

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



PHC4

**2004
FINANCIAL
ANALYSIS**

**VOLUME ONE
GENERAL ACUTE CARE HOSPITALS**

Pennsylvania Health Care Cost Containment Council

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Table of Contents

Hospital Income.....	1
For-Profit Hospitals.....	7
Utilization and Revenue by Payor.....	9
Uncompensated Care.....	17
Hospitals with a Negative 3-Year Average Total Margin.....	19
Individual Hospital Data.....	29
Explanation of Terms.....	44
Non-Compliant Hospitals.....	45

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

In order to maintain a high quality, cost-effective health care delivery system, hospitals and freestanding surgery centers must be financially viable. Beginning with fiscal year 1989, PHC4 has produced a series of financial reports that measure the financial health of the Commonwealth's hospitals and surgery centers and the utilization of their services.

This is the first report in PHC4's Financial Analysis 2004 series. This volume presents a profile of the financial health of Pennsylvania's 182 General Acute Care (GAC) hospitals. A Preview of statewide financial trends was released in February 2005. A subsequent volume will report on the non-GAC hospitals (rehabilitation, long-term acute, psychiatric and specialty) as well as ambulatory surgery centers.

This report focuses primarily on Fiscal Year 2004 (FY04). For most General Acute Care hospitals, FY04 began on July 1, 2003 and ended June 30, 2004. For those hospitals that utilize a different fiscal year, the data presented in this report reflect the fiscal year that ended prior to June 30, 2004.

The information contained in this report was derived from the annual hospital financial statements supplemented with additional data supplied by each hospital. By law, hospitals are required to submit this financial and utilization information to PHC4. Every reasonable effort has been made to ensure the accuracy of the information contained herein. Each facility had the opportunity to review its data and to make corrections. The ultimate responsibility for data accuracy lies with the individual facility.

Hospital Income

What are General Acute Care Hospitals?

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

During the 2004 fiscal year (FY04), there were 182 GAC hospitals licensed in Pennsylvania. All but 20 of these GAC hospitals functioned solely as non-profit organizations or as components of larger non-profit organizations. All income or "profit" from their operations is retained within the organization. The primary uses of income are to fund capital improvements, retire outstanding debt, and to provide a reserve in the event revenues do not cover expenses in the future.

For-profit hospitals may distribute a portion of their income to shareholders as dividends. In FY04, six for-profit corporations operated 20 GAC hospitals. Four of the six corporations made a profit during FY04 (2003) and two of the four corporations paid dividends to its shareholders. The dividends were equal to 6.9% of net (after-tax) income for Health Management Associates (HMA) and 2.3% of net income for Universal Health Systems (UHS). Consequently, about 93% of HMA's income and about 98% of UHS'

income was retained within the corporation. Since Community Health Systems and Province Healthcare made a profit and did not pay dividends, 100% of their income was retained in the corporation. (Additional information on Pennsylvania's for-profit GAC hospitals is presented in the "For-Profit Hospitals" section on page 7.)

Why is Income Important?

Hospitals need a positive total income (total margin) to stay in business. Those that have a negative total margin (deficit) are not receiving sufficient revenue to pay all of their expenses. Hospitals operating at a deficit must use other sources of funds, such as cash reserves or the liquidation of assets, to pay their expenses. Unless these hospitals can alleviate the deficit by increasing revenues and/or cutting expenses, they can stay in business only as long as they have assets to liquidate.

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

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

It is very important to closely monitor

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

What is an “Appropriate” Income Level?

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

For example, a hospital that has experienced low or negative income levels for a number of years may need to realize an above average income level if it is to make overdue capital improvements, reduce outstanding debts, and replenish its capital reserves. Alternatively, a hospital with a history of continuous moderate income levels can probably remain viable with a lower income level if it has kept pace with needed improvements and has not depleted its capital reserves or acquired debt in order to meet expenses in the past.

Operating Margin vs. Total Margin

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

Operating margin reflects the percent of operating revenue remaining after all operating expenses are paid. A hospital’s operations in-

clude patient care as well as a variety of other related functions such as medical education, cafeterias, office space, and parking. A positive operating margin indicates a hospital is receiving more revenue for its operations than it costs to run them. Alternatively, a negative operating margin indicates that revenues are not covering costs.

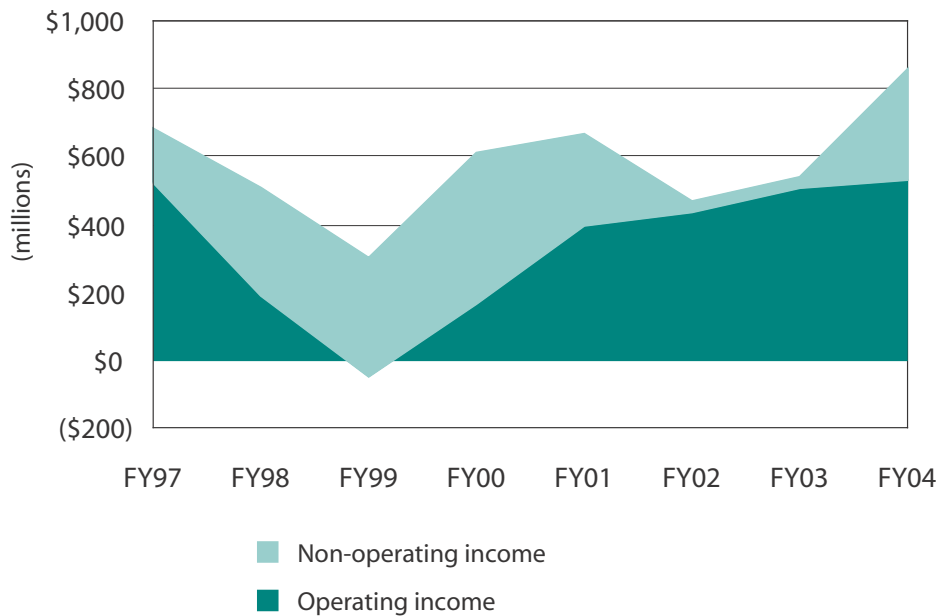
The calculation of total margin includes both operating income and income from all other sources. The income from sources other than operations is called “non-operating income.” Examples of non-operating income are investment and trust income and contributions. However, some hospitals include all or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

Total margin reveals the composite financial health of a facility during the year. If total margin is negative, the hospital is losing money after all sources of revenue and income have been considered.

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

Typically, for-profit hospitals present their financial statements differently than non-profit hospitals. The major differences are that for-profit hospitals typically do not have

FIGURE 1
Statewide Operating and Non-Operating Income



a significant amount of non-operating income (if any) and are subject to income taxes.

Thirteen (13) of the 20 for-profit hospitals did not report any non-operating income and six of the remaining seven reported a relatively small amount of non-operating income. Consequently, for 19 of the 20 for-profit hospitals, the difference between the operating and total margins is primarily the hospitals' share of the parent corporations' income tax expense. The one exception is Elkins Park, which was sold and posted a non-operating gain resulting from the "disposals of facilities and long-term investments."

If a for-profit hospital had a positive operating margin and its parent corporation paid income taxes, the hospital will have an income tax expense. This tax expense will cause the hospital's total margin to be lower than the operating margin.

If a for-profit hospital lost money and its parent corporation was subject to income taxes or the parent posted a tax credit, a tax credit was calculated for the facility. The tax credit is an estimate of how much the parent's tax expense was affected because the hospital's loss reduced the parent's net income. In these circumstances, the tax credit will make the hospital's total margin greater than the operating margin.

Statewide Total Margin Improves in FY04

The overall net income or total margin realized by GAC hospitals grew by more than a full point from 2.30% in Fiscal Year 2003 (FY03) to 3.37% in Fiscal Year 2004 (FY04).

The improvement in the total margin was primarily driven by a rise in non-operating income. Many hospitals realized gains in the value of their investments during FY04 as the

Hospital Income

securities markets rebounded during FY03 after falling between 1999 and 2002. As a result, there was nearly a ten-fold increase in non-operating income from \$34 million in FY03 to about \$330 million in FY04.

This growth in non-operating income has brought this source of hospital funding back to the statewide levels that were realized in FY98 and FY99 when the securities indexes were rising. The \$330 million in non-operating income in FY04 is still below the FY00 peak in non-operating income of \$441 million that followed the 1999 peak in the securities markets.

At \$330 million, non-operating income comprised about 38% of the total income realized by GAC hospitals in FY04. One hundred sixty-two (162) of the 182 GAC hospitals

operated as non-profit corporations. Consequently, Pennsylvania's GAC hospital industry relies heavily on non-operating income such as investment income and contributions to sustain its operations.

Statewide Operating Margin Edges Lower

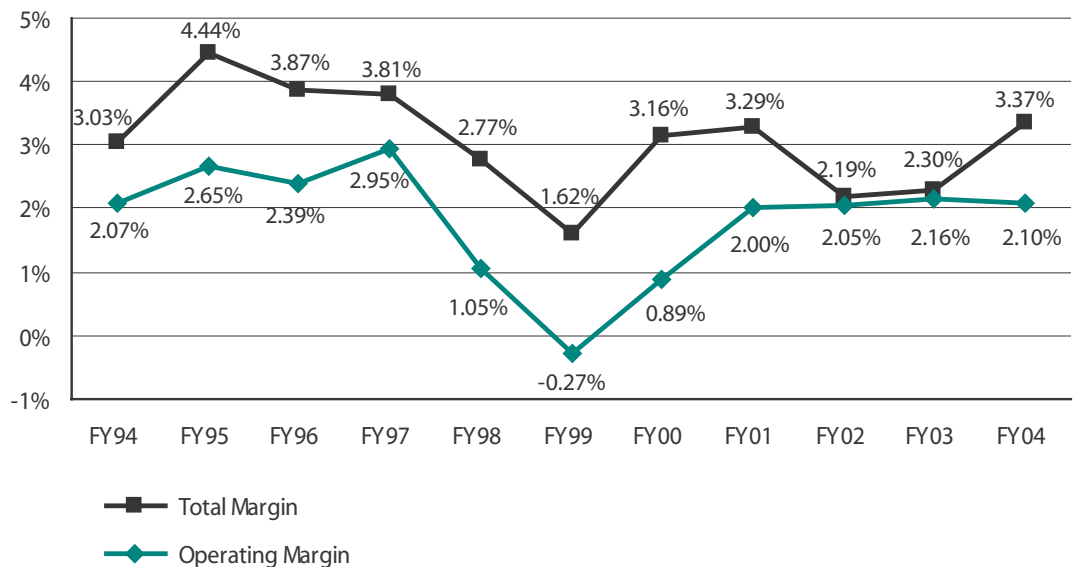
In contrast to the growth in non-operating income, hospitals reported only about a \$24 million gain in operating income to \$528 million. Since operating expenses grew a little faster than operating revenue during FY04, the statewide operating margin actually fell from 2.16% in FY03 to 2.10% in FY04. (However, statewide operating margin was significantly affected by Tenet Healthcare. See footnote 1.)

GAC hospitals collectively received \$25.2

FIGURE 2

Statewide Average Total and Operating Margins

(See footnote 1.)



1 The statewide operating income and operating margin were significantly affected by "merger, impairment and other unusual charges" posted by Tenet Healthcare. These adjustments totaled \$111.3 million in FY03 and \$85.6 million in FY04, which were equal to 22.1% and 16.2% of statewide operating income, respectively. These adjustments had the effect of lowering the statewide operating margin from 2.64% to 2.16% in FY03 and from 2.44% to 2.10% in FY04. Similarly, these adjustments had the effect of lowering the statewide total margin from 2.78% to 2.30% in FY03 and from 3.71% to 3.37% in FY04.

billion in operating revenue during FY04, a growth of 7.9% or \$1.8 billion over FY03. Statewide operating expenses grew 8.0%, or \$1.8 billion, to a statewide total of \$24.6 billion.

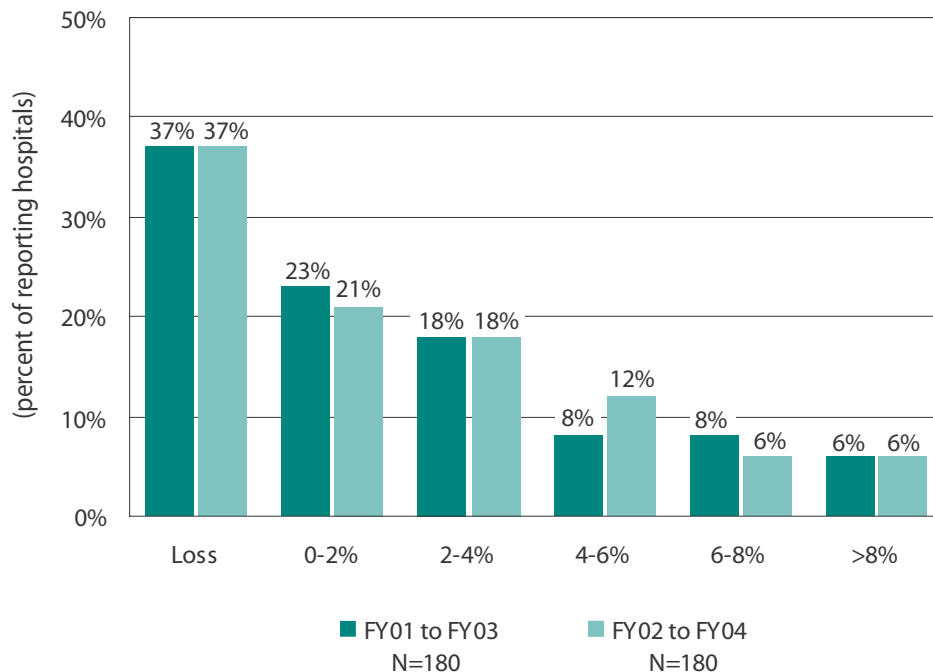
Net patient revenue (NPR) the revenue hospitals receive for patient care, grew about the same rate as overall hospital operating revenue. NPR increased 8.0% or \$1.8 billion to a statewide total of \$23.9 billion.

Over the prior two fiscal years (FY02 and FY03), the majority of GAC hospitals experienced declines in their operating margins and the statewide operating margin made small improvements. In contrast, during FY04, 61% or 111 of the 181 GAC hospitals that operated in both FY03 and FY04 saw their operating margin improve while the statewide operating margin fell.

TABLE 1
Statewide Distribution of Three-Year Average Total Margin

3-yr Average Total Margin	Reporting Hospitals FY01 to FY03		Reporting Hospitals FY02 to FY04	
	Number	Percent	Number	Percent
Loss	67	37%	66	37%
0-2%	41	23%	38	21%
2-4%	33	18%	33	18%
4-6%	14	8%	22	12%
6-8%	15	8%	10	6%
>8%	10	6%	11	6%
Total	180	100%	180	100%

FIGURE 3
Statewide Distribution of Three-year Average Total Margin



Fewer Hospitals Lose Money

Twenty-seven (27) fewer GAC hospitals reported losses during FY04. A year earlier (FY03), nearly one-half (48%) or 88 hospitals posted losses. The number of GAC hospitals with negative total margins fell to 61 or about one-third (34%) by the end of FY04.

There were 38 hospitals that reported a positive total margin in FY04 after experiencing losses in FY03. In contrast to the statewide total margin that was bolstered by non-operating income, as a group, the improvement in operating income played a larger role in the recovery of these 38 hospitals. Twenty-six (26) of the 38 hospitals realized a larger growth in operating income than non-operating income, and collectively, 62% of the growth in total income came from operations.

Eleven hospitals posted losses in FY04 after reporting positive total margins in FY03. Operating income was also the primary factor that caused ten of the eleven hospitals to post losses in FY04.

Since extraordinary or short-term events can have a significant impact on a hospital's annual total margin, a three-year average total

margin can provide a better perspective on a hospital's medium-term financial health. The percent of hospitals that have sustained losses over a three-year period did not change in FY04. Thirty-seven percent (37%) of the GAC hospitals had negative three-year average total margins in both FY03 and FY04. There was a four-point or eight-hospital growth in the number of hospitals that had three-year average total margins between 4% and 6% and small declines in the 0%–2% and 6%–8% ranges.

The Growth in Hospital Charges Continues to Outpace the Growth in Net Patient Revenue

Hospitals maintain a schedule of fees for all of the services they provide. These are commonly referred to as "charges." Table 2 demonstrates how much charges are increasing compared to patient revenues and total operating expenses. For example, in FY97 hospital charges were 2.2 times greater than hospital NPR. In the eight subsequent years, average charges have grown faster than NPR. By FY04, statewide charges were 3.5 times greater than statewide NPR.

TABLE 2

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

	FY97	FY98	FY99	FY00	FY01	FY02	FY03	FY04
Charges to NPR	222%	231%	243%	255%	274%	294%	329%	348%
Charges to TOE	215%	219%	228%	242%	263%	284%	318%	337%

For-Profit Hospitals

For-profit facilities are common among Pennsylvania's freestanding psychiatric, rehabilitation, and long-term acute care hospitals. However, prior to 1998, all of the GAC hospitals in the Commonwealth were operated by non-profit organizations. Twenty (20) of the 23 facilities listed on Table 3 operated as for-profit hospitals during FY04. Tenet Healthcare closed Parkview Hospital and sold Elkins Park to the non-profit Albert Einstein Healthcare Network. In addition, Tenet acquired the formerly non-profit Roxborough Memorial Hospital.

Two facilities, Chestnut Hill and Phoenixville began to operate as for-profit hospitals during FY05. Also during FY05 (CY04), Tenet ended its operation of the Medical College of Pennsylvania and the facility continued to operate as the non-profit Woman's Medical Hospital. Woman's Medical Hospital announced in March 2005 that it was closing.

A Means for Recovery

Twenty-two (22) of the 23 hospitals presented on Table 3 operated as non-profit hospitals prior to their acquisition by for-profit hospitals. The one exception is the Bariatric Care Center that opened as a new for-profit facility. Nineteen (19) of the 22 formerly non-profit hospitals had either a negative 3-year average total margin, sustained very large losses, and/or were in danger of not satisfying debt obligations prior to their acquisition. Consequently, these hospitals were under considerable financial stress, and for most of them, their financial health had been deteriorating.

Nineteen (19) of the 22 are still operating as for-profit GAC hospitals. Seventeen (17) of these hospitals operated as for-profit for the entire FY04 and 12 had better total margins during FY04 than they did during their last year as a non-profit hospital.

Taxes

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

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

Of all the taxes incurred by for-profit hospitals, PHC4 only receives separate data on each hospital's *pro rata* share of their parent corporation's federal income taxes. Nine of the 20 for-profit hospitals in FY04 had positive operating margins and reported federal income tax expenses totaling \$48.5 million. For these hospitals, federal taxes were equal to about 5.6% of their total operating revenue.

The ten for-profit facilities that had negative operating margins during FY04 estimated tax credits of \$76.7 million because their losses either reduced the overall tax expense or increased the tax credit posted by the parent corporations. The net effect of the nine hospitals that made a profit and the ten that operated at a loss was a net statewide federal tax credit of about \$28.2 million for the 20 for-profit hospitals. The Bariatric Care Center is a limited liability corporation and is not subject to income taxes.

For-Profit Hospitals

TABLE 3
Pennsylvania's For-Profit GAC Hospitals

Hospital	New Corporate Owner	Date became For-profit	Full Fiscal Year before Acquisition (Non-Profit)			Current Full Fiscal Year after Acquisition (For-Profit)	
			Fiscal Year	Total Margin	3-yr Avg Total Margin	Fiscal Year	Total Margin
Ashland Regional	Province Healthcare	8/01	FY01	-5.94%	-1.84%	FY04	-13.24%
Bariatric Care Centers	Bariatric Care Centers of PA, LLC.	9/02	NA	NA	NA	FY04	-19.55%
Berwick	Community Health Systems, Inc.	3/99	FY98	3.67%	5.21%	FY04	3.15%
Brandywine	Community Health Systems, Inc.	6/01	FY00	-2.39%	-3.72%	FY04	6.91%
Brownsville	TriCounty Health System, LLC.	5/05	FY04	-6.90%	-5.50%	FY06	NA
Carlisle Regional	Health Management Associates, Inc.	6/01	FY01	10.30%	4.53%	FY04	14.87%
Central Montgomery	Universal Health Services, Inc.	12/01	FY01	-3.80%	-3.62%	FY04	-3.93%
Chestnut Hill	Community Health Systems, Inc.	2/05	FY04	-22.44%	-9.90%	FY06	NA
Community Lancaster	Health Management Associates, Inc.	7/99	FY99	-17.69%	-6.19%	FY04	3.34%
Easton	Community Health Systems, Inc.	10/01	FY01	-1.64%	-1.20%	FY04	4.21%
Elkins Park	Tenet Healthcare	11/98	FY98	-26.44%	-10.72%	FY03	-51.98% ³
Graduate	Tenet Healthcare	11/98	FY98	-8.63%	-7.51%	FY04	-38.66%
Hahnemann University	Tenet Healthcare	11/98	FY98	-11.86%	-4.62%	FY04	-7.8% ⁴
Jennersville Regional	Community Health Systems, Inc.	10/01	FY01	-12.61%	-12.51%	FY04	-2.71%
Lancaster Regional	Health Management Associates, Inc.	7/00	FY00	24.32% ¹	-9.50%	FY04	10.47%
Lock Haven	Community Health Systems, Inc.	8/02	FY02	-12.86%	-5.52%	FY04	5.04%
Medical College of PA	Tenet Healthcare	11/98	FY98	-21.19%	-5.23%	FY04	-13.29%
Parkview	Tenet Healthcare	11/98	FY98	-27.46% ²	-19.39% ²	FY03	-16.08% ³
Phoenixville	Community Health Systems, Inc.	8/04	FY04	1.01%	3.75%	FY06	NA
Pottstown	Community Health Systems, Inc.	7/03	FY03	-8.16%	-1.53%	FY04	2.73%
Roxborough	Tenet Healthcare	12/02	FY02	-12.66%	-6.64%	FY04	-2.46%
St. Christopher's Children	Tenet Healthcare	11/98	FY98	-17.02%	-0.83%	FY04	10.12%
Warminster	Tenet Healthcare	11/98	FY98	-26.59%	-6.11%	FY04	-6.21%

- 1 The large positive FY00 total margin for Lancaster Regional is the result of a \$20.3 million non-operating gain associated with the acquisition of the hospital by Health Management Associates.
- 2 The Allegheny Health Education and Research Foundation (AHERF) reported Parkview and City Avenue Hospitals as a single facility. The data presented for FY98 reflects the combined operation of Parkview and City Avenue. City Avenue closed 4/00.
- 3 The large negative total margins were due to "merger, impairment and other unusual charges" adjustments resulting from the planned closing sale of these facilities.
- 4 Hahnemann Hospital would have realized a small positive total margin in FY04 if a "merger, impairment and other unusual charges" adjustment is excluded.

Utilization and Revenue by Payor

Hospitals received 91.3% of their net patient revenue (NPR) from third-party health care insurers in FY04. These third-party health insurers include the federal Medicare program, the state and federally-funded Medical Assistance (MA) program, and commercial managed care and indemnity companies. The remaining 8.7% came from patients and other insurers such as auto insurance and workers compensation.

Managed Care Reimbursement Rates Continue to Grow Faster than Indemnity Reimbursements

In all three of the principal payor categories, Commercial, Medicare and MA, the average revenue per day and discharge paid by managed care plans grew faster than the average reimbursement rates for the indemnity programs during both FY03 and FY04.

The difference in the growth in the average reimbursement rates between indemnity and managed care was much more dramatic in the Medicare and MA funded managed care programs than in the commercial payor category.

The average revenue per discharge for the Medicare indemnity program remained nearly the same in both FY03 and FY04 and the MA indemnity program fell by less than a point (-0.8%) during FY04. In contrast, the average revenue per discharge for the Medicare managed care plans grew by 6.4% during FY04 and hospitals reported an average 9.4% growth in the average revenue per discharge for MA managed care participants.

There was a similar pattern in the average revenue per day for the Medicare and MA programs. Because the average length of stay fell

FIGURE 4
Statewide Net Patient Revenue by Payor, FY04

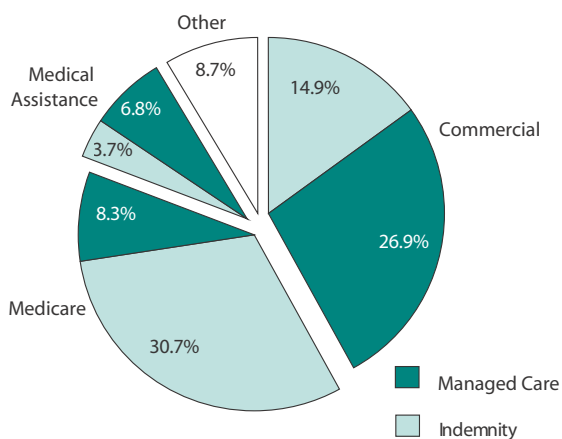


TABLE 4
Net Patient Revenue by Payor (millions)

	FY03	FY04	Percent Change FY03 to FY04
Commercial			
Indemnity	\$3,370	\$3,555	5.5%
Managed Care	\$5,652	\$6,422	13.6%
Total	\$9,022	\$9,976	10.6%
Medicare			
Indemnity	\$7,160	\$7,317	2.2%
Managed Care	\$1,775	\$1,983	11.7%
Total	\$8,935	\$9,299	4.1%
Medical Assistance			
Indemnity	\$821	\$881	7.4%
Managed Care	\$1,345	\$1,615	20.1%
Total	\$2,166	\$2,496	15.2%
Other			
STATEWIDE	\$22,083	\$23,856	8.0%

Utilization and Revenue by Payor

TABLE 5
Discharges by Payor

	Discharges			Inpatient Revenue per Discharge		
	FY03	FY04	Percent Change FY03 to FY04	FY03	FY04	Percent Change FY03 to FY04
Commercial						
Indemnity	196,546	189,940	-3.4%	\$8,732	\$9,685	10.9%
Managed Care	393,977	398,609	1.2%	\$7,504	\$8,393	11.9%
Total	590,524	588,549	-0.3%	\$7,912	\$8,810	11.3%
Medicare						
Indemnity	663,074	679,467	2.5%	\$8,459	\$8,456	0.0%
Managed Care	172,377	181,056	5.0%	\$7,579	\$8,065	6.4%
Total	835,451	860,522	3.0%	\$8,277	\$8,374	1.2%
Medical Assistance						
Indemnity	99,847	107,941	8.1%	\$6,908	\$6,853	-0.8%
Managed Care	152,843	166,791	9.1%	\$6,247	\$6,832	9.4%
Total	252,690	274,732	8.7%	\$6,508	\$6,840	5.1%
Other						
STATEWIDE	1,776,992	1,820,847	2.5%	\$7,904	\$8,312	5.2%

for Medicare indemnity and managed care and MA indemnity patients, the increases in the average revenue per day were greater than the increases in the average revenue per discharge. There was a small increase (0.02 days) in the average length of stay for MA managed care patients. Accordingly, the growth in the average revenue per day was a little smaller than the average revenue per discharge.

Growth in Medicare Revenue Continues to Lag Behind Other Payors

As a result of the increase in the average reimbursement rates by commercial insurers, Medicare fell from the first to second largest payor for general acute care (GAC) hospitals

during FY04. Medicare provided \$9.3 billion or 39% of statewide GAC NPR. The total NPR hospitals received from Medicare grew 4.1% during FY04. This 4.1% increase was 3.9-points below the overall 8.0% increase in NPR from all payors. This was the fifth straight year that the growth in Medicare revenue lagged behind the commercial and MA payor categories.

Like the MA program, the growth in statewide GAC Medicare revenues was driven by reimbursement increases from managed care programs. Although a little more than one-fifth (21%) of Medicare revenue comes from Medicare managed care participants, hospitals reported that 57% of the FY04 growth in

Medicare revenue was provided by the managed care plans.

Revenue from Commercial Insurers Increases

Hospitals reported an 11.3% growth in average revenue per discharge and a 12.5% increase in average patient revenue per day from commercial health insurance companies during FY04. These increases vaulted the commercial payor category to become the largest payor for GAC hospitals, providing 42% of statewide NPR during FY04. These double-digit increases in reimbursement were slightly offset by a small overall decline in total days and discharges resulting in a 10.6% increase in statewide commercial revenue. While not quite as dramatic as Medicare and MA, the growth in commercial managed care revenue,

at 13.6%, during FY04 was 2.5 times greater than the 5.5% increase in commercial indemnity revenue.

Revenue from Medical Assistance Increases

Hospitals reported a 15.2% growth in the total MA revenue received during FY04. This growth resulted from the combination of an 8.7% increase in the number of discharges, a 7.7% increase in patient days, as well as a 5.1% increase in the average revenue per discharge and a 6.1% increase in average revenue per day. These increases in average revenue per day and discharge were primarily reflected in higher rates paid by the private managed care organizations (MCOs) that administer the Medical Assistance “capitation” program under contract with the Pennsylvania

TABLE 6

Patient Days by Payor

	Patient Days			Inpatient Revenue per Day		
	FY03	FY04	Percent Change FY03 to FY04	FY03	FY04	Percent Change FY03 to FY04
Commercial						
Indemnity	802,196	772,101	-3.8%	\$2,139	\$2,382	11.4%
Managed Care	1,615,550	1,612,753	-0.2%	\$1,830	\$2,074	13.4%
Total	2,417,745	2,384,854	-1.4%	\$1,933	\$2,174	12.5%
Medicare						
Indemnity	4,153,276	4,175,937	0.5%	\$1,350	\$1,376	1.9%
Managed Care	998,255	1,041,912	4.4%	\$1,309	\$1,402	7.1%
Total	5,151,531	5,217,850	1.3%	\$1,342	\$1,381	2.9%
Medical Assistance						
Indemnity	786,443	832,845	5.9%	\$877	\$888	1.3%
Managed Care	755,116	827,282	9.6%	\$1,264	\$1,377	8.9%
Total	1,541,559	1,660,127	7.7%	\$1,067	\$1,132	6.1%
Other						
STATEWIDE	9,585,709	9,735,815	1.6%	\$1,465	\$1,555	6.1%

Utilization and Revenue by Payor

TABLE 7
Average Length of Stay by Payor

	FY03	FY04	Percent Change FY03 to FY04
Commercial			
Indemnity	4.08	4.06	-0.4%
Managed Care	4.10	4.05	-1.3%
Total	4.09	4.05	-1.0%
Medicare			
Indemnity	6.26	6.15	-1.9%
Managed Care	5.79	5.75	-0.6%
Total	6.17	6.06	-1.7%
Medical Assistance			
Indemnity	7.88	7.72	-2.0%
Managed Care	4.94	4.96	0.4%
Total	6.10	6.04	-0.9%
Other			
STATEWIDE	5.39	5.35	-0.9%

Department of Public Welfare (DPW). Under this program, MCOs receive a flat fee per person to provide the medical care for enrollees.

It is difficult to make comparisons between the average reimbursement rates per day and per discharge for MA indemnity and managed care components because the overall mix of care provided by each component is different. For example, long-term skilled nursing care is reimbursed through the MA indemnity category. This long-term care tends to have much longer

lengths of stay, lower reimbursements per day, but higher reimbursements per discharge. Also, MA recipients that need extraordinary levels of acute care are typically reimbursed through the indemnity program.

Are Some Payors Contributing More to Hospital Income than Others?

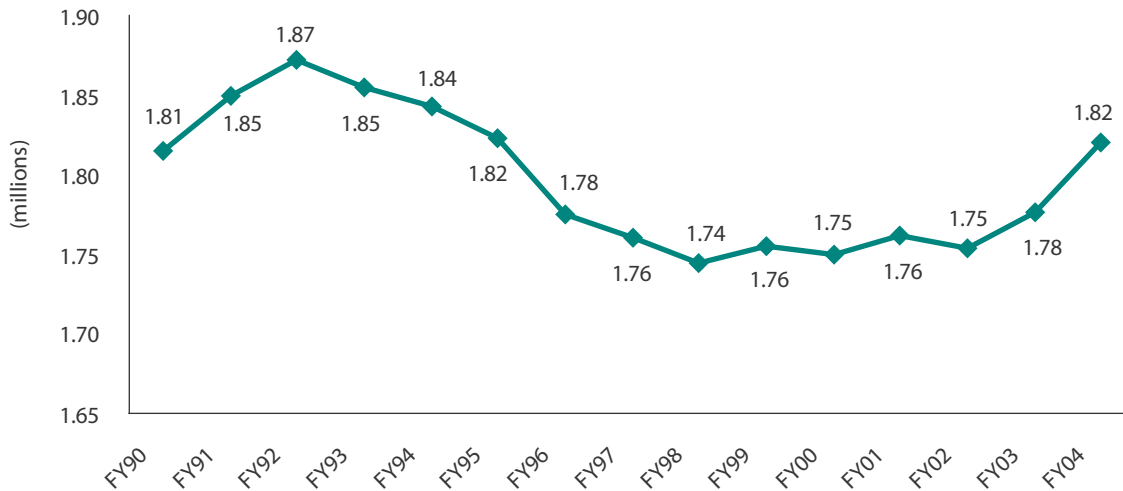
Comparing the statewide case mix index for the three principal payor types with the average inpatient revenue per discharge may provide insight into how revenue from each payor type compares to the costs of inpatient care. The comparisons presented on Table 8 indicate that the average revenue per discharge that hospitals received from commercial payors is about 6% greater than the all-payor average, while the case mix index for commercial payors is 8% lower than the statewide average. The commercial case mix index of 0.92 indicates that the costs to treat the average patient covered by commercial insurance is lower than the statewide average.

In contrast, the average revenue per discharge received for Medicare patients in Pennsylvania is only one percent greater than

TABLE 8
Inpatient Revenue Index and Case Mix Index by Payor, FY04

Payor	Average Inpatient Revenue per Discharge	Inpatient Revenue Index	Case Mix Index
Commercial	\$8,810	1.06	0.92
Medicare	\$8,374	1.01	1.16
Medical Assistance	\$6,840	0.82	0.76
Total Payors	\$8,312	1.00	1.00

FIGURE 5
Statewide Inpatient Discharges



the statewide average while the case mix index is 16% greater than statewide average. This relatively large difference suggests that Medicare reimbursements are not covering hospital costs of treating Medicare patients in Pennsylvania.

The inpatient revenue index for Medical Assistance patients of 0.82 is about six points greater than the case mix index of 0.76 which suggests that MA payments are in line with or exceed the costs of providing inpatient care to MA recipients.

The ideal way to determine how a payor or a payor category is contributing to hospital income is to compare the costs to treat patients covered by that payor with the revenue received from that payor. Since comprehensive and comparable cost data are not available for all patients, a common alternative tool to compare the resources a hospital utilizes in treating patients is the case mix index.

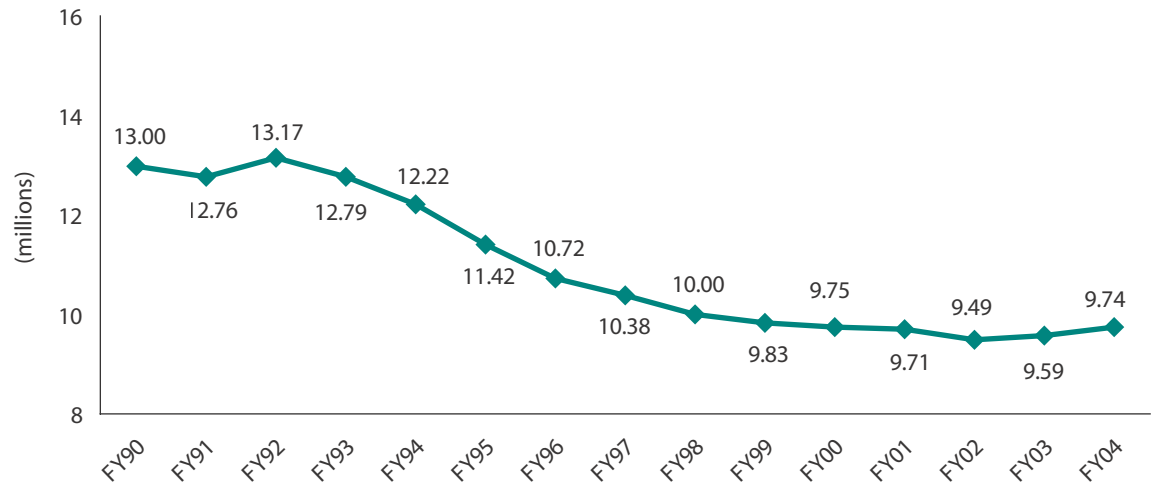
Instead of costs, the case mix index utilizes charges to assess the monetary value of the treatment patients receive. Hospitals routinely track the charges incurred by each patient, providing a comprehensive database of charges.

In summary, a case mix index is typically used to compare the charges for a particular group of patients or a particular category of care with the average charges for all patients at a hospital. Individual hospital charge and utilization data can be aggregated to create a statewide case mix index. For example, the statewide average case mix index of 0.92 for commercial payors indicates that the average charge for a patient covered by commercial health insurance is about 8% less than the average for all patients at Pennsylvania's GAC hospitals.

If the costs to provide care compared to the charges established by the hospital (cost-to-charge ratio) were the same for all categories of

Utilization and Revenue by Payor

FIGURE 6
Statewide Inpatient Days

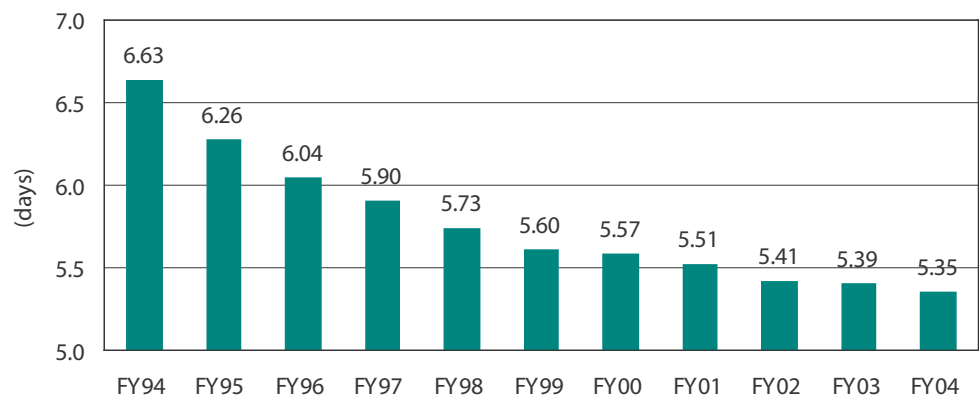


care, then the case mix index would be identical to an index derived from actual costs. However, the cost-to-charge ratio varies among the different categories of care provided at hospitals. For example, the cost-to-charge ratio may differ between routine maternity care and coronary artery bypass graft surgery. The case mix index is not a perfect substitute for an index of

actual costs. However, when a case mix index is developed using a cross-section of treatment categories, it can provide a reasonably good reflection of differences in overall costs among various patient groups.

The case mix index for commercial and MA patients is typically lower than Medicare patients because commercial insurers and MA

FIGURE 7
Statewide Average Length of Stay



serve a younger clientele that, on average, require less costly treatment. MA also funds the majority of psychiatric care in Pennsylvania. Inpatient psychiatric care at GAC hospitals tends to be less costly than most other inpatient care.

Growth in Inpatient Care Continues

Inpatient discharges grew for the second straight year, increasing 2.5% to 1.82 million discharges during FY04. As shown in Figure 5, discharges had been hovering in the 1.74 to 1.76 million discharge range between FY97 and FY02.

The average length of an inpatient stay (ALOS) has declined every year since at least FY94 with the rate of decline waning in recent years. Figure 7 reveals that this trend continued in FY04 as the ALOS fell by another 0.04 of a day to 5.35 days.

With the decline in the ALOS, the growth in patient days lagged behind the growth in discharges. Patient days grew 1.6% to 9.74 million patient days in FY04.

Preliminary analysis of outpatient data indicates that the outpatient visits at GAC hospitals grew by 2.8% from 33.1 million visits in FY03 to 34.1 million visits in FY04.

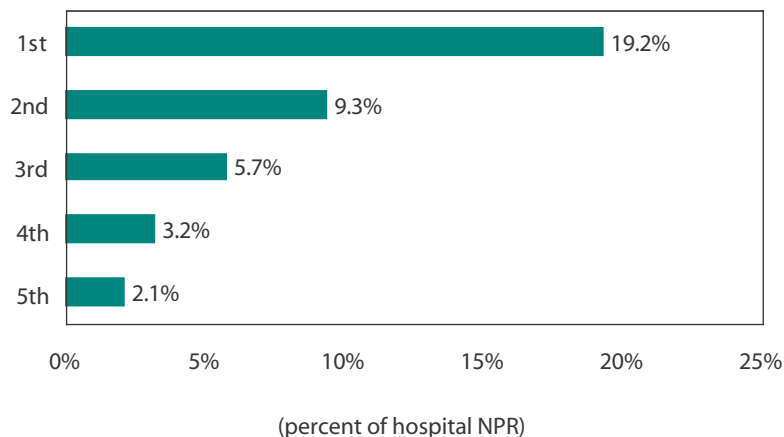
How Much Influence Do Hospitals Have over Reimbursement Rates from Commercial Insurers?

The reimbursement hospitals receive from most insurers and managed care organizations are derived through a contract negotiation process between the hospital and the third-party payor.

Figure 8 shows that, on average, hospitals received 19.2% of their total annual NPR from their largest single commercial payor. For this analysis, the revenue from the commercial payors includes all health insurance plans offered by that insurer, including Medicare and MA managed care plans.

A hospital may have leverage in negotiating reimbursement rates by exercising its option not to enter contractual arrangements with a specific payor. However, considering that the average operating margin during FY04 was a little over 2.0%, hospitals with small positive operating margins might face operating losses, at least in the short-run, if even a

FIGURE 8
Statewide Average Contribution to Net Patient Revenue *



* Includes Medicare and Medical Assistance funded managed care plans administered by commercial health insurers.

Utilization and Revenue by Payor

contract with the fifth-highest commercial payor was rejected.

Figure 8 also reveals that small changes in reimbursement rates from third-party payors can have a significant impact on hospital income. For example, if payment rates from the largest third-party payor do not keep pace with increasing hospital costs, hospitals with a small positive margin one year could suddenly have a negative margin the following year.

The Average Days in Accounts Receivable Continues to Fall

During the period between when hospital services to a patient are concluded and when a hospital receives the payment for those services, the amount the hospital expects to receive is booked as accounts receivable (AR). AR can be affected by a number of factors including: the efficiency of hospital billing and claims systems, the time it takes third-party payors and individuals to pay bills, communications between hospitals and payors, and the time it takes hospitals to remove uncollectible accounts from accounts receivable.

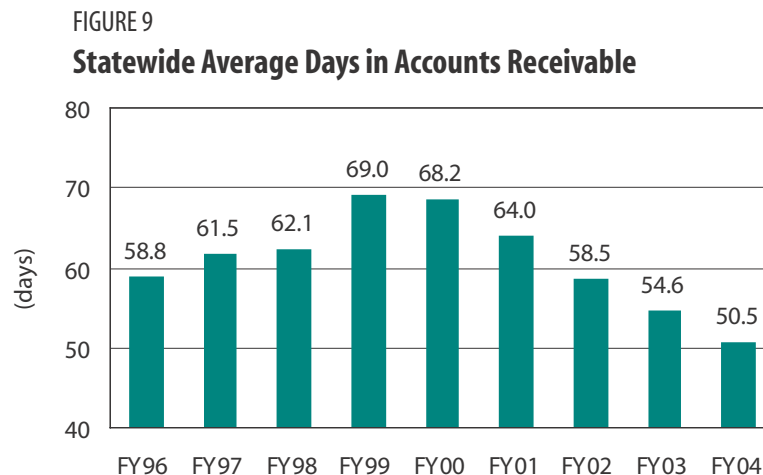
On a statewide basis, the amount of time the average bill remained in AR declined

another 4.1 days to 50.5 days during FY04. Figure 9 shows that statewide average days in patient accounts receivable declined for the fifth straight year for a total of more than 18 days since the peak of 69.0 days in FY99.

Over the past three years, a number of hospitals reported implementing a variety of measures to reduce the level of their patient AR as a means to improve financial performance. For example, many hospitals have reduced AR by implementing measures that reduce the likelihood that claims will be rejected by an insurer.

In addition to hospital programs reducing AR, the decline in statewide days in AR is also the result of the implementation of Act 68 of 1998. Act 68, inter alia, requires licensed health insurers and managed care organizations to pay clean claims within 45 days of the receipt of the claim. These provisions of Act 68 are implemented and enforced by the Pennsylvania Insurance Department.

Assuming that the opportunity costs of financing AR are 5%, the benefit of the 4.1-day reduction in statewide AR was equal to about \$13.3 million, or 2.5% of FY04 statewide operating income.



Uncompensated Care

Uncompensated Care Rates Stable

The dollar value of uncompensated care grew by 7.2% or \$35 million from \$479 million during FY03 to \$514 million during FY04. However, since statewide net patient revenue grew a little faster (8.0%), uncompensated care comprised a slightly smaller portion of total patient care during FY04. Statewide uncompensated care revenue was equal to 2.15% of total net patient revenue in FY04; down from 2.17% in FY03.

Sixty-six percent (66%) of uncompensated care was categorized as bad debt during FY04. This indicates that Pennsylvania hospitals as a group attempted to collect for about two-thirds of the care that was ultimately deter-

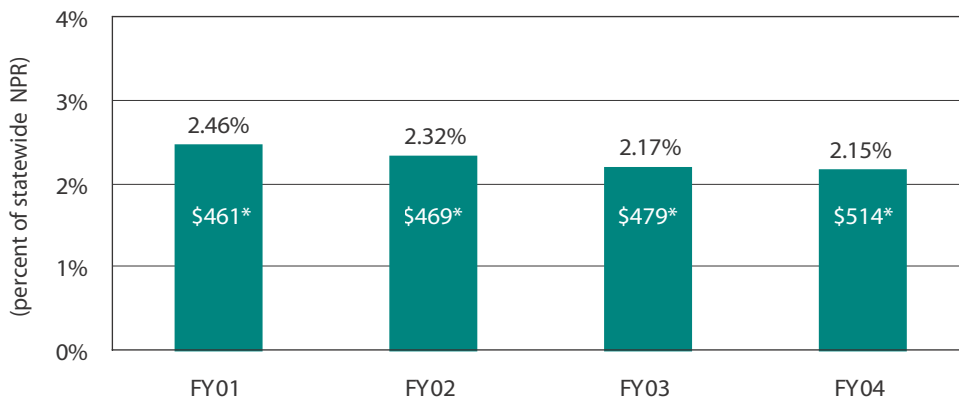
mined to be uncompensated care. Alternatively, about 34% of unreimbursed care was provided as charity care to patients that met the individual hospitals' charity care guidelines.

How Uncompensated Care is Calculated

The "Percent of Uncompensated Care" reflects the portion of all care that was written off as either bad debt or recorded as charity care. This percentage is calculated as the ratio of statewide bad debt and charity care reported as charges to the total charges for all care provided by GAC hospitals.

"Uncompensated Care Revenue" provides an estimate of the amount of revenue hospitals lost due to bad debt and charity care. This foregone revenue reflects what hospitals would have received if they had been reim-

FIGURE 10
Statewide Uncompensated Care Revenue *



* Statewide Uncompensated Care Revenue in millions.

In order to meet the requirements under Act 77 of 2001 (Tobacco Settlement Act) PHC4 modified the way in which uncompensated care is captured and reported. Beginning in FY03 hospitals submit bad debt and charity care at full charges. Uncompensated care revenue is calculated using each hospital's unique revenue-to-charge ratio. The FY01 and FY02 statewide uncompensated care revenue levels are estimates developed by converting actual FY01 and FY02 data to the new methodology. In converting the data, it was assumed that hospitals did not change their accounting procedures for bad debt between FY01 and FY03.

Uncompensated Care

bursed for uncompensated care. The estimate of foregone revenue is based on the average overall reimbursement hospitals received from all payors including commercial health insurers, Medicare, Medical Assistance, and patients.

All services and materials that are provided to the general public under an established fee are eligible to be included in uncompensated care. Consequently, some of the costs of important public health programs may not be included. Hospitals frequently report these activities separately.

A few hospitals include the difference between the reimbursement they receive from government-funded programs, such as Medical Assistance, and their customary fees or charges as a component of charity care in their audited financial statements. These differences are NOT included in the uncompensated care levels reported to PHC4. However, if a patient fails to pay a required co-payment, or receives care beyond the range of services covered by a third-party payor, these foregone revenues may be included in charity care or bad debt.

Hospitals with a Negative 3-Year Average Total Margin

The total margin for a single year may not completely reflect the financial health of a hospital. There are numerous factors that can affect a single-year margin, including a sharp decline in the value and earnings of securities, a reassessment of the book value of assets, early retirement of obsolete facilities and equipment, and the restructuring of the operations of the hospital. Therefore, the 3-year average total margin may be a better indicator of a hospital's performance.

For some hospitals, a negative 3-year average total margin may only indicate a cyclical downturn or the need to make adjustments in hospital operations and the sources of revenues. As shown in Table 9, 120 hospitals have realized a negative 3-year average total margin at some point since FY98. Nearly half, 59 of the 120 hospitals posted a positive total margin in FY04; and for 47 of those 59 hospitals the total margin was above 2%.

Alternatively, 55 of the 120 hospitals reflected on Table 9 were still in operation with a negative total margin at the end of FY04.

Some hospitals join with other health systems as a means to preserve or enhance the operation of their facilities. Forty-six (46) of the 120 hospitals were either acquired by a for-profit hospital, merged under the license of another non-profit health system, or entered into an affiliation agreement while still operating as a separately licensed hospital. More than half (25) of the 46 hospitals had positive total margins in FY04.

Five hospitals that had been affiliated with another hospital or health system terminated

their affiliation and returned to operating as an independent hospital or affiliated with another system. Three of these five hospitals had a positive total margin in FY04.

Table 12 highlights the nine hospitals that have made recent recoveries. These nine hospitals experienced a negative 3-year average total margin at the end of FY03 and their net income was large enough during FY04 to give them a positive 3-year average total margin for the three years ending in FY04.

Hospitals that have undertaken aggressive turnaround programs may experience a further decline in the annual total margin as they implement initiatives to reduce costs and improve revenue. For example, hospitals may take one-time restructuring charges related to severance and early-retirement programs. Hospitals that develop new or enhanced clinical operations will incur operating losses until new revenues catch up to the incremental expenses.

Some hospitals have available assets that enable them to operate for a period of time while sustaining annual losses. Available assets are those that can be liquidated by the hospital or its board of directors to fund operating deficits. Some of the hospitals with a negative 3-year average total margin have diverted funds earmarked for capital replacement or improvement to pay expenses not covered by revenue.

Some hospitals with persistent small negative margins may be able to function for an extended period of time because they are generating positive cash flow. For example, if a hospital's annual operating loss is less than its annual depreciation expense, its net assets may actually increase even though it operated at a loss. However, hospitals in this situa-

Hospitals with a Negative 3-Year Average Total Margin

tion are also using a portion of the funds that should be dedicated to replacing obsolete or worn out facilities and equipment to pay their operating expenses.

Hospitals cannot utilize available assets or divert depreciation funds to pay operating expenses indefinitely. Eventually, the hospital's inability to replace or upgrade facilities and equipment will have an effect on their ability to provide quality healthcare.

A few hospitals may be able to function with persistent losses because they are part of a larger health system that can underwrite the hospital's operating loss. A hospital with a negative margin may be an important source of patients to a health system; losses incurred

by one facility may be at least partially offset by the overall economic benefit to the entire system.

Tables 10 and 11 present the 66 hospitals where the 3-year average total margin either became negative during FY04 or remained negative. The "Notes" presented in those tables provide some information on why the hospital's income levels have changed and, where possible, some insights on the future solvency of the hospital. The information for these "Notes" was derived from each facility's audited financial statements, discussions with hospital financial officers, and public information made available by the hospitals and their parent organizations.

TABLE 9

Status of Hospitals with a Negative 3-Year Average Total Margin at Some Point during FY98-FY04

	Number of Facilities	Hospitals Closed	FY04 Total Margin ¹		
			Negative	0% - 2%	Above 2%
Acquired by for-profit corporation following bankruptcy	7	2	5	0	1
Acquired by for-profit corporation (no bankruptcy)	10	0	3	0	7
Merged with another non-profit facility or health system ¹	11	0	4	2	5
Affiliated with another non-profit facility or health system	18	1	7	0	10
No longer an operating licensed hospital	4	4	0	0	0
No change	65	0	34	9	22
Ended affiliation	5	0	2	1	2
Total	120	7	55	12	47

¹ The FY04 total margin for hospitals that merged with another hospital or health system reflects the total margin for the surviving hospital unless the merger occurred during FY04.

Hospitals with a Negative 3-Year Average Total Margin

TABLE 10

Hospitals 3-Year Average Total Margin *Became Negative* during FY04

Name / Region	3-yr Avg Total Margin FY02-FY04	Total Margin			NOTES
		FY04	FY03	FY02	
Graduate / 9	-8.73%	-38.66%	2.23%	4.94%	The hospital's operating income fell \$81.0 million from \$5.4 million in FY03 (CY02) to a \$75.1 million loss in FY04 (CY03). Contributing to the large CY03 loss was a \$27.7 million decline in operating revenue, a \$44.4 million extraordinary expense for "merger, impairment and other unusual charges" and a \$9.4 million increase in the accrual for bad debts.
Greene County Memorial / 1	-4.37%	-7.41%	-2.45%	-3.28%	While operating revenue remained relatively constant, operating expenses grew by 3.6% during FY04 causing the operating margin to fall 4.2 points to -7.33%. The hospital does not have sufficient available assets that will enable it to continue to sustain similar losses for an extended period of time.
Kane Community / 2	-1.13%	-12.59%	6.83%	2.71%	The last time the hospital posted an annual loss was FY95. The principal factor in the 17.8 point decline in the operating margin to -13.17% during FY04 was a \$1.6 million increase in the cost of "other professional services."
Monsour / 1	-20.40%	-15.31%	-17.19%	-29.83%	The hospital filed for Chapter 11 bankruptcy in October 2004 after emerging from bankruptcy in 2003. This is the fourth Chapter 11 filing since 1987.
Palmerton / 7	-3.92%	-11.11%	-5.15%	4.46%	Effective July 2004, the hospital affiliated with Gnaden Huetten Memorial Hospital to form Blue Mountain Health System.
UPMC Braddock / 1	-3.41%	-10.98%	0.01%	1.38%	The last time the hospital posted an annual loss was FY97. The 11 point decline in the operating margin during FY04 was primarily the result of a 13.0% growth in operating expenses that exceeded the 1.8% growth in operating revenue.
UPMC Lee Regional / 3	-2.71%	-9.01%	-3.55%	4.20%	The FY04 operating margin fell 9.5 points to -11.11% because operating expenses grew 11.3% while operating revenue grew 2.0%. "Medical fees" and "enterprise-shared services" led the increase in FY04 operating expenses. A \$3.2 million improvement in non-operating gains during FY04 to \$1.6 million prevented the total margin from falling as far as the operating margin.
UPMC McKeesport / 1	-1.26%	-4.15%	-0.52%	1.24%	The 12.9% increase in operating expenses during FY04 outpaced the 3.8% growth in operating revenue causing the operating margin to fall 8.6 points to -6.36%. Increases in "professional fees," "employee benefits" and "enterprise services" led the increase in FY04 operating expenses. A \$4.3 million improvement in non-operating income to \$1.9 million prevented a corresponding decline in the total margin during FY04.
Washington / 1	-0.02%	2.28%	-3.83%	1.31%	The FY04 operating margin improved 4.7 points to -0.68% because the 6.4% increase in operating revenue outpaced the 1.6% growth in operating expenses. A \$2.8 million increase in "non-operating gains" pushed the total margin to 2.28%.

Hospitals with a Negative 3-Year Average Total Margin

TABLE 11

Hospitals 3-Year Average Total Margin Remained Negative during FY04

Name / Region	3-yr Avg Total Margin FY02-FY04	Total Margin			NOTES
		FY04	FY03	FY02	
Albert Einstein / 9	-0.30%	2.73%	-4.36%	0.18%	Prior to FY03, the hospital had a long history of positive total margins. The negative total margin in FY03 was driven by extraordinary non-operating adjustments for restructuring costs, professional liability and worker's compensation.
Aliquippa Community / 1	-14.88%	-8.15%	-23.47%	-13.49%	The hospital emerged from Chapter 11 bankruptcy in 4/05. During FY04, the hospital increased operating revenue by 4.2% and reduced operating expenses by 8.7% resulting in a 15.3 point improvement in its operating margin. Excluding \$2.0 million in extraordinary expenses for "reorganizational items," the hospital would be near break even for FY04.
Altoona / 3	-0.63%	2.55%	0.43%	-5.97%	While the operating margin fell by about one-half point from -0.55% in FY03 to -1.07% in FY04, the total margin improved 2.1 points due to non-operating investment gains.
Armstrong County Memorial / 1	-1.04%	0.72%	-3.04%	-0.91%	After three years of operating losses between FY01 and FY03, the hospital realized a positive operating margin of 0.19% in FY04 by holding the increase in expenses to 3.3% while operating revenues increased 7.1%.
Ashland Regional / 7	-13.07%	-13.24%	-18.25%	-0.45%	Acquired by the for-profit Province Healthcare in 8/01 following a 3/01 petition for Chapter 11 bankruptcy. FY02 reflects the first five months of operation by Province. Province operates 20 GAC hospitals in 12 states and had a CY03 after-tax margin of 4.1%.
Barnes Kasson County / 6	-4.20%	-4.51%	-6.06%	-2.04%	Although the hospital posted losses for the third straight year, the cash flow deficit was relatively small and there was little deterioration of the hospital's limited available assets during FY04 (FYE 9/03). The hospital cannot continue to sustain similar losses for an extended period of time.
Bloomsburg / 4	-6.87%	-5.20%	-8.51%	-6.87%	The hospital has posted negative total margins since FY99. The financial performance of the hospital's parent organization, Bloomsburg Health System, and affiliates has triggered a provision in a loan agreement whereby the System has engaged a consultant to make recommendations on improving income. The hospital does not appear to have sufficient available assets that will enable it to continue to sustain similar losses for an extended period of time.
Bradford Regional / 2	-2.35%	-0.92%	-2.45%	-3.84%	The hospital has experienced operating losses every year since FY97 and only three positive total margins in the past eight years when investment income and contributions have been greater than the operating loss. Solvency does not appear to be an immediate concern.
Brookville / 2	-1.48%	-3.79%	-1.56%	1.03%	The hospital has only posted a positive operating margin one year since FY95. The hospital does not appear to have sufficient available assets that will enable it to continue to sustain similar losses for an extended period of time.
Brownsville General / 1	-5.50%	-6.90%	-3.76%	-6.04%	In 3/05 (FY05) the hospital was sold to a for-profit corporation formed by local investors.
Bucktail / 4	-1.54%	0.17%	-8.50%	3.80%	Operating revenue increased 15.3% while the growth in operating expenses were held to 2.9% during FY04. As a result, the operating margin improved 12.4 points to -3.41%. Non-operating revenues enabled the hospital to post a small positive total margin for FY04.
Central Montgomery / 8	-2.12%	-3.93%	0.19%	-2.98%	The hospital was acquired by the for-profit Universal Health Services (UHS) in 1/02. FY02 reflects the last 6 months as a non-profit hospital. FY03 (CY02) reflects the first full year of operation by UHS.

Hospitals with a Negative 3-Year Average Total Margin

TABLE 11 (CONTINUED)

Hospitals 3-Year Average Total Margin Remained Negative during FY04

Name / Region	3-yr Avg Total Margin FY02-FY04	Total Margin			NOTES
		FY04	FY03	FY02	
Charles Cole Memorial / 2	-4.64%	0.58%	-4.86%	-10.34%	The combination of a 0.6% increase in operating revenue and a 3.2% reduction in operating expenses resulted in a 4 point improvement in the operating margin to -1.79%.
Chester County / 8	-0.57%	2.71%	-0.75%	-4.35%	The 9.5% growth in operating revenue outpaced the 5.8% increase in expenses causing the total and operating margins to improve 3.5 points to 2.71%.
Chestnut Hill / 9	-9.90%	-22.44%	-3.35%	-2.98%	In March 2005 (FY05), the hospital was purchased by the for-profit Community Health Systems (CHS). The University of Pennsylvania Health System has a 15% minority interest in the hospital.
Community/Scranton / 6	-2.55%	-2.72%	-2.38%	-2.54%	After five years of positive operating and total margins between FY96 and FY00, the hospital has experienced negative operating and total margins since FY01. Solvency does not appear to be a concern.
Doylestown / 8	-1.63%	4.50%	1.74%	-13.28%	With the exception of FY01 and FY02, the hospital has a history of positive operating and total margins. An investment impairment adjustment and investment losses contributed to the large FY02 negative total margin.
Elkins Park / 8	-24.56%	-7.85%	-51.98%	-12.47%	The hospital was sold to the Albert Einstein Healthcare Network in 11/03. The large negative FY03 (CY02) total margin was driven primarily by an asset impairment (extraordinary depreciation) adjustment taken its final full year as a Tenet hospital. The FY04 total margin reflects the last ten months as a Tenet hospital.
Ellwood City / 2	-5.18%	3.01%	-15.17%	-5.06%	The 18.2 point improvement in the total margin was primarily the result of a large swing in investment income from a \$1.7 million loss in FY03 to a \$1.8 million gain in FY04. In addition, operating revenue grew by 5.3% while the growth in operating expenses was held to 1.2%. As a result, the operating margin improved 4.2 points to - 3.72%.
Frick / 1	-5.42%	-4.29%	-9.16%	-2.90%	The hospital has posted negative operating and total margins since FY99. The hospital is part of the Westmoreland Health System, which posted a 1.1% total margin in FY04.
Hazleton General / 6	-3.24%	-6.11%	-4.30%	0.99%	Hazleton General and Hazleton St. Joseph are members of the Hazleton Healthcare Alliance. Except for modest positive total margins in FY02, the hospitals have experienced negative total margins since FY99. It does not appear that the hospitals have sufficient available assets to sustain similar losses over an extended period of time.
Hazleton St Joseph / 6	-3.55%	-7.52%	-4.55%	1.04%	See Hazleton General above.
Highlands / 1	-4.13%	-9.48%	-6.14%	3.10%	The hospital cannot continue to sustain losses at the FY04 level. However, the hospital reports that it has a positive cash flow and expects to realize significantly better operating and total margins for FY05. FY05 revenue is tracking higher as a result of growth in patient volumes and increases in commercial reimbursement rates. The hospital also reports decreases in pension and employee healthcare expenses during FY05.
Indiana Regional / 3	-0.93%	3.76%	-7.14%	-0.43%	The operating margin improved nearly a point to -1.33% during FY04. A \$7.3 million improvement in investment earnings was the primary factor in the 10.9 point swing in the total margin.

Continued on next page.

Hospitals with a Negative 3-Year Average Total Margin

TABLE 11 (CONTINUED)

Hospitals 3-Year Average Total Margin Remained Negative during FY04

Name / Region	3-yr Avg Total Margin FY02-FY04	Total Margin			NOTES
		FY04	FY03	FY02	
J C Blair Memorial / 5	-4.50%	-4.17%	-5.43%	-3.86%	The hospital has reported both negative total and operating margins since FY98. The hospital's losses have triggered a requirement bond agreement whereby the hospital has retained a consultant to assist the hospital in improving its income. Solvency is not an immediate concern.
Jefferson Regional / 1	-2.59%	2.64%	-4.50%	-7.47%	Although the hospital has posted negative operating and total margins every year between FY98 and FY03, the margins have been steadily improving each year since FY01. Solvency is not a concern.
Jennersville Regional / 8	-0.23%	-2.71%	3.00%	-2.59%	The hospital was acquired by the for-profit Community Health Systems (CHS) in 10/01. FY03 (CY02) was the first full year of operation under CHS. FY02 represents the first 3 months under CHS.
Marian Community / 6	-0.98%	-0.38%	-1.01%	-1.59%	Marian Community and its parent organization, Maxis Healthcare became part of the Catholic Health East (CHE) System in 7/04 (FY05). CHE operates 31 GAC hospitals and numerous other healthcare facilities in 11 states.
Medical College PA / 9	-12.46%	-13.29%	-21.20%	-2.29%	In 9/04 (FY05) Tenet Healthcare transferred ownership of the hospital to the non-profit Woman's Medical Hospital. Woman's announced the hospital was closing in 3/05. Excluding a \$63 million asset impairment (extraordinary depreciation) adjustment, the hospital would have been close to the break-even point for FY03 (CY02).
Mercy Fitzgerald / 8	-9.37%	-5.95%	-10.59%	-12.00%	Prior to FY02, the hospital had a history of continuous positive operating and total margins. The hospital is part of the Mercy Health System of Southeastern Pennsylvania, which had a small positive (0.4%) total margin in FY04 (CY03). The System is part of Catholic Health East.
Mercy Jeannette / 1	-7.66%	-1.10%	-8.07%	-13.85%	The hospital became a member of the Pittsburgh Mercy Health System (PMHS) in 2/03 (FY04). The FY04 total margin reflects the first 11 months of operation under PMHS. PMHS had a FY04 (CY03) total margin of -6.3%. PMHS is a member of Catholic Health East.
Mercy Philadelphia / 9	-4.13%	-3.06%	-4.61%	-5.01%	With the exception of a small negative operating margin in FY00, the hospital has a history of positive operating and total margins prior to FY02. The hospital is also part of the Mercy Health System of Southeastern Pennsylvania. See Mercy Fitzgerald above.
Mercy Providence / 1	-12.80%	-24.09%	-8.13%	-5.92%	Effective 1/04 (FY05), Mercy Providence merged into Mercy Hospital-Pittsburgh. The hospital will no longer provide acute inpatient care, but will continue to provide other inpatient and outpatient care. About 25% of the large negative total margin was the result of restructuring and asset impairment expenses associated with the merger.
Mercy /Scranton / 6	-4.85%	-5.73%	-4.12%	-4.70%	The hospital is part of the multi-state Catholic Healthcare Partners (CHP) that operates 32 GAC hospitals and numerous other facilities. CHP reported a FY04 (CY03) total margin of 3.1%.
Mercy /Wilkes-Barre / 6	-5.16%	-3.04%	-5.17%	-7.36%	See Mercy/Scranton above.
Meyersdale Community / 3	-5.88%	0.99%	-13.01%	-6.35%	The operating margin improved 13.4 points during FY04 to -0.73% because operating expenses were reduced by 3.5% and operating revenue grew 9.3%. An increase in contributions helped the hospital realize a positive total margin. The hospital is an affiliate member of the Conemaugh Health System.

Hospitals with a Negative 3-Year Average Total Margin

TABLE 11 (CONTINUED)

Hospitals 3-Year Average Total Margin Remained Negative during FY04

Name / Region	3-yr Avg Total Margin FY02-FY04	Total Margin			NOTES
		FY04	FY03	FY02	
Mid-Valley / 6	-11.44%	-10.42%	-12.74%	-11.14%	The hospital has posted negative operating and total margins back through at least FY93. Debt forgiveness by its affiliate, Moses Taylor Hospital, has helped mitigate the deterioration of net assets.
Miners / 3	-3.75%	-0.40%	-2.38%	-9.18%	The hospital filed a petition for Chapter 11 bankruptcy in 1/03 and the reorganization plan was approved 11/03. The hospital is a non-controlled affiliate of the Conemaugh Health System.
Montgomery / 8	-1.16%	0.86%	0.61%	-5.38%	A small decline in operating revenue coupled with a small growth in operating expenses caused the FY04 operating margin to fall 1.2 points to -1.40%. Increases in non-operating income enabled the hospital to continue to realize a positive total margin.
Montrose General / 6	-1.38%	0.62%	-7.15%	2.29%	The FY04 operating margin improved 7.9 points to 0.59% because operating revenue increased 7.5% while operating expenses fell slightly.
Moses Taylor / 6	-3.70%	-3.34%	-4.98%	-2.77%	The hospital has posted negative operating and total margins since FY01. The hospital does not have sufficient available assets that will enable it to sustain similar losses over an extended period of time. The hospital reports it has taken specific actions in FY05 to enhance financial performance including focused cost reductions, improving reimbursement rates and improving discharges and lengths of stay.
Parkview / 9	-23.53%	-77.47%	-16.08%	-7.36%	The hospital closed 9/03. The FY04 (CY03) total margin reflects the final 8 months of operation. The FY03 (CY02) total margin would be positive if an asset impairment adjustment is excluded.
Philipsburg Area / 4	-3.94%	-0.84%	-12.96%	1.64%	While operating revenue fell 4.7% during FY04, operating expenses were reduced by 12.8% resulting in a 9.6 point improvement in the operating margin to -3.67%. Solvency is an immediate concern and the hospital reports it is "implementing expense reduction strategies, increasing efficiencies, and exploring sources of additional revenues..."
Pottstown Memorial / 8	-0.89%	2.73%	-8.16%	2.81%	The hospital was acquired by the for-profit Community Health Systems (CHS) in 7/03 (beginning of FY04). The FY03 negative operating and total margins is largely the result of acquisition-related expenses.
Roxborough Memorial / 9	-8.71%	-2.46%	-12.88%	-12.66%	The hospital was acquired by the for-profit Tenet Healthcare in 12/02. The FY03 total margin reflects the last six months as a non-profit hospital. The FY04 (CY03) total margin reflects the first full year as a Tenet hospital.
St Agnes / 9	-6.56%	-3.22%	-8.22%	-11.16%	The hospital was converted to a long-term acute care facility in 6/04 (FY05). FY04 (CY03) is the last full year as a GAC hospital. The hospital is part of the Mercy Health System of Southeastern Pennsylvania, which is a member of Catholic Health East.
St Joseph's /Philadelphia / 9	-5.48%	-1.55%	-8.62%	-6.66%	The hospital reports that for the first nine months of FY05, it is realizing a small positive total margin.
St Luke's Quakertown / 8	-2.06%	-2.88%	-0.82%	-2.43%	The hospital has posted negative operating and total margins for the last eleven years. The hospital is part of the St. Luke's Health Network, which had a FY04 total margin of 2.64%.

Continued on next page.

Hospitals with a Negative 3-Year Average Total Margin

TABLE 11 (CONTINUED)

Hospitals 3-Year Average Total Margin Remained Negative during FY04

Name / Region	3-yr Avg Total Margin FY02-FY04	Total Margin			NOTES
		FY04	FY03	FY02	
Suburban General/Pgh / 1	-3.07%	-0.58%	-4.66%	-4.09%	The hospital merged under Allegheny General Hospital during FY05. Both hospitals are part of the West Penn Allegheny Health System. Allegheny General had an operating and total margin of 3.17% in FY04.
Sunbury Community / 4	-5.07%	-0.37%	-4.76%	-10.93%	The FY04 operating margin improved 3.8 points during FY04 to -2.68% because operating revenue increased 10.4% while operating expenses grew 6.4%.
Temple Univ Children's / 9	-30.61%	-9.86%	-11.04%	-90.75%	The hospital has posted losses since its inception in FY98. The hospital is sustained through transfers from the Temple University Health System Foundation and other affiliates of the Temple University Health System. The hospital is projected to incur losses in FY05 and the System has pledged continued support through FY05.
Titusville Area / 2	-2.25%	-1.60%	-3.78%	-1.44%	The reduction in the operating loss and growth in non-operating income contributed almost equally to the 2.2 point improvement in the FY04 total margin.
Tyrone / 3	-18.21%	-9.51%	-25.60%	-21.80%	While the FY04 total margin improved 16.1 points to -9.51%, the hospital does not have available assets that will enable it to continue to sustain similar losses.
Univ PA /Presbyterian / 9	-4.29%	-0.42%	-5.33%	-7.96%	The 11.8% increase in operating revenue outpaced the 7.3% increase in operating expenses causing the FY04 operating margin to improve 4.2 points to -1.10%. The University of Pennsylvania Health System had a 3.14% total margin in FY04.
Warminster / 8	-3.60%	-6.21%	-3.28%	-1.07%	Operating margin fell 4.7 points during FY04 to -10.03% because operating expenses rose 5.0% while operating revenue remained close to the FY03 levels. The difference between the operating margin and the -6.21% total margin is the tax benefit posted by Tenet Healthcare because the hospital posted a loss.
Wills Eye / 9	-20.06%	23.93%	-50.08%	-62.83%	The hospital went through a major transition; it sold its former facilities during FY01 and began operations in a new facility during FY03. The hospital's operating margin improved by 20 points to -19.01% during FY04. Investment gains and contributions are responsible for the 43-point spread between operating and total margins.
WVHCS / 6	-3.44%	-0.63%	-4.97%	-4.95%	The hospital has reported negative operating and total margins since FY99. The 7.5% increase in operating revenue outpaced the 4.1% increase in operating expenses. As a result, the FY04 operating margin improved 3.3 points to -2.69%. Solvency is not an issue.

Hospitals with a Negative 3-Year Average Total Margin

TABLE 12

Hospitals 3-Year Average Total Margin Was Negative during FY03 and Became Positive in FY04

Name / Region	3-yr Avg Total Margin FY02-FY04	Total Margin			NOTES
		FY04	FY03	FY02	
Allegheny General / 1	0.45%	3.17%	-1.56%	-0.49%	The hospital experienced small negative total margins during FY01 through FY03; its first three years as part of the West Penn Allegheny Health System (WPAHS). In FY03, WPAHS initiated strategies in "revenue enhancement and cost containment" to improve its financial situation. The WPAHS total margin improved over 2.7 points from -1.27% in FY03 to 1.44% in FY04.
Brandywine / 8	3.73%	6.91%	0.27%	2.40%	After three years of consecutive losses as a non-profit hospital, the hospital has reported positive total margins since its acquisition by the for-profit Community Health Systems (CHS) in 6/01 (FY02).
Conemaugh Valley Memorial / 3	0.32%	4.84%	-0.31%	-4.18%	The hospital has reported positive operating margins every year since FY01. Non-operating losses, lead by investment losses, resulted in consecutive negative total margins between FY01 and FY03. Positive investment returns are the primary factor in the 5.2 point improvement in total margin during FY04.
Forbes Regional / 1	0.38%	5.72%	-1.37%	-3.71%	The growth in operating expenses during FY04 was held to less than one percent while operating revenue grew by 8.0%. As a result, the FY04 operating margin improved 7.0 points to 5.72%. See Allegheny General.
Geisinger/Danville / 4	3.39%	10.11%	-0.06%	-2.03%	The FY04 operating margin improved over 10.1 points to 10.04%. The 19.3% growth in NPR coupled with an increase in investment earnings allocated to operations caused operating revenue to increase 24.4% during FY04. In contrast, operating expenses grew by 11.9% in FY04.
Lock Haven / 4	1.48%	5.04%	11.06%	-12.86%	FY02 was the last year the hospital was operated by a local non-profit corporation. FY03 reflects the first eleven months the hospital was operated by the for-profit Community Health Systems (CHS).
Medical Center Beaver / 1	0.58%	5.29%	-2.67%	-1.60%	FY04 was the first year the Medical Center had a positive operating margin since FY98. The Medical Center held the growth in operating expenses to 4.5% while operating revenue grew 6.7% resulting in a small positive operating margin of 0.73% in FY04. Net gains on the sale of investments and investment earnings lifted the total margin to 5.29%.

Continued on next page.

Hospitals with a Negative 3-Year Average Total Margin

TABLE 12 (CONTINUED)

Hospitals 3-Year Average Total Margin *Was Negative* during FY03 and *Became Positive* in FY04

Name / Region	3-yr Avg Total Margin FY02-FY04	Total Margin			NOTES
		FY04	FY03	FY02	
Sharon Regional / 2	1.07%	3.94%	0.88%	-2.07%	Prior to FY01, the hospital had a history of positive operating and total margins. After two years of losses during FY01 and FY02, the hospital began to rebound with small positive operating and total margins in FY03. Financial performance continued to improve in FY04 with further growth in operating and investment income.
Troy Community / 6	1.07%	6.19%	-2.41%	-1.36%	The hospital has posted negative operating and total margins every year since FY95. Operating margin improved 8.7 points to 6.19% during FY04. Net patient revenue (NPR) grew 11.2% and operating revenue grew 9.9% while FY04 operating expenses were held nearly constant.

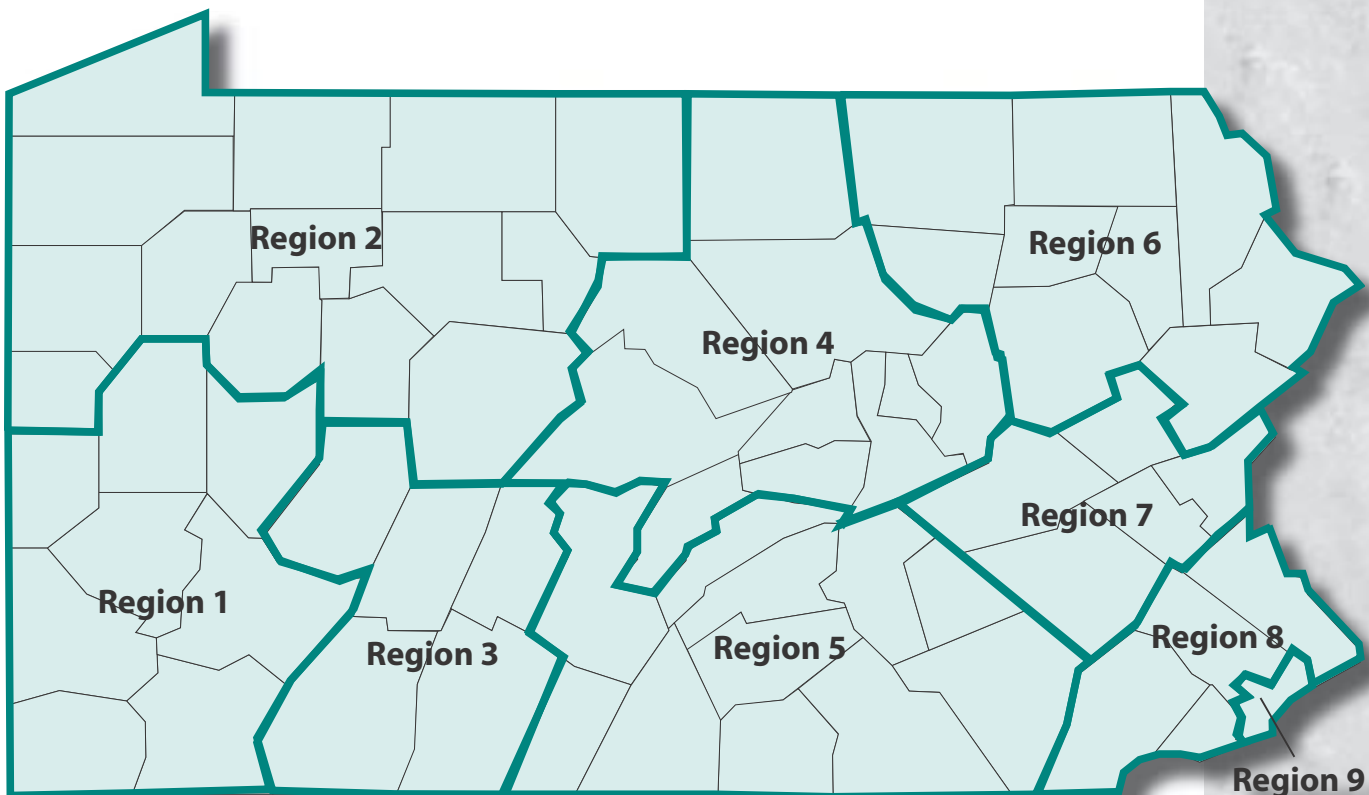
Individual Hospital Data

The tables on the following pages provide hospital-specific financial data for the 182 general acute care hospitals covered in this report. The hospitals have been arranged by PHC4's nine regions.

Included in these tables are the FY04 operating and total margins for each individual hospital. The corresponding operating income and total income expressed in dollars, as well as each hospital's total operating revenue, can be found on PHC4's Web site at www.phc4.org. (Note: Comparing net patient revenue to total operating expenses will not provide operating income or operating margin. Operating revenue from the PHC4 Web site must be used to compute operating income.)

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

In calculating the regional averages, estimated data was used for hospitals that reported less than a full year of data due to a change in the fiscal year usually caused by a change in ownership. No estimated data was used for the individual hospital data.



Individual Hospital Data

Hospital	Net Patient Revenue NPR (million)				3-yr Avg Change in NPR FY01-FY04	Total Operating Expenses TOE (million)				3-yr Avg Change in TOE FY01-FY04
	FY04	FY03	FY02	FY01		FY04	FY03	FY02	FY01	
Region 1 Average	\$142	\$133	\$126	\$113	6.19%	\$149	\$141	\$129	\$119	6.30%
Aliquippa Community ^{5,13}	\$22	\$22	\$26	\$21	1.06%	\$26	\$29	\$30	\$32	-5.81%
Allegheny General ⁵	\$485	\$453	\$409	\$393	7.84%	\$496	\$495	\$451	\$429	5.25%
Alle-Kiski ^{5,7}	\$93	\$88	\$90	\$89	1.56%	\$88	\$89	\$92	\$89	-0.22%
Armstrong County Memorial ⁵	\$67	\$62	\$58	\$55	6.92%	\$68	\$66	\$60	\$57	6.68%
Brownsville General ^{5,13}	\$19	\$21	\$20	\$19	-0.08%	\$21	\$23	\$21	\$21	0.28%
Butler Memorial ⁵	\$130	\$118	\$104	\$93	13.33%	\$126	\$113	\$101	\$90	13.71%
Canonsburg General ⁵	\$44	\$37	\$37	\$34	9.36%	\$43	\$40	\$36	\$33	10.17%
Children's Hosp Pgh ⁷	\$244	\$212	\$198	\$188	10.09%	\$288	\$265	\$245	\$220	10.30%
Forbes Regional ⁵	\$114	\$106	\$103	\$96	6.33%	\$111	\$110	\$110	\$102	2.72%
Frick ⁵	\$43	\$42	\$43	\$41	1.28%	\$45	\$47	\$45	\$44	1.41%
Greene County Memorial ⁵	\$24	\$24	\$23	\$23	1.41%	\$26	\$25	\$25	\$24	2.97%
Highlands ⁵	\$21	\$20	\$21	\$20	1.46%	\$24	\$22	\$21	\$20	6.48%
Jefferson Regional ^{5,6}	\$157	\$142	\$123	\$106	16.05%	\$171	\$156	\$138	\$126	12.00%
Latrobe Area ⁵	\$110	\$113	\$110	\$101	3.27%	\$122	\$122	\$114	\$100	7.14%
Magee-Womens	\$190	\$179	\$153	\$133	14.15%	\$183	\$174	\$160	\$141	9.86%
Medical Center Beaver ^{5,6}	\$167	\$157	\$151	\$142	5.69%	\$171	\$163	\$158	\$150	4.49%
Mercy Jeannette ^{1,2,5,7}	\$44	\$46	\$43	\$39	NA	\$45	\$50	\$50	\$45	NA
Mercy Pittsburgh ^{1,5}	\$239	\$247	\$228	\$211	4.43%	\$271	\$252	\$227	\$218	8.08%
Mercy Providence ^{1,5,11}	\$27	\$28	\$26	\$23	6.17%	\$35	\$32	\$28	\$25	14.33%
Monongahela Valley ^{5,13,14}	\$94	\$91	\$86	\$78	6.62%	\$95	\$92	\$87	\$80	6.32%
Monsour ⁵	\$16	\$16	\$14	NR	NR	\$19	\$19	\$19	NR	NR
Ohio Valley General ^{5,13,14}	\$49	\$48	\$47	\$43	4.94%	\$55	\$52	\$49	\$45	7.07%
Sewickley Valley ^{5,6,7}	\$92	\$92	\$86	\$80	5.12%	\$105	\$103	\$97	\$88	6.19%
St Clair Memorial ⁵	\$143	\$128	\$121	\$107	11.40%	\$151	\$137	\$129	\$111	11.81%
Suburban General/Pgh ^{5,11}	\$33	\$33	\$32	\$28	4.87%	\$36	\$36	\$34	\$31	5.16%
Uniontown ⁵	\$88	\$77	\$78	\$75	5.87%	\$89	\$81	\$77	\$74	6.95%
UPMC Braddock ^{5,13}	\$46	\$45	\$40	\$38	7.76%	\$53	\$47	\$41	\$38	12.72%
UPMC McKeesport ⁵	\$87	\$83	\$78	\$78	4.18%	\$96	\$85	\$81	\$78	7.42%
UPMC Passavant ^{5,7}	\$138	\$124	\$110	\$104	11.10%	\$136	\$118	\$115	\$104	10.19%
UPMC Passavant Cranberry ^{3,7}	\$21	\$11	NR	\$20	6.27%	\$19	\$11	NR	\$24	-17.89%
UPMC Presby Shadyside ^{5,6,9}	\$1256	\$1213	\$920	\$795	19.36%	\$1331	\$1250	\$835	\$759	25.12%
UPMC South Side ^{5,13}	\$57	\$51	\$43	\$39	14.47%	\$57	\$51	\$47	\$43	11.65%
UPMC St Margaret ⁵	\$152	\$129	\$112	\$96	19.49%	\$152	\$124	\$110	\$97	18.68%
Washington ⁵	\$161	\$153	\$154	\$146	3.53%	\$175	\$172	\$164	\$149	5.64%
Western Pennsylvania ⁵	\$294	\$268	\$246	\$222	10.77%	\$308	\$291	\$257	\$233	10.68%
Westmoreland Regional ⁵	\$139	\$124	\$123	\$114	7.26%	\$140	\$132	\$126	\$114	7.65%

See footnotes on pages 42 and 43.

Individual Hospital Data

Hospital	Operating Margin FY04	Total Margin FY04	3-yr Average Total Margin FY02-FY04	Percent of Uncompensated Care FY04	Medicare Share of NPR FY04	Medical Assistance Share of NPR FY04
Region 1 Average	2.89%	4.18%	3.48%	1.78%	43.95%	9.05%
Aliquippa Community ^{5,13}	-8.15%	-8.15%	-14.88%	1.32%	69.47%	8.93%
Allegheny General ⁵	3.17%	3.17%	0.45%	1.72%	39.20%	8.70%
Alle-Kiski ^{5,7}	6.74%	6.74%	2.39%	1.60%	57.38%	5.63%
Armstrong County Memorial ⁵	0.19%	0.72%	-1.04%	2.45%	48.45%	6.81%
Brownsville General ^{5,13}	-7.60%	-6.90%	-5.50%	1.57%	64.91%	7.13%
Butler Memorial ⁵	4.60%	5.18%	6.30%	1.67%	49.69%	8.12%
Canonsburg General ⁵	5.38%	5.38%	3.31%	1.73%	54.32%	3.08%
Children's Hosp Pgh ⁷	4.40%	5.42%	1.02%	1.32%	4.95%	27.82%
Forbes Regional ⁵	5.72%	5.72%	0.38%	1.62%	51.96%	6.02%
Frick ⁵	-4.43%	-4.29%	-5.42%	2.34%	56.68%	6.03%
Greene County Memorial ⁵	-7.33%	-7.41%	-4.37%	4.26%	56.00%	5.29%
Highlands ⁵	-13.05%	-9.48%	-4.13%	3.59%	55.06%	17.32%
Jefferson Regional ^{5,6}	-1.65%	2.64%	-2.59%	1.58%	60.88%	3.61%
Latrobe Area ⁵	-5.24%	-0.35%	0.03%	2.28%	53.02%	6.08%
Magee-Womens	8.89%	11.39%	5.43%	1.05%	6.26%	19.78%
Medical Center Beaver ^{5,6}	0.73%	5.29%	0.58%	1.32%	48.51%	5.57%
Mercy Jeannette ^{1,2,5,7}	-1.36%	-1.10%	-7.66%	1.47%	52.01%	5.39%
Mercy Pittsburgh ^{1,5}	-5.09%	-5.09%	0.51%	3.07%	51.75%	7.45%
Mercy Providence ^{1,5,11}	-24.09%	-24.09%	-12.80%	9.25%	68.46%	17.28%
Monongahela Valley ^{5,13,14}	0.05%	2.53%	2.20%	1.65%	62.28%	8.64%
Monsour ⁵	-15.31%	-15.31%	-20.40%	4.68%	60.20%	26.32%
Ohio Valley General ^{5,13,14}	-1.68%	7.02%	3.93%	2.36%	57.27%	3.17%
Sewickley Valley ^{5,6,7}	0.17%	2.68%	1.03%	1.67%	43.56%	3.61%
St Clair Memorial ⁵	2.92%	4.36%	3.06%	1.29%	50.27%	0.95%
Suburban General/Pgh ^{5,11}	-0.58%	-0.58%	-3.07%	2.05%	67.65%	3.25%
Uniontown ⁵	0.68%	1.56%	1.20%	3.46%	54.05%	13.58%
UPMC Braddock ^{5,13}	-10.98%	-10.98%	-3.41%	4.95%	58.42%	21.10%
UPMC McKeesport ⁵	-6.36%	-4.15%	-1.26%	2.67%	68.16%	10.56%
UPMC Passavant ^{5,7}	4.72%	5.97%	4.75%	0.76%	55.89%	1.13%
UPMC Passavant Cranberry ^{3,7}	9.47%	9.47%	NR	1.51%	21.18%	1.08%
UPMC Presby Shadyside ^{5,6,9}	7.71%	8.48%	11.14%	1.38%	38.05%	9.75%
UPMC South Side ^{5,13}	2.35%	4.14%	2.01%	2.77%	57.75%	8.22%
UPMC St Margaret ⁵	2.54%	4.76%	5.63%	1.23%	52.42%	2.72%
Washington ⁵	-0.68%	2.28%	-0.02%	2.68%	47.38%	9.35%
Western Pennsylvania ⁵	3.72%	3.72%	2.44%	1.51%	46.27%	8.14%
Westmoreland Regional ⁵	1.64%	3.81%	1.03%	1.54%	50.60%	4.24%

See footnotes on pages 42 and 43.

Individual Hospital Data

Hospital	Net Patient Revenue NPR (million)				3-yr Avg Change in NPR FY01-FY04	Total Operating Expenses TOE (million)				3-yr Avg Change in TOE FY01-FY04
	FY04	FY03	FY02	FY01		FY04	FY03	FY02	FY01	
Region 2 Average	\$68	\$60	\$53	\$49	7.05%	\$68	\$61	\$55	\$50	6.35%
Bradford Regional ^{5,13,14}	\$52	\$50	\$47	\$42	7.75%	\$55	\$52	\$51	\$44	9.00%
Brookville ⁵	\$24	\$24	\$23	\$22	3.02%	\$25	\$25	\$23	\$23	3.12%
Charles Cole Memorial ^{5,13}	\$48	\$44	\$43	\$40	6.23%	\$50	\$52	\$49	\$43	5.70%
Clarion ^{5,13,14}	\$39	\$37	\$36	\$32	6.60%	\$39	\$37	\$36	\$33	6.22%
Clearfield ¹⁴	\$53	\$47	\$48	\$44	6.54%	\$53	\$49	\$47	\$44	6.21%
Corry Memorial ^{5,13}	\$19	\$18	\$18	\$15	8.30%	\$20	\$18	\$17	\$15	10.90%
DuBois Regional ⁵	\$119	\$110	\$99	\$91	10.15%	\$116	\$108	\$100	\$91	8.89%
Elk Regional ^{5,13}	\$46	\$45	\$45	\$44	1.67%	\$49	\$48	\$45	\$44	4.08%
Ellwood City ^{5,13}	\$27	\$26	\$27	\$25	2.03%	\$29	\$28	\$29	\$27	2.48%
Hamot	\$204	\$184	\$170	\$157	10.05%	\$202	\$188	\$172	\$156	9.66%
Jameson Memorial ⁵	\$101	\$85	\$65	\$64	19.19%	\$103	\$89	\$69	\$67	18.04%
Kane Community ¹³	\$16	\$16	\$13	\$11	12.39%	\$18	\$16	\$13	\$11	19.91%
Meadville ⁵	\$81	\$77	\$71	\$67	7.05%	\$82	\$79	\$76	\$68	6.86%
Millcreek Community ⁵	\$29	\$26	\$26	\$23	9.17%	\$28	\$27	\$27	\$24	5.81%
Punxsutawney Area ⁵	\$25	\$24	\$23	\$21	6.13%	\$25	\$25	\$24	\$22	5.63%
Saint Vincent Health ^{5,6,13}	\$217	\$185	\$162	\$152	14.27%	\$208	\$181	\$167	\$153	11.89%
Sharon Regional ⁵	\$122	\$110	\$105	\$97	8.49%	\$127	\$119	\$115	\$107	6.05%
Titusville Area ⁵	\$27	\$25	\$26	\$26	1.82%	\$28	\$27	\$27	\$25	3.69%
United Community ⁵	\$35	\$33	\$29	\$28	8.50%	\$34	\$31	\$29	\$27	8.63%
UPMC Horizon ⁵	\$96	\$94	\$87	\$78	7.43%	\$97	\$90	\$84	\$77	8.66%
UPMC Northwest ⁵	\$68	\$67	\$65	\$63	2.67%	\$66	\$63	\$64	\$62	2.24%
Warren General ^{5,13}	\$45	\$41	\$37	\$36	8.32%	\$47	\$42	\$37	\$40	5.90%

See footnotes on pages 42 and 43.

Individual Hospital Data

Hospital	Operating Margin FY04	Total Margin FY04	3-yr Average Total Margin FY02-FY04	Percent of Uncompensated Care FY04	Medicare Share of NPR FY04	Medical Assistance Share of NPR FY04
Region 2 Average	2.06%	3.49%	1.79%	1.90%	45.34%	8.90%
Bradford Regional ^{5,13,14}	-2.58%	-0.92%	-2.35%	1.37%	39.67%	18.16%
Brookville ⁵	-4.59%	-3.79%	-1.48%	2.26%	56.21%	4.40%
Charles Cole Memorial ^{5,13}	-1.79%	0.58%	-4.64%	2.81%	36.37%	12.83%
Clarion ^{5,13,14}	2.01%	4.17%	3.75%	2.13%	45.29%	5.24%
Clearfield ¹⁴	3.94%	5.81%	2.77%	1.85%	51.74%	5.65%
Corry Memorial ^{5,13}	-4.71%	-3.09%	0.21%	2.83%	32.39%	8.70%
DuBois Regional ⁵	4.30%	5.35%	4.60%	1.27%	42.66%	9.18%
Elk Regional ^{5,13}	-1.71%	-0.83%	0.35%	2.14%	41.00%	15.72%
Ellwood City ^{5,13}	-3.72%	3.01%	-5.18%	1.22%	57.68%	4.49%
Hamot	3.61%	3.63%	1.64%	1.43%	42.29%	7.30%
Jameson Memorial ⁵	0.68%	1.11%	1.38%	1.56%	56.38%	7.36%
Kane Community ¹³	-13.17%	-12.59%	-1.13%	2.14%	36.10%	4.90%
Meadville ⁵	1.07%	6.40%	1.93%	3.01%	41.15%	12.86%
Millcreek Community ⁵	9.25%	13.91%	6.59%	3.98%	37.53%	21.80%
Punxsutawney Area ⁵	1.99%	2.82%	0.49%	4.17%	46.09%	9.88%
Saint Vincent Health ^{5,6,13}	5.87%	5.59%	2.41%	1.38%	44.77%	8.51%
Sharon Regional ⁵	2.14%	3.94%	1.07%	1.65%	47.53%	10.24%
Titusville Area ⁵	-3.22%	-1.60%	-2.25%	3.01%	56.40%	7.31%
United Community ⁵	5.04%	7.11%	7.37%	1.52%	39.62%	3.66%
UPMC Horizon ⁵	0.53%	2.16%	4.55%	2.21%	46.27%	7.01%
UPMC Northwest ⁵	3.57%	6.41%	6.74%	2.42%	53.11%	6.89%
Warren General ^{5,13}	-0.80%	0.51%	1.41%	2.23%	43.08%	4.95%

See footnotes on pages 42 and 43.

Individual Hospital Data

Hospital	Net Patient Revenue NPR (million)				3-yr Avg Change in NPR FY01-FY04	Total Operating Expenses TOE (million)				3-yr Avg Change in TOE FY01-FY04
	FY04	FY03	FY02	FY01		FY04	FY03	FY02	FY01	
Region 3 Average	\$66	\$62	\$59	\$53	7.58%	\$69	\$65	\$62	\$55	8.21%
Altoona ^{5,7}	\$184	\$167	\$146	\$134	12.38%	\$191	\$172	\$160	\$145	10.37%
Bon Secours Holy Family ^{1,5}	\$69	\$66	\$63	\$51	11.83%	\$67	\$65	\$62	\$54	8.58%
Conemaugh Valley Memorial ⁵	\$216	\$217	\$214	\$184	5.74%	\$230	\$225	\$220	\$188	7.42%
Indiana Regional ^{5,13}	\$81	\$73	\$68	\$61	10.40%	\$83	\$76	\$67	\$60	12.98%
Meyersdale Community	\$7	\$6	\$6	\$6	7.03%	\$7	\$7	\$6	\$6	4.22%
Miners	\$15	\$14	\$12	\$12	7.34%	\$15	\$15	\$14	\$15	0.97%
Nason	\$21	\$20	\$20	\$16	9.66%	\$21	\$21	\$19	\$16	11.59%
Somerset Center Health ⁵	\$48	\$45	\$43	\$41	6.25%	\$49	\$46	\$42	\$40	7.18%
Tyrone ¹³	\$11	\$9	\$10	\$11	1.80%	\$14	\$12	\$12	\$12	6.27%
UPMC Bedford	\$27	\$27	\$24	\$24	4.90%	\$27	\$25	\$23	\$22	7.77%
UPMC Lee Regional ^{5,13}	\$84	\$82	\$88	\$82	0.48%	\$96	\$86	\$86	\$84	4.62%
Windber ⁵	\$24	\$23	\$21	\$18	9.89%	\$30	\$29	\$26	\$24	7.33%

Hospital	Net Patient Revenue NPR (million)				3-yr Avg Change in NPR FY01-FY04	Total Operating Expenses TOE (million)				3-yr Avg Change in TOE FY01-FY04
	FY04	FY03	FY02	FY01		FY04	FY03	FY02	FY01	
Region 4 Average	\$68	\$60	\$55	\$50	11.59%	\$67	\$61	\$57	\$52	9.47%
Berwick ^{1,5,10}	\$40	\$34	\$32	\$29	13.20%	\$37	\$30	\$30	\$27	11.67%
Bloomsburg ^{5,13}	\$27	\$28	\$28	\$26	0.85%	\$30	\$31	\$31	\$29	0.56%
Bucktail ^{5,13}	\$5	\$4	\$4	\$3	15.08%	\$5	\$5	\$4	\$4	10.70%
Evangelical Community ⁵	\$79	\$73	\$73	\$70	4.18%	\$80	\$74	\$73	\$68	6.26%
Geisinger/Danville ⁵	\$397	\$333	\$292	\$262	17.19%	\$380	\$340	\$313	\$289	10.48%
Jersey Shore ^{5,6}	\$19	\$17	\$17	\$15	7.92%	\$18	\$18	\$17	\$15	7.62%
Lewistown ⁵	\$66	\$58	\$53	\$50	10.53%	\$64	\$59	\$53	\$51	9.14%
Lock Haven ^{1,3,5,10,14}	\$28	\$25	\$23	\$24	5.99%	\$26	\$22	\$27	\$25	1.94%
Mount Nittany ⁵	\$95	\$81	\$74	\$70	11.43%	\$92	\$80	\$75	\$70	10.45%
Muncy Valley ⁵	\$28	\$26	\$22	\$19	15.15%	\$26	\$23	\$21	\$19	12.22%
Philipsburg Area ^{13,14}	\$14	\$15	\$16	\$15	-1.79%	\$15	\$17	\$16	\$15	0.80%
Shamokin Area Community ⁵	\$28	\$24	\$20	\$17	22.93%	\$26	\$22	\$19	\$17	18.70%
Soldiers & Sailors ^{5,13}	\$31	\$30	\$29	\$26	7.11%	\$32	\$32	\$30	\$27	6.62%
Sunbury Community ⁵	\$32	\$28	\$26	\$26	6.85%	\$34	\$32	\$32	\$29	6.45%
Williamsport ⁵	\$129	\$120	\$111	\$102	8.78%	\$142	\$133	\$120	\$102	13.05%

See footnotes on pages 42 and 43.

Individual Hospital Data

Hospital	Operating Margin FY04	Total Margin FY04	3-yr Average Total Margin FY02-FY04	Percent of Uncompensated Care FY04	Medicare Share of NPR FY04	Medical Assistance Share of NPR FY04
Region 3 Average	-0.83%	1.94%	-0.08%	2.44%	48.40%	6.92%
Altoona ^{5,7}	-1.07%	2.55%	-0.63%	2.95%	39.35%	8.81%
Bon Secours Holy Family ^{1,5}	4.76%	4.46%	4.28%	2.23%	57.08%	7.58%
Conemaugh Valley Memorial ⁵	1.75%	4.84%	0.32%	2.27%	55.11%	5.79%
Indiana Regional ^{5,13}	-1.33%	3.76%	-0.93%	2.61%	44.17%	5.54%
Meyersdale Community	-0.73%	0.99%	-5.88%	5.14%	57.33%	5.21%
Miners	-0.49%	-0.40%	-3.75%	2.59%	52.76%	7.55%
Nason	-0.23%	1.92%	0.96%	1.96%	42.96%	5.23%
Somerset Center Health ⁵	0.90%	3.06%	1.99%	2.13%	45.03%	10.34%
Tyrone ¹³	-21.08%	-9.51%	-18.21%	4.83%	38.35%	14.61%
UPMC Bedford	2.15%	3.98%	5.89%	1.96%	36.23%	8.72%
UPMC Lee Regional ^{5,13}	-11.11%	-9.01%	-2.71%	1.90%	52.73%	3.74%
Windber ⁵	-0.30%	-2.46%	0.30%	1.69%	56.66%	5.70%

Hospital	Operating Margin FY04	Total Margin FY04	3-yr Average Total Margin FY02-FY04	Percent of Uncompensated Care FY04	Medicare Share of NPR FY04	Medical Assistance Share of NPR FY04
Region 4 Average	6.07%	6.56%	2.97%	2.42%	37.83%	6.33%
Berwick ^{1,5,10}	9.52%	3.15%	5.02%	1.52%	43.55%	5.27%
Bloomsburg ^{5,13}	-7.10%	-5.20%	-6.87%	0.92%	33.76%	8.19%
Bucktail ^{5,13}	-3.41%	0.17%	-1.54%	5.23%	31.45%	35.80%
Evangelical Community ⁵	3.59%	8.75%	6.03%	3.28%	35.73%	3.38%
Geisinger/Danville ⁵	10.04%	10.11%	3.39%	1.71%	32.64%	5.23%
Jersey Shore ^{5,6}	4.99%	5.62%	2.49%	2.12%	48.98%	3.11%
Lewistown ⁵	4.31%	5.02%	2.18%	2.50%	48.91%	7.08%
Lock Haven ^{1,3,5,10,14}	8.43%	5.04%	1.48%	2.85%	26.35%	13.88%
Mount Nittany ⁵	3.75%	4.06%	2.60%	2.70%	34.55%	4.08%
Muncy Valley ⁵	6.48%	7.46%	8.43%	2.80%	33.47%	25.64%
Philipsburg Area ^{13,14}	-3.67%	-0.84%	-3.94%	3.03%	43.42%	4.82%
Shamokin Area Community ⁵	10.59%	10.85%	10.40%	3.22%	58.47%	4.44%
Soldiers & Sailors ^{5,13}	2.80%	2.97%	0.91%	4.28%	37.27%	9.27%
Sunbury Community ⁵	-2.68%	-0.37%	-5.07%	3.76%	54.67%	5.68%
Williamsport ⁵	2.61%	3.35%	3.36%	3.20%	43.83%	6.34%

See footnotes on pages 42 and 43.

Individual Hospital Data

Hospital	Net Patient Revenue NPR (million)				3-yr Avg Change in NPR FY01-FY04	Total Operating Expenses TOE (million)				3-yr Avg Change in TOE FY01-FY04
	FY04	FY03	FY02	FY01		FY04	FY03	FY02	FY01	
Region 5 Average	\$166	\$142	\$128	\$117	11.49%	\$161	\$140	\$130	\$119	9.21%
Carlisle Regional ^{1,3,5,7,10}	\$88	\$86	\$22	\$66	11.18%	\$67	\$74	\$21	\$75	-3.34%
Chambersburg ⁵	\$156	\$144	\$127	\$115	12.04%	\$150	\$134	\$123	\$113	10.64%
Community Lancaster ^{1,10,11,13}	\$37	\$39	\$46	\$41	-3.18%	\$35	\$37	\$40	\$35	-0.03%
Ephrata Community ⁵	\$113	\$96	\$78	\$65	24.98%	\$109	\$95	\$75	\$61	26.33%
Fulton County ^{5,13}	\$20	\$18	\$17	\$15	9.97%	\$20	\$18	\$17	\$16	8.43%
Gettysburg ⁵	\$68	\$57	\$53	\$52	10.36%	\$61	\$56	\$54	\$51	6.13%
Good Samaritan/Lebanon ^{5,13}	\$106	\$96	\$95	\$86	7.68%	\$107	\$99	\$93	\$85	8.37%
Hanover ⁵	\$82	\$73	\$67	\$63	10.21%	\$81	\$75	\$69	\$64	9.26%
Holy Spirit ^{5,13}	\$178	\$152	\$129	\$114	18.70%	\$186	\$153	\$133	\$116	20.05%
J C Blair Memorial ^{5,13,14}	\$29	\$29	\$29	\$28	2.15%	\$34	\$35	\$32	\$31	3.18%
Lancaster General ^{5,13}	\$478	\$417	\$341	\$282	23.25%	\$461	\$395	\$341	\$299	18.04%
Lancaster Regional ^{1,3,5,10,13}	\$109	\$95	\$88	\$21	NA	\$89	\$77	\$76	\$19	NA
Memorial York ¹³	\$62	\$57	\$54	\$50	8.15%	\$64	\$58	\$56	\$51	8.62%
Milton S Hershey ⁵	\$442	\$369	\$358	\$322	12.41%	\$431	\$383	\$377	\$346	8.23%
Pinnacle Health ⁵	\$409	\$396	\$365	\$361	4.39%	\$416	\$403	\$392	\$382	2.96%
Waynesboro	\$42	\$38	\$36	\$34	8.18%	\$40	\$38	\$35	\$33	6.33%
York ⁵	\$407	\$379	\$349	\$313	9.96%	\$394	\$370	\$342	\$302	10.11%

See footnotes on pages 42 and 43.

Individual Hospital Data

Hospital	Operating Margin FY04	Total Margin FY04	3-yr Average Total Margin FY02-FY04	Percent of Uncompensated Care FY04	Medicare Share of NPR FY04	Medical Assistance Share of NPR FY04
Region 5 Average	6.07%	6.69%	4.68%	2.18%	35.55%	5.91%
Carlisle Regional ^{1,3,5,7,10}	23.61%	14.87%	11.23%	1.40%	39.00%	0.56%
Chambersburg ⁵	5.53%	7.45%	7.64%	3.45%	38.34%	3.60%
Community Lancaster ^{1,10,11,13}	5.42%	3.34%	5.73%	2.26%	32.19%	6.42%
Ephrata Community ⁵	5.81%	6.01%	5.56%	2.85%	36.09%	1.96%
Fulton County ^{5,13}	2.19%	2.19%	3.69%	6.20%	40.90%	12.19%
Gettysburg ⁵	11.07%	15.77%	4.87%	2.94%	37.71%	4.57%
Good Samaritan/Lebanon ^{5,13}	3.01%	4.10%	3.25%	3.09%	45.95%	5.64%
Hanover ⁵	1.72%	2.96%	1.14%	2.55%	32.46%	1.26%
Holy Spirit ^{5,13}	-0.68%	0.57%	0.78%	1.96%	40.41%	3.17%
J C Blair Memorial ^{5,13,14}	-10.84%	-4.17%	-4.50%	2.83%	39.55%	9.85%
Lancaster General ^{5,13}	8.53%	8.90%	8.55%	1.01%	32.12%	5.44%
Lancaster Regional ^{1,3,5,10,13}	19.04%	10.47%	9.99%	0.78%	37.27%	6.05%
Memorial York ¹³	0.81%	1.22%	0.48%	2.52%	40.48%	7.77%
Milton S Hershey ⁵	7.16%	7.29%	4.00%	1.38%	29.12%	9.98%
Pinnacle Health ⁵	1.63%	3.52%	0.82%	2.42%	39.67%	6.65%
Waynesboro	6.11%	7.94%	5.20%	3.51%	35.99%	2.75%
York ⁵	5.65%	8.45%	5.99%	3.27%	34.36%	6.22%

See footnotes on pages 42 and 43.

Individual Hospital Data

Hospital	Net Patient Revenue NPR (million)				3-yr Avg Change in NPR FY01-FY04	Total Operating Expenses TOE (million)				3-yr Avg Change in TOE FY01-FY04
	FY04	FY03	FY02	FY01		FY04	FY03	FY02	FY01	
Region 6 Average	\$69	\$65	\$62	\$58	6.36%	\$72	\$69	\$65	\$62	5.63%
Barnes Kasson County ^{1,5}	\$13	\$15	\$15	\$13	-0.16%	\$15	\$17	\$16	\$14	2.65%
Community/Scranton ⁵	\$129	\$126	\$126	\$121	2.16%	\$140	\$133	\$134	\$129	2.77%
Geisinger Wyoming Valley ^{5,13}	\$100	\$93	\$74	\$58	24.17%	\$101	\$91	\$77	\$62	20.85%
Hazleton General ^{1,5}	\$44	\$42	\$38	\$38	4.85%	\$47	\$43	\$40	\$41	4.97%
Hazleton St Joseph ¹	\$34	\$38	\$39	\$36	-2.50%	\$39	\$41	\$39	\$38	0.28%
Marian Community ^{5,13,14}	\$33	\$33	\$30	\$29	4.52%	\$34	\$34	\$32	\$30	4.64%
Memorial/Towanda ^{5,13}	\$31	\$29	\$28	\$24	9.45%	\$29	\$29	\$27	\$24	8.12%
Mercy/Scranton ^{1,5}	\$117	\$116	\$110	\$103	4.42%	\$125	\$123	\$117	\$108	5.03%
Mercy/Wilkes-Barre ^{1,5}	\$75	\$73	\$75	\$71	1.66%	\$77	\$78	\$77	\$76	0.50%
Mid-Valley ¹³	\$10	\$10	\$9	\$9	2.77%	\$11	\$12	\$11	\$10	4.12%
Montrose General ¹	\$9	\$8	\$8	\$7	9.36%	\$9	\$9	\$8	\$8	5.94%
Moses Taylor ⁵	\$100	\$94	\$90	\$83	6.95%	\$108	\$103	\$96	\$87	8.30%
Pocono ⁵	\$134	\$116	\$102	\$86	18.37%	\$132	\$116	\$101	\$93	13.82%
Robert Packer ⁵	\$156	\$139	\$137	\$123	8.92%	\$158	\$149	\$145	\$134	5.86%
Troy Community	\$9	\$8	\$7	\$7	7.54%	\$9	\$9	\$8	\$8	3.25%
Tyler Memorial ¹³	\$24	\$21	\$21	\$19	8.99%	\$23	\$22	\$21	\$19	7.88%
Wayne Memorial	\$48	\$45	\$41	\$40	6.60%	\$53	\$49	\$46	\$43	7.56%
WVHCS ^{5,13}	\$169	\$158	\$165	\$167	0.42%	\$189	\$182	\$183	\$188	0.31%

Hospital	Net Patient Revenue NPR (million)				3-yr Avg Change in NPR FY01-FY04	Total Operating Expenses TOE (million)				3-yr Avg Change in TOE FY01-FY04
	FY04	FY03	FY02	FY01		FY04	FY03	FY02	FY01	
Region 7 Average	\$161	\$142	\$126	\$114	13.63%	\$160	\$143	\$125	\$116	12.69%
Ashland Regional ^{1,3,5,10}	\$15	\$14	\$6	\$18	-5.60%	\$18	\$17	\$6	\$20	-2.97%
Easton ^{1,3,5,10,13}	\$174	\$145	\$31	\$115	16.99%	\$159	\$141	\$29	\$122	10.26%
Gnaden Huetten Memorial ⁵	\$47	\$44	\$42	\$38	8.07%	\$48	\$44	\$40	\$37	10.43%
Good Samaritan Regional ⁵	\$60	\$55	\$52	\$49	7.02%	\$63	\$56	\$52	\$53	6.80%
Lehigh Valley ⁵	\$532	\$461	\$396	\$354	16.74%	\$536	\$476	\$407	\$372	14.64%
Lehigh Valley/Muhlenberg	\$105	\$79	\$63	\$56	29.54%	\$105	\$87	\$70	\$61	24.11%
Palmerton	\$25	\$26	\$26	\$23	2.65%	\$30	\$30	\$27	\$24	8.58%
Pottsville Warne Clinic ⁵	\$65	\$61	\$56	\$52	8.51%	\$66	\$64	\$59	\$54	7.75%
Reading ^{5,13}	\$416	\$368	\$332	\$304	12.33%	\$404	\$361	\$318	\$287	13.64%
Sacred Heart/Allentown ⁵	\$104	\$99	\$97	\$91	4.64%	\$106	\$102	\$98	\$98	2.97%
St Joseph/Reading ⁵	\$146	\$140	\$125	\$106	12.30%	\$144	\$132	\$116	\$102	13.65%
St Luke's Miners ⁵	\$31	\$30	\$28	\$27	5.67%	\$32	\$31	\$28	\$27	5.78%
St Luke's/Bethlehem ⁵	\$370	\$318	\$282	\$250	16.03%	\$366	\$316	\$281	\$250	15.51%

See footnotes on pages 42 and 43.

Individual Hospital Data

Hospital	Operating Margin FY04	Total Margin FY04	3-yr Average Total Margin FY02-FY04	Percent of Uncompensated Care FY04	Medicare Share of NPR FY04	Medical Assistance Share of NPR FY04
Region 6 Average	-0.75%	0.94%	-0.62%	2.32%	54.91%	6.59%
Barnes Kasson County ^{1,5}	-5.80%	-4.51%	-4.20%	3.45%	37.98%	31.12%
Community/Scranton ⁵	-4.00%	-2.72%	-2.55%	1.96%	37.78%	8.42%
Geisinger Wyoming Valley ^{5,13}	4.60%	4.60%	2.27%	1.18%	43.15%	1.75%
Hazleton General ^{1,5}	-8.20%	-6.11%	-3.24%	2.08%	56.25%	9.95%
Hazleton St Joseph ¹	-9.37%	-7.52%	-3.55%	2.62%	47.60%	6.28%
Marian Community ^{5,13,14}	-0.65%	-0.38%	-0.98%	1.63%	49.57%	7.63%
Memorial/Towanda ^{5,13}	7.68%	9.15%	6.19%	2.61%	30.16%	14.57%
Mercy/Scranton ^{1,5}	-5.55%	-5.73%	-4.85%	2.32%	47.73%	4.26%
Mercy/Wilkes-Barre ^{1,5}	-2.06%	-3.04%	-5.16%	2.50%	47.11%	8.57%
Mid-Valley ¹³	-10.59%	-10.42%	-11.44%	2.61%	54.71%	3.05%
Montrose General ¹	0.59%	0.62%	-1.38%	2.36%	44.33%	6.25%
Moses Taylor ⁵	-3.47%	-3.34%	-3.70%	2.00%	49.82%	6.73%
Pocono ⁵	3.32%	5.55%	3.83%	3.69%	43.80%	5.41%
Robert Packer ⁵	3.70%	9.61%	5.45%	2.92%	44.87%	4.44%
Troy Community	6.19%	6.19%	1.07%	2.10%	38.81%	12.89%
Tyler Memorial ¹³	3.81%	4.21%	0.61%	2.12%	36.43%	5.27%
Wayne Memorial	3.59%	5.39%	4.75%	2.70%	45.74%	5.99%
WVHCS ^{5,13}	-2.69%	-0.63%	-3.44%	1.67%	47.59%	7.49%

Hospital	Operating Margin FY04	Total Margin FY04	3-yr Average Total Margin FY02-FY04	Percent of Uncompensated Care FY04	Medicare Share of NPR FY04	Medical Assistance Share of NPR FY04
Region 7 Average	4.07%	4.22%	4.04%	2.46%	41.46%	7.87%
Ashland Regional ^{1,3,5,10}	-15.34%	-13.24%	-13.07%	2.46%	52.06%	11.38%
Easton ^{1,3,5,10,13}	8.82%	4.21%	3.18%	1.17%	45.74%	2.78%
Gnaden Huetten Memorial ⁵	-1.93%	-0.85%	3.03%	2.56%	45.72%	13.44%
Good Samaritan Regional ⁵	-2.96%	1.42%	1.20%	2.51%	52.89%	1.86%
Lehigh Valley ⁵	5.36%	5.32%	4.14%	2.66%	37.55%	9.20%
Lehigh Valley/Muhlenberg	5.06%	5.02%	4.77%	2.32%	43.07%	3.10%
Palmerton	-11.99%	-11.11%	-3.92%	2.70%	48.33%	6.13%
Pottsville Warne Clinic ⁵	1.60%	1.60%	0.93%	2.27%	46.67%	9.30%
Reading ^{5,13}	5.92%	6.19%	6.23%	2.38%	36.39%	4.96%
Sacred Heart/Allentown ⁵	1.41%	1.41%	2.10%	2.35%	49.38%	8.34%
St Joseph/Reading ⁵	2.04%	4.42%	6.47%	3.67%	40.42%	14.62%
St Luke's Miners ⁵	-0.39%	-0.38%	0.04%	2.55%	54.30%	14.42%
St Luke's/Bethlehem ⁵	3.78%	4.61%	4.09%	2.46%	43.13%	9.59%

See footnotes on pages 42 and 43.

Individual Hospital Data

Hospital	Net Patient Revenue NPR (million)				3-yr Avg Change in NPR FY01-FY04	Total Operating Expenses TOE (million)				3-yr Avg Change in TOE FY01-FY04
	FY04	FY03	FY02	FY01		FY04	FY03	FY02	FY01	
Region 8 Average	\$135	\$131	\$113	\$104	9.78%	\$140	\$136	\$120	\$110	9.13%
Abington Memorial ^{5,13,14}	\$416	\$390	\$348	\$312	11.04%	\$458	\$425	\$391	\$345	10.89%
Bariatric Care Centers ^{1,10,11,14}	\$11	NA	NA	NA	NA	\$13	NA	NA	NA	NA
Brandywine ^{1,3,5,10}	\$105	\$79	\$44	\$56	NA	\$95	\$82	\$44	\$62	NA
Central Montgomery ^{1,3,5,10}	\$58	\$56	\$27	\$52	4.31%	\$62	\$58	\$30	\$55	4.34%
Chester County ⁵	\$125	\$116	\$102	\$93	11.53%	\$130	\$123	\$115	\$101	9.42%
Crozer-Chester ^{5,13}	\$470	\$465	\$431	\$394	6.39%	\$479	\$477	\$433	\$400	6.63%
Delaware County Memorial ^{5,13}	\$141	\$142	\$131	\$116	6.99%	\$141	\$141	\$130	\$118	6.57%
Doylestown ⁵	\$157	\$142	\$133	\$107	15.49%	\$158	\$143	\$146	\$122	9.85%
Elkins Park ^{1,2,5,8,10,11}	\$25	\$38	\$35	\$36	NA	\$42	\$71	\$44	\$45	NA
Grand View ⁵	\$112	\$104	\$96	\$86	9.86%	\$112	\$106	\$98	\$89	8.83%
Holy Redeemer ^{5,7}	\$137	\$148	\$135	\$119	4.97%	\$153	\$149	\$137	\$119	9.72%
Jennersville Regional ^{1,3,10,13,14}	\$39	\$35	\$7	\$26	17.55%	\$41	\$34	\$7	\$41	0.21%
Main Line Bryn Mawr ^{5,6}	\$185	\$173	\$152	\$172	2.56%	\$197	\$180	\$158	\$175	4.05%
Main Line Lankenau ^{5,6}	\$266	\$229	\$199	\$180	16.02%	\$276	\$235	\$212	\$191	14.83%
Main Line Paoli ^{5,6}	\$123	\$100	\$80	\$67	27.55%	\$115	\$96	\$78	\$67	23.62%
Mercy Fitzgerald ^{1,5}	\$144	\$138	\$121	\$129	3.77%	\$160	\$159	\$146	\$136	5.74%
Mercy Suburban ^{1,5}	\$81	\$67	\$59	\$56	15.19%	\$81	\$68	\$62	\$56	14.82%
Montgomery ⁵	\$84	\$85	\$75	\$70	6.23%	\$87	\$88	\$83	\$77	4.67%
Phoenixville ^{7,11,13}	\$96	\$87	\$82	\$68	13.71%	\$97	\$88	\$78	\$64	16.94%
Pottstown Memorial ^{5,10,13}	\$115	\$102	\$92	\$83	12.84%	\$109	\$114	\$92	\$83	10.41%
Riddle Memorial ⁵	\$102	\$94	\$83	\$75	11.56%	\$108	\$98	\$90	\$82	10.59%
St Luke's Quakertown ⁵	\$30	\$26	\$23	\$21	13.21%	\$31	\$27	\$24	\$23	11.48%
St Mary ^{1,3,5,13}	\$195	\$172	\$71	\$133	15.70%	\$185	\$160	\$68	\$126	15.38%
Temple Lower Bucks ⁵	\$104	\$92	\$80	\$76	12.25%	\$106	\$96	\$84	\$82	9.65%
Warminster ^{1,5,10,13,14}	\$54	\$53	\$49	\$46	5.24%	\$60	\$57	\$50	\$46	9.56%

See footnotes on pages 42 and 43.

Individual Hospital Data

Hospital	Operating Margin FY04	Total Margin FY04	3-yr Average Total Margin FY02-FY04	Percent of Uncompensated Care FY04	Medicare Share of NPR FY04	Medical Assistance Share of NPR FY04
Region 8 Average	0.87%	1.98%	1.12%	1.67%	41.01%	6.11%
Abington Memorial ^{5,13,14}	0.63%	2.62%	3.33%	1.14%	41.95%	3.23%
Bariatric Care Centers ^{1,10,11,14}	-19.55%	-19.55%	NA	4.32%	0.00%	0.00%
Brandywine ^{1,3,5,10}	11.82%	6.91%	3.73%	1.73%	31.43%	3.35%
Central Montgomery ^{1,3,5,10}	-6.26%	-3.93%	-2.12%	1.23%	40.55%	4.54%
Chester County ⁵	2.71%	2.71%	-0.57%	1.94%	33.82%	5.89%
Crozer-Chester ^{5,13}	0.75%	0.98%	1.20%	2.59%	35.03%	15.57%
Delaware County Memorial ^{5,13}	1.34%	2.21%	2.26%	1.84%	43.42%	9.80%
Doylestown ⁵	3.38%	4.50%	-1.63%	1.36%	44.13%	1.57%
Elkins Park ^{1,2,5,8,10,11}	-61.97%	-7.85%	-24.56%	3.06%	39.22%	4.78%
Grand View ⁵	3.41%	6.29%	1.59%	1.67%	41.96%	2.59%
Holy Redeemer ^{5,7}	-7.22%	-3.25%	0.72%	0.43%	50.28%	2.56%
Jennersville Regional ^{1,3,10,13,14}	-2.71%	-2.71%	-0.23%	2.65%	30.39%	3.96%
Main Line Bryn Mawr ^{5,6}	-1.25%	-0.33%	0.78%	0.82%	42.24%	2.73%
Main Line Lankenau ^{5,6}	3.57%	3.22%	2.79%	0.98%	47.06%	5.41%
Main Line Paoli ^{5,6}	10.65%	12.60%	12.21%	1.08%	34.89%	2.35%
Mercy Fitzgerald ^{1,5}	-5.95%	-5.95%	-9.37%	2.87%	48.17%	13.80%
Mercy Suburban ^{1,5}	2.24%	2.24%	0.59%	2.95%	41.76%	9.15%
Montgomery ⁵	-1.40%	0.86%	-1.16%	2.79%	50.21%	5.48%
Phoenixville ^{7,11,13}	1.50%	1.01%	3.75%	1.54%	39.66%	2.36%
Pottstown Memorial ^{5,10,13}	5.71%	2.73%	-0.89%	1.61%	37.88%	4.11%
Riddle Memorial ⁵	0.16%	2.01%	1.85%	0.88%	39.34%	2.90%
St Luke's Quakertown ⁵	-3.10%	-2.88%	-2.06%	2.97%	38.46%	4.53%
St Mary ^{1,3,5,13}	7.11%	7.29%	7.67%	1.04%	44.84%	2.15%
Temple Lower Bucks ⁵	0.52%	1.51%	2.46%	2.38%	38.97%	7.49%
Warminster ^{1,5,10,13,14}	-10.03%	-6.21%	-3.60%	2.34%	46.87%	5.73%

See footnotes on pages 42 and 43.

Individual Hospital Data

Hospital	Net Patient Revenue NPR (million)				3-yr Avg Change in NPR FY01-FY04	Total Operating Expenses TOE (million)				3-yr Avg Change in TOE FY01-FY04
	FY04	FY03	FY02	FY01		FY04	FY03	FY02	FY01	
Region 9 Average	\$247	\$232	\$209	\$183	9.70%	\$262	\$239	\$218	\$190	10.84%
Albert Einstein ^{5,7,8}	\$406	\$344	\$322	\$320	8.94%	\$425	\$365	\$352	\$330	9.57%
Chestnut Hill ^{5,13}	\$91	\$86	\$83	\$73	8.08%	\$115	\$93	\$88	\$75	17.78%
Children's Hosp Phila ⁷	\$647	\$580	\$501	\$468	12.76%	\$758	\$661	\$578	\$521	15.17%
Frankford ^{5,13}	\$316	\$296	\$278	\$252	8.48%	\$314	\$298	\$284	\$250	8.43%
Graduate ^{1,10,13}	\$118	\$145	\$142	\$134	-3.96%	\$197	\$144	\$134	\$127	18.51%
Hahnemann University ^{1,5,8,10,13}	\$361	\$397	\$356	\$292	7.94%	\$423	\$353	\$328	\$285	16.19%
Hospital Fox Chase Cancer	\$127	\$113	\$99	\$88	14.56%	\$120	\$108	\$95	\$85	13.65%
Hospital University PA ^{5,13}	\$902	\$812	\$753	\$666	11.83%	\$838	\$790	\$736	\$670	8.37%
Jeanes ⁵	\$112	\$100	\$81	\$75	15.91%	\$112	\$100	\$87	\$79	13.94%
Medical College PA ^{1,5,8,10,11,13,14}	\$155	\$183	\$169	\$150	1.25%	\$199	\$259	\$186	\$181	3.29%
Mercy Philadelphia ^{1,5}	\$112	\$97	\$81	\$83	11.51%	\$121	\$107	\$91	\$85	13.87%
Nazareth ^{1,3,5}	\$107	\$99	\$41	\$77	12.77%	\$105	\$98	\$41	\$76	12.44%
Parkview ^{1,2,5,10,11,13,14}	NR	\$53	\$47	\$40	NA	\$51	\$74	\$54	\$49	NA
Pennsylvania ^{5,13}	\$306	\$257	\$257	\$234	10.31%	\$314	\$266	\$266	\$237	10.88%
Roxborough Memorial ^{1,3,5,10,13}	\$44	\$22	\$44	\$44	-0.16%	\$47	\$26	\$53	\$49	-1.84%
St Agnes ^{1,3,5,11}	\$74	\$67	\$29	\$60	7.69%	\$80	\$76	\$34	\$65	7.74%
St Christopher's Children ^{1,10,13}	\$160	\$142	\$123	\$105	17.43%	\$138	\$123	\$112	\$101	12.43%
St Joseph's/Philadelphia ^{13,14}	\$54	\$49	\$49	\$45	6.00%	\$55	\$54	\$52	\$48	4.97%
Temple East	\$99	\$85	\$78	\$71	12.81%	\$97	\$82	\$78	\$72	11.48%
Temple Univ Children's	\$50	\$42	\$30	\$31	21.09%	\$59	\$51	\$64	\$34	24.86%
Temple University ^{5,13}	\$578	\$575	\$456	\$406	14.19%	\$568	\$507	\$432	\$389	15.35%
Thomas Jefferson Univ ⁵	\$812	\$753	\$696	\$632	9.53%	\$840	\$782	\$722	\$655	9.45%
Univ PA/Presbyterian ^{5,13,14}	\$251	\$224	\$200	\$199	8.78%	\$267	\$249	\$230	\$214	8.18%
Wills Eye	\$20	\$19	\$28	\$36	-14.73%	\$36	\$40	\$49	\$57	-12.16%

Footnotes

1. The end of the fiscal year is not June 30. The data reflects the fiscal year that ended prior to June 30.
2. FY04 data is less than 12 months; therefore a three-year comparison is not appropriate for some of the measures.
3. Prior year(s) reflect less than twelve months of data; therefore a three-year comparison is not appropriate for some of the measures.
4. This facility began operating during this reporting year. Typically, total operating expenses are high compared to operating revenue during the start-up period.
5. The hospital has specialty units such as psychiatric, rehabilitation, long-term care, skilled nursing, home health, etc., which are included in the data presented for the facility.
6. Extraordinary item(s) reported on audited financial statement was included in the calculation of total margin.
7. Balance sheet ratios are for the parent organization.
8. Acquired or merged with another licensed hospital during the FY04 reporting period.

Individual Hospital Data

Hospital	Operating Margin FY04	Total Margin FY04	3-yr Average Total Margin FY02-FY04	Percent of Uncompensated Care FY04	Medicare Share of NPR FY04	Medical Assistance Share of NPR FY04
Region 9 Average	-0.13%	1.71%	2.61%	2.57%	31.77%	18.69%
Albert Einstein ^{5,7,8}	1.11%	2.73%	-0.30%	3.41%	45.15%	28.28%
Chestnut Hill ^{5,13}	-23.59%	-22.44%	-9.90%	1.55%	46.03%	7.39%
Children's Hosp Phila ⁷	4.37%	4.71%	4.43%	2.38%	3.63%	25.79%
Frankford ^{5,13}	4.80%	5.81%	3.65%	2.54%	41.23%	11.95%
Graduate ^{1,10,13}	-62.37%	-38.66%	-8.73%	2.22%	39.45%	12.45%
Hahnemann University ^{1,5,8,10,13}	-12.59%	-7.80%	2.74%	2.64%	42.60%	14.16%
Hospital Fox Chase Cancer	5.26%	7.05%	5.98%	2.25%	32.73%	0.53%
Hospital University PA ^{5,13}	8.25%	7.76%	8.15%	2.65%	26.61%	10.26%
Jeanes ⁵	5.06%	5.06%	4.24%	0.46%	49.22%	5.95%
Medical College PA ^{1,5,8,10,11,13,14}	-21.43%	-13.29%	-12.46%	3.33%	NR	NR
Mercy Philadelphia ^{1,5}	-3.06%	-3.06%	-4.13%	5.28%	44.47%	32.24%
Nazareth ^{1,3,5}	3.17%	3.35%	2.75%	2.32%	63.66%	4.24%
Parkview ^{1,2,5,10,11,13,14}	-125.15%	-77.47%	-23.53%	NR	NR	NR
Pennsylvania ^{5,13}	2.78%	4.47%	8.05%	1.74%	33.26%	11.69%
Roxborough Memorial ^{1,3,5,10,13}	-3.15%	-2.46%	-8.71%	2.31%	70.25%	3.08%
St Agnes ^{1,3,5,11}	-3.09%	-3.22%	-6.56%	2.73%	61.12%	15.07%
St Christopher's Children ^{1,10,13}	16.32%	10.12%	9.27%	1.89%	5.17%	44.28%
St Joseph's/Philadelphia ^{13,14}	-1.91%	-1.55%	-5.48%	13.86%	38.04%	54.43%
Temple East	4.01%	4.16%	4.46%	2.31%	44.45%	30.35%
Temple Univ Children's	-9.86%	-9.86%	-30.61%	2.18%	1.14%	58.64%
Temple University ^{5,13}	4.15%	5.82%	10.58%	2.42%	26.64%	35.13%
Thomas Jefferson Univ ⁵	2.18%	2.78%	2.36%	1.80%	34.36%	12.26%
Univ PA/Presbyterian ^{5,13,14}	-1.10%	-0.42%	-4.29%	2.45%	39.36%	11.99%
Wills Eye	-19.01%	23.93%	-20.06%	8.67%	42.43%	3.49%

9. Acquired or merged with another licensed hospital during the FY02 or FY03 reporting periods.
10. For-profit facility; total margin includes *pro rata* share of taxes, other gains and/or expenses experienced by the parent organization.
11. Facility is referred to by a different name or it closed after FY04 reporting period.
12. Facility failed to satisfy the financial filing requirements.
13. One or more of the required financial submissions was filed late.
14. Facility submitted incomplete or inaccurate data.

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

NA Not applicable.

Explanation of Terms

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

Commercial Third-Party Payors: Commercial insurers encompass all indemnity and managed care health insurance plans, including Blue Cross and Blue Shield plans, and hospital and health care system plans. Does not include government-funded programs such as Medicare or Medical Assistance sponsored managed care.

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

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

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

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

$$(\text{total operating revenue} - \text{total operating expenses})$$

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

$$(\text{operating income} / \text{total operating revenue})$$

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

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

Percent of Uncompensated Care: This is the ratio of uncompensated care (charity care and bad debt) to the total care provided by the hospital. Charity care is the care a hospital provides without charge because the patient is unable to compensate the hospital through third-party coverage or the patient's own resources. Bad debt represents the foregone revenue for care in which the hospital initially anticipated payment, extended

credit to the patient, but was later determined to be uncollectable. This rate can be used to express uncompensated care as a percent of total charges or as an estimate of the percent of total net patient revenue.

$$(\text{charity care charges} + \text{bad debt charges}) / \text{total charges}$$

Three-year Average Change in Net Patient Revenue (NPR) or Total Operating Expenses (TOE): The average annual change in the hospital's NPR or TOE that occurred from the end of FY01 through FY04.

$$(((\text{NPR}_{04} - \text{NPR}_{01}) / \text{NPR}_{01}) / 3) \text{ or } (((\text{TOE}_{04} - \text{TOE}_{01}) / \text{TOE}_{01}) / 3)$$

Three-year Average Total Margin: The average total margin realized by the hospital during FY02 through FY04.

$$(\sum \text{revenue over expenses}_{04,03,02} / \sum \text{total revenue}_{04,03,02})$$

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

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

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

$$(\text{revenue over expenses} / \text{total revenue})$$

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

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

Total Revenue: Operating revenue plus non-operating income. The non-operating income component typically includes unrestricted contributions, investment income, and net investment gains and losses on marketable securities.

Non-Compliant Hospitals - Late Submissions

The following hospitals were not in compliance with one or more of PHC4's filing requirements (audited financial statements or the financial data submitted on the website) at the filing deadline.

Abington Memorial	Lancaster Regional
Aliquippa Community	Marian Community
Bloomsburg	Medical College PA
Bradford Regional	Memorial/Towanda
Brownsville General	Memorial York
Bucktail	Mid-Valley
Charles Cole Memorial	Monongahela Valley
Chestnut Hill	Ohio Valley General
Clarion	Parkview
Community Lancaster	Pennsylvania
Corry Memorial	Philipsburg Area
Crozer-Chester	Phoenixville
Delaware County Memorial	Pottstown Memorial
Easton	Reading
Elk Regional	Roxborough Memorial
Ellwood City	St Joseph's/Philadelphia
Frankford	Saint Vincent Health
Fulton County	Soldiers & Sailors
Geisinger Wyoming Valley	St Christopher's Children
Good Samaritan/Lebanon	St Mary
Graduate	Temple University
Hahnemann University	Tyler Memorial
Holy Spirit	Tyrone
Hospital University PA	Univ PA/Presbyterian
Indiana Regional	UPMC Braddock
J C Blair Memorial	UPMC Lee Regional
Jennersville Regional	UPMC South Side
Kane Community	Warminster
Lancaster General	Warren General
	WVHCS

Hospitals with Fiscal Year-End other than 6/30/04

Ashland Regional	12/31/2003
Bariatric Care Centers	12/31/2003
Barnes Kasson County	9/30/2003
Berwick	12/31/2003
Bon Secours Holy Family	8/31/2003
Brandywine	12/31/2003
Carlisle Regional	9/30/2003
Central Montgomery	12/31/2003
Community Lancaster	9/30/2003
Easton	12/31/2003
Elkins Park	12/31/2003
Graduate	12/31/2003
Hahnemann University	12/31/2003
Hazleton General	12/31/2003
Hazleton St Joseph	12/31/2003
Jennersville Regional	12/31/2003
Lancaster Regional	9/30/2003
Lock Haven	12/31/2003
Medical College PA	12/31/2003
Mercy Fitzgerald	12/31/2003
Mercy Jeannette	12/31/2003
Mercy Philadelphia	12/31/2003
Mercy Pittsburgh	12/31/2003
Mercy Providence	12/31/2003
Mercy/Scranton	12/31/2003
Mercy Suburban	12/31/2003
Mercy/Wilkes-Barre	12/31/2003
Montrose General	12/31/2003
Nazareth	12/31/2003
Parkview	12/31/2003
Roxborough Memorial	12/31/2003
St Agnes	12/31/2003
St Christopher's Children	12/31/2003
St Mary	12/31/2003
Warminster	12/31/2003



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FOR MORE INFORMATION

Additional financial and utilization data for Fiscal Year 2004 and prior years may be purchased. For more information, contact PHC4's Data Requests Unit. The information contained in this report and other PHC4 publications are available on our Web site www.phc4.org.