Non-General Acute Care Facilities Volume Two

Rehabilitation Care
Long Term Acute Care
Psychiatric Care
Specialty Care
Ambulatory Surgery Center Care



The Pennsylvania Health Care
Cost Containment Council's
Annual Report on the
Financial Health of
Pennsylvania's Hospitals and
Ambulatory Surgery Centers

Foreword

The Pennsylvania Health Care Cost Containment Council 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 report is the second volume of a two-volume set that reviews the financial health of Pennsylvania's hospitals and surgery centers and the utilization of their services. Volume 1 was released in October 1999 and focused on the income levels realized by general acute care (GAC) hospitals and some of the factors that affect income. This second volume provides a profile of the non-GAC hospitals and surgery centers, as well as an overview of the hospital-based health care industry in Pennsylvania.

For the first time, this report couples utilization information from the subunits of other hospitals with the data from the freestanding non-GAC hospitals. As a result, this report provides some perspectives on the total long term acute, rehabilitation, and psychiatric care provided in Pennsylvania.

The information contained in this report was derived from financial statements of the hospitals and surgery centers, where applicable the Medicare cost report, the Council's inpatient and outpatient databases and the Council's annual financial survey. Hospitals and centers are required by law, under ACT 89 of 1986, 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 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.

January 2000

Report Number: 2000-01/02-00

PHC4 1998 Financial Analysis: Volume Two

Pennsylvania's Non-General Acute Care Facilities

Table of Contents

Overview	1
Rehabilitation Care (Rehab)	6
Long Term Acute Care (LTAC)	16
Psychiatric Care (Psych)	23
Specialty Care	35
Ambulatory Surgery Center Care (ASC)	37
Footnotes	43
Facilities not in Compliance	44
Glossary	45

Overview

This report presents an analysis of the non-general acute care (non-GAC) hospitals (rehabilitation, long term acute, psychiatric and specialty) and ambulatory surgery centers (ASC) that are under the Council's purview. Individual profiles of each of the provider categories are presented in the following five sections. In addition to the non-GAC hospitals, the sections addressing psychiatric, rehabilitation and long term acute care (LTAC) incorporate information from the corresponding subunits of all hospitals to provide a perspective on the total statewide care rendered for each type of care.

TABLE 1
Licensed Facilities by Category in Pennsylvania

Facility Category	Number of Facilities
General Acute Care (GAC)	198
Rehabilitation	18
Long Term Acute Care (LTAC)	5
Psychiatric	21
State Psychiatric	10
Specialty	7
Ambulatory Surgery Centers (ASC)	49
Total	308

The information and analysis presented in each of the following sections vary considerably for two principal reasons. First, the scope of the analysis presented in each section was constrained to different degrees by the quantity and quality of data provided by the facilities in each category. Second, the unique nature of each of these five categories requires an analysis specific to each category.

The individual hospital and surgery center data presented in each section are captured based on the individual licenses issued by the Pennsylvania Department of Health. If a health system

FIGURE 1
Net Patient Revenue by Facility Category, FY98

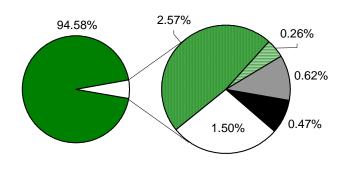


FIGURE 2
Total Staffed Beds by Facility Category, FY98

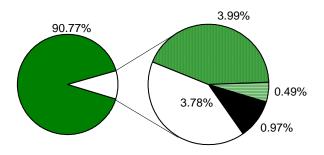


FIGURE 3
Patient Days by Facility Category, FY98

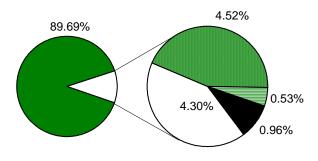
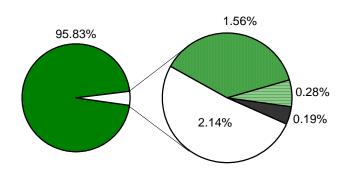


FIGURE 4
Discharges by Facility Category, FY98

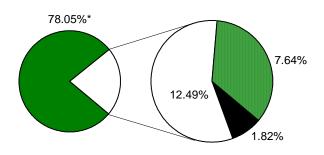


operates multiple facilities under a single license, the entire health system will be reported as a single entity. Table 1 lists the number of licensed facilities in each facility category.

Figures 1 through 4 clearly demonstrate that GAC hospitals are the predominate providers of hospital-based health care in Pennsylvania. The data used to create Figures 1 through 5 are presented on Tables 3 and 4 at the end of this section.

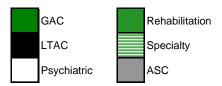
As discussed above, information from psychiatric, rehabilitation and LTAC hospitals were coupled with information from the corresponding subunits of other hospitals to provide a perspective on the total levels of inpatient care provided in these categories. Figure 5 compares the statewide total of inpatient psychiatric, rehabilitation, LTAC and medical/surgical care. Figure 5 reveals that on a patient day basis, medical/surgi-

FIGURE 5
Patient Days by Type of Care, FY98



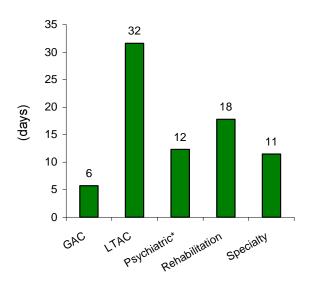
*Medical/Surgical care at GAC hospitals.

Key for Figures



Note: None of these figures include state psychiatric hospitals.

FIGURE 6
Average Length of Stay by Facility Category, FY98



^{*} Does not include state psychiatric hospitals.

cal care provided at GAC hospitals is the largest type of inpatient care followed by psychiatric care.

Skilled nursing in all settings and the psychiatric care provided by state hospitals are two major types of care that were not included on Figure 5. Skilled nursing is not within the Council's purview and the Council does not capture a significant amount of data on skilled nursing. The duration and nature of care provided at the state psychiatric hospitals are very different from the other types of inpatient care.

The variation in the average length of an inpatient stay at the five facility categories shown on Figure 6 reflects the variation in the nature of care provided at these facilities. The average 12-day stay at psychiatric hospitals does not include the state psychiatric hospitals.

Table 2 reflects that during FY98, there were about 1.1 million outpatient visits to the 85 non-GAC hospitals and surgery centers reporting out-

TABLE 2
Outpatient Care by Facility Category, FY98

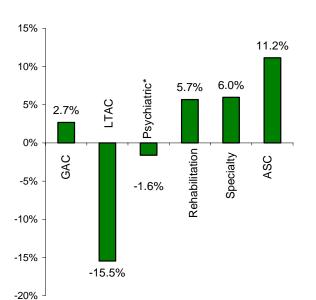
Facility Categories	Number of Reporting Facilities	Visits	Outpatient Revenue	Outpatient Revenue per Visit
General Acute Care Hospital	139	21,842,965	\$3,756,438,646	\$172
Long Term Acute Care Hospital	3	26,373	\$9,158,229	\$347
Psychiatric Hospital	4	179,569	\$9,407,268	\$52
Rehabilitation Hospital	15	708,031	\$71,800,803	\$101
Specialty Hospital	4	68,627	\$6,087,524	\$89
Ambulatory Surgery Center	36	133,906	\$110,659,601	\$826

patient visits. In contrast, 139 of the 198 GAC hospitals report outpatient visits totaling over 21.8 million visits. The other 60 GAC hospitals did not provide data on their outpatient visits.

Table 2 also reveals a wide variation in the average revenue per visit for the six facility categories. One reason for the variation in revenue per visit is the variation in the intensity of care provided per visit. For example, a psychiatric patient may receive a series of relatively short treatments while a patient at an ASC may be subject to a complete surgical procedure. The average revenue per visit at GAC hospitals reflects the average reimbursements for a wide range of outpatient services performed at GAC hospitals.

Figure 7 shows the average total margins for six of the facility categories. As indicated on Table L-5 on page 22, the large negative average total margin for the five LTAC hospitals is the result of a single hospital experiencing a negative total margin of almost 50%. Excluding this single

FIGURE 7
Average Total Margin by Facility Category, FY98

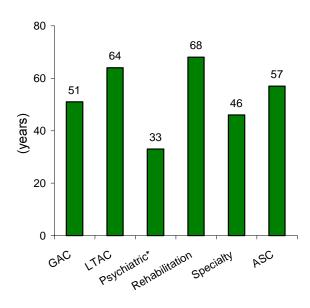


LTAC hospital would give the remaining hospitals a positive average total margin of about 2% for fiscal year 1998 (FY98).

Similarly, the small negative average total margin for psychiatric hospitals is the result of two hospitals that experienced large losses during FY98. Only three of the 21 psychiatric hospitals realized negative total margins during FY98.

Figure 8 indicates that GAC hospitals, rehabilitation hospitals, LTAC hospitals and ASCs have an average patient age over 50 years. In contrast, 68% of patients at psychiatric hospitals and GAC psychiatric units are under the age of 45. The average patient age of 46 at specialty hospitals is a reflection of the diversity of the hospitals in that category. For example, included in the specialty hospital category is Children's Hospital of Pittsburgh and Hospital for the Home of the Jewish Aged.

FIGURE 8
Average Patient Age by Facility Category, FY98



^{*} Does not include state psychiatric hospitals.

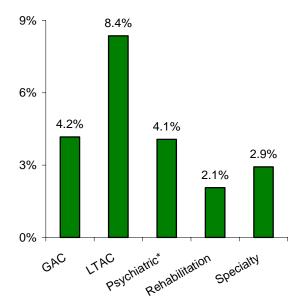
Figure 9 compares the levels of uncompensated care among the facility categories. The higher uncompensated care rate for LTAC hospitals may be a result of the relatively high average length of stay and corresponding relatively high cost per discharge associated with this type of care. For example, the average net patient revenue (NPR) per discharge at LTAC hospitals was \$24,646 during FY98 compared to \$9,715 at GAC hospitals. With these higher average costs, it is more likely that patient resources and health insurance may not be sufficient to completely cover the cost of LTAC care.

TABLE 3Patient Days by Type of Care for Figure 5, FY98

Type of Care	Patient Days (thousands)
GAC Med/Surg	7,664
Long Term Acute Care	179
Psychiatric	1,226
Rehabilitation	751
State Psychiatric	1,168

FIGURE 9
Uncompensated Care to Net Patient Revenue by

Facility Category, FY98



^{*} Does not include state psychiatric hospitals.

TABLE 4Facility Category Data for Figures 1 through 4, FY98

Facility Category	Net Patient Revenue	Staffed Beds	Patient Days	Discharges
	(\$ million)		(thousand)	
General Acute Care	16,868	44,340	10,040	1,745,931
Long Term Acute Care	84	475	108	3,410
Psychiatric	268	1,848	481	38,930
Rehabilitation	459	1,948	506	28,427
Specialty	46	239	59	5,166
Ambulatory Surgery	111	NA	NA	NA
State Psychiatric	97	4,083	1,184	2,752

NA - Not Applicable

Highlights: Rehabilitation Care

- Compared to fiscal year 1994 (FY94), there were 21% more patients receiving rehabilitation care on an inpatient basis during FY98.
- The average inpatient stay declined by 3.4 days since FY94. The average stay in FY98 was almost 15 days.
- The average length of stay can vary by as much as nine days depending on whether the patient is covered by commercial insurance, Medicare, or Medical Assistance and whether they participate in a managed care or indemnity program.
- The average revenue received per inpatient discharge by rehabilitation hospitals varied from \$10,199 for Medicare managed care participants to \$16,592 for Medical Assistance indemnity patients.
- The average revenue received for an outpatient visit by rehabilitation hospitals ranged from \$48 for Medical Assistance indemnity patients to \$129 for commercial managed care participants.
- After three years of relatively consistent average operating margins for non-profit rehabilitation hospitals, this margin fell from 0.59% during FY97 to -4.86% during FY98. Total margin fell to 5.69% from 7.53% during the same period of time.

Rehabilitation Care

days.

During fiscal year 1998 (FY98) there were 18 freestanding rehabilitation hospitals (rehabilitation hospitals) and 51 general acute care (GAC) hospitals operating rehabilitation units (rehabilitation units).

Two specialty hospitals operated rehabilitation units through FY97 and only one specialty hospital operated a rehabilitation unit during FY98. Because these units represent less than 2% of total rehabilitation patient days in FY94 and about 0.2% of patient days in FY98, the data for these units has been included with the GAC rehabilitation units.

As indicated on Table R-1, the total number of days of inpatient rehabilitation care provided in the Commonwealth peaked in FY95 at 833,267 days and has steadily declined through FY98. Figure R-1 shows that the number of patient days

FY96, rehabilitation units have experienced a slight decline in discharges during FY97 and FY98.

FIGURE R-1 Statewide Patient Days

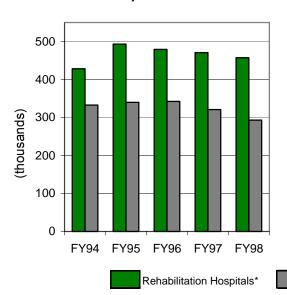
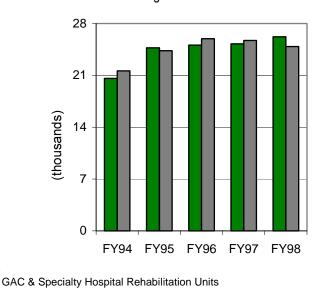


FIGURE R-2 Statewide Discharges

rehabilitation hospitals.



of care at rehabilitation hospitals has declined

almost 7% during the three years following FY95.

Over the same period, rehabilitation units expe-

rienced a 14% decline in the number of patient

Seven rehabilitation hospitals also provided

skilled nursing care during FY98. Table R-2

shows that skilled nursing care totaled 48,692 patient days, or about 10% of all care provided at

While patient days of rehabilitation care are de-

clining, Figure R-2 and Table R-1 show that the

number of rehabilitation patients discharged from

rehabilitation hospitals continues to grow. In con-

trast, after a steady growth between FY94 through

^{*}Only includes rehabilitation care and does not include other care provided at rehabilitation hospitals such as skilled nursing.

TABLE R-1Rehabilitaton Utilization by Facility Category

	Patient Days						Discharges				
	FY94 FY95 FY96 FY97 FY98						FY95	FY96	FY97	FY98	
Rehabilitation Hospitals	428,238	493,332	479,299	470,707	457,332	20,571	24,699	25,087	25,235	26,200	
GAC & Specialty Hospital Rehab Units	332,950	339,935	342,450	321,122	293,180	21,595	24,322	25,947	25,706	24,891	
Total Rehabilitation Care	761,188	833,267	821,749	791,829	750,512	42,166	49,021	51,034	50,941	51,091	

TABLE R-2Total Utilization and Capacity at Rehabilitation Hospitals

	FY94	FY95	FY96	FY97	FY98
Patient Days					
Rehabilitation Care	428,238	493,332	479,299	470,707	457,332
Skilled Nursing Care	13,494	19,645	45,365	42,733	48,692
Long Term Care & Other	2,412	0	36,314	0	0
Total	444,144	512,977	560,978	513,440	506,024
Patient Discharges					
Rehabilitation Care	20,571	24,699	25,087	25,235	26,200
Skilled Nursing Care	265	625	1,604	1,956	2,227
Long Term Care & Other	0	0	0	0	0
Total	20,836	25,324	26,691	27,191	28,427
Patient Beds					
Rehabilitation Care	1,830	1,785	1,775	1,774	1,771
Skilled Nursing Care	58	117	198	165	177
Long Term Care & Other	15	0	102	0	0
Total	1,903	1,902	2,075	1,939	1,948

With more rehabilitation patients spending fewer total days in all rehabilitation facilities, Figure R-3 reveals that the average length of stay at rehabilitation hospitals has declined from 21 days in FY94 to just under 18 days in FY98. Rehabilitation units have also seen the average length of stay decline from over 15 days to less than 12 days during the same period.

The average length of stay at rehabilitation hospitals during FY98 can vary by as much as nine days for patients with different types of medical insurance. Figure R-4 reveals that patients participating in Medicare managed care plans have the lowest average length of stay of about 15 days during FY98. In contrast, the patients covered by the traditional Medical Assistance (MA) indemnity program have average stays of almost 24 days.

FIGURE R-3
Statewide Average Length Of Stay by Facility
Category

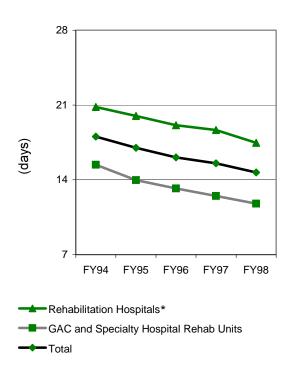
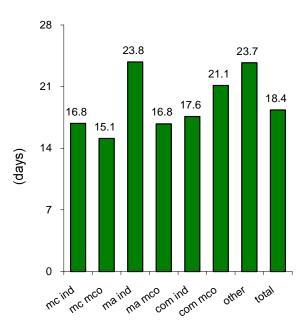


Figure R-4 also illustrates that the average length of stay varies considerably between managed care and indemnity plans offered by the three major categories of third-party payors. For example, patients enrolled in MA-funded managed care programs stay an average of 16.8 days in rehabilitation facilities compared to 23.8 days for MA recipients covered by the indemnity program. This is a difference of seven days.

Table R-3 illustrates that the occupancy rate at rehabilitation hospitals has remained relatively constant around 74% since FY94. Rehabilitation units at GAC and specialty hospitals saw their occupancy rates erode from about 75% during FY94 to about 67% during FY98.

FIGURE R-4

Average Length of Stay at Rehabilitation Hospitals by Third-Party Payor, FY98



mc ind Medicare Indemnity
ma ind Medical Assistance Indemnity
com ind Commercial Indemnity
mc mco Medicare Managed Care
ma mco Medical Assistance Managed Care
com mco Commercial Managed Care

^{*}Only includes rehabilitation care and does not include other care provided at rehabilitation hospitals such as skilled nursing.

TABLE R-3
Rehabilitation Capacity and Occupancy Rate by Facility Category

	Beds				Occupancy Rate			ate	te		
	FY94 FY95 FY96 FY97 FY98					FY94	FY95	FY96	FY97	FY98	
Rehabilitation Hospitals	1,830	1,785	1,775	1,774	1,771	74.14	% 74.92%	74.33%	72.65%	73.65%	
GAC & Specialty Hospital Rehab Units	1,224	1,296	1,334	1,318	1,220	75.32	% 71.83%	69.96%	67.00%	66.65%	
Total Rehabilitation Care	3,054	3,081	3,109	3,092	2,991	74.65	% 73.63%	72.44%	70.25%	70.75%	

Consistent with the relatively flat occupancy rates, the number of rehabilitation beds statewide has fallen by only 2% between FY94 and FY98.

On the outpatient side, patient visits to rehabilitation hospitals appear to be increasing dramatically. For the 12 rehabilitation hospitals that the Council has consistent data for FY96 through FY98, visits increased by 83% over the three-

year period. GAC hospitals do not report outpatient visits on an individual-unit basis.

Figure R-5 and Table R-4 illustrate that statewide operating revenue and net patient revenue (NPR) have increased steadily at rehabilitation hospitals since FY94. NPR has grown an average of 6% per year during FY95 through FY98.

FIGURE R-5

Net Patient Revenue and Total Operating Revenue at Rehabilitation Hospitals

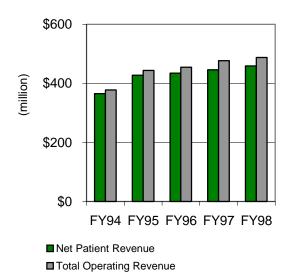


TABLE R-4
Net Patient Revenue and Total One

Net Patient Revenue and Total Operating Revenue at Rehabilitation Hospitals

	Net Patient Revenue	Total Operating Revenue
FY94	\$365,328,180	\$377,743,502
FY95	\$427,831,487	\$444,290,089
FY96	\$434,726,188	\$455,043,404
FY97	\$446,228,628	\$477,146,341
FY98	\$459,151,121	\$487,704,825

FIGURE R-6
Average Net Inpatient Revenue per Patient Day by Payor at Rehabilitation Hospitals, FY98



Figure R-6 reveals that the net inpatient revenue per patient day for rehabilitation hospitals varies considerably by third-party payors. For example, during FY98 rehabilitation hospitals received 14% or \$95 more per day for Medicare participants with traditional indemnity coverage than for those patients participating in a Medicare funded managed care plan. Similarly, there is a 22% or \$161 difference in the average daily rates paid by commercial indemnity and commercial managed care plans.

The variation in average length of stay combined with the variation in NPR per day among third-party payors has resulted in dramatic variations in the reimbursement rates per discharge. For example, Figure R-7 illustrates that the average inpatient revenue per discharge is 22% less for Medicare managed care participants than for Medicare patients with indemnity coverage.

Key for Figures

mc ind Medicare Indemnity
ma ind Medical Assistance Indemnity
com ind Commercial Indemnity
mc mco Medicare Managed Care
ma mco Medical Assistance Managed Care
com mco Commercial Managed Care

FIGURE R-7

Average Net Inpatient Revenue per Discharge by Payor at Rehabilitation Hospitals, FY98

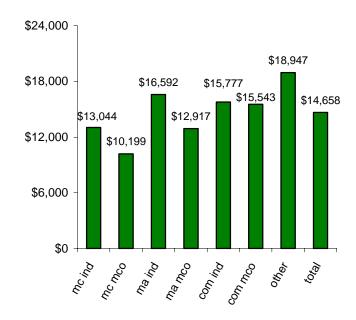


Figure R-8 reveals a wide variation in the average net outpatient revenue that rehabilitation hospitals receive per outpatient visit. The average revenue received for patients with MA indemnity coverage is about one-third of the average revenue for patients covered by commercial managed care plans.

The Medicare, Medical Assistance and commercial insurers serve different patient populations with different medical needs. The variation in the average reimbursements provided by the seven categories of third-party payors is likely to be a function of both the diversity in the medical needs of the patient services by each payor category and the reimbursement rates provided by each payor.

Figure R-9 illustrates that 70% of rehabilitation hospital patients were age 65 or over and 77% of

FIGURE R-8
Average Net Outpatient Revenue per Visit by Payor

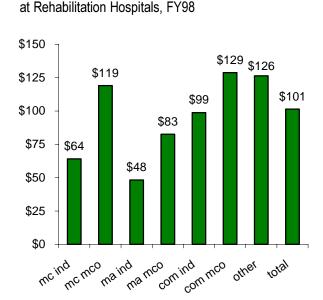
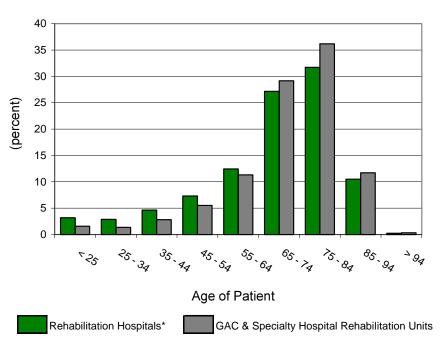


FIGURE R-9
Age Distribution of Rehabilitation Patients by Facility Category, FY98



rehabilitation unit patients were age 65 or over during FY98. Consistent with this large portion of elderly patients, Figure R-10 reveals that almost 63% of the total patient days of inhospital rehabilitation were for patients participating in the Medicare program.

For-profit hospitals received an average of \$730 per day of inpatient care during FY98 compared to \$872 per day for non-profit hospitals. The average length of stay at for-profit hospitals was about 20 days compared to the 17 day average stay at non-profit hospitals. Both for-profit and non-profit hospitals received about the same revenue per discharge. Therefore, on average, for-profit hospitals provided three additional days of care for the same revenue as non-profit hospitals.

While total operating revenue and NPR continued to increase for rehabilitation hospitals during FY98, Figure R-11 shows that average operating margin for the 11 non-profit rehabilitation hospitals fell from 0.59% in FY97 to –4.86% in FY98. This dramatic decline in operating income is the result of operating expenses increasing more quickly than operating revenue.

Despite decreasing operating margins, the decline in the average total margin for non-profit rehabilitation hospitals was less dramatic during FY98. Some rehabilitation hospitals were able to preserve their total income as a result of growing proceeds from investments and other non-operating income such as contributions. Information to calculate comparable operating and total margins was not available for the seven for-profit hospitals.

FIGURE R-10
Payor Share of Patient Days at Rehabilitation
Hospitals, FY98

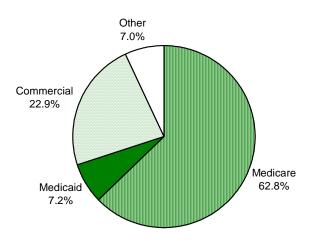


FIGURE R-11

Operating and Total Margin at Rehabilitation
Hospitals (non-profit)

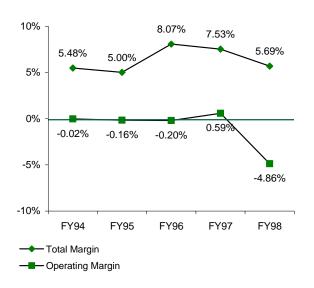


TABLE R-5

Rehabilitation	Region	No		nt Reven nillion)	ue	3-yr Avg Change in	Total Operating Expenses TOE (million)				3-yr Avg Change in
Hospital	Reg	FY98	FY97	FY96	FY95	NPR FY95-FY98	FY98	FY97	FY96	FY95	TOE FY95-FY98
Weighted Average		\$26	\$23	\$23	\$21	2.44%	\$26	\$23	\$23	\$21	3.58%
D. T. Watson Rehab ^{6, 15}	1	\$12	\$11	\$9	\$8	15.16%	\$13	\$12	\$11	\$10	10.38%
Harmarville Rehab 6, 12, 15	1	\$38	\$35	\$38	\$39	-1.12%	\$32	\$33	\$41	\$39	-6.50%
Healthsouth Grtr Pgh 1, 12	1	\$27	\$25	\$25	\$24	3.82%	\$23	\$20	\$20	\$21	3.60%
UPMC, Rehabilitation ¹⁵	1	\$24	\$24	\$27	\$26	-3.36%	\$29	\$30	\$28	\$29	0.76%
Healthsouth Erie 1, 6, 10, 12	2	\$30	\$12	\$13	\$16	28.15%	\$28	\$10	\$11	\$12	43.36%
Healthsouth Altoona 1, 12	3	\$19	\$17	\$18	\$18	3.19%	\$17	\$15	\$15	\$16	1.49%
Healthsouth Nittany 1, 12	4	\$18	\$16	\$15	\$15	7.84%	\$17	\$14	\$14	\$14	6.51%
Healthsouth Mech 1, 12, 13	5	\$28	\$26	\$25	\$21	11.14%	\$22	\$19	\$19	\$20	4.56%
Healthsouth York 1, 12	5	\$23	\$21	\$20	\$18	9.54%	\$19	\$16	\$16	\$16	5.46%
Allied Services Medicine 15	6	\$32	\$30	\$25	\$22	14.69%	\$31	\$29	\$24	\$21	15.21%
John Heinz Medicine ¹⁵	6	\$34	\$32	\$26	\$22	16.97%	\$35	\$33	\$27	\$22	18.74%
Good Shepherd ⁶	7	\$29	\$30	\$28	\$26	2.90%	\$31	\$28	\$27	\$25	7.18%
Reading Rehab ^{1, 3, 6, 13, 14}	7	\$18	\$17	\$17	\$17	2.25%	\$19	\$17	\$17	\$17	2.09%
Bryn Mawr Rehabilitation ⁶	8	\$32	\$31	\$31	\$29	3.47%	\$32	\$32	\$31	\$29	3.09%
Chestnut Hill Rehab 6, 14	8	\$13	\$12	\$10	\$12	5.06%	\$19	\$17	\$12	\$12	17.65%
Children's Seashore 14	9	\$25	\$29	\$28	\$29	-4.51%	\$45	\$38	\$35	\$35	9.08%
Magee Rehabilitation	9	\$26	\$27	\$28	\$27	-1.72%	\$30	\$30	\$31	\$30	-0.28%
Moss Rehabilitation 15	9	\$32	\$33	\$34	\$36	-3.73%	\$35	\$36	\$38	\$38	-2.26%

See Footnotes on Page 43.

TABLE R-5 (cont.)

Rehabilitation Hospital	Region	Operating Margin FY98	Total Margin FY98	3-yr Average Total Margin FY96-FY98	Uncompensated Care to NPR FY98	Medicare Share of NPR FY98	Medical Assistance Share of NPR FY98
Weighted Average*		-4.86%	5.69%	7.06%	2.06%	56.39%	6.66%
D. T. Watson Rehab 6, 15	1	-4.92%	-4.49%	-12.31%	8.66%	67.16%	6.58%
**Harmarville Rehab ^{6, 12, 15}	1	18.24%	18.24%	6.87%	NR	44.41%	4.81%
**Healthsouth Grtr Pgh 1, 12	1	15.16%	15.16%	13.99%	1.20%	65.34%	2.75%
UPMC, Rehabilitation ¹⁵	1	1.25%	12.35%	16.25%	2.32%	51.60%	10.40%
**Healthsouth Erie 1, 6, 10, 12	2	5.23%	5.23%	7.24%	0.00%	57.87%	10.23%
**Healthsouth Altoona 1, 12	3	12.14%	12.14%	6.72%	2.92%	68.91%	1.99%
**Healthsouth Nittany 1, 12	4	9.09%	9.09%	9.20%	0.00%	61.52%	3.49%
**Healthsouth Mech 1, 12, 13	5	19.86%	19.86%	17.26%	2.92%	54.13%	2.76%
**Healthsouth York 1, 12	5	18.27%	18.27%	17.22%	1.82%	55.54%	4.45%
Allied Services Medicine 15	6	4.01%	9.18%	9.39%	1.47%	NR	2.21%
John Heinz Medicine ¹⁵	6	0.37%	1.63%	2.56%	0.75%	NR	3.81%
Good Shepherd ⁶	7	-6.45%	-2.38%	3.78%	2.84%	64.04%	6.11%
Reading Rehab ^{1, 3, 6, 13, 14}	7	2.59%	-0.13%	0.54%	0.80%	NR	NR
Bryn Mawr Rehabilitation ⁶	8	3.15%	7.24%	8.29%	0.69%	62.00%	3.19%
Chestnut Hill Rehab 6, 14	8	-7.91%	-5.60%	-7.31%	NR	NR	NR
Children's Seashore 14	9	-43.63%	-4.13%	4.30%	8.18%	NR	NR
Magee Rehabilitation	9	-3.19%	25.11%	20.19%	1.61%	45.57%	15.46%
Moss Rehabilitation 15	9	4.47%	4.91%	3.03%	0.20%	45.98%	12.34%

NR - Information necessary to report or calculate this measure was not provided by facility.

See Footnotes on Page 43.

^{*}Weighted average for operating, total and three-year average total margins include non-profit hospitals only.

**Based on pre-tax income. Income levels may not include all expenses and non-operating income experienced by

parent organization.

Highlights: Long Term Acute Care

- Freestanding long term acute care hospitals (LTAC hospitals) comprise a relatively new sector of Pennsylvania's health care industry. Beginning with one hospital in fiscal year 1994 (FY94) this number grew to five hospitals in FY98.
- The number of general acute care (GAC) hospitals operating LTAC units (LTAC units) has declined from the peak of eight units in FY95 to three units in FY98.

- ➤ The state psychiatric hospitals phased out all of their LTAC units during FY98.
- ➤ The number of patient days of LTAC care has declined by 44% since FY94.
- Only one of the three non-profit LTAC hospitals had a positive operating margin during FY98. The two for-profit LTAC hospitals reported pre-tax operating margins over 13%.

Long Term Acute Care

Freestanding long term acute care hospitals (LTAC) comprise a relatively new sector of Pennsylvania's health care industry. Beginning with one hospital in fiscal year 1994 (FY94), there were five LTAC hospitals operating in FY98.

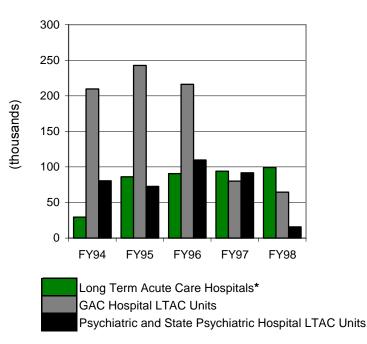
While the number of LTAC hospitals has increased, the number of general acute care (GAC) hospitals operating LTAC units has declined from a peak of eight units in FY95 to three units in FY98.

Three state psychiatric hospitals operated LTAC units during FY98. These facilities completely phased out their LTAC operations during that fiscal year. Figure L-1 and Table L-1 reflect the decline in LTAC patient days at state hospitals and increase in discharges during FY97 and

FY98 as LTAC patients were transferred to other facilities. The Department of Public Welfare explains that its LTAC population was transferred to either local skilled nursing facilities, the psychiatric units of the state hospitals or the Department's South Mountain Restoration Center.

Figure L-1 and Table L-1 show that the volume of total LTAC care provided in Pennsylvania (as measured by patient days) has declined 44% since FY94. This decline is largely the result of a phase out of LTAC units at GAC hospitals, psychiatric and state psychiatric hospitals. In contrast, patient days have increased by 33% at LTAC hospitals during the same fiscal year period.

FIGURE L-1
Statewide Patient Days



^{*}Only includes long term acute care and does not include other care provided at LTAC hospitals such as skilled nursing.

TABLE L-1
Long Term Acute Utilization by Facility Category

		Pá	atient Day	s	Discharges					
	FY94	FY94 FY95 FY96 FY97 FY98						FY96	FY97	FY98
Long Term Acute Care Hospitals	29,485	86,058	90,651	93,997	98,999	901	2,923	3,089	3,263	3,159
GAC Hospital LTAC Units	209,632	242,734	216,212	80,007	64,395	453	558	599	374	291
State Psychiatric Hospital LTAC Units	80,141	67,189	101,367	83,380	15,673	45	30	44	94	157
Psychiatric Hospital LTAC Units	379	5,327	8,345	8,345	0	6	33	70	70	0
Total LTAC Care	319,637	401,308	416,575	265,729	179,067	1,405	3,544	3,802	3,801	3,607

TABLE L-2
Long Term Acute Capacity and Occupancy Rate by Facility Category

	Beds					Occupancy Rate				
	FY94	FY95	FY96	FY97	FY98	FY94	FY95	FY96	FY97	FY98
Long Term Acute Care Hospitals	130	402	351	389	400	62.14%	58.65%	76.13%	70.62%	68.29%
GAC Hospital LTAC Units	590	642	599	228	183	93.96%	96.41%	95.92%	96.14%	96.41%
State Psychiatric Hospital LTAC Units	237	212	366	305	295	92.39%	86.83%	80.38%	74.87%	18.79%
Psychiatric Hospital LTAC Units	13	23	32	32	0	29.75%	63.95%	73.67%	73.67%	0.00%
Total LTAC Care	970	1,279	1,348	954	878	89.14%	82.88%	80.23%	78.38%	60.67%

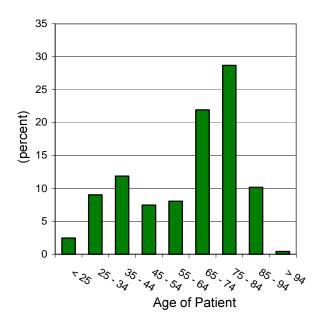
Table L-2 illustrates that the decline in the number of staffed LTAC beds has followed the trend in patient days between FY94 and FY98. However, the steady decline in occupancy rates reveals that the number of LTAC beds is not declining as fast as patient days (9% vs. 44%).

Given that some LTAC patients spend more than one year in LTAC facilities, the number of patients receiving care and the average length of stay at LTAC facilities cannot be derived from annual utilization data. As an alternative, Table L-3 presents a turnover rate that reflects the extent to which the patient population is discharged dur-

ing the fiscal year. For example, the Fulton County Medical Center had a turnover rate of .36 which indicates that only about a third of its patients were discharged during FY98. Alternatively, the Forbes Metropolitan Hospital had a turnover rate of 12.72 which indicates that its entire patient population turned over the equivalent of about 13 times during the year. More information on turnover rate is presented in the Glossary on page 45.

Differences in turnover rates illustrate a wide variation in the type of care provided at the 11 facilities providing LTAC during FY98. Turnover

FIGURE L-2
Age Distribution at Long Term Care Hospital*, FY98



rates are not presented for the three state hospitals because they were in a phase-out mode during FY98.

Figure L-2 shows the age distribution of LTAC patients. About 61% of all LTAC patients were over age 65.

Two of the five LTAC hospitals also provide skilled nursing care. Table L-4 presents the patient days, discharges and beds allocated to skilled nursing care and total care provided by LTAC hospitals during FY97 and FY98. There were no skilled nursing units at LTAC hospitals prior to FY97.

In FY96 two LTAC hospitals began to provide outpatient care. While LTAC patients may utilize some of the services of the outpatient units (e.g., radiology), the outpatient units of these facilities primarily provide care to the general population of the community.

TABLE L-3
Utilization and Capacity at Long Term Acute Care Hospitals and Units

Hospital	Patient Days	Bed Days Available	Occupancy Rate	Discharges	Beds	Turnover Rate
Long Term Acute Care Hospitals*						
Forbes Metropolitan Hospital	35,270	49,275	71.58%	1,229	135	12.72
Girard Medical Center	26,611	41,975	63.40%	995	115	13.65
Mercy Special Care Hospital	11,609	13,870	83.70%	365	38	11.48
Vencor Hospital /Philadelphia	13,324	17,420	76.49%	276	52	6.94
Vencor Hospital /Pittsburgh	12,185	22,428	54.33%	294	60	9.02
Long Term Acute Care Units						
Clarks Summit State Hospital	8,755	60,955	14.36%	68	167	2.83
Danville State Hospital	5,635	9,940	56.69%	33	40	1.46
Fulton County Medical Center	15,155	15,330	98.86%	15	42	0.36
Lock Haven Hospital	20,196	21,900	92.22%	76	60	1.37
Mayview State Hospital	1,283	12,496	10.27%	56	88	6.20
UPMC, Shadyside	29,044	29,565	98.24%	NR	81	NR

NR - Not Reported

*LTAC patients only.

TABLE L-4Total Utilization and Capacity at Long Term Acute Care Hospitals

	FY94	FY95	FY96	FY97	FY98
Patient Days					
Long Term Care	29,485	86,058	90,651	93,997	98,999
Skilled Nursing Care	0	0	0	10,574	8,734
Total	29,485	86,058	90,651	104,571	107,733
Patient Discharges					
Long Term Care	901	2,923	3,089	3,263	3,159
Skilled Nursing Care	0	0	0	337	251
Total	901	2,923	3,089	3,600	3,410
Patient Beds					
Long Term Care	130	402	351	389	400
Skilled Nursing Care	0	0	0	75	75
Total	130	402	351	464	475
Outpatient Visits	NC	NC	65,170	50,309	46,243

NC - Not Captured by PHC4

Table L-5 illustrates that only one of the three non-profit LTAC hospitals had positive operating and total margins during FY98. Only the Girard Medical Center had a positive three-year average total margin. The remaining two non-profit LTAC hospitals, Forbes Metropolitan Hospital and the Mercy Special Care Hospital, had negative FY98 operating, total and three-year average total margins.

Forbes Metropolitan was a unit of the Allegheny University Medical Centers (AUMC). At the end of FY98, AUMC had a total negative margin of 8.3%.

Mercy Special Care Hospital is a member of Mercy Health Care Partners. During FY98, Mercy

Special Care received a transfer of funds from Mercy Health Care Partners that partially offset the effect of the losses at Mercy Special Care Hospital.

Vencor, Inc. operates the two for-profit LTAC hospitals. These hospitals reported pre-tax operating margins in excess of 13% during FY98. The Council has not captured the information necessary to estimate the post-tax operating and total margins for these facilities.

FINANCIAL ANALYSIS '98: VOLUME TWO

TABLE L-5

Long Term Acute <u>្</u> នី		Net Patient Revenue NPR (million)			3-yr Avg Change in	Total Operating Expenses TOE (million)				3-yr Avg Change in		
Care Hospital	Region	FY98	FY97	FY96	FY95	NPR FY95-FY98	FY98	FY97	FY96	FY95	TOE FY95-FY98	
Weighted Average		\$17	\$16	\$19	\$24	5.09%	\$19	\$17	\$20	\$27	5.93%	
Forbes Metro ^{6, 13, 15}	1	\$22	\$30	\$33	\$31	-9.79%	\$33	\$33	\$35	\$34	-0.81%	
Vencor Pgh ^{1, 3, 12, 14}	1	\$12	\$2	NA	NA	NA	\$10	\$4	NA	NA	NA	
Mercy Special Care 1, 15	6	\$7	\$7	\$7	\$6	7.53%	\$8	\$8	\$8	\$8	1.97%	
Girard Medical Ctr 6, 15	9	\$31	\$33	\$33	\$36	-4.67%	\$33	\$33	\$34	\$39	-5.08%	
Vencor Philadelphia 1, 3, 12	9	\$12	\$9	\$3	NA	NA	\$10	\$8	\$4	NA	NA	

TABLE L-5 (cont.)

Long Term Acute Care Hospital	Region	Operating Margin FY98	Total Margin FY98	3-yr Average Total Margin FY96-FY98	Uncompensated Care to NPR FY98	Medicare Share of NPR FY98	Medical Assistance Share of NPR FY98
Weighted Average *		-15.60%	-15.46%	-6.37%	8.37%	ID	ID
***Forbes Metro ^{6, 13, 15}	1	-48.97%	-48.97%	-15.41%	5.74%	99.35%	5.85%
**Vencor Pgh ^{1, 3, 12, 14}	1	13.97%	13.97%	NA	1.16%	NR	NR
Mercy Special Care 1, 15	6	-12.04%	-10.88%	-9.21%	4.02%	NR	NR
Girard Medical Ctr 6, 15	9	5.01%	5.01%	1.99%	13.19%	NR	NR
**Vencor Philadelphia 1, 3, 12	9	13.32%	13.32%	4.81%	10.42%	82.05%	0.10%

NR - Information necessary to report or calculate this measure was not provided by facility.

See Footnotes on Page 43.

NA - Not Applicable.

ID - Insufficient data to compute a statewide average.

^{*}Weighted average for operating, total and three-year average total margins include non-profit hospitals only.

^{**}Margins based on pre-tax income.

^{***}Reported payor data provided by the facility exceeds 100% of their NPR.

Highlights: Psychiatric Care

- The Commonwealth is the largest provider of inpatient psychiatric care through the Pennsylvania Department of Public Welfare (DPW). The DPW provided 49% of statewide inpatient care during fiscal year 1998 (FY98). The DPW underwrites about 76% of the cost of this care.
- Almost half (47%) of all general acute care hospitals (GAC) operate inpatient psychiatric units.
- Nine percent more patients were discharged from psychiatric settings during FY98 than during FY94. However, patients are spending less time in the hospital. As a result, the number of statewide patient days of psychiatric care has declined by 22% from FY94 to FY98.

- With the declining number of patient days, the number of staffed beds has declined 15% between FY94 and FY98, and the statewide average occupancy rate has declined from 82% to 72% over the period.
- As a group, psychiatric hospitals have experienced financial losses every year since FY95. Operating expenses have not fallen as fast as revenues.
- Drug and alcohol related disorders represent about 17% of all inpatient psychiatric care.

Psychiatric Care

The Commonwealth is the largest provider of psychiatric care through the Pennsylvania Department of Public Welfare (DPW). Figure P-1 and Table P-1 show the DPW's ten psychiatric hospitals (state hospitals) provided about 49% of all inpatient psychiatric care during fiscal year 1998 (FY98), as measured by patient days.

Almost half of all general acute care (GAC) hospitals operate psychiatric units. These 93 psychiatric units provided about 31% of inpatient psychiatric care during FY98.

The remaining 20% of inpatient psychiatric care in FY98 was provided by the 21 freestanding psychiatric hospitals.

Table P-1 also reveals that the annual statewide total number of patient days of care has declined by 22% between FY94 and FY98. Table P-1 and Figure P-2 show that patient days have declined much faster at the state hospitals than for the other three categories of psychiatric care providers.

While statewide patient days are declining, the statewide annual number of psychiatric discharges has increased by almost 9% between FY94 and FY98. Table P-1 and Figure P-3 illustrate that the discharges at psychiatric hospitals have increased by 24% over the period compared to the 4% increase experienced by psychiatric units.

TABLE P-1Psychiatric Utilization by Facility Category

	FY94	FY95	FY96	FY97	FY98
Psychiatric Hospitals	561,668	540,706	517,750	479,187	480,765
GAC Hospitals Psych Units	959,335	872,548	836,877	802,244	745,345
State Psychiatric Hospitals	1,529,803	1,433,590	1,447,964	1,272,597	1,168,093
Specialty Hospitals Psych Units	15,773	15,218	16,109	17,470	0
Total Psychiatric Care	3,066,579	2,862,062	2,818,700	2,571,498	2,394,203

Discharges

	FY94	FY95	FY96	FY97	FY98
Psychiatric Hospitals	31,300	33,893	34,742	35,502	38,930
GAC Hospitals Psych Units	69,843	69,965	71,532	72,897	72,961
State Psychiatric Hospitals	3,137	2,813	2,421	2,366	2,595
Specialty Hospitals Psych Units	1,050	952	996	997	0
Total Psychiatric Care	105,330	107,623	109,691	111,762	114,486

FIGURE P-1
Patient Days by Facility Category, FY98

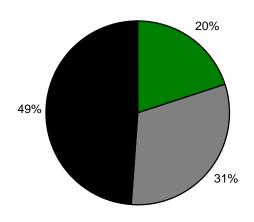


Figure P-4 shows that the combination of declining inpatient days and increasing discharges at psychiatric hospitals and units has resulted in a decline in the average length of stay.

Since a substantial number of patients in state psychiatric hospitals stay longer than one year, average length of stay cannot be calculated from annual data. While patient days at state hospitals have been declining steadily, discharges increased by 10% during FY98. According to DPW this increase in discharges is largely the result of a decline in patient population. When appropriate, patients have been transferred to other settings closer to the community, such as group homes.

Key for Figures

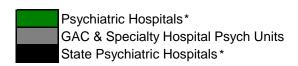


FIGURE P-2
Statewide Patient Days

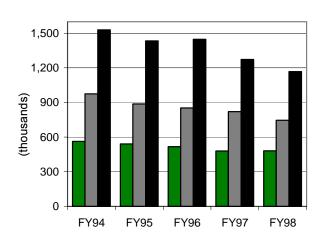
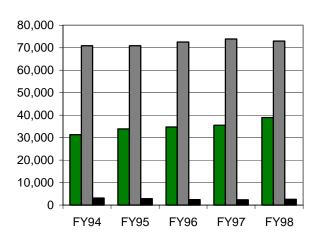


FIGURE P-3
Statewide Discharges

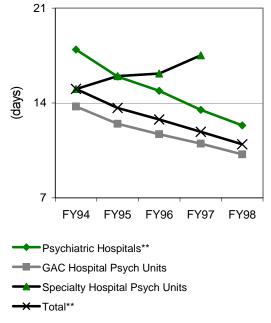


^{*}Only includes psychiatric care and does not include other care provided at psychiatric and state hospitals such as long term care.

Consistent with the decline in patient days of care, Table P-2 reveals that the number of staffed psychiatric beds has declined by 15% between FY94 and FY98. The reduction in staffed beds has lagged behind the decline in patient days, which has resulted in a decrease in the statewide average occupancy rate from about 82% to 72% over the period.

One state psychiatric hospital also provided skilled nursing care and three provided long term care in FY98. Table P-3 indicates that skilled nursing and long term care represent only a small portion of all care provided at state and psychiatric hospitals.

FIGURE P-4
Statewide Average Length of Stay for Psychiatric
Care



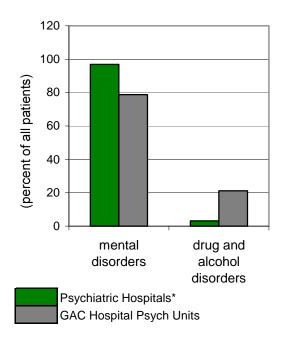
^{**} Does not include state psychiatric hospitals.

TABLE P-2
Psychiatric Capacity and Occupancy Rate by Facility Category

	Beds							
_	FY94	FY95	FY96	FY97	FY98			
Psychiatric Hospitals	1,991	1,950	1,942	1,847	1,848			
GAC Hospital Psych Units	4,866	4,673	4,063	3,925	3,783			
State Psychiatric Hospitals	3,475	3,375	3,233	3,290	3,193			
Specialty Hospital Psych Units	50	50	50	55	0			
Total Psychiatric Care	10,382	10,048	9,288	9,117	8,824			

	Оссирапсу нате						
_	FY94	FY95	FY96	FY97	FY98		
Psychiatric Hospitals	77.10%	78.70%	77.92%	73.60%	73.69%		
GAC Hospital Psych Units	87.55%	85.67%	90.21%	87.33%	76.31%		
State Psychiatric Hospitals	75.84%	71.30%	70.77%	67.57%	65.61%		
Specialty Hospital Psych Units	86.43%	83.39%	88.03%	88.10%	0.00%		
Total Psychiatric Care	81.58%	79.45%	81.22%	77.56%	72.13%		

FIGURE P-5Psychiatric Discharges by Major Diagnostic Category, FY98



*Does not include state psychiatric hospitals.

Figure P-5 illustrates that 3% of the care provided at freestanding psychiatric hospitals was for drug and alcohol related treatment (Major Diagnostic Category 20). In contrast, drug and alcohol treatment comprised 21% of the care at the psychiatric units of GAC hospitals.

Figure P-6 shows that patients in the 35 to 44 year age group make up the largest component of inpatient psychiatric care at psychiatric hospitals and units. Figure P-7 reveals that there are more patients receiving care for both drug and alcohol disorders and mental diseases (Major Diagnostic Category 19) in this age group.

At least 16 of the 21 psychiatric hospitals provide care on an outpatient basis. However, most psychiatric hospitals have not provided sufficient data to assess the level of outpatient care. Addi-

TABLE P-3Total Utilization and Capacity at Psychiatric and State Psychiatric Hospitals

	FY94	FY95	FY96	FY97	FY98
Patient Days					
Psychiatric Care	2,091,471	1,974,296	1,965,714	1,751,784	1,648,858
Skilled Nursing Care	83,015	72,111	13,096	3,531	72
Long Term Care & Other	96,710	72,516	109,712	91,725	15,673
Total	2,271,196	2,118,923	2,088,522	1,847,040	1,664,603
Patient Discharges					
Psychiatric Care	34,437	36,706	37,163	37,868	41,525
Skilled Nursing Care	50	14	15	0	0
Long Term Care & Other	51	63	114	164	157
Total	34,538	36,783	37,292	38,032	41,682
Patient Beds					
Psychiatric Care	6,857	6,623	6,005	5,772	5,631
Skilled Nursing Care	310	297	131	15	5
Long Term Care & Other	301	235	398	337	295
Total	7,468	7,155	6,534	6,124	5,931

tionally, the Council does not capture data on outpatient visits from GAC hospital units attributable to psychiatric care. The only available data are the gross charges billed for outpatient care by 16 of the psychiatric hospitals. For these hospitals, outpatient care represents about 18% of the charges for all services. Charges represent the amount billed for care based on the hospitals' schedule of fees, not what hospitals were reimbursed for care.

Providing accurate estimates of the statewide operating and total margins for psychiatric hospitals is difficult for two primary reasons. First, five of the hospitals have not supplied sufficient data. Second, eight of the psychiatric hospitals operate as for-profit entities and are subject to income taxes. The Council has not captured the income tax expenses incurred by two of the eight

FIGURE P-6
Age Distribution of Psychiatric Patients by Facility
Category, FY98

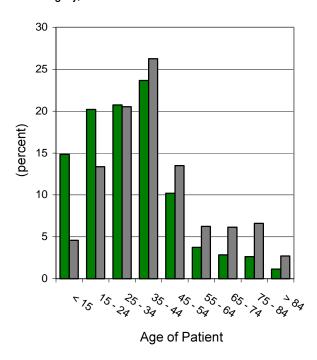
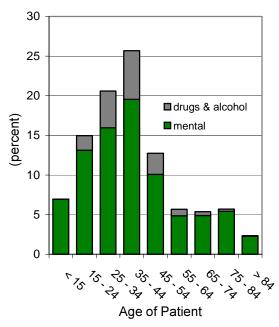
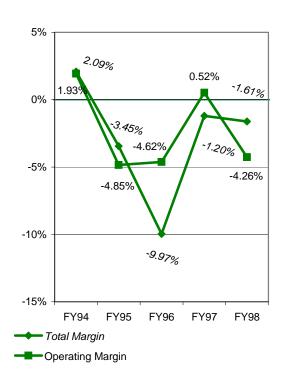


FIGURE P-7
Age Distribution of Psychiatric Patients by Major Diagnostic Category, FY98*



*Does not include state psychiatric hospitals.

FIGURE P-8
Operating & Total Margin at Psychiatric Hospitals*



for-profit hospitals. In order to provide a range of estimated hospital income, operating and total margins have been presented in two ways. Table P-4 reflects hospital income using estimated data where data was not supplied by hospitals, and pre-tax income has been utilized for two of the hospitals. Alternatively, the operating and total margins presented in Figure P-8 and Table P-6 exclude the two hospitals where tax expenses were not captured.

Table P-4 illustrates that statewide net patient revenue (NPR) for psychiatric hospitals has declined 15% between FY94 and FY98 and operating revenues have fallen by 14% over the same period. As a group, psychiatric hospitals have experienced operating losses every year beginning in

FY95. These losses have occurred because operating and total revenues have fallen 12% while operating expenses have only declined 6% since FY94.

The abnormally large decline in revenue over expenses and total margin shown for FY96 on Table P-4 and Figure P-8 is largely the result of the \$-15.7 million extraordinary item reported by the Institute of the Pennsylvania Hospital, which has since closed as of February 1997.

Table P-7 shows the Commonwealth underwrites 76% of the cost of the care provided at the ten state psychiatric hospitals. Of the 24% of the total expenses that are covered by patient revenue, 79% of that revenue comes from the Medicare and Medical Assistance programs.

TABLE P-4
Statewide Revenue, Expenses and Income at Psychiatric Hospitals*

	FY94	FY95	FY96	FY97	FY98
Net Patient Revenue	\$316,596,623	\$297,639,125	\$282,033,613	\$270,339,422	\$267,620,871
Total Operating Revenue	\$329,739,622	\$312,193,926	\$309,844,398	\$288,628,845	\$283,524,723
Total Operating Expenses	\$319,388,471	\$318,006,681	\$321,636,123	\$294,638,677	\$298,736,032
Operating Income	\$10,351,151	(\$5,812,755)	(\$11,791,725)	(\$6,009,832)	(\$15,211,309)
Revenue over Expenses	\$10,835,357	(\$4,680,951)	(\$24,871,046)	(\$9,232,638)	(\$8,636,394)

^{*}Does not include state psychiatric hospitals.

TABLE P-5Utilization and Capacity by Psychiatric Hospitals, FY98

Hospital	Patient Days	Bed Days Available	Occupancy Rate	Discharges	Beds	Average Length of Stay
Belmont Center for Comprehensive Treatment	43,762	53,655	81.56%	4,114	147	10.64
Charter Fairmount Institute	37,411	51,100	73.21%	4,624	146	8.09
Clarion Psychiatric Center	11,586	19,604	59.10%	984	52	11.77
Delaware Valley Mental Health Foundation	15,403	18,250	84.40%	265	50	58.12
Edgewater Psychiatric Center	13,914	18,980	73.31%	427	52	32.59
Eugenia Hospital	22,237	51,100	43.52%	1,953	140	11.39
First Hospital of Wyoming Valley	29,363	35,040	83.80%	2,174	96	13.51
Friends Hospital	54,421	70,080	77.66%	4,882	192	11.15
Horsham Hospital	44,993	55,042	81.74%	3,171	146	14.19
Huntington Hospital	NR	NR	NR	NR	NR	NR
Kirkbride Center	15,188	37,080	40.96%	1,721	120	8.83
Lakewood Psychiatric Hospital	NR	NR	NR	NR	NR	NR
Mapleton Psychiatric Institute	NR	NR	NR	NR	NR	NR
Meadows Psychiatric Center	31,189	38,077	81.91%	1,655	101	18.85
Montgomery County MH/MR Emergency Service	15,665	19,345	80.98%	1,951	53	8.03
National Hospital for Kids in Crisis	18,249	26,280	69.44%	908	72	20.10
Northwestern Institute of Psychiatry	50,620	53,290	94.99%	4,852	146	10.43
Philhaven Hospital	17,851	30,295	58.92%	1,592	83	11.21
Southwood Psychiatric Hospital	NR	NR	NR	NR	NR	NR
The Child Guidance Center of the CHP	3,814	8,760	43.54%	405	24	9.42
Villa Saint John Vianney Hospital	NR	NR	NR	NR	NR	NR

NR - Not Reported

TABLE P-6

Psychiatric Hospital	Region	N	et Patier NPR (r	nt Reven million)	ue	3-yr Avg Change in	Tot	3-yr Avg Change in			
	Reç	FY98	FY97	FY96	FY95	NPR FY95-FY98	FY98	FY97	FY96	FY95	TOE FY95-FY98
Weighted Average		\$13	\$13	\$13	\$14	-3.36%	\$14	\$14	\$15	\$14	-2.02%
Lakewood Psych 12, 14	1	\$3	\$3	\$4	\$5	-13.10%	\$3	\$3	\$4	\$6	-14.10%
Southwood Psych 2, 12, 14	1	\$9	\$6	\$5	\$6	13.41%	\$8	\$7	\$6	\$7	7.63%
Clarion Psych Ctr 1, 12, 14	2	\$7	\$7	\$8	\$7	-1.07%	\$5	\$5	\$6	\$5	-5.69%
Meadows Psych 1, 12, 15	4	\$15	\$17	\$15	\$12	7.62%	\$13	\$13	\$13	\$12	5.42%
Edgewater Psych Ctr 14	5	\$16	\$13	\$10	\$9	26.62%	\$16	\$13	\$10	\$9	26.41%
Philhaven Hospital 14	5	\$21	\$21	\$20	\$23	-2.02%	\$23	\$23	\$22	\$23	0.58%
First Hospital ^{9, 14}	6	\$12	\$11	\$11	\$10	4.44%	\$11	\$11	\$11	\$10	4.28%
Kids in Crisis ^{1, 2, 3}	7	\$15	\$11	\$8	NA	NA	\$13	\$12	\$11	NA	NA
Delaware Valley Ment 14	8	\$8	\$8	\$6	\$5	18.85%	\$7	\$7	\$6	\$6	10.69%
Eugenia Hospital 12, 14	8	NR	\$20	\$20	\$20	NR	NR	\$19	\$18	\$17	NR
Horsham Hospital 1, 12, 14	8	\$22	\$26	\$20	\$20	2.52%	\$27	\$18	\$20	\$20	10.71%
Huntington Hospital 13, 14	8	NR	\$4	\$4	\$4	NR	NR	\$4	\$4	\$4	NR
Mapleton Psych Inst 2, 9, 14	8	NR	\$6	\$6	\$7	NR	NR	\$7	\$7	\$7	NR
Montgomery County 1, 14	8	\$5	\$5	\$7	\$7	-7.42%	\$8	\$7	\$7	\$8	-2.13%
Northwestern Inst 5, 12, 14	8	NR	\$11	NR	\$30	NR	NR	\$15	NR	\$26	NR
Villa St John Vianney 2, 14	8	\$3	\$4	\$4	\$4	-5.26%	\$3	\$4	\$4	\$4	-7.94%
Belmont Center 15	9	\$24	\$23	\$21	\$22	2.37%	\$25	\$24	\$23	\$24	1.81%
Charter Fairmount 1, 3, 14	9	NR	\$15	\$14	\$16	NR	NR	\$16	\$18	\$21	NR
Friends Hospital ¹⁴	9	\$32	\$31	\$35	\$37	-4.75%	\$35	\$33	\$37	\$39	-3.10%
Kirkbride Center 1, 12, 15	9	\$8	NA	NA	NA	NA	\$8	NA	NA	NA	NA
Child Guidance Center 2, 14	9	\$2	\$6	\$8	\$7	-24.31%	\$15	\$17	\$16	\$14	3.90%

TABLE P-6 (cont.)

Psychiatric Hospital	Region	Operating Margin FY98	Total Margin FY98	3-yr Average Total Margin FY96-FY98	Uncompensated Care to NPR FY98	Medicare Share of NPR FY98	Medical Assistance Share of NPR FY98
Weighted Average *		-4.26%	-1.61%	-4.45%	4.07%	ID	ID
**Lakewood Psych 12, 14	1	6.13%	6.42%	2.47%	5.10%	NR	NR
**Southwood Psych 2, 12, 14	1	3.90%	6.97%	2.64%	6.70%	NR	NR
Clarion Psych Ctr 1, 12, 14	2	36.75%	36.95%	27.06%	NR	NR	NR
Meadows Psych 1, 12, 15	4	9.09%	13.60%	9.39%	NR	6.30%	59.52%
Edgewater Psych Ctr 14	5	2.31%	2.31%	2.06%	5.28%	NR	NR
Philhaven Hospital 14	5	-7.06%	-2.65%	-1.09%	1.78%	NR	NR
First Hospital 9, 14	6	7.25%	7.25%	3.07%	2.13%	NR	NR
Kids in Crisis ^{1, 2, 3}	7	8.49%	8.49%	-9.37%	0.52%	0.00%	67.20%
Delaware Valley Ment 14	8	4.18%	7.14%	5.41%	0.14%	NR	NR
Eugenia Hospital 12, 14	8	NR	NR	NR	NR	NR	NR
Horsham Hospital 1, 12, 14	8	-23.54%	-22.23%	0.22%	NR	NR	NR
Huntington Hospital 13, 14	8	NR	NR	NR	NR	NR	NR
Mapleton Psych Inst ^{2, 9, 14}	8	NR	NR	NR	NR	NR	NR
Montgomery County 1, 14	8	2.74%	2.74%	2.77%	5.34%	NR	NR
Northwestern Inst 5, 12, 14	8	NR	NR	NR	NR	NR	NR
Villa St John Vianney 2, 14	8	5.08%	14.74%	14.64%	NR	NR	NR
Belmont Center 15	9	2.96%	2.99%	2.73%	3.20%	28.51%	48.75%
Charter Fairmount ^{1, 3, 14}	9	NR	NR	NR	NR	NR	NR
Friends Hospital 14	9	-7.24%	1.84%	1.70%	7.07%	NR	NR
Kirkbride Center 1, 12, 15	9	4.02%	4.02%	NA	0.00%	28.62%	32.25%
Child Guidance Center 2, 14	9	-74.00%	-73.42%	-29.15%	0.00%	NR	NR

See Footnotes on Page 43.

NR - Information necessary to report or calculate this measure was not provided by facility.

NA - Not Applicable.

ID - Insufficient data to compute a statewide average.

^{*}Weighted average for operating, total and three-year average total margins include non-profit hospitals and only the for-profit hospitals providing an after tax income.

^{**}Margins based on pre-tax income.

TABLE P-7

State Psychiatric	Region	Net Patient Revenue NPR (million)								3-yr Avg Change in	Total Operating Expenses TOE (million)								3-yr Avg Change in TOE FY95-FY98	
Hospital	Reç	F	FY98 FY97 FY96 FY95 FY95-FY98 FY98 FY97 FY9		Y96	FY95														
Weighted Average			\$10		\$11		\$12		\$13	-10.79%		\$40		\$40		\$40		\$41	-3.43%	
Mayview State ⁶	1	\$	11	\$	19	\$	25	\$	27	-19.97%	\$	60	\$	62	\$	70	\$	76	-7.07%	
Torrance State	1	\$	11	\$	12	\$	12	\$	14	-7.37%	\$	35	\$	35	\$	35	\$	32	2.91%	
Warren State	2	\$	9	\$	10	\$	10	\$	12	-8.27%	\$	34	\$	34	\$	38	\$	40	-4.75%	
Danville State	4	\$	11	\$	13	\$	15	\$	16	-9.84%	\$	31	\$	31	\$	33	\$	35	-3.62%	
Harrisburg State	5	\$	8	\$	8	\$	9	\$	10	-5.93%	\$	38	\$	35	\$	36	\$	38	-0.29%	
Clarks Summit State ⁶	6	\$	13	\$	12	\$	17	\$	17	-6.18%	\$	35	\$	32	\$	38	\$	36	-1.25%	
Allentown State	7	\$	8	\$	9	\$	9	\$	9	-0.56%	\$	35	\$	35	\$	36	\$	35	0.08%	
Wernersville State	7	\$	8	\$	8	\$	10	\$	11	-8.17%	\$	35	\$	33	\$	34	\$	36	-1.55%	
Haverford State ¹³	8	\$	4	\$	6	\$	5	\$	7	-13.39%	\$	26	\$	32	\$	33	\$	32	-6.13%	
Norristown State	8	\$	12	\$	12	\$	12	\$	13	-2.76%	\$	74	\$	68	\$	70	\$	68	3.05%	

TABLE P-7 (cont.)

State Psychiatric Hospital	Region	Percent of Expenses not covered by NPR FY98	Medicare Share of NPR FY98	Medical Assistance Share of NPR FY98
Weighted Average		75.90%	20.61%	58.21%
Mayview State ⁶	1	81.48%	25.84%	60.70%
Torrance State	1	67.83%	16.07%	13.20%
Warren State	2	73.88%	22.08%	61.53%
Danville State	4	63.84%	15.17%	73.72%
Harrisburg State	5	78.34%	26.15%	53.84%
Clarks Summit State ⁶	6	61.52%	15.76%	75.36%
Allentown State	7	75.83%	24.45%	59.77%
Wernersville State	7	76.51%	26.00%	56.29%
Haverford State ¹³	8	83.72%	24.29%	56.69%
Norristown State	8	83.67%	18.06%	65.34%

Specialty Care

Specialty hospitals are those hospitals that provide unique types of patient care that do not fall under the other categories of non-general acute care (GAC) hospitals presented in this report. There are seven hospitals in this category. Three of the hospitals are not in compliance with the Council's filing requirements and are not addressed in this section.

In lieu of an analysis of the trends in utilization and financial health of this very diverse category of hospitals, this section presents a brief summary of each of the four compliant hospitals, based on data available at the end of fiscal year 1998 (FY98).

Children's Home of Pittsburgh is a 235-bed inpatient non-profit transitional infant care facility that provides an intermediate level of medical care for infants who have passed the life-threatening stage of their illness and continue to require medical monitoring, care and supervision.

Table S-1 shows that Children's Home has experienced relatively steady revenue and expenses over the past three years. During this period the hospital has experienced average operating losses of 4% (operating margin) and average total margin of about 25%. The Home has been able to finance its operating losses through contributions, interest and dividend income and the sale of assets.

The Podiatry Hospital of Pittsburgh is primarily an outpatient podiatry hospital realizing 2,289 visits during FY98 (data reported are calendar year 1997). Although the hospital reports 13 staffed beds, it only provided 182 days of inpatient care during FY98. Table S-1 reveals that the Podiatry

Hospital has experienced an average annual decline from FY95 in net patient revenue (NPR) of about 20% and its FY98 operating and total margins were –65% and –64%, respectively.

Eagleville Hospital is a 126-bed inpatient drug and alcohol treatment facility. Table S-1 reveals that Eagleville has experienced an 8% decline in annual NPR between FY95 and FY98. However, Eagleville has been able to reduce annual operating expenses by almost 11%, resulting in an average three-year operating margin of about a negative 2%. As a result of state grants, investment income and contributions, Eagleville had been able to realize a three-year average total margin of over 6%. During FY98, almost 43% of its NPR came from the Medical Assistance program.

Hospital of the Home for the Jewish Aged (Hospital) is a 28-bed unit of the Philadelphia Geriatric Center that provides acute and rehabilitation care for residents of the Center. The entire Center had 566 beds in FY98 and provided a broad spectrum of care including skilled nursing and long term care.

Table S-1 illustrates that the Hospital has experienced about a 10% increase in annual NPR between FY95 and FY98. The hospital has managed to keep expenses in line with the increase in revenues so that it has experienced a relatively modest 1.7% three-year average operating loss. The Hospital's total margin averaged about 2% during FY96 through FY98 primarily as a result of income from investments and contributions. As expected, 94% of its NPR came from the Medicare program.

TABLE S-1

Charielty Heavital		N	Net Patient Revenue NPR (million)			3-yr Avg Change in	Tot	3-yr Avg Change in			
Specialty Hospital	Region	FY98	FY97	FY96	FY95	NPR FY95-FY98	FY98	FY97	FY96	FY95	TOE FY95-FY98
Weighted Average		\$7	\$10	\$11	\$11	-15.20%	\$7	\$11	\$11	\$12	-16.47%
Children's Home of Pgh	1	\$2	\$2	\$2	\$2	5.69%	\$3	\$2	\$2	\$2	3.50%
Podiatry Pittsburgh 1, 13, 15	1	\$2	NA	\$5	\$6	-20.35%	\$4	NA	\$6	\$6	-11.48%
Warren Dental Arts 1, 14	2	NR	NR	\$2	\$2	NR	NR	NR	\$2	\$2	NR
Eagleville Hospital	8	\$13	\$12	\$16	\$17	-8.09%	\$13	\$12	\$16	\$18	-10.57%
Malvern Institute 2, 12, 14	8	NR	\$2	NR	\$3	NR	NR	\$1	NR	\$3	NR
Valley Forge Medical 1, 14	8	NR	NR	NR	\$10	NR	NR	NR	NR	\$10	NR
Home Jewish Age ^{2, 6, 7, 9}	9	\$14	\$12	\$11	\$11	9.86%	\$14	\$12	\$11	\$11	9.48%

Specialty Hospital	Region	Operating Margin FY98	Total Margin FY98	3-yr Average Total Margin FY96-FY98	Uncompensated Care to NPR FY98	Medicare Share of NPR FY98	Medical Assistance Share of NPR FY98
Weighted Average		-0.77%	5.99%	-0.27%	2.92%	54.63%	ID
Children's Home of Pgh	1	-11.98%	20.42%	25.24%	0.23%	0.00%	19.98%
Podiatry Pittsburgh 1, 13, 15	1	-65.50%	-63.75%	NA	2.62%	39.04%	NR
Warren Dental Arts 1, 14	2	NR	NR	NR	NR	NR	NR
Eagleville Hospital	8	0.72%	11.31%	6.34%	4.13%	30.63%	43.40%
Malvern Institute 2, 12, 14	8	NR	NR	NR	NR	NR	NR
Valley Forge Medical 1, 14	8	NR	NR	NR	NR	NR	NR
Home Jewish Age 2, 6, 7, 9	9	-0.44%	3.56%	2.02%	2.80%	94.48%	0.90%

NR - Information necessary to report or calculate this measure was not provided by facility.

NA - Not Applicable.

ID - Insufficient data to compute a statewide average.

Ambulatory Surgery Center Care

During fiscal year 1998 (FY98) there were 49 freestanding ambulatory surgery centers (ASC) that were required to file data with the Council. Since FY95, the number of freestanding ASCs has increased by nine facilities.

The Council estimates that there were about 133,900 patient visits to ASCs during FY98. Figure A-1 shows that the number of patient visits has increased by 30% since FY95 from 103,329. Despite this steady growth, ASC visits represent less than one percent (about 0.6%) of all outpatient visits reported to the Council for FY98.

Figure A-2 reveals that net patient revenue (NPR) per visit received by ASCs has remained relatively constant, ranging between \$811 and \$843 from FY95 through FY98.

Figure A-3 shows the NPR by payor for ASCs and general acute care (GAC) hospitals. Compared to GAC hospitals, ASCs receive a larger portion of their NPR from commercial insurers and a much smaller portion of their revenue from the Medicare and Medical Assistance programs.

With the exception of commercial indemnity insurers and "other" payors, Figure A-4 illustrates that the NPR per visit ASCs received from the other five third-party payors are relatively similar.

Table A-1 presents the top six principal diagnoses for outpatients receiving treatment at GAC hospitals and ASCs during each facility's FY98. Table A-1 reveals that five out of six most frequent diagnoses are common for both GAC hospitals and ASCs.

FIGURE A-1
Statewide Patient Visits at ASCs

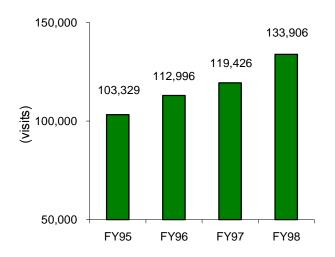


FIGURE A-2
Average Net Patient Revenue per Visit at ASCs

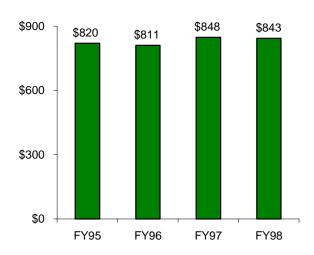
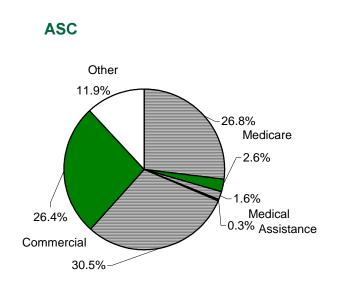


FIGURE A-3
ASC versus GAC Net Patient Revenue by Payor Type, FY98



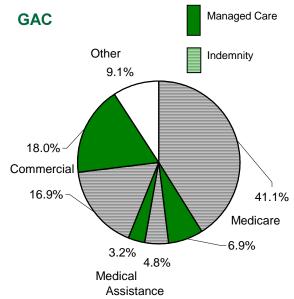
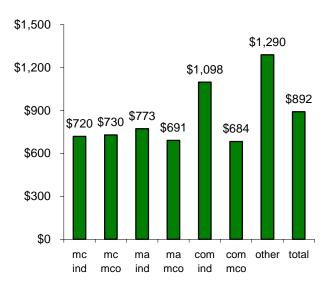


FIGURE A-4
Average Net Patient Revenue per Visit at ASCs by Payor Type, FY98



mc ind Medicare Indemnity
ma ind Medical Assistance Indemnity
com ind Commercial Indemnity
mc mco Medicare Managed Care
ma mco Medical Assistance Managed Care
com mco Commercial Managed Care

TABLE A-1Top Six Principle Diagnoses for Outpatients, FY98

	GAC Outpatient	ASC
Cataract Disorders	8.63%	26.27%
Neoplasm	3.86%	4.86%
Esophagitis	2.53%	3.28%
Carpul Tunnel Syndrome	*	2.41%
Back Disorders	2.22%	*
Diverticulosis	2.12%	2.21%
Hernia	1.96%	2.18%

^{*} Not among the top six diagnoses.

TABLE A-2

Ambulatory Surgery	on	1		nt Revenu ousand)	ie	3-yr Avg Change	Tota	3-yr Avg Change			
Centers	Region	FY98	FY97	FY96	FY95	in NPR FY95-FY98	FY98	FY97	FY96	FY95	in TOE FY95-FY98
Weighted Average		\$ 2,552	\$ 2,503	\$ 2,251	\$ 2,394	24.83%	\$ 2,271	\$ 2,231	\$ 1,950	\$ 2,021	27.99%
Aestique Ambulatory 1, 15	1	\$1,566	\$1,498	\$1,479	\$1,298	6.88%	\$1,502	\$1,539	\$1,464	\$1,182	9.03%
Hithsth Mt Pleasant 1, 15	1	\$1,505	\$1,531	\$1,477	\$1,495	0.24%	\$1,556	\$1,203	\$4,183	\$1,603	-0.97%
Jefferson Surgery Center	1	\$4,565	\$4,641	\$4,370	\$4,234	2.60%	\$3,911	\$3,815	\$3,673	\$3,450	4.46%
John A. Zitelli Amb ^{1, 14, 15}	1	\$655	\$653	\$592	\$592	3.54%	\$655	\$653	\$587	\$592	3.54%
Lowry SurgiCenter 1, 14	1	\$582	\$631	\$532	\$407	14.35%	\$574	\$636	\$597	\$522	3.31%
Mt Lebanon Surgical ¹⁴	1	\$1,558	\$1,891	\$1,590	\$1,313	6.23%	\$1,645	\$1,559	\$1,469	\$1,380	6.39%
North Shore Surgi 1, 14	1	\$651	NR	\$403	\$466	13.30%	\$620	NR	\$539	\$578	2.43%
Shadyside Surgi ^{1, 14}	1	NR	\$489	\$393	\$344	NR	NR	\$511	\$385	\$458	NR
Southwestern Amb 1, 14	1	\$2,594	NR	\$2,144	\$1,506	24.07%	\$2,403	NR	\$1,570	\$1,336	26.63%
Southwestern PA Eye 1, 14	1	\$2,418	\$417	NR	NR	NR	\$1,003	\$167	NR	NR	NR
Surgi Center at Ligonier 15	1	\$875	\$869	\$993	\$1,121	-7.31%	\$693	\$631	\$712	\$817	-5.07%
Three River Endoscopy 1, 14	1	\$813	NA	NA	NA	NA	\$757	NA	NA	NA	NA
UPMC Monroeville Surgery 14	1	\$3,535	\$3,930	\$4,813	\$5,701	-12.66%	\$6,095	\$5,867	\$4,215	\$4,601	10.82%
Saint Vincent Surgery ^{1, 15}	2	\$6,160	\$6,229	\$6,602	\$7,517	-6.02%	\$5,255	\$5,397	\$5,698	\$5,878	-3.53%
Zitelli South Amb ^{1, 5, 14}	2	\$150	NA	NA	NA	NA	\$150	NA	NA	NA	NA
Centre Community 15	4	\$4,682	\$4,238	\$3,670	\$3,400	12.56%	\$3,775	\$3,288	\$2,938	\$2,614	14.81%
Endoscopy Center PA 1, 15	4	\$728	\$140	NA	NA	NA	\$761	\$564	NA	NA	NA
Aesthetic Reconstruct ^{1, 14}	5	CO4	MD	#00	# 40	22.020/	#00	NR	Φ.Γ.Γ.	ФО 7	00.000/
	5	\$91	NR ¢c 020	\$80	\$46	32.92%	\$92	\$3,728	\$55	\$27	80.93%
Apple Hill Surgical Center Digestive Disease Inst 1, 15	5	\$6,712 NR	\$6,029	\$5,704	\$4,984 \$227	11.56% <i>NR</i>	\$4,035 NR	\$3,720	\$3,716	\$3,481 \$252	5.30% NR
Grandview Surgery 1, 15	5	\$4,959	\$341 \$5,266	\$255 \$4,884	\$4,141	6.58%	\$3,178	\$3,012	\$259 \$2,769	\$2,648	6.68%
Hanover SurgiCenter	5	\$1,849	\$1,822	\$1,585	\$1,848	0.03%	\$2,064	\$2,115	\$2,709	\$1,607	9.49%
Healthsouth Lancaster 1, 15	5	\$5,607	\$5,642	\$6,853	\$6,632	-5.15%	\$5,118	\$4,282	\$5,009	\$4,663	3.25%
Lebanon Outpatient 1, 15	5	\$3,365	\$3,148	\$3,224	\$2,519	11.20%	\$2,784	\$2,738	\$2,806	\$2,464	4.34%
Pennsylvania Eye Surgery ¹	5	\$1,541	NR	NR	NR	NR	\$1,175	NR	\$726	\$681	24.20%
Premier Ophthalmology ^{1, 4}	5	\$1,549	\$1,351	\$1,351	\$601	52.63%	\$1,446	\$1,132	\$1,132	\$534	56.91%
Surgical Center of York ¹⁵	5	\$2,892	\$2,446	\$2,109	\$2,454	5.95%	\$2,543	\$2,434	\$2,302	\$2,421	1.69%
West Shore Endoscopy 1, 15	5	\$1,128	\$1,048	\$1,314	\$1,093	1.07%		\$613	\$865	\$785	-7.34%

TABLE A-2 (cont.)

Ambulatory Surgery Centers	Region	Operating Margin FY98	Total Margin FY98	3-yr Average Total Margin FY96-FY98	Medicare Share of NPR FY98	Medical Assistance Share of NPR FY98	Visits FY98
Weighted Average		11.42%	11.16%	13.28%	ID	ID	3,431
Aestique Ambulatory 1, 15	1	4.06%	5.13%	1.86%	43.85%	NR	2,125
Hithsth Mt Pleasant 1, 15	1	-3.13%	-3.13%	-53.39%	39.72%	3.22%	1,782
Jefferson Surgery Center	1	15.42%	21.24%	21.39%	36.10%	1.55%	7,097
John A. Zitelli Amb ^{1, 14, 15}	1	0.00%	0.00%	0.25%	NR	NR	NR
Lowry SurgiCenter 1, 14	1	1.43%	1.43%	-3.44%	NR	NR	NR
Mt Lebanon Surgical ¹⁴	1	-5.58%	-5.09%	7.58%	NR	NR	NR
North Shore Surgi 1, 14	1	4.78%	4.78%	NR	NR	NR	NR
Shadyside Surgi ^{1, 14}	1	NR	NR	NR	NR	NR	NR
Southwestern Amb 1, 14	1	7.37%	7.43%	NR	NR	NR	NR
Southwestern PA Eye 1, 14	1	58.52%	58.52%	NR	NR	NR	NR
Surgi Center at Ligonier 15	1	20.82%	21.63%	28.33%	NR	NR	1,341
Three River Endoscopy 1, 14	1	6.91%	6.91%	NA	NR	NR	NR
UPMC Monroeville Surgery 14	1	-72.19%	-72.19%	-31.37%	NR	NR	NR
Saint Vincent Surgery ^{1, 15}	2	14.69%	16.03%	14.89%	NR	NR	6,381
Zitelli South Amb ^{1, 5, 14}	2	0.00%	0.00%	NA	NR	NR	NR
Centre Community 15	4	19.57%	19.57%	20.76%	NR	NR	5,401
Endoscopy Center PA 1, 15	4	12.84%	12.84%	NA	NR	NR	2,124
Aesthetic Reconstruct ^{1, 14}	5	-0.74%	-0.74%	NR	NR	NR	NR
Apple Hill Surgical Center	5	39.88%	40.44%	38.48%	26.55%	1.02%	9,385
Digestive Disease Inst 1, 15	5	NR	NR	NR	NR	NR	1,270
Grandview Surgery 1, 15	5	36.20%	36.20%	41.04%	14.35%	0.39%	3,554
Hanover SurgiCenter	5	-11.63%	-11.63%	-17.87%	38.16%	2.39%	2,305
Healthsouth Lancaster 1, 15	5	10.29%	10.29%	21.12%	17.26%	0.98%	5,620
Lebanon Outpatient 1, 15	5	17.45%	17.45%	15.03%	56.39%	NR	4,653
Pennsylvania Eye Surgery ¹	5	23.73%	24.31%	NR	NR	NR	NR
Premier Ophthalmology 1, 4	5	6.70%	6.70%	12.75%	69.40%	2.86%	2,026
Surgical Center of York ¹⁵	5	12.14%	12.14%	2.33%	NR	NR	3,661
West Shore Endoscopy 1, 15	5	45.72%	45.72%	40.23%	33.03%	0.52%	NR

TABLE A-2 (cont.)

Ambulatory Surgery	on	ı	Net Patier NPR (th	nt Revenu ousand)	ie	3-yr Avg Change	Tot	3-yr Avg Change			
Centers	Region	FY98	FY97	FY96	FY95	in NPR FY95-FY98	FY98	FY97	FY96	FY95	in TOE FY95-FY98
Eye Clinic Ambulatory 1, 4, 14	6	NR	\$1,272	\$1,109	\$1,003	NR	NR	\$991	\$1,056	\$939	NR
Healthsouth Scranton 1, 15	6	\$3,196	\$2,809	\$2,954	\$2,509	9.14%	\$2,599	\$1,913	\$2,244	\$2,126	7.41%
NEI Ambulatory Surgery 1, 14	6	\$3,328	\$2,683	\$2,422	\$2,271	15.52%	\$2,455	\$2,183	\$1,900	\$1,912	9.47%
Pocono Ambulatory Surgery ¹	6	\$2,092	\$1,998	\$1,960	\$1,842	4.53%	\$1,634	\$1,574	\$1,493	\$1,512	2.68%
Wyoming Valley Surgery Ctr	6	\$2,170	\$1,902	\$359	NA	NA	\$2,616	\$2,389	\$571	NA	NA
Exeter Surgery Ctr ^{1, 12, 15}	7	\$995	NA	NA	NA	NA	\$1,119	NA	NA	NA	NA
Fairgrounds Surgical Ctr 1, 15	7	\$5,430	\$5,319	\$5,865	\$5,425	0.03%	\$5,253	\$5,342	\$5,056	\$4,986	1.79%
Northwood Surgery Ctr 1, 14	7	NR	NR	NA	NA	NA	NR	NR	NA	NA	NA
Twin Rivers Endoscopy ^{5, 14}	7	\$53	NA	NA	NA	NA	\$141	NA	NA	NA	NA
Abington Surgical Center 15	8	\$7,572	\$6,329	\$5,526	\$5,106	16.10%	\$5,425	\$5,031	\$4,297	\$3,999	11.89%
Delaware Valley Laser 1, 12	8	\$1,812	\$1,644	\$1,577	NA	NA	\$1,084	\$1,097	\$1,122	NA	NA
Dermatolog Drexel Hill 1, 12, 14	8	NR	NR	\$157	NR	NR	NR	NR	\$177	NR	NR
Ft Washington Surgery 1, 14	8	NR	NA	NA	NA	NA	NR	NA	NA	NA	NA
Paoli Surgery Center 1	8	\$4,377	\$4,048	\$4,163	\$1,526	62.30%	\$4,010	\$3,557	\$3,949	\$1,563	52.20%
Surgery Center Bucks 14	8	\$1,479	\$397	\$88	NA	NA	\$2,002	\$1,352	\$644	NA	NA
Surgery Center Chester 1, 15	8	\$1,461	\$1,330	\$1,411	\$1,385	1.82%	\$1,613	\$1,570	\$1,604	\$1,699	-1.70%
The Eye Surgery Center 1, 14	8	\$5,191	\$4,459	NR	\$3,882	11.24%	\$5,629	\$3,879	NR	\$4,082	12.63%
Wills Eye Surgery Plymouth 14	8	\$1,431	\$479	NA	NA	NA	\$1,778	\$1,221	NA	NA	NA
Chestnut Hill Outpatient 5	9	NR	\$3,015	\$3,443	\$3,396	NR	NR	\$3,076	\$3,481	\$3,448	NR
Dermatologic Phil 1, 12, 14	9	NR	NR	\$105	NR	NR	NR	NR	\$145	NR	NR
Wills Eye Surgery NE 14	9	\$1,296	\$669	\$125	NA	NA	\$1,363	\$1,182	\$495	NA	NA

TABLE A-2 (cont.)

Ambulatory Surgery Centers	Region	Operating Margin FY98	Margin Fy98		Medicare Share of NPR FY98	Medical Assistance Share of NPR FY98	Visits FY98
Eye Clinic Ambulatory 1, 4, 14	6	NR	NR	NR	NR	NR	NR
Healthsouth Scranton 1, 15	6	20.11%	20.11%	25.43%	NR	NR	NR
NEI Ambulatory Surgery 1, 14	6	26.55%	26.55%	22.72%	NR	NR	NR
Pocono Ambulatory Surgery 1	6	21.91%	21.95%	22.39%	29.74%	3.09%	2,403
Wyoming Valley Surgery Ctr	6	-19.80%	-19.80%	-24.94%	40.62%	1.60%	2,206
Exeter Surgery Ctr ^{1, 12, 15}	7	-12.49%	-12.49%	NA	NR	NR	838
Fairgrounds Surgical Ctr 1, 15	7	3.25%	3.36%	5.39%	26.87%	0.91%	5,934
Northwood Surgery Ctr 1, 14	7	NR	NR	NA	NR	NR	NR
Twin Rivers Endoscopy ^{5, 14}	7	-167.11%	-167.11%	NA	NR	NR	NR
Abington Surgical Center 15	8	28.73%	28.73%	25.30%	NR	NR	9,105
Delaware Valley Laser 1, 12	8	40.15%	40.15%	34.35%	52.80%	4.71%	2,011
Dermatolog Drexel Hill 1, 12, 14	8	NR	NR	NR	NR	NR	729
Ft Washington Surgery 1, 14	8	NR	NR	NA	NR	NR	209
Paoli Surgery Center 1	8	8.48%	8.48%	8.73%	NR	NR	4,661
Surgery Center Bucks 14	8	-35.39%	-81.91%	-152.13%	NR	NR	NR
Surgery Center Chester 1, 15	8	-10.39%	-9.37%	-13.33%	NR	NR	1,876
The Eye Surgery Center 1, 14	8	-8.44%	-7.99%	NR	NR	NR	NR
Wills Eye Surgery Plymouth ¹⁴	8	-24.22%	-24.22%	NA	NR	NR	NR
Chestnut Hill Outpatient ⁵	9	NR	NR	NR	NR	NR	NR
Dermatologic Phil 1, 12, 14	9	NR	NR	NR	NR	NR	517
Wills Eye Surgery NE 14	9	-5.20%	-70.39%	49.96%	NR	NR	NR

NR - Information necessary to report or calculate this measure was not provided by facility.

NA - Not Applicable.

ID - Insufficient data to compute a statewide average.

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. Not a Medicare provider.
- 3. Medicare cost report and audited financial statements cover different 12-month periods.
- 4. Medicare cost report is combined with another facility.
- 5. Less or more than 12 months of data.
- 6. The hospital has specialty units such as psychiatric, rehabilitation, long term care, skilled nursing facilities, etc.
- 7. The hospital has a home health agency.
- 8. Extraordinary item reported on audited financial statement.
- 9. Balance sheet ratios are for the parent organization.
- 10. Acquired or merged with another licensed hospital during the FY98 reporting period.
- 11. Acquired or merged with another licensed hospital during the FY96 or FY97 reporting periods.
- 12. For-profit facility; no for-profit GAC hospitals existed in FY98.
- 13. Facility is referred to as a different name after FY98 reporting period.
- 14. Not in compliance with one or more of the Council financial document requirements.
- 15. Incomplete data.

Non-GAC Hospitals and Ambulatory Surgery Centers not in compliance with one or more of the Council's financial filing requirements.

Charter Fairmount Institute

Chestnut Hill Rehabilitation Hospital

Children's Seashore House Clarion Psychiatric Center

Delaware Valley Mental Health Foundation

Edgewater Psychiatric Center

Eugenia Hospital

First Hospital of Wyoming Valley

Friends Hospital Horsham Hospital Huntington Hospital

Lakewood Psychiatric Hospital

Malvern Institute

Mapleton Psychiatric Institute

Montgomery County MH/MR Emergency Service

Northwestern Institute of Psychiatry

Philhaven Hospital

Reading Rehabilitation Hospital Southwood Psychiatric Hospital

The Child Guidance Center of the CHP Valley Forge Medical Center & Hospital

Vencor Hospital /Pittsburgh Villa Saint John Vianney Hospital

Warren Dental Arts Hospital

Aesthetic & Reconstructive Surgery

Dermatologic Surgi Center / Drexel Hill

Dermatologic Surgi Center / Philadelphia

Eye Clinic Ambulatory Surgical Center, Inc

Fort Washington Surgery Center

John A. Zitelli, M.D., P.C., Ambulatory Surgery

Facility

Lowry SurgiCenter

Mt. Lebanon Surgical Center NEI Ambulatory Surgery North Shore Surgi-Center Northwood Surgery Center

Shadyside Surgi-Center, Inc.

Southwestern Ambulatory Surgery Center Southwestern Pennsylvania Eye Surgery Center

Surgery Center of Bucks County

The Eye Surgery Center

Three Rivers Endoscopy Center Twin Rivers Endoscopy Center UPMC Monroeville Surgery Center

Wills Eye Surgery Center of Plymouth Meeting Wills Eye Surgery Center of the Northeast Zitelli South Ambulatory Surgical Center

Glossary

Ambulatory Surgery Center (ASC): A facility, not located on the premises of a hospital, that provides outpatient surgery to patients who do not require overnight hospitalization but who do require medical supervision following the procedure. An ambulatory surgical facility does not include individual or group practice offices of private physicians or dentists, unless such offices have a distinct part used for outpatient surgical treatment on a regular basis.

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. Medical Assistance and Medicare reimbursements administered by a commercial insurer are included under the Medicare and Medical Assistance payor type.

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

Long Term Acute Care (LTAC) Hospital: An acute care facility where the average length of stay is typically over 30 days.

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 is the estimated actual revenue received by the hospital or surgery center for patient care. Estimates include retroactive adjustments for care provided during the fiscal year under reimbursement agreements with third-party payors. Corrections to revenue estimates are made in future periods as settlements are made with third-party payors.

Occupancy Rate: The average daily inpatient occupancy rate for staffed beds. The occupancy rate reflects what percent of the staffed beds are occupied on the average day. (patient days / bed days available)

Operating Income: The amount by which total operating revenue exceeds 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 a hospital or ambulatory surgery center during the fiscal year. Visits do not reflect the visits made by hospital staff to a patient's home.

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

Psychiatric Hospital: An institution, other than a GAC hospital, engaged in providing acute short-term psychiatric services on an inpatient basis and may also offer long term residential programs. Acute psychiatric care is rendered in response to severe psychiatric conditions requiring intervention to bring the patient's symptoms under control.

Rehabilitation Hospitals: An inpatient facility, other than a GAC hospital, which is operated for the primary purpose of assisting in the rehabilitation of disabled persons through an integrated program of medical and other services. Rehabilitation facilities do not include freestanding facilities for the treatment of drug and alcohol related conditions.

Staffed Beds: Number of beds that are set up and staffed at the end of the hospital's fiscal year.

Total Income (Revenue over Expenses): Total 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 a security.

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 acquisitions of durable equipment and other property are not considered expenses but 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: All revenues allocated by the hospital to meet operating expenses. Includes revenue sources such as: net patient revenue, investment income, grants, and revenue from other operations such as the cafeteria, parking, rent, research and educational activities. Individual hospitals may also allocate investment income, grants, etc. as nonoperating income.

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

Turnover Rate: The number of times that the average patient population is discharged from a facility during the fiscal year. Turnover rate is calculated by dividing the number of discharges during the fiscal year by the average daily patient population. Average daily patient population can be calculated by multiplying the occupancy rate by the number of staffed beds. Turnover rate provides some insight into the length of stay for hospital categories where some patients may stay longer than one year, and average length of stay cannot be calculated from annual patient day and discharge data.

Uncompensated Care Share to NPR: 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 charges because the patient is unable to compensate the hospital either 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, and later determined to be uncollectable. Annual charity care amounts reported as charges or costs have been adjusted to a revenue (NPR) basis. (foregone revenue of charity care + bad debt) / NPR

Weighted Average: Three-year average change in Net Patient Revenue (NPR) and three-year average change in Total Operating Expenses (TOE) were calculated by summing FY98 figures and FY95 figures, then placing sums in the following equation: (((NPR $_{98}$ - NPR $_{95}$) / NPR $_{95}$) / 3) or (((TOE $_{98}$ - TOE $_{95}$) / TOE $_{95}$) / 3). Weighted averages were similarly calculated for Operating Margin, Total Margin, Three-Year Average Total Margin, Uncompensated Care to NPR, Medicare Share of NPR, and Medical Assistance Share of NPR. Averages include estimated data for facilities not reporting.

NOTE: All utilization data excludes routine newborn/nursery.

Pennsylvania Health Care Cost Containment Council 225 Market Street, Suite 400 Harrisburg, PA 17101

Telephone: 717-232-6787

FAX: 717-232-3821

www.phc4.org

Marc P. Volavka

Executive Director