INSTITUTE FOR HEALTH
IHSP & SOCIO-ECONOMIC POLICY

# The IHSP Hospital 200: The Nation's Most -and Least – Expensive Hospitals

Revision 2.01: Embargoed Until June 24, 2003

***Includes Hospital Total Charge to Cost Ratios by State, the Top Hospitals for Each, & an Expanded Discussion of Hospital Gross Charges and Medicare Reimbursement Rates***

*The Institute for Health & Socio-Economic Policy (IHSP) is a non-profit policy and research group. The IHSP focus is current political/economic policy analysis in health care and other industries and the constructive engagement of alternative policies with international, national, state and local bodies to enhance promote and defend the quality of life for all.*

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## I. Introductory Remarks

The Institute for Health & Socio-Economic Policy (IHSP) is a non-profit research and policy organization with a focus on health care and other industries. The IHSP has a prestigious health care advisory board, one of whom has co-authored a work nominated for a Pulitzer Prize, and scholars from the Albert Einstein College of Medicine, Boston University, Harvard University, and the University of California.

Among past and current IHSP projects are:

- The health care impacts of California Proposition 209 for the Public Media Center and the California Wellness Foundation.(Wellman & Yamashita, 1996)
- The relationship of pharmaceutical mergers to drug prices and caregiver staffing ratios for the Office of US Congressman Dennis Kucinich, Ohio.
- A review of literature on health care and technology at the request of the U.S. Congress, Office of Technology Assessment.
- Another study for Congressman Kucinich examining hospital drug pricing practices and their impact on hospital charges overall is in progress.
- Joint sponsorship with the one million member **International Federation of Automatic Control**'s (**IFAC**) *Committee on Social Impact of Automation* of an international conference in San Francisco on Human Centered Design.

This study was commissioned by the California Nurses Association.

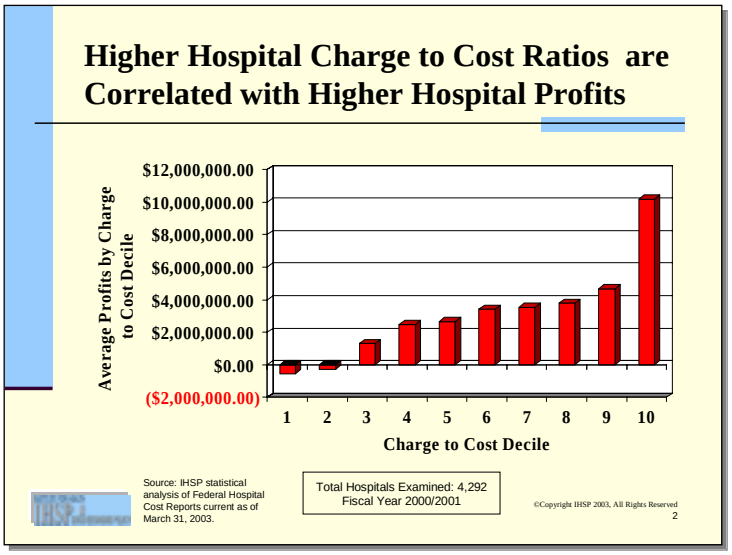
## II. Executive Summary of Principal Findings

This report examines Federal Hospital Cost Reports current as of March 31, 2003 for Fiscal Year 2000/2001. Given the ever-increasing rate of medical inflation, the increasing numbers of the uninsured, and the widespread charges of fiscal wrong doing leveled against some hospitals and hospital chains in recent months, this report seeks to quantify the degree to which - if any - hospitals may be contributing to overall medical inflation.(Strunk, Ginsburg, & Gabel, 2002; Strunk, Ginsburg, & Gabel, 2001) It does so by examining inpatient and outpatient charge to cost ratios for the major hospital financial categories/centers commonly found in Federal Hospital Cost Reports as detailed in the most recent filings. These include Operating Rooms, Recovery Rooms, Emergency Rooms, Intensive Care Units, Drugs Sold To Patients, Coronary Care Unit, Cardiac Catheterization Laboratory, Medical Supplies Charged To Patients and many, many others. (See Table 72 for details).

A summary of our findings are presented below and again in the section entitled "Principal Findings."

- Tenet Healthcare Corporation dominated the Top 100 most expensive hospitals by an overwhelming degree, placing 64 hospitals on the list and occupying the top 14 listings, all but one of which were in California.

- A statistical decile analysis linking hospital total charge to cost ratios and hospital profits reveals a strong positive correlation between charge to cost ratios and profits. On average, the higher the average charges to costs the higher the average profits as the chart, *Higher Hospital Charge to Cost Ratios are Correlated with Higher Hospital Profits* unequivocally demonstrates.




- On average, the larger a hospital as measured by average number of beds, the higher the total charge to cost ratio.

- On average, the larger a hospital as measured by average number of beds, the higher the total charge to cost ratio **and** the higher the corresponding average profits.

- Of the top 100, the two largest chains, Tenet and HCA account for 64 and 8 respectively, or 72 hospitals.

- Only 5 hospitals in the Top 100 were not system affiliated, while 69 of the nation's least expensive 100 hospitals were not system affiliated.

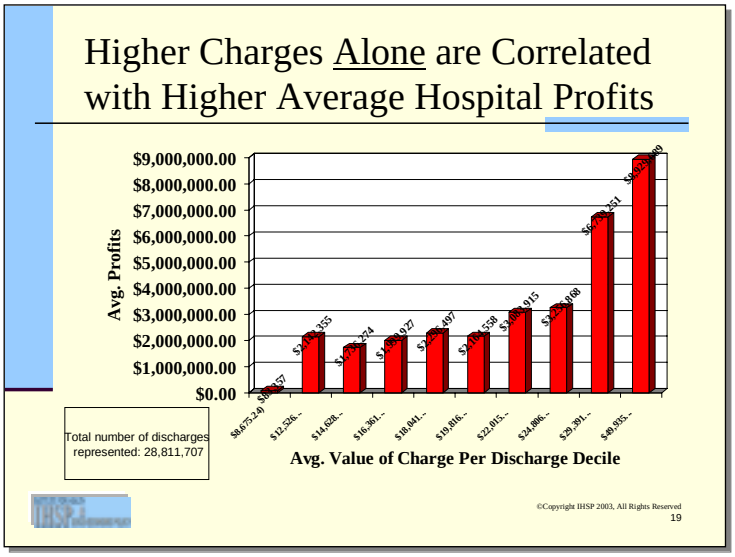
Our finding that system affiliated hospitals dominated the Top 100 and were nearly absent in the least expensive hospitals nationwide is consistent with earlier research on California hospitals (Dranove, Durkac, & Shanley, 1996) which indicated that system affiliated hospitals exhibit marketing and not production efficiency. That work found that any efficiencies the system related

hospitals gain that contribute to their profit margins stem from hospitals' abilities to market themselves to the community and not from any efficiencies in the production of health care services. In part, that study stated:

> *... we did a cross-sectional analysis of local hospital systems in California in the late 1980s and then in the early 1990s.* ***In both studies we found that the benefits of horizontal integration stem from greater efficiencies in marketing hospitals systems to the community rather than from efficiencies in the production of services. ….. These results are consistent with those we obtained in our earlier study. Systems do not, in general, exhibit production efficiencies.*** (Dranove et al., 1996)

- Not only was the national Average Total Charge to Cost **Ratio** associated with greater hospital profits, but in addition, **charges alone**, calculated as the *Average Charge per Individual Patient Discharge* was strongly correlated with higher average hospital profits as the adjacent chart illustrates. [1] (See Table 9 for more detail).

- Total number of discharges represented is 28,811,707.




- The 5 most expensive hospital systems nationwide and their average charge to cost ratios are:

| | | |
|---|---|---|
| 1. | Crozer-Keystone Health System:[2] | 584.36% |
| 2. | Tenet Healthcare Corporation: | 476.60% |
| 3. | Saint Barnabas Health System: | 419.63% |
| 4. | Liberty Healthcare System: | 416.91% |
| 5. | NorthBay Healthcare System: | 406.34% |

- Three states, California, Florida and Pennsylvania accounted for about 64% of the top 100.

- New York State, with 194 hospitals in our data set, 188 of which were non-profits of one sort or the other, had a statewide average charge to cost ratio of 181.33%, significantly below the national average of 205.84%..

- The national average total charge to cost ratio for the 4,292 studied is 205.84%, that is, charges are a little more than double costs.

[1] Charges per patient discharge are calculated by dividing total charges for each hospital by total discharges for each. All hospitals with 100 or more total discharges are included in the calculations.
[2] Krozer is a very small system, but nonetheless is classified as such.

- Eliminating the two large hospital chains that dominate the most expensive list - Tenet and HCA – from the data set lowers the nationwide average charge to cost ratio to 195.66%, or about a 10% reduction – eliminating Tenet alone renders a 199.38% reading for a 6.5% reduction nationwide.

- The average charge to cost ratio for the Top 100 was 525.27%.

- Average **total** charge to charge ratios varied considerably by hospital control type, from highs of 296.08% for Proprietary Corporations and 211.52% for Voluntary Nonprofit, Church based entities to lows of 176.48% for Government facilities and 150.47% for Individual Proprietary enterprises. (Table 16)

- Average **individual** patient charges and costs per discharge likewise varied by control type. Cost per discharge for Proprietary Corporations was about $8,978 and charge per discharge about $26,534. For Voluntary Nonprofit, Other, the figures were $11,087 and $20,984. The national averages were $10,854 cost per patient discharge and $21,342 per patient discharge. (Table 17)

- Of the 4,292 hospitals examined for this report, 1,460, or about 34% of the data set, reported a net loss for the time period.

## III. Introduction

In a previous report, the IHSP documented the Nation's Top 100 Hospitals with the highest operating charges compared to operating costs (Institute for Health & Socio-Economic Policy, 2003) for the 1999/2000 fiscal year.

That report found that investor owned hospitals and large hospital systems dominated the top 100 highest charging operating rooms in the U.S., and that the average Operating Room charge to cost ratio was about 227%.

Nationally, for-profit hospitals comprised 61 of the top 100, of which 44 were owned by the nation's two largest investor-owned systems, Tenet Healthcare and HCA – The Healthcare Company. For-profit hospitals accounted for 9 of the top 10. Multi-hospital systems made up 79 of the top 100, suggesting a strong correlation between both for-profit and large hospital chains with enhanced market share and high Operating Room charges.

The top 10 hospitals on the Operating Room list by gross charge to cost ratio were:

- Tempe St. Lukes Tempe, Az. (Iasis Healthcare), 1020%
- Doctors Medical Center, Modesto, Ca. (Tenet), 974%
- Doctors Hospital, Manteca, Ca. (Tenet), 940%
- Ft. Walton Beach Medical Center, Fort Walton, Fl. (HCA), 920%
- Redding Medical Center, Redding, Ca. (Tenet), 897%
- St. Lukes Medical Center, Phoenix, Az. (Iasis), 885%
- San Dimas Community Hospital, San Dimas, Ca. (Tenet), 881%
- Garfield Medical Center, Monterey Park, Ca. (Tenet), 881%
- Calhoun-Liberty Hospital, Blountstown, Fl., 835%
- Hughston Sports Medicine Hospital, Columbus, Ga. (HCA), 818%

That report prompted criticisms from some quarters, notably hospital executives, to the effect that although our report's charge to cost calculations were probably accurate, operating room charges are only one line item in the reports hospitals must file with the federal government and do not give a complete picture of a hospital's "… entire scope of the stay(s)…"(Renfro, 2003)

> *"They've taken a piece of the cost report which every hospital files with Medicare, with the government, and they've taken one line which is the relation of cost to charges for the operating room." Busatti added.*
> *In other words, Wesley says the study only looked at what it costs to be on the operating table, not what it costs for everything else.*
> *"If our pharmacy charges are less, if our radiology charges are less, that's the entire scope of the stay. It's not just your operating time."(Renfro, 2003)*

Others were more severe in their criticisms, and maintained that hospitals do not receive as payment all that they charge and consequently charges are irrelevant, particularly since, they stated, that reimbursement rates are fixed by payers such as Medicare, HMOs and others. Further, critics claimed, their high charge to cost ratios are simply a reflection of their greater efficiency and they do not believe they should be publicly censured on that basis.

Typical of that criticism is the following:

> *Gregory Duick, chief executive of the Kansas Heart Hospital and one of its founders, said the hospital's charges are "very similar" to the amounts charged for the same procedures at Wichita's major hospitals, Wesley and Via Christi Regional Medical Center.*
> *But, he said, Kansas Heart Hospital's costs are lower, resulting in a greater cost-to-charges ratio.*
> *Asked why the hospital doesn't simply charge less, Duick said, "Why would we penalize ourselves for our own efficiency? The real question is why can't the other hospitals lower their costs?"*
> *Wesley's chief financial officer, David Busatti, called the numbers in the report "irrelevant."*
> *"We establish a charge based on the cost of the procedure plus a small mark-up," he said. "We charge the same to everybody. But that's not what we get paid. Ninety percent of our patients are either Medicare or covered by contract payers."*
> *He said the cost-to-charge ratios were taken from reports filed by Wesley with the federal government, and he did not dispute their validity.*
> *"I'm sure the numbers are correct," he said. "But again, the charges are irrelevant because that's not what we get paid."(Griekspoor, 2003)*

It should be noted here that contrary to hospital industry straw-man allegations, the IHSP has never maintained that hospitals habitually receive 100% of gross charges as reimbursements; only that gross charges are a key variable in determining actual reimbursements from a number of payers, including Medicare, Medicaid, HMO contractual agreements, and Worker Compensation programs.

Paul Ginsberg, president of the Center for Studying Health System Change, is also concerned about hospital gross charges or "list prices:"

> *Gross charges are important to payer issues beyond Medicare outlier reimbursements, said Paul Ginsburg, …..*

> *Among federal policymakers, Ginsburg said, there "is a belated recognition of the fact that there are some categories of services that have long been more profitable than others. The source of this has to be in the charge system." These profitability distortions, amplified by rapid increases in gross charges, have resulted because of productivity improvements in some clinical areas, such as cardiovascular and orthopedic services, he said. Fewer such gains have been made in treating medical admissions, he added, so these DRGs tend to be money-losers.*
>
> *General hospitals-not to mention specialty hospitals and surgery centers-have followed those incentives and have invested in the profitable services and downplayed the unprofitable services or, in other words, skewed their case mix to favor the lucrative services, Ginsburg said. That has thrown the overall fairness of the Medicare reimbursement system out of whack, he said.* (Galloro, 2003)

This report addresses those criticisms and employs data sets that only very recently became available. It does so by first calculating aggregated inpatient and outpatient total hospital charges to total hospital costs for the major hospital financial categories/centers commonly found in Federal Hospital Cost Report Filings. These include Operating Rooms, Recovery Rooms, Emergency Rooms, Intensive Care Units, Drugs Sold To Patients, Coronary Care Unit, Cardiac Catheterization Laboratory, Medical Supplies Charged To Patients and many, many others.

Secondly, the report demonstrates the relationship of hospital gross charges and costs to average hospital profits. Such an examination is particularly useful in understanding why and how it is that at the national level the greater a given hospital's total charge to cost ratio, the greater the likelihood that its net income will benefit. Table 8 in the Tables (Tables) section of this report detailing profits by total charge to cost ratios for 4,292 hospitals in fiscal year 2000/2001 clearly elucidates the exceptionally positive correlation between high charge to cost ratios and average hospital profits.

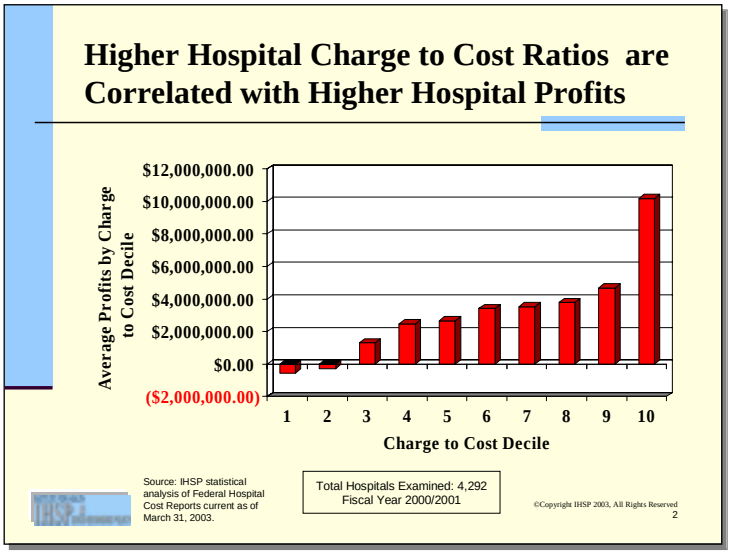
Finally, the pedantic neo-classical economic conceptualization of "efficiency" employed by some hospital executives when referring to their lower costs and/or subsequent overall charge to cost ratios should be clarified before any quantitative analysis is presented.

> *Asked why the hospital doesn't simply charge less, Duick said, "Why would we penalize ourselves for our own efficiency? The real question is why can't the other hospitals lower their costs?"(Griekspoor, 2003)*

What can be termed “technical efficiency” in any given business enterprise has absolutely no necessary relation to the “social efficiency” the product of that enterprise may engender. Technical efficiency refers to such activities as “through-put,” “cycle time,” the ratio of capital to labor (the substitution of technology for employees, or degree of mechanization), et. Social efficiency, by contrast, is directly concerned with the social value of a given firm’s product, in this instance, both the quantity and quality of health care made available by a given hospital and the expense associated with that quantity and quality. Viewed from this perspective, it becomes clear why the burden is not simply on other hospitals to lower costs to achieve a greater degree of technical efficiency via a higher charge to cost ratio. In a nation with 41 million uninsured, the burden is on those hospitals with a high charge to cost ratio to lower their charges to increase the quantity and quality of care available to all and thereby give preference to social and not mere technical efficiency and simultaneously to lower overall medical inflation.

## IV. Principal Findings

- Tenet Healthcare Corporation dominated the Top 100 most expensive hospitals by an overwhelming degree, placing 64 hospitals on the list and occupying the top 14 listings, all but one of which were in California.

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## V. Data Sources

All charge to cost data is based on the very latest (March 31, 2003) material within Federal Hospital Cost Report Filings. Calculations in Sections V through VI also utilize California Office of Health Planning and Development Patient Discharge Data, Public Version, and California State Workers Compensation Data, obtainable from the California State Department of Industrial Relations. (See References section of this report).

## VI. Methods

### *A. General Observations on Scientific Method*

Subsequent to the initial release of this study, some hospital systems, particularly those that were found to have charge to cost ratios well above the national average, have been critical of the study findings. However, none have spoken to the methodology employed but have continued to claim that "gross hospital charges" are irrelevant because actual reimbursement rates are "fixed."

Representative of those elements within the industry that had significant higher than average charge to cost ratios is a marked unwillingness to address either the applicability of the data sources (Federal Hospital Cost Reports) or the study design and methodology. (Chapman, 2003; Galloro, 2003) (Lewis, 2003) Typical of that unwillingness is that those with higher than average charge to cost ratios simply,

> … *decline(d) to make specific comments on the validity of the methodology used* (Galloro, 2003)

By contrast, those hospital chains or individual hospitals that were found to be at, below or only slightly above the national average have also on the whole been silent about the study methodology; but some have not hesitated to claim that our study demonstrates that they are delivering quality care at affordable rates. (Menser, 2003; Miller, 2003) (Dobbs, 2003)

Given all this, we believe it is appropriate to clarify in relatively simple terms those design criteria that are common to all sound research programs.

We present below a very brief enumeration of design criteria to which any social science study should adhere. There are other criteria that are germane; however, they tend to be derivatives of these basic principles. For example, if sampling is employed in the study design, it should be representative (a derivative of the Integrity of Data Sets criterion) and the sampling method should be clearly articulated (a derivative of the Transparency of Design criterion).

All adequate study designs adhere to sound and widely accepted principles of scientific practice. Among them are:

#### 1. Replicability of Findings

The findings of any given scientific study must be able to be replicated by other analysts employing the same methodology and the same data. This is a crucial component of validity testing in any study design and is related to the Transparency of Design criterion.

### 2. Transparency of design

Transparency is a necessary condition of any good design. In the present instance, it is particularly necessary for future studies on the relation between hospital charges, costs, reimbursements and public access to care.

### 3. Open data architecture, format and structure

- Clearly stated methodology
- Non-proprietary data sets

### 4. Consistency of data format and structure across study period

Without a consistent data format and structure across the study period, no comparative analysis is possible within the study period or with future studies.

### 5. Demonstrable *Mechanism of Action*, i.e., relevance between antecedent conditions and study object

Both variable selection and variable relevance logically and formally precede statistical manipulation and examination of variables. However, there is apparent widespread confusion in the literature on this basic research criterion. Many researchers have designed models with insufficient attention to the relevance of the variables to be initially included in the design. Those designs proceed as though variable relevance **reduces** to a product of mathematical and/or statistical examination. If that were so, a model design whose object was to determine the cause of the sun rising **could** include the crowing of roosters.

### 6. Integrity of data sets

Original data sets must not only have an open architecture but must in so far as possible accurately reflect the phenomena they purport to describe.

### 7. Design model must take into account both the possible confirmation and disconfirmation of principal findings/hypotheses

A given design model must not fall victim to a *self-fulfilling prophecy* flaw; that is, the model **itself** must provide some mechanism by which its hypotheses could be subject to disconfirmation. If it does not, common occurrences of this flaw take the following forms:

- Only data which can confirm hypotheses are selected for inclusion in the model and all other data are excluded,
- and/or the hypotheses to be tested are so trivial that confirmation is guaranteed,
- or the confirmation and disconfirmation mechanisms within the model – statistical, observational, or otherwise - are constructed to **improve** the likelihood of hypotheses confirmation and to **decrease** the likelihood of hypotheses disconfirmation.

Strict adherence to these general canons of scientific practice is reflected in this report.

### *B. Methodology Employed in this Report*

All hospital charges and costs were aggregated for both inpatients and outpatients.

Hospitals were included in our analytical data set if and only if they met all of the following conditions:

- The hospital must be a short-term general acute care hospital.
- If a given hospital had more than one filing for the fiscal year only that filing for the greater number of days during the time period was included for analysis in order to prevent duplication.
- The hospital must have total charges equal to or greater than its total costs. (This is a 100% charge to cost ratio).
- The total charge to cost ratio was calculated by dividing the total aggregated charges by total aggregated costs associated with each hospital's major financial categories/centers. (For a listing of those categories/centers, see Table 72 Tables).
- Charges per patient discharge are calculated by dividing total charges for each hospital by total discharges for each. All hospitals with 100 or more total discharges are included in the calculations
- Decile analyses were employed to facilitate the analysis on key variables:

    - Total Charges to Total Costs (Charge to Cost Ratio)
    - Charges to Costs Relative to Profits
    - Charge Per Individual Discharge Relative to Profits
    - Hospital Size as Measured by Numbers of Beds Relative to Profits

Decile analyses are a relatively straight forward but extremely powerful statistical tool by which to reveal patterns not readily observable when dealing with very large data sets and thousands of variables. The process can be summarized as follows:

Data are categorized based on 10 percentile groups, with each group containing approximately the same number of cases. A value of 1 is assigned to a group of cases whose values relative to select variables fall below the 10th percentile, 2 to cases between the 10th and 20$^{th}$ percentile, 3 to cases between the 20th and 30th percentile, and so on.

It is accepted business accounting practice to express various expense/cost categories as costs as a fraction of charges. From a business perspective, such an approach is wholly appropriate. However, from a consumer perspective – patients, employers and insurers - it may make more sense to reverse that common practice and utilize charge to cost ratios instead. For example, in a previous study for US Representative Dennis Kucinich (D-OH-10) (DeMoro, 2001) examining less recent data we demonstrated that the national average hospital drug cost to charge ratio for patients was about .29 (costs÷charges). However, the charge to cost ratio, expressed as charges as a percent of costs, (charges ÷ costs x 100) was about 345%. That is, the charge is 345% of the actual cost of a given business expense. For purposes of this study, we constructed aggregated in patient and out patient charge to cost ratios for numerous hospital financial categories/centers.

## VII. Comment on Hospital Charges and Costs[4]

### *A. Medicare Fixed Rate Reimbursement is Impacted by Hospital Gross Charges*

When pressed, the hospital industry habitually states that gross hospital discharges are irrelevant since actual payments from Medicare and other payers are reimbursed via fixed rates.

[4] Much of the following is excerpted from: *Tenet Health Care Corporation, Drugs and Hospital Charges: Impact on Health Care Costs in California and Nationwide* (2003). Orinda: Institute for Health & Socio-Economic Policy.

The question left unasked - and unanswered - is if reimbursement rates are absolutely fixed, then why are not hospital gross charges – the "list prices" fixed and indexed to the same rate? The answer is reimbursement rates are not *a priori* absolutely fixed. The methodology by which Medicare reimbursement rates are set, e.g., makes use of a number of variables including hospital billed or gross charges.(See Table 71) And, that same charge structure plays a vital role as a starting point for negotiated hospital reimbursement rates from other payers such as HMOs.

Medicare "outlier payments" are discussed below, (Medicare) but the often cited Medicare fixed rate for each DRG is itself not immune from hospital charge structures. Those flat rates are impacted by a number of variables, among them a federally computed relative weighting system for each DRG. Most critically for understanding the importance of hospital gross charges, those relative DRG weights are *themselves* heavily impacted by hospital pricing practices; that is, hospital gross charges or "list prices" for products and services. In discussing the variation in hospital margins relative to Medicare payments, the federal Medicare payment Advisory Commission[5] (MedPAC) states:

> *Adopting a patient classification system that is more sensitive to differences in severity of illness than the current DRGs might eliminate the unintended case mix contributions to margin variation across hospitals. It is also possible, however, that a portion of the problem arises from limitations in the data and methods used to calculate the national DRG relative weights.* ***The DRG weights may be biased because they are based on hospitals' service charges,****(emphasis added) and thus reflect the systematic differences in mark-ups across services that are built into hospitals' charge structures.(2003f)*

Calculations of Medicare reimbursement rates – both the flat rate and outliers - therefore involve hospital gross charges, the "list price" for hospital products and services.[6]

Elsewhere, MedPAC writes:

> *… the weights(relative DRG weights) are based on the total billed service charges hospitals report on their claims for all cases in each DRG* (2000)

Further,

> *Currently, the weight for each DRG is calculated by dividing the national average standardized total charge per case for all cases in the category by the overall national average standardized charge for all cases.* ***Basing the weights on the national average standardized charge per case in each DRG, however, makes them vulnerable to distortion from systematic differences among hospitals in the mark-up of charges over costs and in the level of costs****.*(2000) (Emphasis added).

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[5] *The Medicare Payment Advisory Commission (MedPAC) is an independent federal body established by the Balanced Budget Act of 1997 (P.L. 105–33) to advise the U.S. Congress on issues affecting the Medicare program. The Commission's statutory mandate is quite broad: In addition to advising the Congress on payments to health plans participating in the Medicare-Choice program and providers in Medicare's traditional fee-for-service program.*(2000)

[6] Self-payers are often forced to pay the gross charge itself or the "list price." For other payers, the gross charge tends to be a starting point for negotiations on actual reimbursement levels.

### *B. Calculating Medicare Reimbursement Rates*

Gross hospital charges are utilized in determining relative DRG weights which in turn impact the "flat rate" reimbursements under Medicare reimbursement formulae. It is also the case that as is outlined below, there is no *standard* flat rate of reimbursement per DRG that is "the same" for all hospitals. Individual hospital reimbursement rates can and do vary:

> *The DRG adjusted payment (DRG price) is the base amount multiplied by a national "weight" associated with the hospitalization's DRG. The base amount is calculated from information* ***(for the hospital)*** *found in the PPS Impact File (wage indices, disproportionate share and medical education adjustments) and a national calculation of average capital costs and operating costs with geographic adjustments for all Medicare hospitalizations found in the Federal Register.*
>
> *The costs incurred by a hospital for a case are evaluated to determine whether it is eligible for additional payments as an outlier case. This additional payment is designed to protect the hospital from large financial losses due to unusually expensive cases. Any outlier payment due is added onto the DRG-adjusted base payment rate.*(Huang, 2003)

The principle elements in the determination of a **particular** hospital's Medicare flat rate for any given DRG are: (Huang, 2003)

- *The standardized amounts, which are the basic payment amounts.*
- *A wage index to account for differences in hospital labor costs.*
- *The DRG relative weights, which attempt to account for differences in the mix of patients treated across hospital.*[7]
- *An add-on payment for hospitals that serve a disproportionate share of low-income patients.*
- *An add-on payment for hospitals that incur indirect costs of medical education.*

The actual reimbursement for a given case of a particular DRG in a given hospital is equal to the sum of the PPS Operating Payment and the PPS Capital Payment. Calculations take the form:

**PPS Operating Payment:**

[(Standardized Labor Share x Operating Wage Index) + (Standardized Non-Labor Share x Operating COLA Adjustment for Hospitals Located in Alaska and Hawaii)] x (1 + Operating IME + Operating Disproportionate Share Adjustment Factor) x (DRG Weight)

**PPS Capital Payment:**

(Standard Federal Rate) x (GAF) x (Large Urban Add-on, if applicable) x (Capital COLA Adjustment for Hospitals Located in Alaska and Hawaii) x (1+ DSH Adjustment Factor + IME Adjustment Factor) x (DRG Weight)

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[7] *Basing the weights on the national average standardized charge per case in each DRG, however, makes them vulnerable to distortion from systematic differences among hospitals in the mark-up of charges over costs and in the level of costs.(2000)*

**Hospital Specific DRG Price (Payment):**

PPS Operating Payment + PPS Capital Payment = Total Payment

The relative DRG weights are of clear import in computing the reimbursement rate for a given DRG. Hospitals' gross charges are influential in computing those DRG relative weights even though, again,

> *The DRG weights may be biased because they are based on hospitals' service charges, and thus reflect the systematic differences in mark-ups across services that are built into* ***hospitals' charge structures****.(2003f)*

Hospital gross charges are also a principal determinant in triggering an outlier Medicare payment for a given DRG. Consequently, a given hospital's gross charge structure plays an important role in the actual reimbursement that hospital can receive from Medicare for any given DRG or group of DRGs.

Some elements(Lewis, 2003) within the hospital industry inexplicably continue to claim that "gross charges are irrelevant" because rates are "fixed" or "flat" from most payers, including Medicare. For Medicare, it is more accurate to say that the rates "float" year by year relative to the values of a number of variables in the reimbursement formulae, a principal component of which is hospitals' gross charging structure that influences the relative DRG weights.

Hospital stop-loss arrangements with HMOs and the impact of hospital charges with respect to Workers Compensation cases are discussed below.

### *C. High Charges are a Warning Sign*

Charges of 20% to 25% above the statewide or national median may or may not be a cause for concern. Charges more than double the median are a clear danger sign that employers, large and small, private and public, government and non-government, may have been subject to inflated charges far beyond hospital actual costs and/or that unnecessary medical procedures may have been performed or that hospital charges may have been submitted for services not performed at all.

Reliable data on individual hospital patient discharges that include information on each of the following: actual hospital costs, gross charges and actual reimbursements per specific patient discharge by service and product for all payers are not readily available within any given state or on a state-by-state comparison. Aggregated charges and costs are available in the federal Medicare Cost Reports but not on a case-by-case basis and actual reimbursements are cumbersome and time consuming to calculate. Other national data sets do have actual reimbursements on a case-by-case basis and hospital charges but apply to only one payer – Medicare – and hospital costs are not specified. In California, data on hospital charges per discharge is available from the California State Office of Statewide Health Planning and Development. But, it is not readily possible to determine if those charges are appropriate relative to actual costs, or if procedures have been performed that were unnecessary, or if any "upcoding" (charging for services not actually rendered) has occurred.

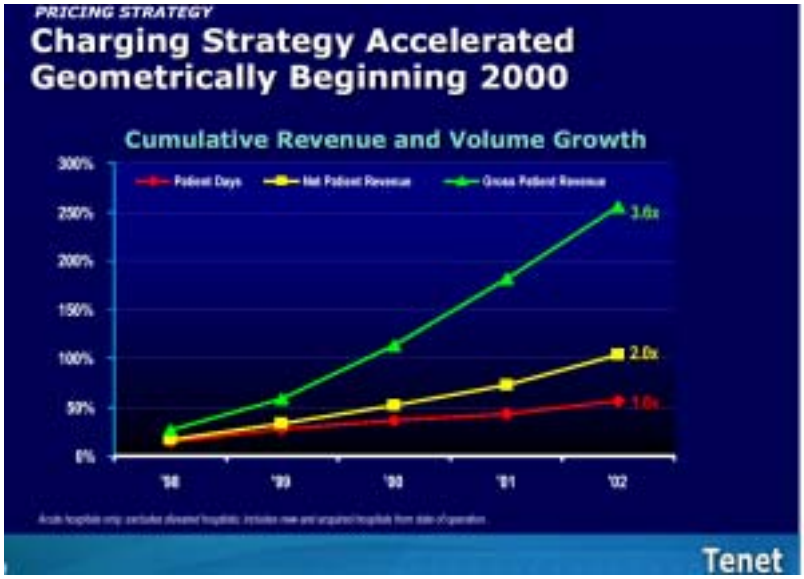
Actual state level hospital costs per specific patient discharge by specific service and product on a case-by-case basis are not available since most states aggregate charges only for each patient

discharge. However, reasoned health care planning at any level – local, state or national – requires line item specific charges, costs and reimbursements at the individual patient discharge level.

### *D. Fall from Grace: Tenet Healthcare, Medicare, Worker's Compensation & Drugs*

Tenet Healthcare, a long time darling of Wall Street - has been much in the news since October of 2002 when it was learned that much of its high flying revenues had been generated from what is known as Medicare "outlier" payments stemming from their high gross hospital charges. It is therefore not surprising that Tenet also overwhelms both the top Operating Room and Total Charge to Cost Ratios lists among all hospitals nationwide.

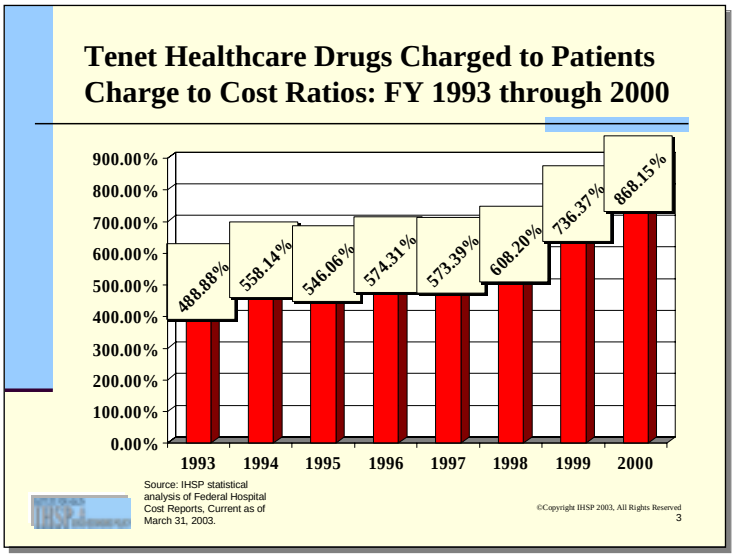
Consequently, Tenet can serve as an analytical touchstone in demonstrating how high gross charges can influence actual reimbursements, even for Medicare, where rates are nominally fixed for each Diagnostic Related Group.




#### 1. Medicare, Worker's Compensation and Drugs

#### a) Medicare

Nationwide, the average charge to cost ratio for drugs charged to patients is about 365% for the 2000/2001 fiscal year. Tenet's average drug charge to cost ratio is about 868% for fiscal year 2000/2001,[8] or about 2.4 times the national average. The California average for acute care hospitals is 588.91%.




Part of Tenet's high median Medicare and Worker's Compensation charges – and reimbursements - in California are directly related to their high gross charges for drugs.(DeMoro, 2003; 2003i) (See the Tenet

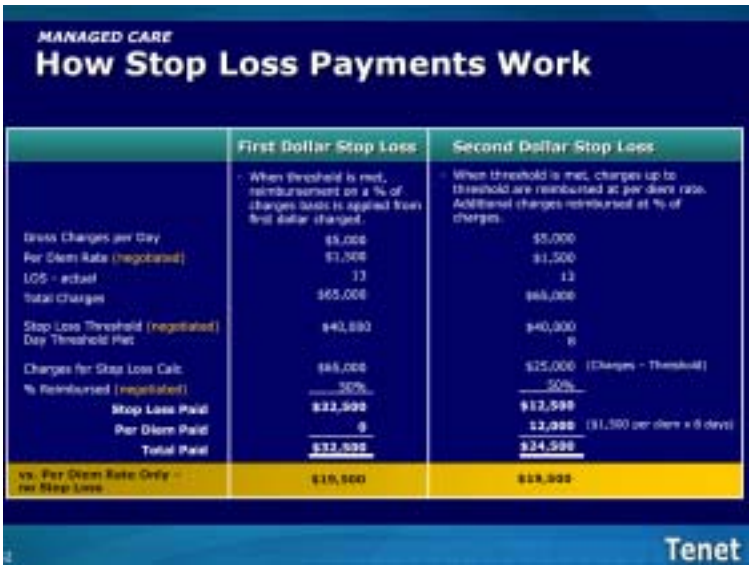
[8] Source: IHSP calculations of Hospital Federal Cost Reports, current as of March 31, 2003.

produced chart, *Charging Strategy Accelerated Geometrically Beginning 2000,*[9] and the IHSP Chart, *Tenet Healthcare Drugs Charged to Patients Charge to Cost Ratios*….)

Both Medicare and Worker's Compensation are "gameable" under current statute:(2003b; 2003a)

Both are:

- based on the DRG classificatory system for reimbursement purposes,
- have economic thresholds, all of which are open to public access, beyond which a given case becomes eligible for outlier consideration,
- based on a given hospital's habitually outdated cost-to-charge ratio
- susceptible to encouraging hospitals to game the system by raising gross charges at a rapid rate to increase profits/revenue.




Tenet's Medicare Outlier payments, those payments above the "flat rate" set by Medicare for specific DRGs to compensate hospitals for unusually costly and complicated cases, have garnered nationwide attention even though stop-loss payments[10] from HMOs are considerably richer. In particular, the possible relation between those payments and Tenet hospital CEO compensation has received close scrutiny.[11]

***In Tenet's last fiscal year, chief executives of the company's 113 hospitals in the U.S. had an average salary of $200,000. But collectively, the company confirmed, they doubled their pay with cash bonuses, mostly for boosting their hospital's earnings. And that doesn't include stock options. … Major nonprofit hospitals, including Sutter Health and Catholic Healthcare West in California, generally limit incentive pay to 20% to 35% of base salary -- and growth in net income usually isn't a factor, although making***

[9] The slide entitled: *Charging Strategy Accelerated Geometrically Beginning 2000*, is taken directly from a Tenet Online Investor Conference, December 3-6, 2002.
[10] The slide, *How Stop Loss Payments Work* is taken directly from a Tenet Online Investor Conference, December 3-6, 2002.
[11] *While commercial health plans pay fixed rates for patient care, most contracts also include so-called* ***stop-loss*** *payments. Like outlier payments in Medicare,* ***stop-loss*** *payments take effect when a patient has complications, or a longer hospital stay that drives up the cost of their stay. Once this form of payment kicks in, hospitals are paid a percentage -- usually 60 or 70 percent -- of whatever they bill, which results in significantly higher payments than the fixed fees.*
*"The bad thing about* ***stop loss*** *is that it accelerates payments incredibly," says Paul Swenson, chief financial officer of Blue Shield of California.*
*Tenet's annual revenues from* ***stop-loss*** *payments are $2.2 billion, or three times what it received from Medicare outlier payments last year, Adam Feinstein, a stock analyst with Lehman Bros., estimated in a report earlier this month.*(Wolfson, Heisel, & Knap, 2002)

***budgetary goals is. At other investor-owned hospitals, cash bonuses can run 50% to 70% of base salary, according to recruiting firm Korn/Ferry International*.(Lee, 2002)**

**Table 1 Stop Loss Frequency from January 2002 through October 2002 (Incurred and Paid) PERSCare and PERS Choice Basic Plans[12] (Source: Adapted from Blue Cross of California, "Table 7" (Kamil, 2003)**

| Hospitals | Without Stop Loss Payment | With Stop Loss Payment | Total Admissions | % of Admissions that are Stop Loss | Amount of Stop Loss Payments | % of Hospital Inpatient Payments due to Stop Loss |
|---|---|---|---|---|---|---|
| Tenet Redding Medical Center | 75 | 22 | 97 | 23% | $3.0 M | 80% |
| Tenet Doctors Medical Center Modesto | 26 | 9 | 35 | 26% | $1.0 M | 89% |
| Tenet Twin Cities Community Hospital | 89 | 6 | 95 | 6% | $0.6 M | 67% |
| Tenet Sierra Vista Regional Medical Center | 130 | 4 | 134 | 3% | $0.5 M | 54% |
| Tenet Garfield Medical Center | 2 | 0 | 2 | 0% | $0.0 M | 0% |
| All Participating BCC Hospitals | 7,867 | 250 | 8,117 | 3% | $21 M | 25% |

> *Alan R. Ewalt, Tenet's longtime head of human resources, said the company's target bonus for hospital CEOs is 36% of salary and based mainly on two factors: meeting budget and measures of patient satisfaction. But they could enhance cash bonuses by raising their hospital's operating income, with no limit to this extra income.* (Lee, 2002)
> ***Tenet admits that its high charges have enabled it to qualify for an unusually large share of extra Medicare payments**, (emphasis added) so-called outlier payments, which were intended to protect hospitals from the financial burden of particularly expensive cases. … Tenet's outlier payments rose to $763 million this year, from $351 million two years ago, according to the company. Most of the increase was collected by Tenet hospitals in three states - California, Pennsylvania and Texas*.(Wolfson et al., 2002)

However, much of the news coverage surrounding the Tenet Healthcare case, where questions about unnecessary surgical procedures, inflated pricing structures and possible Medicare fraud proliferate, may inadvertently give the impression that Medicare outlier payments are per se wrong and/or illegal. That is not the case. The US Congress developed Medicare outlier payments to protect hospitals from unusually costly patient hospital stays. The outlier payments provide additional reimbursement for those unusually costly hospital stays via a complex formula indexed to the average charge for a given Diagnostic Related Group (DRG). At a specified amount above that charge, the outlier payment mechanism[13] "kicks in."(Jones Day, 2002)

[12] Payment Amount = Blue Cross of California Allowed Charges.

[13] *Under the current regulatory system for inpatient outlier payments, a hospital can unilaterally affect the amount of outlier payments it receives by adjusting its charges. A hospital that increases its charges from one year to the next will also increase the outlier payments it receives.*

*Medicare reimburses hospital inpatient services under a prospective payment system ("PPS"), paying a predetermined amount for each inpatient discharge. The amount varies according to the diagnosis-related*

The current formula for calculating Medicare outlier reimbursements, set to be changed[14] in October,(Tieman, 2003) can be expressed in the following algebraic formula:

> Outlier Payment = (.80) x [(charges x cost/charge ratio) - (DRG + IME + DSH + threshold)].
>
> Terms are defined as follows:
>
> - Charges = Hospital's actual charges for services provided to the patient
> - Cost/Charge ratio = Cost-to-charge ratio derived from most recent settled Medicare cost report
> - DRG = Standard DRG payment
> - IME = Indirect medical education payment
> - DSH = Disproportionate share payment
> - Threshold = Annual threshold set by CMS ($33,560 in fiscal year 2003)[15]

We would expect some hospitals to have higher than average percentages of outliers. Among them are teaching hospitals with acutely ill Medicare patients with heart, respiratory and neurological related DRGs, and smaller public hospitals subjected to patient dumping by more powerful hospital systems that may be tempted to foist Medicare patients with potentially less lucrative DRGs on the smaller public sector.

The issue for Tenet Healthcare is whether or not the charges they have reported to the fiscal intermediary(ies) (the insurance industry) that assigns the DRG with the aid of a statistical model

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*group ("DRG") to which the inpatient is assigned, as well as certain characteristics of the hospital (e.g., teaching hospitals receive certain medical education payments; hospitals that admit a large percentage of low-income patients receive disproportionate share payments). When it created inpatient PPS, Congress was concerned about reimbursement of cases whose costs far exceed the costs of typical cases within that DRG. As a result, Congress created a system for "outlier" payments (in addition to the prospective payments) to defray some of the expenses in caring for the most costly cases.*

*Currently, hospitals qualify for outlier payments when the hospital's charges (adjusted by the hospital's cost-to-charge ratio) exceed a certain threshold amount. The outlier payment for a given inpatient equals 80 percent of difference between the hospital's charges, adjusted by the hospital's cost-to-charge ratio, and the sum of the DRG, IME, and DSH payments plus a threshold amount set annually by the Centers for Medicare and Medicaid Services ("CMS")(Jones Day, 2002)*

[14] *The threshold for hospitals to receive Medicare outlier payments will not change until fiscal 2004 under the final outlier rule issued by the CMS. Hospitals will continue until Oct 1 to qualify for outlier payments when the cost of an individual case exceeds the standard DRG payment by $33,560. A threshold for 2004, currently proposed at $50,645, will be set when hospital inpatient regulations are issued in August. Regulators will publish the final outlier rule June 9 in the Federal Register; it becomes effective 60 days from publication, on Aug. 8. The final rule also will eliminate the use of statewide average cost-to-charge ratios to determine hospital costs, a move supported by the American Hospital Association. The AHA would like to see a two-year transition to the new outlier rule, but the CMS wants it to take effect sooner. Also under the rule, starting Oct. 1, the CMS will use the most recent cost reports available to a hospital's cost-to-charge ratio, even if the cost reports are not yet settled*. (Tieman, 2003)

[15] For more detail, see (Jones Day, 2002)

for reimbursement are appropriate. For example, our analysis of OSHPD California hospital discharge data for the year 2000 reveals that Tenet's median gross charge for a Medicare patient is about $30,000, while the statewide median is about $15,000. One of the DRGs possibly in question at Tenet's Redding medical center, Cardiac Valve and other Major Cardiothoracic Procedures with Cathertization (DRG #104) occurred 3,331 times for Medicare patients statewide. Tenet system wide in the state has a median charge of $229,962 for that DRG, while the statewide median is only $113,671, or roughly half Tenet's median. For non-Medicare patients, the statewide median charge for the same DRG is $104,205. Tenet's median charge statewide for non-Medicare patients for that DRG is $205,675 - about $24,000 less than its median charge for Medicare patients with that DRG.

Since under current statutes a hospital can increase its outlier payments by increasing its charges, pricing practices more than double the median tend to capture the attention of federal regulators.

Our analysis of prior years of Federal Hospital Cost Reports reveals that the national average of outliers to total hospital inpatient Medicare payments has climbed steadily in the time period - from 2.66% in 1996 to 3.5% in 1999 - and particularly with the implementation of the 1997 Balanced Budget Act that cut Medicare reimbursements across the board for hospitals nationwide. Tenet's outlier percentages however have gone from 4.56% in 1997, the year of the Balanced Budget Act to 10.04% in fiscal year 1999 - or more than double for the time period.

We believe a number of factors should be considered in explaining these outlier percentage increases. Following are some of the most important variables:

- A number - but not all - of hospitals nationwide may be responding to the BBA mandated Medicare payment cuts by exploiting rather than utilizing the outlier mechanism.

- Since 1993, our statistical analysis of the hospital industry's merger and acquisition activity shows that the industry has engaged in 1,073 transactions valued at about $133,000,000,000. Tenet alone accounts for about $10,000,000,000 of that figure. The industry is still paying for those costs.

- Hospital systems may be "leveraging" outliers as a means to cope with stringent HMO contractual allowances.

Given recent CMS pronouncements on revising the outlier formulation, it is probable that hospitals nationwide will find their total Medicare reimbursements substantially lowered. And, apart from the Medicare question, many hospital contracts with private insurers have clauses similar to Medicare outliers, ("stop loss payments") in that they boost remuneration when retail charges exceed a threshold. All of which brings up the question as to whether or not the market is in principle capable of delivering accessible high quality and cost effective care.

Tenet is not unaware of all the preceding, and recently, on January 6, 2003, stated:

> *In a letter today to Tom Scully, Administrator of the Centers for Medicare and Medicaid Services (CMS), Tenet President Trevor Fetter said that Tenet was volunteering to adopt the following new approaches as of Jan. 1, 2003: 1) ensure that the ratio of cost-to-charges (RCC) used in calculating outlier payments be based on the most recent cost report available, and 2) eliminate the "statewide average" method of calculation. Because these calculations are performed by a Medicare fiscal intermediary, not by*

*Tenet, Tenet representatives are working with representatives from the fiscal intermediary to ensure the changes become effective immediately.*
*Tenet estimates that by adopting these two policy changes, outlier payments to Tenet hospitals will drop from approximately $65 million per month to approximately $8 million per month. (2003k).*

There are a few problems with Tenet's voluntarism.

It is not enough that calculations be based on the most recently available cost report, since those most recent reports could easily be two to four years old. Concerning Medicare, for example,

*The CCR's (Cost to Charge Ratios) used in calculation of 2003 inpatient PPS payments are based on cost reports filed in fiscal 1998 and 1999.(2002b)*

For the sake of public oversight, whatever reports are used, they must be publicly available at the time of their utilization. And, nothing here provides the state or the public the ability to monitor and/or audit if necessary, actual costs, charges and reimbursements to and from the various payers; i.e., Medicare, Medicaid, HMOs, self-pays, etc.

### b) Worker's Compensation: California

The aggregated Workers' Compensation charges for all hospitals in California, year 2000, excluding Kaiser show that the Tenet charges for such cases are double the charges of comparable non-Tenet facilities. (see (2003c)) The state of California has traditionally granted Kaiser exemption from reporting charge amounts by patient discharge in their patient discharge reports; therefore, we do not include Kaiser in the analysis.

It's important to note that the data used for this section of the analysis is also in the public domain and was obtained from the California Office of Statewide Health Planning, the California State Department of Industrial Relations, (DIR) and the Centers for Medicare & Medicaid Services. OSHPD Patient Discharge Data for Year 2000 was employed and the appropriate data elements from the DIR downloaded from their website. The formula we used to calculate the workers' compensation charges is the identical formula found in current statute.(2003b; 2003a)

- Tenet's median gross charge for a Workers' Compensation case is 110% of their median charge for a Medicare case and 236% of non-Tenet California hospital's median charge for Medicare cases (see (2003c)).

- Higher gross charges in Workers' Compensation cases - as in Medicare cases - do in fact tend to lead to higher actual compensation amounts.[16]

- Tenet hospitals have some of the highest net income per adjusted discharge in California. Of the top 25 Hospitals in 2001, 8 of them are Tenet Hospitals. (See (2003c))

- Tenet has some of the highest net income per adjusted patient days in the State. Of the top 20 Hospitals in 2001, fully half are Tenet Hospitals and the top 3 are Tenet Hospitals. (See (2003c))

[16] Tenet's Medicare outlier payments have doubled to $763 million in 2002 from $351 million in fiscal year 2000.

Much of the data employed is actual patient discharge data as reported by the hospitals to the California Office of Statewide Health Planning and Development. The data set employed for analysis was for year 2000.(2003c) Thus, we are not claiming to know the actual reimbursement to a hospital; published data do not include reimbursements. Our analysis is simply a strict application of the current formula contained in appropriate statute.

### c) Workers' Compensation and Outlier Payments

The regulations governing the eligibility of a DRG (Diagnostic Related Group) for an increased outlier payment from Workers' Compensation are in principle similar to that of those governing Medicare outlier payments (see (2003c)). The imputed cost[17] of a DRG must exceed a regulatory threshold amount. The term "imputed cost" must be taken literally here. We presume that the business managers of hospital chains know their actual costs; however, the public does not. Included in "the public" is the Workers' Compensation system.

The imputed cost is derived by multiplying the hospital's charge for the procedure times an estimated total cost-to-charge ratio.[18]

As a matter of simple mathematics, the higher the gross charge billed by a hospital, the higher the imputed cost, which tends to contribute to higher costs for the Workers' Compensation system.[19] Concomitantly, hospitals have the unfettered ability to continually raise their gross charges.

This state of affairs allows imputed costs to rise and to exceed actual costs – whatever they may be - by a significantly growing fissure which directly benefits a given hospital's bottom line.

### d) Example of a Workers' Compensation Outlier Calculation

Consider the following example of DRG #500, Back and Neck Processes Except Spinal Fusion, Without Complications from a Tenet California hospital. The case is taken from OSHPD year 2000 Patient Discharge Data, Public Version and strictly analyzed pursuant to current statute per California Code of Regulations.

Tenet's billed charge from Doctors Medical Center of Modesto was $102,471. In this example, Tenet's ordinary authorized payment pursuant to statute is $6,795. Tenet's imputed cost is $38, 837. Given these figures, Tenet qualifies for an additional outlier payment $13,708 above their ordinary payment figure of $6,795.

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[17] (d) *"Costs" means the total billed charges for an admission, excluding non-medical charges such as television and telephone charges, multiplied by the hospital's total cost-to-charge ratio. For DRGs 496 through 500, for purposes of determining whether an admission is a cost outlier, "costs" exclude implantable hardware and/or instrumentation reimbursed under subsection (7) of Section 9792.1.*(2003a)

[18] (e) *"Cost-to-charge ratio" means the sum of the hospital specific operating cost-to-charge ratio and the hospital specific capital cost-to-charge ratio. The operating cost-to-charge ratio for each hospital was published in the Payment Impact File at positions 161-168. The capital cost-to-charge ratio for each hospital was published in the Payment Impact File at positions 99-106. A table of hospital specific capital cost-to-charge, operating cost-to-charge and total cost-to-charge ratios for each health facility in California is contained in Appendix A to Section 9792.1.*(2003a)

[19] Furthermore, the applicable state regulations are revised at intervals of one, two, or more years, rendering them habitually out of date.

This actual example is **not** meant to imply that all Tenet's instances of this particular DRG are typical. However, it does illustrate how gross charges, imputed costs and imputed cost-to-charge ratios have the potential to impact actual reimbursements in the California Workers' Compensation program.

**Table 2 Case Sample: DRG 500 and Workers' Compensation, Tenet Doctors Medical Center of Modesto**

| **Case Sample: DRG 500 and Workers' Compensation, Tenet Doctors Medical Center of Modesto** | | |
|---|---|---|
| | | |
| **Provider's Medicare ID number** | 50464 | (actual case from OSHPD data) |
| **DRG number of procedure** | 500 | (actual case from OSHPD data) |
| | | |
| **Hospital composite factor**[20] | 5775.5 | from Appendix A, CCR 9792.1 |
| **DRG modified weight** | 0.9805 | from Appendix B, CCR 9792.1 |
| | | |
| **Ordinary authorized payment** | $6,795 | 120% x composite factor x DRG wt |
| | | |
| **Outlier factor for this hospital** | $14,907 | from Appendix A, CCR 9792.1 |
| **Outlier threshold** | $21,702 | from Appendix A, CCR 9792.1 |
| | | |
| **Billed charge:** | $102,471 | (actual case from OSHPD data) |
| | | |
| **Imputed cost-to-charge ratio** | 0.379 | from Appendix A, CCR 9792.1 |
| **Imputed cost** | $38,837 | imputed cost-to-charge ratio x billed charge |
| **Total payment, outlier qualifying** | $20,503 | ordinary payment + 80% x (imputed cost - outlier threshold) |
| **Total Authorized payment** | $20,503 | |

[20] *c) "Composite factor" means the factor calculated by the administrative director for a health facility by adding the prospective operating costs and the prospective capital costs for the health facility, excluding the DRG weight and any applicable outlier payment, as determined by the federal Health Care Financing Administration for the purpose of determining reimbursement under Medicare.(2003b)*

## VIII. Charges Matter: Scope and Implications of Gross Hospital Charges – the "Sticker Price"

This section of the analysis showing that Tenet's gross drug charge-to-cost ratio is currently more than double the national average - and 147.4% of the FY 1999/2000 California average of 588.91% - is significant on multiple levels.

1. Although Tenet may not be reimbursed for the full amount of their gross drug charges, its overall high gross charges set the beginning point from which actual reimbursements are discounted.[21]

2. Tenet's extremely rich drug charging practices are consistent with its extraordinary billing practices on Medicare and worker's compensation discharges in California. (2003j)

3. Tenet's drug charges are a principal but not the only component[22] in driving up its charge structure overall to all payers nationwide, not just those in California, where in general their gross patient discharge charges to all payers are about double the statewide median.[23]

4. Nationwide, Tenet is driving up the price of care significantly. Its median charge per patient discharge for inpatients and outpatients combined is about $34,079 - nearly double the nationwide median of $17,600.(2003i)

Many hospitals have followed Tenet's lead in its drug pricing strategy; nationwide, hospital drug charges as a percent of drug costs hover around 365%. This is especially clear in states in which Tenet facilities are included in our recent calculations, where hospital drug charges as a percent of total inpatient and outpatient charges are 16%, but only 11% in those states in which Tenet is not included in the analysis.(2003i)

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[21] Tenet's January 24, 2003 Prospectus, detailing its sale of $1,000,000,000 in notes states in part: Over many years, our hospitals' managed-care-contract structures have evolved from being largely charge-based to being based predominantly on negotiated fixed per-diem- and per-case-rate payments combined with **pass-through payments for high cost devices and pharmaceutical costs**, and stop-loss payments to cover higher-cost patients.. (p. S-3)

[22] The IHSP has recently compiled a list of the 100 Most Costly Hospital Operating Rooms Nationwide.(Institute for Health & Socio-Economic Policy, 2003) Of the top 100, based on an examination of federal reports for approximately 4,500 U.S. hospitals in fiscal years 1999-2000, - current as of December 31, 2002, Tenet hospitals comprised 25 of the top 100 and five of the top 10. HCA ranked second with 19 hospitals. Florida hospitals had the highest average markups at 334%, followed by California with average gross charges of 325% over cost. One-third of the top 100 hospitals, 34, are in California, followed by Florida, 15 and Pennsylvania, 13.
Nationally, for-profit hospitals comprised 61 of the top 100, of which 44 are owned by the nation's two largest investor-owned systems, Tenet Healthcare and HCA – The Healthcare Company. For-profit hospitals accounted for 9 of the top 10 in charges over costs. Multi-hospital systems made up 79 of the top 100, suggesting a strong correlation between both for-profit and large hospital chains and high markups on Operating Room charges.

[23] As of this writing, Tenet's self-proclaimed aggressive pricing strategy has come to a veritable standstill and they are having severe difficulties in meeting Wall Street earnings expectations.(Abelson, 2003)

These in part “drug induced” high patient charges have encouraged health plans to raise premium rates once again into the double digits, thus increasing health care costs for large and small employers and federal, state and local government agencies. This has prompted a number of businesses to scale back on the quality of the plans available for their employees and has been a significant contributor to the growing ranks of the uninsured whose only recourse to care is the hospital emergency room – the most expensive form of care. Hospitals then cost shift that economic burden to their payers by raising charges in so far as possible, and particularly drug charges, creating a self-perpetuating market driven cycle of more expensive care, less care, higher premium rates, higher drug charges and more uninsured.

This brings us full circle and is exactly what one should expect as the necessary outcome of the ongoing but unwinnable war among pharmaceutical corporations, insurers and hospitals as they do their best to exploit each other in a market that is care-blind to the health care needs of California’s and the nation’s population.

## IX. Implications for Health Care Reform

### *A. Failure of Market Led Health Care Reform*

The United States does not have a health care system.

It does have a market driven – and market concentrated – heath care industry.[24]

The high degree of hospital market concentration in the years following the 1994 relaxing of the Sherman Anti-Trust Act (Eggleston, 1994), resulting in at least $133 billion in hospital merger and acquisition activity, has not issued forth in the costs savings for which many had hoped. Medical inflation is on the rise, and some hospitals and hospital chains that command large market share have overall charge to cost ratios in excess of 1,000% some of which have corresponding hefty profits.

**Table 3 Health Care Related Corporations – Selected Values[26]**

| | |
|---|---|
| **Value of All Outstanding Stock of Top 100 Publicly Traded Health Care Related Corporations:[25]**<br>$2,641,463,000,000<br><br>**Profits of Top 100 Publicly Traded Health Care Related Corporations:**<br>$107,200,000,000<br><br>**Net Sales of Top 100 Publicly Traded Health Care Related Corporations:**<br>$1,274,184,000,000<br><br>**Percent of Staffed Hospital Beds Controlled by Top Ten California Hospital Systems in 2001:**<br>50%<br><br>**U.S. Hospital Profits 1986 through 2000:**<br>$194,000,000,000<br><br>**Percent of Total Number of US Chain HMO Members held by Top Ten HMO Chains, 2001:**<br>89.5%<br><br>**Percent of Total Number of California HMO Members held by Top Five HMO Chains, 2001:**<br>80% | **Total Number of California HMO Members, 2001:**<br>21.7 Million<br><br>**U.S. HMO Mergers and Acquisitions: 1993 through Sept. 2002:**<br>$77,618,563,079<br><br>**U.S. Hospital Mergers and Acquisitions: 1993 through Sept. 2002:**<br>$132,942,308,684<br><br>**U.S. Pharmaceutical Merger and Acquisitions 1993 through Sept. 2002:**<br>$457,242,619,000<br><br>**Top Twenty Pharmaceutical Corporations Combined Profits, Most Recently Reported Year:** (DeMoro, 2003)d}<br>$60,700,000,000<br><br>**Total Profit of 6000 US Hospitals in 2000:**<br>$15,400,000 000<br><br>**Tenet Health Care Profits for fiscal year ended May 31, 2002:**<br>$785,000,000<br><br>**Tenet Health Care Profits, 1990 through fiscal year ending May 31, 2002:**<br>$2,961,000,000 |

[24] All figures are IHSP calculations utilizing SEC filings, Thomson Financial Data, InterStudy, and Irving Levin Associates data, American Hospital Association statistics and State of California Hospital Filings obtained from the California Office of Statewide Health Care Planning and Development (OSHPD). Unless specified otherwise, all dates are for most current year available.

[25] A publicly traded health care related corporation is here stipulated as a corporation possessing at least one Standard Industrial Code (SIC), primary or secondary, in its overall operations as reported in its Securities Exchange Commission (SEC) filings that are health care related.

[26] Adapted from (2003h)

### *B. Hospitals and the "Permanent Health Care War Economy"*

In effect, the health care industry as a whole has itself contributed to the conditions which perpetuate a virtual "permanent health care war economy" among its various sectors – Pharmaceuticals, HMOs, Hospitals, Medical Device Manufacturers, Long Term Care entities, Bio-Tech and others. Those conditions are not, however, simply to be found ***in*** the health care market – those conditions collectively ***constitute*** the health care market – a market that is in good part a creation of and sustained by the industry and the sectors that comprise it.

The industry and its member sectors, dominated more and more by corporate giants – are locked in a never ceasing and irrational conflict for economic supremacy. It is a battle that is in the long term not winnable even for such behemoths as HCA, Tenet, the "Blues" or Kaiser. This same battle – and ***not*** its causal effects such as the medical arms race, drug costs, demands for "greater" access to care by the patient population, rising insurance premiums, or even the hospital costs documented in this report – is the real genesis of the current crisis in escalating health care spending, quality and the dilemma of the un- and underinsured. The market the industry has in good measure helped foster and currently sustains ***demands*** corporate giantism, inter and intra-sector greed and duplicity, "care containment" disguised as cost containment, and brutish disregard of human health as necessary for short-term industry survival.(2002c; Pear, 2002; Kowalczyk, 2002; White, 2002; Kristof, 2002; Meckler, 2002; 2002a; McVay & DeMoro, 2002b; McVay & DeMoro, 2002a)

But the single-minded pursuit of market-based survival is not without costs for the industry. Long-term survival requires industry success in at least two fundamental strategic arenas: the first is predominantly economic and the second primarily political, but both have economic and political facets:

1. The industry as a whole and the sectors within it need one another – and other industries – as economic trading partners to buy and sell their various products, and their political/legislative neutrality if not support regarding pricing levels and structures.

2. The industry's survival as an industry is linked to its ability to be widely seen as legitimate, fair and trustworthy by both the general public and the nation's caregivers. (DeMoro, 2000) And the health care industry needs ***other*** industries' political resources and support in promoting cut-rate care to their employees and the general population. Even ancient monarchies did not rule without some modicum of support and consent from the ruled.

Neither of the above demands is likely achievable or sustainable in the long-term.

Part of the inevitable economic fallout of this permanent health care war economy is our finding that 1,460, or about 34% of the hospitals examined in this report, had net losses for the time period. This suggests that on average high charge to cost ratios may become a national but much unwanted norm for a healthy hospital bottom line, and that many hospitals are losing the battle with pharmaceutical corporations, HMOs, medical supply corporations and others in trying to control costs.

A necessary condition of hospital financial success is a sometimes exorbitant overall charge to cost ratio, in which technical efficiency – such activities as "through-put," "cycle time," the ratio of capital to labor (the substitution of technology for employees, or degree of mechanization), etc., is granted priority over social efficiency. Social efficiency is directly concerned with the social value of a given hospital defined in terms of both the quantity and quality of health care it makes available and the expense associated with that quantity and quality.

Stated simply, hospitals are entrapped in the nation's permanent health care war economy and are encouraged and sometimes forced to often times choose between their own economic survivals (or in extreme cases, generating staggering profits) and making available cost effective quality health care to as many of the nation's population as possible.

In this sense, hospitals are both victims of a market indifferent to the intent of the original Greek formulation of the Hippocratic Oath,[27] with its dual emphases on doing no medical harm and promoting social justice, and victimizers of patients and society at large for failing to take a leadership role to end the market driven inter and intra-sector health care wars and providing quality health care at affordable prices.

Hospital pricing behaviors may be one of the nation's best witnesses as national health care reform is debated this political season.

No amount of market tinkering (Lagnado, 2003; Tieman, 2003; Robbins, 2003; Treaster, 2003; AFL-CIO & Kaiser Permanente, 2000; Brubaker, 2003b; Kemper, 2003; Pear, 2003; Silber, 2003; Kowalczyk, 2003; Neurath, 2003; Stout, 2003; Bennett, 2003; Zwillich, 2003; Rovner, 2003) or politically motivated flights of wishful thinking (Goldstein & Dewar, 2003) that the often-cited-but-never-seen "magic of the marketplace" will resolve the health care crisis (Brubaker, 2003a; White, 2003; 2003d; Anderson, Reinhardt, Hussey, & Petrosyan, 2003; 2003g) are likely to prove an effective antidote to that crisis in the foreseeable future.

The rational option is to create a national environment in which health care related social efficiency is ascendant. Whatever that environment is, it must obliterate the current market generated debacle and its contradictory demands made on the hospital industry:

> *…., it becomes clear why the burden is not simply on other hospitals to lower costs to achieve a greater degree of technical efficiency via a higher charge to cost ratio. In a nation with 41 million uninsured, the burden is on those hospitals with a high charge to cost ratio to lower their charges to increase the quantity and quality of care available to all and thereby give preference to social and not mere technical efficiency….*

This hospital burden - to lower charges for the sake of health care related social efficiency - has not, will not and cannot occur to any systemic degree in a market driven hospital industry.

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[27] *I swear by... (the ancient Greek Gods).. making them my witnesses, that I will fulfill according to my ability and judgment this oath and this covenant. … I will apply..(medical) measures for the benefit of the sick according to my ability and judgment;* ***I will keep them from harm and injustice.*** *(Edelstein, 1943) [Emphasis added].*

## X. Tables

### Table 4 The Nation's Hospitals with the Highest Charges Compared to Costs: Fiscal Year 2000/2001[28]

| | Hospital Name<br>The Nation's Hospitals with the Highest Charges Compared to Costs: Fiscal Year 2000/2001 | City | State | System Name | Total Charges as a % of Total Costs | Net Profit or (Net Loss) |
|---|---|---|---|---|---|---|
| 1 | Doctors Medical Center Of Modesto | Modesto | CA | Tenet Healthcare Corporation[29] | 1092% | $125,420,891 |
| 2 | Doctors Hospital Of Manteca | Manteca | CA | Tenet Healthcare Corporation | 920% | $10,145,331 |
| 3 | Midway Hospital Medical Center | Los Angeles | CA | Tenet Healthcare Corporation | 794% | $4,338,052 |
| 4 | Twin Cities Community Hospital | Templeton | CA | Tenet Healthcare Corporation | 761% | $13,365,474 |
| 5 | Sierra Vista Reginal Med Ctr | San Luis Obispo | CA | Tenet Healthcare Corporation | 758% | $9,349,662 |
| 6 | San Dimas Community Hospital | San Dimas | CA | Tenet Healthcare Corporation | 743% | $4,209,640 |
| 7 | Monterey Park Hospital | Monterey Park | CA | Tenet Healthcare Corporation | 711% | $12,519,314 |
| 8 | Brownsville Medical Center | Brownsville | TX | Tenet Healthcare Corporation | 706% | $36,405,408 |
| 9 | St.Luke Medical Center | Pasadena | CA | Tenet Healthcare Corporation | 702% | ($8,293,592) |
| 10 | Tarzana Encino Regional Med Ctr | Tarzana | CA | Tenet Healthcare Corporation | 680% | $28,528,064 |
| 11 | Los Alamitos Medical Ctr. | Los Alamitos | CA | Tenet Healthcare Corporation | 658% | $15,636,322 |
| 12 | Lakewood Regional Med. Ctr. | Lakewood | CA | Tenet Healthcare Corporation | 651% | $13,472,032 |
| 13 | John.F. Kennedy Memorial Hosp. | Indio | CA | Tenet Healthcare Corporation | 632% | $14,971,854 |
| 14 | Encino Tarzana Medical Center | Encino | CA | Tenet Healthcare Corporation | 625% | $3,227,968 |
| 15 | Memorial Hospital Modesto | Modesto | CA | Sutter Health | 597% | $17,153,118 |
| 16 | Graduate Hospital | Philadelphia | PA | Tenet Healthcare Corporation | 594% | $11,168,568 |
| 17 | Delaware County Memorial Hospital | Drexel Hill | PA | Crozer-Keystone Health System | 594% | $1,750,686 |

[28] The top 100 is really 101 since number 100 and 101 had exactly the same total charge to cost ratio.
[29] Tenet's Redding Medical Center, so much in the news concerning its heart surgeries, had no filing in the Federal Hospital Cost Reports utilized for this report. In the absence of hard data, we prefer not to speculate on what their total charge to cost ratio was for the time period.

| | Hospital Name<br>The Nation's Hospitals with the Highest Charges Compared to Costs: Fiscal Year 2000/2001 | City | State | System Name | Total Charges as a % of Total Costs | Net Profit or (Net Loss) |
|---|---|---|---|---|---|---|
| 18 | Sierra Medical Center | El Paso | TX | Tenet Healthcare Corporation | 592% | $69,772,392 |
| 19 | Usc University Hospital | Los Angeles | CA | Tenet Healthcare Corporation | 590% | $50,309,067 |
| 20 | Centinela Hospital Medical Center | Inglewood | CA | Tenet Healthcare Corporation | 585% | $35,756,249 |
| 21 | Brotman Medical Center | Culver City | CA | Tenet Healthcare Corporation | 584% | $4,275,653 |
| 22 | Century City Hosp | Los Angeles | CA | Tenet Healthcare Corporation | 581% | $2,022,784 |
| 23 | Irvington General Hospital | Irvington | NJ | Saint Barnabas Health System | 581% | ($1,412,000) |
| 24 | Suburban Medical Center | Paramount | CA | Tenet Healthcare Corporation | 580% | $6,962,164 |
| 25 | Crozer Chester Medical Center | Upland | PA | Crozer-Keystone Health System | 575% | $6,539,716 |
| 26 | Greater El Monte Community Hospital | South El Monte | CA | Tenet Healthcare Corporation | 573% | ($29,036) |
| 27 | Northshore Reg. Medical Center | Slidell | LA | Tenet Healthcare Corporation | 572% | $28,594,795 |
| 28 | Florida Medical Center | Lauderdale Lakes | FL | Tenet Healthcare Corporation | 572% | $31,844,026 |
| 29 | Alvarado Community Hospital | San Diego | CA | Tenet Healthcare Corporation | 552% | $24,532,155 |
| 30 | Desert Hospital | Palm Springs | CA | Tenet Healthcare Corporation | 547% | $60,569,553 |
| 31 | Palmetto General Hospital | Hialeah | FL | Tenet Healthcare Corporation | 546% | $51,212,333 |
| 32 | Frankford Hospital | Philadelphia | PA | Jefferson Health System | 546% | $5,511,870 |
| 33 | WMC Santa Ana | Santa Ana | CA | Tenet Healthcare Corporation | 544% | $21,509,859 |
| 34 | Abington Memorial Hospital | Abington | PA | | 541% | $15,612,726 |
| 35 | Kimball Medical Center | Lakewood | NJ | Saint Barnabas Health System | 539% | $25,845,489 |
| 36 | Meadowcrest Hospital | Gretna | LA | Tenet Healthcare Corporation | 538% | $15,967,676 |
| 37 | Providence Memorial Hospital | El Paso | TX | Tenet Healthcare Corporation | 535% | $90,358,896 |
| 38 | Twin Cities Hospital | Niceville | FL | HCA | 531% | $7,411,637 |
| 39 | Warminster Hospital | Warminster | PA | Tenet Healthcare Corporation | 526% | $118,455 |
| 40 | Community Medical Center | Toms River | NJ | Saint Barnabas Health System | 523% | $60,580,388 |
| 41 | Delray Medical Center | Delray Beach | FL | Tenet Healthcare Corporation | 520% | $48,554,996 |

| | Hospital Name<br>The Nation's Hospitals with the Highest Charges Compared to Costs: Fiscal Year 2000/2001 | City | State | System Name | Total Charges as a % of Total Costs | Net Profit or (Net Loss) |
|---|---|---|---|---|---|---|
| 42 | Rwj University Hospital At Hamilton | Hamilton | NJ | | 519% | $16,198,567 |
| 43 | San Ramon Reg. Medical Center | San Ramon | CA | Tenet Healthcare Corporation | 513% | $15,249,215 |
| 44 | Placentia Linda Community Hospital | Placentia | CA | Tenet Healthcare Corporation | 512% | $7,132,714 |
| 45 | Coral Gables Hospital | Coral Gables | FL | Tenet Healthcare Corporation | 511% | $11,027,134 |
| 46 | Hialeah Hospital | Hialeah | FL | Tenet Healthcare Corporation | 511% | $10,156,361 |
| 47 | Queen Of Angels - Hllywd Pres Mc | Los Angeles | CA | Tenet Healthcare Corporation | 498% | $16,820,976 |
| 48 | Raritan Bay Medical Center | Perth Amboy | NJ | | 496% | $3,693,635 |
| 49 | Western Medical Center Anaheim | Anaheim | CA | Tenet Healthcare Corporation | 491% | $3,227,813 |
| 50 | Doctors Hospital Of Dallas | Dallas | TX | Tenet Healthcare Corporation | 490% | $21,904,864 |
| 51 | North Ridge Medical Center | Fort Lauderdale | FL | Tenet Healthcare Corporation | 490% | $23,123,582 |
| 52 | Temple University Hospital | Philadelphia | PA | Temple University Health System | 485% | $22,381,000 |
| 53 | Paul B. Hall Regl Medical Center | Paintsville | KY | Health Management Associates | 481% | $6,023,818 |
| 54 | Chapman Medical Center | Orange | CA | Tenet Healthcare Corporation | 481% | $3,738,602 |
| 55 | Garden Grove Medical Center | Garden Grove | CA | Tenet Healthcare Corporation | 479% | $13,161,192 |
| 56 | Comm Hosp.& Rehab- Los Gatos | Los Gatos | CA | Tenet Healthcare Corporation | 477% | ($4,056,833) |
| 57 | Lake Mead Medical Center | North Las Vegas | NV | Tenet Healthcare Corporationmay | 476% | $372,499 |
| 58 | Lawnwood Regional Medical Center | Ft. Pierce | FL | HCA | 475% | $10,477,891 |
| 59 | Hahnemann University Hospital | Philadelphia | PA | Tenet Healthcare Corporation | 474% | $24,634,757 |
| 60 | Gulf Coast Medical Center | Panama City | FL | HCA | 470% | $22,973,439 |
| 61 | Trinity Medical Center | Carrollton | TX | Tenet Healthcare Corporation | 469% | $22,190,684 |
| 62 | Coast Plaza Doctors Hospital | Norwalk | CA | | 469% | $6,098,342 |
| 63 | Greenville Hospital | Jersey City | NJ | Liberty Healthcare System | 469% | ($7,841) |
| 64 | Medical College Of Pennsylvania | Philadelphia | PA | Tenet Healthcare Corporation | 468% | $852,135 |
| 65 | Saint Joseph Hospital | Omaha | NE | Tenet Healthcare Corporation | 468% | $61,011,351 |

| | Hospital Name<br>The Nation's Hospitals with the Highest Charges Compared to Costs: Fiscal Year 2000/2001 | City | State | System Name | Total Charges as a % of Total Costs | Net Profit or (Net Loss) |
|---|---|---|---|---|---|---|
| 66 | North Okaloosa Medical Center | Crestview | FL | Community Health Systems, Inc | 466% | $8,309,480 |
| 67 | Edge Regional Medical Center | Troy | AL | Community Health Systems, Inc | 464% | ($1,359,861) |
| 68 | Houston Northwest Medical Center | Houston | TX | Tenet Healthcare Corporation | 463% | $54,810,979 |
| 69 | Mercy General Hospital | Sacramento | CA | Catholic Healthcare West | 458% | $20,288,976 |
| 70 | Med. Ctr. Of Southeastern Oklahoma | Durant | OK | Health Management Associates | 457% | $12,881,286 |
| 71 | Cjw Medical Center | Richmond | VA | HCA | 450% | $60,187,605 |
| 72 | Irvine Medical Center | Irvine | CA | Tenet Healthcare Corporation | 450% | $806,864 |
| 73 | Vacavalley Hospital | Vacaville | CA | Northbay Healthcare System | 449% | $8,769,333 |
| 74 | St. Charles General Hospital | New Orleans | LA | Tenet Healthcare Corporation | 449% | $3,946,589 |
| 75 | Fountain Valley Reg Medical Center | Fountain Valley | CA | Tenet Healthcare Corporation | 446% | $28,910,973 |
| 76 | Henrico Doctors Hospital | Richmond | VA | HCA | 446% | $30,205,436 |
| 77 | Hollywood Medical Center | Hollywood | FL | Tenet Healthcare Corporation | 446% | ($1,281,125) |
| 78 | Memorial Medical Center | New Orleans | LA | Tenet Healthcare Corporation | 445% | $40,258,473 |
| 79 | Frye Regional Medical Center | Hickory | NC | Tenet Healthcare Corporation | 445% | $24,753,234 |
| 80 | Chestnut Hill Hospital | Philadelphia | PA | | 441% | $1,626,797 |
| 81 | John W. Harton Reg. Med. Ctr. | Tullahoma | TN | Tenet Healthcare Corporation | 440% | $15,308,913 |
| 82 | National Park Medical Center | Hot Springs | AR | Tenet Healthcare Corporation | 439% | $16,321,666 |
| 83 | Palms West Hospital | Loxahatchee | FL | HCA | 437% | $22,041,562 |
| 84 | Tempe St. Lukes | Tempe | AZ | Iasis Healthcare | 437% | ($4,358) |
| 85 | West Boca Medical Center | Boca Raton | FL | Tenet Healthcare Corporation | 437% | $17,556,710 |
| 86 | North Florida Regional Medical Cntr | Gainesville | FL | HCA | 435% | $40,990,146 |
| 87 | West Anaheim Medical Center | Anaheim | CA | Vanguard Health System | 435% | $5,480,026 |
| 88 | Rancho Springs Medical Center | Murrieta | CA | Universal Health Services, Inc | 434% | $12,389,624 |
| 89 | Brookwood Medical Center | Birmingham | AL | Tenet Healthcare Corporation | 433% | ($3,005,394) |

| | Hospital Name<br>The Nation's Hospitals with the Highest Charges Compared to Costs: Fiscal Year 2000/2001 | City | State | System Name | Total Charges as a % of Total Costs | Net Profit or (Net Loss) |
|---|---|---|---|---|---|---|
| 90 | Monmouth Medical Center | Long Branch | NJ | Saint Barnabas Health System | 432% | ($3,838,827) |
| 91 | Nacogdoches Medical Center | Nacogdoches | TX | Tenet Healthcare Corporation | 432% | $20,520,645 |
| 92 | Natchez Community Hospital | Natchez | MS | Health Management Associates | 428% | $6,525,957 |
| 93 | St. Francis Medical Ctr-Trenton Nj | Trenton | NJ | Catholic Health East | 428% | $3,903,000 |
| 94 | Nazareth Hospital-Phila Pa | Philadelphia | PA | Catholic Health East | 425% | $2,094,626 |
| 95 | Northside Hospital & Heart Institute | St. Petersburg | FL | HCA | 424% | $6,601,320 |
| 96 | North Fulton Regional Hospital | Roswell | GA | Tenet Healthcare Corporation | 424% | $18,909,219 |
| 97 | Meadowlands Hospital Medical Center | Secaucus | NJ | Liberty Healthcare System | 421% | ($2,875,233) |
| 98 | Mcallen Medical Center | Mcallen | TX | Universal Health Services, Inc | 420% | $44,394,794 |
| 99 | Rhd Memorial Medical Center | Dallas | TX | Tenet Healthcare Corporation | 419% | $11,130,291 |
| 100 | Community Hospitals Of Huntington Pk | Huntington Park | CA | Tenet Healthcare Corporation | 417% | $6,106,479 |
| 101 | Seven Rivers Community Hospital | Crystal River | FL | Tenet Healthcare | 417% | $9,765,878 |

**Table 5 The Nation's Hospitals with the Lowest Charges Compared to Costs: Fiscal Year 2000/2001**

| Rank | Hospital Name<br>The Nation's Hospitals with the Lowest Charges Compared to Costs: Fiscal Year 2000/2001 | System Name | City | State | Total Charges as a % of Total Cost | Net Profit or (Net Loss) |
|---|---|---|---|---|---|---|
| 1. | Reynolds County Memorial Hospital | | Ellington | MO | 107% | ($1,316,011) |
| 2. | Morrison Community Hospital | Trinity Health | Morrison | IL | 107% | $16,855 |
| 3. | Sparta Hospital | Franciscan Skemp Healthcare | Sparta | WI | 107% | $1,410,471 |
| 4. | Halstead Hospital | | Halstead | KS | 107% | ($972,297) |
| 5. | Coulee Community Hospital | | Grand Coulee | WA | 107% | $691,290 |

| Rank | Hospital Name<br>The Nation's Hospitals with the Lowest Charges Compared to Costs:<br>Fiscal Year 2000/2001 | System Name | City | State | Total Charges as a % of Total Cost | Net Profit or (Net Loss) |
|---|---|---|---|---|---|---|
| 6. | Holy Family Memorial Inc | Franciscan Srs Of Christian | Manitowoc | WI | 107% | $768,687 |
| 7. | Sioux Valley Memorial Hosp-Cherokee | | Cherokee | IA | 107% | $78,003 |
| 8. | Kiowa County Memorial Hospital | Great Plains Health Alliance | Greensburg | KS | 107% | ($731,622) |
| 9. | Johnson County Healthcare Center | | Buffalo | WY | 107% | $100,615 |
| 10. | Grant County Health Center | | Elbow Lake | MN | 107% | $21,605 |
| 11. | Madison Lutheran Home | | Madison | MN | 107% | $804,380 |
| 12. | Tenton Valley Hospital | | Driggs | ID | 107% | $70,657 |
| 13. | Oconnor Hospital | | Delhi | NY | 106% | $90,170 |
| 14. | Putnam County Memorial Hospital | | Unionville | MO | 106% | $72,453 |
| 15. | Miners Colfax Medical Center | | Raton | NM | 106% | $181,394 |
| 16. | Shady Grove Adventist Hospital | Adventist Healthcare | Rockville | MD | 106% | ($1,780,572) |
| 17. | Lakeland Specialty Hospital | | Berrien Center | MI | 106% | ($2,395,466) |
| 18. | Marias Medical Center | | Shelby | MT | 106% | ($754,488) |
| 19. | Fairfax Memorial Hospital | Hillcrest Healthcare System | Fairfax | OK | 106% | ($63,210) |
| 20. | Guthrie County Hospital | | Guthrie Cente | IA | 106% | ($146,625) |
| 21. | Garden Co Hospital And Nursing Home | | Oshkosh | NE | 106% | $119,897 |
| 22. | University Of Texas Health Ctr - Tyl | University Of Texas System | Tyler | TX | 106% | $2,787,530 |
| 23. | Ottawa County Health Center | Great Plains Health Alliance | Minneapolis | KS | 106% | ($85,416) |
| 24. | Cook County North Shore Hospital | | Grand Marais | MN | 106% | ($335,477) |
| 25. | Harper County Community Hospital | | Buffalo | OK | 106% | ($27,075) |
| 26. | Rosebud Community Hospital | | Forsyth | MT | 106% | ($332,960) |
| 27. | Pella Regional Health Center | | Pella | IA | 105% | $1,321,765 |
| 28. | Caribou Memorial Hospital | | Soda Springs | ID | 105% | ($109,601) |
| 29. | Logan County Hospital | | Oakley | KS | 105% | ($166,022) |

| Rank | Hospital Name<br>The Nation's Hospitals with the Lowest Charges Compared to Costs:<br>Fiscal Year 2000/2001 | System Name | City | State | Total Charges as a % of Total Cost | Net Profit or (Net Loss) |
|---|---|---|---|---|---|---|
| 30. | Memorial Foundation Inc. | | Aurora | NE | 105% | $342,640 |
| 31. | Motion Picture And Television Fund | | Woodland Hills | CA | 105% | $7,296,358 |
| 32. | Annie Jeffrey Memorial Cnty Hlth Ctr | | Osceola | NE | 105% | $23,798 |
| 33. | Altru Health System-Altru Hospital | | Grand Forks | ND | 105% | $8,907,131 |
| 34. | Graham County Hospital | | Hill City | KS | 105% | ($773,136) |
| 35. | Prague Municipal Hospital | Hillcrest Healthcare System | Prague | OK | 104% | $18,327 |
| 36. | Hospital General Castaner | | Castaner | PR | 104% | ($609,947) |
| 37. | Westlake Regional Hospital | | Columbia | KY | 104% | $86,229 |
| 38. | Washington County Infirmary | Infirmary Health System, Inc | Chatom | AL | 104% | $228,813 |
| 39. | Early Memorial Hospital | Archbold Medical Center | Blakely | GA | 104% | ($990,287) |
| 40. | Alegent Health Mercy Hospital | | Corning | IA | 104% | $939,654 |
| 41. | Caldwell Memorial Hospital Inc | | Columbia | LA | 104% | $305,238 |
| 42. | Mt. Grant General Hospital | | Hawthorne | NV | 104% | $573,366 |
| 43. | Rock County Hospital | | Bassett | NE | 104% | $165,871 |
| 44. | Harlem Hospital Center | New York City Hlth & Hosp Corp | New York | NY | 104% | $60,537,341 |
| 45. | Jackson Parish Hospital | | Jonesboro | LA | 104% | $225,789 |
| 46. | Cedar County Memorial Hospital | | Eldorado Springs | MO | 104% | $887,879 |
| 47. | Doctors Hospital | | Tulsa | OK | 104% | ($5,945,584) |
| 48. | Unity Health System | | Muscatine | IA | 104% | ($2,242,381) |
| 49. | Callaway Hospital District | | Callaway | NE | 104% | $147,746 |
| 50. | Sumner County Hospital District #1 | | Caldwell | KS | 104% | ($27,993) |
| 51. | Pawnee County Memorial Hospital | | Pawnee City | NE | 104% | ($92,721) |
| 52. | Mid-Dakota Hospital | Sioux Valley Hosp & Hlth Syst | Chamberlain | SD | 104% | ($962,076) |
| 53. | Cleveland Area Hospital | Hillcrest Healthcare System | Cleveland | OK | 104% | $85,082 |

| Rank | Hospital Name<br>The Nation's Hospitals with the Lowest Charges Compared to Costs:<br>Fiscal Year 2000/2001 | System Name | City | State | Total Charges as a % of Total Cost | Net Profit or (Net Loss) |
|---|---|---|---|---|---|---|
| 54. | Jacobson Memorial Hospital | | Elgin | ND | 104% | $55 |
| 55. | Warren Memorial Hospital | | Friend | NE | 104% | $63,085 |
| 56. | Kane County Hospital | | Kanab | UT | 103% | $465,143 |
| 57. | St. Joseph Hospital | Providence Services | Polson | MT | 103% | $109,235 |
| 58. | Scott County Hospital | | Scott City | KS | 103% | $319,694 |
| 59. | East Morgan County Hospital | Banner Health System | Brush | CO | 103% | ($427,172) |
| 60. | Lindsborg Community Hospital | | Lindsborg | KS | 103% | $137,557 |
| 61. | Ventura County Medical Center | | Ventura | CA | 103% | ($611,438) |
| 62. | Richardton Health Center | | Richardton | ND | 103% | $42,221 |
| 63. | Petersburg Medical Center | | Petersburg | AK | 103% | $312,012 |
| 64. | Chadron Community Hospital | | Chadron | NE | 103% | $145,508 |
| 65. | Newport Community Hospital | | Newport | WA | 103% | $602,335 |
| 66. | Litzenberg Memorial County Hospital | | Central City | NE | 103% | $95,619 |
| 67. | Saint Francis Memorial Hospital | Franciscan Srs Of Christian | West Point | NE | 103% | ($24,844) |
| 68. | Dundy County Hospital | | Benkelman | NE | 103% | ($238,270) |
| 69. | Roy Lester Schneider Hospital | | St. Thomas | VI | 103% | ($41,034,871) |
| 70. | Brown County Hospital | | Ainsworth | NE | 103% | ($124,204) |
| 71. | Albany General Hospital | Samaritan Health Services | Albany | OR | 102% | $1,190,316 |
| 72. | Incline Village Health Center | | Incline Village | NV | 102% | ($113,567) |
| 73. | University Hospital Of Brooklyn | | Brooklyn | NY | 102% | ($42,824,800) |
| 74. | Five Counties Hosp/Nh | | Lemmon | SD | 102% | ($171,325) |
| 75. | St. Agnes Hospital | | Fond Du Lac | WI | 102% | $6,414,769 |
| 76. | Arcadia Hospital | Franciscan Skemp Healthcare | Arcadia | WI | 102% | $296,233 |
| 77. | Tallahatchie General Hospital | | Charleston | MS | 102% | ($266,541) |

| Rank | Hospital Name<br>The Nation's Hospitals with the Lowest Charges Compared to Costs:<br>Fiscal Year 2000/2001 | System Name | City | State | Total Charges as a % of Total Cost | Net Profit or (Net Loss) |
|---|---|---|---|---|---|---|
| 78. | Pembina County Memorial Hospital | | Cavalier | ND | 102% | ($194,659) |
| 79. | Pioneer Memorial Hospital And Health | Sioux Valley Hosp & Hlth Syst | Viborg | SD | 102% | $63,235 |
| 80. | Kiowa District Hospital | | Kiowa | KS | 102% | ($285,637) |
| 81. | Central Valley Medical Center | Rural Health Management Corp | Nephi | UT | 102% | $669,772 |
| 82. | Upper Chesapeake Medical Center | Upper Chesapeake Health System | Bel Air | MD | 102% | ($5,655,000) |
| 83. | Howard County Gen.Hospital Inc. | Johns Hopkins Health System | Columbia | MD | 102% | $1,536,674 |
| 84. | Memorial Health Care Systems | | Seward | NE | 101% | $1,173,120 |
| 85. | Jones Regl Medical Center | Iowa Health System | Anamosa | IA | 101% | ($72,865) |
| 86. | Saunders County Health Services | | Wahoo | NE | 101% | $114,616 |
| 87. | Harms Memorial Hospital | | American Falls | ID | 101% | $823,111 |
| 88. | Sabetha Community Hospital | Great Plains Health Alliance | Sabetha | KS | 101% | $41,737 |
| 89. | Truman Medical Center - East | Truman Medical Centers | Kansas City | MO | 101% | $1,956,537 |
| 90. | Kauai Veterans Memorial Hospital | Hawaii Health Systems Corp | Waimea Kauai | HI | 101% | ($4,499,535) |
| 91. | Mahnomen Health Center | | Mahnomen | MN | 101% | ($133,050) |
| 92. | Deckerville Community Hospital | Trinity Health | Deckerville | MI | 101% | ($74,337) |
| 93. | Franklin General Hospital | Trinity Health | Hampton | IA | 101% | $900,741 |
| 94. | Low Country General Hospital | | Ridgeland | SC | 101% | ($3,524,270) |
| 95. | Medical Center Of Calico Rock | | Calico Rock | AR | 101% | ($74,410) |
| 96. | Hancock County Memorial Hospital | Trinity Health | Britt | IA | 101% | $782,677 |
| 97. | Pondera Medical Center | | Conrad | MT | 100% | ($511,893) |
| 98. | Arnold Memorial Hospital | Sioux Valley Hosp & Hlth Syst | Adrian | MN | 100% | $12,060 |
| 99. | Atlantic General Hospital | | Berlin | MD | 100% | $239,976 |
| 100. | Doctors Hospital Of Springfield | | Springfield | MO | 100% | ($3,156,065) |

**Table 6 State Location of the Top 100 Hospitals**

| State Location of The Top 100 Hospitals | Frequency | Percent | Cumulative Percent |
|---|---|---|---|
| CA | 38 | 37.6 | 37.6 |
| FL | 16 | 15.8 | 53.5 |
| PA | 11 | 10.9 | 64.4 |
| NJ | 9 | 8.9 | 73.3 |
| TX | 9 | 8.9 | 82.2 |
| LA | 4 | 4 | 86.1 |
| AL | 2 | 2 | 88.1 |
| VA | 2 | 2 | 90.1 |
| AR | 1 | 1 | 91.1 |
| AZ | 1 | 1 | 92.1 |
| GA | 1 | 1 | 93.1 |
| KY | 1 | 1 | 94.1 |
| MS | 1 | 1 | 95 |
| NC | 1 | 1 | 96 |
| NE | 1 | 1 | 97 |
| NV | 1 | 1 | 98 |
| OK | 1 | 1 | 99 |
| TN | 1 | 1 | 100 |

**Table 7 System Affiliation of the Top 100**

| System Affiliation of the Top 100 | Count |
|---|---|
| Tenet Healthcare Corporation | 64 |
| HCA | 8 |
| Unaffiliated | 5 |

| System Affiliation of the Top 100 | Count |
|---|---|
| Saint Barnabas Health System | 4 |
| Health Management Associates | 3 |
| Liberty Healthcare System | 2 |
| Community Health Systems, Inc | 2 |
| Catholic Health East | 2 |
| Crozer-Keystone Health System | 2 |
| Universal Health Services, Inc | 2 |
| Temple University Health System | 1 |
| Sutter Health | 1 |
| Vanguard Health System | 1 |
| Catholic Healthcare West | 1 |
| Northbay Healthcare System | 1 |
| Jefferson Health System | 1 |
| Iasis Healthcare | 1 |
| | |

**Table 8 Hospital Average Profits by Decile Values of Total Charges to Costs Ratios**

| Deciles of Average Total Charge to Cost Ratios: Hospitals Examined, 4,292 | Average Total Charge to Cost Ratio by Decile | Average Profits by Decile of Total Charge to Cost Ratio, Fiscal Year 2000/2001 |
|---|---|---|
| 1 | 113.70% | -$553,581.8578 |
| 2 | 134.54% | -$270,855.9145 |
| 3 | 151.08% | $1,305,580.5472 |
| 4 | 165.60% | $2,475,633.0704 |
| 5 | 179.46% | $2,661,559.5668 |
| 6 | 195.05% | $3,410,940.8184 |
| 7 | 213.06% | $3,530,984.6995 |

| Deciles of Average Total Charge to Cost Ratios: Hospitals Examined, 4,292 | Average Total Charge to Cost Ratio by Decile | Average Profits by Decile of Total Charge to Cost Ratio, Fiscal Year 2000/2001 |
|---|---|---|
| 8 | 237.14% | $3,793,137.2141 |
| 9 | 277.07% | $4,673,248.1087 |
| 10 | 391.65% | $10,180,635.4074 |
| **Average, Nationwide** | **205.84%** | |

**Table 9 Average Hospital Profits by Average Charge Per Individual Patient Discharge**

| Deciles of Average Charge Per Patient Discharge | Average Value of Charge Per Discharge by Decile | Average Profits by Decile of Charge Per Patient Discharge |
|---|---|---|
| 1 | $8,675.2419 | $83,357.07 |
| 2 | $12,526.6746 | $2,142,355.48 |
| 3 | $14,628.0366 | $1,736,274.93 |
| 4 | $16,361.1827 | $1,999,927.89 |
| 5 | $18,041.1856 | $2,296,496.88 |
| 6 | $19,816.5186 | $2,164,558.48 |
| 7 | $22,015.3337 | $3,083,915.49 |
| 8 | $24,806.7905 | $3,256,868.42 |
| 9 | $29,391.5379 | $6,739,250.80 |
| 10 | $49,935.8273 | $8,929,689.44 |
| **National Averages** | **$21,341.8651** | **$3,187,099.68** |

**Table 10 Average Total Charge to Cost Ratio for the Top 100 Hospitals by State**

| State | Average Charge to Cost Ratio for the Top 100 Hospitals by State |
|---|---|
| CA | 591.29% |
| PA | 515.36% |
| TX | 502.89% |
| LA | 501.00% |
| NJ | 489.78% |
| KY | 481.00% |
| FL | 480.50% |
| NV | 476.00% |
| NE | 468.00% |
| OK | 457.00% |
| AL | 448.50% |
| VA | 448.00% |
| NC | 445.00% |
| TN | 440.00% |
| AR | 439.00% |
| AZ | 437.00% |
| MS | 428.00% |
| GA | 424.00% |
| **Average Total Charge to Cost Ratio for the Top 100** | **525.27%** |

**Table 11 Hospital Control Type Percentages of the Top 100 Hospitals**

| Control Type | Percent |
|---|---|
| Proprietary, Corp (For Profit) | 80.2 |
| Voluntary Nonprofit, Church | 4.0 |
| Voluntary Nonprofit, Other | 15.8 |

**Table 12 Average Total Charge to Cost Ratios by Hospital System, Sorted by System**

| System<br>Total Charge To Cost Ratios By Hospital System,<br>Sorted By System, Fiscal Year 2000/2001 | Average Charge to Cost Ratio |
|---|---|
| No System Affiliation | 178.35% |
| Accord Health Care Corporation | 175.52% |
| Adventist Health | 213.15% |
| Adventist Healthcare | 159.63% |
| Adventist Hlth System Sunbelt | 238.62% |
| Advocate Health Care | 262.57% |
| Akron General Health System | 173.43% |
| Alameda Cnty Hlth Care Servs | 150.58% |
| Albert Einstein Healthcare | 322.07% |
| Alexian Brothers Health System | 289.99% |
| Allina Health System | 178.23% |
| Alta Healthcare System | 290.23% |

| System<br>Total Charge To Cost Ratios By Hospital System,<br>Sorted By System, Fiscal Year 2000/2001 | Average Charge to Cost Ratio |
|---|---|
| American Medtrust | 240.93% |
| Appalachian Reg Healthcare | 214.76% |
| Archbold Medical Center | 161.32% |
| Ardent Health Services | 140.45% |
| Asante Health System | 172.88% |
| Ascension Health | 198.44% |
| Associated Healthcare Systems | 178.69% |
| Associates Capital Group | 146.17% |
| Atlantic Health System | 270.04% |
| Aurora Health Care | 201.04% |
| Avera Health | 132.47% |
| Banner Health System | 207.95% |
| Baptist Health | 241.63% |
| Baptist Health | 234.01% |
| Baptist Health Care Corp | 295.85% |
| Baptist Health System | 278.76% |
| Baptist Healthcare System | 195.71% |
| Baptist Hlth System Of TN | 283.83% |
| Baptist Mem Health Care Corp | 211.68% |
| Baylor Health Care System | 229.15% |
| Baystate Health System, Inc | 200.02% |
| Benedictine Health System | 149.25% |
| Benedictine Sisters | 122.47% |
| Berkshire Health Systems, Inc | 178.69% |
| BJC Healthcare | 223.59% |
| Blue Water Health Servs Corp | 212.34% |

| System<br>Total Charge To Cost Ratios By Hospital System,<br>Sorted By System, Fiscal Year 2000/2001 | Average Charge to Cost Ratio |
|---|---|
| Bon Secours Health System, Inc | 234.61% |
| Brim Healthcare, Inc | 167.95% |
| Bronson Healthcare Group, Inc | 177.60% |
| Camelot Healthcare, Llc | 116.00% |
| Cape Cod Healthcare, Inc | 165.86% |
| Care New England Health System | 186.27% |
| Caregroup | 204.54% |
| Carilion Health System | 185.57% |
| Caritas Christi Health Care | 206.58% |
| Carolinas Healthcare System | 190.87% |
| Carondelet Health System | 233.04% |
| Carraway Methodist Health | 277.48% |
| Cathedral Healthcare Syst, Inc | 254.08% |
| Catholic Health East | 271.35% |
| Catholic Health Initiatives | 193.98% |
| Catholic Health Partners | 237.83% |
| Catholic Health Services Of LI | 222.61% |
| Catholic Health System | 161.87% |
| Catholic Healthcare Partners | 204.43% |
| Catholic Healthcare West | 313.60% |
| Centra Health, Inc | 153.12% |
| Centracare | 148.66% |
| Charleston Area Med Ctr System | 161.58% |
| Christiana Care Health System | 129.81% |
| Christus Health | 241.79% |
| Citrus Valley Health Partners | 290.14% |

| System<br>Total Charge To Cost Ratios By Hospital System,<br>Sorted By System, Fiscal Year 2000/2001 | Average Charge to Cost Ratio |
|---|---|
| Clarent Hospital Corporation | 256.94% |
| Clarian Health Partners | 171.26% |
| Cleveland Clinic Health System | 207.82% |
| Coffee Health Group | 274.67% |
| College Health Enterprises | 279.16% |
| Columbus Regional Hlth System | 210.45% |
| Community Health Systems, Inc | 279.53% |
| Community Healthcare System | 176.27% |
| Community Medical Centers | 254.55% |
| Continuum Health Partners | 188.88% |
| Cook Cnty Bureau Of Hlth Serv | 124.05% |
| Cottage Health System | 306.15% |
| Covenant Health | 243.33% |
| Covenant Health System | 172.17% |
| Covenant Health Systems, Inc | 227.29% |
| Cox Health System | 155.77% |
| Crozer-Keystone Health System | 584.36% |
| Cumberland Cnty Hosp System | 247.60% |
| Dassee Community Health System | 126.33% |
| Dch Health System | 282.34% |
| Detroit Medical Center | 247.41% |
| Dimensions Healthcare System | 116.55% |
| Doctors Community Healthcare | 214.34% |
| Duke University Health System | 175.48% |
| East Texas Med Ctr Reg Syst | 223.88% |
| Eastern Health System, Inc | 283.83% |

| System<br>Total Charge To Cost Ratios By Hospital System,<br>Sorted By System, Fiscal Year 2000/2001 | Average Charge to Cost Ratio |
|---|---|
| Empire Health Services | 183.66% |
| Fairview Health Services | 186.07% |
| Firsthealth Of The Carolinas | 174.66% |
| Forum Health | 178.10% |
| Franciscan Missionaries | 192.64% |
| Franciscan Services Corp | 202.35% |
| Franciscan Skemp Healthcare | 105.37% |
| Franciscan SRS Of Christian | 119.03% |
| Fremont-Rideout Health Group | 206.47% |
| Geisinger Health System | 248.48% |
| General Health System | 240.85% |
| Genesis Hospital System | 172.16% |
| Georgia Baptist Hlth Care Syst | 146.09% |
| Great Plains Health Alliance | 122.06% |
| Greater Hudson Valley Health | 253.48% |
| Greenville Hospital System | 220.23% |
| Guthrie Health | 171.39% |
| Hawaii Health Systems Corp | 172.61% |
| HCA | 303.97% |
| Health Alliance Of Cincinnati | 209.06% |
| Health Management Associates | 319.82% |
| Health Midwest | 263.05% |
| Healthcorp Of Tennessee, Inc | 114.07% |
| Healtheast | 263.73% |
| Healthmont, Inc | 174.39% |
| Healthsouth Corporation | 230.78% |

| System<br>Total Charge To Cost Ratios By Hospital System,<br>Sorted By System, Fiscal Year 2000/2001 | Average Charge to Cost Ratio |
|---|---|
| Henry Ford Health System | 211.26% |
| Hillcrest Healthcare System | 167.40% |
| Hospital Sisters Health System | 181.26% |
| Iasis Healthcare | 308.10% |
| Infirmary Health System, Inc | 179.67% |
| Inova Health System | 218.63% |
| Integris Health | 189.25% |
| Intermountain Health Care, Inc | 154.16% |
| Iowa Health System | 142.93% |
| Jefferson Health System | 374.35% |
| Jewish Hosp Healthcare Serv | 232.17% |
| John C Lincoln Health Network | 331.11% |
| John Muir/Mt Diablo Hlth Syst | 361.23% |
| Johns Hopkins Health System | 111.16% |
| Kaleida Health | 188.32% |
| Kindred Healthcare | 227.17% |
| Kishwaukee Health System | 205.56% |
| La Cnty-Dept Of Health Servs | 301.16% |
| Legacy Health System | 181.66% |
| Liberty Healthcare System | 416.91% |
| Lifebridge Health | 119.28% |
| Lifepoint Hospitals, Inc | 243.88% |
| Lifespan Corporation | 199.33% |
| Little Company Of Mary SRS | 266.69% |
| Loma Linda University Health | 253.76% |
| Marian Health System | 168.72% |

| System<br>Total Charge To Cost Ratios By Hospital System,<br>Sorted By System, Fiscal Year 2000/2001 | Average Charge to Cost Ratio |
|---|---|
| Marshall County Hlth Care Auth | 251.33% |
| Matagorda Cnty Hosp District | 176.67% |
| Mayo Foundation | 149.59% |
| Medcath, Inc | 185.61% |
| Medstar Health | 160.26% |
| Memorial Health Services | 207.86% |
| Memorial Health System | 180.88% |
| Memorial Healthcare System | 318.29% |
| Memorial Hermann Hlthcare Syst | 286.51% |
| Methodist Health Care System | 230.99% |
| Methodist Healthcare | 205.21% |
| Methodist Hospitals Of Dallas | 181.35% |
| Midmichigan Health | 206.22% |
| Morton Plant Mease Health Care | 314.91% |
| Mountain States Hlth Alliance | 257.05% |
| Multicare Health System | 212.78% |
| Munson Healthcare | 141.47% |
| MUSC Med Ctr Of Med Univ Of SC | 160.25% |
| New American Healthcare Corp | 231.33% |
| New Hanover Health Network | 195.40% |
| New York City Hlth & Hosp Corp | 103.86% |
| New York Presby Hlthcare Syst | 196.83% |
| North Broward Hospital Dist | 371.17% |
| North Carolina Baptist Hosp | 134.67% |
| North Mississippi Hlth Servs | 185.99% |
| North Shore-Long Island Hlth | 205.57% |

| System<br>Total Charge To Cost Ratios By Hospital System,<br>Sorted By System, Fiscal Year 2000/2001 | Average Charge to Cost Ratio |
|---|---|
| Northbay Healthcare System | 406.34% |
| Northeast Health Management | 159.89% |
| Norton Healthcare | 185.28% |
| Novant Health | 185.95% |
| Oakwood Healthcare, Inc | 222.25% |
| Ohio Valley Health Services | 202.04% |
| Ohiohealth | 178.08% |
| Orlando Regional Healthcare | 277.82% |
| Osf Healthcare System | 168.64% |
| Our Lady Of Mercy Healthcare | 163.44% |
| Pacific Health Corporation | 340.70% |
| Palmetto Health Alliance | 167.01% |
| Palomar Pomerado Health System | 280.20% |
| Park Nicollet Health Services | 203.37% |
| Parkview Health System | 151.56% |
| Partners Healthcare System | 198.83% |
| Peacehealth | 135.89% |
| Preferred Management Corp | 143.27% |
| Presbyterian Healthcare Servs | 186.74% |
| Prohealth Care | 176.23% |
| Promedica Health System | 199.40% |
| Provena Health | 229.46% |
| Providence Health System | 185.29% |
| Providence Services | 159.39% |
| Province Healthcare Corp | 227.78% |
| Puerto Rico Department Of Hlth | 214.17% |

| System<br>Total Charge To Cost Ratios By Hospital System,<br>Sorted By System, Fiscal Year 2000/2001 | Average Charge to Cost Ratio |
|---|---|
| Queen's Health Systems | 235.04% |
| Quorum Health Group | 177.02% |
| Rapid City Regional System | 148.70% |
| Resurrection Health Care Corp | 270.66% |
| Riverside Health System | 238.04% |
| Rural Health Management Corp | 130.76% |
| Rush Health Systems | 185.51% |
| Rush-Presby-St Luke's Med Ctr | 245.75% |
| Saint Barnabas Health System | 419.63% |
| Saint Luke's Health System | 236.58% |
| Samaritan Health Services | 131.38% |
| Scottsdale Healthcare | 289.71% |
| Scripps Health | 291.25% |
| Sentara Healthcare | 230.82% |
| Shands Healthcare | 220.40% |
| Sharp Healthcare | 278.06% |
| Singing River Hospital System | 221.17% |
| Sioux Valley Hosp & Hlth Syst | 128.09% |
| Sisters Of 3rd Franciscan | 203.14% |
| Sisters Of Charity | 229.41% |
| Sisters Of Charity Center | 158.47% |
| Sisters Of Mary | 129.10% |
| Sisters Of Mercy | 207.29% |
| Sisters Of Mercy Of The Amer | 194.73% |
| Sisters Of St Francis | 197.06% |
| Solaris Health System | 263.58% |

| System<br>Total Charge To Cost Ratios By Hospital System,<br>Sorted By System, Fiscal Year 2000/2001 | Average Charge to Cost Ratio |
|---|---|
| Southern California Hlth Syst | 295.20% |
| Southern Illinois Hosp Servs | 237.89% |
| Spartanburg Reg Hlthcare Syst | 165.26% |
| Spectrum Health | 168.32% |
| Ssm Health Care | 215.82% |
| St Francis Health System | 171.84% |
| St Joseph Health System | 237.16% |
| St Mary's/Duluth Clinic Health | 174.06% |
| Stanford Health Care | 272.58% |
| Strong Health | 169.95% |
| Summit Health | 195.17% |
| Sun Health Corporation | 309.29% |
| Sunlink Healthcare | 196.54% |
| Sutter Health | 307.25% |
| Tarrant County Hosp District | 123.64% |
| Temple University Health System | 389.40% |
| Tenet Healthcare Corporation | 476.60% |
| Texas Health Resources | 212.38% |
| Thedacare, Inc | 160.29% |
| Triad Hospitals, Inc | 249.54% |
| Trinity Health | 171.14% |
| Truman Medical Centers | 107.56% |
| Ty Cobb Healthcare System, Inc | 162.77% |
| Umass Health System | 207.02% |
| United Hospital Corporation | 215.62% |
| United Medical Corporation | 219.06% |

| System<br>Total Charge To Cost Ratios By Hospital System,<br>Sorted By System, Fiscal Year 2000/2001 | Average Charge to Cost Ratio |
|---|---|
| Univ Of Alabama System | 256.16% |
| Univ Of CA-Systemwide Adm | 277.29% |
| Univ Of Chicago Health System | 284.35% |
| Univ Of Pennsylvania Hlth Syst | 349.50% |
| Univ Of South Alabama Hosps | 209.72% |
| Universal Health Services, Inc | 304.16% |
| University Community Health | 303.60% |
| University Health Systems | 169.71% |
| University Hospitals Hlth Syst | 189.38% |
| University Of MD Medical Syst | 127.27% |
| University Of MO Health System | 169.95% |
| University Of New Mexico | 180.83% |
| University Of Texas System | 106.03% |
| Upmc Health System | 265.88% |
| Upper Chesapeake Health System | 110.54% |
| Valley Health System | 206.45% |
| Valleycare Health System | 386.37% |
| Vanguard Health System | 362.05% |
| Via Christi Health System | 194.60% |
| Viahealth | 151.89% |
| Virtua Health | 329.23% |
| Wellmont Health System | 195.38% |
| Wellspan Health | 185.21% |
| Wellstar Health System | 213.84% |
| West Penn Allegheny Hlth Syst | 291.05% |
| West Tennessee Healthcare | 215.71% |

| System<br>Total Charge To Cost Ratios By Hospital System,<br>Sorted By System, Fiscal Year 2000/2001 | Average Charge to Cost Ratio |
|---|---|
| West Virginia United Hlth Syst | 179.79% |
| Westmoreland Health System | 225.08% |
| Wheaton Franciscan Servs, Inc | 191.28% |
| William Beaumont Hospital Corp | 251.65% |
| Willis-Knighton Health System | 276.33% |
| Yale New Haven Health System | 192.41% |
| **National Average (Of Individual Facilities)** | **205.84%** |

**Table 13 Average Total Charge to Cost Ratios by Hospital System, Sorted by Average Charge to Cost Ratio, Fiscal Year 2000/2001**

| Rank | System<br>Total Charge To Cost Ratios By Hospital System, Sorted By Average Charge To Cost Ratio, Fiscal Year 2000/2001 | Average Charge to Cost Ratio |
|---|---|---|
| 1. | Crozer-Keystone Health System | 584.36% |
| 2. | Tenet Healthcare Corporation | 476.60% |
| 3. | Saint Barnabas Health System | 419.63% |
| 4. | Liberty Healthcare System | 416.91% |
| 5. | Northbay Healthcare System | 406.34% |
| 6. | Temple University Health System | 389.40% |
| 7. | Valleycare Health System | 386.37% |
| 8. | Jefferson Health System | 374.35% |
| 9. | North Broward Hospital Dist | 371.17% |
| 10. | Vanguard Health System | 362.05% |
| 11. | John Muir/Mt Diablo Hlth Syst | 361.23% |
| 12. | Univ Of Pennsylvania Hlth Syst | 349.50% |

| Rank | System<br>Total Charge To Cost Ratios By Hospital System, Sorted By Average Charge To Cost Ratio, Fiscal Year 2000/2001 | Average Charge to Cost Ratio |
|---|---|---|
| 13. | Pacific Health Corporation | 340.70% |
| 14. | John C Lincoln Health Network | 331.11% |
| 15. | Virtua Health | 329.23% |
| 16. | Albert Einstein Healthcare | 322.07% |
| 17. | Health Management Associates | 319.82% |
| 18. | Memorial Healthcare System | 318.29% |
| 19. | Morton Plant Mease Health Care | 314.91% |
| 20. | Catholic Healthcare West | 313.60% |
| 21. | Sun Health Corporation | 309.29% |
| 22. | Iasis Healthcare | 308.10% |
| 23. | Sutter Health | 307.25% |
| 24. | Cottage Health System | 306.15% |
| 25. | Universal Health Services, Inc | 304.16% |
| 26. | HCA | 303.97% |
| 27. | University Community Health | 303.60% |
| 28. | La Cnty-Dept Of Health Servs | 301.16% |
| 29. | Baptist Health Care Corp | 295.85% |
| 30. | Southern California Hlth Syst | 295.20% |
| 31. | Scripps Health | 291.25% |
| 32. | West Penn Allegheny Hlth Syst | 291.05% |
| 33. | Alta Healthcare System | 290.23% |
| 34. | Citrus Valley Health Partners | 290.14% |
| 35. | Alexian Brothers Health System | 289.99% |
| 36. | Scottsdale Healthcare | 289.71% |
| 37. | Memorial Hermann Hlthcare Syst | 286.51% |

| Rank | System<br>Total Charge To Cost Ratios By Hospital System, Sorted By Average Charge To Cost Ratio, Fiscal Year 2000/2001 | Average Charge to Cost Ratio |
|---|---|---|
| 38. | Univ Of Chicago Health System | 284.35% |
| 39. | Baptist Hlth System Of TN | 283.83% |
| 40. | Eastern Health System, Inc | 283.83% |
| 41. | Dch Health System | 282.34% |
| 42. | Palomar Pomerado Health System | 280.20% |
| 43. | Community Health Systems, Inc | 279.53% |
| 44. | College Health Enterprises | 279.16% |
| 45. | Baptist Health System | 278.76% |
| 46. | Sharp Healthcare | 278.06% |
| 47. | Orlando Regional Healthcare | 277.82% |
| 48. | Carraway Methodist Health | 277.48% |
| 49. | Univ Of CA-Systemwide Adm | 277.29% |
| 50. | Willis-Knighton Health System | 276.33% |
| 51. | Coffee Health Group | 274.67% |
| 52. | Stanford Health Care | 272.58% |
| 53. | Catholic Health East | 271.35% |
| 54. | Resurrection Health Care Corp | 270.66% |
| 55. | Atlantic Health System | 270.04% |
| 56. | Little Company Of Mary SRS | 266.69% |
| 57. | Upmc Health System | 265.88% |
| 58. | Healtheast | 263.73% |
| 59. | Solaris Health System | 263.58% |
| 60. | Health Midwest | 263.05% |
| 61. | Advocate Health Care | 262.57% |
| 62. | Mountain States Hlth Alliance | 257.05% |

| Rank | System<br>Total Charge To Cost Ratios By Hospital System, Sorted By Average Charge To Cost Ratio, Fiscal Year 2000/2001 | Average Charge to Cost Ratio |
|---|---|---|
| 63. | Clarent Hospital Corporation | 256.94% |
| 64. | Univ Of Alabama System | 256.16% |
| 65. | Community Medical Centers | 254.55% |
| 66. | Cathedral Healthcare Syst, Inc | 254.08% |
| 67. | Loma Linda University Health | 253.76% |
| 68. | Greater Hudson Valley Health | 253.48% |
| 69. | William Beaumont Hospital Corp | 251.65% |
| 70. | Marshall County Hlth Care Auth | 251.33% |
| 71. | Triad Hospitals, Inc | 249.54% |
| 72. | Geisinger Health System | 248.48% |
| 73. | Cumberland Cnty Hosp System | 247.60% |
| 74. | Detroit Medical Center | 247.41% |
| 75. | Rush-Presby-St Luke's Med Ctr | 245.75% |
| 76. | Lifepoint Hospitals, Inc | 243.88% |
| 77. | Covenant Health | 243.33% |
| 78. | Christus Health | 241.79% |
| 79. | Baptist Health | 241.63% |
| 80. | American Medtrust | 240.93% |
| 81. | General Health System | 240.85% |
| 82. | Adventist Hlth System Sunbelt | 238.62% |
| 83. | Riverside Health System | 238.04% |
| 84. | Southern Illinois Hosp Servs | 237.89% |
| 85. | Catholic Health Partners | 237.83% |
| 86. | St Joseph Health System | 237.16% |
| 87. | Saint Luke's Health System | 236.58% |

| Rank | System<br>Total Charge To Cost Ratios By Hospital System, Sorted By Average Charge To Cost Ratio, Fiscal Year 2000/2001 | Average Charge to Cost Ratio |
|---|---|---|
| 88. | Queen's Health Systems | 235.04% |
| 89. | Bon Secours Health System, Inc | 234.61% |
| 90. | Baptist Health | 234.01% |
| 91. | Carondelet Health System | 233.04% |
| 92. | Jewish Hosp Healthcare Serv | 232.17% |
| 93. | New American Healthcare Corp | 231.33% |
| 94. | Methodist Health Care System | 230.99% |
| 95. | Sentara Healthcare | 230.82% |
| 96. | Healthsouth Corporation | 230.78% |
| 97. | Provena Health | 229.46% |
| 98. | Sisters Of Charity | 229.41% |
| 99. | Baylor Health Care System | 229.15% |
| 100. | Province Healthcare Corp | 227.78% |
| 101. | Covenant Health Systems, Inc | 227.29% |
| 102. | Kindred Healthcare | 227.17% |
| 103. | Westmoreland Health System | 225.08% |
| 104. | East Texas Med Ctr Reg Syst | 223.88% |
| 105. | BJC Healthcare | 223.59% |
| 106. | Catholic Health Services Of LI | 222.61% |
| 107. | Oakwood Healthcare, Inc | 222.25% |
| 108. | Singing River Hospital System | 221.17% |
| 109. | Shands Healthcare | 220.40% |
| 110. | Greenville Hospital System | 220.23% |
| 111. | United Medical Corporation | 219.06% |
| 112. | Inova Health System | 218.63% |

| Rank | System<br>Total Charge To Cost Ratios By Hospital System, Sorted By Average Charge To Cost Ratio, Fiscal Year 2000/2001 | Average Charge to Cost Ratio |
|---|---|---|
| 113. | Ssm Health Care | 215.82% |
| 114. | West Tennessee Healthcare | 215.71% |
| 115. | United Hospital Corporation | 215.62% |
| 116. | Appalachian Reg Healthcare | 214.76% |
| 117. | Doctors Community Healthcare | 214.34% |
| 118. | Puerto Rico Department Of Hlth | 214.17% |
| 119. | Wellstar Health System | 213.84% |
| 120. | Adventist Health | 213.15% |
| 121. | Multicare Health System | 212.78% |
| 122. | Texas Health Resources | 212.38% |
| 123. | Blue Water Health Servs Corp | 212.34% |
| 124. | Baptist Mem Health Care Corp | 211.68% |
| 125. | Henry Ford Health System | 211.26% |
| 126. | Columbus Regional Hlth System | 210.45% |
| 127. | Univ Of South Alabama Hosps | 209.72% |
| 128. | Health Alliance Of Cincinnati | 209.06% |
| 129. | Banner Health System | 207.95% |
| 130. | Memorial Health Services | 207.86% |
| 131. | Cleveland Clinic Health System | 207.82% |
| 132. | Sisters Of Mercy | 207.29% |
| 133. | Umass Health System | 207.02% |
| 134. | Caritas Christi Health Care | 206.58% |
| 135. | Fremont-Rideout Health Group | 206.47% |
| 136. | Valley Health System | 206.45% |
| 137. | Midmichigan Health | 206.22% |

| Rank | System<br>Total Charge To Cost Ratios By Hospital System, Sorted By Average Charge To Cost Ratio, Fiscal Year 2000/2001 | Average Charge to Cost Ratio |
|---|---|---|
| 138. | North Shore-Long Island Hlth | 205.57% |
| 139. | Kishwaukee Health System | 205.56% |
| 140. | Methodist Healthcare | 205.21% |
| 141. | Caregroup | 204.54% |
| 142. | Catholic Healthcare Partners | 204.43% |
| 143. | Park Nicollet Health Services | 203.37% |
| 144. | Sisters Of 3rd Franciscan | 203.14% |
| 145. | Franciscan Services Corp | 202.35% |
| 146. | Ohio Valley Health Services | 202.04% |
| 147. | Aurora Health Care | 201.04% |
| 148. | Baystate Health System, Inc | 200.02% |
| 149. | Promedica Health System | 199.40% |
| 150. | Lifespan Corporation | 199.33% |
| 151. | Partners Healthcare System | 198.83% |
| 152. | Ascension Health | 198.44% |
| 153. | Sisters Of St Francis | 197.06% |
| 154. | New York Presby Hlthcare Syst | 196.83% |
| 155. | Sunlink Healthcare | 196.54% |
| 156. | Baptist Healthcare System | 195.71% |
| 157. | New Hanover Health Network | 195.40% |
| 158. | Wellmont Health System | 195.38% |
| 159. | Summit Health | 195.17% |
| 160. | Sisters Of Mercy Of The Amer | 194.73% |
| 161. | Via Christi Health System | 194.60% |
| 162. | Catholic Health Initiatives | 193.98% |

| Rank | System<br>Total Charge To Cost Ratios By Hospital System, Sorted By Average Charge To Cost Ratio, Fiscal Year 2000/2001 | Average Charge to Cost Ratio |
|---|---|---|
| 163. | Franciscan Missionaries | 192.64% |
| 164. | Yale New Haven Health System | 192.41% |
| 165. | Wheaton Franciscan Servs, Inc | 191.28% |
| 166. | Carolinas Healthcare System | 190.87% |
| 167. | University Hospitals Hlth Syst | 189.38% |
| 168. | Integris Health | 189.25% |
| 169. | Continuum Health Partners | 188.88% |
| 170. | Kaleida Health | 188.32% |
| 171. | Presbyterian Healthcare Servs | 186.74% |
| 172. | Care New England Health System | 186.27% |
| 173. | Fairview Health Services | 186.07% |
| 174. | North Mississippi Hlth Servs | 185.99% |
| 175. | Novant Health | 185.95% |
| 176. | Medcath, Inc | 185.61% |
| 177. | Carilion Health System | 185.57% |
| 178. | Rush Health Systems | 185.51% |
| 179. | Providence Health System | 185.29% |
| 180. | Norton Healthcare | 185.28% |
| 181. | Wellspan Health | 185.21% |
| 182. | Empire Health Services | 183.66% |
| 183. | Legacy Health System | 181.66% |
| 184. | Methodist Hospitals Of Dallas | 181.35% |
| 185. | Hospital Sisters Health System | 181.26% |
| 186. | Memorial Health System | 180.88% |
| 187. | University Of New Mexico | 180.83% |

| Rank | System<br>Total Charge To Cost Ratios By Hospital System, Sorted By Average Charge To Cost Ratio, Fiscal Year 2000/2001 | Average Charge to Cost Ratio |
|---|---|---|
| 188. | West Virginia United Hlth Syst | 179.79% |
| 189. | Infirmary Health System, Inc | 179.67% |
| 190. | Associated Healthcare Systems | 178.69% |
| 191. | Berkshire Health Systems, Inc | 178.69% |
| 192. | No System Affiliation | 178.35% |
| 193. | Allina Health System | 178.23% |
| 194. | Forum Health | 178.10% |
| 195. | Ohiohealth | 178.08% |
| 196. | Bronson Healthcare Group, Inc | 177.60% |
| 197. | Quorum Health Group | 177.02% |
| 198. | Matagorda Cnty Hosp District | 176.67% |
| 199. | Community Healthcare System | 176.27% |
| 200. | Prohealth Care | 176.23% |
| 201. | Accord Health Care Corporation | 175.52% |
| 202. | Duke University Health System | 175.48% |
| 203. | Firsthealth Of The Carolinas | 174.66% |
| 204. | Healthmont, Inc | 174.39% |
| 205. | St Mary's/Duluth Clinic Health | 174.06% |
| 206. | Akron General Health System | 173.43% |
| 207. | Asante Health System | 172.88% |
| 208. | Hawaii Health Systems Corp | 172.61% |
| 209. | Covenant Health System | 172.17% |
| 210. | Genesis Hospital System | 172.16% |
| 211. | St Francis Health System | 171.84% |
| 212. | Guthrie Health | 171.39% |

| Rank | System<br>Total Charge To Cost Ratios By Hospital System, Sorted By Average Charge To Cost Ratio, Fiscal Year 2000/2001 | Average Charge to Cost Ratio |
|---|---|---|
| 213. | Clarian Health Partners | 171.26% |
| 214. | Trinity Health | 171.14% |
| 215. | Strong Health | 169.95% |
| 216. | University Of MO Health System | 169.95% |
| 217. | University Health Systems | 169.71% |
| 218. | Marian Health System | 168.72% |
| 219. | Osf Healthcare System | 168.64% |
| 220. | Spectrum Health | 168.32% |
| 221. | Brim Healthcare, Inc | 167.95% |
| 222. | Hillcrest Healthcare System | 167.40% |
| 223. | Palmetto Health Alliance | 167.01% |
| 224. | Cape Cod Healthcare, Inc | 165.86% |
| 225. | Spartanburg Reg Hlthcare Syst | 165.26% |
| 226. | Our Lady Of Mercy Healthcare | 163.44% |
| 227. | Ty Cobb Healthcare System, Inc | 162.77% |
| 228. | Catholic Health System | 161.87% |
| 229. | Charleston Area Med Ctr System | 161.58% |
| 230. | Archbold Medical Center | 161.32% |
| 231. | Thedacare, Inc | 160.29% |
| 232. | Medstar Health | 160.26% |
| 233. | MUSC Med Ctr Of Med Univ Of SC | 160.25% |
| 234. | Northeast Health Management | 159.89% |
| 235. | Adventist Healthcare | 159.63% |
| 236. | Providence Services | 159.39% |
| 237. | Sisters Of Charity Center | 158.47% |

| Rank | System<br>Total Charge To Cost Ratios By Hospital System, Sorted By Average Charge To Cost Ratio, Fiscal Year 2000/2001 | Average Charge to Cost Ratio |
|---|---|---|
| 238. | Cox Health System | 155.77% |
| 239. | Intermountain Health Care, Inc | 154.16% |
| 240. | Centra Health, Inc | 153.12% |
| 241. | Viahealth | 151.89% |
| 242. | Parkview Health System | 151.56% |
| 243. | Alameda Cnty Hlth Care Servs | 150.58% |
| 244. | Mayo Foundation | 149.59% |
| 245. | Benedictine Health System | 149.25% |
| 246. | Rapid City Regional System Of | 148.70% |
| 247. | Centracare | 148.66% |
| 248. | Associates Capital Group | 146.17% |
| 249. | Georgia Baptist Hlth Care Syst | 146.09% |
| 250. | Preferred Management Corp | 143.27% |
| 251. | Iowa Health System | 142.93% |
| 252. | Munson Healthcare | 141.47% |
| 253. | Ardent Health Services | 140.45% |
| 254. | Peacehealth | 135.89% |
| 255. | North Carolina Baptist Hosp | 134.67% |
| 256. | Avera Health | 132.47% |
| 257. | Samaritan Health Services | 131.38% |
| 258. | Rural Health Management Corp | 130.76% |
| 259. | Christiana Care Health System | 129.81% |
| 260. | Sisters Of Mary | 129.10% |
| 261. | Sioux Valley Hosp & Hlth Syst | 128.09% |
| 262. | University Of MD Medical Syst | 127.27% |

 

| Rank | System<br>Total Charge To Cost Ratios By Hospital System, Sorted By Average Charge To Cost Ratio, Fiscal Year 2000/2001 | Average Charge to Cost Ratio |
|---|---|---|
| 263. | Dassee Community Health System | 126.33% |
| 264. | Cook Cnty Bureau Of Hlth Serv | 124.05% |
| 265. | Tarrant County Hosp District | 123.64% |
| 266. | Benedictine Sisters | 122.47% |
| 267. | Great Plains Health Alliance | 122.06% |
| 268. | Lifebridge Health | 119.28% |
| 269. | Franciscan SRS Of Christian | 119.03% |
| 270. | Dimensions Healthcare System | 116.55% |
| 271. | Camelot Healthcare, Llc | 116.00% |
| 272. | Healthcorp Of Tennessee, Inc | 114.07% |
| 273. | Johns Hopkins Health System | 111.16% |
| 274. | Upper Chesapeake Health System | 110.54% |
| 275. | Truman Medical Centers | 107.56% |
| 276. | University Of Texas System | 106.03% |
| 277. | Franciscan Skemp Healthcare | 105.37% |
| 278. | New York City Hlth & Hosp Corp | 103.86% |
| | **National Average (Of Individual Facilities)** | **205.84%** |

**Table 14 Average Profits and Numbers of Beds by Hospital Bed Deciles**

| Bed Deciles | Hospitals | Average Total Charge to Cost Ratio by Bed Deciles | Average Profits | Average Number of Beds |
|---|---|---|---|---|
| 1. | Average Profits/Beds | 148.87% | $13,037.57 | 19.21 |
| 2. | Average Profits/Beds | 156.74% | ($55,920.33) | 32.12 |
| 3. | Average Profits/Beds | 166.73% | $262,598.44 | 43.51 |

| Bed Deciles | Hospitals | Average Total Charge to Cost Ratio by Bed Deciles | Average Profits | Average Number of Beds |
|---|---|---|---|---|
| 4. | Average Profits/Beds | 183.85% | $883,946.94 | 55.29 |
| 5. | Average Profits/Beds | 203.15% | $1,889,694.65 | 82.56 |
| 6. | Average Profits/Beds | 238.01% | $1,241,918.12 | 110.29 |
| 7. | Average Profits/Beds | 234.85% | $3,139,491.22 | 143.66 |
| 8. | Average Profits/Beds | 240.56% | $3,539,161.39 | 194.81 |
| 9. | Average Profits/Beds | 245.30% | $6,291,230.01 | 272.34 |
| 10. | Average Profits/Beds | 243.57% | $14,108,528.63 | 491.69 |

**Table 15 Average Total Charge to Cost Ratios by Hospital Bed Deciles**

| Bed Deciles | Average Total Charge to Cost Ratio by Bed Deciles | Average Number of Beds by Bed Deciles |
|---|---|---|
| 1 | 143.87% | 19.21 |
| 2 | 156.74% | 32.12 |
| 3 | 166.73% | 43.51 |
| 4 | 183.85% | 55.29 |
| 5 | 203.15% | 82.56 |
| 6 | 238.01% | 110.29 |
| 7 | 234.85% | 143.66 |
| 8 | 240.56% | 194.81 |
| 9 | 245.30% | 272.34 |
| 10 | 243.57% | 491.69 |

**Table 16 Average Total Charge to Cost Ratio by Hospital Control Type**

| Type of Control | Average Total Charge to Cost Ratio |
|---|---|
| Proprietary, Corp | 296.08% |
| Voluntary Nonprofit, Church | 211.52% |
| Proprietary, Other | 211.33% |
| Proprietary, partnership | 210.42% |
| Voluntary Nonprofit, Other | 196.15% |
| Govt, (Federal, City-County, State, Other, District, City, County) | 176.48% |
| Proprietary, Individual | 150.47% |
| | |

**Table 17 Average Cost and Charge Per Patient Discharge by Hospital Control Type – Sorted by Charge Per Discharge[30]**

| Type of Control | Cost Per Discharge | Charge Per Discharge |
|---|---|---|
| Proprietary, partnership | $15,032.08 | $32,061.22 |
| Proprietary, Corp | $8,978.46 | $26,534.12 |
| Voluntary Nonprofit, Church | $10,707.73 | $22,071.97 |
| Proprietary, Other | $10,527.66 | $21,496.43 |
| **National Averages** | **$10,854.50** | **$21,341.87** |
| Voluntary Nonprofit, Other | $11,087.56 | $20,984.46 |
| Govt. (Federal, City-County, State, Other, District, City, County) | $11,654.63 | $19,424.22 |
| Proprietary, Individual | $8,536.08 | $13,117.66 |

[30] Charges and Costs per patient discharge are calculated by dividing total charges and total costs respectively for each hospital by total discharges for each. All hospitals with 100 or more total discharges are included in the calculations.

## XI. The IHSP Hospital 500: Top Ten Hospitals by State by Total Charge to Cost Ratio

We present below the Total Average Hospital Charge to Cost Ratio for each state. Additionally, where possible we detail the Top Ten Hospitals with the Most Expensive Total Charge to Cost Ratios on a state by state basis.

More importantly, we believe that such a presentation may help to clarify a principal analytical goal of this study; the demystification of the relationship among hospital billing practices, costs, profits and the access to - or lack thereof - of quality care at affordable levels.

Lacking such an understanding, the nation is analytically blind and politically impoverished as it faces ever increasing pressures regarding policy decisions in its attempt to transform the current failing bottom-line oriented health care industry into a successful, just and humane health care system.

The first step in guiding those policy decisions and the subsequent transformation to follow is to first deepen as best we can our understanding of the health care industry. This is of particular urgency as it pertains to such absolutely fundamental elements as hospital charges, costs, reimbursements and their relation to hospital fiscal health.

**Table 18 Average Total Charge to Cost Ratio by State**

| Rank | State | Average Total Charge to Cost Ratio |
|---|---|---|
| 1. | CA | 302.36% |
| 2. | FL | 300.64% |
| 3. | NJ | 297.97% |
| 4. | NV | 266.57% |
| 5. | AZ | 259.10% |
| 6. | PA | 254.26% |
| 7. | AL | 240.88% |
| 8. | TX | 229.40% |
| 9. | TN | 228.29% |
| 10. | LA | 228.12% |
| 11. | SC | 217.39% |
| 12. | DC | 215.85% |
| 13. | VA | 213.90% |
| 14. | IL | 209.66% |
| **15.** | **National Average (of Individual Facilities)** | **205.84%** |
| 16. | KY | 203.02% |
| 17. | MS | 198.04% |
| 18. | MO | 196.53% |
| 19. | GA | 194.39% |
| 20. | MA | 193.67% |
| 21. | PR (Puerto Rico) | 190.14% |
| 22. | AR | 189.98% |
| 23. | RI | 188.67% |
| 24. | HI | 188.16% |

| Rank | State | Average Total Charge to Cost Ratio |
|---|---|---|
| 25. | OK | 186.43% |
| 26. | NC | 186.11% |
| 27. | CT | 185.05% |
| 28. | NM | 185.00% |
| 29. | MI | 183.94% |
| 30. | NY | 181.33% |
| 31. | OH | 180.81% |
| 32. | DE | 179.25% |
| 33. | CO | 178.63% |
| 34. | WV | 176.38% |
| 35. | ME | 175.38% |
| 36. | UT | 173.65% |
| 37. | NH | 171.60% |
| 38. | IN | 169.46% |
| 39. | KS | 163.25% |
| 40. | WI | 156.76% |
| 41. | WA | 154.94% |
| 42. | OR | 153.19% |
| 43. | MN | 151.29% |
| 44. | VT | 150.42% |
| 45. | AK | 143.28% |
| 46. | WY | 142.55% |
| 47. | NE | 138.16% |
| 48. | ID | 137.75% |
| 49. | IA | 137.24% |
| 50. | MT | 137.16% |
| 51. | SD | 136.34% |

| Rank | State | Average Total Charge to Cost Ratio |
|---|---|---|
| 52. | ND | 128.60% |
| 53. | MD | 119.23% |

 

**Table 19 Alabama Top Ten**

| Alabama | Hospital Name | Type Of Control | System | Total Charge To Cost Ratio |
|---|---|---|---|---|
| | PRATTVILLE BAPTIST HOSPITAL | Voluntary Nonprofit, Other | Baptist Health | 229.62% |
| | SO. BALDWIN REGIONAL MEDICAL CENTER | Govt, County | Community Health Systems, Inc | 217.87% |
| | THOMAS HOSPITAL | Govt, County | | 217.77% |
| | NORTH BALDWIN HOSPITAL | Govt, County | Infirmary Health System, Inc | 199.20% |
| | LAKEVIEW COMMUNITY HOSPITAL | Proprietary, Corp | Community Health Systems, Inc | 229.35% |
| | BIBB MEDICAL CENTER | Govt, County | | 115.81% |
| | MEDICAL CENTER BLOUNT | Proprietary, Corp | Eastern Health System, Inc | 244.00% |
| | BULLOCK COUNTY HOSPITAL | Govt, County | | 130.86% |
| | GEORGIANA HOSPITAL | Proprietary, Corp | | 126.10% |
| | LV STABLER | Proprietary, Corp | Community Health Systems, Inc | 319.50% |

**Table 20 Alaska Top Ten**

| Alaska | Hospital Name | Type Of Control | System | Total Charge To Cost Ratio |
|---|---|---|---|---|
| | ALASKA REGIONAL HOSPITAL | Proprietary, Corp | HCA | 239.14% |
| | PROVIDENCE ALASKA MEDICAL CENTER | Voluntary Nonprofit, Church | Providence Health System | 207.90% |
| | FAIRBANKS MEMORIAL HOSPITAL | Voluntary Nonprofit, Other | Banner Health System | 157.60% |
| | VALLEY HOSPITAL ASSOCIATION INC. | Voluntary Nonprofit, Other | | 147.05% |
| | CENTRAL PENINSULA GENERAL HOSPITAL | Govt, City | | 139.17% |
| | PROV. KODIAK ISLAND MED CTR | Voluntary Nonprofit, Church | Providence Health System | 125.27% |
| | SOUTH PENINSULA HOSPITAL | Govt, City | | 115.71% |
| | KETCHIKAN GENERAL HOSPITAL | Voluntary Nonprofit, Church | Peacehealth | 115.39% |
| | BARTLETT REGIONAL HOSPITAL | Govt, City-County | Quorum Health Group | 115.36% |
| | CORDOVA COMMUNITY MEDICAL CENTER | Govt, City | | 110.68% |

**Table 21 Arizona Top Ten**

| Arizona | Hospital Name | Type Of Control | System | Total Charge To Cost Ratio |
|---|---|---|---|---|
| | TEMPE ST. LUKES | Proprietary, Corp | IASIS Healthcare | 437.30% |
| | ST. LUKES MEDICAL CENTER | Proprietary, Corp | IASIS Healthcare | 412.06% |
| | CHANDLER REGIONAL HOSPITAL | Voluntary Nonprofit, Other | Catholic Healthcare West | 395.40% |
| | ARROWHEAD COMMUNITY HOSPITAL | Proprietary, Corp | Vanguard Health System | 382.13% |
| | THUNDERBIRD SAMARITAN MEDICAL CNT | Voluntary Nonprofit, Other | Banner Health System | 379.40% |
| | PHOENIX BAPTIST HOSPITAL | Proprietary, Corp | Vanguard Health System | 369.66% |
| | VALLEY LUTHERAN | Voluntary Nonprofit, Other | Banner Health System | 352.70% |
| | JCL NORTH MOUNTAIN | Voluntary Nonprofit, Other | John C Lincoln Health Network | 347.04% |
| | MARYVALE HOSPITAL MEDICAL CENTER | Proprietary, Corp | Vanguard Health System | 344.09% |
| | WESTERN ARIZONA REGIONAL MEDICAL CEN | Proprietary, Corp | Community Health Systems, Inc | 328.23% |

**Table 22 Arkansas Top Ten**

| Arkansas | Hospital Name | Type Of Control | System | Total Charge To Cost Ratio |
|---|---|---|---|---|
| | NATIONAL PARK MEDICAL CENTER | Proprietary, Corp | Tenet Healthcare Corporation | 438.68% |
| | ST. JOSEPHS REGIONAL HEALTH CENTER | Voluntary Nonprofit, Church | Sisters Of Mercy | 352.99% |
| | CENTRAL ARKANSAS HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 308.01% |
| | HARRIS HOSPITAL | Proprietary, Corp | Community Health Systems, Inc | 278.97% |
| | WHITE COUNTY MEDICAL CENTER | Voluntary Nonprofit, Other | | 267.41% |
| | BAPTIST HEALTH MEDICAL CENTER - LR | Voluntary Nonprofit, Other | Baptist Health | 252.09% |
| | UNIV OF AR FOR MEDICAL SCIENCES | Govt, State | | 251.95% |
| | MEDICAL PARK HOSPITAL | Proprietary, Corp | Triad Hospitals, Inc | 251.16% |
| | MAGNOLIA CITY HOSPITAL | Govt, City | Christus Health | 247.16% |
| | HOT SPRING CO MEDICAL CENTER | Voluntary Nonprofit, Other | | 246.85% |

**Table 23 California Top Ten**

| California | Hospital Name | Type Of Control | System | Total Charge To Cost Ratio |
|---|---|---|---|---|
| | DOCTORS MEDICAL CENTER OF MODESTO | Proprietary, Corp | Tenet Healthcare Corporation | 1092.48% |
| | DOCTORS HOSPITAL OF MANTECA | Proprietary, Corp | Tenet Healthcare Corporation | 920.16% |
| | MIDWAY HOSPITAL MEDICAL CENTER | Proprietary, Corp | Tenet Healthcare Corporation | 793.98% |
| | TWIN CITIES COMMUNITY HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 761.42% |
| | SIERRA VISTA REGINAL MED CTR | Proprietary, Corp | Tenet Healthcare Corporation | 757.50% |
| | SAN DIMAS COMMUNITY HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 742.75% |
| | MONTEREY PARK HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 710.87% |
| | ST.LUKE MEDICAL CENTER | Proprietary, Corp | Tenet Healthcare Corporation | 701.97% |
| | TARZANA ENCINO REGIONAL MED CTR | Proprietary, Corp | Tenet Healthcare Corporation | 680.17% |
| | LOS ALAMITOS MEDICAL CTR. | Proprietary, Corp | Tenet Healthcare Corporation | 657.95% |

**Table 24 Colorado Top Ten**

| Colorado | Hospital Name | Type Of Control | System | Total Charge To Cost Ratio |
|---|---|---|---|---|
| | ST. MARY CORWIN MEDICAL CENTER | Voluntary Nonprofit, Other | Catholic Health Initiatives | 304.30% |
| | PORTER ADVENTIST HOSPITAL | Voluntary Nonprofit, Other | Adventist Hlth System Sunbelt | 299.35% |
| | PENROSE/ST. FRANCIS HEALTHCARE | Voluntary Nonprofit, Other | Catholic Health Initiatives | 285.32% |
| | ST. ANTHONY CENTRAL | Voluntary Nonprofit, Other | Catholic Health Initiatives | 281.57% |
| | P/SL MEDICAL CENTER | Proprietary, Corp | HCA | 275.04% |
| | PARKVIEW MEDICAL CENTER | Voluntary Nonprofit, Church | Quorum Health Group | 257.73% |
| | MEMORIAL HOSPITAL | Govt, City | | 256.03% |
| | MT. SAN RAFAEL HOSPITAL | Voluntary Nonprofit, Other | Quorum Health Group | 226.67% |
| | BOULDER COMMUNITY HOSPITAL | Voluntary Nonprofit, Other | | 203.19% |
| | ST MARYS HOSPITAL & MED CENTER | Voluntary Nonprofit, Church | Sisters Of Charity | 202.58% |

 

**Table 25 Connecticut Top Ten**

| Connecticut | Hospital Name | Type Of Control | System | Total Charge To Cost Ratio |
|---|---|---|---|---|
| | THE GRIFFIN HOSPITAL | Voluntary Nonprofit, Other | | 279.31% |
| | NEW MILFORD HOSPITAL | Voluntary Nonprofit, Other | | 226.58% |
| | JOHNSON MEMORIAL HOSPITAL | Voluntary Nonprofit, Other | | 220.66% |
| | MANCHESTER MEMORIAL HOSPITAL | Voluntary Nonprofit, Other | | 219.24% |
| | MILFORD HOSPITAL INC. | Voluntary Nonprofit, Other | | 217.89% |
| | BRISTOL HOSPITAL INC. | Voluntary Nonprofit, Other | | 216.09% |
| | ST. MARYS HOSPITAL | Voluntary Nonprofit, Church | | 213.63% |
| | ROCKVILLE GENERAL HOSPITAL INC. | Voluntary Nonprofit, Other | | 212.04% |
| | WINDHAM COMMUNITY MEMORIAL HOSPITAL | Voluntary Nonprofit, Other | | 208.04% |
| | HOSPITAL OF SAINT RAPHAEL | Voluntary Nonprofit, Church | | 205.78% |

**Table 26 Delaware Top Hospitals**

| Delaware | Hospital Name | Type Of Control | System | Total Charge To Cost Ratio |
|---|---|---|---|---|
| | ST. FRANCIS HOSPITAL-WILMINGTON DE | Voluntary Nonprofit, Church | Catholic Health East | 202.50% |
| | NANTICOKE MEMORIAL HOSPITAL | Voluntary Nonprofit, Other | | 190.39% |
| | BEEBE MEDICAL CENTER | Voluntary Nonprofit, Other | | 187.06% |
| | MILFORD MEMORIAL HOSPITAL | Voluntary Nonprofit, Other | | 185.13% |
| | KENT GENERAL HOSPITAL | Voluntary Nonprofit, Other | | 180.60% |
| | CHRISTIANA CARE HEALTH SERVICES | Voluntary Nonprofit, Other | Christiana Care Health System | 129.81% |

**Table 27 District of Columbia Top Hospitals**

| District Of Columbia | Hospital Name | Type Of Control | System | Total Charge To Cost Ratio |
|---|---|---|---|---|
| | GREATER SOUTHEAST COMMUNITY HOSPITAL | Proprietary, Corp | Doctors Community Healthcare | 256.23% |
| | GEORGETOWN UNIVERSITY HOSPITAL | Voluntary Nonprofit, Church | Medstar Health | 240.78% |
| | PROVIDENCE HOSPITAL | Voluntary Nonprofit, Other | Ascension Health | 222.16% |
| | SIBLEY MEMORIAL HOSPITAL | Voluntary Nonprofit, Other | | 207.15% |
| | WASHINGTON HOSPITAL CENTER | Voluntary Nonprofit, Other | Medstar Health | 205.48% |
| | HOWARD UNIVERSITY HOSPITAL | Voluntary Nonprofit, Other | | 203.28% |
| | HADLEY MEMORIAL HOSPITAL | Proprietary, Corp | Doctors Community Healthcare | 175.86% |

**Table 28 Florida Top Ten**

| Florida | Hospital Name | Type Of Control | System | Total Charge To Cost Ratio |
|---|---|---|---|---|
| | FLORIDA MEDICAL CENTER | Proprietary, Corp | Tenet Healthcare Corporation | 571.84% |
| | PALMETTO GENERAL HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 545.84% |
| | TWIN CITIES HOSPITAL | Proprietary, Corp | HCA | 530.83% |
| | DELRAY MEDICAL CENTER | Proprietary, Corp | Tenet Healthcare Corporation | 519.51% |
| | CORAL GABLES HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 510.96% |
| | HIALEAH HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 510.59% |
| | NORTH RIDGE MEDICAL CENTER | Proprietary, Corp | Tenet Healthcare Corporation | 489.57% |
| | LAWNWOOD REGIONAL MEDICAL CENTER | Proprietary, Corp | HCA | 474.69% |
| | GULF COAST MEDICAL CENTER | Proprietary, Corp | HCA | 470.15% |
| | NORTH OKALOOSA MEDICAL CENTER | Proprietary, Corp | Community Health Systems, Inc | 466.18% |

**Table 29 Georgia Top Ten**

| Georgia | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | NORTH FULTON REGIONAL HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 423.54% |
| | EAST GEORGIA REGIONAL MEDICAL CTR | Proprietary, Corp | Health Management Associates | 378.39% |
| | SPALDING REGIONAL HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 375.85% |
| | CARTERSVILLE MEDICAL CENTER | Proprietary, Corp | HCA | 348.70% |
| | DOCTORS OF AUGUSTA HOSPITAL | Proprietary, Corp | HCA | 346.68% |
| | ATLANTA MEDICAL CENTER | Proprietary, Corp | Tenet Healthcare Corporation | 338.05% |
| | REDMOND REGIONAL MEDICAL CENTER | Proprietary, Corp | HCA | 325.80% |
| | EMORY EASTSIDE MEDICAL CENTER | Proprietary, Corp | HCA | 315.90% |
| | HUGHSTON SPORTS MEDICINE HOSPITAL | Proprietary, Corp | HCA | 314.95% |
| | FAIRVIEW PARK HOSPITAL | Proprietary, Corp | HCA | 314.81% |

**Table 30 Hawaii Top Ten**

| Hawaii | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | KAPIOLANI MEDICAL CTR @ PALI MOMI | Voluntary Nonprofit, Other | | 243.22% |
| | THE QUEENS MEDICAL CENTER | Voluntary Nonprofit, Other | Queen's Health Systems | 235.04% |
| | ST FRANCIS MEDICAL CENTER WEST | Voluntary Nonprofit, Other | Sisters of 3rd Franciscan | 233.32% |
| | ST. FRANCIS MEDICAL CENTER | Voluntary Nonprofit, Other | Sisters of 3rd Franciscan | 223.09% |
| | MAUI MEMORIAL MEDICAL CENTER | Govt, State | Hawaii Health Systems Corp | 220.90% |
| | KAPIOLANI MED CTR FOR WOMEN & CHILDR | Voluntary Nonprofit, Other | | 206.04% |
| | STRAUB CLINIC & HOSPITAL INC. | Proprietary, Corp | | 200.08% |
| | CASTLE MEDICAL CENTER | Voluntary Nonprofit, Church | Adventist Health | 190.06% |
| | HILO MEDICAL CENTER | Govt, State | Hawaii Health Systems Corp | 189.53% |
| | KUAKINI MEDICAL CENTER | Voluntary Nonprofit, Other | | 189.27% |

**Table 31 Idaho Top Ten**

| Idaho | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | EASTERN IDAHO REGIONAL MEDICAL CENTE | Proprietary, Corp | HCA | 241.57% |
| | WEST VALLEY MEDICAL CENTER | Proprietary, Corp | HCA | 211.63% |
| | BINGHAM MEMORIAL HOSPITAL | Govt, County | | 184.97% |
| | MAGIC VALLEY REGIONAL MEDICAL CENTE | Govt, County | | 175.13% |
| | KOOTENAI MEDICAL CENTER | Govt, Hosp District | | 171.18% |
| | MERCY MEDICAL CENTER | Voluntary Nonprofit, Church | Catholic Health Initiatives | 161.56% |
| | ST. JOSEPH REGIONAL MEDICAL CENTER | Voluntary Nonprofit, Church | Carondelet Health System | 160.31% |
| | CASSIA REGIONAL MED. CENTER | Voluntary Nonprofit, Other | Intermountain Health Care, Inc | 154.71% |
| | WALTER KNOX MEMORIAL HOSPITAL | Govt, County | | 154.35% |
| | GRITMAN MEDICAL CENTER | Voluntary Nonprofit, Other | Quorum Health Group | 151.02% |

**Table 32 Illinois Top Ten**

| Illinois | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | OUR LADY OF THE RESURRECTION | Voluntary Nonprofit, Church | Resurrection Health Care Corp | 392.11% |
| | GOTTLIEB MEMORIAL HOSPITAL | Voluntary Nonprofit, Other | | 381.92% |
| | MACNEAL HOSPITAL | Proprietary, Other | Vanguard Health System | 340.30% |
| | WEST SUBURBAN HOSPT. MED. CTR. | Voluntary Nonprofit, Other | | 334.15% |
| | NORTHSIDE HEALTH SYSTEM | Voluntary Nonprofit, Church | | 334.04% |
| | ILLINOIS MASONIC MEDICAL CTR | Voluntary Nonprofit, Other | | 332.05% |
| | HOLY CROSS HOSPITAL | Voluntary Nonprofit, Church | | 321.53% |
| | SWEDISH COVENANT HOSPITAL | Voluntary Nonprofit, Church | | 318.02% |
| | SAINT ANTHONYS HEALTH CENTER | Voluntary Nonprofit, Church | | 311.65% |
| | CROSSROADS COMMUNITY HOSPITAL | Proprietary, Corp | Community Health Systems, Inc | 309.60% |

**Table 33 Indiana Top Ten**

| Indiana | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | TERRE HAUTE REGIONAL HOSPITAL | Proprietary, Corp | HCA | 284.44% |
| | LUTHERAN HOSPITAL OF INDIANA | Proprietary, Corp | Triad Hospitals, Inc | 236.51% |
| | CLARK MEMORIAL HOSPITAL | Govt, County | Jewish Hosp HealthCare Serv | 230.75% |
| | WINONA MEMORIAL HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 226.45% |
| | UNION HOSPITAL INC. | Voluntary Nonprofit, Other | | 223.35% |
| | COMMUNITY HOSPITAL SOUTH | Voluntary Nonprofit, Other | | 220.50% |
| | MEMORIAL HOSPT. OF SOUTH BEND INC. | Voluntary Nonprofit, Other | | 211.41% |
| | ST JOSEPHS REG MED CTR - SB CAMPUS | Voluntary Nonprofit, Church | Trinity Health | 209.51% |
| | ST. MARGARET MERCY HLTHCARE-NORTH | Voluntary Nonprofit, Church | Sisters of St Francis | 207.70% |
| | ST. ELIZABETH MEDICAL CENTER | Proprietary, Corp | | 207.14% |

**Table 34 Iowa Top Ten**

| Iowa | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | MERCY HOSPITAL | Voluntary Nonprofit, Church | Catholic Health Initiatives | 230.88% |
| | MERCY MEDICAL CENTER-DES MOINES | Voluntary Nonprofit, Church | Catholic Health Initiatives | 201.33% |
| | IOWA METHODIST MEDICAL CENTER | Voluntary Nonprofit, Church | Iowa Health System | 194.36% |
| | MERCY MEDICAL CENTER | Voluntary Nonprofit, Church | Trinity Health | 188.98% |
| | TRINITY REGIONAL HOSPITAL | Voluntary Nonprofit, Other | Iowa Health System | 187.55% |
| | JENNIE EDMUNDSON MEMORIAL | Voluntary Nonprofit, Other | | 185.16% |
| | GREAT RIVER MEDICAL CENTER | Voluntary Nonprofit, Other | | 184.34% |
| | GENESIS MEDICAL CENTER | Voluntary Nonprofit, Other | | 182.82% |
| | MERCY MEDICAL CENTER - CENTERVILLE | Voluntary Nonprofit, Church | Catholic Health Initiatives | 180.96% |
| | MERCY MEDICAL CENTER | Voluntary Nonprofit, Church | | 171.23% |

**Table 35 Kansas Top Ten**

| Kansas | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | KANSAS HEART HOSPITAL | Proprietary, Corp | | 361.48% |
| | WESLEY MEDICAL CENTER | Proprietary, Corp | HCA | 348.02% |
| | OVERLAND PARK REGL MED. CENTER | Voluntary Nonprofit, Other | Health Midwest | 316.98% |
| | PROVIDENCE MEDICAL CENTER | Voluntary Nonprofit, Church | Sisters of Charity | 292.59% |
| | SHAWNEE MISSION MEDICAL CENTER INC. | Proprietary, Corp | Saint Luke's Health System | 270.59% |
| | OLATHE MEDICAL CENTER INC. | Voluntary Nonprofit, Other | | 267.32% |
| | WESTERN PLAINS MEDICAL COMPLEX | Proprietary, Corp | LifePoint Hospitals, Inc | 241.60% |
| | MENORAH MEDICAL CENTER | Voluntary Nonprofit, Other | Health Midwest | 240.14% |
| | ST. FRANCIS HEALTH CENTER | Voluntary Nonprofit, Church | Sisters of Charity | 239.77% |
| | RIVERSIDE HEALTH SYSTEM INC. | Voluntary Nonprofit, Other | Marian Health System | 234.63% |

**Table 36 Kentucky Top Ten**

| Kentucky | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | PAUL B. HALL REGL MEDICAL CENTER | Proprietary, Corp | Health Management Associates | 481.47% |
| | KENTUCKY RIVER MEDICAL CENTER | Proprietary, Corp | Community Health Systems, Inc | 405.85% |
| | LAKE CUMBERLAND REGIONAL HOSPITAL | Proprietary, Corp | LifePoint Hospitals, Inc | 326.86% |
| | THREE RIVERS MEDICAL CENTER | Proprietary, Corp | Community Health Systems, Inc | 309.98% |
| | GREENVIEW REGIONAL HOSPITAL | Proprietary, Corp | HCA | 295.80% |
| | JEWISH HOSPITAL SHELBYVILLE | Voluntary Nonprofit, Other | Jewish Hosp HealthCare Serv | 288.14% |
| | UNIVERSITY OF LOUISVILLE HOSPITAL | Voluntary Nonprofit, Other | Jewish Hosp HealthCare Serv | 286.45% |
| | HIGHLANDS REGIONAL MEDICAL CENTER | Voluntary Nonprofit, Other | | 284.33% |
| | WILLIAMSON ARH | Voluntary Nonprofit, Other | Appalachian Reg Healthcare | 270.22% |
| | MEADOWVIEW REGIONAL MEDICAL CENTER | Proprietary, Corp | LifePoint Hospitals, Inc | 262.35% |

**Table 37 Louisiana Top Ten**

| Louisiana | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | NORTHSHORE REG. MEDICAL CENTER | Proprietary, Corp | Tenet Healthcare Corporation | 572.04% |
| | MEADOWCREST HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 537.70% |
| | ST. CHARLES GENERAL HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 448.65% |
| | MEMORIAL MEDICAL CENTER | Proprietary, Corp | Tenet Healthcare Corporation | 444.69% |
| | DOCTORS HOSPITAL OF JEFFERSON | Proprietary, Corp | Tenet Healthcare Corporation | 394.42% |
| | KENNER REGIONAL MEDICAL CENTER | Proprietary, Corp | Tenet Healthcare Corporation | 390.45% |
| | NORTH MONROE HOSPITAL | Proprietary, Corp | HCA | 382.39% |
| | BYRD REGIONAL HOSPITAL | Proprietary, Corp | Community Health Systems, Inc | 376.04% |
| | LAKELAND MEDICAL CENTER | Proprietary, Corp | HCA | 356.39% |
| | MEDICAL CENTER OF SOUTHWES | Proprietary, Corp | HCA | 351.26% |

**Table 38 Maine Top Ten**

| Maine | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | ST. MARYS REGIONAL MEDICAL CENTER | Voluntary Nonprofit, Church | Covenant Health Systems, Inc | 244.70% |
| | BRIDGTON HOSPITAL | Voluntary Nonprofit, Other | | 206.59% |
| | MAINEGENERAL MEDICAL CENTER | Voluntary Nonprofit, Other | | 200.20% |
| | CENTRAL MAINE MEDICAL CENTER | Voluntary Nonprofit, Other | | 199.48% |
| | HOULTON REGIONAL HOSPITAL | Voluntary Nonprofit, Other | Quorum Health Group | 190.89% |
| | CARY MEDICAL CENTER(AROOSTOOK) | Govt, Hosp District | Quorum Health Group | 190.88% |
| | MAYO REGIONAL HOSPITAL | Govt, Hosp District | Quorum Health Group | 189.91% |
| | RUMFORD COMMUNITY HOSPITAL | Voluntary Nonprofit, Other | | 185.53% |
| | DOWN EAST COMMUNITY HOSPITAL | Voluntary Nonprofit, Other | Quorum Health Group | 183.21% |
| | CALAIS REGIONAL HOSPITAL | Voluntary Nonprofit, Other | Quorum Health Group | 180.97% |

**Table 39 Maryland Top Ten**

| Maryland | Hospital Name | Type of Control | System name (from membership) | Total- Total (sum of lines 25-68) - Charge to Cost Ratio |
|---|---|---|---|---|
| | SOUTHERN MARYLAND HOSPITAL INC. | Proprietary, Corp | | 149.50% |
| | UNIV. OF MARYLAND MEDICAL SYSTEM | Voluntary Nonprofit, Other | University of MD Medical Syst | 136.79% |
| | THE GOOD SAMARITAN HOSPITAL | Voluntary Nonprofit, Other | MedStar Health | 133.76% |
| | MERCY MEDICAL CENTER | Voluntary Nonprofit, Church | Sisters of Mercy of the Amer | 132.24% |
| | UNION HOSPITAL OF CECIL COUNTY | Voluntary Nonprofit, Other | | 129.63% |
| | MARYLAND GENERAL HOSPITAL | Voluntary Nonprofit, Other | University of MD Medical Syst | 129.47% |
| | NORTHWEST HOSPITAL CENTER | Voluntary Nonprofit, Other | LifeBridge Health | 129.29% |
| | CALVERT MEMORIAL HOSPITAL | Voluntary Nonprofit, Other | | 129.05% |
| | KERNAN | Voluntary Nonprofit, Other | University of MD Medical Syst | 128.79% |
| | DORCHESTER GENERAL HOSPITAL | Voluntary Nonprofit, Other | | 125.73% |

**Table 40 Massachusetts Top Ten**

| Massachusetts | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | MARLBOROUGH HOSPITAL | Voluntary Nonprofit, Other | UMass Health System | 259.87% |
| | EMERSON HOSPITAL | Voluntary Nonprofit, Other | | 258.17% |
| | FAULKNER HOSPITAL | Voluntary Nonprofit, Other | Partners HealthCare System | 243.97% |
| | DEACONESS GLOVER HOSPITAL | Voluntary Nonprofit, Other | CareGroup | 242.07% |
| | HEYWOOD HOSPITAL | Voluntary Nonprofit, Other | | 236.67% |
| | METROWEST MEDICAL CENTER | Proprietary, Corp | Tenet Healthcare Corporation | 234.18% |
| | SAINT ANNES HOSPITAL | Voluntary Nonprofit, Church | Caritas Christi Health Care | 231.72% |
| | SAINT VINCENT HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 231.27% |
| | BROCKTON HOSPITAL INC. | Voluntary Nonprofit, Other | | 228.77% |
| | HOLY FAMILY HOSPITAL | Voluntary Nonprofit, Other | Caritas Christi Health Care | 228.34% |

**Table 41 Michigan Top Ten**

| Michigan | Hospital Name | Type of Control | System name (from membership) | Total-Charge to Cost Ratio |
|---|---|---|---|---|
| | ST. JOHN MACOMB HOSPITAL | Voluntary Nonprofit, Other | Ascension Health | 288.25% |
| | COTTAGE HOSPITAL | Voluntary Nonprofit, Other | Bon Secours Health System, Inc | 280.87% |
| | ST. JOHN HOSPITAL AND MEDICAL CENTER | Voluntary Nonprofit, Church | Ascension Health | 273.59% |
| | DETROIT RECEIVING HOSPITAL | Voluntary Nonprofit, Other | Detroit Medical Center | 267.19% |
| | KINDRED HOSPITAL - METRO DETROIT | Proprietary, Corp | Kindred Healthcare | 266.42% |
| | WILLIAM BEAUMONT HOSPITAL | Voluntary Nonprofit, Other | William Beaumont Hospital Corp | 266.24% |
| | BON SECOURS HOSPITAL OF MICHIGAN | Voluntary Nonprofit, Church | Bon Secours Health System, Inc | 265.65% |
| | HURON VALLEY-SINAI HOSPITAL | Voluntary Nonprofit, Other | Detroit Medical Center | 263.10% |
| | GARDEN CITY HOSPITAL OSTEOPATHIC | Voluntary Nonprofit, Other | | 259.13% |
| | WYANDOTTE HOSP & MED CTR | Voluntary Nonprofit, Other | Henry Ford Health System | 255.73% |

**Table 42 Minnesota Top Ten**

| Minnesota | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | HEALTHEAST ST. JOHNS HOSPITAL | Voluntary Nonprofit, Other | HealthEast | 284.47% |
| | FAIRVIEW RIDGES HOSPITAL | Voluntary Nonprofit, Other | Fairview Health Services | 263.19% |
| | FAIRVIEW SOUTHDALE HOSPITAL | Proprietary, Other | Fairview Health Services | 244.56% |
| | ST JOSEPHS HOSPITAL | Voluntary Nonprofit, Other | HealthEast | 242.99% |
| | ABBOTT NORTHWESTERN HOSPITAL | Voluntary Nonprofit, Other | Allina Health System | 229.86% |
| | METHODIST HOSPITAL | Voluntary Nonprofit, Other | Park Nicollet Health Services | 222.77% |
| | CAMBRIDGE MEDICAL CENTER | Voluntary Nonprofit, Other | Allina Health System | 214.68% |
| | NORTH MEMORIAL HEALTH CARE | Voluntary Nonprofit, Other | | 210.19% |
| | ST. MARYS MEDICAL CENTER - DULUTH | Voluntary Nonprofit, Other | St Mary's/Duluth Clinic Health | 207.95% |
| | FAIRIVEW UNIVERSITY MEDICAL CENTER | Voluntary Nonprofit, Other | Fairview Health Services | 207.67% |

**Table 43 Mississippi Top Ten**

| Mississippi | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | NATCHEZ COMMUNITY HOSPITAL | Proprietary, Corp | Health Management Associates | 428.36% |
| | BILOXI REGIONAL MEDICAL CENTER | Proprietary, Corp | Health Management Associates | 409.98% |
| | GULF COAST MEDICAL CENTER | Proprietary, Corp | Tenet Healthcare Corporation | 329.90% |
| | RILEY MEMORIAL HOSPITAL | Proprietary, Corp | Health Management Associates | 322.58% |
| | NW MISSISSIPPI REGL MEDICAL CTR. | Proprietary, Corp | Health Management Associates | 309.09% |
| | LEAKE MEMORIAL HOSPITAL | Proprietary, Corp | | 288.44% |
| | BAPTIST MEM HOSPITAL BOONEVILLE | Voluntary Nonprofit, Church | Baptist Mem Health Care Corp | 279.53% |
| | GARDEN PARK COMMUNITY HOSPITAL | Proprietary, Corp | HCA | 272.88% |
| | CENTRAL MISSISSIPPI MED. CTR. | Proprietary, Corp | Health Management Associates | 269.89% |
| | HANCOCK MEDICAL CENTER | Govt, County | Quorum Health Group | 261.61% |

**Table 44 Missouri Top Ten**

| Missouri | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | DES PERES MEDICAL CENTER | Proprietary, Corp | Tenet Healthcare Corporation | 409.73% |
| | BAPTIST MEDICAL CENTER | Voluntary Nonprofit, Other | Health Midwest | 396.19% |
| | SOUTHPOINTE HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 388.53% |
| | FOREST PARK HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 356.93% |
| | SAINT LOUIS UNIVERSITY HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 335.85% |
| | MOBERLY REGIONAL MEDICAL CENTER | Proprietary, Corp | Community Health Systems, Inc | 335.57% |
| | LUCY LEE HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 300.40% |
| | RESEARCH MEDICAL CENTER | Voluntary Nonprofit, Other | Health Midwest | 300.08% |
| | MEDICAL CENTER OF INDEPENDENCE | Voluntary Nonprofit, Other | Health Midwest | 295.75% |
| | LEES SUMMIT HOSPITAL | Voluntary Nonprofit, Other | Health Midwest | 271.05% |

**Table 45 Montana Top Ten**

| Montana | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | HOLY ROSARY HEALTH CARE | Voluntary Nonprofit, Church | Sisters of Charity | 191.75% |
| | ST. VINCENT HOSPITAL & HEALTH CENTER | Voluntary Nonprofit, Church | Sisters of Charity | 183.49% |
| | ST PETERS HOSPITAL | Voluntary Nonprofit, Other | | 181.67% |
| | ST. JAMES HEALTHCARE | Voluntary Nonprofit, Church | Sisters of Charity | 175.27% |
| | KALISPELL REG MEDICAL CENTER | Voluntary Nonprofit, Other | | 165.73% |
| | DEACONESS BILLINGS CLINIC | Voluntary Nonprofit, Other | | 158.66% |
| | SAINT PATRICK HOSPITAL | Voluntary Nonprofit, Church | Providence Services | 158.40% |
| | BOZEMAN DEACONESS HEALTH SERVICE | Voluntary Nonprofit, Other | | 154.20% |
| | NORTH VALLEY HOSPITAL | Voluntary Nonprofit, Other | Quorum Health Group | 144.14% |
| | NORTHERN MONTANA HOSPITAL | Voluntary Nonprofit, Other | Brim Healthcare, Inc | 143.50% |

**Table 46 Nebraska Top Ten**

| Nebraska | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | SAINT JOSEPH HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 467.53% |
| | MIDLANDS COMMUNITY HOSPITAL | Voluntary Nonprofit, Church | | 256.46% |
| | IMMANUEL MEDICAL CENTER | Voluntary Nonprofit, Church | | 239.60% |
| | BERGAN MERCY MEDICAL CENTER | Voluntary Nonprofit, Other | Catholic Health Initiatives | 229.40% |
| | GOOD SAMARITAN HOSPITAL | Voluntary Nonprofit, Church | Catholic Health Initiatives | 199.46% |
| | NEBRASKA METHODIST HOSPITAL | Voluntary Nonprofit, Church | | 196.68% |
| | NEBRASKA HEALTH SYSTEM | Voluntary Nonprofit, Other | | 192.31% |
| | SAINT ELIZABETH REG MED CTR | Voluntary Nonprofit, Church | Catholic Health Initiatives | 190.07% |
| | FREMONT AREA MEDICAL CENTER | Govt, County | | 173.93% |
| | GREAT PLAINS REGIONAL MEDICAL CENTER | Voluntary Nonprofit, Other | Quorum Health Group | 167.92% |

**Table 47 Nevada Top Ten**

| Nevada | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | LAKE MEAD MEDICAL CENTER | Proprietary, Corp | Tenet Healthcare Corporation | 475.91% |
| | VALLEY HOSPITAL MEDICAL CENTER | Proprietary, Corp | Universal Health Services, Inc | 414.65% |
| | SUNRISE HOSPITAL AND MEDICAL CENTER | Proprietary, Corp | HCA | 389.16% |
| | WILLIAM BEE RIRIE HOSPITAL | Govt, City-County | | 385.40% |
| | SUMMERLIN HOSPITAL MEDICAL CENTER | Proprietary, Corp | Universal Health Services, Inc | 364.67% |
| | DESERT SPRINGS HOSPITAL MEDICAL CTR | Proprietary, Corp | Universal Health Services, Inc | 346.05% |
| | MOUNTAINVIEW | Proprietary, Corp | HCA | 342.93% |
| | ST. ROSE DOMINICAN HOSP - SIENA | Voluntary Nonprofit, Church | | 320.90% |
| | ST. MARYS REGIONAL MEDICAL CENTER | Voluntary Nonprofit, Church | | 295.63% |
| | NORTHERN NEVADA MEDICAL CENTER | Proprietary, Corp | Universal Health Services, Inc | 278.46% |

**Table 48 New Hampshire Top Ten**

| New Hampshire | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | PORTSMOUTH REGIONAL HOSPITAL | Proprietary, Corp | HCA | 258.99% |
| | FRISBIE MEMORIAL HOSPITAL | Voluntary Nonprofit, Other | | 225.71% |
| | CATHOLIC MEDICAL CENTER | Voluntary Nonprofit, Other | | 216.58% |
| | ST. JOSEPH HOSPITAL | Voluntary Nonprofit, Other | Covenant Health Systems, Inc | 209.88% |
| | SOUTHERN NH MEDICAL CENTER | Voluntary Nonprofit, Other | | 201.86% |
| | PARKLAND MEDICAL CENTER | Proprietary, Corp | HCA | 193.01% |
| | EXETER HOSPITAL | Voluntary Nonprofit, Other | | 191.52% |
| | WENTWORTH-DOUGLASS HOSPITAL | Voluntary Nonprofit, Other | | 190.19% |
| | CONCORD HOSPITAL INC. | Voluntary Nonprofit, Other | | 183.85% |
| | ELLIOT HOSPITAL | Voluntary Nonprofit, Other | | 175.65% |

**Table 49 New Jersey Top Ten**

| New Jersey | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | IRVINGTON GENERAL HOSPITAL | Voluntary Nonprofit, Other | Saint Barnabas Health System | 580.84% |
| | KIMBALL MEDICAL CENTER | Voluntary Nonprofit, Other | Saint Barnabas Health System | 538.60% |
| | COMMUNITY MEDICAL CENTER | Voluntary Nonprofit, Church | Saint Barnabas Health System | 522.53% |
| | RWJ UNIVERSITY HOSPITAL AT HAMILTON | Voluntary Nonprofit, Other | | 519.23% |
| | RARITAN BAY MEDICAL CENTER | Voluntary Nonprofit, Other | | 495.60% |
| | GREENVILLE HOSPITAL | Voluntary Nonprofit, Other | Liberty Healthcare System | 468.88% |
| | MONMOUTH MEDICAL CENTER | Voluntary Nonprofit, Other | Saint Barnabas Health System | 432.40% |
| | ST. FRANCIS MEDICAL CTR-TRENTON NJ | Voluntary Nonprofit, Church | Catholic Health East | 427.86% |
| | MEADOWLANDS HOSPITAL MEDICAL CENTER | Proprietary, Corp | Liberty Healthcare System | 420.73% |
| | HACKENSACK UNIVERSITY MEDICAL CENTER | Voluntary Nonprofit, Other | | 381.96% |

**Table 50 New Mexico Top Ten**

| New Mexico | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | EASTERN NEW MEXICO MEDICAL CENTER | Proprietary, Other | Community Health Systems, Inc | 353.99% |
| | ST JOSEPH MEDICAL CENTER | Voluntary Nonprofit, Church | Catholic Health Initiatives | 261.77% |
| | ST JOSEPH NORTHEAST HEIGHTS | Voluntary Nonprofit, Church | Catholic Health Initiatives | 261.27% |
| | ST JOSEPH WEST MESA HOSPITAL | Voluntary Nonprofit, Church | Catholic Health Initiatives | 254.42% |
| | LEA REGIONAL HOSPITAL | Proprietary, Corp | Triad Hospitals, Inc | 246.09% |
| | NORTHEASTERN REGIONAL HOSPITAL | Proprietary, Corp | Community Health Systems, Inc | 237.86% |
| | PLAINS REGIONAL MED CTR-CLOVIS | Voluntary Nonprofit, Other | Presbyterian Healthcare Servs | 236.97% |
| | KASEMAN PRESBYTERIAN HOSPITAL | Voluntary Nonprofit, Other | Presbyterian Healthcare Servs | 226.08% |
| | HEART HOSPITAL OF NEW MEXICO | Proprietary, Corp | | 222.21% |
| | CARLSBAD MEDICAL CENTER | Proprietary, Other | Triad Hospitals, Inc | 216.97% |

**Table 51 New York Top Ten**

| New York | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | LENOX HILL HOSPITAL | Voluntary Nonprofit, Other | | 281.78% |
| | SAINT ANTHONY COMMUNITY HOSPITAL | Voluntary Nonprofit, Other | Bon Secours Health System, Inc | 277.15% |
| | ARDEN HILL HOSPITAL | Voluntary Nonprofit, Other | Greater Hudson Valley Health | 270.20% |
| | ST. LUKES HOSPITAL | Voluntary Nonprofit, Other | Greater Hudson Valley Health | 270.11% |
| | SOUTHAMPTON HOSPITAL | Voluntary Nonprofit, Other | | 267.03% |
| | MT. ST. MARYS HOSPITAL | Voluntary Nonprofit, Church | Ascension Health | 253.72% |
| | CENTRAL SUFFOLK HOSPITAL | Voluntary Nonprofit, Other | | 246.01% |
| | SARATOGA HOSPITAL AND NURSING HOME | Voluntary Nonprofit, Other | | 243.50% |
| | HORTON MEDICAL CENTER | Voluntary Nonprofit, Other | Greater Hudson Valley Health | 241.91% |
| | SAMARITAN HOSPITAL | Voluntary Nonprofit, Other | | 238.51% |

**Table 52 North Carolina Top Ten**

| North Carolina | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | FRYE REGIONAL MEDICAL CENTER | Proprietary, Corp | Tenet Healthcare Corporation | 444.56% |
| | CENTRAL CAROLINA HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 406.27% |
| | LAKE NORMAN REGL MEDICAL CENTER | Proprietary, Corp | Health Management Associates | 341.92% |
| | SANDHILLS REGIONAL MEDICAL CENTER | Proprietary, Corp | Health Management Associates | 324.83% |
| | FRANKLIN REGL MEDICAL CENTER | Proprietary, Corp | Health Management Associates | 285.74% |
| | PRESBYTERIAN ORTHOPAEDIC HOSPITAL | Voluntary Nonprofit, Other | Novant Health | 258.35% |
| | MARTIN GENERAL HOSPITAL | Proprietary, Corp | Community Health Systems, Inc | 253.12% |
| | CAPE FEAR VALLEY MEDICAL CENTER | Govt, County | Cumberland Cnty Hosp System | 247.60% |
| | MERCY HOSPITALS INC | Govt, Hosp District | Carolinas HealthCare System | 235.90% |
| | ALBEMARLE HOSPITAL | Govt, County | | 232.09% |

**Table 53 North Dakota Top Ten**

| North Dakota | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | DAKOTA HOSPITAL | Proprietary, Corp | Clarent Hospital Corporation | 269.26% |
| | MERITCARE HOSPITAL | Voluntary Nonprofit, Other | | 175.53% |
| | MERCY HOSPITAL | Voluntary Nonprofit, Church | Catholic Health Initiatives | 175.50% |
| | OAKES COMMUNITY HOSPITAL | Voluntary Nonprofit, Church | Catholic Health Initiatives | 157.25% |
| | ST. JOSEPHS HOSPITAL & HEALTH CTR | Voluntary Nonprofit, Church | Catholic Health Initiatives | 133.50% |
| | MERCY MEDICAL CENTER | Voluntary Nonprofit, Church | Catholic Health Initiatives | 132.74% |
| | UNIMED MEDICAL CENTER | Proprietary, Corp | | 132.15% |
| | MERCY HOSPITAL | Voluntary Nonprofit, Church | Catholic Health Initiatives | 131.33% |
| | ST ALEXIUS MEDICAL CENTER | Voluntary Nonprofit, Church | Benedictine Sisters | 131.22% |
| | PRESENTATION MEDICAL CENTER | Voluntary Nonprofit, Church | Sisters of Mary | 125.77% |

**Table 54 Ohio Top Ten**

| Ohio | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | MOUNT CARMEL HEALTH | Voluntary Nonprofit, Church | Trinity Health | 286.14% |
| | MERIDIA HILLCREST HOSPITAL | Voluntary Nonprofit, Other | Cleveland Clinic Health System | 279.86% |
| | ST. ANNS HOSPITAL | Voluntary Nonprofit, Church | | 273.99% |
| | ST. JOHN WEST SHORE | Voluntary Nonprofit, Other | Sisters of Charity | 270.77% |
| | THE TOLEDO HOSPITAL | Voluntary Nonprofit, Other | ProMedica Health System | 263.77% |
| | FLOWER HOSPITAL | Voluntary Nonprofit, Other | ProMedica Health System | 261.21% |
| | JEWISH HOSPITAL OF CINCINNATI | Voluntary Nonprofit, Other | | 255.60% |
| | RIVERSIDE MERCY HOSPITAL | Voluntary Nonprofit, Other | Catholic Healthcare Partners | 254.36% |
| | MERIDIA SOUTH POINTE HOSPITAL | Voluntary Nonprofit, Other | Cleveland Clinic Health System | 247.37% |
| | ST. ELIZABETH HEALTH CENTER | Voluntary Nonprofit, Church | Catholic Healthcare Partners | 241.86% |

**Table 55 Oklahoma Top Ten**

| Oklahoma | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | MED. CTR. OF SOUTHEASTERN OKLAHOMA | Proprietary, Corp | Health Management Associates | 457.11% |
| | MIDWEST REGIONAL MEDICAL CENTER | Proprietary, Corp | Health Management Associates | 404.74% |
| | OKLAHOMA SPINE HOSPITAL | Proprietary, partnership | | 374.89% |
| | INTEGRIS BAPTIST MEDICAL CENTER | Voluntary Nonprofit, Other | INTEGRIS Health | 304.93% |
| | OU MEDICAL CENTER | Proprietary, Corp | HCA | 298.11% |
| | INTEGRIS SOUTHWEST MEDICAL CENTER | Voluntary Nonprofit, Other | INTEGRIS Health | 281.06% |
| | ST. MARY REGL MEDICAL CENTER | Proprietary, Corp | Universal Health Services, Inc | 279.92% |
| | MERCY MEMORIAL HEALTH CENTER | Voluntary Nonprofit, Other | Sisters of Mercy | 278.96% |
| | SOUTHWESTERN MEDICAL CENTER | Proprietary, Corp | HCA | 270.16% |
| | HILLCREST MEDICAL CENTER | Voluntary Nonprofit, Other | Hillcrest HealthCare System | 261.39% |

**Table 56 Oregon Top Ten**

| Oregon | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | WILLAMATTE VALLEY MEDICAL CENTER | Proprietary, Corp | Triad Hospitals, Inc | 224.03% |
| | ST. VINCENT HOSPITAL MED CTR | Voluntary Nonprofit, Church | Providence Health System | 214.31% |
| | MERCY MEDICAL CENTER | Voluntary Nonprofit, Church | Catholic Health Initiatives | 213.57% |
| | ASHLAND COMMUNITY HOSPITAL | Voluntary Nonprofit, Other | | 201.69% |
| | LEGACY MERIDIAN PARK HOSPITAL | Voluntary Nonprofit, Other | Legacy Health System | 200.13% |
| | LEGACY MOUNT HOOD MEDICAL CENTER | Voluntary Nonprofit, Other | Legacy Health System | 185.24% |
| | OHSU HOSPITALS & CLINICS | Govt, State | | 183.62% |
| | PROVIDENCE PORTLAND MEDICAL CENTER | Voluntary Nonprofit, Church | Providence Health System | 182.53% |
| | EASTMORELAND GENERAL HOSPITAL | Proprietary, Corp | HealthMont, Inc | 180.54% |
| | PROVIDENCE MILWAUKIE HOSPITAL | Voluntary Nonprofit, Church | Providence Health System | 179.74% |

**Table 57 Pennsylvania Top Ten**

| Pennsylvania | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | GRADUATE HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 594.29% |
| | DELAWARE COUNTY MEMORIAL HOSPITAL | Voluntary Nonprofit, Other | Crozer-Keystone Health System | 594.15% |
| | CROZER CHESTER MEDICAL CENTER | Voluntary Nonprofit, Other | Crozer-Keystone Health System | 574.57% |
| | FRANKFORD HOSPITAL | Voluntary Nonprofit, Other | Jefferson Health System | 545.82% |
| | ABINGTON MEMORIAL HOSPITAL | Voluntary Nonprofit, Other | | 541.17% |
| | WARMINSTER HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 526.48% |
| | TEMPLE UNIVERSITY HOSPITAL | Voluntary Nonprofit, Other | TEMPLE UNIVERSITY HEALTH SYSTE | 484.77% |
| | HAHNEMANN UNIVERSITY HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 473.70% |
| | MEDICAL COLLEGE OF PENNSYLVANIA | Proprietary, Corp | Tenet Healthcare Corporation | 468.40% |
| | CHESTNUT HILL HOSPITAL | Voluntary Nonprofit, Other | | 441.23% |

**Table 58 Puerto Rico Top Ten**

| Puerto Rico | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | SAN JUAN BAUTISTA MEDICAL CENTER | Govt, State | Puerto Rico Department of Hlth | 325.84% |
| | HOSPITAL PAVIA | Proprietary, Corp | United Medical Corporation | 300.19% |
| | HOSPITAL WILMA N. VAZQUEZ | Proprietary, Corp | | 243.20% |
| | MATILDE BRENES HOSPITAL | Proprietary, Corp | | 230.61% |
| | HOSPITAL HERMANOS MELENDEZ | Proprietary, Corp | | 230.45% |
| | BELLA VISTA DEL SUROESTE | Voluntary Nonprofit, Church | Adventist Hlth System Sunbelt | 225.47% |
| | HOSPITAL SAN CARLOS BORROMEO | Voluntary Nonprofit, Other | | 223.45% |
| | HOSPITAL ALEJANDRO OTERO LOPEZ | Proprietary, Corp | | 222.14% |
| | DOCTORS CENTER HOSPITAL | Proprietary, Corp | | 220.17% |
| | HOSPITAL EPISCOPAL SAN LUCAS | Voluntary Nonprofit, Church | | 216.24% |

**Table 59 Rhode Island Top Ten**

| Rhode Island | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | THE MIRIAM HOSPITAL | Voluntary Nonprofit, Other | Lifespan Corporation | 237.92% |
| | RHODE ISLAND HOSPITAL | Voluntary Nonprofit, Other | Lifespan Corporation | 206.05% |
| | THE WESTERLY HOSPITAL | Voluntary Nonprofit, Other | | 203.47% |
| | ST. JOSEPH HEALTH SERVICES OF RI | Voluntary Nonprofit, Church | | 191.95% |
| | KENT COUNTY MEMORIAL HOSPITAL | Voluntary Nonprofit, Other | Care New England Health System | 186.27% |
| | MEMORIAL HOSPITAL OF RHODE ISLAND | Voluntary Nonprofit, Other | | 177.63% |
| | SOUTH COUNTY HOSPITAL | Voluntary Nonprofit, Other | | 174.05% |
| | NEWPORT HOSPITAL | Voluntary Nonprofit, Other | Lifespan Corporation | 173.62% |
| | LANDMARK MEDICAL CENTER | Voluntary Nonprofit, Other | | 168.63% |
| | ROGER WILLIAMS HOSPITAL | Voluntary Nonprofit, Other | | 167.06% |

**Table 60 South Carolina Top Ten**

| South Carolina | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | PIEDMONT MEDICAL CENTER | Proprietary, Corp | Tenet Healthcare Corporation | 404.84% |
| | CAROLINA PINES REGL MED. CTR. | Proprietary, Corp | Health Management Associates | 384.24% |
| | EAST COOPER | Proprietary, Corp | Tenet Healthcare Corporation | 356.96% |
| | TRIDENT REGIONAL MEDICAL CENTER | Proprietary, Corp | HCA | 331.85% |
| | UPSTATE CAROLINA MEDICAL CENTER | Proprietary, Corp | Health Management Associates | 329.46% |
| | HILTON HEAD HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 320.61% |
| | SPRINGS MEMORIAL HOSPITAL | Proprietary, Corp | Community Health Systems, Inc | 309.91% |
| | GRAND STRAND REG MED CTR | Proprietary, Corp | HCA | 308.93% |
| | MARLBORO PARK HOSPITAL | Proprietary, Corp | Community Health Systems, Inc | 292.73% |
| | CAROLINAS HOSPITAL SYSTEM | Proprietary, Corp | Triad Hospitals, Inc | 265.59% |

**Table 61 South Dakota Top Ten**

| South Dakota | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | SIOUX FALLS SURGICAL CENTER | Proprietary, partnership | | 211.85% |
| | BLACK HILLS SURGERY CENTER LLP | Proprietary, partnership | | 187.05% |
| | RAPID CITY REGIONAL HOSPITAL | Voluntary Nonprofit, Other | RAPID CITY REGIONAL SYSTEM OF | 181.24% |
| | SIOUXLAND SURGERY CENTER | Proprietary, partnership | | 180.37% |
| | DAKOTA PLAINS SURGICAL CENTER LLP | Proprietary, partnership | | 175.91% |
| | AVERA SACRED HEART HOSPITAL | Voluntary Nonprofit, Other | Avera Health | 168.94% |
| | HURON REGIONAL MEDICAL CENTER | Voluntary Nonprofit, Other | Quorum Health Group | 165.02% |
| | SIOUX VALLEY HOSPITAL | Voluntary Nonprofit, Other | Sioux Valley Hosp & Hlth Syst | 160.29% |
| | PRAIRIE LAKES HEALTH CARE CENTER | Voluntary Nonprofit, Other | Sioux Valley Hosp & Hlth Syst | 150.27% |
| | AVERA QUEEN OF PEACE | Voluntary Nonprofit, Other | Avera Health | 148.37% |

**Table 62 Tennessee Top Ten**

| Tennessee | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | JOHN W. HARTON REG. MED. CTR. | Proprietary, Corp | Tenet Healthcare Corporation | 440.38% |
| | UNIVERSITY MEDICAL CENTER | Proprietary, Corp | Tenet Healthcare Corporation | 409.94% |
| | WHITE COUNTY COMMUNITY HOSPITAL | Proprietary, Corp | Community Health Systems, Inc | 383.15% |
| | ST. FRANCIS HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 376.50% |
| | SCOTT COUNTY HOSPITAL | Proprietary, Corp | Community Health Systems, Inc | 370.26% |
| | MEDICAL CENTER OF MANCHESTER | Proprietary, Corp | | 362.80% |
| | BAPTIST DEKALB HOSPITAL | Proprietary, partnership | | 331.92% |
| | CLEVELAND COMMUNITY | Proprietary, Corp | Community Health Systems, Inc | 311.28% |
| | SUMMIT MEDICAL CENTER | Proprietary, Corp | HCA | 310.27% |
| | BAPTIST HOSPITAL OF EAST TENNESSEE | Voluntary Nonprofit, Church | Baptist Hlth System of TN | 295.67% |

**Table 63 Texas Top Ten**

| Texas | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | BROWNSVILLE MEDICAL CENTER | Proprietary, Corp | Tenet Healthcare Corporation | 706.28% |
| | SIERRA MEDICAL CENTER | Proprietary, Corp | Tenet Healthcare Corporation | 592.48% |
| | PROVIDENCE MEMORIAL HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 535.08% |
| | DOCTORS HOSPITAL OF DALLAS | Proprietary, Corp | Tenet Healthcare Corporation | 490.12% |
| | TRINITY MEDICAL CENTER | Proprietary, Corp | Tenet Healthcare Corporation | 469.07% |
| | HOUSTON NORTHWEST MEDICAL CENTER | Proprietary, Corp | Tenet Healthcare Corporation | 462.54% |
| | NACOGDOCHES MEDICAL CENTER | Proprietary, Corp | Tenet Healthcare Corporation | 431.90% |
| | MCALLEN MEDICAL CENTER | Proprietary, Corp | Universal Health Services, Inc | 420.38% |
| | RHD MEMORIAL MEDICAL CENTER | Proprietary, Corp | Tenet Healthcare Corporation | 419.36% |
| | PARK PLAZA HOSPITAL | Proprietary, Corp | Tenet Healthcare Corporation | 414.05% |

**Table 64 Utah Top Ten**

| Utah | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | PIONEER VALLEY HOSPITAL | Proprietary, Corp | IASIS Healthcare | 245.39% |
| | LAKEVIEW HOSPITAL | Proprietary, Corp | HCA | 241.38% |
| | ST. MARKS HOSPITAL | Proprietary, Corp | HCA | 233.46% |
| | JORDAN VALLEY HOSPITAL | Proprietary, Corp | IASIS Healthcare | 229.93% |
| | MOUNTAIN VIEW HOSPITAL | Proprietary, Corp | HCA | 226.67% |
| | DAVIS HOSPITAL & MED CNTR | Proprietary, Corp | IASIS Healthcare | 226.30% |
| | SALT LAKE REGIONAL MEDICAL CENTER | Proprietary, Corp | IASIS Healthcare | 219.62% |
| | CASTLEVIEW HOSPITAL | Proprietary, Corp | LifePoint Hospitals, Inc | 210.78% |
| | OGDEN REG MED CTR | Proprietary, Corp | HCA | 207.00% |
| | BRIGHAM CITY COMMUNITY HOSPITAL | Proprietary, Corp | HCA | 181.18% |

**Table 65 Vermont Top Ten**

| Vermont | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | SOUTHWESTERN VERMONT MEDICAL CENTER | Voluntary Nonprofit, Other | | 168.71% |
| | RUTLAND REGIONAL MEDICAL CENTER | Voluntary Nonprofit, Other | | 166.07% |
| | NORTHWESTERN MED CTR | Voluntary Nonprofit, Other | Quorum Health Group | 161.25% |
| | CENTRAL VERMONT HOSPITAL | Proprietary, Corp | | 160.47% |
| | PORTER HOSPITAL | Voluntary Nonprofit, Other | | 159.30% |
| | GIFFORD MEDICAL CENTER | Voluntary Nonprofit, Other | | 156.03% |
| | MT ASCUTNEY HOSPITAL | Voluntary Nonprofit, Other | | 148.52% |
| | BRATTLEBORO MEMORIAL HOSPITAL | Voluntary Nonprofit, Other | | 147.20% |
| | NORTH COUNTRY HOSPITAL & HEALTH CTR | Voluntary Nonprofit, Other | | 146.41% |
| | NORTHEASTERN VT REGIONAL HOSPITAL | Voluntary Nonprofit, Other | Quorum Health Group | 145.50% |

**Table 66 Virginia Top Ten**

| Virginia | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | CJW MEDICAL CENTER | Proprietary, Corp | HCA | 450.28% |
| | HENRICO DOCTORS HOSPITAL | Proprietary, Corp | HCA | 445.66% |
| | RETREAT HOSPITAL | Proprietary, Corp | HCA | 373.88% |
| | CLINCH VALLEY MEDICAL CENTER | Proprietary, Corp | HCA | 358.97% |
| | JOHN RANDOLPH MEDICAL CTR | Proprietary, Corp | HCA | 321.43% |
| | ST. MARYS HOSPITAL | Voluntary Nonprofit, Church | Bon Secours Health System, Inc | 304.32% |
| | RUSSELL COUNTY MEDICAL CENTER | Proprietary, Corp | Community Health Systems, Inc | 287.23% |
| | RESTON HOSPITAL | Proprietary, Corp | HCA | 281.93% |
| | SENTARA LEIGH HOSPITAL | Voluntary Nonprofit, Other | Sentara Healthcare | 273.70% |
| | LEWIS GALE HOSPITAL | Proprietary, Corp | HCA | 271.13% |

 

**Table 67 Washington Top Ten**

| Washington | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | ST CLARE HOSPITAL | Voluntary Nonprofit, Church | Catholic Health Initiatives | 257.33% |
| | CAPITAL MEDICAL CENTER | Proprietary, Corp | HCA | 240.92% |
| | ST FRANCIS HOSPITAL | Voluntary Nonprofit, Other | Catholic Health Initiatives | 230.54% |
| | SACRED HEART MEDICAL CENTER | Voluntary Nonprofit, Church | Providence Services | 227.69% |
| | CASCADE VALLEY HOSPITAL 00CV | Govt, Hosp District | | 221.30% |
| | TACOMA GENERAL ALLENMORE HOSPITAL | Voluntary Nonprofit, Other | MultiCare Health System | 212.78% |
| | SWEDISH MEDICAL CENTER | Voluntary Nonprofit, Other | | 203.22% |
| | AUBURN REGIONAL MEDICAL CENTET | Proprietary, Corp | Universal Health Services, Inc | 203.12% |
| | GRAYS HARBOR COMMUNITY HOSPITAL | Voluntary Nonprofit, Other | | 200.54% |
| | KENNEWICK GENERAL HOSPITAL | Govt, Hosp District | | 199.30% |

**Table 68 West Virginia Top Ten**

| West Virginia | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | WILLIAMSON MEMORIAL HOSPITAL | Proprietary, Corp | Health Management Associates | 241.42% |
| | RALEIGH GENERAL HOSPITAL REVISED | Proprietary, Corp | HCA | 237.82% |
| | PUTNAM GENERAL HOSPITAL | Proprietary, Corp | HCA | 226.92% |
| | ST FRANCIS HOSPITAL | Proprietary, Corp | HCA | 222.13% |
| | GREENBRIER VALLEY MEDICAL CENTER | Proprietary, Corp | Triad Hospitals, Inc | 212.49% |
| | BLUEFIELD REGIONAL MEDICAL CENTER | Voluntary Nonprofit, Other | | 212.48% |
| | BOONE MEMORIAL HOSPITAL | Govt, County | | 210.54% |
| | ST. LUKES PRINCETON LLC | Proprietary, Other | | 207.30% |
| | FAIRMONT GENERAL HOSPITAL | Voluntary Nonprofit, Other | Quorum Health Group | 196.12% |
| | OHIO VALLEY GENERAL HOSPITAL | Voluntary Nonprofit, Other | Ohio Valley Health Services | 195.50% |

**Table 69 Wisconsin Top Ten**

| Wisconsin | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | WEST ALLIS MEMORIAL HOSPITAL | Voluntary Nonprofit, Other | Aurora Health Care | 267.09% |
| | ST. MICHAEL HOSPITAL | Voluntary Nonprofit, Church | Wheaton Franciscan Servs, Inc | 252.34% |
| | ELMBROOK MEML HOSPT. | Voluntary Nonprofit, Church | Wheaton Franciscan Servs, Inc | 251.58% |
| | ST. FRANCIS HOSPITAL | Voluntary Nonprofit, Church | Wheaton Franciscan Servs, Inc | 241.35% |
| | SINAI SAMARITAN MEDICAL CENTER | Voluntary Nonprofit, Other | Aurora Health Care | 239.46% |
| | ST. JOSEPHS HOSPITAL | Voluntary Nonprofit, Church | Wheaton Franciscan Servs, Inc | 236.07% |
| | ST. LUKES MEDICAL CENTER | Voluntary Nonprofit, Other | Aurora Health Care | 224.41% |
| | ST. MARYS HOSPITAL-OZAUKEE | Voluntary Nonprofit, Church | Ascension Health | 216.50% |
| | AURORA MEDICAL CENTER KENOSHA | Voluntary Nonprofit, Other | Aurora Health Care | 212.77% |
| | LAKELAND MEDICAL CENTER | Voluntary Nonprofit, Other | Aurora Health Care | 211.88% |

**Table 70 Wyoming Top Ten**

| Wyoming | Hospital Name | Type of Control | System | Total Charge to Cost Ratio |
|---|---|---|---|---|
| | UNITED MEDICAL CENTER | Govt, County | | 184.82% |
| | LANDER MEDICAL CENTER | Proprietary, Corp | LifePoint Hospitals, Inc | 183.78% |
| | EVANSTON REGIONAL HOSPITAL | Proprietary, Corp | Community Health Systems, Inc | 182.96% |
| | WYOMING MEDICAL CENTER | Voluntary Nonprofit, Other | | 181.29% |
| | RIVERTON MEMORIAL HOSPITAL | Proprietary, Corp | LifePoint Hospitals, Inc | 179.44% |
| | WASHAKIE MEDICAL CENTER | Voluntary Nonprofit, Other | Banner Health System | 168.72% |
| | MEMORIAL HOSPITAL OF SHERIDAN COUNTY | Govt, City-County | | 159.12% |
| | IVINSON MEMORIAL HOSPITAL | Govt, Hosp District | | 155.04% |
| | HOT SPRINGS COUNTY MEMORIAL | Voluntary Nonprofit, Other | | 142.21% |
| | MEMORIAL HOSPITAL OF CARBON COUNTY | Govt, County | | 139.86% |
| | | | | |

**Table 71 Medicare Payment System Description for Acute Care Hospitals (Adapted from Table A-1, Summary of Medicare's Current Payment Systems by Setting** (2003e)

| Payment System Description Category | Payment System Description Category Source |
|---|---|
| | |
| **Fiscal Year Began** | 1984 |
| **Basis Of Payment** | Prospective |
| | |
| **Product Definition** | |
| **Unit Of Payment** | Discharge |
| | |
| **Product Classification System** | 509 DRGs |
| | |
| | |
| **Policies Defining Product** | 72-Hour Rule |
| **Boundaries** | Short-Stay |
| | Transfers; High- |
| | Cost Outliers |
| **Product Relative Values** | |
| **Components Of Relative Values** | Single Value For Each DRG |
| | |
| | |
| **Source Of Relative Values** | **Hospitals' Billed Charges (Emphasis added).** |
| | |
| | |
| **Base Payment Rate/Conversion Factor** | |
| **Components Of Base Amount** | Labor-Related; |
| **Components of Base Amount** | Nonlabor; Capital |
| | |
| | |

| Payment System Description Category | Payment System Description Category Source |
|---|---|
| **Source Of Base Amount** | Updated Providers' 1982 Costs |
| | |
| **Adjustments For Local Market Conditions** | |
| **Labor Input Prices** | Hospital Wage Index |
| **Other Input Prices** | Cola |
| | |
| **Other Payment Adjustments** | Low Income Patients (DSH), GME Programs |
| | |
| **Payment Update Method** | Rise In Hospital Market Basket Index |
| | |
| **Payments For Capital Costs** | Separate Prospective Rates |
| | |
| **Other Policies** | Higher Rates In Large Urban Areas; Policies For Rural Providers |
| | |

Table 72, *Hospital Financial Categories/Centers*, is a listing of the Federal Hospital Cost Report financial categories/centers utilized in this study in calculating hospital charge to cost ratios. The Hospital Cost Report forms have provisions for subcategories for each category/center which can range from 1 to 99 in number. Hence, the 99 categories enumerated in Table 72 represent a good deal more categories than those listed.

**Table 72 Hospital Financial Categories/Centers**

| Hospital Financial Categories/Centers |
|---|
| 1. Acupuncture |
| 2. Adults & Pediatrics (General Routine Care) |
| 3. All Other Outpatient Cost Centers |
| 4. Ambulance Services |
| 5. Anesthesiology |
| 6. Angiocardiography |
| 7. Asc (Non Distinct Part) |
| 8. Audiology |
| 9. Bacteriology & Microbiology |
| 10. Biopsy |
| 11. Birthing Center |
| 12. Blood Clotting For Hemophiliacs |
| 13. Blood Storing, Processing, & Transfusing |
| 14. Burn Intensive Care Unit |
| 15. Cardiac Catheterization Laboratory |
| 16. Cardiology |
| 17. Cardiopulmonary |
| 18. Cat Scan |
| 19. Chemistry |
| 20. Chemotherapy |
| 21. Circumcision |
| 22. Clinic |
| 23. Coronary Care Unit |
| 24. Cytology |
| 25. Delivery Room & Labor Room |
| 26. Dental Services |
| 27. Detoxification Icu |
| 28. Drugs Charged To Patients |
| 29. Durable Medical Equipment Rented |
| 30. Durable Medical Equipment Sold |
| 31. Echocardiography |
| 32. Ekg And Eeg |
| 33. Electrocardiology |
| 34. Electroencephalograpy |
| 35. Electromyography |

| Hospital Financial Categories/Centers |
|---|
| 36. Electroshock Therapy |
| 37. Emergency |
| 38. Endoscopy |
| 39. Family Practice |
| 40. Federally Qualified Health Center |
| 41. Gastro Intestinal Service |
| 42. Hematology |
| 43. Histology |
| 44. Holter Monitor |
| 45. Home Program Dialysis |
| 46. Icf/Mr |
| 47. Immunology |
| 48. Intensive Care Unit |
| 49. Intravenous Therapy |
| 50. Laboratory |
| 51. Laboratory Clinical |
| 52. Laboratory Pathological |
| 53. Mammography |
| 54. Medical Supplies Charged To Patients |
| 55. Mri |
| 56. Neonatal Icu |
| 57. Nuclear Medicine  Diagnostic |
| 58. Nuclear Medicine Therapeutic |
| 59. Nursery |
| 60. Nursing Facility |
| 61. Observation Beds (Distinct Part) |
| 62. Observation Beds (Non Distinct Part) |
| 63. Occupational Therapy |
| 64. Oncology |
| 65. Operating Room |
| 66. Ophthalmology |
| 67. Osteopathic Therapy |
| 68. Other Ancillary Cost Centers |
| 69. Other Long Term Care |
| 70. Other Reimbursable Cost Centers (Excl. Hha & Corf) |
| 71. Pbp Clinical Lab Service Program Only |
| 72. Pediatric Icu |
| 73. Physical Therapy |
| 74. Premature Icu |
| 75. Prosthetic Devices |
| 76. Psychiatric / Psychological Services |
| 77. Psychiatric Icu |

| Hospital Financial Categories/Centers |
| --- |
| 78. Pulmonary Function Testing |
| 79. Radioisotope |
| 80. Radiology - Diagnostic |
| 81. Radiology Therapeutic |
| 82. Recovery Room |
| 83. Recreational Therapy |
| 84. Renal Dialysis |
| 85. Respiratory Therapy |
| 86. Rural Health Clinic |
| 87. Skilled Nursing Facility |
| 88. Speech Pathology |
| 89. Stress Test |
| 90. Subprovider |
| 91. Support Surfaces  Sold |
| 92. Support Surfaces Rented |
| 93. Surgical Intensive Care Unit |
| 94. Telemedicine |
| 95. Trauma Icu |
| 96. Ultra Sound |
| 97. Urology |
| 98. Vascular Lab |
| 99. Whole Blood & Packed Red Blood Cells |

## XII. References

Reference List


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