Ephrata Community ⁵	2.15%	1.55%	4.17%	3.33%	24.15%	2.62%
Fulton County ⁵	1.60%	1.60%	2.49%	5.92%	29.20%	19.93%
Gettysburg ⁵	3.41%	7.62%	5.51%	4.17%	45.73%	6.79%
Good Samaritan/Lebanon ⁵	2.82%	3.95%	5.23%	5.81%	49.39%	4.03%
Hanover General	4.61%	9.90%	8.89%	3.92%	37.09%	0.99%
Holy Spirit ⁵	1.56%	9.27%	7.74%	3.59%	46.10%	3.79%
J C Blair Memorial ⁵	-3.83%	-1.05%	-1.60%	3.80%	39.30%	12.40%
Lancaster General ⁵	3.11%	3.87%	4.55%	1.76%	44.20%	5.08%
Lancaster Gen/Susquehanna ^{5, 14}	-9.59%	-9.59%	-3.21%	14.66%	NR	NR
Memorial/York ⁵	2.20%	2.67%	1.60%	5.40%	47.86%	5.24%
Penn State/Hershey ^{5, 9}	-5.88%	-6.09%	-0.68%	3.31%	31.01%	8.66%
Pinnacle Health ^{5, 9}	1.31%	4.17%	5.20%	4.87%	41.08%	6.16%
St Joseph/Lancaster ^{5, 6}	-3.20%	24.32%	-9.50%	5.63%	47.21%	4.91%
Waynesboro ¹⁴	-3.05%	8.16%	4.25%	5.00%	43.83%	2.08%
York ⁵	7.07%	11.14%	10.73%	4.97%	36.30%	5.76%

See footnotes on page 48.

* Check Web site for dollar figures.

Hospital	Net Patient Revenue NPR (million)				3-yr. Avg. Change in NPR FY97-FY00	Total Operating Expenses TOE (million)				3-yr. Avg. Change in TOE FY97-FY00
	FY00	FY99	FY98	FY97		FY00	FY99	FY98	FY97	
REGION 6 AVERAGE	\$55	\$53	\$52	\$51	2.45%	\$59	\$58	\$54	\$52	4.65%
Barnes-Kasson ^{1,5}	\$12	\$12	\$11	\$11	3.17%	\$13	\$13	\$13	\$12	3.29%
Community/Scranton ⁵	\$119	\$107	\$99	\$93	9.34%	\$121	\$110	\$101	\$94	9.92%
Geisinger/Wyoming Valley ⁵	\$54	\$51	\$54	\$53	0.37%	\$56	\$55	\$55	\$52	2.75%
Hazleton General ^{1,3,5}	\$37	\$18	\$37	\$36	1.39%	\$40	\$20	\$37	\$35	4.23%
Hazleton Saint Joseph ^{1,5}	\$36	\$35	\$35	\$35	0.81%	\$38	\$38	\$35	\$35	3.16%
Marian Community ⁵	\$28	\$27	\$26	\$26	2.71%	\$30	\$28	\$27	\$26	4.79%
Memorial/Towanda ^{5,14}	\$21	\$20	\$19	\$17	8.84%	\$21	\$20	\$18	\$17	9.11%
Mercy/Scranton ^{1,5}	\$102	\$106	\$107	\$106	-1.27%	\$102	\$112	\$102	\$101	0.36%
Mercy/Wilkes-Barre ⁵	\$70	\$65	\$59	\$56	8.43%	\$71	\$67	\$57	\$55	9.77%
Mid-Valley	\$10	\$10	\$10	\$10	0.09%	\$10	\$11	\$11	\$10	1.13%
Montrose General ¹	\$7	\$7	\$6	NA	NA	\$8	\$7	\$6	NA	NA
Moses Taylor ⁵	\$70	\$64	\$63	\$66	2.20%	\$77	\$69	\$64	\$64	6.44%
Pocono ⁵	\$82	\$78	\$75	\$74	3.63%	\$84	\$79	\$75	\$74	4.64%
Robert Packer ⁵	\$113	\$106	\$99	\$99	4.85%	\$127	\$116	\$106	\$106	6.51%
Troy Community ¹⁴	\$8	\$8	\$9	\$9	-2.75%	\$9	\$10	\$10	\$10	-1.60%
Tyler Memorial	\$17	\$16	\$16	\$16	2.74%	\$16	\$17	\$17	\$16	0.36%
Wayne Memorial ^{5,14}	\$38	\$34	\$31	\$30	8.51%	\$40	\$38	\$35	\$32	7.78%
WVHCS-Hospital ⁵	\$168	\$176	\$186	\$183	-2.72%	\$206	\$222	\$208	\$194	2.06%

Hospital	Net Patient Revenue NPR (million)				3-yr. Avg. Change in NPR FY97-FY00	Total Operating Expenses TOE (million)				3-yr. Avg. Change in TOE FY97-FY00
	FY00	FY99	FY98	FY97		FY00	FY99	FY98	FY97	
REGION 7 AVERAGE	\$104	\$100	\$100	\$91	2.09%	\$108	\$104	\$101	\$91	3.39%
Ashland Regional ^{5,14}	\$18	\$18	\$18	\$19	-1.76%	\$20	\$18	\$18	\$17	4.90%
Easton ⁵	\$107	\$114	\$115	\$115	-2.37%	\$121	\$123	\$122	\$117	1.13%
Gnaden Huetten Memorial ⁵	\$35	\$33	\$32	\$31	4.13%	\$34	\$33	\$32	\$31	3.26%
Good Samaritan Regional	\$48	\$48	\$49	\$49	-1.04%	\$50	\$52	\$52	\$49	0.42%
Lehigh Valley ⁵	\$309	\$304	\$309	\$303	0.71%	\$329	\$326	\$331	\$308	2.19%
Miners Memorial ^{5,9}	\$27	\$26	\$27	\$23	6.21%	\$26	\$24	\$23	\$26	0.26%
Muhlenberg ^{5,9}	\$45	\$51	\$51	\$49	-2.40%	\$55	\$53	\$52	\$51	2.16%
Palmerton	\$21	\$19	\$19	\$18	5.66%	\$22	\$20	\$19	\$18	6.95%
Pottsville/Warne Clinic ⁵	\$48	\$46	\$45	\$45	2.52%	\$49	\$49	\$48	\$46	2.63%
Reading ⁵	\$274	\$252	\$239	\$235	5.52%	\$265	\$246	\$226	\$212	8.32%
Sacred Heart/Allentown ⁵	\$84	\$74	\$68	\$68	7.79%	\$93	\$81	\$72	\$70	10.81%
St Joseph/Reading ⁵	\$101	\$94	\$101	\$89	4.63%	\$100	\$100	\$98	\$87	5.04%
St Luke's/Bethlehem ^{5,14}	\$235	\$217	\$221	\$206	4.64%	\$237	\$223	\$221	\$207	4.83%

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Hospital	Operating Margin FY00 *	Total Margin FY00 *	3-yr. Average Total Margin FY98-FY00	Uncompensated Care to NPR FY00	Medicare Share of NPR FY00	Medical Assistance Share of NPR FY00
REGION 6 AVERAGE	-1.29%	1.27%	3.17%	3.70%	48.12%	5.37%
Barnes-Kasson ^{1,5}	0.77%	0.77%	0.03%	5.51%	42.57%	23.21%
Community/Scranton ⁵	1.79%	4.86%	8.00%	4.10%	37.81%	6.95%
Geisinger/Wyoming Valley ⁵	9.04%	9.32%	8.47%	1.96%	43.31%	2.19%
Hazleton General ^{1,3,5}	-4.25%	-3.15%	-2.58%	5.25%	60.12%	6.29%
Hazleton Saint Joseph ^{1,5}	-4.06%	-1.77%	-0.61%	4.05%	49.21%	4.33%
Marian Community ⁵	-2.96%	-2.50%	-1.54%	3.87%	52.45%	5.88%
Memorial/Towanda ^{5,14}	1.98%	2.86%	3.43%	5.21%	NR	NR
Mercy/Scranton ^{1,5}	1.59%	3.87%	4.45%	3.73%	51.21%	5.28%
Mercy/Wilkes-Barre ⁵	1.59%	1.75%	1.80%	4.09%	44.32%	7.61%
Mid-Valley	-3.71%	-3.63%	-4.68%	3.57%	61.70%	1.49%
Montrose General ¹	0.51%	0.51%	1.29%	6.31%	43.48%	9.99%
Moses Taylor ⁵	-2.85%	-2.16%	0.31%	1.98%	57.93%	4.39%
Pocono ⁵	0.45%	0.76%	2.21%	4.73%	48.49%	5.29%
Robert Packer ⁵	0.79%	8.05%	8.74%	3.26%	47.47%	4.19%
Troy Community ¹⁴	-8.46%	-8.12%	-8.67%	2.18%	NR	NR
Tyler Memorial	8.48%	8.62%	3.05%	4.12%	40.46%	5.89%
Wayne Memorial ^{5,14}	0.83%	2.64%	-0.55%	4.95%	53.69%	8.12%
WVHCS-Hospital ⁵	-11.27%	-7.00%	-5.61%	2.80%	47.30%	2.96%

Hospital	Operating Margin FY00 *	Total Margin FY00 *	3-yr. Average Total Margin FY98-FY00	Uncompensated Care to NPR FY00	Medicare Share of NPR FY00	Medical Assistance Share of NPR FY00
REGION 7 AVERAGE	0.82%	2.82%	4.60%	3.25%	43.89%	5.97%
Ashland Regional ^{5,14}	-3.78%	-3.30%	1.60%	2.81%	NR	NR
Easton ⁵	-3.70%	-1.21%	-0.52%	5.05%	54.58%	5.66%
Gnaden Huetten Memorial ⁵	2.49%	3.40%	3.68%	2.89%	35.88%	17.09%
Good Samaritan Regional	-0.05%	4.63%	3.73%	3.61%	46.66%	2.77%
Lehigh Valley ⁵	-0.11%	2.27%	2.96%	2.71%	40.86%	6.65%
Miners Memorial ^{5,9}	3.98%	4.08%	8.94%	3.30%	50.07%	11.23%
Muhlenberg ^{5,9}	-15.87%	-4.45%	7.62%	2.99%	40.77%	3.81%
Palmerton	-0.77%	6.00%	6.94%	4.50%	57.71%	1.80%
Pottsville/Warne Clinic ⁵	1.46%	1.46%	-0.12%	3.87%	NR	NR
Reading ⁵	6.97%	8.31%	8.55%	4.35%	38.25%	2.61%
Sacred Heart/Allentown ⁵	-5.62%	-5.62%	-0.92%	3.91%	55.07%	6.86%
St Joseph/Reading ⁵	2.17%	3.34%	1.76%	8.68%	46.20%	10.70%
St Luke's/Bethlehem ^{5,14}	1.98%	3.26%	3.65%	3.89%	NR	NR

See footnotes on page 48. * Check Web site for dollar figures.

Hospital	Net Patient Revenue NPR (million)				3-yr. Avg. Change in NPR FY97-FY00	Total Operating Expenses TOE (million)				3-yr. Avg. Change in TOE FY97-FY00
	FY00	FY99	FY98	FY97		FY00	FY99	FY98	FY97	
REGION 8 AVERAGE	\$96	\$84	\$86	\$82	2.66%	\$101	\$89	\$91	\$84	3.98%
Abington Memorial ⁵	\$288	\$262	\$241	\$235	7.46%	\$324	\$300	\$278	\$240	11.69%
Brandywine ⁵	\$61	\$63	\$68	\$65	-1.75%	\$71	\$73	\$71	\$66	2.46%
Chester County ⁵	\$87	\$82	\$79	\$76	4.86%	\$92	\$91	\$87	\$81	4.65%
Crozer-Chester ⁵	\$360	\$328	\$292	\$263	12.30%	\$363	\$330	\$298	\$267	11.97%
Delaware County Memorial ⁵	\$104	\$98	\$101	\$97	2.44%	\$105	\$100	\$100	\$98	2.46%
Doylestown ⁵	\$86	\$77	\$77	\$77	4.24%	\$94	\$85	\$81	\$78	6.69%
Elkins Park ^{1, 3, 5, 10, 13}	\$46	\$25	\$48	\$57	NA	\$49	\$28	\$57	\$59	NA
Grand View ⁵	\$77	\$73	\$71	\$70	3.72%	\$82	\$75	\$72	\$69	5.79%
Holy Redeemer ^{5, 7}	\$112	\$103	\$99	\$86	10.15%	\$112	\$106	\$103	\$84	10.83%
Main Line/Bryn Mawr ⁵	\$154	\$141	\$136	\$139	3.69%	\$160	\$151	\$149	\$140	4.79%
Main Line/Lankenau ⁵	\$166	\$166	\$166	\$156	2.11%	\$169	\$161	\$168	\$163	1.10%
Main Line/Paoli ⁵	\$62	\$59	\$56	\$52	6.68%	\$62	\$60	\$56	\$52	6.26%
Mercy/Community ^{1, 5}	\$25	\$26	\$27	\$26	-2.04%	\$30	\$28	\$28	\$27	4.19%
Mercy/Fitzgerald ^{1, 5}	\$121	\$122	\$122	\$118	0.69%	\$128	\$127	\$123	\$120	2.24%
Mercy/Suburban ^{1, 5}	\$53	NR	\$44	\$45	5.83%	\$55	NR	\$46	\$45	7.07%
Montgomery ^{5, 14}	\$71	\$76	\$79	\$78	-2.79%	\$78	\$79	\$81	\$79	-0.27%
North Penn ^{5, 6}	\$43	\$40	\$42	\$40	3.13%	\$47	\$43	\$43	\$39	6.58%
Phoenixville ^{5, 6}	\$57	\$48	\$48	\$47	7.02%	\$57	\$50	\$45	\$44	9.52%
Pottstown Memorial ⁵	\$72	\$75	\$75	\$79	-2.73%	\$77	\$78	\$75	\$73	1.78%
Riddle Memorial ⁵	\$75	\$71	\$67	\$65	5.34%	\$76	\$72	\$67	\$65	5.53%
Southern Chester County ¹²	NR	\$24	\$24	\$25	NR	NR	\$30	\$31	\$27	NR
St Luke's/Quakertown ^{5, 14}	\$21	\$19	\$20	\$20	1.97%	\$24	\$22	\$22	\$21	3.59%
St Mary Medical Center ^{5, 6}	\$115	\$106	\$96	\$95	6.98%	\$120	\$109	\$98	\$93	9.34%
Temple Lower Bucks ⁵	\$71	\$66	\$66	\$63	4.62%	\$78	\$74	\$73	\$68	4.98%
Warminster ^{1, 3, 5, 10, 13}	\$45	\$23	\$44	\$50	NA	\$46	\$23	\$52	\$48	NA

See footnotes on page 48.

Hospital	Operating Margin FY00 *	Total Margin FY00 *	3-yr. Average Total Margin FY98-FY00	Uncompensated Care to NPR FY00	Medicare Share of NPR FY00	Medical Assistance Share of NPR FY00
REGION 8 AVERAGE	1.00%	3.34%	3.42%	4.04%	46.90%	4.96%
Abington Memorial ⁵	1.27%	7.04%	5.47%	4.36%	42.31%	2.95%
Brandywine ⁵	-2.39%	-2.39%	-3.72%	9.63%	36.39%	7.36%
Chester County ⁵	2.53%	2.53%	-0.99%	5.06%	33.76%	5.13%
Crozer-Chester ⁵	1.95%	1.95%	1.95%	7.96%	43.88%	10.58%
Delaware County Memorial ⁵	1.10%	1.10%	2.15%	7.38%	49.26%	4.81%
Doylestown ⁵	3.03%	3.08%	2.71%	3.56%	47.93%	2.80%
Elkins Park ^{1, 3, 5, 10, 13}	-3.28%	-2.03%	NA	8.66%	49.39%	6.23%
Grand View ⁵	0.09%	11.88%	11.55%	3.79%	47.72%	2.16%
Holy Redeemer ^{5, 7}	2.87%	8.22%	4.79%	2.03%	55.60%	1.40%
Main Line/Bryn Mawr ⁵	3.20%	6.33%	4.49%	1.27%	50.28%	2.17%
Main Line/Lankenau ⁵	6.73%	11.38%	20.53%	2.36%	55.24%	3.11%
Main Line/Paoli ⁵	4.13%	6.31%	6.75%	2.79%	39.06%	1.81%
Mercy/Community ^{1, 5}	-16.03%	-15.99%	-8.24%	11.70%	64.76%	4.01%
Mercy/Fitzgerald ^{1, 5}	0.63%	0.66%	2.56%	5.99%	53.35%	11.29%
Mercy/Suburban ^{1, 5}	-1.65%	8.55%	NR	6.68%	48.52%	6.92%
Montgomery ^{5, 14}	0.03%	0.03%	1.08%	5.37%	NR	NR
North Penn ^{5, 6}	-3.33%	-6.58%	-2.77%	4.51%	42.56%	0.00%
Phoenixville ^{5, 6}	5.21%	4.79%	3.93%	4.19%	43.74%	2.66%
Pottstown Memorial ⁵	-4.09%	-3.18%	1.16%	4.72%	49.95%	5.13%
Riddle Memorial ⁵	4.14%	5.79%	5.31%	3.87%	48.22%	2.60%
Southern Chester County ¹²	NR	NR	NR	NR	NR	NR
St Luke's/Quakertown ^{5, 14}	-8.46%	-8.90%	-7.22%	8.20%	NR	NR
St Mary Medical Center ^{5, 6}	-3.45%	-4.03%	-1.56%	6.90%	49.14%	1.47%
Temple Lower Bucks ⁵	-2.65%	-1.83%	-2.31%	4.77%	49.22%	8.11%
Warminster ^{1, 3, 5, 10, 13}	1.04%	0.64%	NA	10.50%	38.56%	3.61%

See footnotes on page 48.

* Check Web site for dollar figures.

Hospital	Net Patient Revenue NPR (million)				3-yr. Avg. Change in NPR FY97-FY00	Total Operating Expenses TOE (million)				3-yr. Avg. Change in TOE FY97-FY00
	FY00	FY99	FY98	FY97		FY00	FY99	FY98	FY97	
REGION 9 AVERAGE	\$156	\$133	\$140	\$146	2.25%	\$164	\$147	\$151	\$156	1.81%
Albert Einstein ^{5, 8}	\$311	\$254	\$246	\$239	10.15%	\$309	\$259	\$252	\$248	8.23%
Chestnut Hill ⁵	\$70	\$63	\$60	\$58	6.92%	\$73	\$68	\$65	\$60	7.42%
Children's/Philadelphia	\$414	\$338	\$300	\$274	17.10%	\$462	\$387	\$338	\$298	18.36%
City Avenue ^{1, 3, 6, 10, 11, 13}	\$37	\$28	\$102	\$100	NA	\$51	\$34	\$130	\$127	NA
Episcopal ^{11, 13, 14}	NR	\$76	\$82	\$91	NR	NR	\$86	\$101	\$136	NR
Frankford ^{5, 9}	\$237	\$198	\$178	\$171	12.98%	\$234	\$188	\$173	\$169	12.70%
Graduate ^{1, 3, 10, 13}	\$126	\$72	\$178	\$151	NA	\$121	\$78	\$202	\$206	NA
Hahnemann University ^{1, 3, 5, 10, 13}	\$265	\$134	\$290	\$315	NA	\$267	\$143	\$315	\$334	NA
Fox Chase Cancer ¹¹	\$79	\$68	\$64	\$58	11.51%	\$77	\$66	\$62	\$57	11.21%
Hosp of the Univ of PA ^{5, 6}	\$609	\$613	\$603	\$585	1.38%	\$665	\$761	\$668	\$587	4.38%
Jeanes ⁵	\$75	\$73	\$75	\$76	-0.27%	\$79	\$75	\$75	\$78	0.71%
JFK Memorial ^{11, 12}	NR	NR	\$28	\$37	NR	NR	NR	\$32	\$41	NR
Kensington	\$4	NR	NR	\$5	-4.42%	\$5	NR	NR	\$5	-3.20%
Medical College of PA ^{1, 3, 5, 10, 13}	\$153	\$76	\$180	\$213	NA	\$166	\$89	\$210	\$218	NA
Mercy/Philadelphia ^{1, 5}	\$75	\$75	\$75	\$77	-0.70%	\$82	\$79	\$80	\$84	-0.48%
Nazareth ^{5, 6}	\$68	\$67	\$68	\$71	-1.25%	\$74	\$67	\$68	\$70	1.78%
Parkview ^{1, 3, 5, 10, 13}	\$49	\$26	NA	NA	NA	\$52	\$28	NA	NA	NA
Pennsylvania ^{5, 6}	\$204	\$197	\$160	\$236	-4.48%	\$230	\$220	\$202	\$278	-5.76%
Presbyterian ^{5, 6}	\$194	\$156	\$141	\$152	9.30%	\$189	\$175	\$151	\$154	7.54%
Roxborough Memorial ⁵	\$42	\$38	\$40	\$41	0.88%	\$46	\$43	\$44	\$45	0.96%
St Agnes ^{5, 6}	\$57	\$50	\$61	\$55	0.98%	\$61	\$55	\$55	\$57	2.69%
St Christopher's Children ^{1, 3, 10, 13}	\$112	\$59	\$120	\$132	NA	\$113	\$61	\$134	\$140	NA
St Joseph's/Phila	\$43	\$37	\$39	\$42	1.10%	\$46	\$41	\$42	\$42	2.63%
Temple East ^{9, 13, 14}	\$71	\$64	\$24	\$27	53.68%	\$79	\$67	\$26	\$27	65.84%
Temple Children's ³	\$29	\$20	\$4	NA	NA	\$31	\$25	\$9	NA	NA
Temple University ^{3, 5}	\$336	\$280	\$270	\$265	8.97%	\$340	\$298	\$279	\$267	9.10%
Thomas Jefferson Univ ^{5, 6, 14}	\$578	\$550	\$512	\$455	9.07%	\$591	\$556	\$515	\$461	9.48%
Wills Eye ¹⁴	\$55	\$68	\$66	\$60	-2.84%	\$73	\$72	\$68	\$62	6.08%

See footnotes on page 48.

Hospital	Operating Margin FY00 *	Total Margin FY00 *	3-yr. Average Total Margin FY98-FY00	Uncompensated Care to NPR FY00	Medicare Share of NPR FY00	Medical Assistance Share of NPR FY00
REGION 9 AVERAGE	2.06%	3.45%	-0.41%	5.85%	37.86%	16.55%
Albert Einstein ^{5,8}	6.70%	10.71%	9.16%	4.22%	50.95%	23.17%
Chestnut Hill ⁵	0.16%	1.77%	-1.13%	2.35%	51.69%	5.07%
Children's/Philadelphia	4.77%	6.00%	5.11%	8.58%	0.21%	22.82%
City Avenue ^{1, 3, 6, 10, 11, 13}	-35.00%	-21.70%	NA	15.82%	47.76%	33.05%
Episcopal ^{11, 13, 14}	NR	NR	NR	NR	NR	NR
Frankford ^{5,9}	6.03%	6.44%	10.02%	6.70%	52.65%	7.86%
Graduate ^{1, 3, 10, 13}	7.76%	4.81%	NA	10.72%	45.83%	12.43%
Hahnemann University ^{1, 3, 5, 10, 13}	4.11%	2.55%	NA	11.97%	43.51%	15.72%
Fox Chase Cancer ¹¹	2.90%	6.47%	8.13%	4.20%	37.16%	0.90%
Hosp of the Univ of PA ^{5, 6}	0.51%	-1.41%	-4.43%	7.88%	34.00%	13.32%
Jeanes ⁵	3.49%	3.49%	7.73%	1.72%	56.09%	3.36%
JFK Memorial ^{11, 12}	NR	NR	NR	NR	NR	NR
Kensington	-3.30%	-1.87%	NR	1.30%	5.90%	61.53%
Medical College of PA ^{1, 3, 5, 10, 13}	1.25%	0.77%	NA	14.08%	35.14%	13.84%
Mercy/Philadelphia ^{1, 5}	-0.99%	0.22%	3.61%	9.55%	52.45%	28.20%
Nazareth ^{5, 6}	-8.32%	-9.87%	-2.62%	7.24%	73.62%	3.72%
Parkview ^{1, 3, 5, 10, 13}	-3.95%	-2.45%	NA	11.97%	49.10%	7.95%
Pennsylvania ^{5, 6}	-4.55%	-6.08%	-5.89%	9.57%	37.77%	10.40%
Presbyterian ^{5, 6}	9.07%	8.72%	2.41%	7.25%	43.60%	12.50%
Roxborough Memorial ⁵	-4.45%	-4.45%	-5.39%	6.71%	65.25%	5.28%
St Agnes ^{5, 6}	-1.81%	-2.18%	2.92%	7.26%	70.08%	10.90%
St Christopher's Children ^{1, 3, 10, 13}	3.69%	2.29%	NA	14.07%	0.68%	45.04%
St Joseph's/Phila	0.09%	0.09%	-0.45%	14.57%	29.53%	63.87%
Temple East ^{9, 13, 14}	-9.04%	-1.21%	-1.11%	10.03%	NR	NR
Temple Children's ³	-2.60%	-2.60%	-16.53%	5.39%	0.00%	69.37%
Temple University ^{3, 5}	4.35%	12.32%	6.78%	3.72%	40.48%	27.21%
Thomas Jefferson Univ ^{5, 6, 14}	2.82%	4.34%	4.52%	4.86%	41.88%	9.03%
Wills Eye ¹⁴	-15.83%	-3.81%	6.24%	7.51%	NR	NR

See footnotes on page 48.

* Check Web site for dollar figures.

Footnotes

1. The end of the fiscal year is other than June 30. The data reflect the fiscal year that ended prior to June 30.
2. FY00 includes less than 12 months of data; therefore, a three-year comparison is not appropriate for some of the measures.
3. Prior year reflects less than twelve months of data; therefore, a three-year comparison is not appropriate for some of the measures.
4. This facility began operating during this reporting year. Typically, total operating expenses are high compared to operating revenue during the start-up period.
5. The hospital has specialty units such as psychiatric, rehabilitation, long-term care, skilled nursing facilities, home health agency, etc., which are included in the data presented for the facility.
6. Extraordinary item(s) reported on audited financial statement was included in the calculation of total margin.
7. Balance sheet ratios are for the parent organization.
8. Acquired or merged with another licensed hospital during the 2000 reporting period.
9. Acquired or merged with another licensed hospital during the 1998 or 1999 reporting periods.
10. For-profit facility; total margin includes *pro rata* share of taxes, other gains and/or expenses experienced by the parent organization.
11. Facility has a different name or closed after the 2000 fiscal year reporting period.
12. Facility failed to submit both an audited financial statement and the Council's financial form.
13. Not in compliance with one of the Council's financial filing requirements.
14. Incomplete data submission.

NR – Information necessary to report or calculate this measure was not provided by the hospital.

NA – Not applicable.

Hospitals with Fiscal Year End other than 6/30/00

<u>Hospital</u>	<u>Fiscal Year End</u>
Barnes-Kasson Hospital	9/30/99
Bon Secours Holy Family Regional Health System	8/31/99
City Avenue Hospital	5/31/00
Community Hospital of Lancaster	9/30/99
Elkins Park Hospital	5/31/00
Graduate Hospital	5/31/00
Hahnemann University Hospital	5/31/00
Hazleton General Hospital	12/31/99
Hazleton Saint Joseph Medical Center	12/31/99
Medical College of PA	5/31/00
Mercy Community Hospital	12/31/99
Mercy Fitzgerald Hospital	12/31/99
Mercy Hospital /Scranton	12/31/99
Mercy Hospital /Wilkes Barre	12/31/99
Mercy Hospital of Philadelphia	12/31/99
Mercy Hospital of Pittsburgh	12/31/99
Mercy Providence Hospital	12/31/99
Mercy Suburban Hospital	12/31/99
Montrose General Hospital	12/31/99
Parkview Hospital	5/31/00
St Christopher's Hospital for Children	5/31/00
Warminster Hospital	5/31/00

Explanation of Terms

NOTE: Utilization data include subunits of a hospital such as skilled nursing, long-term care, rehabilitation and psychiatric. Utilization excludes routine newborn care. The mother and routine newborn child are presented as a single patient.

Commercial Third-Party Payor: Commercial insurers encompass all indemnity and managed care health insurance plans, including Blue Cross and Blue Shield plans, and hospital and healthcare system plans. Does not include government-funded programs.

Discharges: The total inpatient discharges that occurred during the fiscal year.

Net Patient Revenue (NPR): Net patient revenue reflects revenue for patient care only and does not include revenue from other operations such as the cafeteria, parking, rent, research and educational activities. Revenue from those operations is included in total operating revenue. NPR may include retroactive adjustments from third-party payors for care provided during a different fiscal year.

Other Third-party Payor: Third-party payors other than health insurance companies and managed care organizations. These include direct payments by employers or associations, auto insurance, workers compensation, and government programs (other than Medicare and Medical Assistance).

Operating Income: The amount by which total operating revenue exceeds total operating expenses.

(total operating revenue – total operating expenses)

Operating Margin: The ratio of operating income to total operating revenue. This measure places operating income in perspective with the volume of business realized by the hospital.

(operating income / total operating revenue)

Outpatient Visits: The number of visits to the individual outpatient units of the hospital during the fiscal year. Outpatient visits do not reflect visits made by hospital staff to patients' homes.

Patient Days: Each day a patient stays in an inpatient facility is considered a patient day.

Three-year Average Change in Net Patient Revenue (NPR) or Total

Operating Expenses (TOE): The average annual change in the hospital's NPR or TOE that occurred from the end of FY97 through FY00. $\left(\frac{NPR_{00} - NPR_{97}}{NPR_{97}}\right) / 3$ or $\left(\frac{TOE_{00} - TOE_{97}}{TOE_{97}}\right) / 3$

Three-year Average Total Margin: The average total margin realized by the hospital during FY98 through FY00. $\left(\frac{\sum \text{revenue over expenses}_{00, 99, 98}}{\sum \text{total revenue}_{00, 99, 98}}\right)$

Total Net Income (Revenue over Expenses): Total net income reflects the sum of operating income and nonoperating income. Total income may also include an extraordinary item such as the gain or loss from the sale of securities.

For the for-profit hospitals, total net income is net of a *pro rata* share of income taxes and after gains and expenses incurred by the parent corporation.

Total Margin: The ratio of total income to total revenue. This measure puts income from all sources in perspective with all revenues received by a hospital. (revenue over expenses / total revenue)

Total Operating Expenses (TOE): All costs associated with operating the entire facility such as salaries, professional fees, supplies, depreciation, interest, insurance, and bad debts. The acquisition of durable equipment and other property are not considered expenses and are reflected on the hospital's balance sheet as assets. However, the cost to finance equipment (interest), as well as the depreciation, operation and maintenance costs of capital equipment are operating expenses.

Total Operating Revenue (TOR): All revenues allocated by the hospital to meet operating expenses. Includes revenue sources such as net patient revenue, investment income, contributions, and revenue from other operations (e.g., cafeteria, parking, rent, research and educational activities). Individual hospitals may also allocate investment income, contributions, etc., as non-operating income.

Total Revenue: Operating revenue plus nonoperating income. The nonoperating income component typically includes unrestricted contributions and investment income.

Uncompensated Care to NPR: This is the ratio of uncompensated care (charity care and bad debt) to net patient revenue. This measure puts the foregone revenue resulting from the care a hospital provides without compensation in perspective with net patient revenue. Charity care is the care a hospital provides without charge because the patient is unable to compensate the hospital through third-party coverage or the patient's own resources. Bad debt expense represents the foregone revenue for care in which the hospital initially anticipated payment, extended credit to the patient, but was later determined to be uncollectable. Annual charity care amounts that are reported by hospitals as charges or costs have been adjusted to a revenue (NPR) basis. (foregone revenue of charity care + bad debt) / NPR



Non-Compliant Hospitals

The following hospitals were not in compliance with one or more of the Council's filing requirements (audited financial statements or the financial data form) at the January 2001 filing deadline.

No Submission

Monsour Medical Center
Southern Chester County Medical Center
St Francis Central Hospital (closed)

Partial Submission

Bloomsburg Hospital
Citizens General Hospital (closed)
Episcopal Hospital* (merged into Temple University)
John F. Kennedy Memorial Hospital* (closed)

Late Submission

Ashland Regional Medical Center
Brownsville General Hospital
City Avenue Hospital (closed)
Elkins Park Hospital
Ephrata Community Hospital
Episcopal Hospital* (merged into Temple University)
Graduate Hospital
Hahnemann University Hospital
Jameson Memorial Hospital
John F. Kennedy Memorial Hospital* (closed)
Kensington Hospital
Lancaster General Hospital /Susquehanna Division
Magee-Womens Hospital of UPMC Health System*
Medical College of PA
Mercy Hospital of Pittsburgh
Mercy Providence Hospital
Parkview Hospital
St Christopher's Hospital for Children
St Joseph's Hospital /Philadelphia
Temple East, Inc
Warminster Hospital

*Data were not received in time for inclusion in the report.

For More Information

The information contained in this report, as well as other Council publications, are available on our Web site www.phc4.org. You may also contact the Council at:

PHC4

Pennsylvania Health Care Cost Containment Council

Marc P. Volavka, Executive Director

225 Market Street, Suite 400
Harrisburg, PA 17101
Phone: 717-232-6787
Fax: 717-232-3821
Web site: www.phc4.org

Additional Information

Additional financial and utilization data for Fiscal Year 2000 and prior years may be purchased from the Council. For more information, contact the Special Requests Unit.