



GLOSSARY

Adjusted Admission – An aggregate measure of workload reflecting the sum of admissions and equivalent admissions attributed to outpatient services. The number of equivalent admissions attributed to outpatient services is derived by multiplying admissions by the ratio of outpatient revenue to inpatient revenue.

Assisted Living – Special combination of housing, supportive services, personalized assistance and health care designed to respond to the individual needs of those who require assistance in activities of daily living. Supportive services are available, 24 hours a day, to meet scheduled and unscheduled needs, in a way that promotes maximum independence and dignity for each resident and encourages the involvement of a resident's family, neighbors and friends.

Average Age of Plant – Accumulated depreciation divided by current depreciation expense.

Community Hospitals – Nonfederal, short-term general, and special hospitals whose facilities and services are available to the public (e.g., obstetrics and gynecology; eye; ear, nose, and throat; rehabilitation; orthopedic; and other individually described specialty services).

FTE per Adjusted Admission – The number of full-time equivalent staff, converted to the number of employees who work full-time divided by the number of adjusted admissions.

Group Practice without Walls – Hospital sponsored physician group. The group shares administrative expenses, although the physicians remain independent practitioners.

Health System – Hospitals belonging to a corporate body that owns and/or manages health provider facilities or health-related subsidiaries. The system may also own non-health-related facilities.

Home Health Service – Service providing nursing, therapy, and health related home-maker or social services in the patient's home.

Horizontal Integration – Merging of two or more firms at the same level of production in some formal, legal relationship. In hospital networks, this may refer to the grouping of several hospitals, outpatient clinics with the hospital, or a geographic network of various health care services.

Hospice – Program providing palliative care, chiefly medical relief of pain and supportive services, addressing the emotional, social, financial, and legal needs of terminally ill patients and their families. This care can be provided in a variety of settings, both inpatient and at home.

Hospital Income from Investments and Other Non-operating Gains – Income not associated with the central operations of the hospital facility. Non-operating gains include income from non-operating activities, including investments, endowments and extraordinary gains, as well as the value of non-realized gains from investments.

Hospital Total Net Revenue – Net patient revenue plus all other revenue, including contributions, endowment revenue, governmental grants, and all other payments not made on behalf of individual patients.

Hospital Operating Margin – Difference between operating revenue and operating expenses divided by operating revenue; excludes non-operating revenue.

Hospital Total Margin – Difference between total net revenue and total expenses divided by total net revenue.

Independent Practice Association (IPA) – Legal entity that holds managed care contracts and contracts with physicians to provide care either on a fee-for-service or capitated basis.

Inpatient Surgery – Surgical services provided to patients who remain in the hospital overnight.

Long Term Care – Package of services provided to those who are aged, chronically ill, or disabled. Services are delivered for a sustained period to individuals who have a demonstrated need, usually measured by functional dependency.

Management Services Organization (MSO) – Corporation often owned by the hospital or a physician/hospital joint venture that provides management services to one or more medical group practices. As part of a full-services management agreement, the MSO purchases the tangible assets of the practices and leases them back, employs all non-physician staff and provides all supplies/administrative systems for a fee.

Meals on Wheels – Hospital sponsored program which delivers meals to people, usually the elderly, who are unable to prepare their own meals. Low cost, nutritional meals are delivered to individuals' homes on a regular basis.

Medicaid Margin – Difference between revenue from Medicaid and expenses associated with treating Medicaid patients, divided by revenue from Medicaid.

Medicare Margin – Difference between revenue from Medicare and expenses associated with treating Medicare patients, divided by revenue from Medicare.

Niche Providers – Providers that focus on a specific set of medical services, a particular population, or a limited set of medical conditions.

Non-patient Hospital Costs – Costs not associated with direct patient care, such as the costs of running cafeterias, parking lots and gift shops.

Outpatient Surgery – Scheduled surgical services provided to patients who do not remain in the hospital overnight. In the AHA Annual Survey, outpatient surgery may be performed in operating suites also used for inpatient surgery, specially designated surgical suites for outpatient surgery or procedure rooms within an outpatient care facility.

Outpatient Visit – Visit by a patient not lodged in the hospital while receiving medical, dental, or other services. Each visit an outpatient department makes to a discrete unit constitutes one visit regardless of the number of diagnostic and/or therapeutic treatments that the patient receives. Total outpatient visits should include all clinic visits, referred visits, observation services, outpatient surgeries and emergency room visits.

Payment-to-cost Ratio – Ratio illustrating the relationship between hospital payments and costs; a ratio equal to "1" reflects payments at 100 percent of costs.

Physician Hospital Organization (PHO)

Closed PHO – Joint venture between a hospital and physicians who have been selected on the basis of cost-effectiveness and/or high quality. The PHO can act as a unified agent in managed care contracting, own a managed care plan, own and operate ambulatory care centers or ancillary services projects, or provide administrative services to physician members.

Open PHO – Joint venture between a hospital and all members of the medical staff who wish to participate. The open PHO can act as a unified agent in managed care contracting, own a managed care plan, own and operate ambulatory care centers or ancillary services projects, or provide administrative services to physician members.

Private Pay Margin – Difference between revenue from non-government payers and expenses associated with treating private pay patients, divided by revenue from non-government payers.

Skilled Nursing Facility – Institution, or part of an institution, which is primarily engaged in providing to residents a certain level of skilled nursing care and/or rehabilitation services for the injured, disabled, or sick.

Uncompensated Care – Care provided by hospitals for which hospitals do not receive payment.

Underwriting – A health insurer or health plan accepts responsibility for paying the health care services of covered individuals in exchange for dollars, usually referred to as premiums. When a health insurer collects more in premiums than it pays in claim costs and administrative expenses, an underwriting gain is said to occur. If the total expenses exceed the premium dollars collected, an underwriting loss occurs.

Underwriting Cycle – Repeating pattern of gains and losses within the insurance industry.

Vertical Integration – Organization of production whereby one business entity controls or owns all stages of the production and distribution of goods or services. In health care, vertical integration can take different forms but most often refers to physicians, hospitals and health plans combining their organizations or processes in some manner to increase efficiencies and competitive strength or to improve quality of care. Integrated delivery systems or healthcare networks are generally vertically integrated.