



TRENDWATCH CHARTBOOK 2013

Trends Affecting Hospitals and Health Systems



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**American Hospital
Association.**

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2013

Prepared by Avalere Health
for the American Hospital Association

TrendWatch, produced by the American Hospital Association, highlights important trends in the hospital and health care field. Avalere Health supplies research and analytic support. TrendWatch products include a series of reports and this Chartbook, released each year, that provide up-to-date information on health and hospital trends.

The American Hospital Association (AHA) is the national organization that represents and serves all types of hospitals, health care networks, and their patients and communities. Close to 5,000 institutional, 600 associate, and 40,000 personal members come together to form the AHA.

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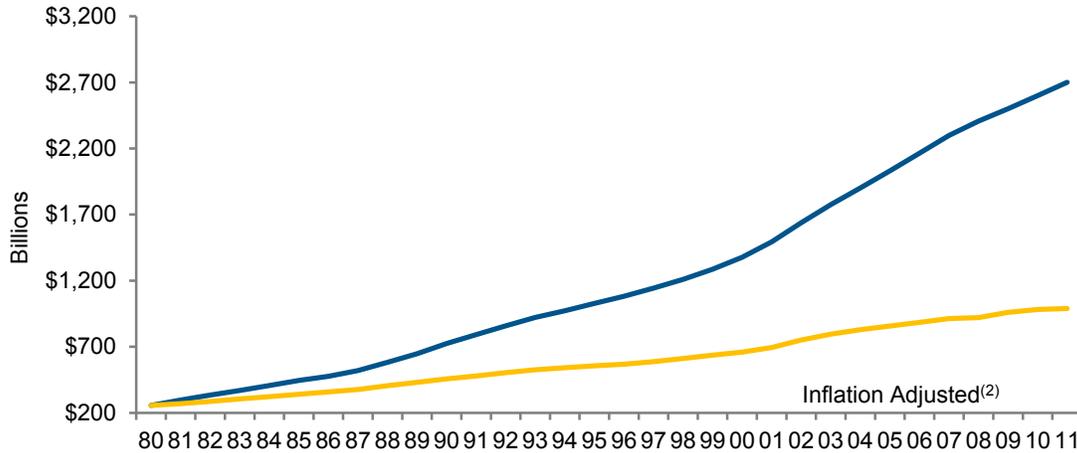


CHAPTER 1

Trends in the Overall
Health Care Market



Chart 1.1: Total National Health Expenditures, 1980 – 2011⁽¹⁾

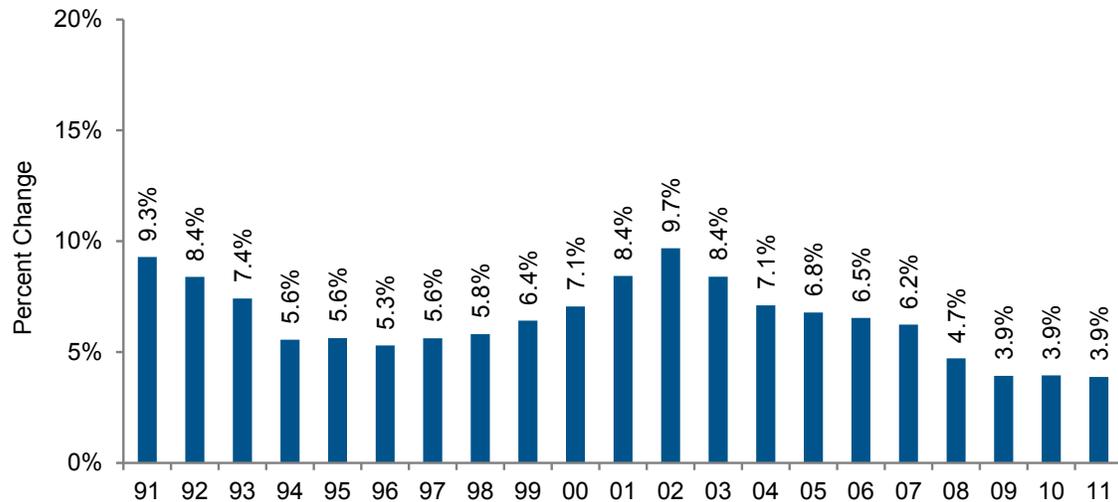


Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 9, 2013.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

⁽²⁾ Expressed in 1980 dollars; adjusted using the overall Consumer Price Index for Urban Consumers.

Chart 1.2: Percent Change in Total National Health Expenditures, 1991 – 2011⁽¹⁾

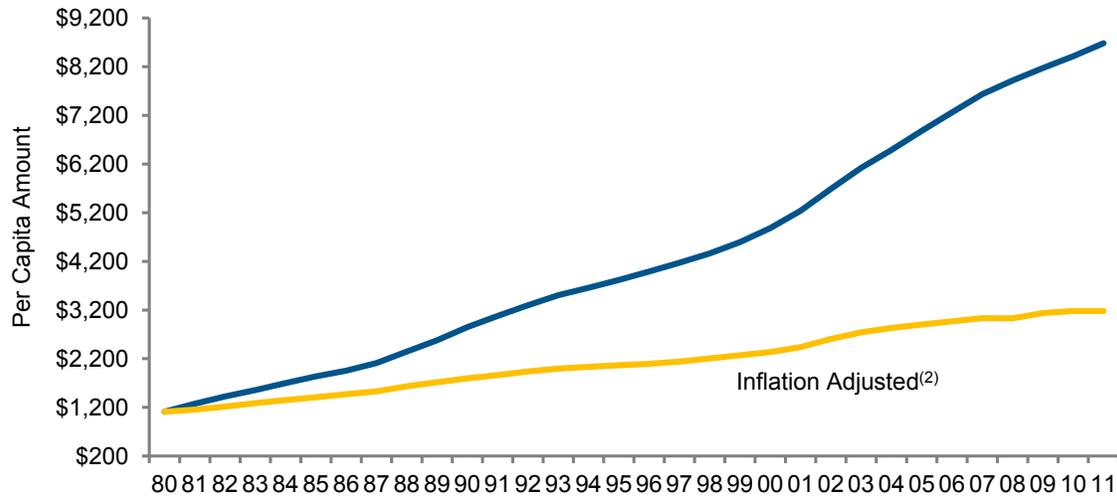


Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 9, 2013.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.



Chart 1.3: Per Capita National Health Expenditures, 1980 – 2011⁽¹⁾

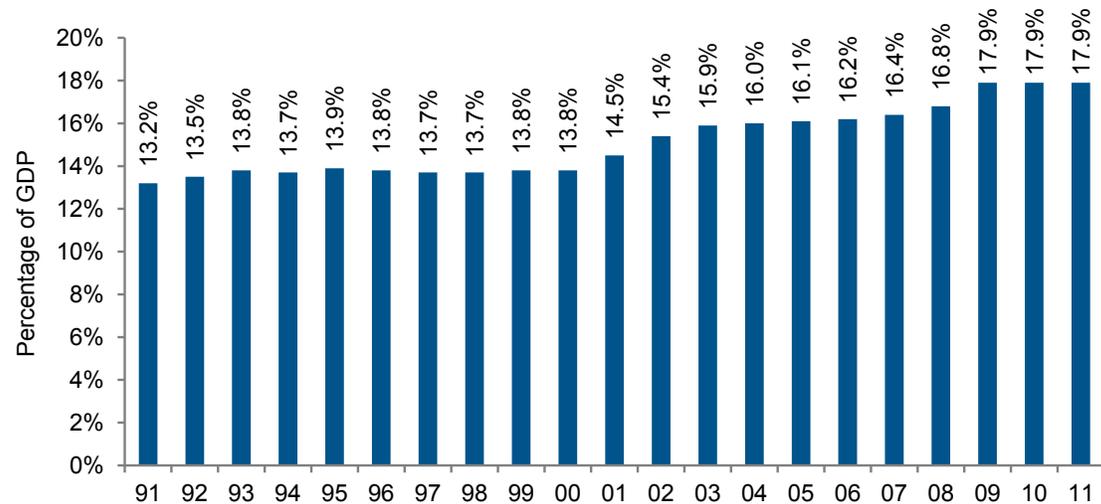


Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 9, 2013.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

⁽²⁾ Expressed in 1980 dollars; adjusted using the overall Consumer Price Index for Urban Consumers.

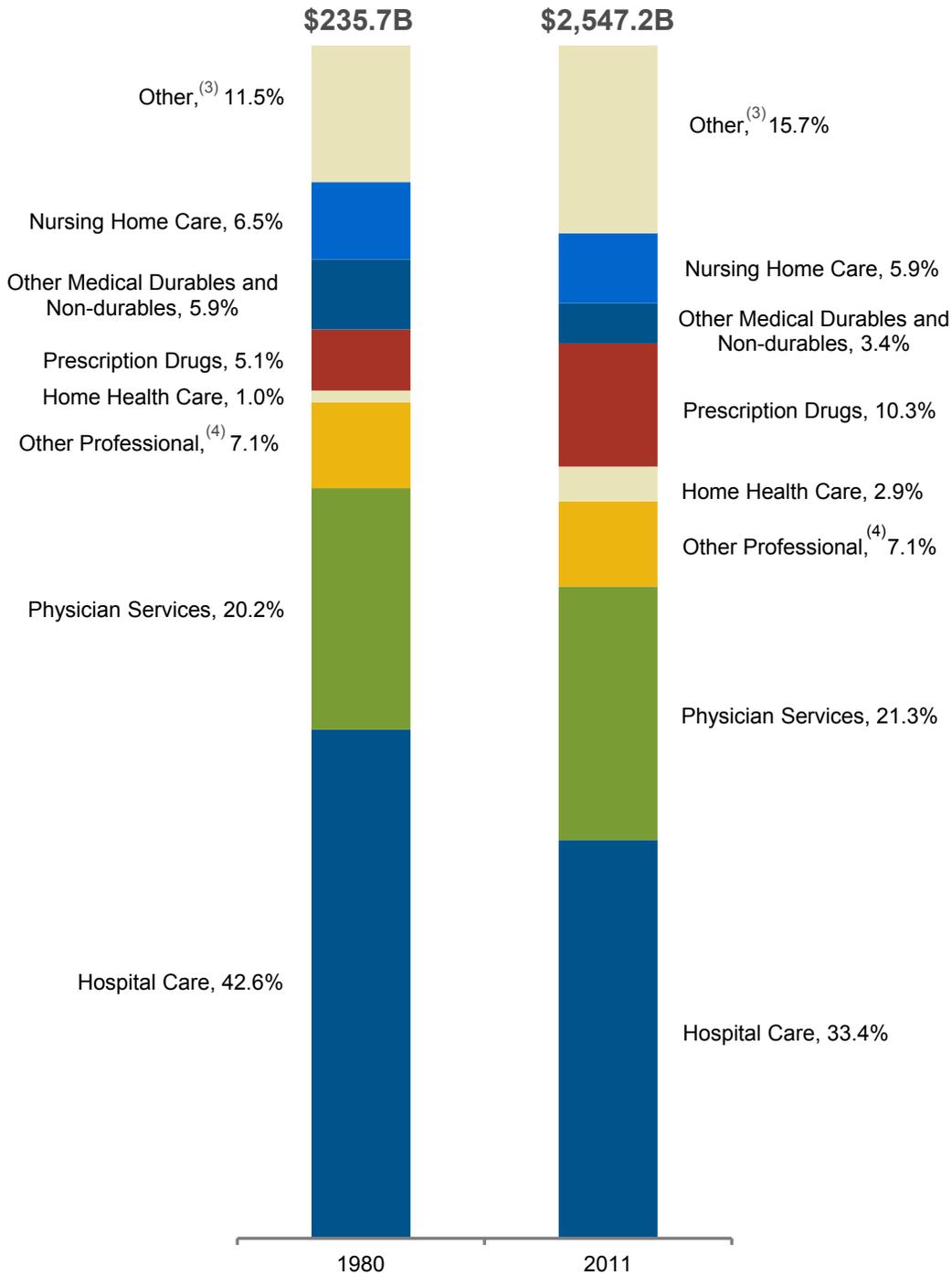
Chart 1.4: National Health Expenditures as a Percentage of Gross Domestic Product, 1991 – 2011⁽¹⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 9, 2013.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

Chart 1.5: National Expenditures for Health Services and Supplies⁽¹⁾ by Category, 1980 and 2011⁽²⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 9, 2013.

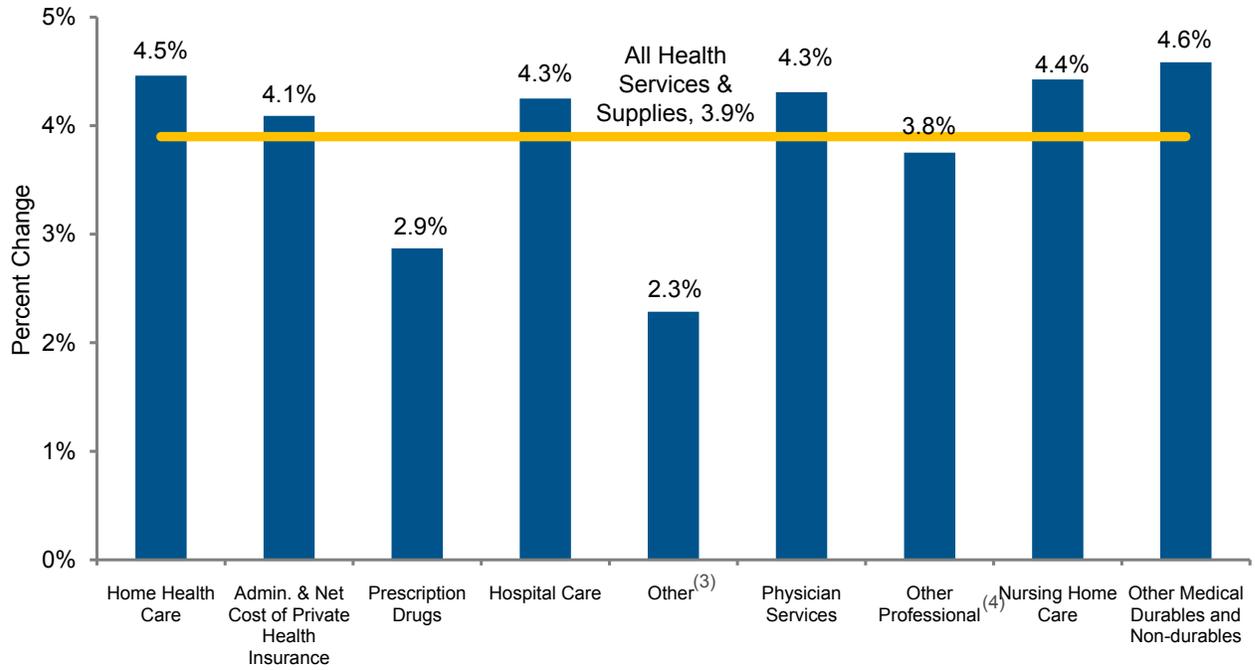
⁽¹⁾ Excludes medical research and medical facilities construction.

⁽²⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

⁽³⁾ "Other" includes net cost of insurance and administration, government public health activities and other personal health care.

⁽⁴⁾ "Other professional" includes dental and other non-physician professional services.

Chart 1.6: Percent Change in National Expenditures for Health Services and Supplies⁽¹⁾ by Category, 2010 – 2011⁽²⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 9, 2013.

(1) Excludes medical research and medical facilities construction.

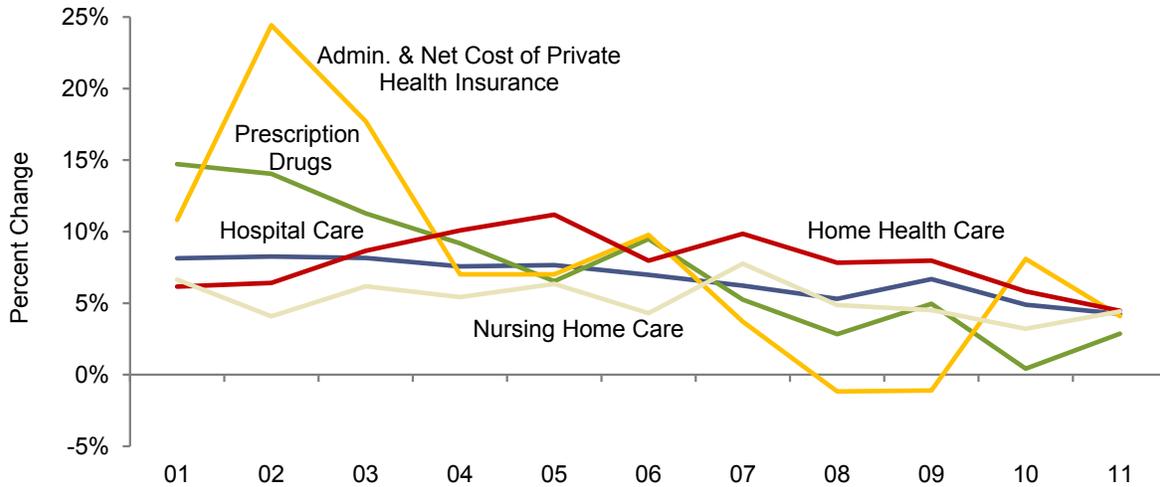
(2) CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

(3) "Other" includes government public health activities and other personal health care.

(4) "Other professional" includes dental and other non-physician professional services.



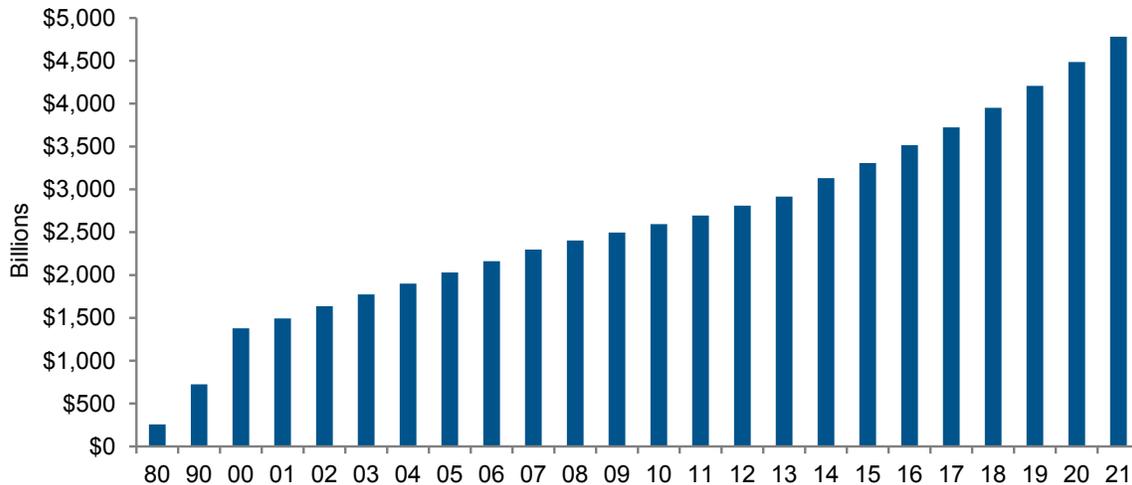
Chart 1.7: Percent Change in National Expenditures for Selected Health Services and Supplies, 2001 – 2011⁽¹⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 9, 2013.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

Chart 1.8: National Health Expenditures,⁽¹⁾ 1980 – 2021⁽²⁾



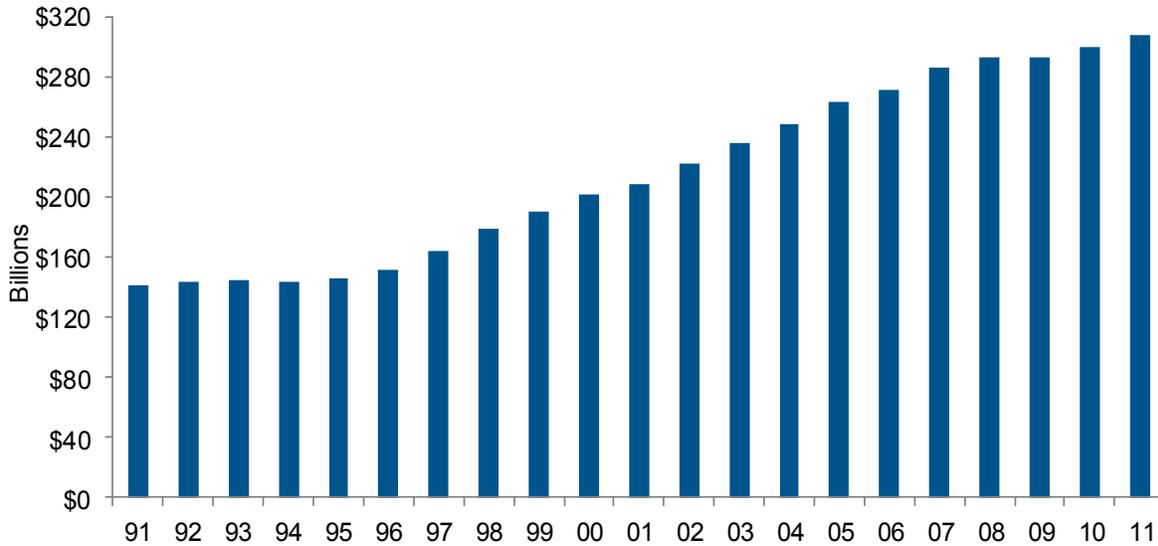
Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released June 2012.

⁽¹⁾ Years 2011 – 2021 are projections.

⁽²⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.



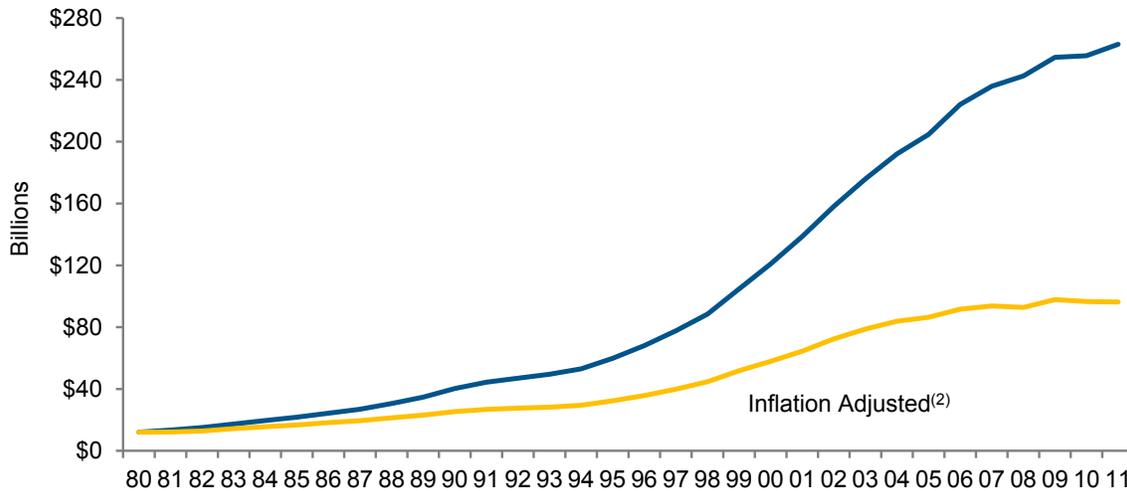
Chart 1.9: Consumer Out-of-pocket Payments for National Health Expenditures, 1991 – 2011⁽¹⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 9, 2013.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

Chart 1.10: Total Prescription Drug Spending, 1980 – 2011⁽¹⁾



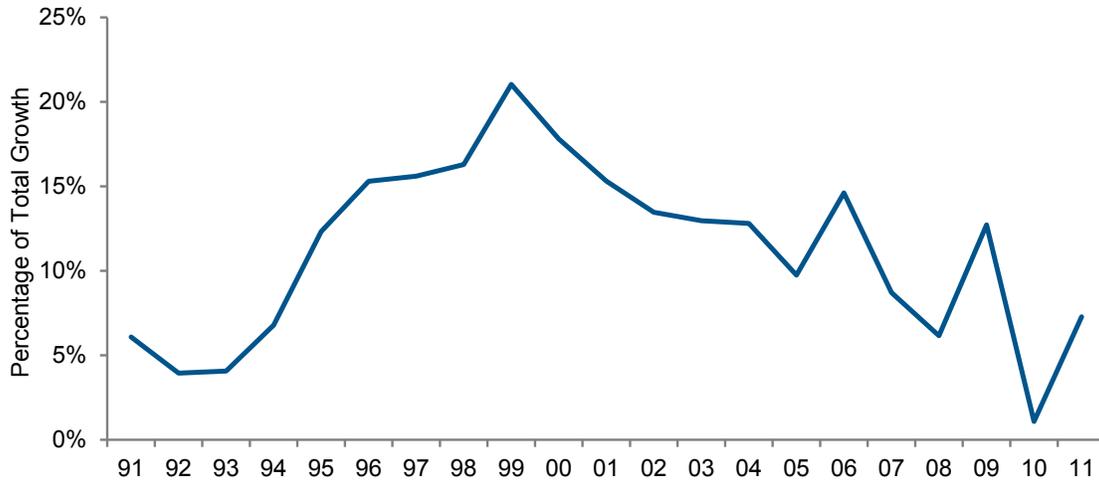
Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 9, 2013.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

⁽²⁾ Expressed in 1980 dollars; adjusted using the overall Consumer Price Index for All Urban Consumers.



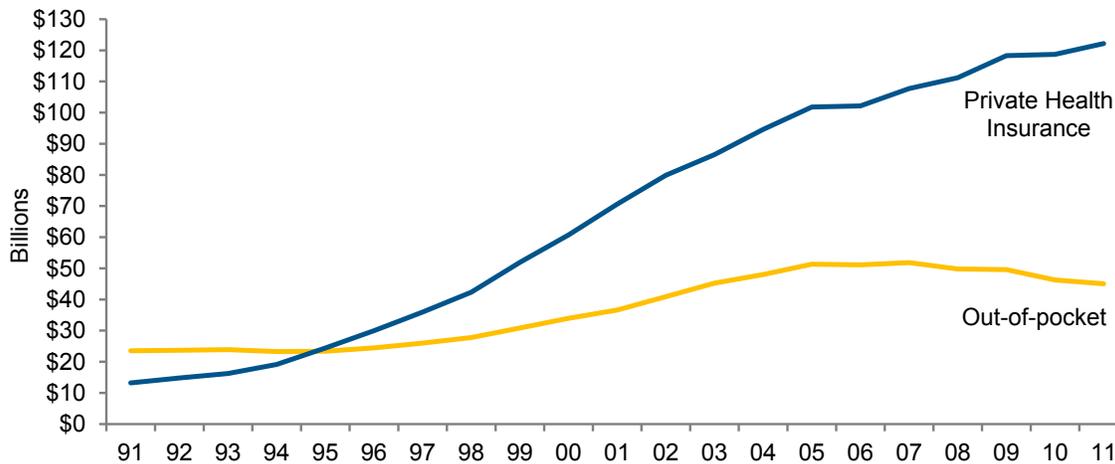
Chart 1.11: Growth in Total Prescription Drug Spending as a Percentage of Total Growth in National Health Expenditures, 1991 – 2011⁽¹⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 9, 2013.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

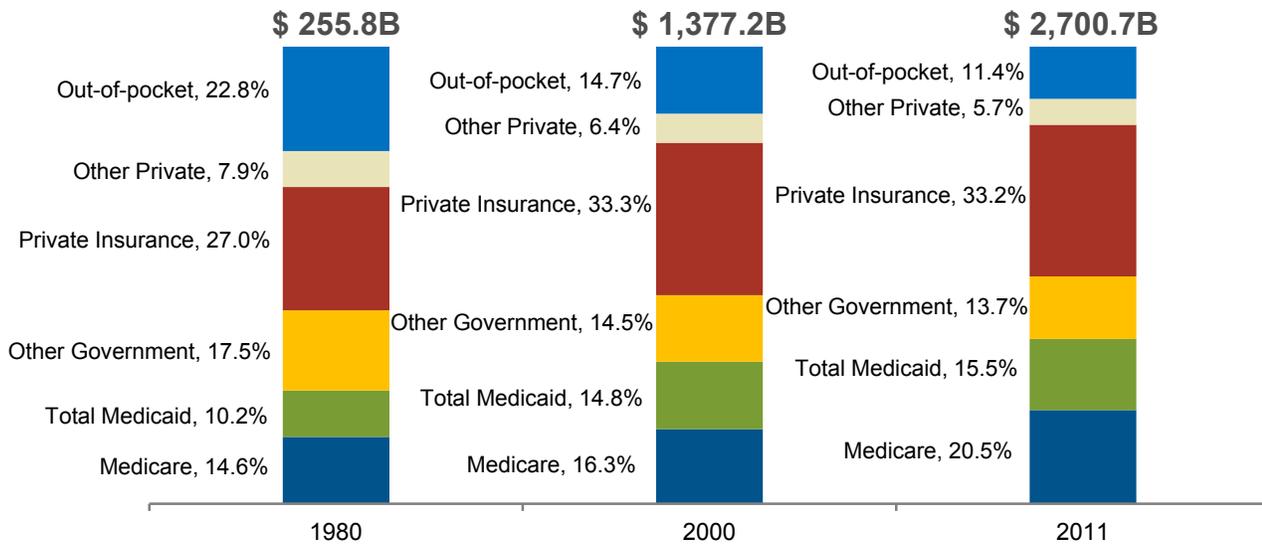
Chart 1.12: Consumer Out-of-pocket Spending vs. Private Health Insurance Spending for Prescription Drugs, 1991 – 2011⁽¹⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 9, 2013.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

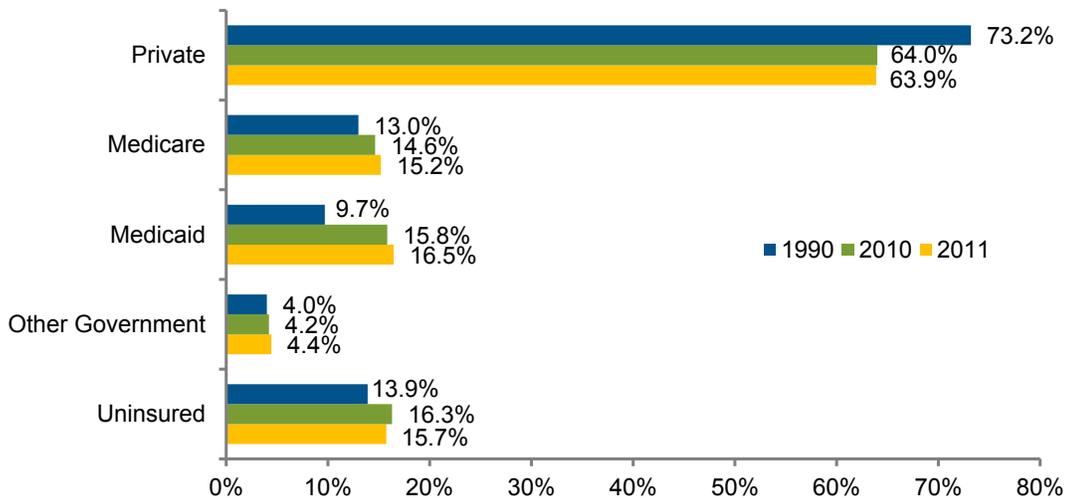
Chart 1.13: Distribution of National Health Expenditures by Source of Payment, 1980, 2000, and 2011⁽¹⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 9, 2013.

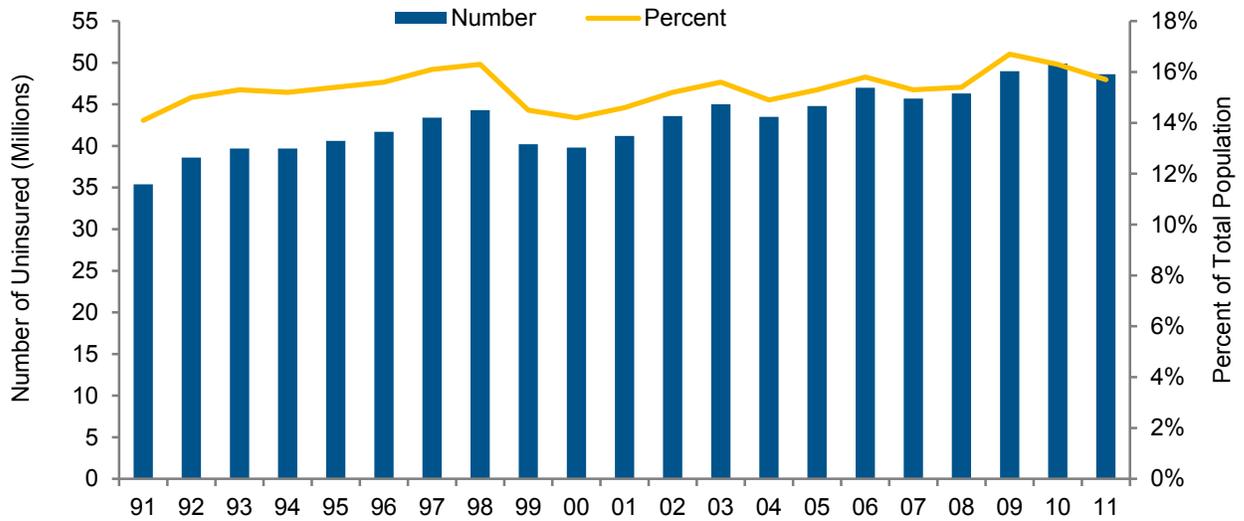
⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

Chart 1.14: Distribution of Health Insurance Coverage, Percentage of Population Covered by Payer, 1990, 2010, and 2011



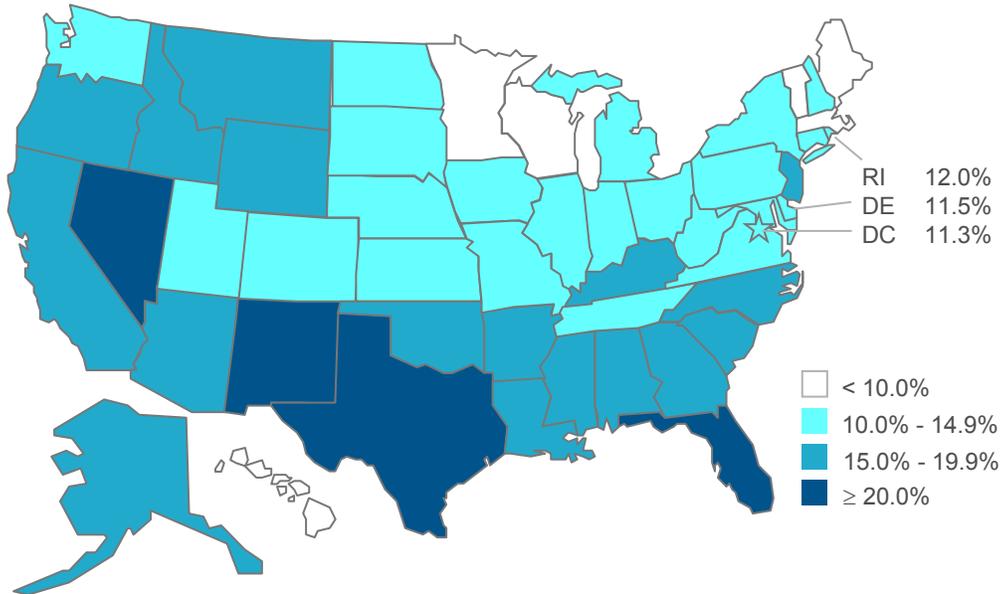
Source: US Census Bureau, Current Population Survey, 2011 Annual and Social Economic Supplement. Data released February 2011. Table HIB-4. Health Insurance Coverage Status and Type of Coverage by State All People: 1999 to 2010. Link: <http://www.census.gov/hhes/www/hlthins/data/historical/files/hihist4B.xls>.

Chart 1.15: Number and Percent Uninsured, 1991 – 2011



Source: US Census Bureau, Income, Poverty, and Health Insurance Coverage in the United States: 2011. Data released September 2012. Table 7. People Without Health Insurance Coverage by Selected Characteristics: 2010 and 2011. Link: <http://www.census.gov/prod/2012pubs/p60-243.pdf>.

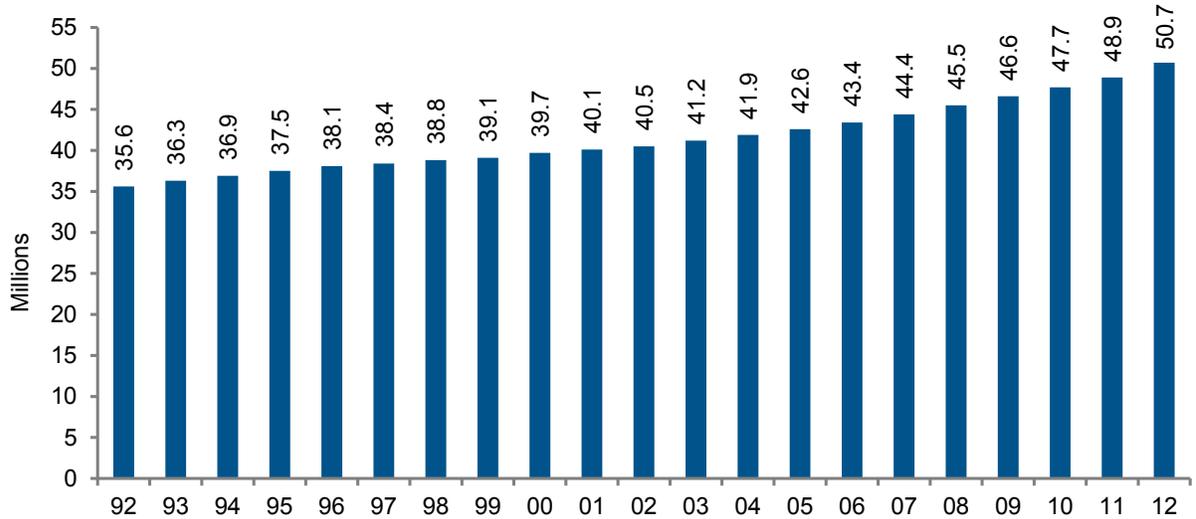
Chart 1.16: Average Percent Uninsured by State, 2009 – 2011



Source: US Census Bureau, Income, Poverty, and Health Insurance Coverage in the United States: 2011. Data released September 2012. Link: <http://www.census.gov/hhes/www/hlthins/data/incpovhlth/2011/state.xls>.



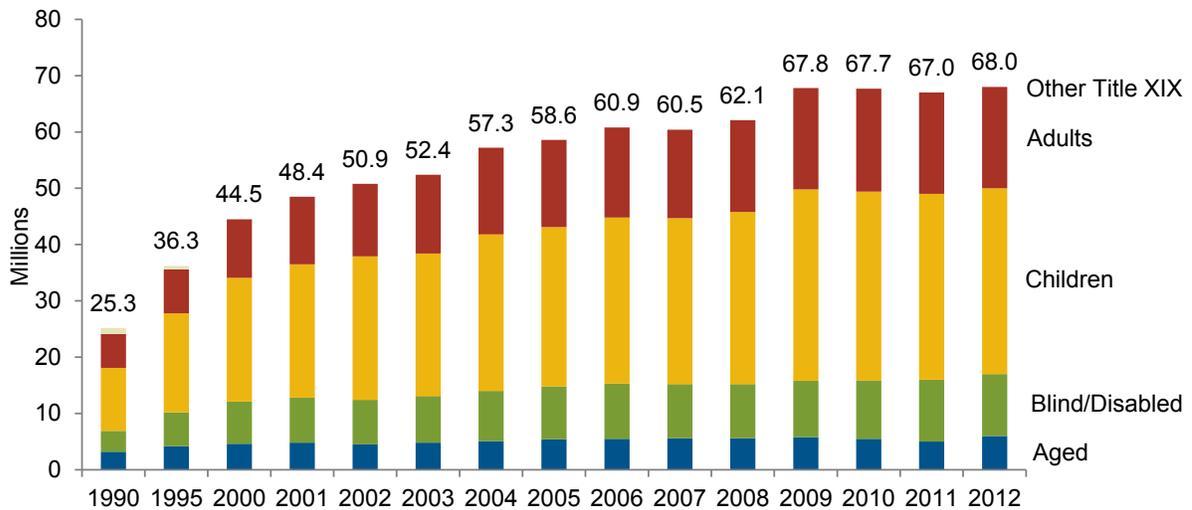
Chart 1.17: Medicare Enrollees,⁽¹⁾ 1992 – 2012



Source: Centers for Medicare & Medicaid Services. Medicare Enrollment: National Trends, 1966 – 2005; Medicare Aged and Disabled Enrollees by Type of Coverage. CMS, Office of the Actuary. Email correspondence with CMS staff (for years 2001 – 2012).

⁽¹⁾ Hospital insurance (Part A) enrollees and/or Supplementary Medical Insurance (Part B) enrollees; includes all persons (aged and disabled).

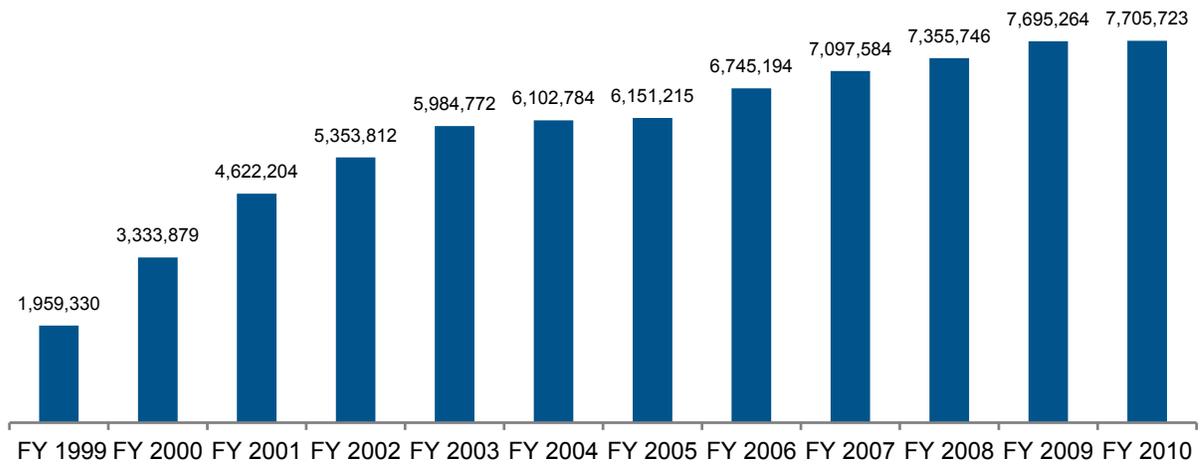
Chart 1.18: Medicaid Enrollees,⁽¹⁾ 1990, 1995, 2000 – 2012



Source: Congressional Budget Office. Data released February 2012. Spending and Enrollment Detail for CBO's March 2012 Baseline: Medicaid. Link: http://www.cbo.gov/sites/default/files/cbofiles/attachments/43059_Medicaid.pdf.

⁽¹⁾ Does not include CHIP Enrollees.

Chart 1.19: National CHIP Enrollment,^(1, 2) FY 1999 – FY 2010

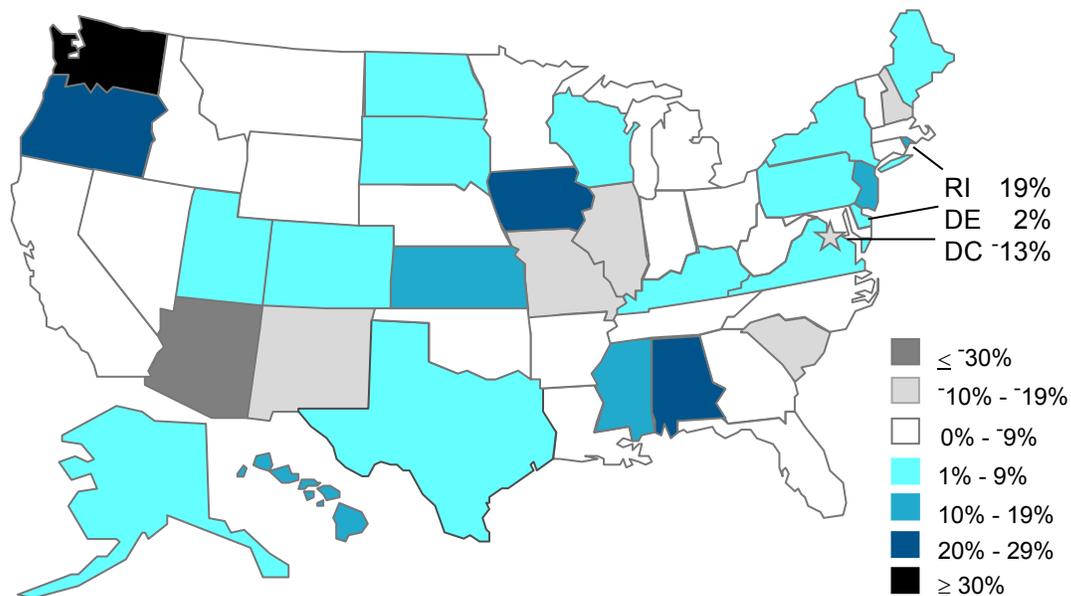


Source: Centers for Medicare & Medicaid Services. Data released February 2011. Number of Children Ever Enrolled by Program Type. Link: <http://www.cms.hhs.gov/NationalCHIPPolicy/downloads/CHIEverEnrolledYearGraph.pdf>.

⁽¹⁾ Number of children enrolled at any point in the year.

⁽²⁾ 2009 figure reflects revised data released by Centers for Medicare & Medicaid Services on February 1, 2011.

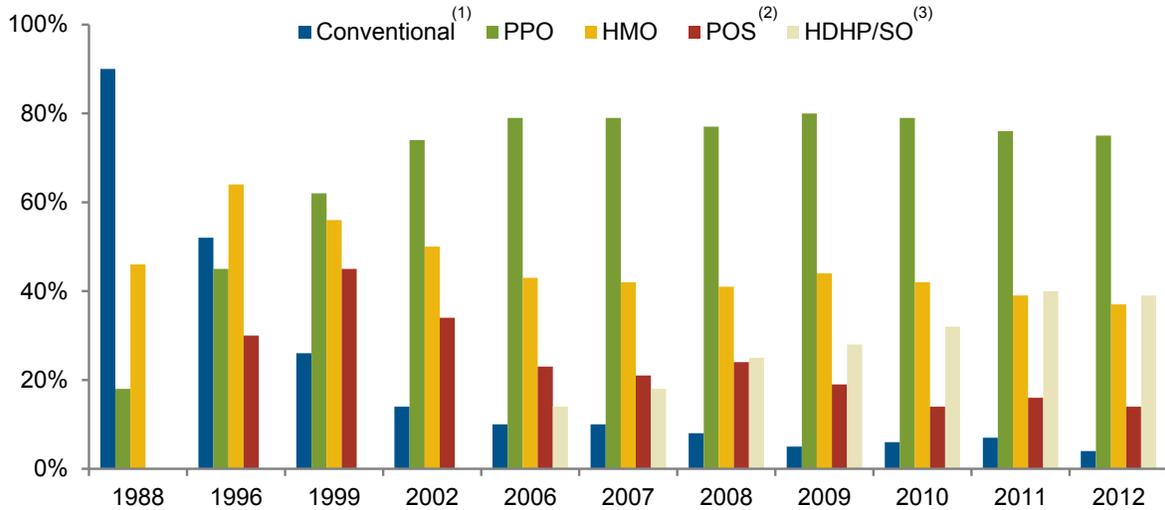
Chart 1.20: Percent Change in CHIP Enrollment by State, FY 2009 – FY 2010⁽¹⁾



Source: Centers for Medicare & Medicaid Services. Data released February 2011. Number of Children Ever Enrolled by Program Type. Link: http://www.cms.gov/NationalCHIPPolicy/downloads/FY2010StateCHIPTotalTable_020111_FINAL.pdf.

⁽¹⁾ 2009 figure reflects revised data released by Centers for Medicare & Medicaid Services on February 1, 2011.

Chart 1.21: Percentage of Employees with Employer-based Coverage Who Can Choose Conventional, PPO, HMO, POS, and HDHP/SO Plans, 1988 – 2012



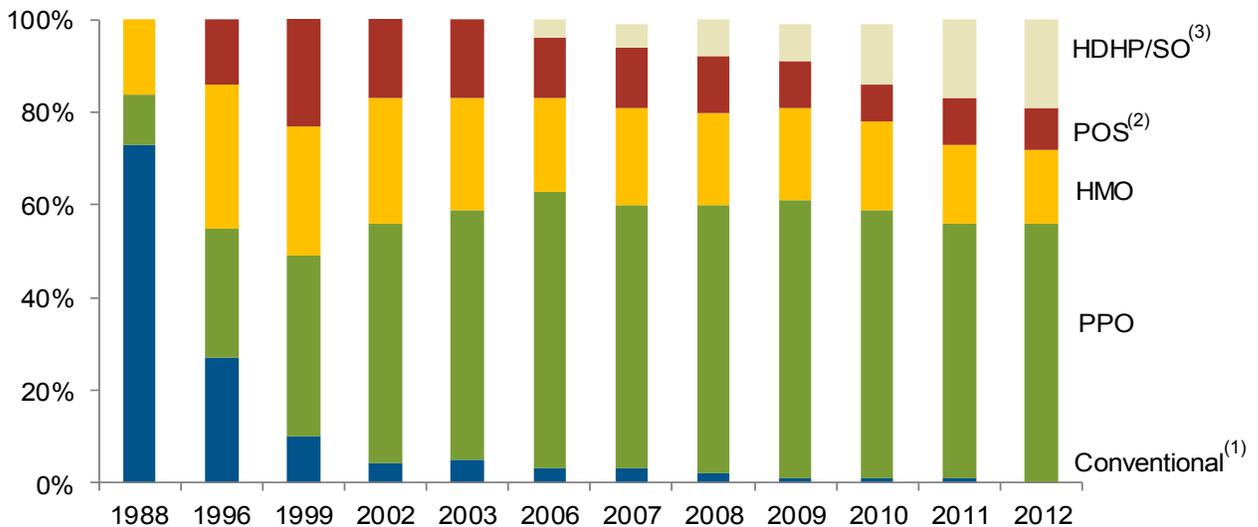
Source: The Kaiser Family Foundation and Health Research and Educational Trust. Data Released 2012. Employer Health Benefits: 1999, 2002, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012. Link: <http://ehbs.kff.org/pdf/2012/8345.pdf>. KPMG Survey of Employer-Sponsored Health Benefits: 1988, 1996.

(1) Conventional plans refer to traditional indemnity plans.

(2) Point-of-service plans not separately identified in 1988.

(3) In 2006, the survey began asking about HDHP/SO, high deductible health plans with a savings option.

Chart 1.22: Distribution of Employer-sponsored Health Insurance Enrollment by Type of Plan, 1988 – 2012



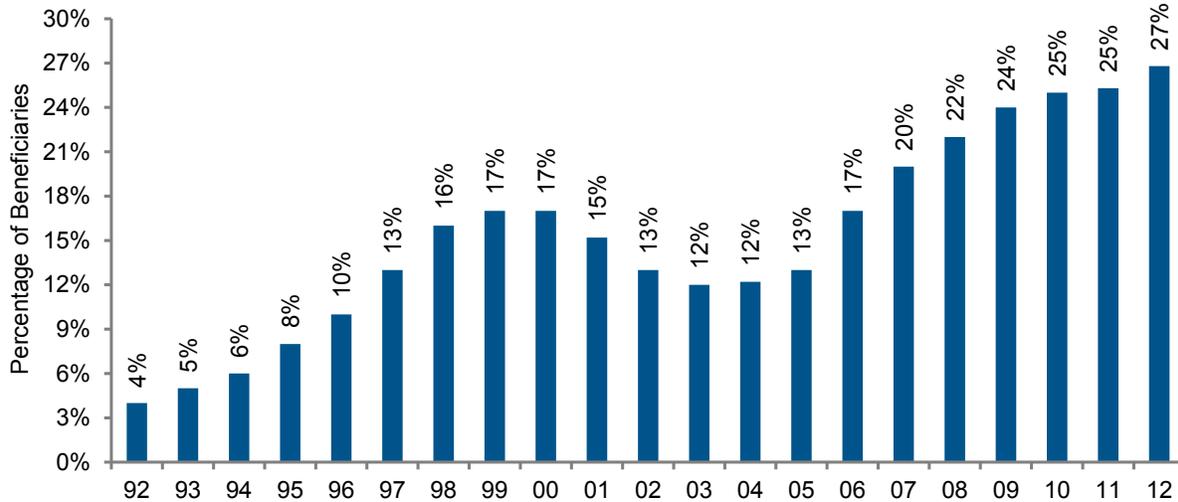
Source: The Kaiser Family Foundation and Health Research and Educational Trust. Data Released 2012. Employer Health Benefits: 1999, 2002, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012. Link: <http://ehbs.kff.org/pdf/2012/8345.pdf>. KPMG Survey of Employer-Sponsored Health Benefits: 1988, 1996.

(1) Conventional plans refer to traditional indemnity plans.

(2) Point-of-service plans not separately identified in 1988.

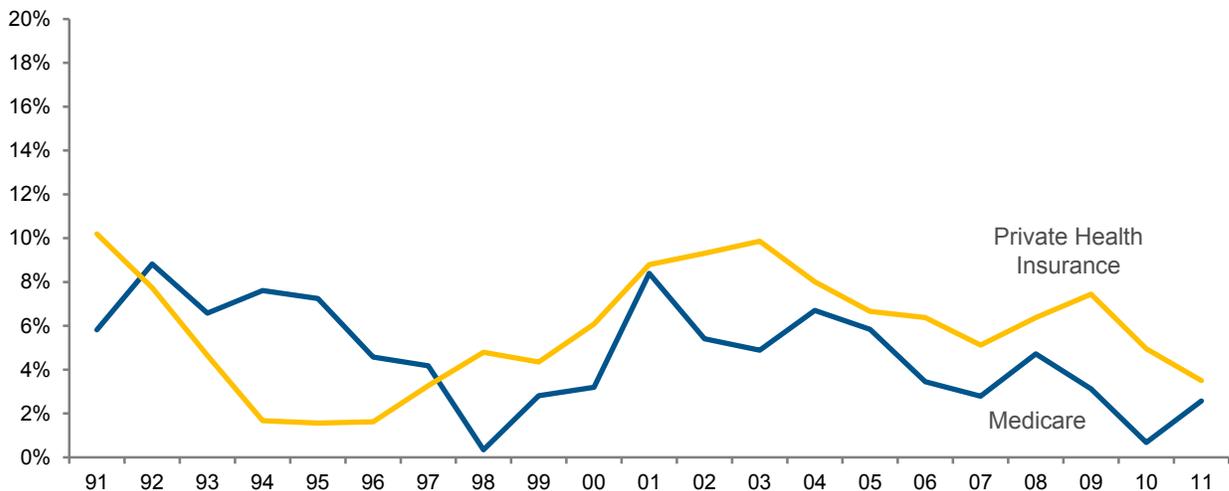
(3) In 2006, the survey began asking about HDHP/SO, high deductible health plans with a savings option.

Chart 1.23: Percentage of Medicare Beneficiaries Enrolled in Medicare Managed Care, 1992 – 2012



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Email correspondence with CMS staff in May 2013.

Chart 1.24: Percent Growth in Medicare Spending per Beneficiary vs. Private Health Insurance Spending per Enrollee, 1991 – 2011^(1,2)

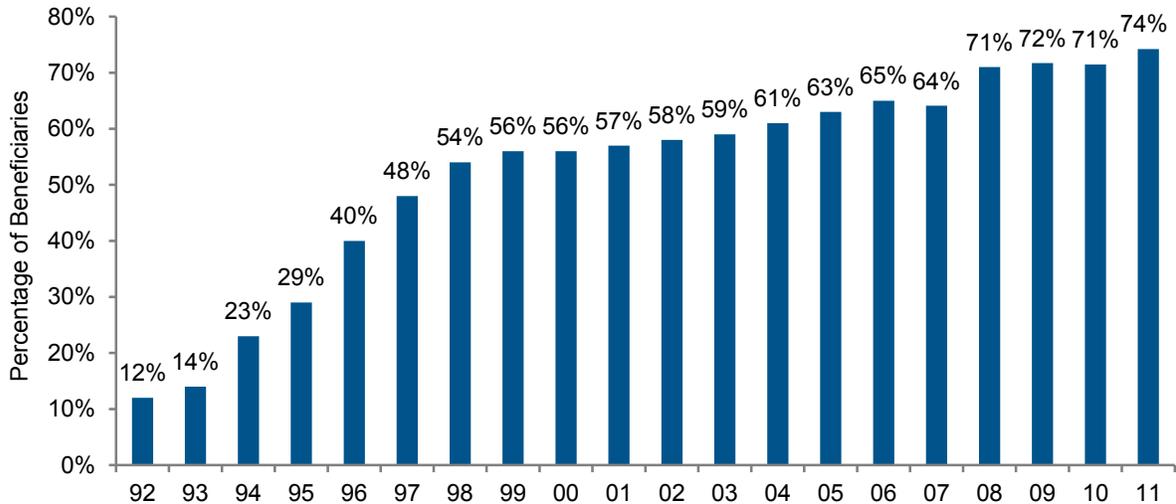


Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 9, 2013.

(1) CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/tables.pdf>.

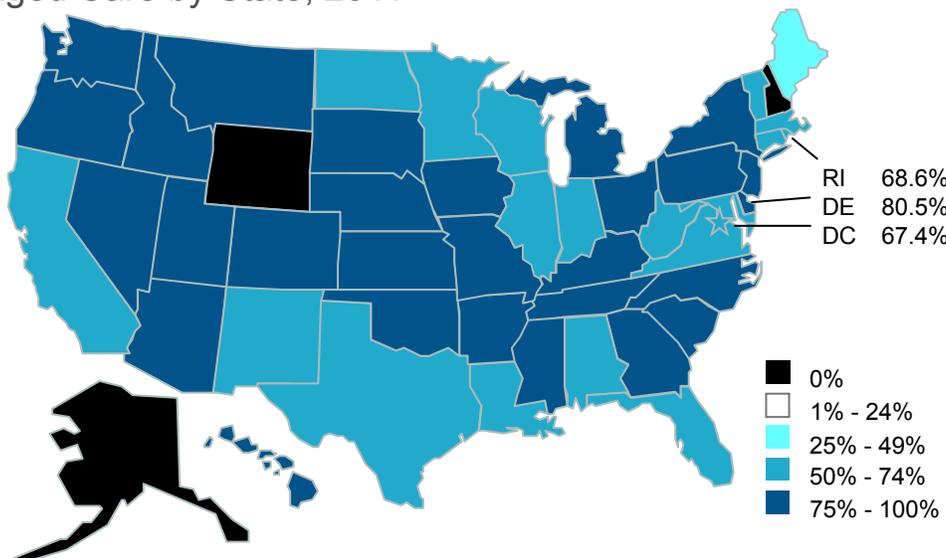
(2) Data reflects spending on benefits commonly covered by Medicare and Private Health Insurance.

Chart 1.25: Percentage of Medicaid Beneficiaries Enrolled in Medicaid Managed Care, 1992 – 2011



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Medicaid Managed Care Enrollment Report as of July 1, 2011.

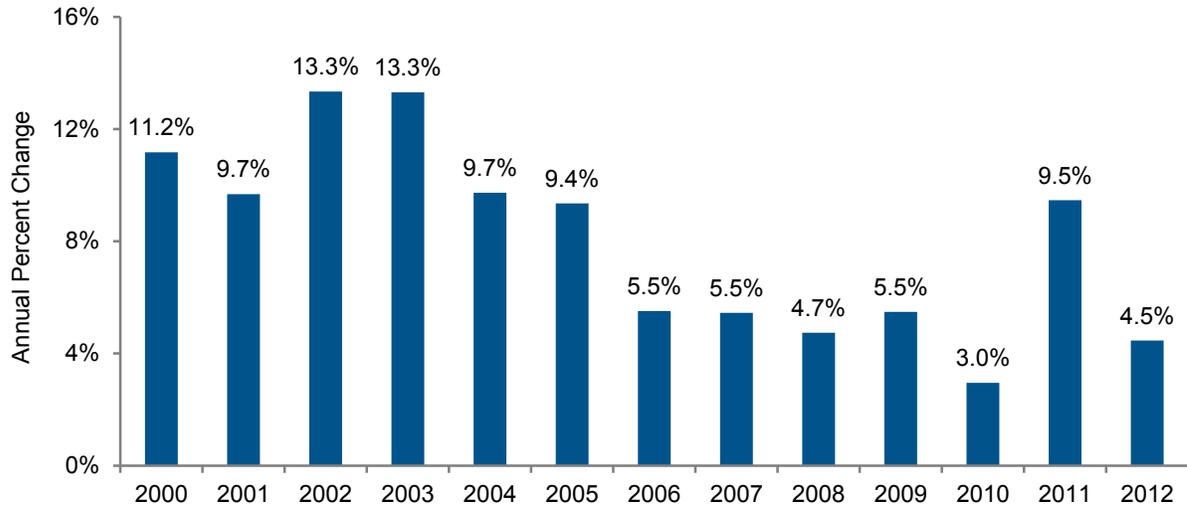
Chart 1.26: Percentage of Medicaid Beneficiaries Enrolled in Medicaid Managed Care by State, 2011



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Medicaid Managed Care Enrollment Report as of July 1, 2011.

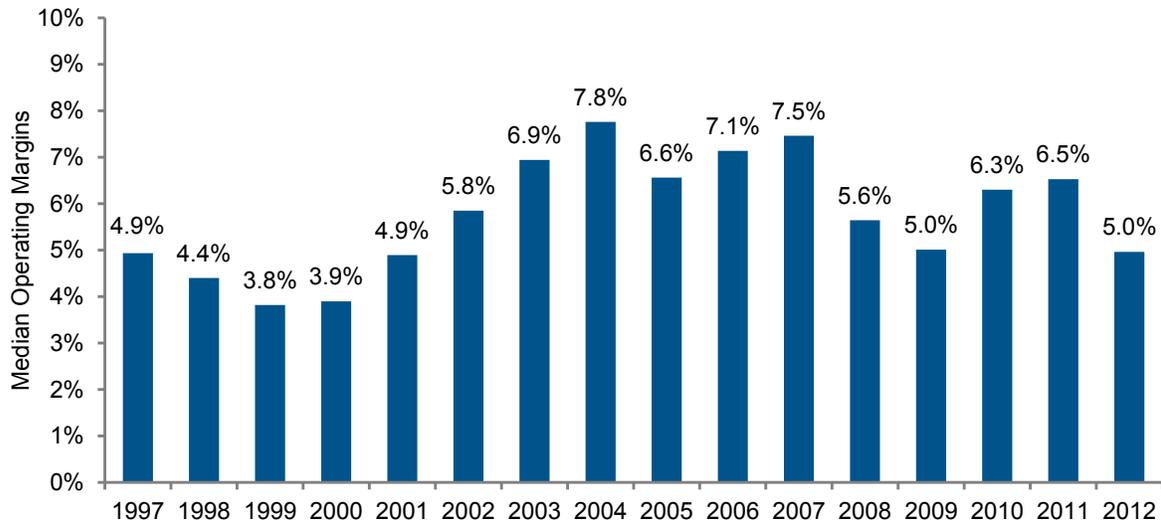


Chart 1.27: Annual Change in Health Insurance Premiums, 2000 – 2012



Source: The Kaiser Family Foundation and Health Research and Educational Trust. Data Released 2012.
Link: <http://ehbs.kff.org/pdf/2012/8345.pdf>.

Chart 1.28: Managed Care Plan Median Operating Margins,⁽¹⁾ 1997 – 2012

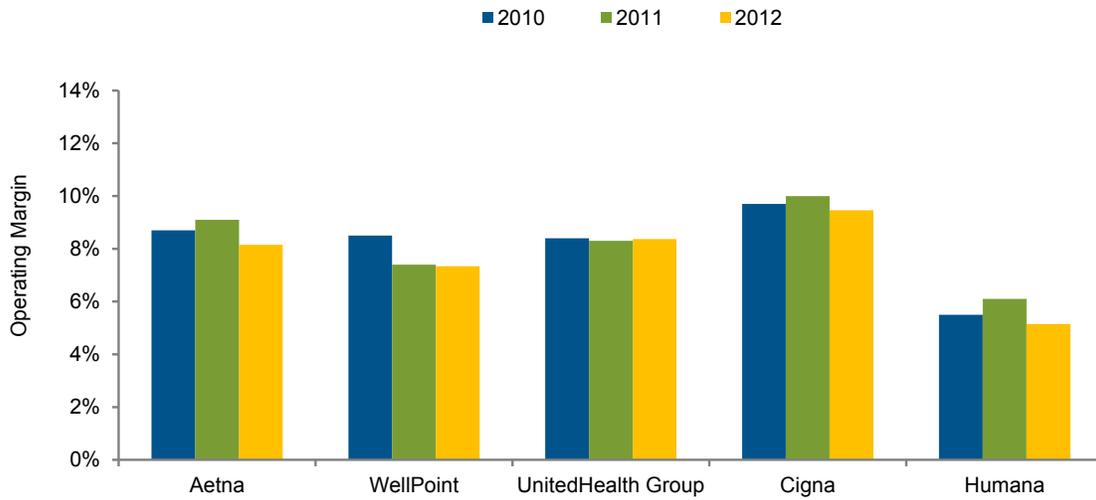


Source: Company documents of publicly traded managed care plans.

⁽¹⁾ Represents earnings before interest and taxes over net revenues for the total service lines of the 11 largest publicly traded managed care plans.



Chart 1.29: Operating Margins of the Top Insurers, 2010 – 2012



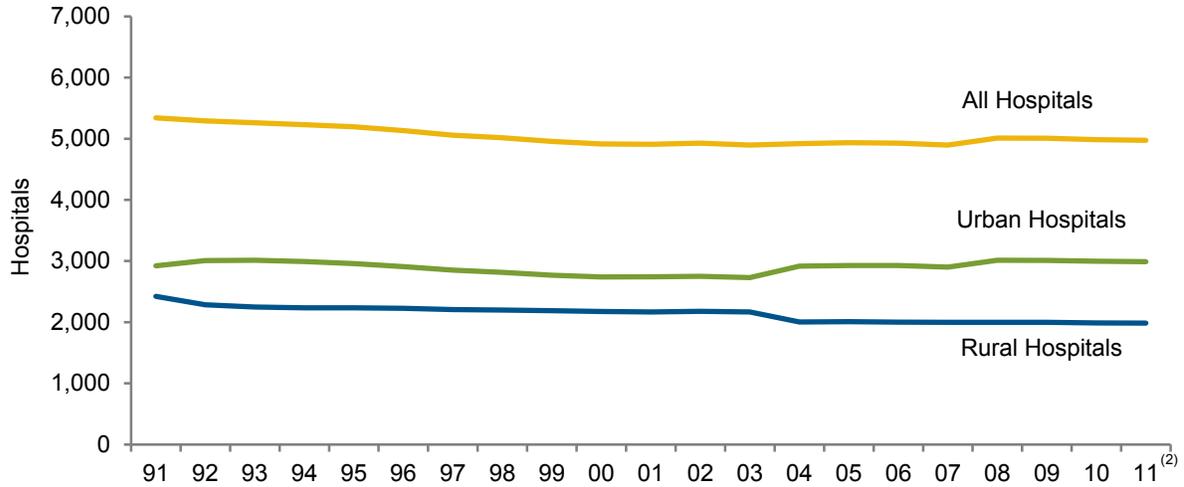
Source: FactSet Research Systems Inc. Data for all years updated as of March 2013.
Data from Hoovers used in 2011 and earlier years' Chartbooks.



CHAPTER 2

Organizational Trends

Chart 2.1: Number of Community Hospitals,⁽¹⁾ 1991 – 2011

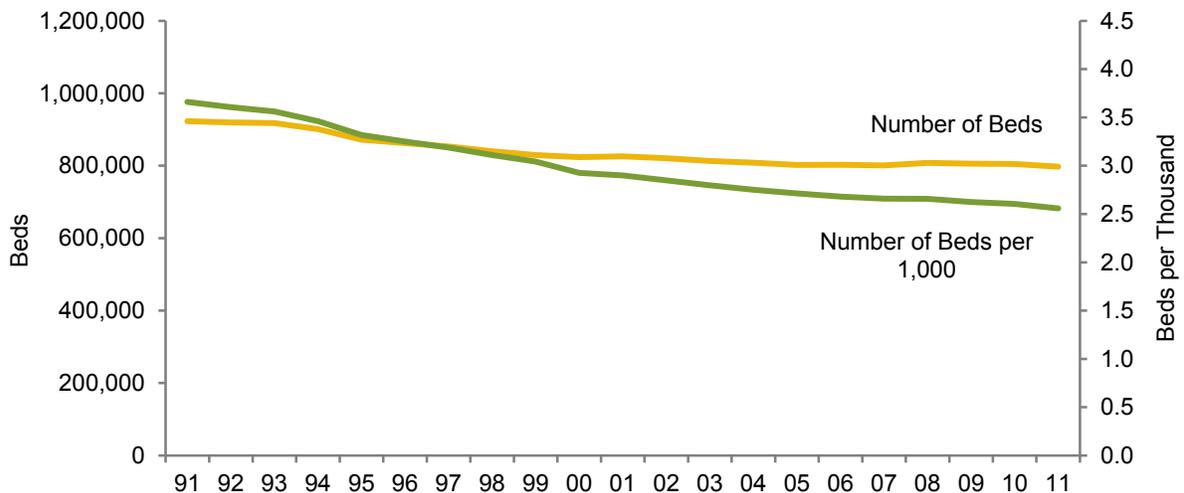


Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

(1) All nonfederal, short-term general and specialty hospitals whose facilities and services are available to the public.

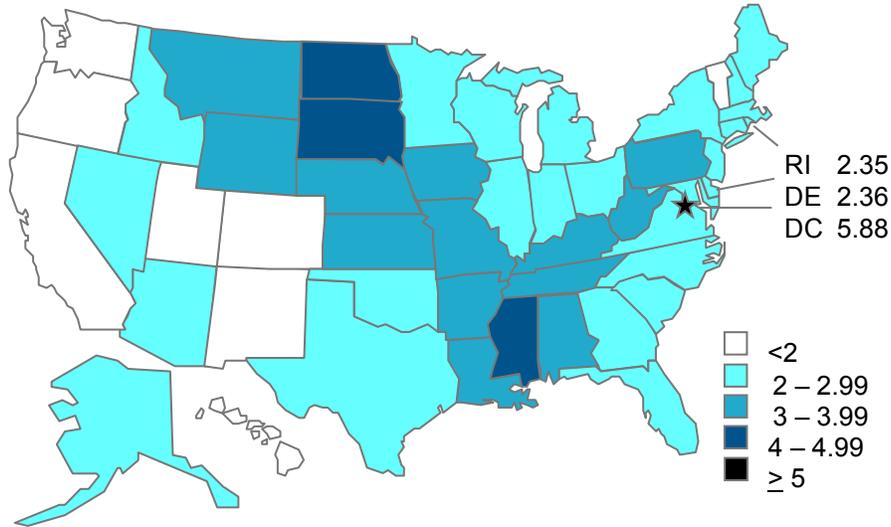
(2) Data on the number of urban and rural hospitals in 2004 and beyond were collected using coding different from previous years to reflect new Centers for Medicare & Medicaid Services wage area designations.

Chart 2.2: Number of Beds and Number of Beds per 1,000 Persons, 1991 – 2011



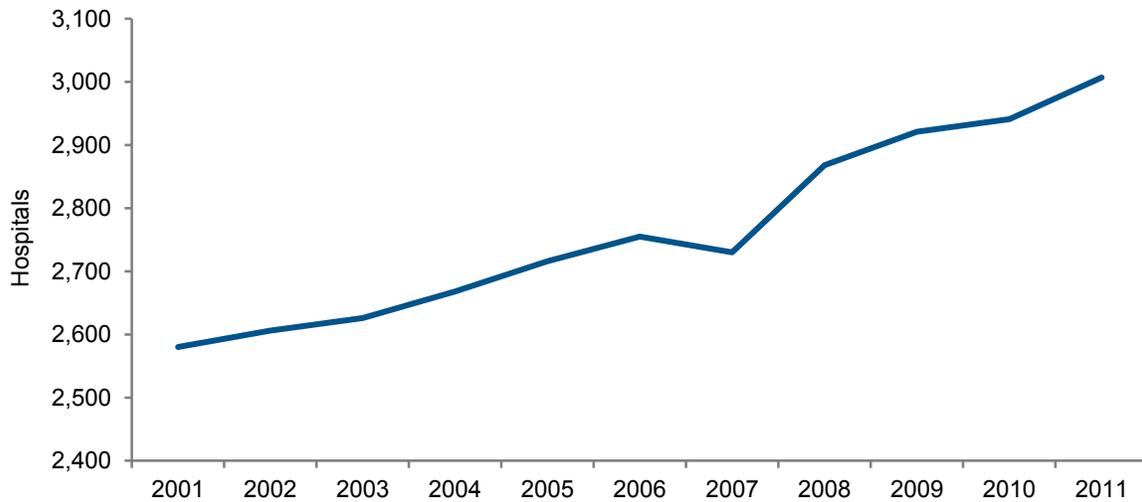
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

Chart 2.3: Beds per 1,000 Persons by State, 2011



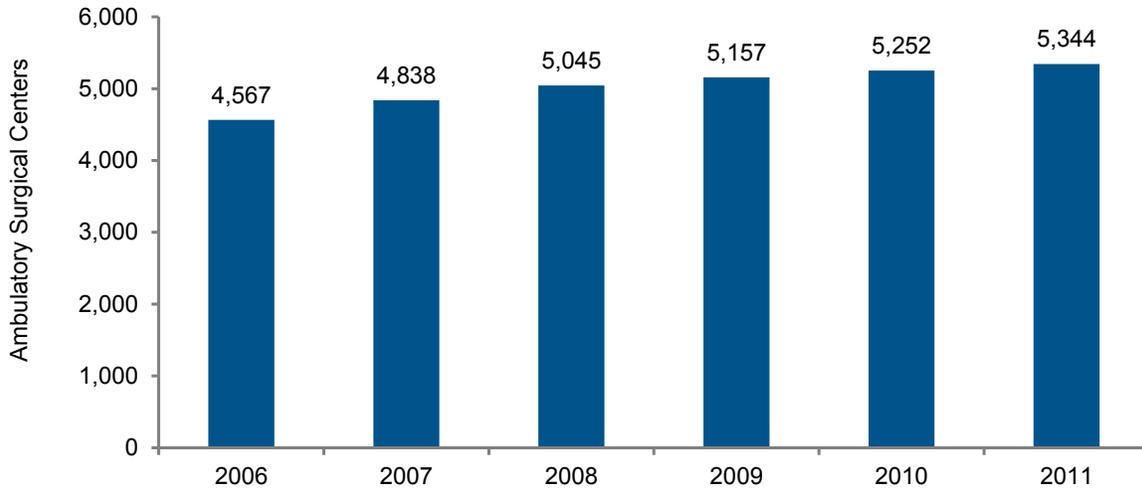
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2011.
Link: <http://www.census.gov/popest/data/state/totals/2011/index.html>.

Chart 2.4: Number of Hospitals in Health Systems,⁽¹⁾ 2001 – 2011



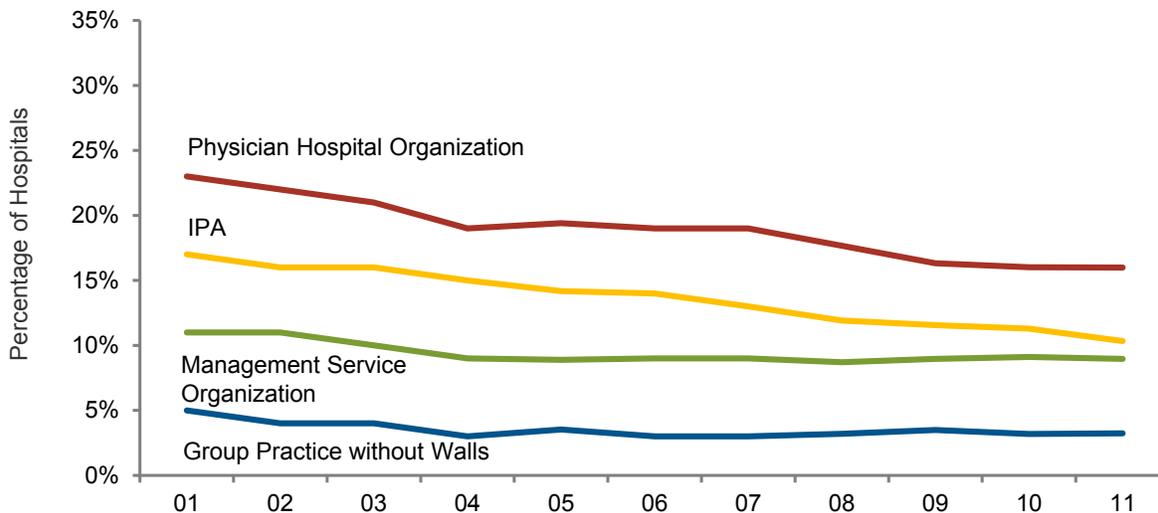
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.
⁽¹⁾ Hospitals that are part of a corporate body that may own and/or manage health provider facilities or health-related subsidiaries as well as non-health-related facilities including freestanding and/or subsidiary corporations.

Chart 2.5: Number of Medicare-certified Ambulatory Surgical Centers, 2006 – 2011



Source: Medicare Payment Advisory Commission. (March 2013). *Report to Congress: Medicare Payment Policy*.
Link: http://www.medpac.gov/documents/Mar13_entirereport.pdf.

Chart 2.6: Percentage of Hospitals with Physician Affiliates⁽¹⁾ by Type of Relationship, 2001 – 2011

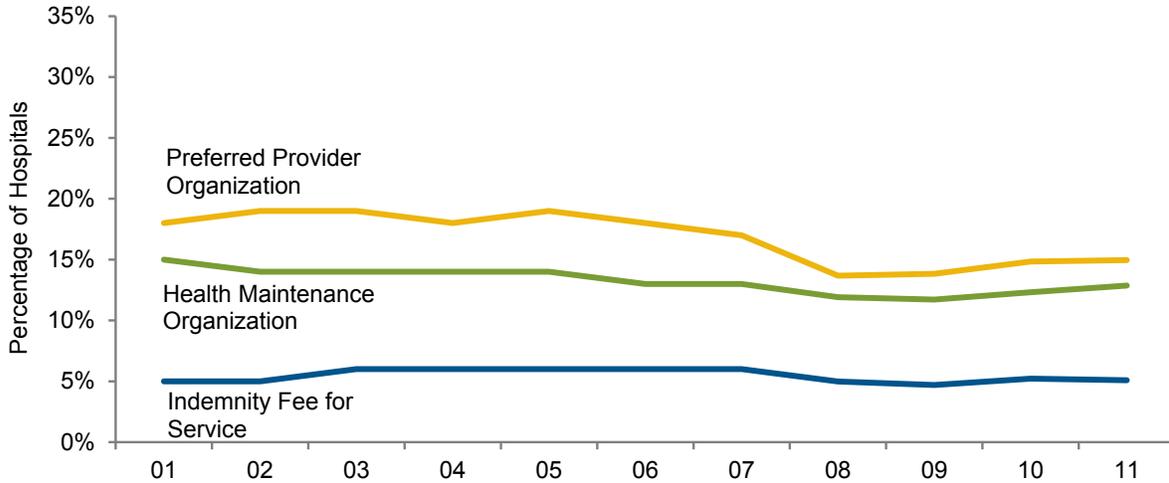


Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

⁽¹⁾ A hospital is considered to have a physician relationship if the relationship exists as part of the hospital or a system or network of which the hospital is a part.

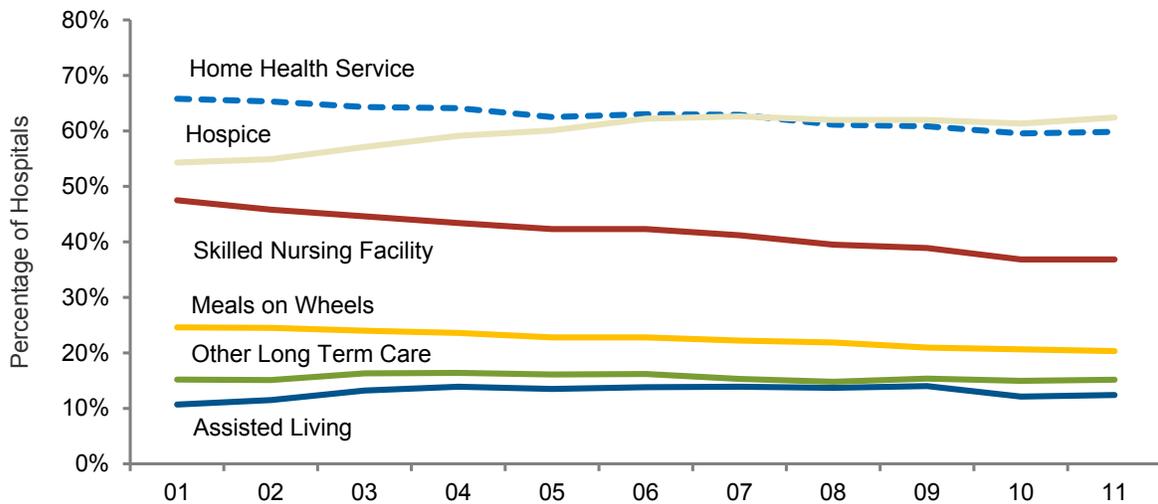
Previously Chart 2.7 in 2009 and earlier years' Chartbooks.

Chart 2.7: Percentage of Hospitals with Insurance Products by Type of Insurance, 2001 – 2011



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals. Previously Chart 2.8 in 2009 and earlier years' Chartbooks.

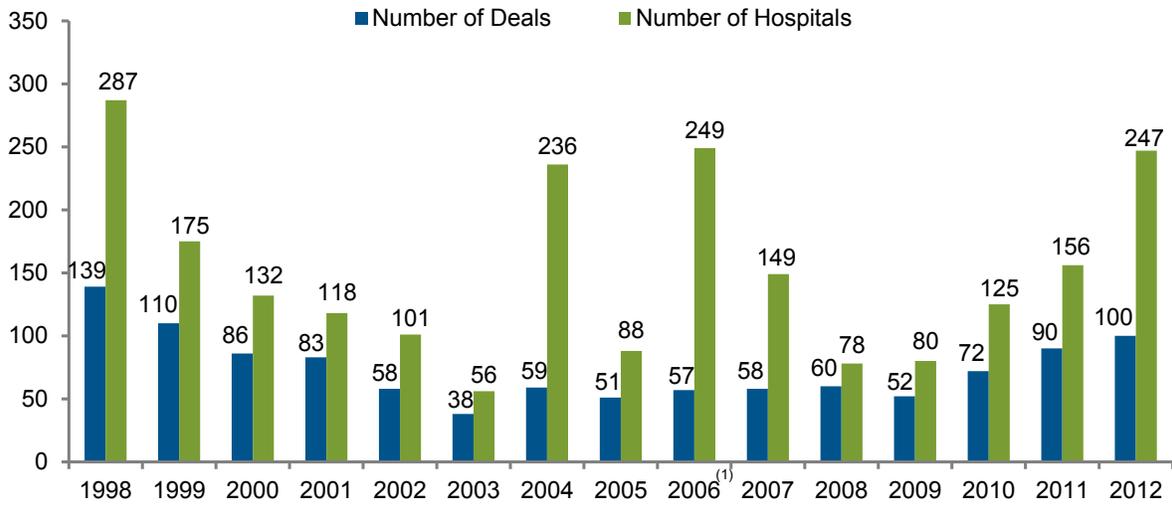
Chart 2.8: Percentage of Hospitals Offering “Non-hospital” Services,⁽¹⁾ 2001 – 2011



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011 for community hospitals.
⁽¹⁾ Includes services offered in hospital, health system, network or joint venture.
 Previously Chart 2.9 in 2009 and earlier years' Chartbooks.



Chart 2.9: Announced Hospital Mergers and Acquisitions, 1998 – 2012



Source: Irving Levin Associates, Inc., *The Health Care Acquisition Report*, Nineteenth Edition, 2013.

⁽¹⁾ In 2006, the privatization of HCA, Inc. affected 176 acute-care hospitals. The acquisition was the largest health care transaction ever announced.

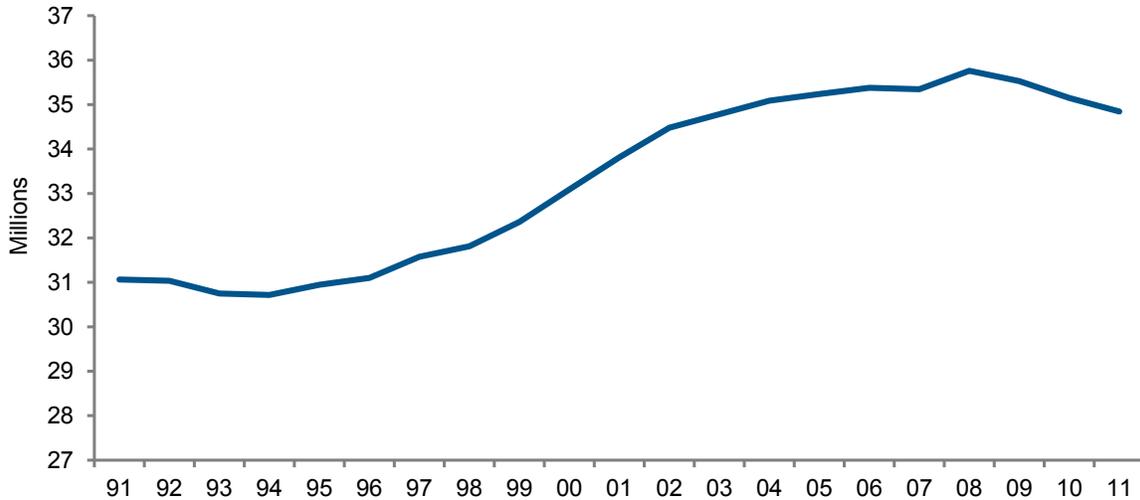


CHAPTER 3

Utilization and Volume

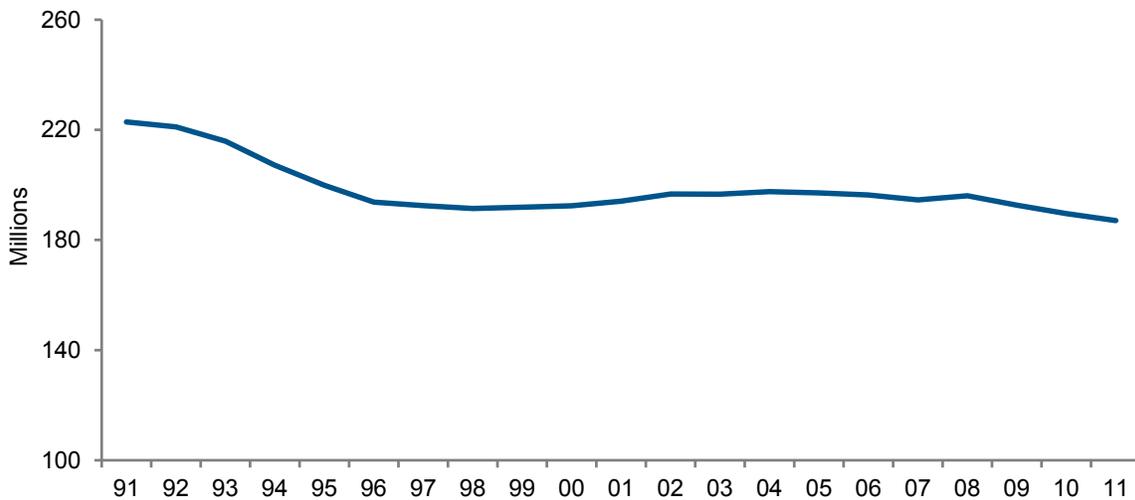


Chart 3.1: Inpatient Admissions in Community Hospitals, 1991 – 2011



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

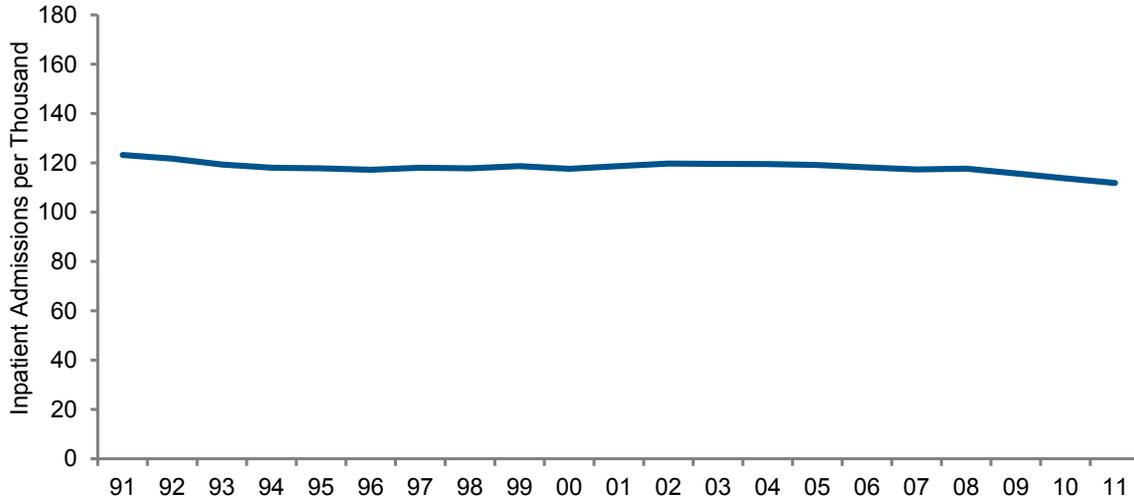
Chart 3.2: Total Inpatient Days in Community Hospitals, 1991 – 2011



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

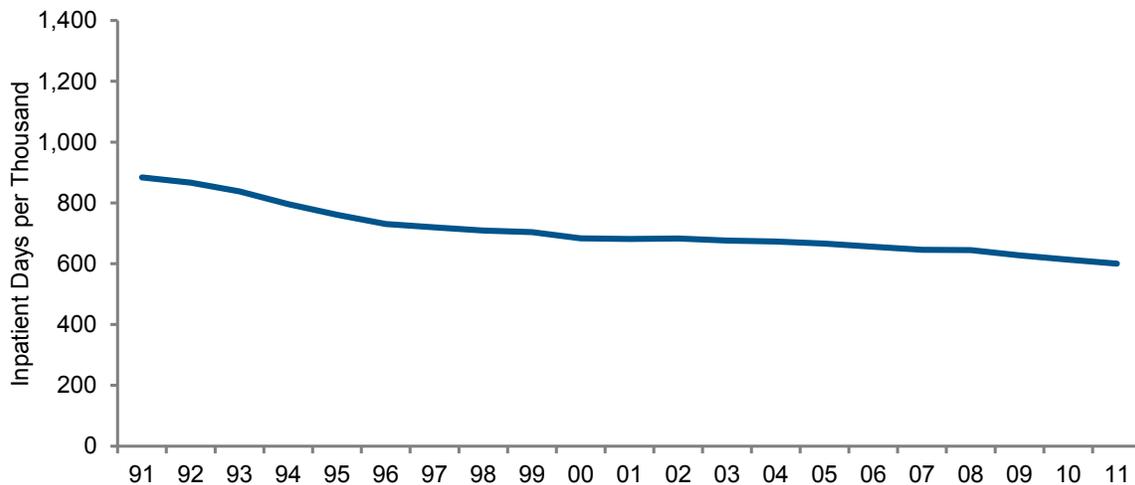


Chart 3.3: Inpatient Admissions per 1,000 Persons, 1991 – 2011



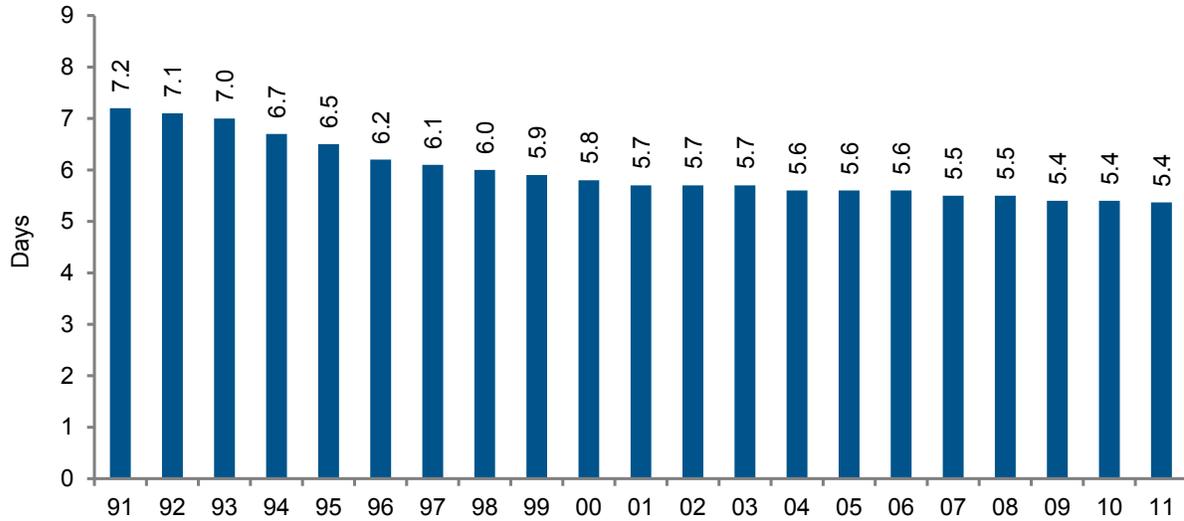
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2011.
Link: <http://www.census.gov/popest/data/state/totals/2011/index.html>.

Chart 3.4: Inpatient Days per 1,000 Persons, 1991 – 2011



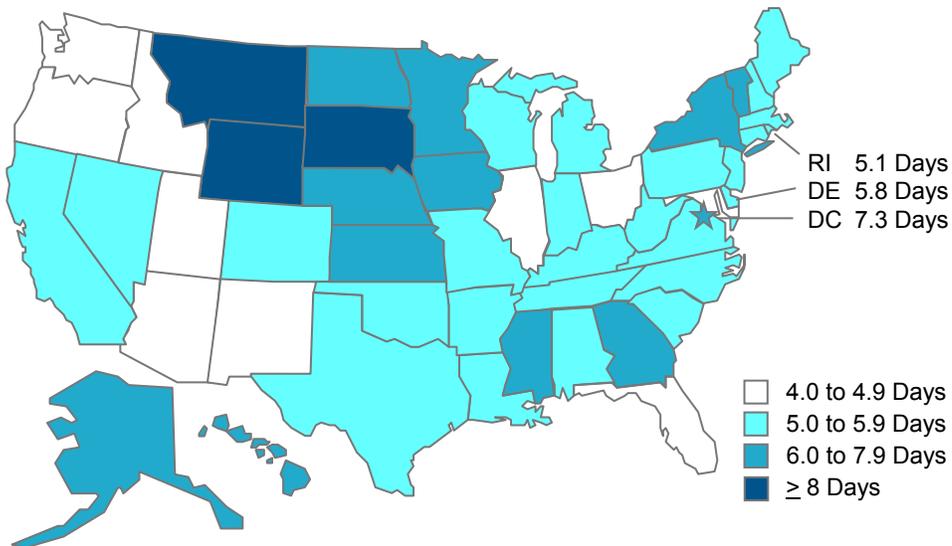
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2011.
Link: <http://www.census.gov/popest/data/state/totals/2011/index.html>.

Chart 3.5: Average Length of Stay in Community Hospitals, 1991 – 2011



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

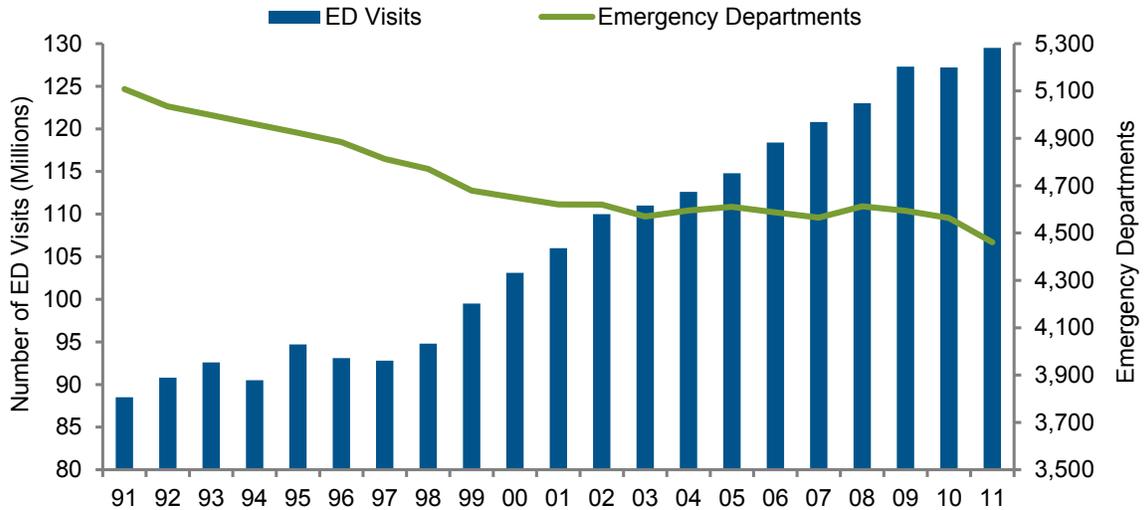
Chart 3.6: Average Length of Stay in Community Hospitals by State, 2011



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

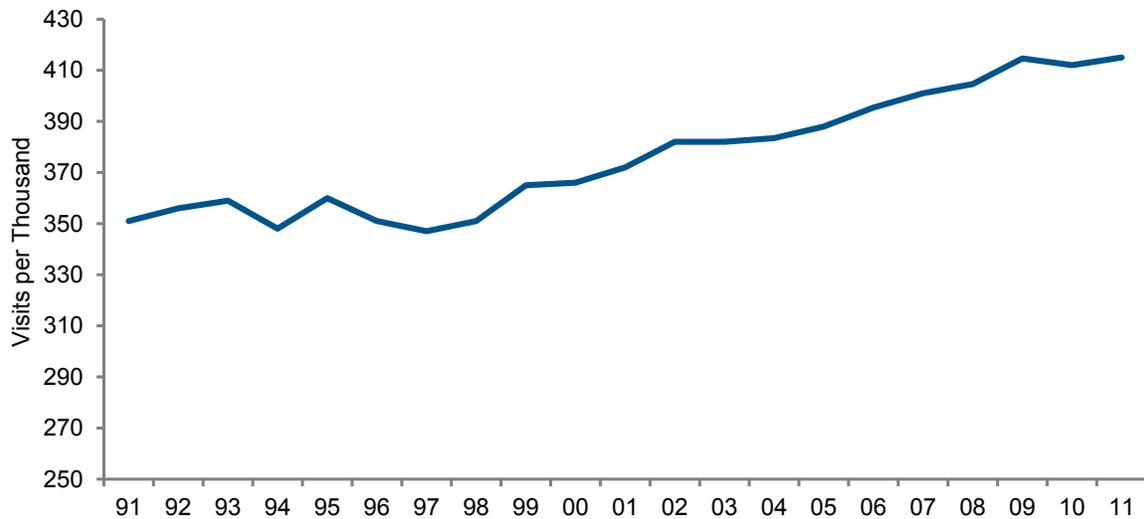


Chart 3.7: Emergency Department Visits and Emergency Departments⁽¹⁾ in Community Hospitals, 1991 – 2011



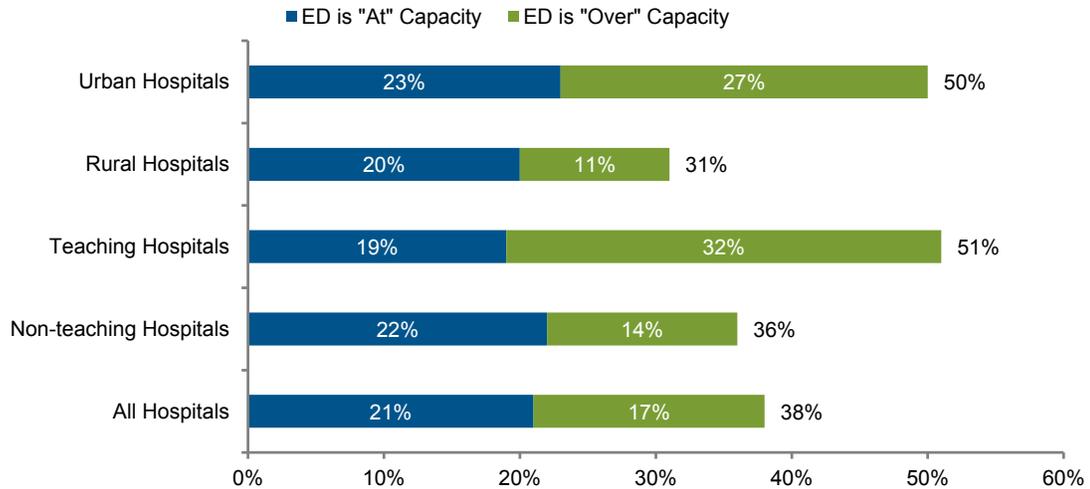
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.
(1) Defined as hospitals reporting ED visits in the AHA Annual Survey.

Chart 3.8: Hospital Emergency Department Visits per 1,000 Persons, 1991 – 2011



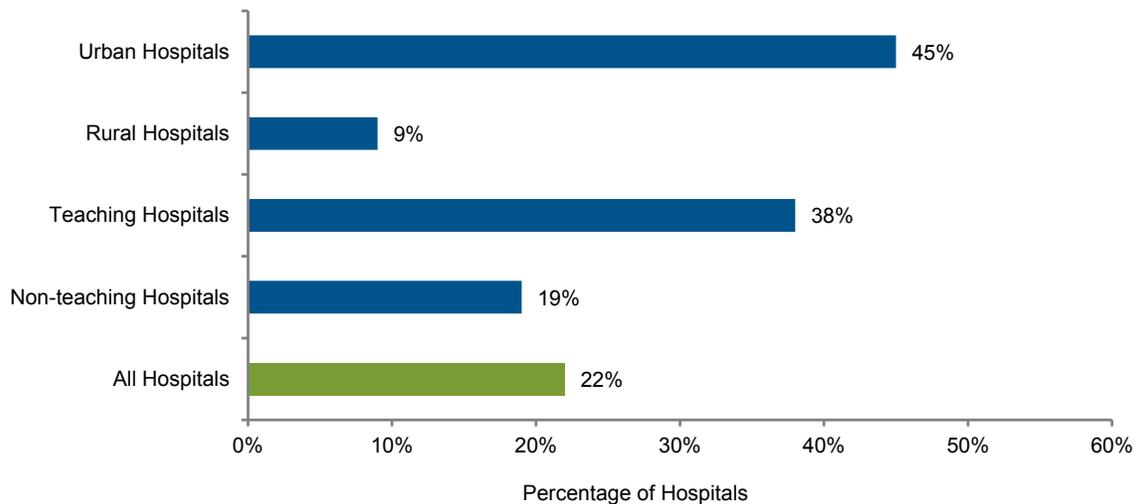
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2011.
Link: <http://www.census.gov/popest/data/state/totals/2011/index.html>.

Chart 3.9: Percent of Hospitals Reporting Emergency Department Capacity Issues by Type of Hospital, March 2010



Source: American Hospital Association 2010 Rapid Response Survey: Telling the Hospital Story.

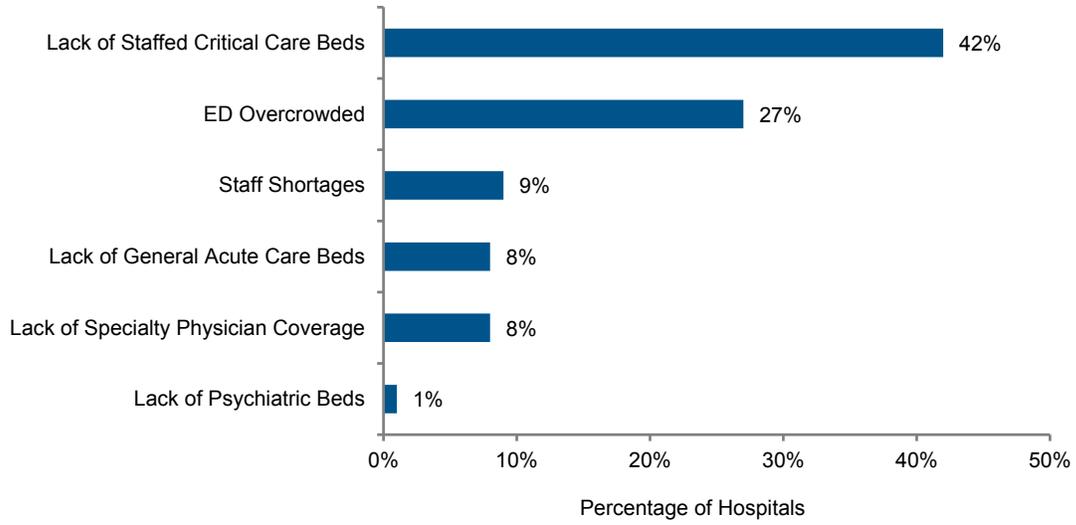
Chart 3.10: Percent of Hospitals Reporting Time on Ambulance Diversion in Last 12 Months, March 2010



Source: American Hospital Association 2010 Rapid Response Survey: Telling the Hospital Story.



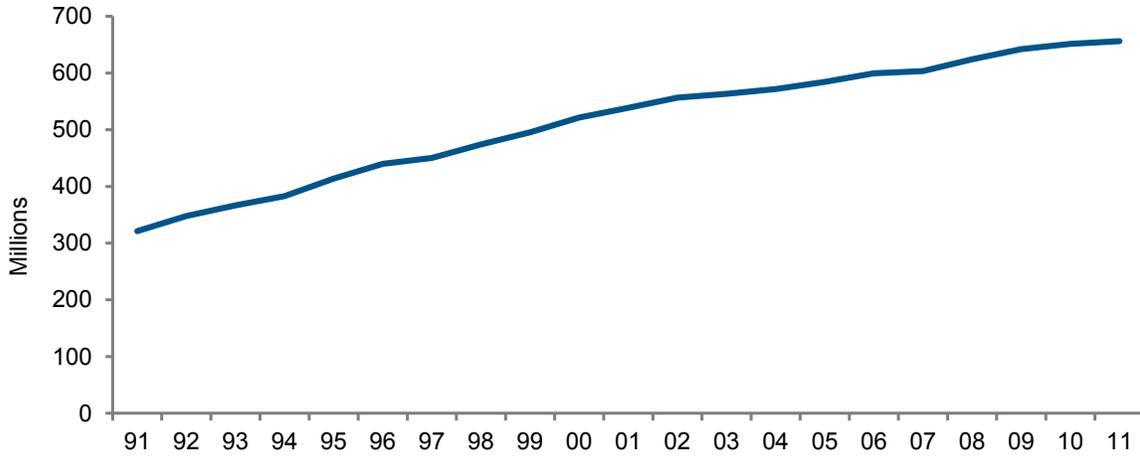
Chart 3.11: Conditions Hospitals Reported as Number One Factor Contributing to Ambulance Diversions, March 2010



Source: American Hospital Association 2010 Rapid Response Survey: Telling the Hospital Story.

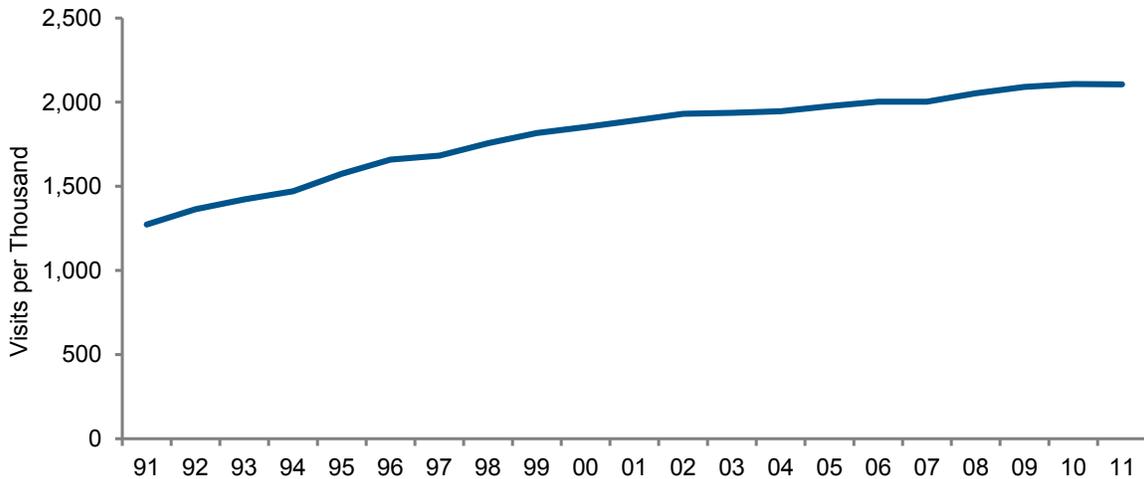


Chart 3.12: Total Hospital Outpatient Visits in Community Hospitals, 1991 – 2011



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

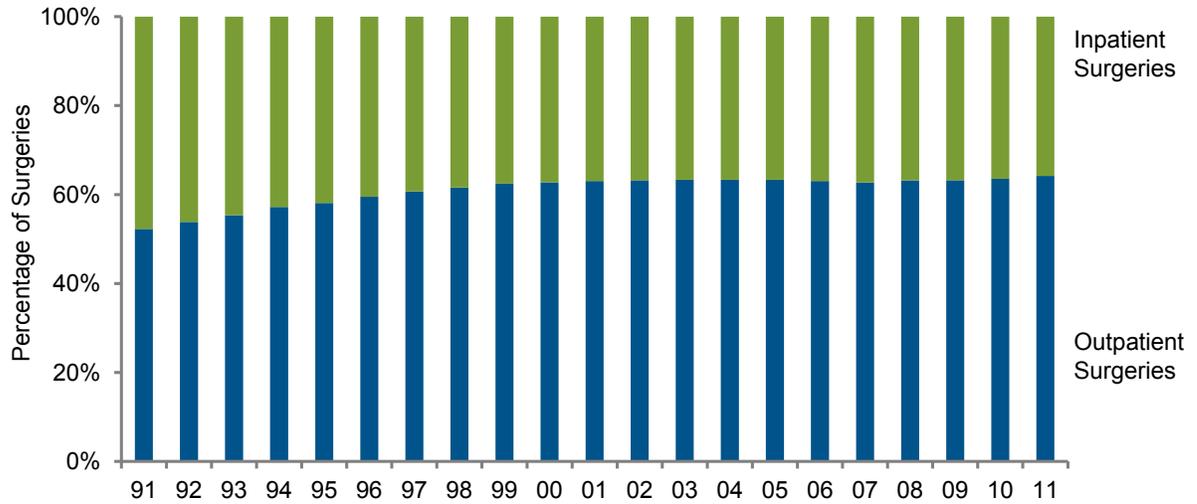
Chart 3.13: Hospital Outpatient Visits per 1,000 Persons, 1991 – 2011



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2011. Link: <http://www.census.gov/popest/data/state/totals/2011/index.html>.



Chart 3.14: Percentage Share of Inpatient vs. Outpatient Surgeries, 1991 – 2011



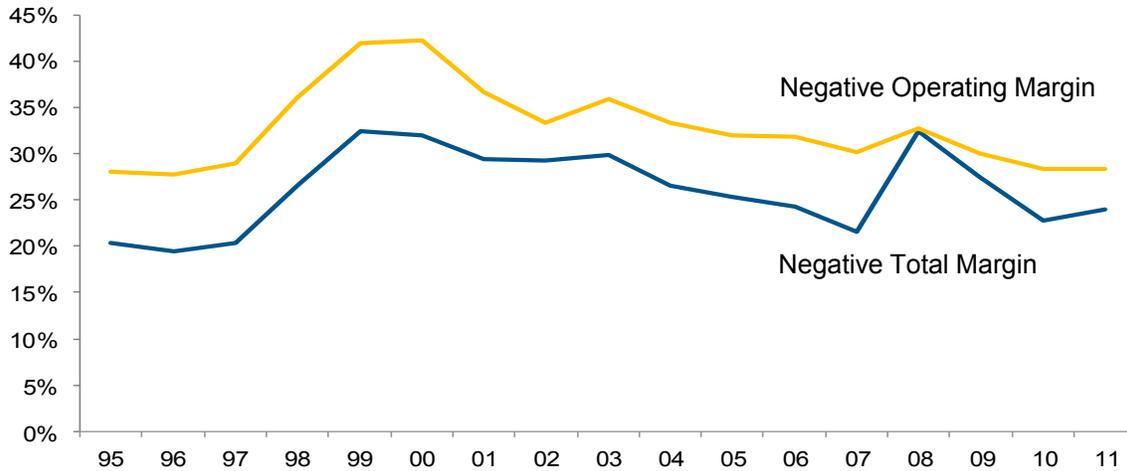
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.



CHAPTER 4

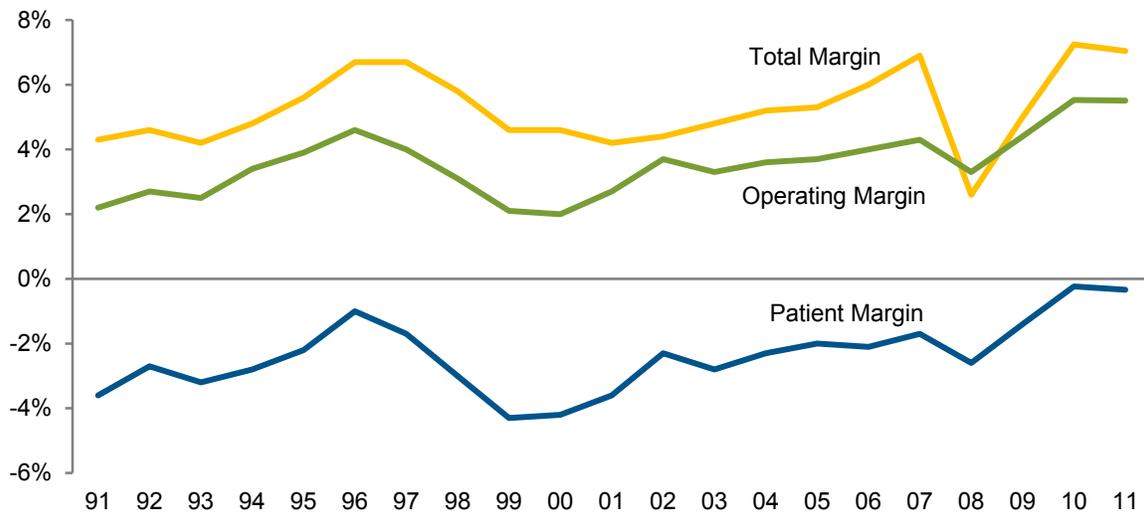
Trends in Hospital
Financing

Chart 4.1: Percentage of Hospitals with Negative Total and Operating Margins, 1995 – 2011



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

Chart 4.2: Aggregate Total Hospital Margins,⁽¹⁾ Operating Margins⁽²⁾ and Patient Margins,⁽³⁾ 1991 – 2011



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

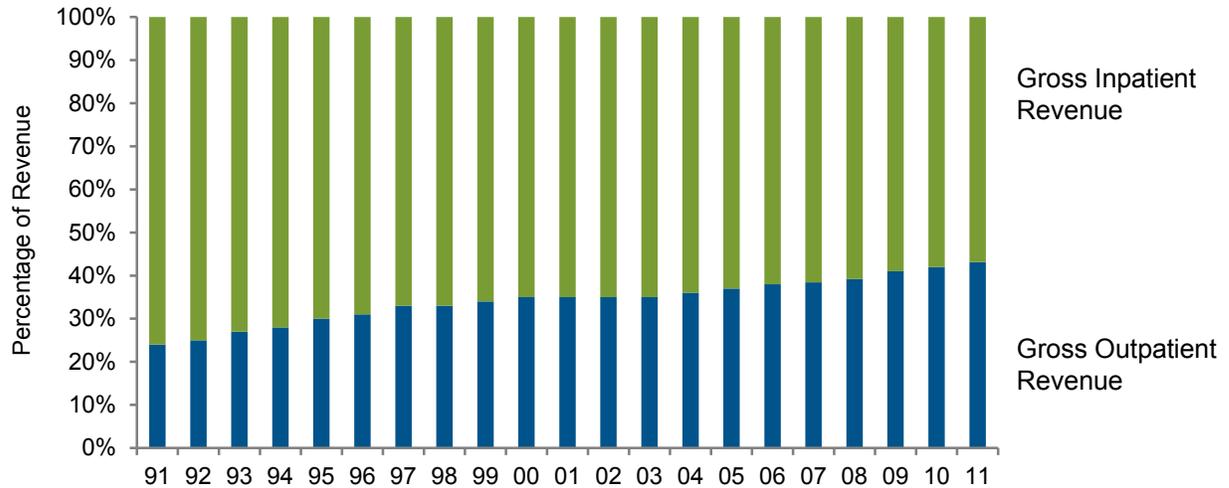
(1) Total Hospital Margin is calculated as the difference between total net revenue and total expenses divided by total net revenue.

(2) Operating Margin is calculated as the difference between operating revenue and total expenses divided by operating revenue.

(3) Patient Margin is calculated as the difference between net patient revenue and total expenses divided by net patient revenue.

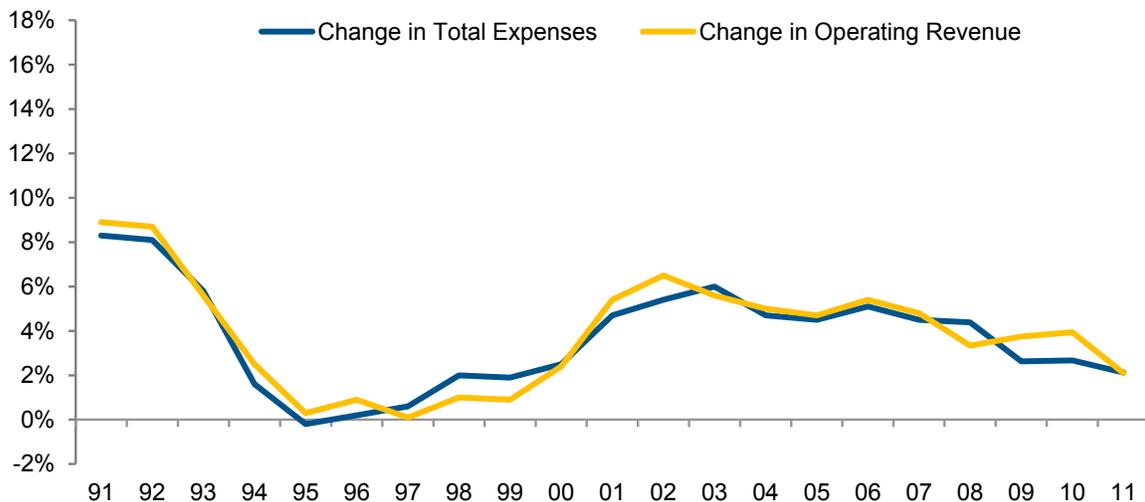


Chart 4.3: Distribution of Outpatient vs. Inpatient Revenues, 1991 – 2011



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

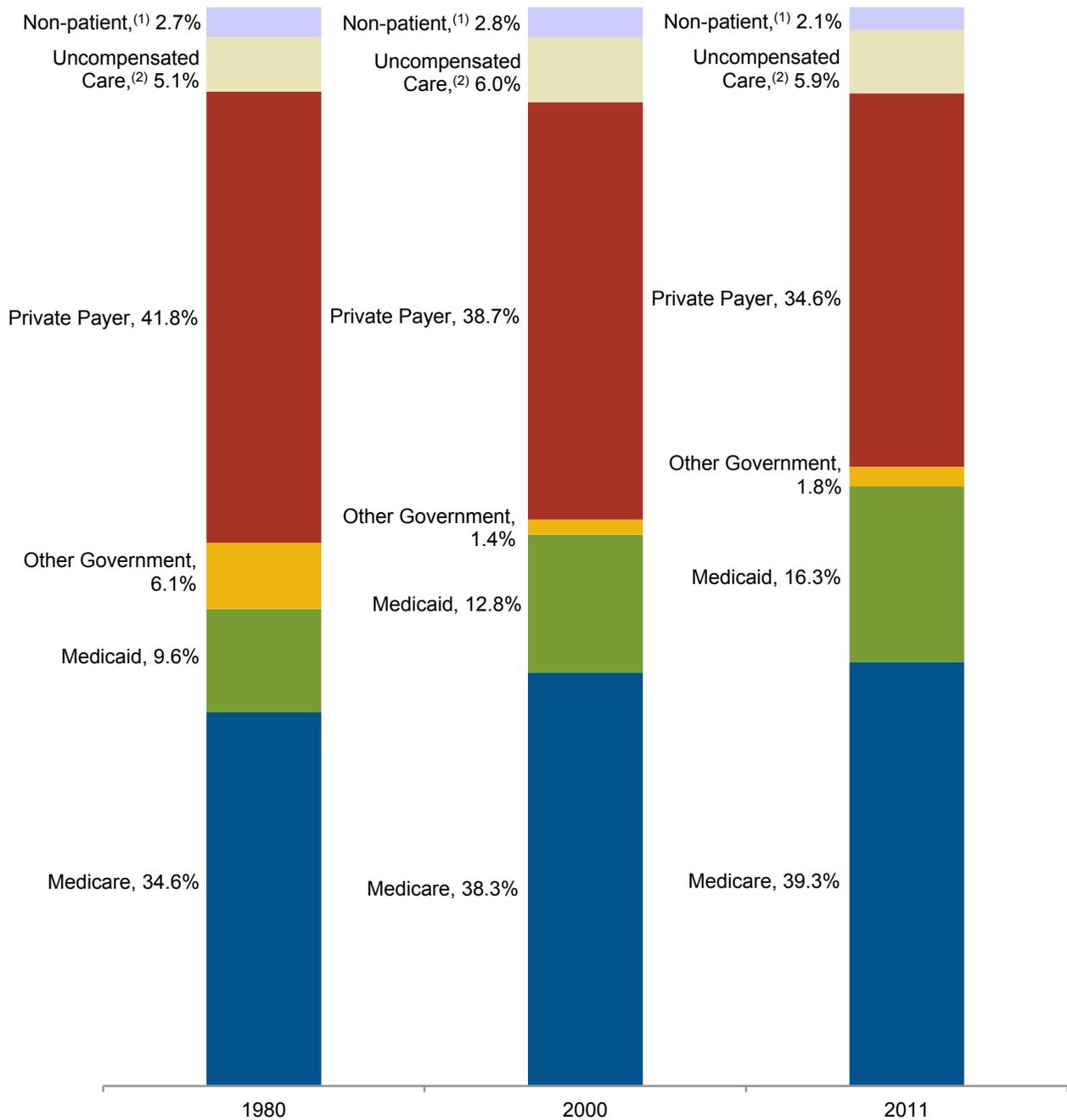
Chart 4.4: Annual Change in Hospital Operating Revenue and Expenses per Adjusted Admission,⁽¹⁾ 1991 – 2011



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

⁽¹⁾ An aggregate measure of workload reflecting the number of inpatient admissions, plus an estimate of the volume of outpatient services, expressed in units equivalent to an inpatient admission in terms of level of effort.

Chart 4.5: Distribution of Hospital Cost by Payer Type, 1980, 2000, and 2011



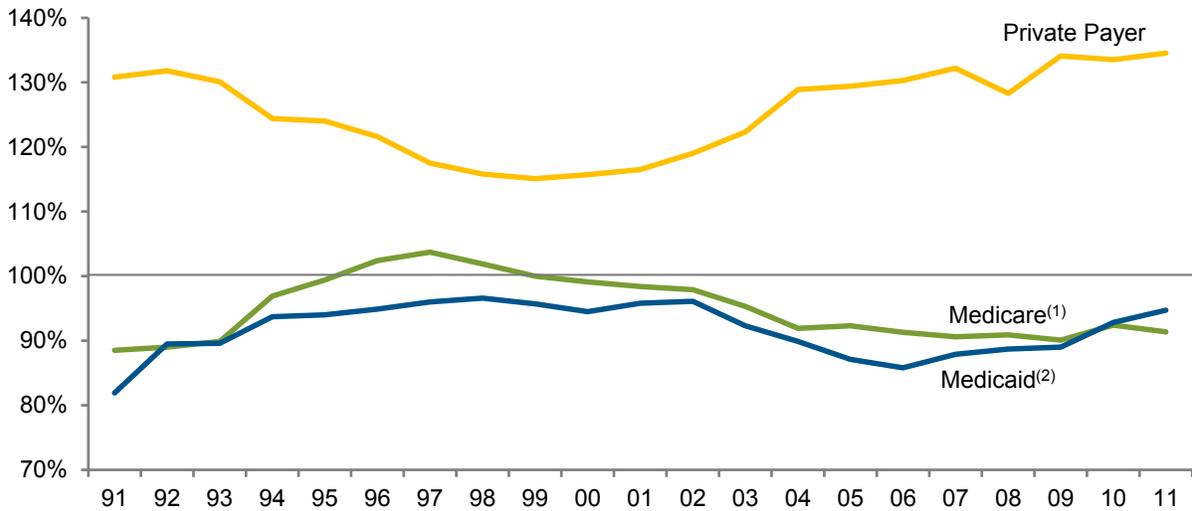
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

⁽¹⁾ Non-patient represents costs for cafeterias, parking lots, gift shops and other non-patient care operating services and are not attributed to any one payer.

⁽²⁾ Uncompensated care represents bad debt expense and charity care, at cost.



Chart 4.6: Aggregate Hospital Payment-to-cost Ratios for Private Payers, Medicare and Medicaid, 1991 – 2011

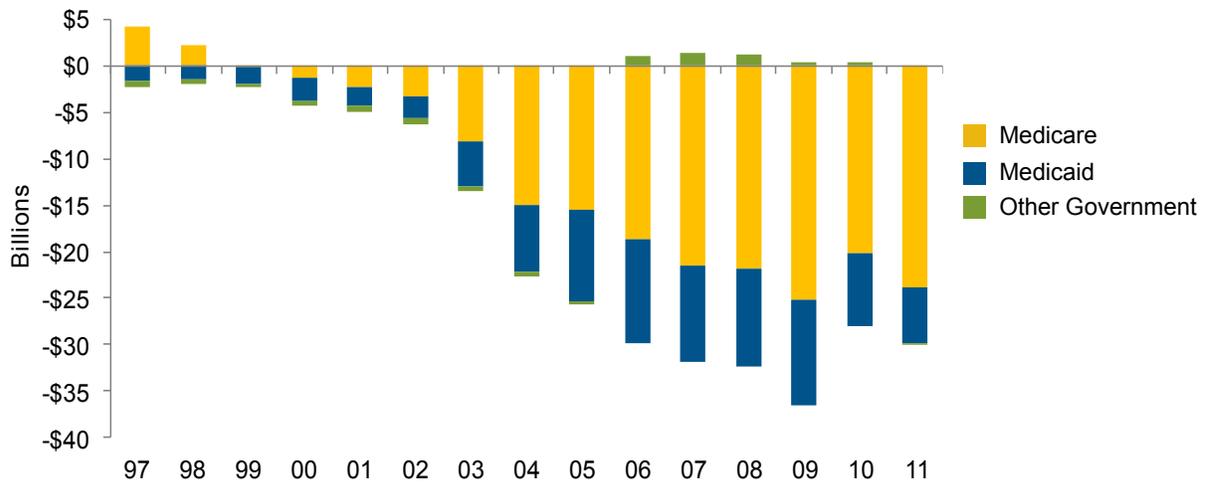


Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

(1) Includes Medicare Disproportionate Share payments.

(2) Includes Medicaid Disproportionate Share payments.

Chart 4.7: Hospital Payment Shortfall Relative to Costs for Medicare, Medicaid and Other Government, 1997 – 2011⁽¹⁾

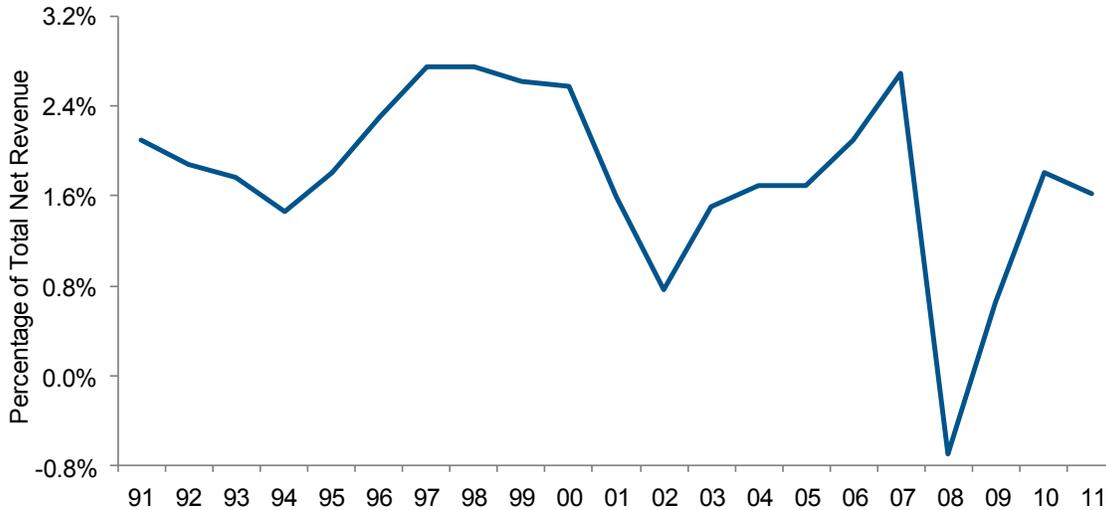


Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

(1) Costs reflect a cap of 1.0 on the cost-to-charge ratio.



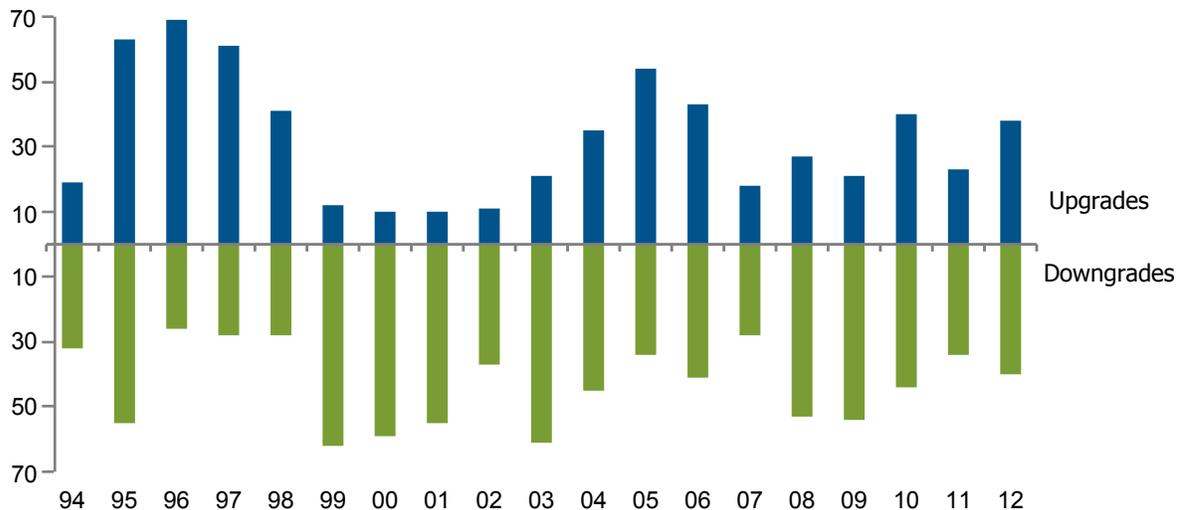
Chart 4.8: Income from Investments and Other Non-operating Gains⁽¹⁾ as a Percentage of Total Net Revenue, 1991 – 2011



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

⁽¹⁾ 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.

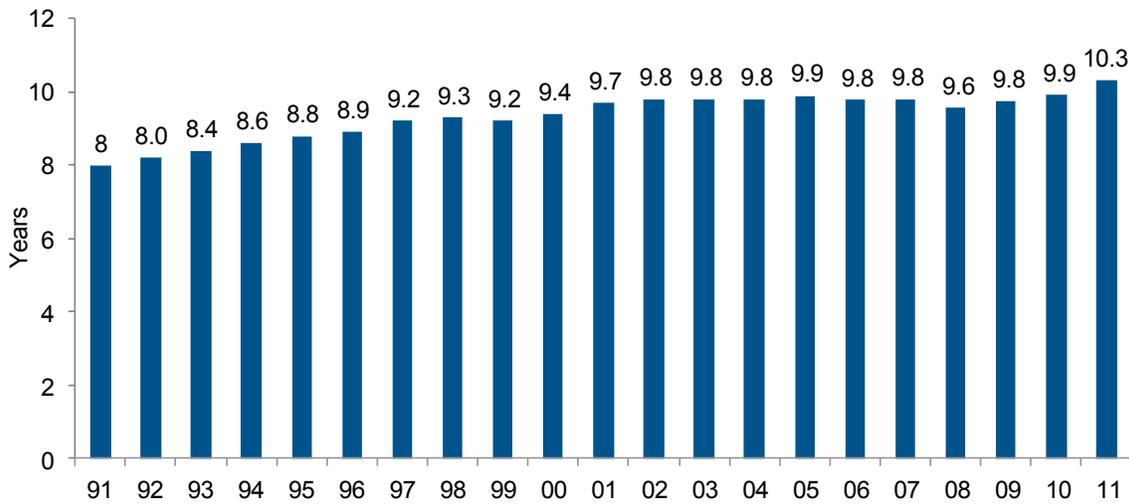
Chart 4.9: Number of Bond Rating Upgrades and Downgrades, Not-for-profit Health Care, 1994 – 2012



Source: Moody's Investors Services. *Moody's: 2012 Not-for-Profit Healthcare Sets New Record in Downgraded Debt.* February 12, 2013.

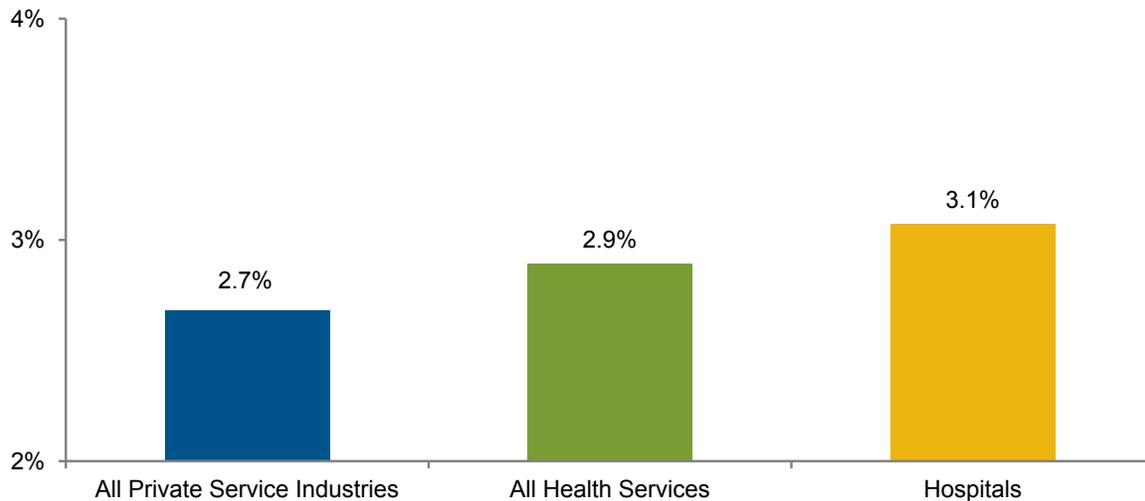


Chart 4.10: Median Average Age of Plant, 1991 – 2011



Source: Optum/Ingenix, *Almanac of Hospital Financial and Operating Indicators*, 2005, 2008, 2009, 2010, 2011, 2012, and 2013 and CHIPS, *The Almanac of Hospital and Financial Operating Indicators*, 1994 and 1996-7.

Chart 4.11: Percent Change in Employment Cost Index⁽¹⁾, All Private Service Industries, All Health Services and Hospitals, 2003 – 2012⁽²⁾



Source: Bureau of Labor Statistics, Employment Cost Index, 12 months ending December 2012. Link: www.bls.gov.

⁽¹⁾ Total compensation.

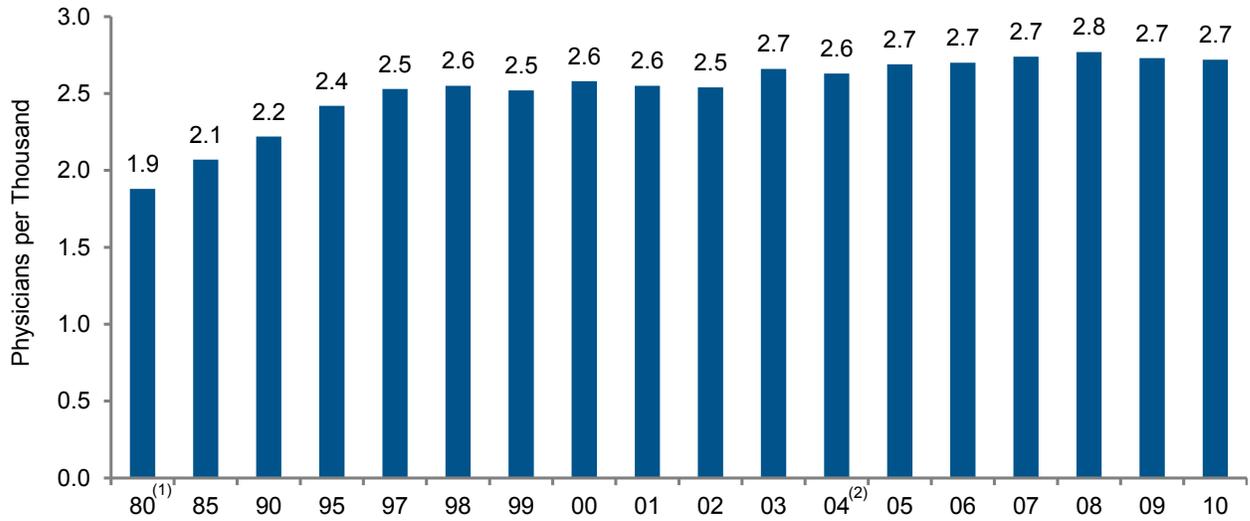
⁽²⁾ Data represent ten-year average.



CHAPTER 5

Workforce

Chart 5.1: Total Number of Active Physicians per 1,000 Persons, 1980 – 2010

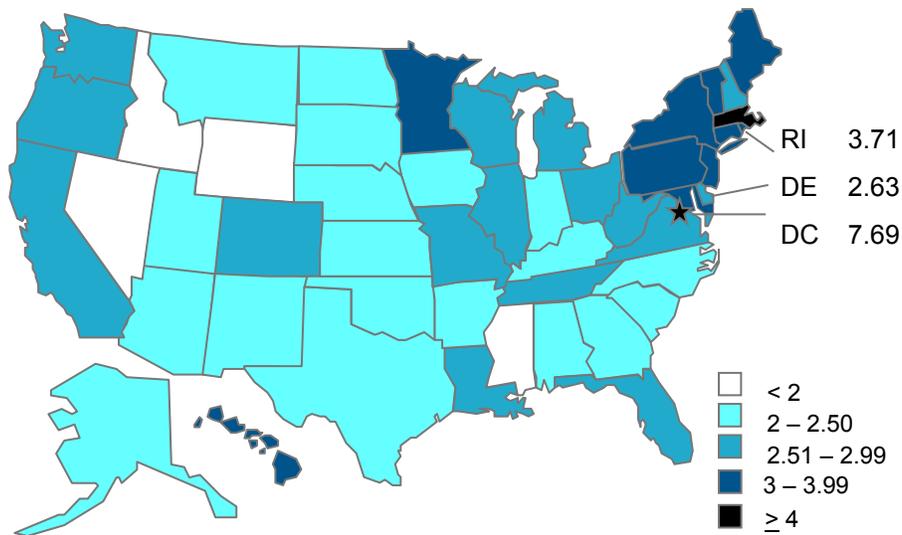


Source: National Center for Health Statistics. *Health, United States, 1982, 1996-97, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011 and 2012.* Hyattsville, MD.

(1) 1980 does not include doctors of osteopathy.

(2) 2004 and later years include both federal and non-federal physicians. Prior to 2003, data included non-federal physicians only.

Chart 5.2: Total Number of Active Physicians⁽¹⁾ per 1,000 Persons by State, 2010

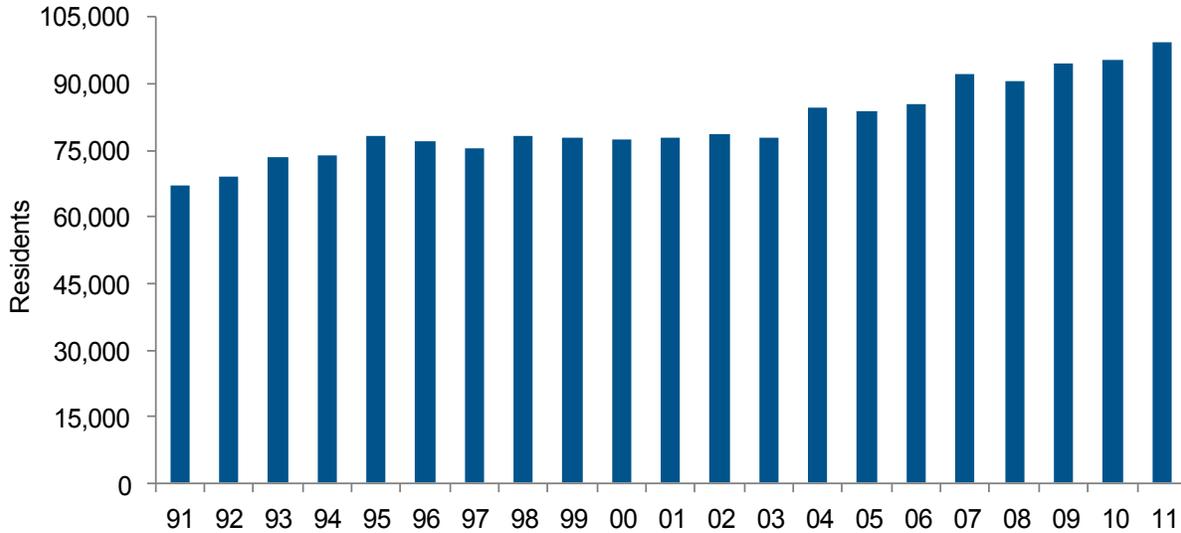


Source: National Center for Health Statistics. (2013). *Health, United States, 2012.* Hyattsville, MD.

(1) Includes active federal and non-federal doctors of medicine and active doctors of osteopathy.



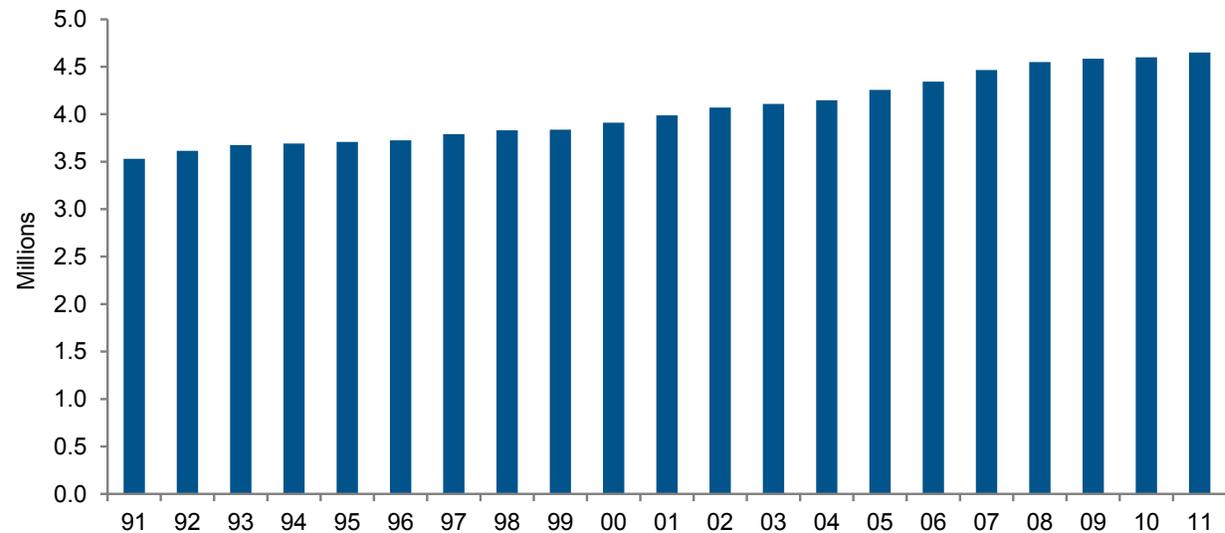
Chart 5.3: Medical and Dental Residents⁽¹⁾ in Training in Community Hospitals, 1991 – 2011



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

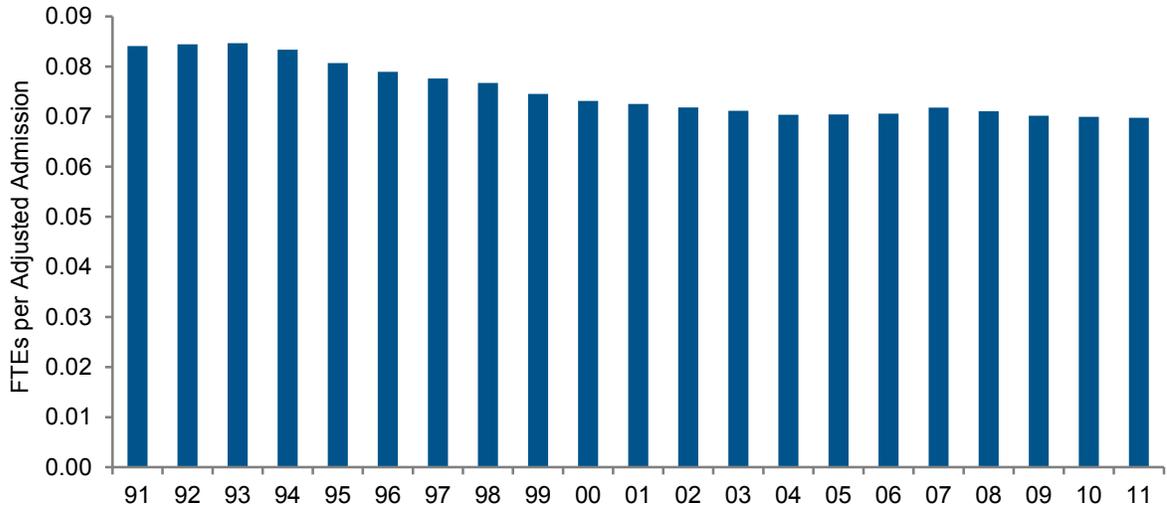
⁽¹⁾ Includes full-time equivalent interns and residents.

Chart 5.4: Total Full-time Equivalent Employees Working in Hospitals, 1991 – 2011



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

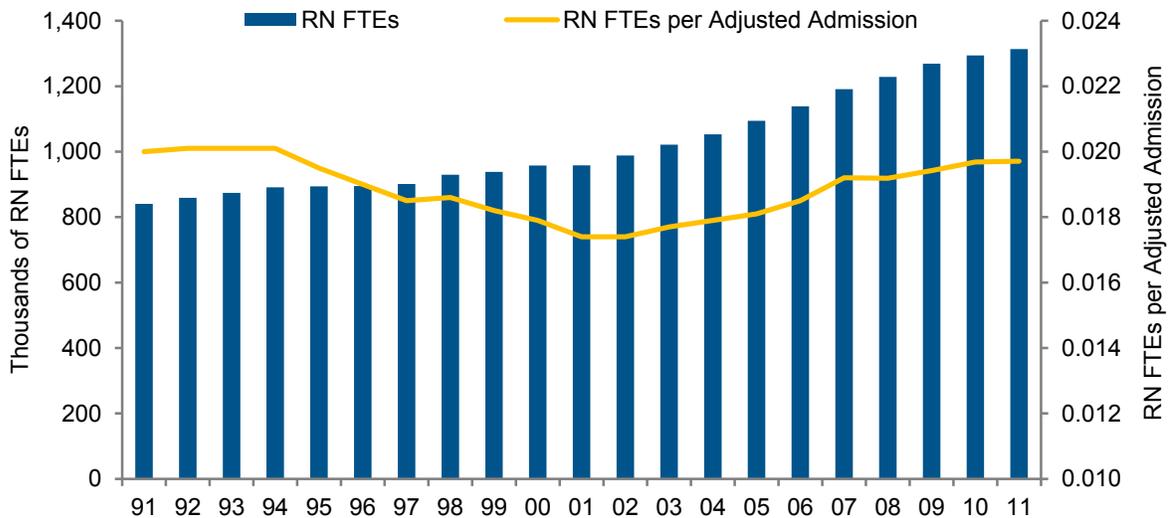
Chart 5.5: Full-time Equivalent Employees per Adjusted Admission,⁽¹⁾ 1991 – 2011



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

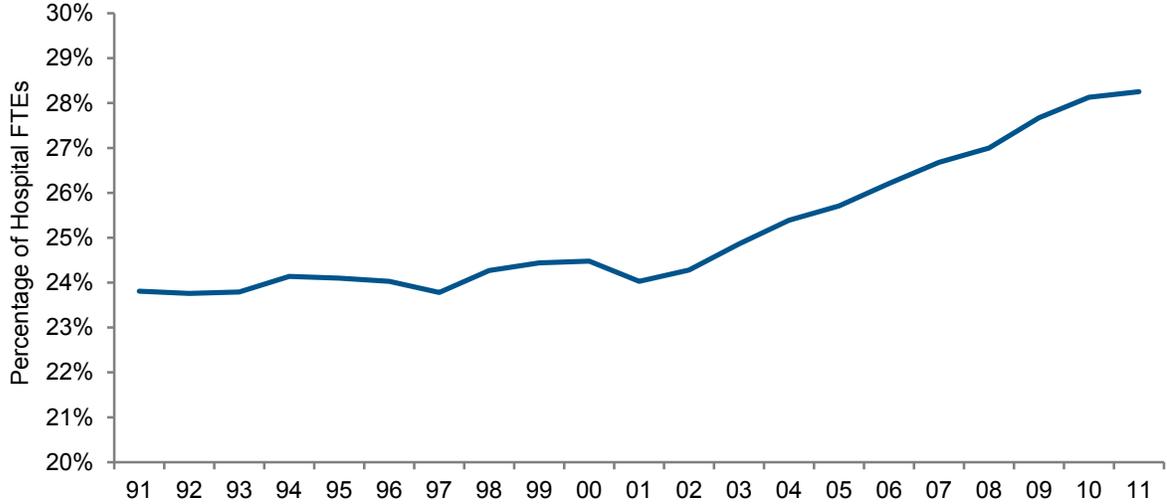
⁽¹⁾ An aggregate measure of workload reflecting the number of inpatient admissions, plus an estimate of the volume of outpatient services, expressed in units equivalent to an inpatient admission in terms of level of effort.

Chart 5.6: Number of RN Full-time Equivalent Employees and RN FTEs per Adjusted Admission, 1991 – 2011



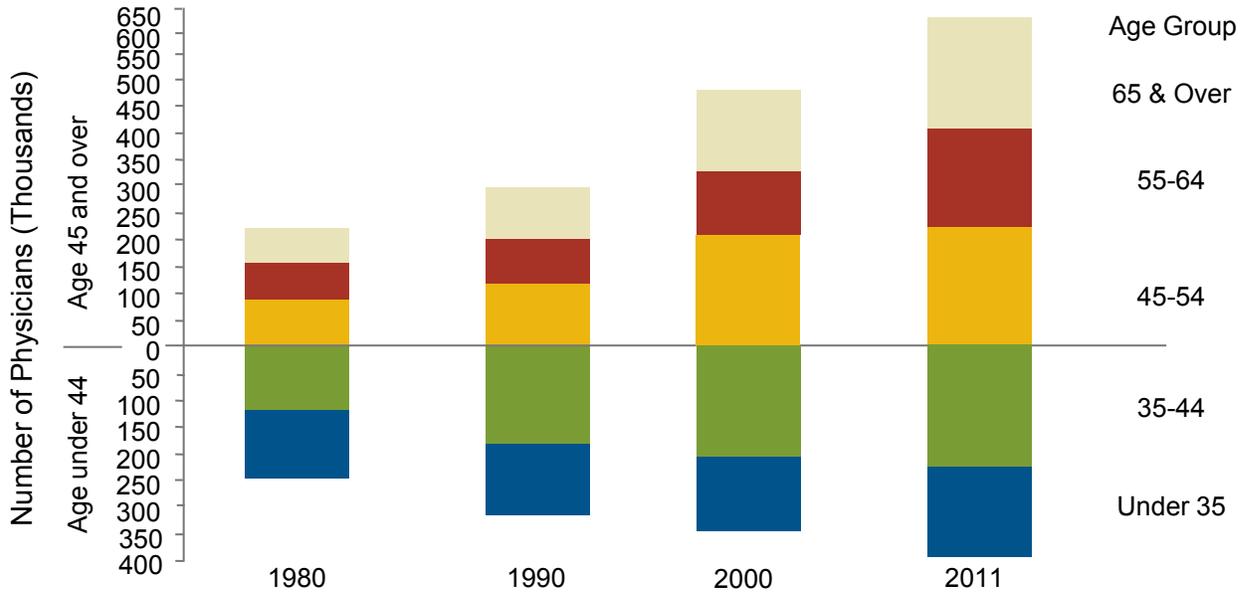
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

Chart 5.7: RN Full-time Equivalents as a Percentage of Total Hospital Full-time Equivalents, 1991 – 2011



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

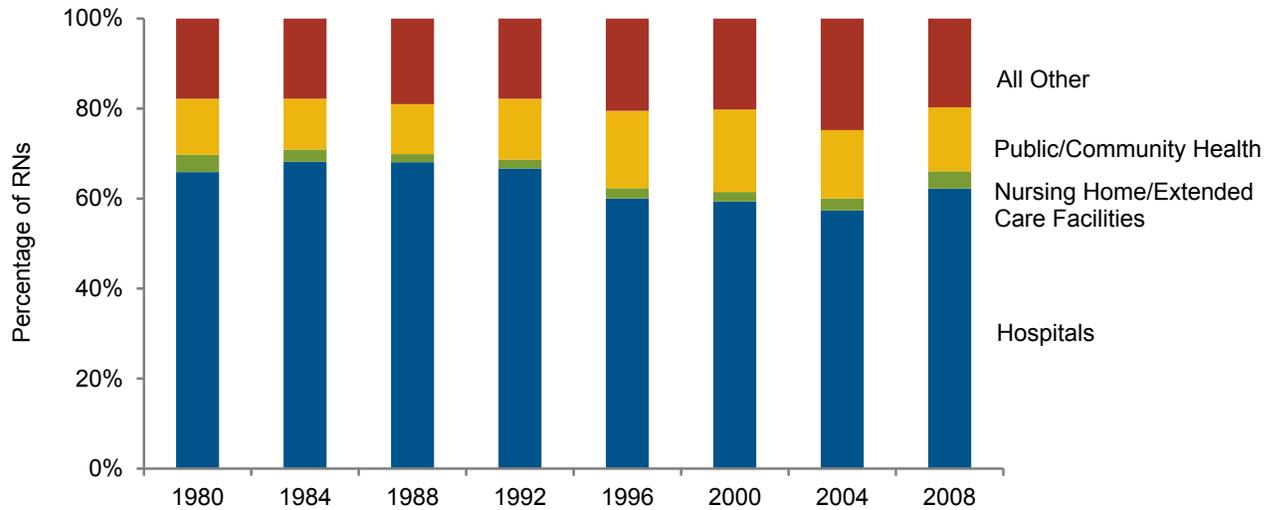
Chart 5.8: Number of Physicians⁽¹⁾ by Age, 1980, 1990, 2000, and 2011



Source: American Medical Association. (2013 Edition). *Physician Characteristics and Distribution in the U.S.*

(1) Includes inactive physicians and residents.

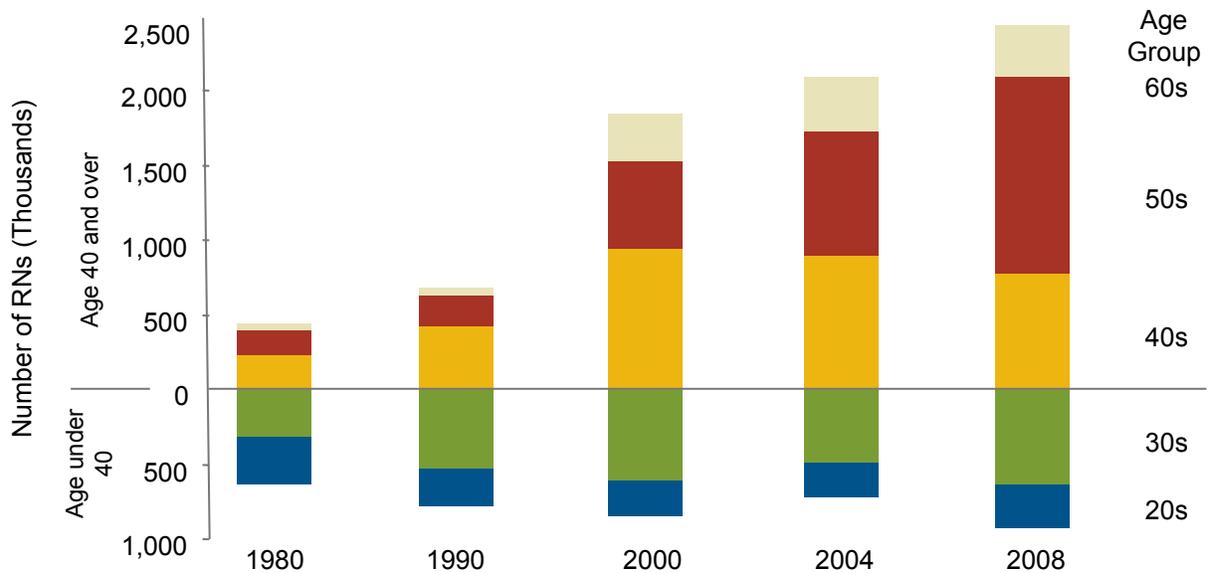
Chart 5.9: RN Employment by Type of Provider, 1980 – 2008⁽¹⁾



Source: Bureau of Health Professions, Health Resources and Services Administration. (2010). *Findings from the 2008 National Sample Survey of Registered Nurses*. Link: <http://bhpr.hrsa.gov/healthworkforce/rnsurvey/2008/nssrn2008.pdf>.

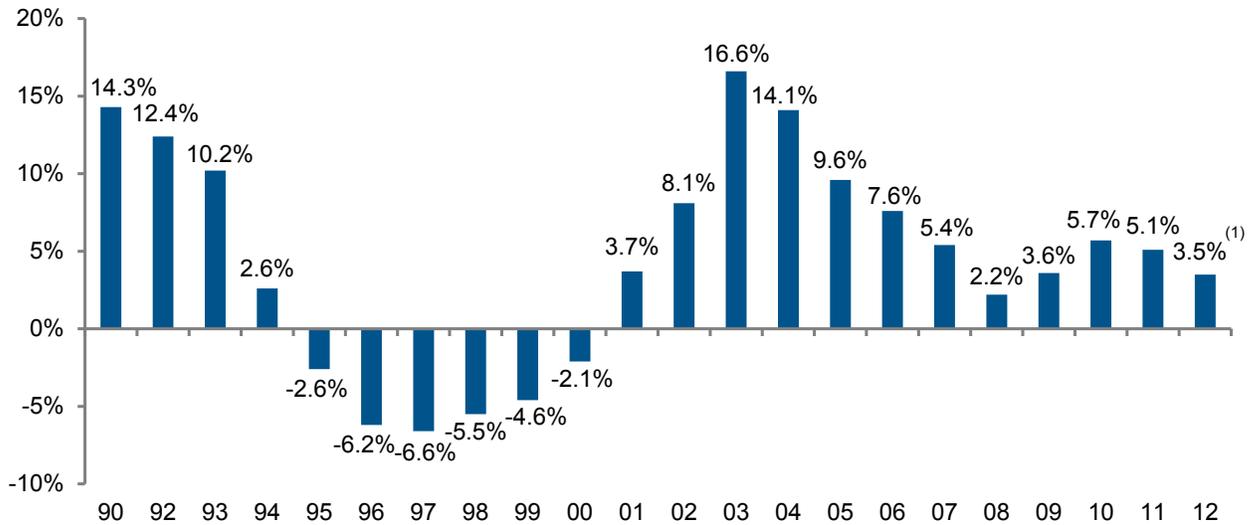
⁽¹⁾ Total percent by setting may not equal the estimated total of all registered nurses due to incomplete information provided by respondents and the effect of rounding.

Chart 5.10: Distribution of RN Workforce by Age Group, 1980 – 2008



Source: Bureau of Health Professions, Health Resources and Services Administration. (1980-2004). *Findings from the National Survey of Registered Nurses*. Link: <http://bhpr.hrsa.gov/healthworkforce/rnsurvey04/2.htm#age>. Bureau of Health Professions, Health Resources and Services Administration. (2010). *Findings from the 2008 National Sample Survey of Registered Nurses*. Link: <http://bhpr.hrsa.gov/healthworkforce/rnsurvey/2008/nssrn2008.pdf>.

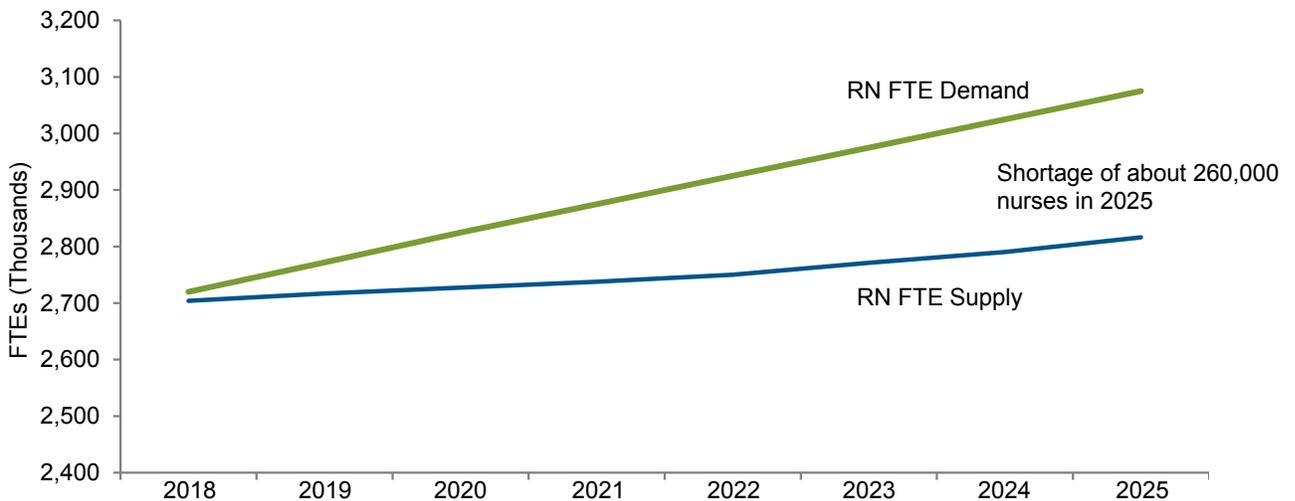
Chart 5.11: Annual Percentage Change in Entry Level Baccalaureate Nursing Enrollment, 1990 – 2012



Source: American Association of Colleges of Nursing. (1994-2012). *Percent Change in Enrollments in Entry-Level Baccalaureate Nursing Programs: 1994-2012*. Link: <http://www.aacn.nche.edu/Media/pdf/EnrollChanges.pdf>, and Berlin, L.E. et al. *Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*. Washington, DC: AACN.

⁽¹⁾ Based on 2012 preliminary survey data.

Chart 5.12: National Supply and Demand Projections for FTE RNs, 2018 – 2025



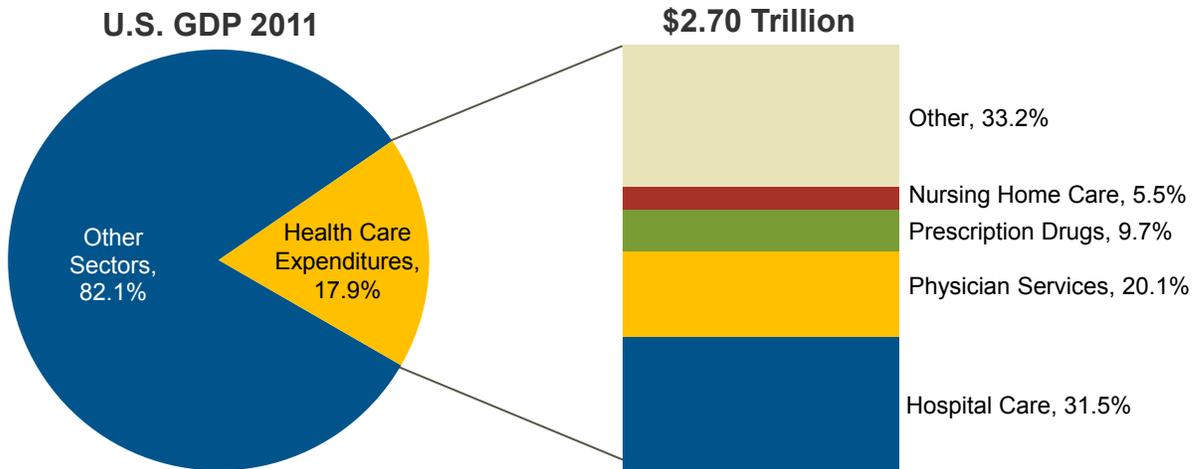
Source: Copyrighted and published by Project HOPE/Health Affairs as Buerhaus PI, Auerbach DI, Staiger DO. *The Recent Surge In Nurse Employment: Causes and Implications*. *Health Affairs*, 2009; 28(4):w657-68. The published article is archived and available online at www.healthaffairs.org.



CHAPTER 6

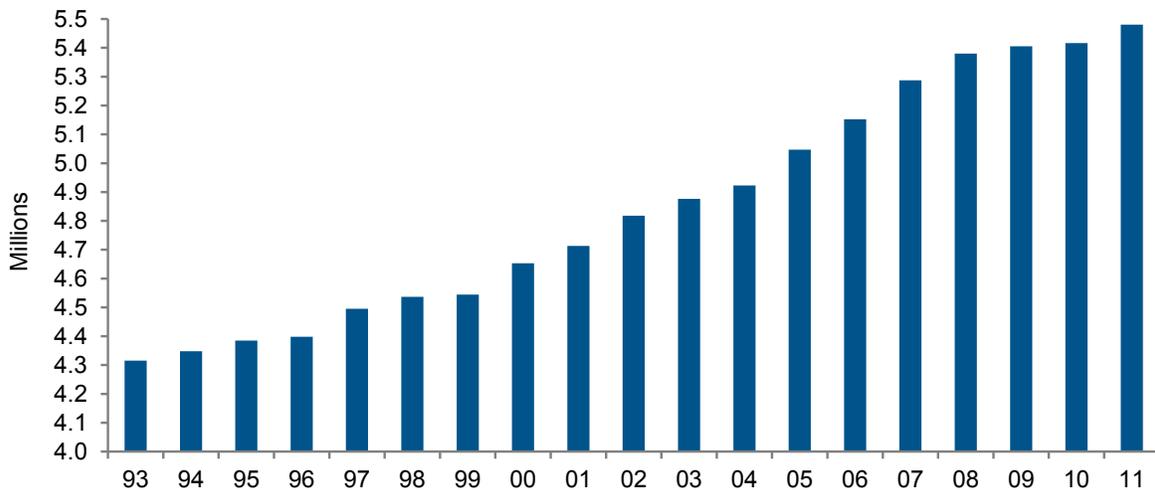
The Economic Contribution
of Hospitals

Chart 6.1: National Health Expenditures as a Percentage of Gross Domestic Product and Breakdown of National Health Expenditures, 2011



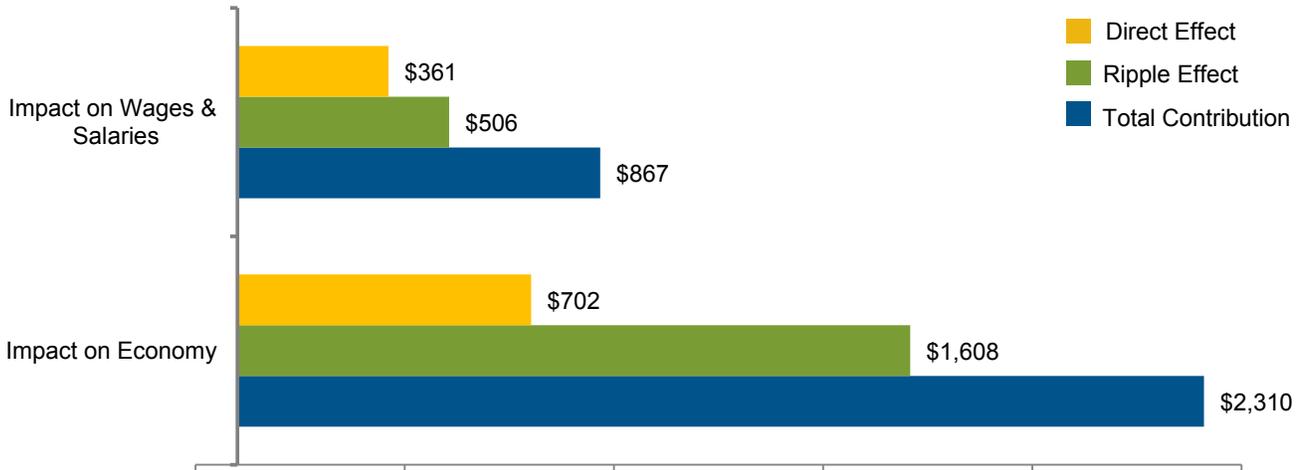
Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 9, 2013.

Chart 6.2: Number of Full-time and Part-time Hospital Employees, 1993 – 2011



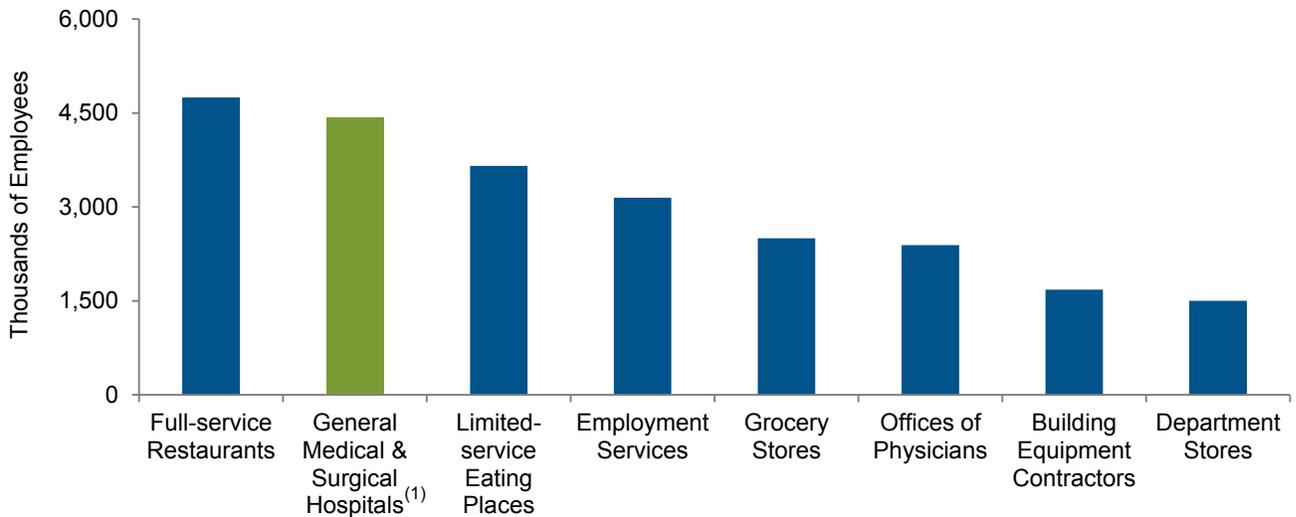
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

Chart 6.3: Impact of Community Hospitals on U.S. Economy (in \$ billions), 2011



Source: Avalere Health, using BEA RIMS-II (1997/2006) multipliers, released in 2008, applied to 2011 American Hospital Association Annual Survey data. Note: Multipliers released in 2010 and subsequent years no longer include the national level multipliers needed for this chart.

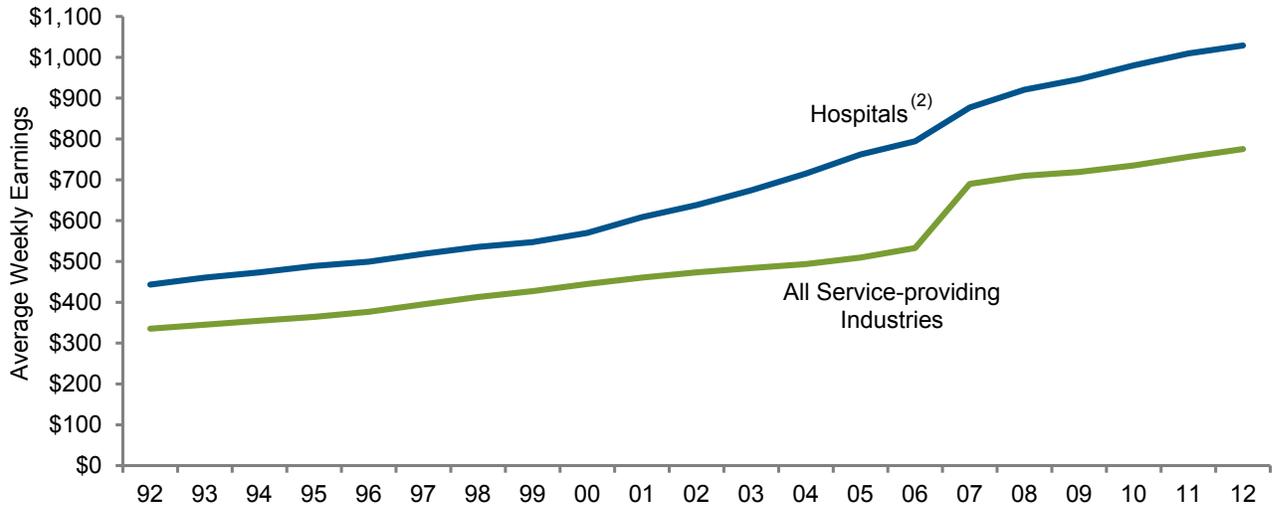
Chart 6.4: Hospital Employment vs. Employment in Other Industries, 2012



Source: Department of Labor, Bureau of Labor Statistics, Current Employment Statistics (CES) Survey, customized tables. Data released 2013. Link: <http://www.bls.gov/ces>.

⁽¹⁾ Does not include public hospitals.

Chart 6.5: Average Weekly Earnings of Workers, Hospitals⁽¹⁾ vs. All Service-providing Industries, 1992 – 2012

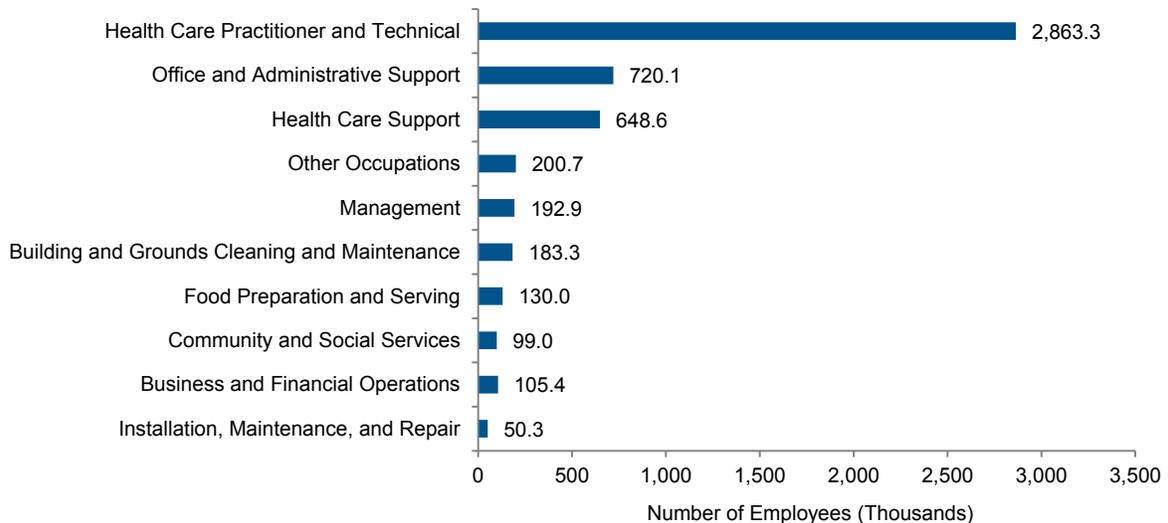


Source: Department of Labor, Bureau of Labor Statistics, Current Employment Statistics (CES) Survey, customized tables. Data released 2013. Link: <http://www.bls.gov/ces>.

(1) Includes physicians employed by hospitals.

(2) Does not include public hospitals.

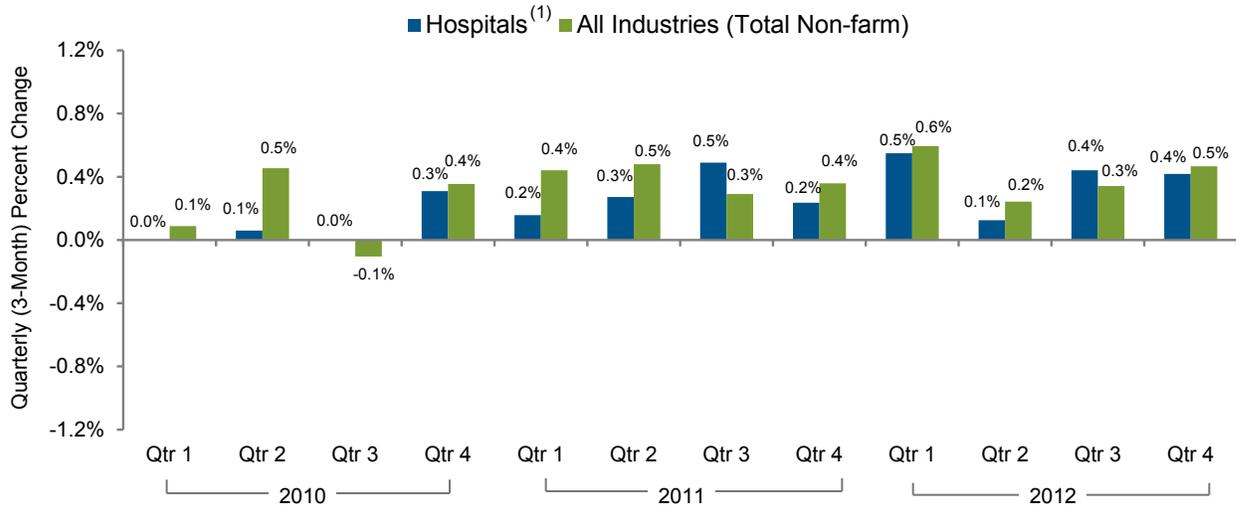
Chart 6.6: Hospital Employment by Occupation Type, 2012⁽¹⁾



Source: Department of Labor, Bureau of Labor Statistics, 2012 National Industry-specific Occupational Employment and Wage. Data released March 2013. Link: http://www.bls.gov/oes/current/naics4_622100.htm

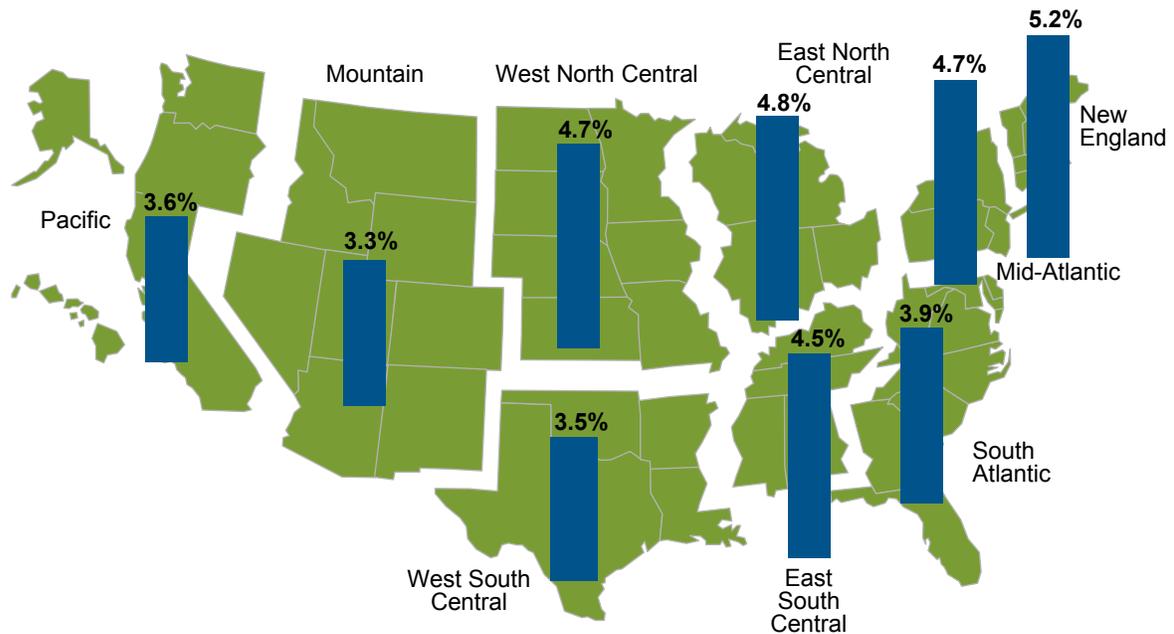
(1) Does not include public hospitals.

Chart 6.7: Percent Change in Employment, Seasonally-adjusted: Hospital⁽¹⁾ vs. All Industries (Total Non-farm), 2010 – 2012



Source: Department of Labor, Bureau of Labor Statistics. Data released March 2013. Link: <http://www.bls.gov/bls/employment.htm>.
⁽¹⁾ Does not include public hospitals.

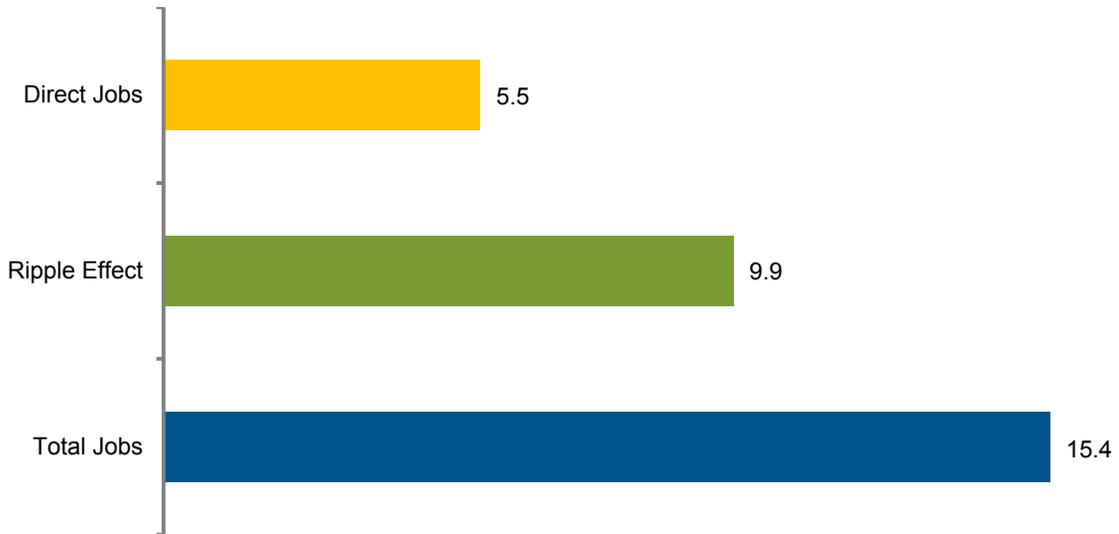
Chart 6.8: Percent of Total Regional Employment⁽¹⁾ by Hospitals, 2011



Source: Avalere Health analysis of American Hospital Association 2011 Annual Survey data and 2011 total non-farm employment data from the Bureau of Labor Statistics.
⁽¹⁾ Does not include farm employment.

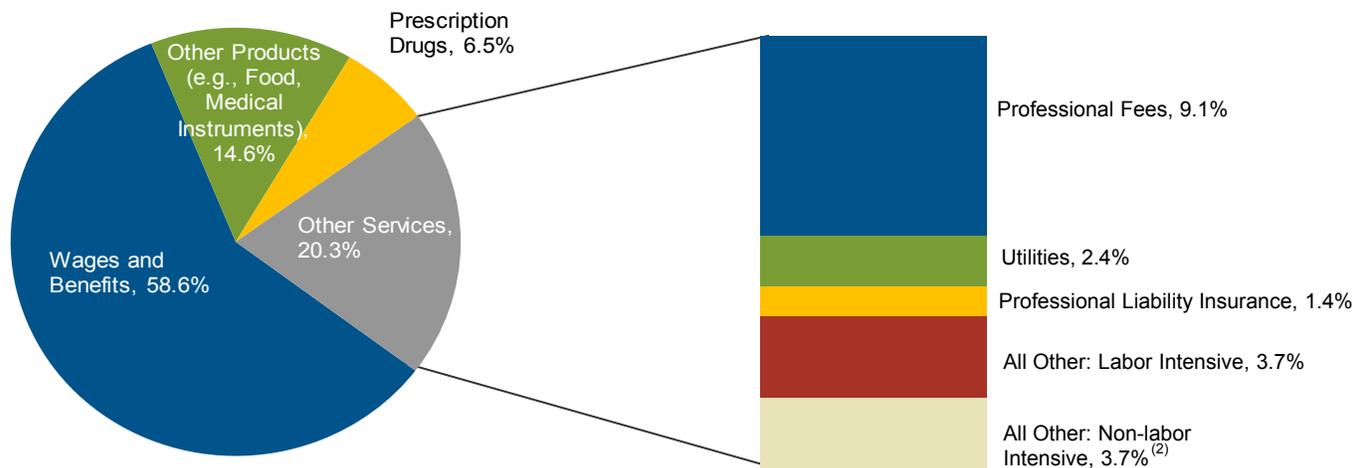


Chart 6.9: Impact of Community Hospitals on U.S. Jobs (in millions), 2012



Source: Avalere Health, using BEA RIMS-II (1997/2006) multipliers, released in 2008, applied to 2011 American Hospital Association Annual Survey data. Note: Multipliers released in 2010 and subsequent years no longer include the national level multipliers needed for this chart.

Chart 6.10: Percent of Hospital Costs⁽¹⁾ by Type of Expense, 2012



Source: AHA analysis of Centers for Medicare and Medicaid Services data, using base year 2006 weights.

⁽¹⁾ Does not include capital.

⁽²⁾ Includes postage and telephone expenses.



Chart 6.11: Hospital Impact on Sectors of the U.S. Economy
(in \$ billions), 2011

Industry	Economic Impact
Health care and social assistance	\$812.5
Manufacturing	346.0
Real estate and rental and leasing	218.7
Finance and insurance	147.6
Professional, scientific and technical services	96.0
Retail trade	94.4
Wholesale trade	75.6
Information	75.5
Transportation and warehousing	72.0
Administrative and waste management services	71.5
Accommodation and food services	59.3
Other services	57.9
Management of companies and enterprises	46.4
Utilities	41.1
Agriculture, forestry, fishing and hunting	34.0
Educational services	18.6
Arts, entertainment, and recreation	16.5
Mining	14.6
Construction	11.4
Total	\$2,309.6

Source: Avalere Health, using BEA RIMS-II (1997/2006) multipliers, released in 2008, applied to 2011 American Hospital Association Annual Survey data. Note: Multipliers released in 2010 and subsequent years no longer include the national level multipliers needed for this chart.

Chart 6.12: Impact of Community Hospitals on U.S. Economy; All States, DC and Total U.S., 2011

State Name	Number of Hospital Jobs (FT and PT)	Multiplier for Employment	Effect of Hospital Jobs on Total Jobs in State Economy	Percent of Total Employment Supported by Hospital Employment	Hospital Payroll and Benefits (\$ millions)	Multiplier for Earnings	Effect of Hospital Payroll and Benefits on Total Labor Income (\$ millions)	Hospital Expenditures (\$ millions)	Multiplier for Output	Effect of Hospital Expenditures on Total State Economic Output (\$ millions)
Alabama	79,898	2.0293	162,137	8.69%	\$4,161	1.6538	\$6,881	\$8,286	1.9782	\$16,391
Alaska	12,241	1.8145	22,211	6.76%	\$898	1.4829	\$1,332	\$1,747	1.7423	\$3,044
Arizona	83,961	2.3261	195,302	8.12%	\$5,707	1.7473	\$9,972	\$11,521	2.0921	\$24,103
Arkansas	49,854	1.8577	92,614	7.98%	\$2,537	1.5592	\$3,956	\$5,237	1.8417	\$9,644
California	499,739	2.3233	1,161,044	8.26%	\$40,702	1.8782	\$76,446	\$77,265	2.3155	\$178,908
Colorado	71,692	2.3607	169,243	7.50%	\$5,033	1.8929	\$9,527	\$10,054	2.3212	\$23,338
Connecticut	67,322	2.1168	142,507	8.78%	\$5,212	1.7191	\$8,961	\$9,562	2.0802	\$19,890
Delaware	20,054	2.0789	41,690	9.99%	\$1,381	1.5948	\$2,202	\$2,408	1.8967	\$4,567
District of Columbia	27,340	1.6374	44,767	6.15%	\$2,022	1.3241	\$2,677	\$3,766	1.3378	\$5,039
Florida	284,136	2.2413	636,834	8.76%	\$18,390	1.7906	\$32,930	\$36,909	2.1546	\$79,524
Georgia	139,681	2.3002	321,294	8.28%	\$8,200	1.8813	\$15,426	\$16,451	2.3035	\$37,895
Hawaii	16,043	2.1635	34,709	5.86%	\$1,271	1.6503	\$2,098	\$2,392	1.9679	\$4,707
Idaho	27,200	1.886	51,299	8.45%	\$1,474	1.5086	\$2,224	\$2,791	1.7539	\$4,895
Illinois	237,624	2.2589	536,769	9.48%	\$15,083	1.9129	\$28,851	\$29,832	2.3704	\$70,713
Indiana	126,860	2.0612	261,484	9.24%	\$7,942	1.7103	\$13,583	\$16,082	2.0808	\$33,464
Iowa	67,554	1.7103	115,538	7.82%	\$3,704	1.4704	\$5,446	\$7,174	1.7231	\$12,362
Kansas	53,397	1.7657	94,283	7.06%	\$3,143	1.5244	\$4,791	\$5,963	1.8186	\$10,845
Kentucky	82,488	2.0314	167,566	9.36%	\$4,817	1.6948	\$8,163	\$10,049	2.0341	\$20,441
Louisiana	86,129	1.9489	167,857	8.81%	\$4,809	1.6285	\$7,831	\$9,705	1.8985	\$18,425
Maine	36,478	2.1174	77,239	13.02%	\$2,312	1.6767	\$3,877	\$4,161	1.9987	\$8,316
Maryland	99,840	2.0626	205,930	8.08%	\$6,325	1.7266	\$10,921	\$12,731	2.0773	\$26,446
Massachusetts	184,839	2.1805	403,041	12.55%	\$11,444	1.8188	\$20,815	\$23,069	2.2142	\$51,079
Michigan	206,696	2.2037	455,496	11.57%	\$12,924	1.7709	\$22,886	\$25,328	2.139	\$54,177
Minnesota	116,593	2.235	260,585	9.74%	\$7,854	1.8076	\$14,197	\$14,475	2.2165	\$32,083
Mississippi	59,336	1.8678	110,828	10.17%	\$3,225	1.5474	\$4,990	\$5,805	1.8228	\$10,581
Missouri	136,871	2.1876	299,419	11.30%	\$8,121	1.8001	\$14,618	\$17,172	2.1788	\$37,415
Montana	21,806	1.8443	40,217	9.40%	\$1,307	1.474	\$1,926	\$2,486	1.7012	\$4,229
Nebraska	41,322	1.7205	71,095	7.53%	\$2,240	1.4993	\$3,358	\$4,659	1.7508	\$8,158
Nevada	25,884	2.2397	57,972	5.15%	\$2,041	1.6295	\$3,326	\$4,071	1.9298	\$7,855
New Hampshire	31,846	2.0467	65,179	10.41%	\$2,223	1.7353	\$3,858	\$3,948	2.007	\$7,924
New Jersey	144,120	2.2526	324,645	8.42%	\$9,882	1.8654	\$18,433	\$18,238	2.3092	\$42,114
New Mexico	24,705	2.0145	49,768	6.19%	\$1,919	1.5475	\$2,970	\$3,714	1.7898	\$6,646
New York	435,963	1.9938	869,223	10.01%	\$34,053	1.6732	\$66,978	\$68,543	2.0617	\$120,699
North Carolina	171,445	2.2429	384,534	9.80%	\$10,270	1.8107	\$18,595	\$20,063	2.212	\$44,379
North Dakota	23,142	1.6142	37,356	9.48%	\$1,238	1.4083	\$1,743	\$2,229	1.6154	\$3,602
Ohio	281,692	2.2008	619,948	12.20%	\$17,323	1.8469	\$31,994	\$32,606	2.2541	\$73,496
Oklahoma	57,732	1.9603	113,172	7.30%	\$3,258	1.6445	\$5,358	\$6,783	1.9496	\$13,224
Oregon	59,933	2.3049	138,140	8.54%	\$4,521	1.7395	\$7,865	\$8,727	2.082	\$18,169
Pennsylvania	285,235	2.2071	629,542	11.07%	\$17,067	1.8641	\$31,815	\$35,246	2.2768	\$80,249
Rhode Island	20,610	2.1003	43,287	9.41%	\$1,702	1.7022	\$2,898	\$3,022	2.0206	\$6,106
South Carolina	71,904	2.2139	159,188	8.69%	\$4,411	1.7258	\$7,612	\$9,707	2.1104	\$20,486
South Dakota	22,397	1.5601	34,942	8.60%	\$1,291	1.3914	\$1,796	\$2,353	1.6058	\$3,779
Tennessee	112,806	2.164	244,112	9.19%	\$6,294	1.8163	\$11,431	\$12,769	2.2215	\$28,367
Texas	338,472	2.2946	776,658	7.36%	\$22,457	1.8783	\$42,181	\$45,556	2.3343	\$106,342
Utah	40,429	2.3204	93,811	7.77%	\$2,248	1.847	\$4,151	\$4,680	2.2759	\$10,650
Vermont	14,654	1.9799	29,013	9.68%	\$1,087	1.551	\$1,685	\$1,777	1.7831	\$3,168
Virginia	112,994	2.0564	232,361	6.31%	\$7,301	1.7199	\$12,556	\$15,341	2.1081	\$32,341
Washington	104,754	2.2617	236,922	8.40%	\$7,926	1.7321	\$13,729	\$14,870	2.1029	\$31,270
West Virginia	43,022	1.8046	77,638	10.30%	\$2,344	1.5245	\$3,573	\$4,724	1.7444	\$8,241
Wisconsin	110,077	2.0695	227,804	8.31%	\$6,986	1.7308	\$12,091	\$14,997	2.0677	\$31,009
Wyoming	9,471	1.6148	15,294	5.35%	\$615	1.3738	\$844	\$1,047	1.5703	\$1,644
United States*	5,480,281	2.8048	15,371,092	11.70%	\$360,692	2.4031	\$866,779	\$702,091	3.2896	\$2,309,599

Source: Avalere Health, using BEA RIMS-II (2002/2010) multipliers for hospital NAICS Code 622, released 2012, applied to American Hospital Association Annual Survey data for 2011. Hospital jobs are total part time and full time jobs. Hospital labor income is defined as payroll plus benefits. The percent of total employment supported by direct and indirect hospital employment is based on 2011 BLS data. Expenditures are defined as total expenditures minus bad debt. In previous years, expenditures were defined as net patient revenue plus other operating revenue.

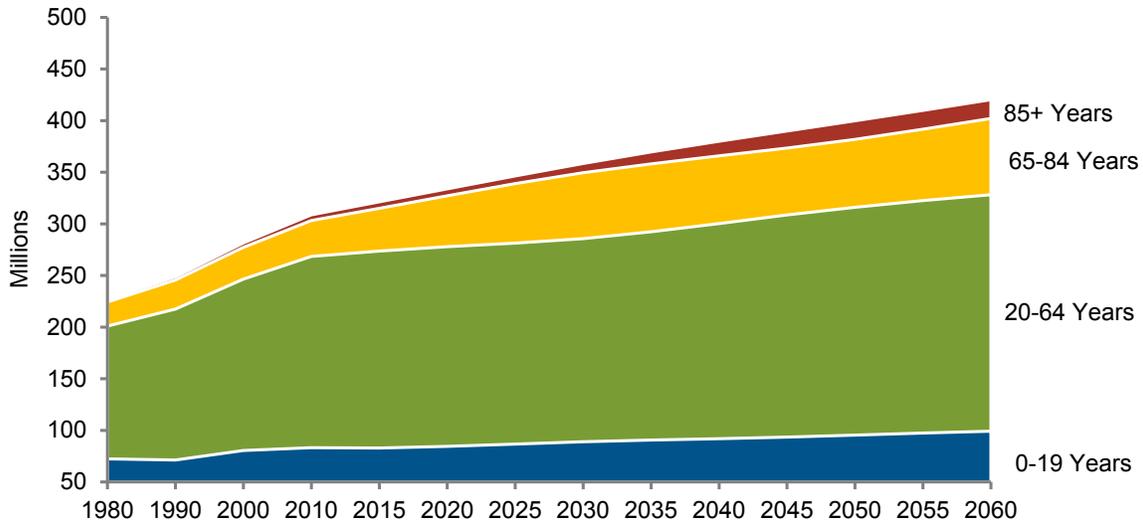
*Multipliers released in 2010 and subsequent years no longer include the national level multipliers needed for the U.S. summary row. BEA RIMS-II (1997/2006) multipliers released in 2008 and applied to 2011 AHA annual survey data were used instead.



CHAPTER 7

Community Health
Indicators

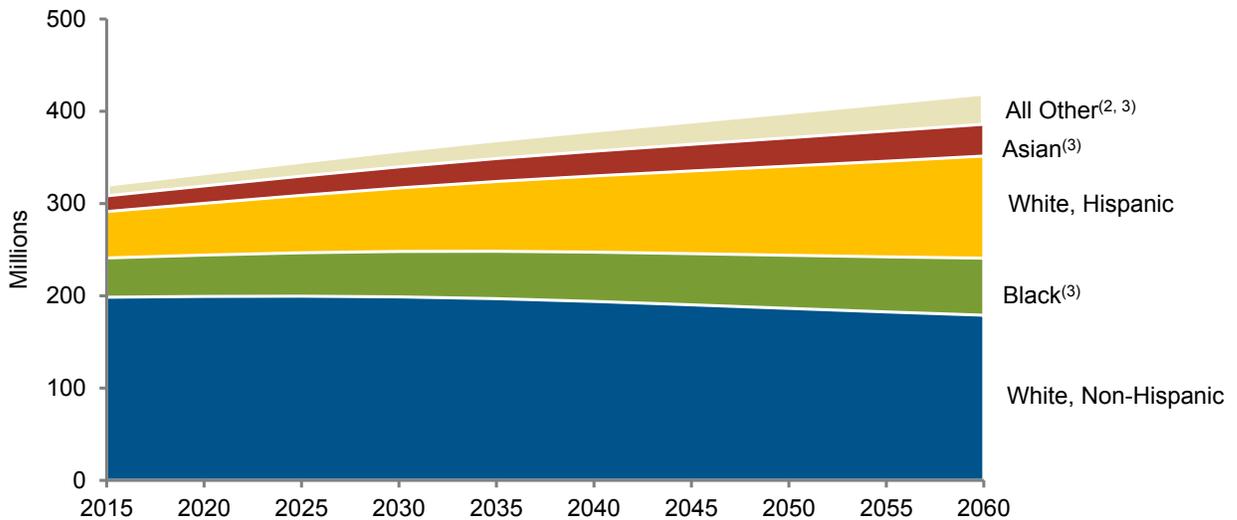
Chart 7.1: U.S. Population Trends and Projections by Age, 1980 – 2060⁽¹⁾



Source: U.S. Department of Commerce, Bureau of the Census. *Projections of the Population by Age and Sex for the United States: 2010-2060*.

⁽¹⁾ Years 2015 through 2060 are projections.

Chart 7.2: U.S. Population Trends and Projections by Race, 2015 – 2060⁽¹⁾



Source: U.S. Department of Commerce, Bureau of the Census. *Projections of the Population by Sex, Race, and Hispanic Origin for the United States: 2010-2060*.

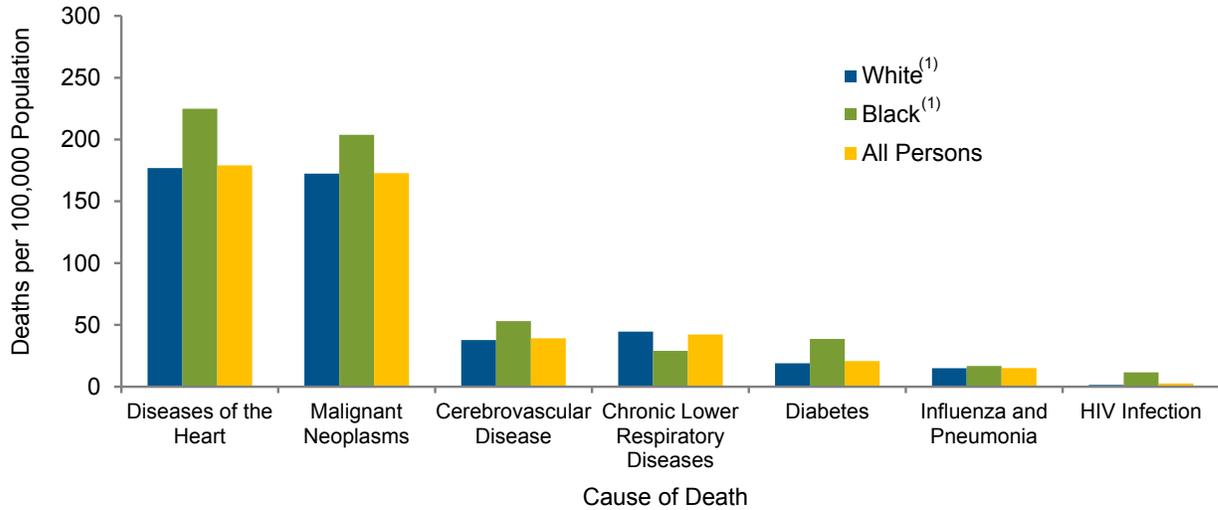
⁽¹⁾ Years 2015 through 2060 are projections.

⁽²⁾ All other includes American Indian, Native Alaskan, Native Hawaiian, other Pacific Islander and two or more races.

⁽³⁾ Black, Asian, and all other categories include Hispanic and non-Hispanic individuals.

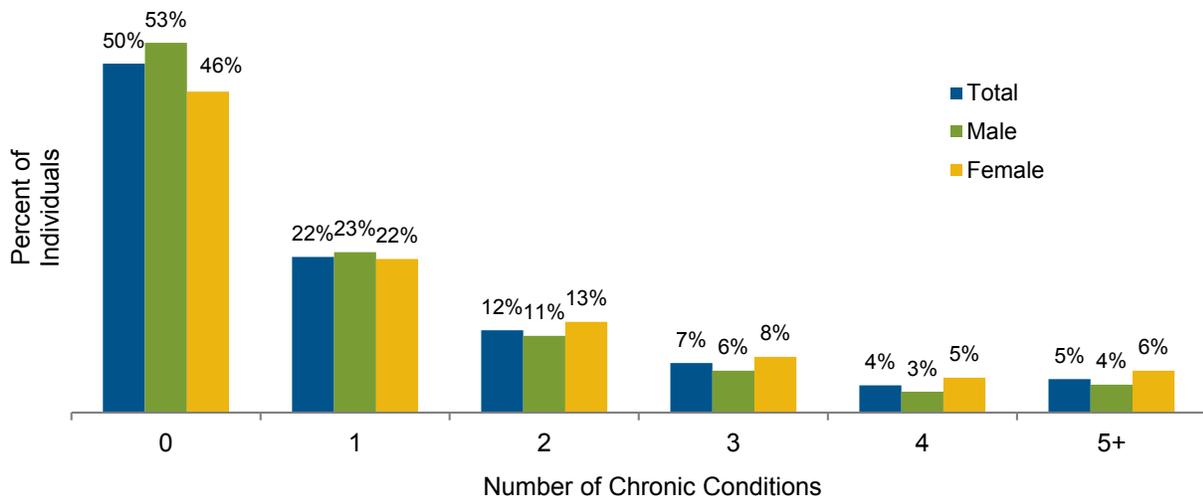


Chart 7.3: Age-adjusted Death Rates, Selected Causes, by Race, 2010



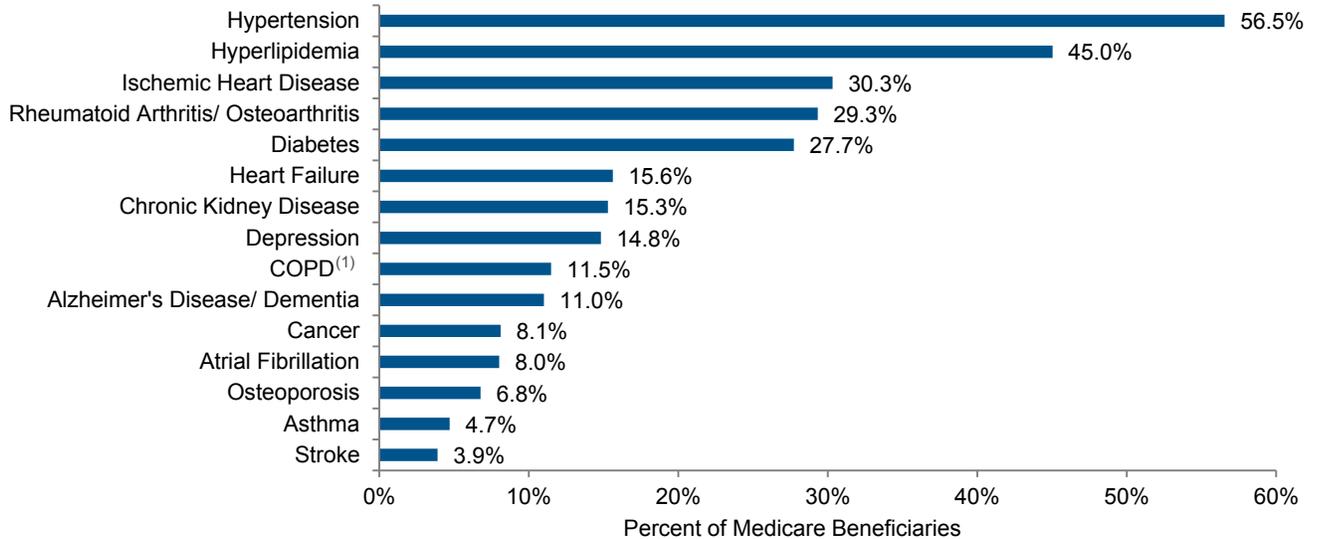
Source: National Center for Health Statistics. (2013). *Health, United States, 2012*. Hyattsville, MD.
(1) Racial categories include individuals of both Hispanic and non-Hispanic origin.

Chart 7.4: Percent of People with Chronic Conditions by Number and Sex, 2006



Source: Anderson, G. (2010). *Chronic Care: Making the Case for Ongoing Care*. Johns Hopkins University and the Robert Wood Johnson Foundation.

Chart 7.5: Percent of Fee-for-Service Medicare Beneficiaries with Chronic Conditions, 2011

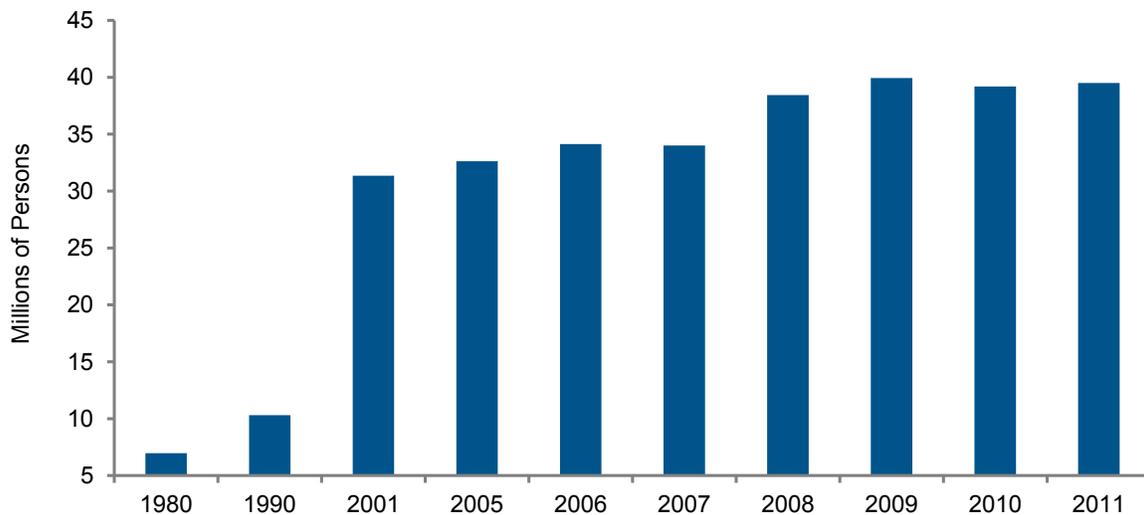


Source: Centers for Medicare & Medicaid Services. Medicare Chronic Condition Dashboard. Data released March 28, 2013. Available at: <https://www.ccwdata.org/web/guest/interactive-data/chronic-conditions-dashboard>.

⁽¹⁾ Chronic obstructive pulmonary disease.

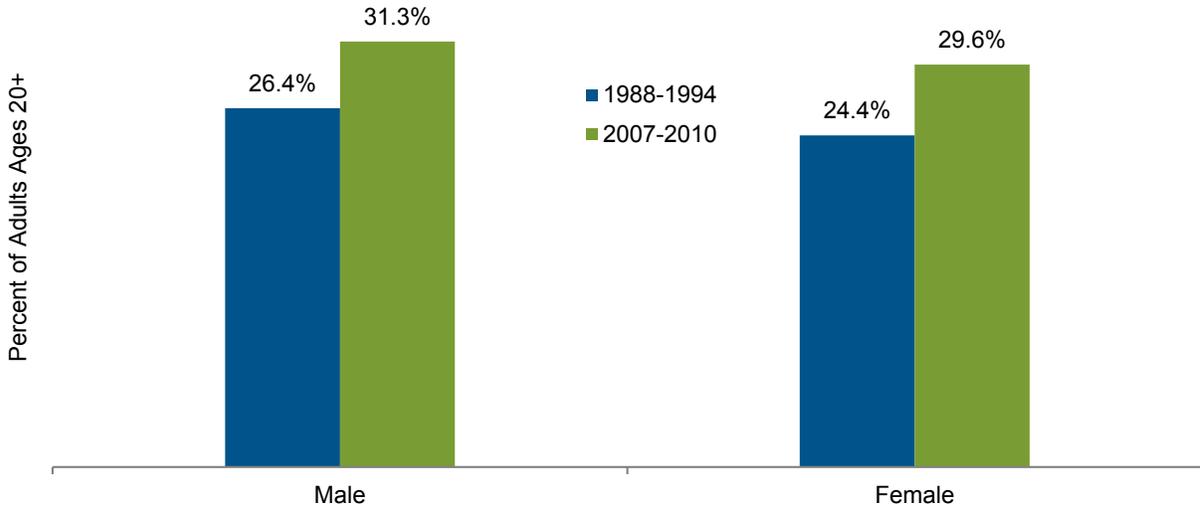
Previously *Percent of People with Chronic Conditions by Type, 2006*. Source: Anderson, G. (2010). *Chronic Care: Making the Case for Ongoing Care*. Johns Hopkins University and the Robert Wood Johnson Foundation.

Chart 7.6: Number of Persons with Asthma, 1980 – 2011



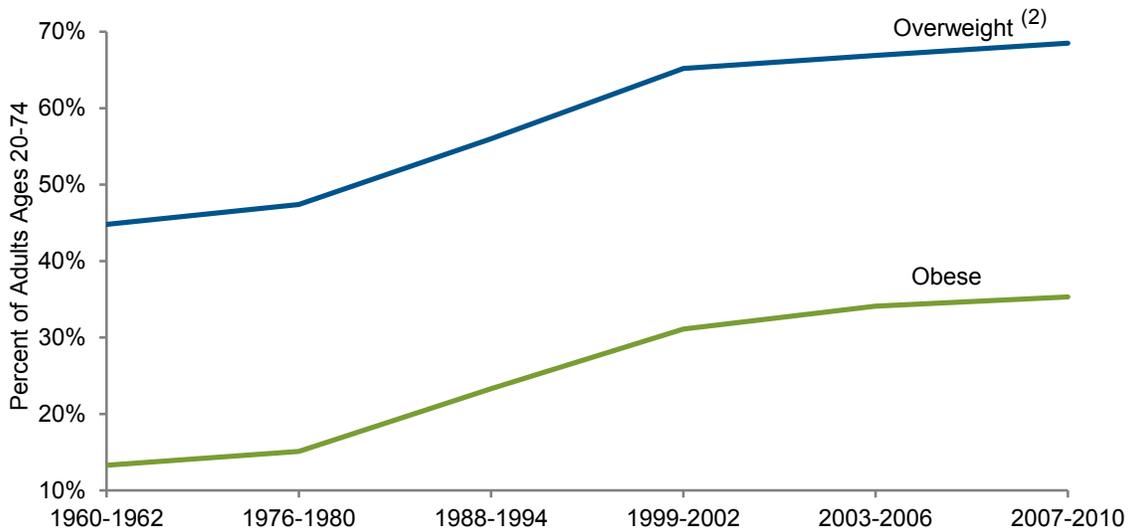
Source: Centers for Disease Control and Prevention (2002). "Asthma Surveillance – United States, 1980-1999." National Center for Health Statistics. National Health Interview Survey 2001, 2005, 2006, 2007, 2008, 2009, 2010, and 2011.

Chart 7.7: Percent of Adults with Hypertension by Sex,⁽¹⁾ 1988 – 1994 and 2007 – 2010



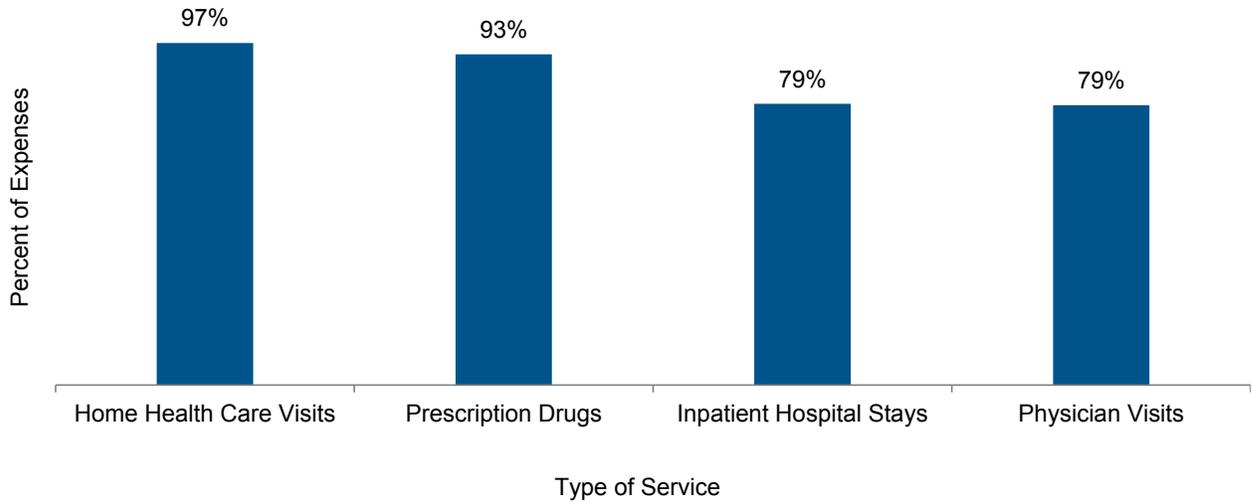
Source: National Center for Health Statistics. (2013). *Health, United States, 2012*. Hyattsville, MD.
(1) Data are age-adjusted to 2000 standard population.

Chart 7.8: Percent of Adults Who Are Overweight and Obese,⁽¹⁾ 1960 – 2010



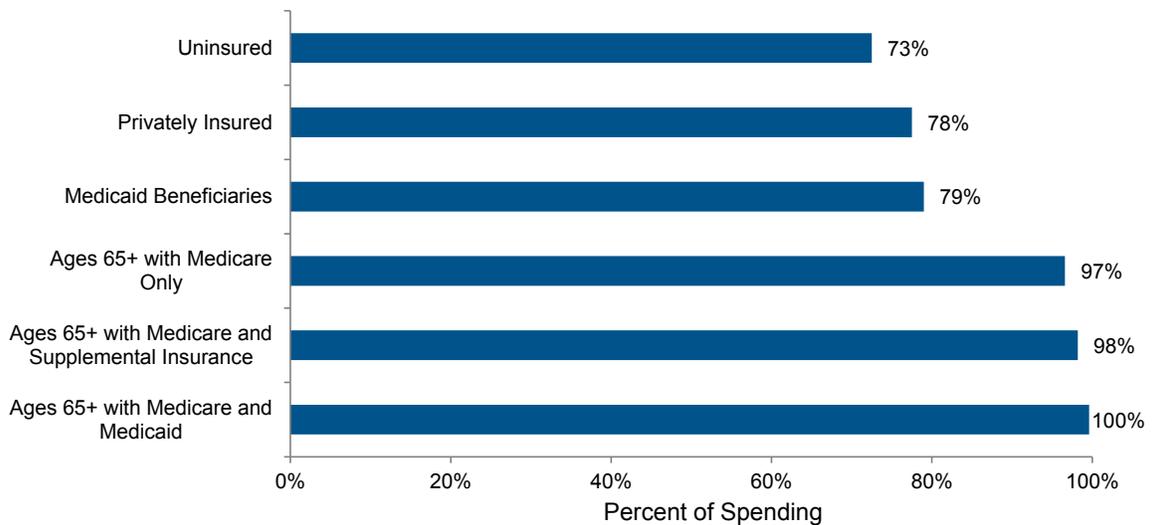
Source: National Center for Health Statistics. (2013). *Health, United States, 2012*. Hyattsville, MD.
(1) Data are age-adjusted to 2000 standard population.
(2) Overweight includes obese.

Chart 7.9: Percent of Expenses Used by People with Chronic Conditions by Service Type, 2006



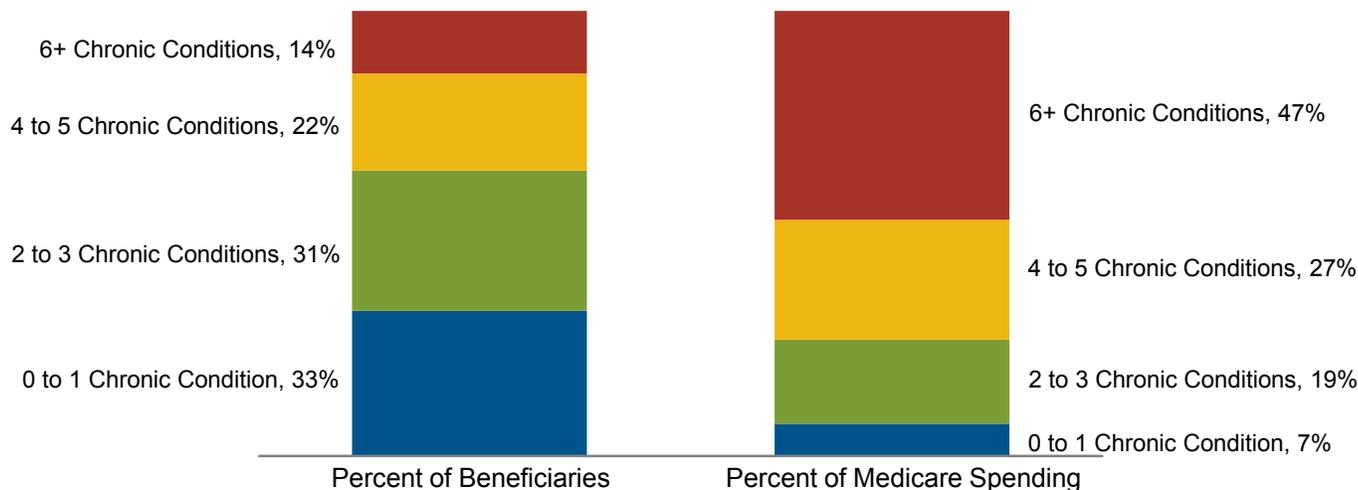
Source: Anderson, G. (2010). *Chronic Care: Making the Case for Ongoing Care*. Johns Hopkins University and the Robert Wood Johnson Foundation.

Chart 7.10: Percent of Spending for Individuals with Chronic Conditions by Insurance Status, 2006



Source: Anderson, G. (2010). *Chronic Care: Making the Case for Ongoing Care*. Johns Hopkins University and the Robert Wood Johnson Foundation.

Chart 7.11: Percent of Medicare Fee-for-Service Beneficiaries vs. Percent of Medicare Spending, by Number of Chronic Conditions,⁽¹⁾ 2011

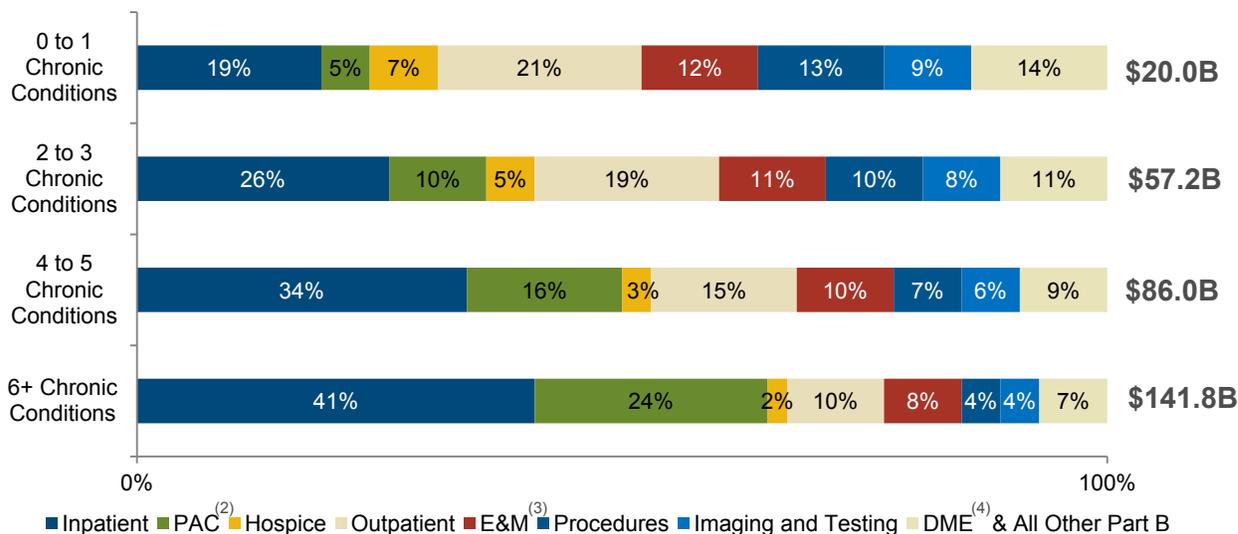


Source: Centers for Medicare & Medicaid Services. Medicare Chronic Condition Dashboard. Data released March 28, 2013. Available at: <https://www.ccwdata.org/web/guest/interactive-data/chronic-conditions-dashboard>.

⁽¹⁾ Includes 15 CMS identified chronic conditions.

Previously Percent of Population vs. Percent of Spending, by Number of Chronic Conditions, 2006. Source: Anderson, G. (2010). *Chronic Care: Making the Case for Ongoing Care.* Johns Hopkins University and the Robert Wood Johnson Foundation.

Chart 7.12: Percent of Medicare Fee-for-Service Spending on Chronic Conditions by Type of Service,⁽¹⁾ 2010



Source: Centers for Medicare & Medicaid Services. *Chronic Conditions Among Medicare Beneficiaries Chartbook 2012.* Available at: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/Downloads/2012Chartbook.pdf>.

⁽¹⁾ Includes 15 CMS identified chronic conditions.

⁽²⁾ PAC = Post-acute care.

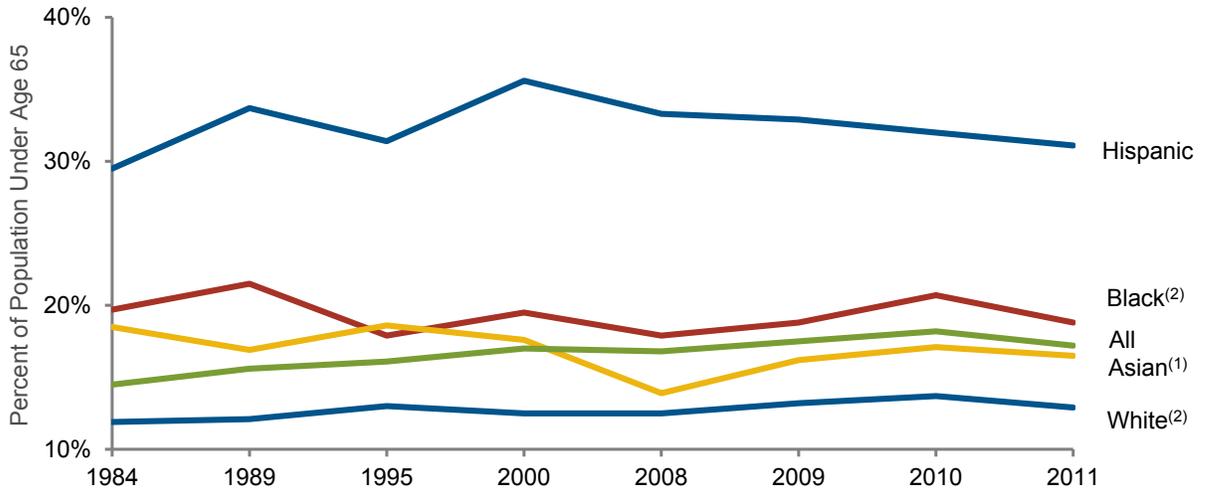
⁽³⁾ E&M = Evaluation & Management.

⁽⁴⁾ DME = Durable Medical Equipment.

Chart added in Chartbook 2013. Replaced: *Working Age Adults with Activity Limitations Due to Chronic Conditions, by Condition and Age, 2006-2007.* Source: National Center for Health Statistics. (2010). *Health, United States, 2009.* Hyattsville, MD.



Chart 7.13: Percent Uninsured by Race, 1984 – 2011

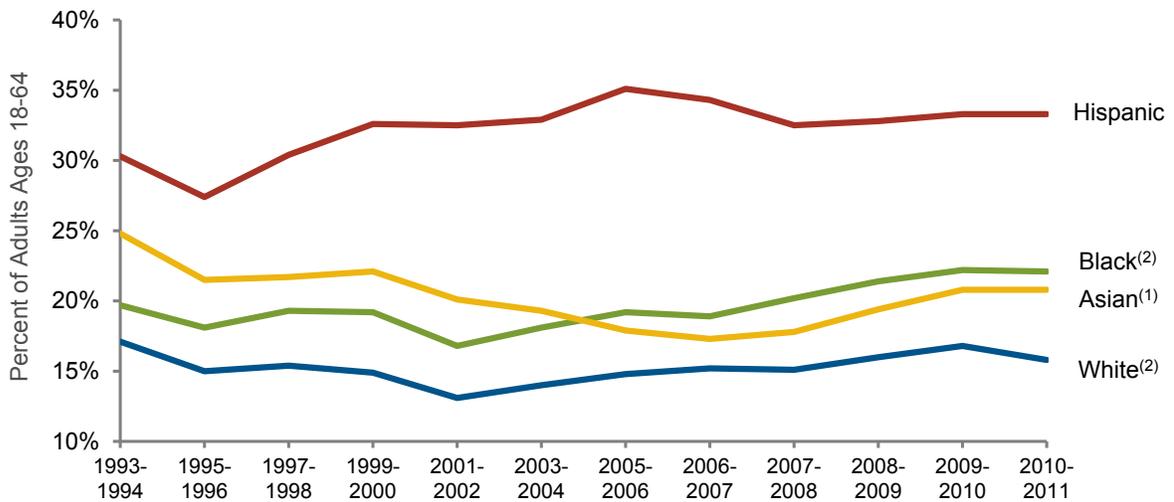


Source: National Center for Health Statistics. (2013). *Health, United States, 2012*. Hyattsville, MD.

(1) Includes individuals of Hispanic and non-Hispanic origin.

(2) Includes individuals of non-Hispanic origin only.

Chart 7.14: Percent of Adults with No Usual Source of Care by Race, 1993 – 2011

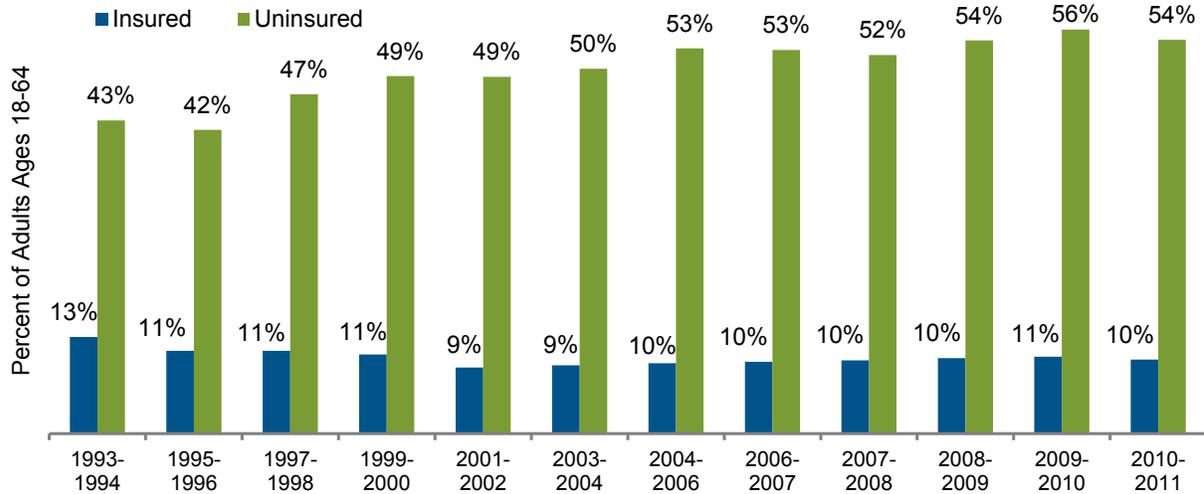


Source: National Center for Health Statistics. (2013). *Health, United States, 2012*. Hyattsville, MD.

(1) Includes individuals of Hispanic and non-Hispanic origin.

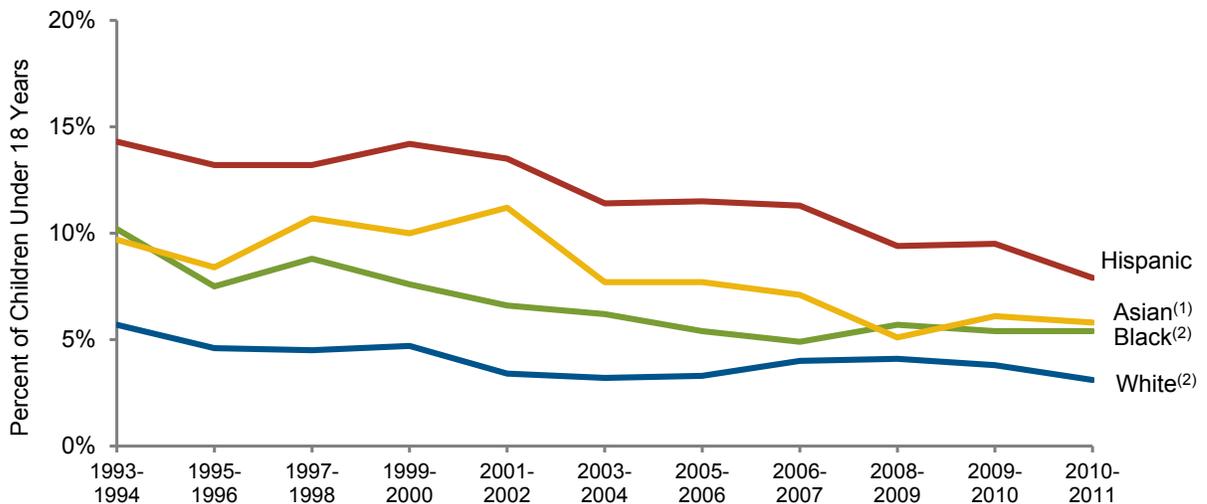
(2) Includes individuals of non-Hispanic origin only.

Chart 7.15: Percent of Adults with No Usual Source of Care by Insurance Status, 1993 – 2011



Source: National Center for Health Statistics. (2013). *Health, United States, 2012*. Hyattsville, MD.

Chart 7.16: Percent of Children with No Usual Source of Care by Race, 1993 – 2011



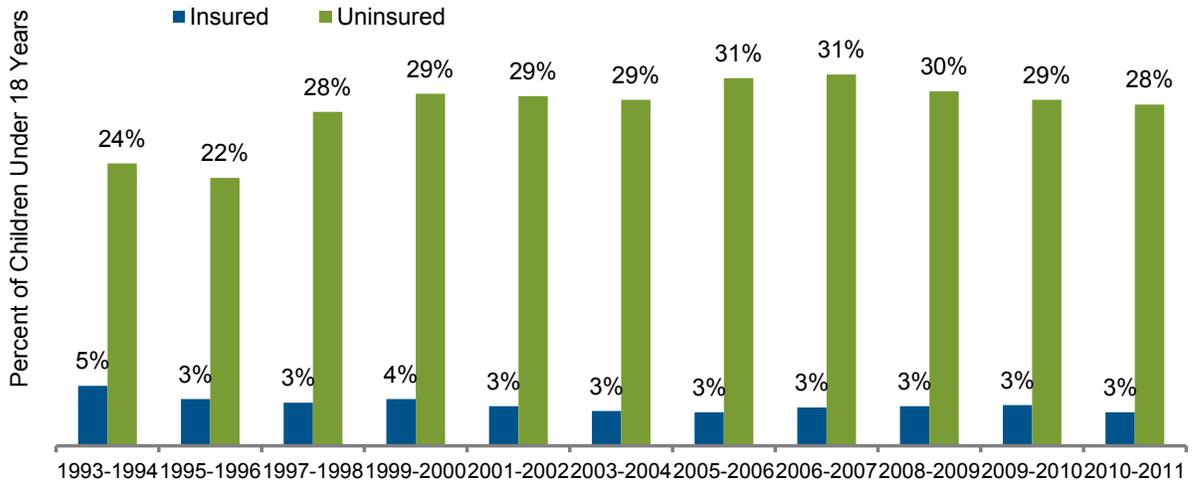
Source: National Center for Health Statistics. (2013). *Health, United States, 2012*. Hyattsville, MD.

(1) Includes individuals of Hispanic and non-Hispanic origin.

(2) Includes individuals of non-Hispanic origin only.

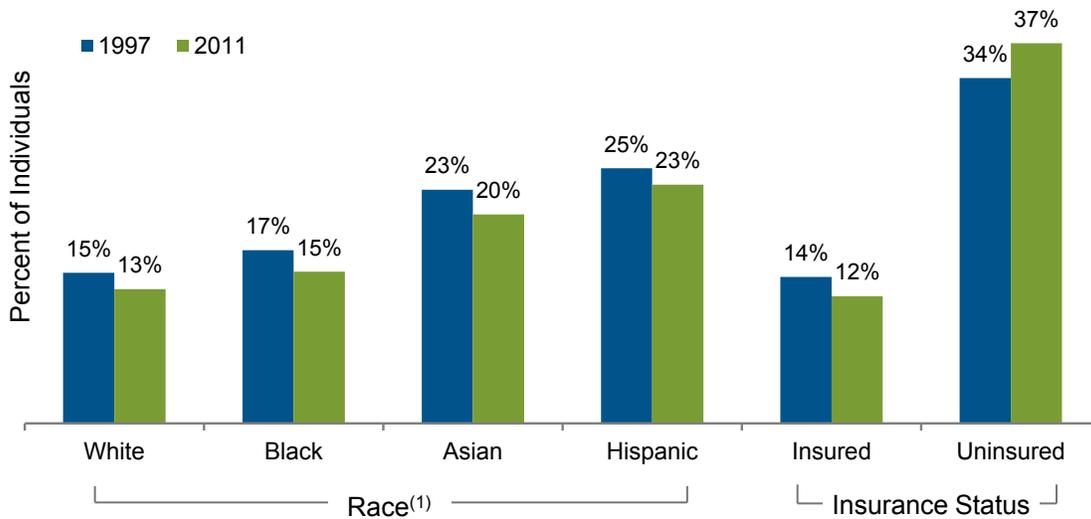


Chart 7.17: Percent of Children with No Usual Source of Care by Insurance Status, 1993 – 2011



Source: National Center for Health Statistics. (2013). *Health, United States, 2012*. Hyattsville, MD.

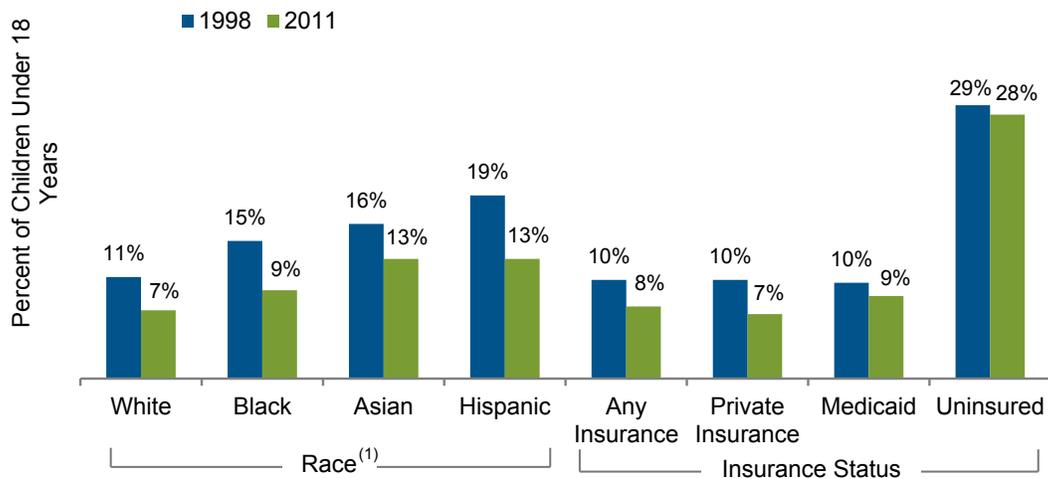
Chart 7.18: Percent of Individuals with No Health Care Visits by Race, Insurance Status, 1997 and 2011



Source: National Center for Health Statistics. (2013). *Health, United States, 2012*. Hyattsville, MD.

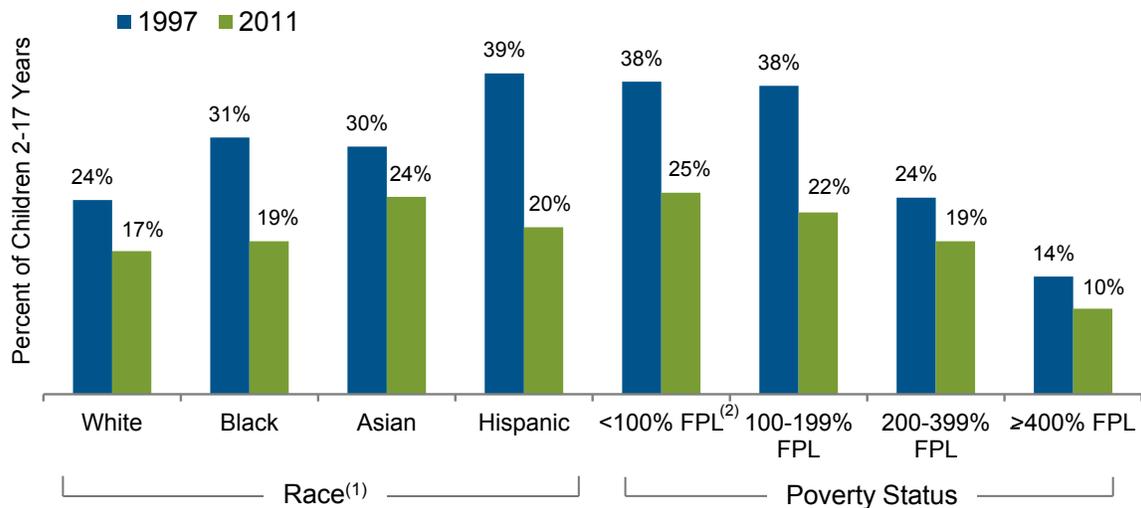
(1) White and Black include individuals of non-Hispanic origin only. Asian includes individuals of Hispanic and non-Hispanic origin.

Chart 7.19: Percent of Children with No Health Care Visits by Race, Insurance Status, 1998 and 2011



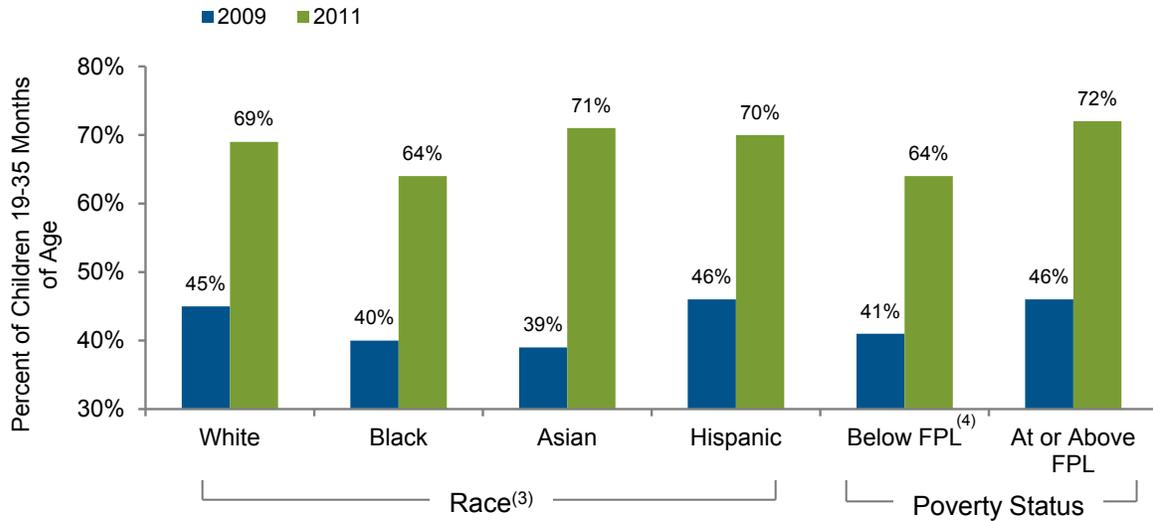
Source: National Center for Health Statistics. (2013). *Health, United States, 2012*. Hyattsville, MD.
 (1) White and Black include individuals of non-Hispanic origin only. Asian includes individuals of Hispanic and non-Hispanic origin.

Chart 7.20: Percent of Children with No Dental Visits by Race, Poverty Status, 1997 and 2011



Source: National Center for Health Statistics. (2013). *Health, United States, 2012*. Hyattsville, MD.
 (1) White and Black include individuals of non-Hispanic origin only. Asian includes individuals of Hispanic and non-Hispanic origin.
 (2) FPL = federal poverty limit.

Chart 7.21: Percent of Children Vaccinated⁽¹⁾ by Race, Poverty Status, 2009⁽²⁾ and 2011



Source: National Center for Health Statistics. (2013). *Health, United States, 2012*. Hyattsville, MD.

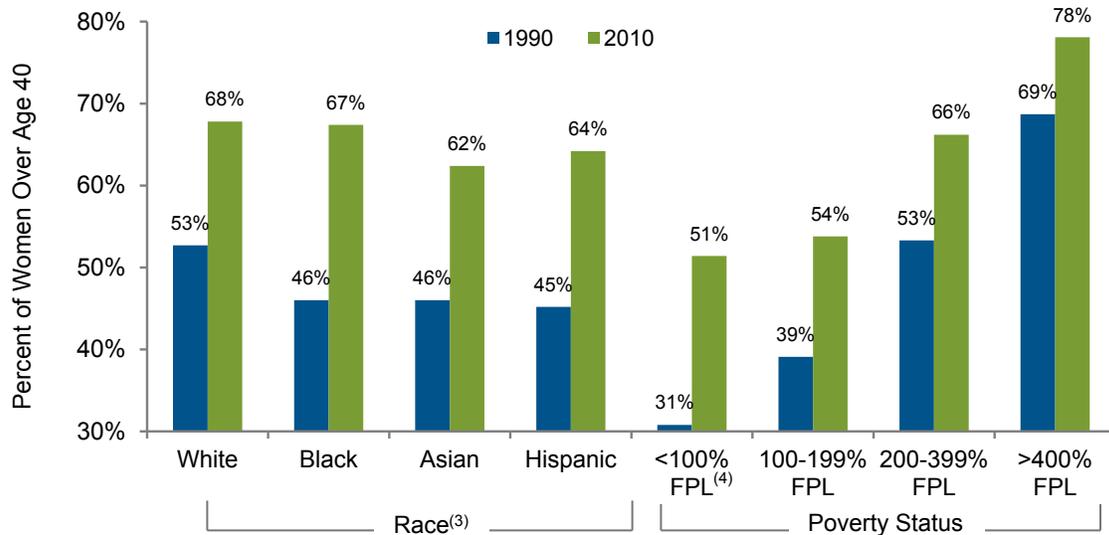
(1) Vaccinations include DTP, Polio, MMR, Hib, Hepatitis B, Varicella and PCV.

(2) Classification methodology changed for the Influenza Type B vaccine—before January 2009, NIS did not distinguish between Hib vaccine product types, so children who received three doses of the vaccine that required four doses were misclassified as fully vaccinated.

(3) White, Black and Asian include individuals of non-Hispanic origin only.

(4) FPL = federal poverty limit.

Chart 7.22: Percent of Women⁽¹⁾ Receiving Mammography⁽²⁾ by Race, Poverty Status, 1990 and 2010



Source: National Center for Health Statistics. (2013). *Health, United States, 2012*. Hyattsville, MD.

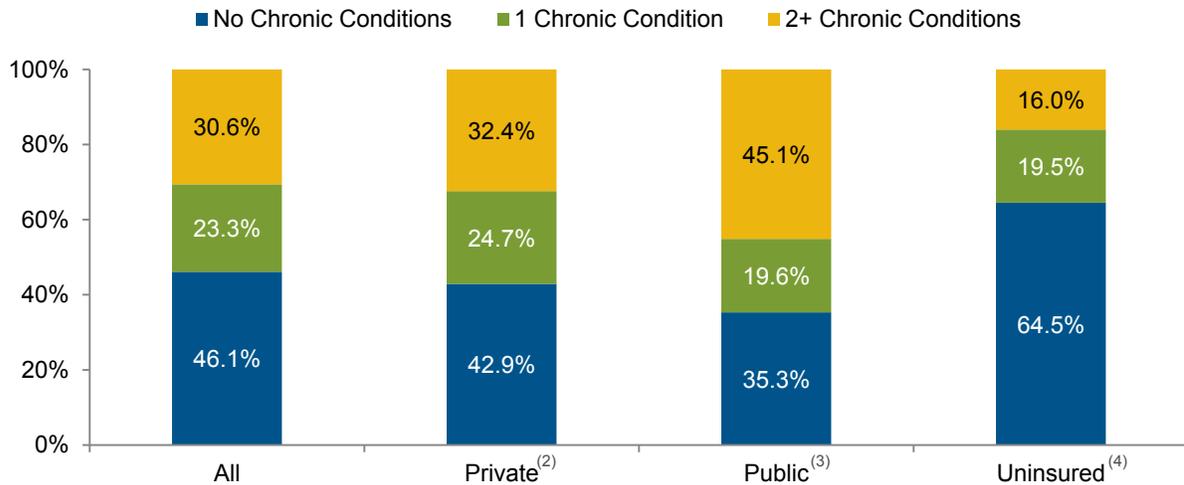
(1) Women over 40 years of age.

(2) Indicates use of mammography in two years prior to 1990 and 2010.

(3) White and Black include individuals of non-Hispanic origin only. Asian includes individuals of Hispanic and non-Hispanic origin.

(4) FPL = federal poverty limit.

Chart 7.23: Percent of Adults⁽¹⁾ with Chronic Conditions by Insurance Type, 2007 – 2008



Source: Agency for Healthcare Research and Quality. Center for Financing, Access, and Cost Trends. Household Component of the Medical Expenditure Panel Survey, 2007-2008. Available at: http://meps.ahrq.gov/data_files/publications/st320/stat320.shtml.

(1) Includes individuals 18-64 years of age.

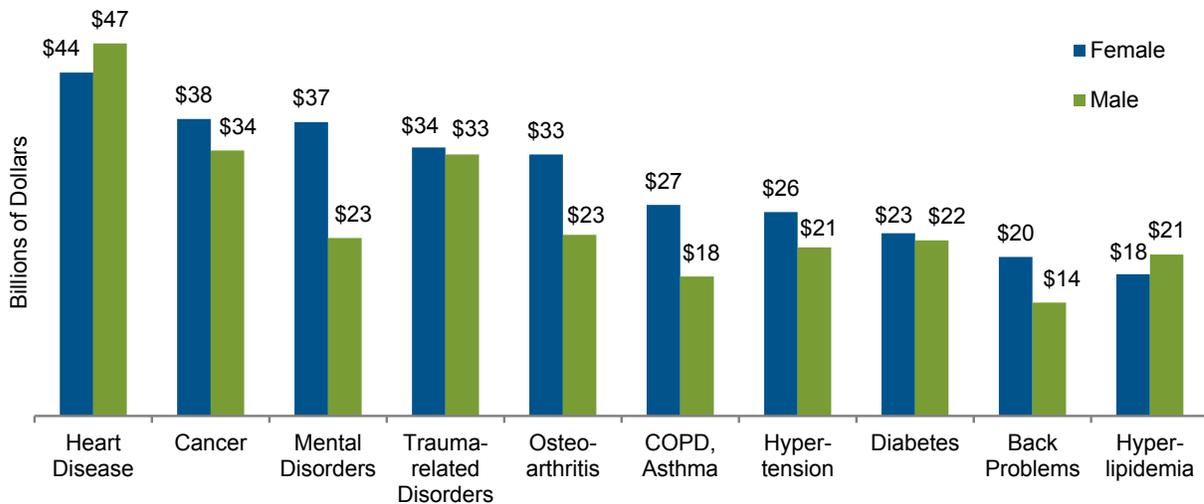
(2) Includes individuals who had any private insurance coverage (including TRICARE) anytime between 2007 to 2008.

(3) Includes individuals who had only public insurance coverage for all or part of the year between 2007 to 2008.

(4) Includes individuals who were uninsured all of the year between 2007 to 2008.

Chart added in Chartbook 2013.

Chart 7.24: Total Expenditures on Top 10 Most Costly Conditions Among Adults⁽¹⁾ by Sex, 2008



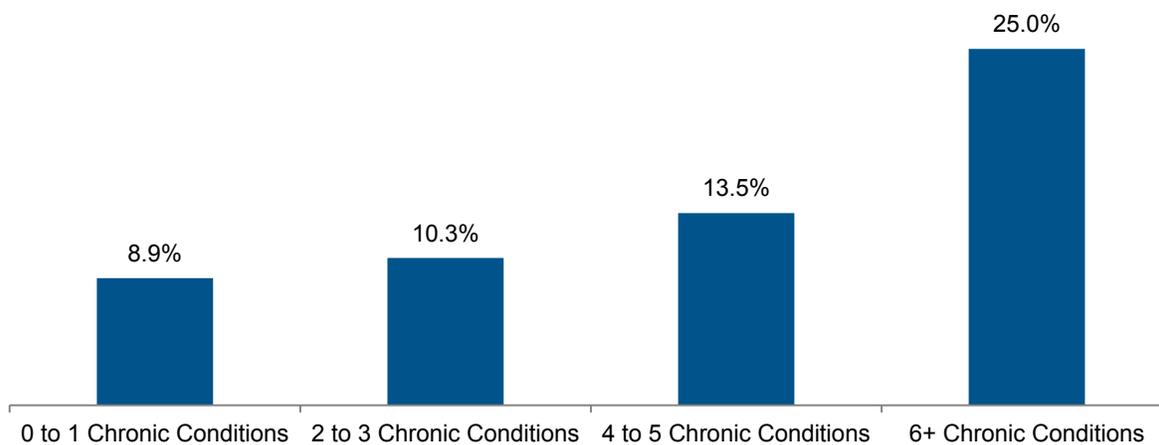
Source: Agency for Healthcare Research and Quality. Center for Financing, Access, and Cost Trends. Household Component of the Medical Expenditure Panel Survey, 2008. Available at: http://meps.ahrq.gov/mepsweb/data_files/publications/st331/stat331.shtml.

(1) Only includes adults ages 18 and older.

Chart added in Chartbook 2013.



Chart 7.25: 30-Day Readmission Rate for Medicare Fee-for-Service Beneficiaries by Number of Chronic Conditions,⁽¹⁾ 2011



Source: Centers for Medicare & Medicaid Services. Medicare Chronic Condition Dashboard. Data released March 28, 2013. Available at: <https://www.ccwdata.org/web/guest/interactive-data/chronic-conditions-dashboard>.

⁽¹⁾ Includes 15 CMS identified chronic conditions.

Chart added in Chartbook 2013.



APPENDICES



APPENDIX 1

Supplementary Data Tables
Trends in the Overall
Health Care Market

Table 1.1: Total National Health Expenditures, 1980 – 2011⁽¹⁾

Year	Total National Health Expenditures				Prescription Drugs Total	
	Total		Per Capita		Nominal Dollars (billions)	Real Dollars ⁽²⁾ (billions)
	Nominal Dollars (billions)	Real Dollars ⁽²⁾ (billions)	Nominal Dollars	Real Dollars ⁽²⁾		
1980	\$255.8	\$255.8	\$1,112	\$1,112	\$12.0	\$12.0
1981	\$296.7	\$269.0	\$1,274	\$1,154	\$13.4	\$12.1
1982	\$334.7	\$285.8	\$1,424	\$1,216	\$15.0	\$12.8
1983	\$369.0	\$305.3	\$1,557	\$1,288	\$17.3	\$14.3
1984	\$406.5	\$322.4	\$1,701	\$1,349	\$19.6	\$15.6
1985	\$444.6	\$340.5	\$1,837	\$1,407	\$21.8	\$16.7
1986	\$476.9	\$358.5	\$1,954	\$1,469	\$24.3	\$18.3
1987	\$519.1	\$376.5	\$2,110	\$1,531	\$26.9	\$19.5
1988	\$581.7	\$405.2	\$2,346	\$1,634	\$30.6	\$21.3
1989	\$647.5	\$430.3	\$2,580	\$1,714	\$34.8	\$23.1
1990	\$724.3	\$456.6	\$2,851	\$1,798	\$40.3	\$25.4
1991	\$791.5	\$478.9	\$3,080	\$1,863	\$44.4	\$26.9
1992	\$857.9	\$503.9	\$3,300	\$1,938	\$47.0	\$27.6
1993	\$921.5	\$525.5	\$3,504	\$1,998	\$49.6	\$28.3
1994	\$972.7	\$540.8	\$3,657	\$2,033	\$53.1	\$29.5
1995	\$1,027.4	\$555.5	\$3,819	\$2,065	\$59.8	\$32.3
1996	\$1,081.8	\$568.2	\$3,992	\$2,097	\$68.1	\$35.8
1997	\$1,142.6	\$586.6	\$4,170	\$2,141	\$77.6	\$39.9
1998	\$1,208.9	\$611.1	\$4,364	\$2,206	\$88.4	\$44.7
1999	\$1,286.5	\$636.3	\$4,594	\$2,272	\$104.7	\$51.8
2000	\$1,377.2	\$659.0	\$4,884	\$2,337	\$120.9	\$57.8
2001	\$1,493.3	\$694.8	\$5,240	\$2,438	\$138.7	\$64.5
2002	\$1,638.0	\$750.2	\$5,687	\$2,605	\$158.2	\$72.4
2003	\$1,775.4	\$795.1	\$6,122	\$2,742	\$176.0	\$78.8
2004	\$1,901.6	\$829.5	\$6,490	\$2,831	\$192.2	\$83.8
2005	\$2,030.5	\$856.7	\$6,883	\$2,904	\$204.7	\$86.4
2006	\$2,163.3	\$884.2	\$7,259	\$2,967	\$224.1	\$91.6
2007	\$2,298.3	\$913.4	\$7,635	\$3,034	\$235.9	\$93.7
2008	\$2,406.6	\$921.1	\$7,917	\$3,030	\$242.6	\$92.8
2009	\$2,501.2	\$960.7	\$8,174	\$3,139	\$254.6	\$97.8
2010	\$2,600.0	\$982.5	\$8,414	\$3,180	\$255.7	\$96.6
2011	\$2,700.7	\$989.3	\$8,684	\$3,181	\$263.0	\$96.3

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 9, 2013.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

⁽²⁾ Expressed in 1980 dollars; adjusted using the overall Consumer Price Index for Urban Consumers.

Data for Charts 1.1, 1.3, and 1.10

Table 1.2: Percent Change in National Expenditures for Selected Health Services and Supplies, 2001 – 2011⁽¹⁾

Year	Hospital Care	Prescription Drugs	Admin. & Net Cost of Private Health Insurance	Home Health Care	Nursing Home Care
2001	8.1%	14.7%	10.8%	6.2%	6.7%
2002	8.3%	14.0%	24.4%	6.4%	4.1%
2003	8.2%	11.3%	17.7%	8.7%	6.2%
2004	7.6%	9.2%	7.0%	10.1%	5.4%
2005	7.7%	6.5%	7.0%	11.2%	6.3%
2006	7.0%	9.5%	9.8%	8.0%	4.3%
2007	6.2%	5.2%	3.7%	9.9%	7.8%
2008	5.3%	2.8%	-1.2%	7.8%	4.9%
2009	6.7%	5.0%	-1.1%	8.0%	4.5%
2010	4.9%	0.4%	8.1%	5.8%	3.2%
2011	4.3%	2.9%	4.1%	4.5%	4.4%

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 9, 2013.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

Data for Chart 1.7

Table 1.3: National Health Expenditures,⁽¹⁾ 1980 – 2021⁽²⁾

Year	Expenditures (billions)
1980	\$255.8
1990	\$724.3
2000	\$1,377.2
2001	\$1,494.1
2002	\$1,636.4
2003	\$1,774.3
2004	\$1,900.0
2005	\$2,029.1
2006	\$2,162.4
2007	\$2,297.1
2008	\$2,403.9
2009	\$2,495.8
2010	\$2,593.6
2011	\$2,695.0
2012	\$2,809.0
2013	\$2,915.5
2014	\$3,130.2
2015	\$3,307.6
2016	\$3,514.4
2017	\$3,723.3
2018	\$3,952.3
2019	\$4,207.3
2020	\$4,487.2
2021	\$4,781.0

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released June 2012.

⁽¹⁾ Years 2011 – 2021 are projections.

⁽²⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

Data for Chart 1.8



Table 1.4: Consumer Out-of-pocket Payments for National Health Expenditures, 1991 – 2011⁽¹⁾

Year	Payment (billions)
1991	\$141.7
1992	\$144.2
1993	\$145.3
1994	\$143.5
1995	\$146.4
1996	\$152.2
1997	\$163.8
1998	\$179.4
1999	\$190.4
2000	\$201.7
2001	\$209.0
2002	\$221.9
2003	\$236.4
2004	\$248.5
2005	\$262.9
2006	\$271.6
2007	\$286.1
2008	\$293.0
2009	\$293.3
2010	\$299.4
2011	\$307.7

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 9, 2013.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

Data for Chart 1.9



Table 1.5: Growth in Total Prescription Drug Spending as a Percentage of Total Growth in National Health Expenditures, 1991 – 2011⁽¹⁾

Year	Percentage
1991	6.08%
1992	3.95%
1993	4.07%
1994	6.78%
1995	12.33%
1996	15.31%
1997	15.61%
1998	16.30%
1999	21.04%
2000	17.81%
2001	15.32%
2002	13.47%
2003	12.97%
2004	12.81%
2005	9.75%
2006	14.62%
2007	8.71%
2008	6.16%
2009	12.72%
2010	1.08%
2011	7.28%

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 9, 2013.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

Data for Chart 1.11

Table 1.6: Consumer Out-of-pocket Spending vs. Private Health Insurance Spending for Prescription Drugs, 1991 – 2011⁽¹⁾

Year	Out-of-pocket Payment (billions)	Private Health Insurance (billions)
1991	\$23.554	\$13.212
1992	\$23.663	\$14.786
1993	\$23.891	\$16.214
1994	\$23.282	\$19.146
1995	\$23.351	\$24.376
1996	\$24.468	\$29.942
1997	\$25.986	\$35.922
1998	\$27.782	\$42.335
1999	\$30.852	\$51.913
2000	\$33.934	\$60.701
2001	\$36.625	\$70.634
2002	\$40.919	\$79.867
2003	\$45.261	\$86.501
2004	\$48.019	\$94.593
2005	\$51.310	\$101.820
2006	\$51.116	\$102.167
2007	\$51.837	\$107.747
2008	\$49.796	\$111.210
2009	\$49.600	\$118.274
2010	\$46.242	\$118.695
2011	\$45.042	\$122.182

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 9, 2013.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

Data for Chart 1.12

Table 1.7: Number and Percent Uninsured, 1991 – 2011

Year	Number (millions)	Percent
1991	35.4	14.1%
1992	38.6	15.0%
1993	39.7	15.3%
1994	39.7	15.2%
1995	40.6	15.4%
1996	41.7	15.6%
1997	43.4	16.1%
1998	44.3	16.3%
1999	40.2	14.5%
2000	39.8	14.2%
2001	41.2	14.6%
2002	43.6	15.2%
2003	45.0	15.6%
2004	43.5	14.9%
2005	44.8	15.3%
2006	47.0	15.8%
2007	45.7	15.3%
2008	46.3	15.4%
2009	49.0	16.7%
2010	49.9	16.3%
2011	48.6	15.7%

Source: US Census Bureau, Income, Poverty, and Health Insurance Coverage in the United States: 2011. Data released August 2012. Table 7. People Without Health Insurance Coverage by Selected Characteristics: 2010 and 2011.
Link: <http://www.census.gov/prod/2012pubs/p60-243.pdf>.

Data for Chart 1.15



Table 1.8: Average Percent Uninsured by State, 2009 – 2011

State	Average Percent Uninsured	State	Average Percent Uninsured
Alabama	15.0	Montana	17.2
Alaska	18.0	Nebraska	12.3
Arizona	18.4	Nevada	21.6
Arkansas	18.3	New Hampshire	10.8
California	19.5	New Jersey	15.1
Colorado	14.3	New Mexico	20.6
Connecticut	10.3	New York	13.8
Delaware	11.5	North Carolina	17.1
District of Columbia	11.3	North Dakota	11.1
Florida	20.7	Ohio	13.6
Georgia	19.7	Oklahoma	17.4
Hawaii	7.6	Oregon	15.8
Idaho	17.1	Pennsylvania	10.9
Illinois	14.6	Rhode Island	12.0
Indiana	13.0	South Carolina	18.8
Iowa	11.0	South Dakota	13.2
Kansas	13.0	Tennessee	14.3
Kentucky	15.0	Texas	24.6
Louisiana	18.4	Utah	14.2
Maine	9.7	Vermont	9.1
Maryland	13.3	Virginia	13.3
Massachusetts	4.4	Washington	13.6
Michigan	12.7	West Virginia	13.9
Minnesota	9.0	Wisconsin	9.6
Mississippi	18.2	Wyoming	16.8
Missouri	14.5		

Source: US Census Bureau, Income, Poverty, and Health Insurance Coverage in the United States: 2011 Data released September 2012. Link: <http://www.census.gov/hhes/www/hlthins/data/incpovhlth/2011/state.xls>.

Data for Chart 1.16

Table 1.9: Medicaid Enrollees,⁽¹⁾ 1990, 1995, 2000 – 2012

Year	Aged (millions)	Blind/ Disabled (millions)	Children (millions)	Adults (millions)	Other Title XIX (millions)	Total (millions)
1990	3.2	3.7	11.2	6.0	1.1	25.3
1995	4.2	6.0	17.6	7.8	0.6	36.3
2000	4.6	7.5	22.0	10.4		44.5
2001	4.8	8.0	23.7	12.0		48.4
2002	4.5	7.9	25.5	12.9		50.9
2003	4.8	8.3	25.3	14.0		52.4
2004	5.1	8.9	27.8	15.4		57.3
2005	5.4	9.4	28.3	15.5		58.6
2006	5.5	9.8	29.5	16.0		60.9
2007	5.6	9.6	29.5	15.7		60.5
2008	5.6	9.6	30.6	16.3		62.1
2009	5.8	10.0	34.0	18.0		67.8
2010	5.5	10.4	33.5	18.3		67.7
2011	5.0	11.0	33.0	18.0		67.0
2012	6.0	11.0	33.0	18.0		68.0

Source: Congressional Budget Office. Data released February 2012. Spending and Enrollment Detail for CBO's March 2012 Baseline: Medicaid. Link: http://www.cbo.gov/sites/default/files/cbofiles/attachments/43059_Medicaid.pdf.

⁽¹⁾ Does not include CHIP Enrollees.

Data for Chart 1.18

Table 1.10: Percent Change in CHIP Enrollment by State, FY 2009 – FY 2010⁽¹⁾

State	Percent Change FY 09 - FY 10	State	Percent Change FY 09 - FY 10
Alabama	25%	Montana	-2%
Alaska	7%	Nebraska	0%
Arizona	-40%	Nevada	-7%
Arkansas	-1%	New Hampshire	-19%
California	-1%	New Jersey	12%
Colorado	4%	New Mexico	-14%
Connecticut	-4%	New York	1%
Delaware	2%	North Carolina	-2%
District of Columbia	-13%	North Dakota	3%
Florida	-3%	Ohio	-5%
Georgia	-2%	Oklahoma	-1%
Hawaii	10%	Oregon	25%
Idaho	-5%	Pennsylvania	3%
Illinois	-13%	Rhode Island	19%
Indiana	-1%	South Carolina	-14%
Iowa	22%	South Dakota	4%
Kansas	17%	Tennessee	-2%
Kentucky	9%	Texas	7%
Louisiana	-8%	Utah	4%
Maine	5%	Vermont	-1%
Maryland	-5%	Virginia	4%
Massachusetts	-1%	Washington	31%
Michigan	-3%	West Virginia	-2%
Minnesota	-6%	Wisconsin	5%
Mississippi	10%	Wyoming	-6%
Missouri	-17%		

Source: Centers for Medicare & Medicaid Services. Data released February 2011. Number of Children Ever Enrolled by Program Type. http://www.cms.gov/NationalCHIPPolicy/downloads/FY2010StateCHIPTotalTable_020111_FINAL.pdf.

⁽¹⁾ 2009 figure reflects revised data released by Centers for Medicare & Medicaid Services on February 1, 2011.

Data for Chart 1.20

Table 1.11: Percentage of Employees with Employer-based Coverage Who Can Choose Conventional, PPO, HMO, POS, and HDHP/SO Plans, 1988 – 2012

	1988	1996	1999	2002	2006	2007	2008	2009	2010	2011	2012
Conventional⁽¹⁾	90%	52%	26%	14%	10%	10%	8%	5%	6%	7%	4%
PPO	18%	45%	62%	74%	79%	79%	77%	80%	79%	76%	75%
HMO	46%	64%	56%	50%	43%	42%	41%	44%	42%	39%	37%
POS⁽²⁾		30%	45%	34%	23%	21%	24%	19%	14%	16%	14%
HDHP/SO⁽³⁾					14%	18%	25%	28%	32%	40%	39%

Source: The Kaiser Family Foundation and Health Research and Educational Trust. Data Released 2012. Employer Health Benefits: 1999, 2002, 2006, 2007, 2008, 2009, 2010, 2011, 2012. Link: <http://ehbs.kff.org/pdf/2012/8345.pdf>. KPMG Survey of Employer-Sponsored Health Benefits: 1988, 1996.

(1) Conventional plans refer to traditional indemnity plans.

(2) Point-of-service plans not separately identified in 1988.

(3) In 2006, the survey began asking about HDHP/SO, high deductible health plans with a savings option.

Data for Chart 1.21

Table 1.12: Percent Distribution of Employer-sponsored Health Insurance Enrollment by Type of Plan, 1988 – 2012

	1988	1996	1999	2002	2006	2007	2008	2009	2010	2011	2012
Conventional⁽¹⁾	73%	27%	10%	4%	3%	3%	2%	1%	1%	1%	0%
PPO	11%	28%	39%	52%	60%	57%	58%	60%	58%	55%	56%
HMO	16%	31%	28%	27%	20%	21%	20%	20%	19%	17%	16%
POS⁽²⁾		14%	24%	18%	13%	13%	12%	10%	8%	10%	9%
HDHP/SO⁽³⁾					4%	5%	8%	8%	13%	17%	19%

Source: The Kaiser Family Foundation and Health Research and Educational Trust. Data Released 2012. Employer Health Benefits: 1999, 2002, 2006, 2007, 2008, 2009, 2010, 2011, and 2012. Link: <http://ehbs.kff.org/pdf/2012/8345.pdf>. KPMG Survey of Employer-Sponsored Health Benefits: 1988, 1996.

(1) Conventional plans refer to traditional indemnity plans.

(2) Point-of-service plans not separately identified in 1988.

(3) In 2006, the survey began asking about HDHP/SO, high deductible health plans with a savings option.

Data for Chart 1.22

Table 1.13: Growth in Medicare Spending per Beneficiary vs. Private Health Insurance Spending per Enrollee, 1991 – 2011^(1,2)

Year	Growth in Medicare Spending per Beneficiary	Growth in Private Health Insurance Spending per Enrollee
1991	5.8%	10.2%
1992	8.8%	7.7%
1993	6.6%	4.6%
1994	7.6%	1.7%
1995	7.2%	1.6%
1996	4.6%	1.6%
1997	4.2%	3.3%
1998	0.3%	4.8%
1999	2.8%	4.4%
2000	3.2%	6.1%
2001	8.4%	8.8%
2002	5.4%	9.3%
2003	4.9%	9.9%
2004	6.7%	8.0%
2005	5.8%	6.7%
2006	3.5%	6.4%
2007	2.8%	5.1%
2008	4.7%	6.4%
2009	3.1%	7.4%
2010	0.7%	5.0%
2011	2.6%	3.5%

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 9, 2013.

- (1) CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.
- (2) Data reflects spending on benefits commonly covered by Medicare and Private Health Insurance.

Data for Chart 1.24

Table 1.14: Percentage of Medicaid Beneficiaries Enrolled in Medicaid Managed Care by State, 2010 and 2011

State	% Enrolled		State	% Enrolled	
	10	11		10	11
Alabama	59.6%	61.1%	Montana	74.6%	76.1%
Alaska	0.0%	0.0%	Nebraska	85.6%	85.1%
Arizona	90.5%	88.7%	Nevada	85.1%	83.6%
Arkansas	78.4%	78.4%	New Hampshire	0.0%	0.0%
California	55.1%	60.1%	New Jersey	76.8%	77.7%
Colorado	94.6%	94.6%	New Mexico	73.1%	72.8%
Connecticut	69.9%	68.6%	New York	68.1%	76.7%
Delaware	77.4%	80.5%	North Carolina	77.5%	83.2%
District of Columbia	69.7%	67.4%	North Dakota	67.3%	63.6%
Florida	64.5%	63.8%	Ohio	73.5%	75.4%
Georgia	91.0%	91.3%	Oklahoma	90.1%	86.5%
Hawaii	98.0%	98.7%	Oregon	86.7%	98.2%
Idaho	87.6%	100.0%	Pennsylvania	81.7%	81.5%
Illinois	56.5%	67.8%	Rhode Island	67.4%	68.6%
Indiana	70.4%	70.3%	South Carolina	100.0%	100.0%
Iowa	90.1%	91.1%	South Dakota	80.3%	75.8%
Kansas	86.6%	87.4%	Tennessee	100.0%	100.0%
Kentucky	88.2%	89.4%	Texas	67.0%	70.7%
Louisiana	63.7%	65.3%	Utah	83.3%	99.8%
Maine	67.7%	49.3%	Vermont	56.7%	58.5%
Maryland	79.5%	74.6%	Virginia	59.2%	58.2%
Massachusetts	53.5%	53.1%	Washington	86.7%	88.1%
Michigan	86.2%	88.4%	West Virginia	48.6%	51.0%
Minnesota	63.8%	65.7%	Wisconsin	62.4%	63.7%
Mississippi	75.9%	87.2%	Wyoming	0.0%	0.0%
Missouri	99.1%	97.7%	Nation	71.5%	74.2%

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Medicaid Managed Care Enrollment Report as of June 30, 2010 and July 1, 2011.

Data for Chart 1.26



Table 1.15: Operating Margins of the Top Insurers, 2010 – 2012

	2010	2011	2012
Aetna	8.7%	9.1%	8.2%
WellPoint	8.5%	7.4%	7.3%
United HealthCare	8.4%	8.3%	8.4%
Cigna	9.7%	10.0%	9.5%
Humana	5.5%	6.1%	5.2%

Source: FactSet Research Systems Inc. Data for all years updated as of March 2013.
Data from Hoovers used in 2011 and earlier years' Chartbooks.

Data for Chart 1.29



APPENDIX 2

Supplementary Data Tables
Organizational Trends

Table 2.1: Number of Community Hospitals,⁽¹⁾ 1991 – 2011

Year	All Hospitals	Urban ⁽²⁾	Rural ⁽²⁾	In Health System
1991	5,342	2,921	2,421	-
1992	5,292	3,007	2,285	-
1993	5,261	3,012	2,249	-
1994	5,229	2,993	2,236	-
1995	5,194	2,958	2,236	-
1996	5,134	2,908	2,226	-
1997	5,057	2,852	2,205	-
1998	5,015	2,816	2,199	-
1999	4,956	2,767	2,189	2,524
2000	4,915	2,740	2,175	2,542
2001	4,908	2,742	2,166	2,580
2002	4,927	2,749	2,178	2,606
2003	4,895	2,729	2,166	2,626
2004	4,919	2,916	2,003	2,668
2005	4,936	2,927	2,009	2,716
2006	4,927	2,926	2,001	2,755
2007	4,897	2,900	1,997	2,730
2008	5,010	3,012	1,998	2,868
2009	5,008	3,011	1,997	2,921
2010	4,985	2,998	1,987	2,941
2011	4,973	2,989	1,984	3,007

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

⁽¹⁾ All nonfederal, short-term general and specialty hospitals whose facilities and services are available to the public.

⁽²⁾ Data on the number of urban and rural hospitals in 2004 and beyond were collected using coding different from previous years to reflect new Centers for Medicare & Medicaid Services wage area designations.

Data for Charts 2.1 and 2.4



Table 2.2: Number of Beds and Number of Beds per 1,000 Persons, 1991 – 2011

Year	Number of Beds	Beds per 1,000
1991	922,822	3.66
1992	919,505	3.61
1993	917,847	3.56
1994	901,056	3.46
1995	871,976	3.32
1996	862,352	3.25
1997	853,287	3.19
1998	839,988	3.11
1999	829,575	3.04
2000	823,560	2.93
2001	825,966	2.90
2002	820,653	2.85
2003	813,307	2.80
2004	808,127	2.75
2005	802,311	2.71
2006	802,658	2.68
2007	800,892	2.66
2008	808,069	2.66
2009	805,593	2.62
2010	804,943	2.60
2011	797,403	2.56

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

Data for Chart 2.2

Table 2.3: Beds per 1,000 Persons by State, 2010 and 2011

State	Beds per 1,000 Persons		State	Beds per 1,000 Persons	
	10	11		10	11
Alabama	3.19	3.20	Montana	3.77	3.63
Alaska	2.18	2.15	Nebraska	4.00	3.58
Arizona	2.00	2.06	Nevada	1.96	2.02
Arkansas	3.25	3.21	New Hampshire	2.15	2.15
California	1.89	1.86	New Jersey	2.42	2.31
Colorado	2.00	1.99	New Mexico	1.95	1.95
Connecticut	2.29	2.16	New York	3.04	2.98
Delaware	2.42	2.36	North Carolina	2.43	2.40
District of Columbia	5.66	5.88	North Dakota	5.12	4.60
Florida	2.85	2.78	Ohio	2.98	2.93
Georgia	2.57	2.58	Oklahoma	3.00	2.98
Hawaii	2.42	1.86	Oregon	1.67	1.76
Idaho	2.16	2.09	Pennsylvania	3.16	3.11
Illinois	2.57	2.55	Rhode Island	2.35	2.35
Indiana	2.76	2.68	South Carolina	2.72	2.62
Iowa	3.33	3.26	South Dakota	5.01	4.96
Kansas	3.51	3.49	Tennessee	3.29	3.13
Kentucky	3.28	3.25	Texas	2.43	2.37
Louisiana	3.40	3.35	Utah	1.80	1.82
Maine	2.72	2.68	Vermont	2.07	1.94
Maryland	2.04	2.04	Virginia	2.23	2.20
Massachusetts	2.37	2.41	Washington	1.71	1.71
Michigan	2.58	2.57	West Virginia	4.00	3.97
Minnesota	2.90	2.80	Wisconsin	2.39	2.30
Mississippi	4.37	4.32	Wyoming	3.58	3.45
Missouri	3.12	3.12			

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.
 US Census Bureau: National and State Population Estimates, July 1, 2011.
 Link: <http://www.census.gov/popest/data/state/totals/2011/index.html>.

Data for Chart 2.3



Table 2.4: Percentage of Hospitals with Physician Affiliates⁽¹⁾ by Type of Relationship, 2001 – 2011

	01	02	03	04	05	06	07	08	09	10	11
Physician Hospital Organization	23%	22%	21%	19%	19%	19%	19%	18%	16%	16%	16%
IPA	17%	16%	16%	15%	14%	14%	13%	12%	12%	11%	10%
Management Service Organization	11%	11%	10%	9%	9%	9%	9%	9%	9%	9%	9%
Group Practice without Walls	5%	4%	4%	3%	4%	3%	3%	3%	3%	3%	3%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals. Previously Table 2.5 in 2009 and earlier years' Chartbooks.

⁽¹⁾ A hospital is considered to have a physician relationship if the relationship exists as part of the hospital or a system or network of which the hospital is a part.

Data for Chart 2.6

Table 2.5: Percentage of Hospitals with Insurance Products by Type of Insurance, 2001 – 2011

	01	02	03	04	05	06	07	08	09	10	11
Preferred Provider Organization	18%	19%	19%	18%	19%	18%	17%	14%	14%	15%	15%
Health Maintenance Organization	15%	14%	14%	14%	14%	13%	13%	12%	12%	12%	13%
Indemnity or Fee for Service	5%	5%	6%	6%	6%	6%	6%	5%	5%	5%	5%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals. Previously Table 2.6 in 2009 and earlier years' Chartbooks.

Data for Chart 2.7

Table 2.6: Percentage of Hospitals Offering “Non-hospital” Services,⁽¹⁾ 2001 – 2011

	01	02	03	04	05	06	07	08	09	10	11
Home Health Service	66%	65%	64%	64%	63%	63%	63%	61%	61%	60%	60%
Skilled Nursing Facility	48%	46%	45%	43%	42%	42%	41%	40%	39%	37%	37%
Other Long-term Care	11%	12%	13%	14%	14%	14%	14%	14%	14%	12%	12%
Assisted Living	15%	15%	16%	16%	16%	16%	15%	15%	15%	15%	15%
Hospice	54%	55%	57%	59%	60%	62%	63%	62%	62%	61%	62%
Meals on Wheels	25%	25%	24%	24%	23%	23%	22%	22%	21%	21%	20%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals. Previously Table 2.7 in 2009 and earlier years' Chartbooks.

⁽¹⁾ Includes services offered in hospital, health system, network or joint venture.

Data for Chart 2.8



APPENDIX 3

Supplementary Data Tables
Utilization and Volume



Table 3.1: Trends in Inpatient Utilization in Community Hospitals, 1991 – 2011

Year	Inpatient Admissions in Community Hospitals	Inpatient Admissions per 1,000	Total Inpatient Days in Community Hospitals	Inpatient Days per 1,000	Inpatient Surgeries	Average Length of Stay
1991	31,064,283	123.2	222,858,470	883.9	10,693,243	7.2
1992	31,033,557	121.7	221,047,104	866.8	10,552,378	7.1
1993	30,748,051	119.3	215,888,741	837.6	10,181,703	7.0
1994	30,718,136	118.0	207,180,278	796.0	9,833,938	6.7
1995	30,945,357	117.8	199,876,367	760.7	9,700,613	6.5
1996	31,098,959	117.2	193,747,004	730.4	9,545,612	6.2
1997	31,576,960	118.0	192,504,015	719.3	9,509,081	6.1
1998	31,811,673	117.8	191,430,450	709.0	9,735,705	6.0
1999	32,359,042	118.7	191,884,270	703.7	9,539,593	5.9
2000	33,089,467	117.6	192,420,368	683.7	9,729,336	5.8
2001	33,813,589	118.7	194,106,316	681.6	9,779,583	5.7
2002	34,478,280	119.7	196,690,099	682.7	10,105,010	5.7
2003	34,782,742	119.6	196,649,769	676.2	9,940,922	5.7
2004	35,086,061	119.5	197,564,172	672.8	10,050,346	5.6
2005	35,238,673	119.2	197,073,770	666.4	10,097,271	5.6
2006	35,377,659	118.2	196,366,512	655.9	10,095,683	5.6
2007	35,345,986	117.3	194,549,348	645.7	10,189,630	5.5
2008	35,760,750	117.6	196,078,468	644.9	10,105,156	5.5
2009	35,527,377	115.7	192,656,804	627.5	10,100,980	5.4
2010	35,149,427	113.7	189,593,349	613.5	9,954,821	5.4
2011	34,843,085	111.8	187,072,013	600.4	9,638,467	5.4

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2011.

Link: <http://www.census.gov/popest/data/state/totals/2011/index.html>.

Data for Charts 3.1, 3.2, 3.3, 3.4, 3.5 and 3.14



Table 3.2: Average Length of Stay in Community Hospitals by State, 2010 and 2011

State	Average Length of Stay		State	Average Length of Stay	
	10	11		10	11
Alabama	5.2	5.2	Montana	8.7	8.7
Alaska	6.0	6.2	Nebraska	7.0	6.5
Arizona	4.4	4.4	Nevada	5.4	5.4
Arkansas	5.2	5.2	New Hampshire	5.2	5.2
California	5.1	5.0	New Jersey	5.1	5.1
Colorado	5.0	5.0	New Mexico	4.5	4.9
Connecticut	5.6	5.2	New York	6.9	6.8
Delaware	5.7	5.8	North Carolina	5.6	5.6
District of Columbia	7.0	7.3	North Dakota	7.6	7.5
Florida	5.0	4.9	Ohio	5.0	4.9
Georgia	6.4	6.4	Oklahoma	5.5	5.3
Hawaii	7.5	6.9	Oregon	4.3	4.3
Idaho	4.8	4.7	Pennsylvania	5.4	5.5
Illinois	4.9	4.9	Rhode Island	5.0	5.1
Indiana	5.2	5.0	South Carolina	5.7	5.7
Iowa	6.0	6.0	South Dakota	9.2	9.4
Kansas	6.4	6.4	Tennessee	5.5	5.5
Kentucky	5.2	5.1	Texas	5.2	5.2
Louisiana	5.3	5.4	Utah	4.4	4.2
Maine	5.5	5.6	Vermont	6.2	6.3
Maryland	4.5	4.6	Virginia	5.5	5.6
Massachusetts	5.1	5.0	Washington	4.5	4.5
Michigan	5.1	5.2	West Virginia	5.8	5.8
Minnesota	6.1	6.0	Wisconsin	5.0	5.0
Mississippi	6.3	6.4	Wyoming	8.0	8.3
Missouri	5.1	5.1			

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

Data for Chart 3.6

Table 3.3: Emergency Department Visits, Emergency Department Visits per 1,000 and Number of Emergency Departments, 1991 – 2011

Year	ED Visits (millions)	ED Visits per 1,000	Emergency Departments ⁽¹⁾
1991	88.5	351	5,108
1992	90.8	356	5,035
1993	92.6	359	4,998
1994	90.5	348	4,960
1995	94.7	360	4,923
1996	93.1	351	4,884
1997	92.8	347	4,813
1998	94.8	351	4,771
1999	99.5	365	4,679
2000	103.1	366	4,650
2001	106.0	372	4,621
2002	110.0	382	4,620
2003	111.0	382	4,570
2004	112.6	383	4,595
2005	114.8	388	4,611
2006	118.4	395	4,587
2007	120.8	401	4,565
2008	123.0	405	4,613
2009	127.3	415	4,594
2010	127.2	412	4,564
2011	129.5	415	4,461

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2011.

Link: <http://www.census.gov/popest/data/state/totals/2011/index.html>.

⁽¹⁾ Defined as hospitals reporting ED visits in the AHA Annual Survey.

Data for Charts 3.7 and 3.8



Table 3.4: Outpatient Utilization in Community Hospitals, 1991 – 2011

Year	Total Outpatient Visits	Outpatient Visits per 1,000	Outpatient Surgeries
1991	321,044,324	1,273.4	11,711,808
1992	347,847,202	1,364.1	12,307,594
1993	366,533,432	1,422.0	12,624,292
1994	382,780,358	1,470.6	13,154,838
1995	413,748,403	1,574.6	13,462,304
1996	439,863,107	1,658.3	14,023,651
1997	450,140,010	1,681.9	14,678,290
1998	474,193,468	1,756.3	15,593,614
1999	495,346,286	1,816.5	15,845,492
2000	521,404,976	1,852.8	16,383,374
2001	538,480,378	1,890.8	16,684,726
2002	556,404,212	1,931.1	17,361,176
2003	563,186,046	1,936.7	17,165,616
2004	571,569,334	1,946.4	17,351,490
2005	584,428,736	1,976.1	17,445,587
2006	599,553,025	2,002.5	17,235,141
2007	603,300,374	2,002.4	17,146,334
2008	624,098,296	2,052.6	17,354,282
2009	641,953,442	2,091.0	17,357,534
2010	651,423,717	2,107.8	17,357,177
2011	656,078,942	2,105.6	17,269,245

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

Data for Charts 3.12, 3.13, and 3.14



APPENDIX 4

Supplementary Data Tables
Trends in Hospital Financing

Table 4.1: Aggregate Total Hospital Margins,⁽¹⁾ Operating Margins⁽²⁾ and Patient Margins;⁽³⁾ Percentage of Hospitals with Negative Total Margins; and Aggregate Non-operating Gains as a Percentage of Total Net Revenue, 1991 – 2011

Year	Aggregate Total Hospital Margins	Aggregate Operating Margins	Aggregate Patient Margins	Percent of Hospitals with Negative Total Margins	Percent of Hospitals with Negative Operating Margins	Aggregate Non-operating Gains as a Percentage of Total Net Revenue
1991	4.3%	2.2%	-3.6%	24.7%		2.1%
1992	4.6%	2.7%	-2.7%	23.8%		1.9%
1993	4.2%	2.5%	-3.2%	24.2%		1.8%
1994	4.8%	3.4%	-2.8%	22.4%		1.5%
1995	5.6%	3.9%	-2.2%	20.4%	28.0%	1.8%
1996	6.7%	4.6%	-1.0%	19.4%	27.7%	2.3%
1997	6.7%	4.0%	-1.7%	20.4%	28.9%	2.7%
1998	5.8%	3.1%	-3.0%	26.6%	36.1%	2.8%
1999	4.6%	2.1%	-4.3%	32.5%	41.9%	2.6%
2000	4.6%	2.0%	-4.2%	32.0%	42.2%	2.6%
2001	4.2%	2.7%	-3.6%	29.4%	36.7%	1.6%
2002	4.4%	3.7%	-2.3%	29.3%	33.4%	0.8%
2003	4.8%	3.3%	-2.8%	29.9%	35.9%	1.5%
2004	5.2%	3.6%	-2.3%	26.5%	33.4%	1.7%
2005	5.3%	3.7%	-2.0%	25.4%	32.0%	1.7%
2006	6.0%	4.0%	-2.1%	24.3%	31.8%	2.1%
2007	6.9%	4.3%	-1.7%	21.6%	30.2%	2.7%
2008	2.6%	3.3%	-2.6%	32.4%	32.8%	-0.7%
2009	5.0%	4.4%	-1.4%	27.5%	30.1%	0.6%
2010	7.2%	5.5%	-0.2%	22.8%	28.3%	1.8%
2011	7.0%	5.5%	-0.3%	24.0%	28.4%	1.6%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

(1) Total Hospital Margin is calculated as the difference between total net revenue and total expenses divided by total net revenue.

(2) Operating Margin is calculated as the difference between operating revenue and total expenses divided by operating revenue.

(3) Patient Margin is calculated as the difference between net patient revenue and total expenses divided by net patient revenue.

Data for Charts 4.1, 4.2, and 4.8



Table 4.2: Distribution of Inpatient vs. Outpatient Revenues, 1991 – 2011

Year	Gross Outpatient Revenue	Gross Inpatient Revenue
1991	24%	76%
1992	25%	75%
1993	27%	73%
1994	28%	72%
1995	30%	70%
1996	31%	69%
1997	33%	67%
1998	33%	67%
1999	34%	66%
2000	35%	65%
2001	35%	65%
2002	35%	65%
2003	35%	65%
2004	36%	64%
2005	37%	63%
2006	38%	62%
2007	38%	62%
2008	39%	61%
2009	41%	59%
2010	42%	58%
2011	43%	57%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

Data for Chart 4.3

Table 4.3: Annual Change in Hospital Operating Revenue and Expenses per Adjusted Admission,⁽¹⁾ 1991 – 2011

Year	Expenses per Adjusted Admission	Operating Revenue per Adjusted Admission	Percent Change Expenses	Percent Change Operating Revenue
1991	\$5,360	\$5,481	8.3%	8.9%
1992	\$5,794	\$5,958	8.1%	8.7%
1993	\$6,132	\$6,290	5.8%	5.6%
1994	\$6,230	\$6,446	1.6%	2.5%
1995	\$6,216	\$6,466	-0.2%	0.3%
1996	\$6,225	\$6,522	0.2%	0.9%
1997	\$6,262	\$6,526	0.6%	0.1%
1998	\$6,386	\$6,589	2.0%	1.0%
1999	\$6,509	\$6,647	1.9%	0.9%
2000	\$6,668	\$6,806	2.5%	2.4%
2001	\$6,980	\$7,172	4.7%	5.4%
2002	\$7,355	\$7,636	5.4%	6.5%
2003	\$7,796	\$8,065	6.0%	5.6%
2004	\$8,166	\$8,469	4.7%	5.0%
2005	\$8,535	\$8,865	4.5%	4.7%
2006	\$8,970	\$9,345	5.1%	5.4%
2007	\$9,377	\$9,797	4.5%	4.8%
2008	\$9,788	\$10,123	4.4%	3.3%
2009	\$10,045	\$10,503	2.6%	3.7%
2010	\$10,313	\$10,917	2.7%	3.9%
2011	\$10,533	\$11,146	2.1%	2.1%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

⁽¹⁾ An aggregate measure of workload reflecting the number of inpatient admissions, plus an estimate of the volume of outpatient services, expressed in units equivalent to an inpatient admission in terms of level of effort.

Data for Chart 4.4



Table 4.4: Aggregate Hospital Payment-to-cost Ratios for Private Payers, Medicare and Medicaid, 1991 – 2011

Year	Medicare ⁽¹⁾	Medicaid ⁽²⁾	Private Payer
1991	88.5%	81.9%	130.8%
1992	89.0%	89.5%	131.8%
1993	89.9%	89.6%	130.1%
1994	96.9%	93.7%	124.4%
1995	99.4%	94.0%	124.0%
1996	102.4%	94.9%	121.6%
1997	103.7%	96.0%	117.5%
1998	101.9%	96.6%	115.8%
1999	100.0%	95.7%	115.1%
2000	99.1%	94.5%	115.7%
2001	98.4%	95.8%	116.5%
2002	97.9%	96.1%	119.0%
2003	95.3%	92.3%	122.3%
2004	91.9%	89.9%	128.9%
2005	92.3%	87.1%	129.4%
2006	91.3%	85.8%	130.3%
2007	90.6%	87.9%	132.2%
2008	90.9%	88.7%	128.3%
2009	90.1%	89.0%	134.1%
2010	92.4%	92.8%	133.5%
2011	91.4%	94.7%	134.5%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

(1) Includes Medicare Disproportionate Share payments.

(2) Includes Medicaid Disproportionate Share payments.

Data for Chart 4.6

Table 4.5: Hospital Payment Shortfall Relative to Costs for Medicare, Medicaid and Other Government, 1997 – 2011⁽¹⁾

Year	Medicare (billions)	Medicaid (billions)	Other Government (billions)
1997	\$4.3	-\$1.6	-\$0.7
1998	\$2.3	-\$1.4	-\$0.6
1999	-\$0.1	-\$1.8	-\$0.4
2000	-\$1.3	-\$2.5	-\$0.4
2001	-\$2.3	-\$2.0	-\$0.6
2002	-\$3.3	-\$2.3	-\$0.6
2003	-\$8.1	-\$4.9	-\$0.5
2004	-\$15.0	-\$7.1	-\$0.5
2005	-\$15.5	-\$9.8	-\$0.4
2006	-\$18.6	-\$11.3	\$1.1
2007	-\$21.5	-\$10.4	\$1.4
2008	-\$21.9	-\$10.5	\$1.2
2009	-\$25.2	-\$11.3	\$0.4
2010	-\$20.1	-\$7.8	\$0.4
2011	-\$23.8	-\$6.0	\$0.0

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

⁽¹⁾ Costs reflect a cap of 1.0 on the cost-to-charge ratio.

Data for Chart 4.7



APPENDIX 5

Supplementary Data Tables
Workforce



Table 5.1: Total Number of Active Physicians⁽¹⁾ per 1,000 Persons by State, 2009 and 2010

State	Physicians per 1,000 Persons		State	Physicians per 1,000 Persons	
	09	10		09	10
Alabama	2.15	2.14	Montana	2.29	2.25
Alaska	2.41	2.43	Nebraska	2.50	2.45
Arizona	2.26	2.26	Nevada	1.98	1.98
Arkansas	2.04	2.02	New Hampshire	2.92	2.95
California	2.62	2.61	New Jersey	3.25	3.18
Colorado	2.69	2.69	New Mexico	2.41	2.38
Connecticut	3.66	3.60	New York	3.73	3.64
Delaware	2.63	2.63	North Carolina	2.50	2.50
District of Columbia	7.41	7.69	North Dakota	2.51	2.50
Florida	2.60	2.60	Ohio	2.83	2.85
Georgia	2.13	2.13	Oklahoma	2.10	2.10
Hawaii	3.17	3.13	Oregon	2.80	2.83
Idaho	1.83	1.84	Pennsylvania	3.27	3.26
Illinois	2.78	2.79	Rhode Island	3.70	3.71
Indiana	2.23	2.22	South Carolina	2.28	2.33
Iowa	2.28	2.18	South Dakota	2.34	2.30
Kansas	2.40	2.40	Tennessee	2.62	2.60
Kentucky	2.31	2.31	Texas	2.16	2.15
Louisiana	2.53	2.54	Utah	2.10	2.10
Maine	3.15	3.18	Vermont	3.59	3.57
Maryland	3.99	3.91	Virginia	2.74	2.70
Massachusetts	4.33	4.34	Washington	2.70	2.71
Michigan	2.88	2.89	West Virginia	2.58	2.55
Minnesota	2.89	3.01	Wisconsin	2.65	2.68
Mississippi	1.82	1.83	Wyoming	1.97	1.97
Missouri	2.61	2.63			

Source: National Center for Health Statistics. (2013). *Health, United States, 2012*. Hyattsville, MD.

⁽¹⁾ Includes active federal and non-federal doctors of medicine and active doctors of osteopathy.

Data for Chart 5.2



Table 5.2: Medical and Dental Residents⁽¹⁾ in Training in Community Hospitals, 1991 – 2011

Year	Residents
1991	67,189
1992	69,111
1993	73,377
1994	74,027
1995	78,137
1996	77,160
1997	75,398
1998	78,345
1999	77,796
2000	77,411
2001	77,731
2002	78,715
2003	77,813
2004	84,628
2005	83,823
2006	85,320
2007	92,311
2008	90,543
2009	94,729
2010	95,270
2011	99,458

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

⁽¹⁾ Includes full-time equivalent interns and residents.

Data for Chart 5.3



Table 5.3: Total Full-time Equivalent Employees Working in Hospitals and Full-time Equivalents per Adjusted Admission,⁽¹⁾ 1991 – 2011

Year	FTE Personnel	FTE per Adjusted Admission
1991	3,530,623	0.084
1992	3,615,145	0.084
1993	3,674,250	0.085
1994	3,690,905	0.083
1995	3,707,958	0.081
1996	3,724,843	0.079
1997	3,789,752	0.078
1998	3,831,068	0.077
1999	3,837,964	0.075
2000	3,911,412	0.073
2001	3,987,274	0.073
2002	4,069,495	0.072
2003	4,108,628	0.071
2004	4,147,941	0.070
2005	4,256,899	0.070
2006	4,343,480	0.071
2007	4,465,028	0.072
2008	4,549,560	0.071
2009	4,584,624	0.070
2010	4,599,752	0.070
2011	4,649,615	0.070

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

⁽¹⁾ An aggregate measure of workload reflecting the number of inpatient admissions, plus an estimate of the volume of outpatient services, expressed in units equivalent to an inpatient admission in terms of level of effort.

Data for Charts 5.4 and 5.5



Table 5.4: Number of RN Full-time Equivalent Employees, RN Full-time Equivalent Employees per Adjusted Admission and RN Full-time Equivalents as a Percentage of Total FTEs, 1991 – 2011

Year	RN FTEs (thousands)	RN FTEs per Adjusted Admission	RN FTEs as a Percent of Total FTEs
1991	840.5	0.0200	23.8%
1992	858.9	0.0201	23.8%
1993	874.1	0.0201	23.8%
1994	890.9	0.0201	24.1%
1995	893.7	0.0195	24.1%
1996	895.1	0.0190	24.0%
1997	901.2	0.0185	23.8%
1998	929.7	0.0186	24.3%
1999	938.1	0.0182	24.4%
2000	957.6	0.0179	24.5%
2001	958.0	0.0174	24.0%
2002	988.1	0.0174	24.3%
2003	1,021.3	0.0177	24.9%
2004	1,053.1	0.0179	25.4%
2005	1,094.2	0.0181	25.7%
2006	1,138.6	0.0185	26.2%
2007	1,191.2	0.0192	26.7%
2008	1,228.4	0.0192	27.0%
2009	1,268.7	0.0194	27.7%
2010	1,293.9	0.0197	28.1%
2011	1,313.6	0.0197	28.3%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

Data for Charts 5.6 and 5.7



Table 5.5: Number of Physicians⁽¹⁾ by Age, 1980, 1990, 2000, and 2011

Age Group	1980	1990	2000	2011
Under 35	128,506	134,872	136,704	149,532
35-44	118,840	184,743	211,873	217,425
45-54	88,063	116,803	201,646	216,818
55-64	68,239	83,614	118,608	204,558
65 & Over	64,031	95,389	144,939	216,302
Total # of Physicians	467,679	615,421	813,770	1,004,635

Source: American Medical Association. (2013 Edition). *Physician Characteristics and Distribution in the US*.

⁽¹⁾ Includes inactive physicians and residents.

Data for Chart 5.8

Table 5.6: RN Employment by Type of Provider, 1980 – 2008⁽¹⁾

	1980	1984	1988	1992	1996	2000	2004	2008
Percent Employed by Hospitals	65.9%	68.2%	68.0%	66.7%	60.1%	59.3%	57.4%	62.2%
Percent Employed by Nursing Homes/ Extended Care Facilities	3.8%	2.7%	1.8%	2.0%	2.3%	2.1%	2.7%	3.8%
Percent Employed by Public/Community Health	12.5%	11.3%	11.1%	13.5%	17.2%	18.3%	15.2%	14.2%
All Other	17.8%	17.8%	19.0%	17.8%	20.5%	20.2%	24.8%	19.7%

Source: Source: Bureau of Health Professions, Health Resources and Services Administration. (2010). *Findings from the 2008 National Sample Survey of Registered Nurses*. Link: <http://bhpr.hrsa.gov/healthworkforce/rnsurvey/2008/nssrn2008.pdf>.

⁽¹⁾ Total percent by setting may not equal the estimated total of all registered nurses due to incomplete information provided by respondents and the effect of rounding.

Data for Chart 5.9



Table 5.7: Distribution of RN Workforce by Age Group, 1980 – 2008

Age Group	1980	1990	2000	2004	2008
20s	321,316	252,890	247,123	233,437	288,184
30s	320,101	536,442	614,728	532,707	613,971
40s	224,468	419,766	935,866	916,956	791,932
50s	171,240	206,647	585,497	801,643	892,952
60s	36,716	46,372	313,675	395,450	389,796
Total # of RNs	1,073,841	1,462,117	2,696,890	2,880,193	2,976,835

Source: Bureau of Health Professions, Health Resources and Services Administration. (1980-2004). *Findings from the National Survey of Registered Nurses*. Link: <http://bhpr.hrsa.gov/healthworkforce/rnsurvey04/2.htm#age>. Bureau of Health Professions, Health Resources and Services Administration. (2010). *Findings from the 2008 National Sample Survey of Registered Nurses*. Link: <http://bhpr.hrsa.gov/healthworkforce/rnsurvey/2008/nssrn2008.pdf>.

Data for Chart 5.10



Table 5.8: National Supply and Demand Projections for FTE RNs, 2018 – 2025

Year	RN FTE Supply	RN FTE Demand
2018	2,703,969	2,719,954
2019	2,716,771	2,771,930
2020	2,727,231	2,824,900
2021	2,737,616	2,874,900
2022	2,750,080	2,924,900
2023	2,771,303	2,974,900
2024	2,790,241	3,024,900
2025	2,816,303	3,074,900

Source: Copyrighted and published by Project HOPE/*Health Affairs* as Buerhaus PI, Auerbach DI, Staiger DO. The Recent Surge In Nurse Employment: Causes and Implications. *Health Affairs*, 2009; 28(4):w657-68. The published article is archived and available online at www.healthaffairs.org.

Data for Chart 5.12



APPENDIX 6

Supplementary Data Tables
The Economic Contribution
of Hospitals



Table 6.1: Number of Full-time and Part-time Hospital Employees, 1993 – 2011

Year	Employees (thousands)
1993	4,315.7
1994	4,347.8
1995	4,384.8
1996	4,397.9
1997	4,495.5
1998	4,536.4
1999	4,544.4
2000	4,652.9
2001	4,713.4
2002	4,818.1
2003	4,876.7
2004	4,922.9
2005	5,047.1
2006	5,152.1
2007	5,287.5
2008	5,379.9
2009	5,405.6
2010	5,416.7
2011	5,480.3

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, for community hospitals.

Data for Chart 6.2



Table 6.2: Hospital Employment vs. Employment in Other Industries, 2012

Title	Employment (thousands)
Full-service Restaurants	4,747.2
General Medical & Surgical Hospitals ⁽¹⁾	4,417.0
Limited-service Eating Places	3,656.8
Employment Services	3,147.9
Grocery Stores	2,500.1
Offices of Physicians	2,391.1
Building Equipment Contractors	1,679.2
Department Stores	1,501.0

Source: Department of Labor, Bureau of Labor Statistics, Current Employment Statistics (CES) Survey, customized tables. Data released 2013. Link: <http://www.bls.gov/ces>.

⁽¹⁾ Does not include public hospitals.

Data for Chart 6.4

Table 6.3: Average Weekly Earnings of Workers, Hospitals⁽¹⁾ vs. All Service-providing Industries, 1992 – 2012

Year	Hospitals ⁽²⁾	All Service-providing Industries
1992	\$443.18	\$335.46
1993	\$460.29	\$345.03
1994	\$473.34	\$354.97
1995	\$488.68	\$364.14
1996	\$499.54	\$376.72
1997	\$518.48	\$394.77
1998	\$535.47	\$412.78
1999	\$547.33	\$427.30
2000	\$569.90	\$445.00
2001	\$608.41	\$460.32
2002	\$638.23	\$473.10
2003	\$674.34	\$483.89
2004	\$715.12	\$493.67
2005	\$762.07	\$509.58
2006	\$794.24	\$532.84
2007	\$876.80	\$690.09
2008	\$920.70	\$709.79
2009	\$946.11	\$719.27
2010	\$980.15	\$734.98
2011	\$1,009.52	\$756.14
2012	\$1,028.74	\$775.34

Source: Department of Labor, Bureau of Labor Statistics, Current Employment Statistics (CES) Survey, customized tables. Data released 2013. Link: <http://www.bls.gov/ces>.

(1) Includes physicians employed by hospitals.

(2) Does not include public hospitals.

Data for Chart 6.5



APPENDIX 7

Supplementary Data Tables
Community Health Indicators

Table 7.1: U.S. Population Trends and Projections⁽¹⁾ by Age, 1980 – 2060

Year	Population 0-19 Years (thousands)	Population 20-64 Years (thousands)	Population 65-84 Years (thousands)	Population 85+ Years (thousands)
1980	72,416	128,631	23,306	2,193
1990	71,322	146,146	28,162	3,080
2000	80,549	165,957	30,752	4,240
2010	83,268	185,210	34,775	5,493
2015	82,921	190,746	41,389	6,306
2020	84,537	193,392	49,276	6,693
2025	86,725	194,632	57,662	7,389
2030	89,014	196,683	63,828	8,946
2035	90,656	201,691	65,736	11,578
2040	91,957	208,337	65,605	14,114
2045	93,503	215,145	64,775	16,512
2050	95,422	220,643	65,760	17,979
2055	97,437	225,126	69,109	18,199
2060	99,221	229,012	73,845	18,187

Source: U.S. Department of Commerce, Bureau of the Census. *Projections of the Population by Age and Sex for the United States: 2010-2060*.

(1) Years 2015 through 2060 are projections.

Data for Chart 7.1

Table 7.2: U.S. Population Trends and Projections⁽¹⁾ by Race,⁽²⁾ 2015 – 2060

Year	White, Non-Hispanic (thousands)	Black (thousands)	White, Hispanic (thousands)	Asian (thousands)	All Other ⁽³⁾ (thousands)
2015	198,449	42,532	248,725	17,009	13,097
2020	199,313	44,810	255,346	18,884	14,856
2025	199,557	47,064	261,761	20,830	16,754
2030	198,817	49,246	267,604	22,833	18,787
2035	196,886	51,348	272,493	24,849	20,973
2040	193,887	53,412	276,438	26,838	23,328
2045	190,221	55,474	279,798	28,798	25,863
2050	186,334	57,553	282,959	30,726	28,565
2055	182,531	59,662	286,182	32,613	31,415
2060	178,951	61,822	289,587	34,448	34,412

Source: U.S. Department of Commerce, Bureau of the Census. *Projections of the Population by Sex, Race, and Hispanic Origin for the United States: 2015-2060*

(1) Years 2015 through 2060 are projections.

(2) Black, Asian, and All Other categories include individuals of Hispanic and non-Hispanic origin.

(3) All Other includes American Indian, Native Alaskan, Native Hawaiian, other Pacific Islander and two or more races.

Data for Chart 7.2

Table 7.3: Age-adjusted Death Rates, Selected Causes, by Race, 2010

Cause of Death	All Persons (per 100,000)	White ⁽¹⁾ (per 100,000)	Black ⁽¹⁾ (per 100,000)
Diseases of the Heart	179.1	176.9	224.9
Malignant Neoplasms	172.8	172.4	203.8
Cerebrovascular Disease	39.1	37.7	53.0
Chronic Lower Respiratory Diseases	42.2	44.6	29.0
Diabetes	20.8	19.0	38.7
Influenza and Pneumonia	15.1	14.9	16.8
HIV Infection	2.6	1.4	11.6

Source: National Center for Health Statistics. (2013). *Health, United States, 2011*. Hyattsville, MD.

⁽¹⁾ Racial categories include individuals of both Hispanic and non-Hispanic origin.

Data for Chart 7.3

Table 7.4: Number of Persons with Asthma, 1980 – 2011

Year	Total (millions)
1980	6.98
1990	10.31
2001	31.35
2005	32.62
2006	34.13
2007	34.01
2008	38.43
2009	39.93
2010	39.19
2011	39.50

Source: Centers for Disease Control and Prevention (2002). "Asthma Surveillance – United States, 1980-1999." National Center for Health Statistics. National Health Interview Survey 2001, 2005, 2006, 2007, 2008, 2009, 2010, and 2011.

Data for Chart 7.6

Table 7.5: Percent of Adults Who Are Overweight⁽¹⁾ and Obese, 1960 – 2010

Years	Overweight ⁽²⁾	Obese
1960-1962	44.8%	13.3%
1976-1980	47.4%	15.1%
1988-1994	56.0%	23.3%
1999-2002	65.2%	31.1%
2003-2006	66.9%	34.1%
2007-2010	68.5%	35.3%

Source: National Center for Health Statistics. (2013). *Health, United States, 2012*. Hyattsville, MD.

⁽¹⁾ Data are adjusted to 2000 standard population.

⁽²⁾ Overweight includes obese.

Data for Chart 7.8

Table 7.6: Percent Uninsured by Race,⁽¹⁾⁽²⁾ 1984 – 2011

Year	All	White	Black	Asian	Hispanic
1984	14.5%	11.9%	19.7%	18.5%	29.5%
1989	15.6%	12.1%	21.5%	16.9%	33.7%
1995	16.1%	13.0%	17.9%	18.6%	31.4%
2000	17.0%	12.5%	19.5%	17.6%	35.6%
2008	16.8%	12.5%	17.9%	13.9%	33.3%
2009	17.5%	13.2%	18.8%	16.2%	32.9%
2010	18.2%	13.7%	20.7%	17.1%	32.0%
2011	17.2%	12.9%	18.8%	16.5%	31.1%

Source: National Center for Health Statistics. (2013). *Health, United States, 2011*. Hyattsville, MD.

⁽¹⁾ White and Black categories include individuals of non-Hispanic origin only. Asian category includes individuals of Hispanic and non-Hispanic origin.

⁽²⁾ Data for population under age 65.

Data for Chart 7.13

Table 7.7: Percent of Persons with No Usual Source of Care by Race,⁽¹⁾ 1993 – 2011

Year	White	Black	Asian	Hispanic
Adults, Ages 18 – 64				
1993-1994	17.1	19.7	24.8	30.3
1995-1996	15.0	18.1	21.5	27.4
1997-1998	15.4	19.3	21.7	30.4
1999-2000	14.9	19.2	22.1	32.6
2001-2002	13.1	16.8	20.1	32.5
2003-2004	14.0	18.1	19.3	32.9
2005-2006	14.8	19.2	17.9	35.1
2006-2007	15.2	18.9	17.3	34.3
2007-2008	15.1	20.2	17.8	32.5
2008-2009	16.0	21.4	19.4	32.8
2009-2010	16.8	22.2	20.8	33.3
2010-2011	15.8	22.1	20.8	33.3
Children Under 18 Years				
1993-1994	5.7	10.2	9.7	14.3
1995-1996	4.6	7.5	8.4	13.2
1997-1998	4.5	8.8	10.7	13.2
1999-2000	4.7	7.6	10.0	14.2
2001-2002	3.4	6.6	11.2	13.5
2003-2004	3.2	6.2	7.7	11.4
2005-2006	3.3	5.4	7.7	11.5
2006-2007	4.0	4.9	7.1	11.3
2008-2009	4.1	5.7	5.1	9.4
2009-2010	3.8	5.4	6.1	9.5
2010-2011	3.1	5.4	5.8	7.9

Source: National Center for Health Statistics. (2013). *Health, United States, 2011*. Hyattsville, MD.

⁽¹⁾ White and Black categories include individuals of non-Hispanic origin only. Asian category includes individuals of Hispanic and non-Hispanic origin.

Data for Charts 7.14, 7.16



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 Patient Margin – Difference between net patient revenue and total expenses divided by net patient 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.