



Mic 400, 314 RESOLUTION 1151 CHART

United States General Accounting Office

GAO

Briefing Report to the Honorable Jim Kolbe, House of Representatives

OTIC FILE COPY

January 1988

MEDICARE

AD-A188 983

Share of Hospitals' Inpatient Use and Revenue



SELECTE FEB 0 2 1988

DISTRIBUTION STATEMENT

Approved for public release; Distribution Unlimited 88 1 27 189



United States General Accounting Office Washington, D.C. 20548

Human Resources Division

B-229420

January 15, 1988

The Honorable Jim Kolbe House of Representatives

Dear Mr. Kolbe:

On May 12, 1987, you expressed your concern to us about the effects of Medicare's prospective payment system (PPS) on the financial status of rural hospitals and asked for information on this. (We used Medicare's definition of rural hospital; that is, any hospital not located in a standard metropolitan area was considered a rural hospital.) We agreed with your office to provide data on Medicare's share of inpatient use and revenues for rural and urban hospitals.

Using the latest data available, we computed Medicare's share of total inpatient days, discharges, and revenues for 1985. The data were obtained from the cost report tapes maintained by the Health Care Financing Administration, which administers the Medicare program. This briefing report provides statistical data on 4,977 PPS hospitals nationwide and separately for 59 Arizona hospitals.

In summary, the data show that Medicare is an important source of business for hospitals, representing an average 31.5 percent of revenues, 32.3 percent of discharges, and 42.0 percent of inpatient days. While the program is important to all hospitals, it is more important to rural hospitals as a source of payment, and to those rural hospitals with less than 50 beds in particular. As is the case nationwide, Medicare is important to Arizona hospitals in terms of inpatient hospital use and revenues. However, in Arizona, Medicare is slightly more important to urban hospitals than to rural hospitals.

We are sending copies of this briefing report to the Department of Health and Human Services and will make copies available to other interested parties upon request. Should you need additional information on the matters discussed in this report, please call me on 275-6195.

Sincerely yours,

Michael Zimmerman

Senior Associate Director

QUALITY INSPECTA Unannounced [Justification By_____

Distribution/

Availability Codes

Avail and/or Special

1

MEDICARE: SHARE OF HOSPITALS' INPATIENT USE AND REVENUES

This briefing report provides data related to the percentage of hospital inpatient days, discharges, and revenues represented by Medicare. In September 1987, we obtained from the Health Care Financing Administration (HCFA) its computerized file of 1985 Medicare cost reports. This file included information for hospital cost reporting years ended between October 1, 1984, and September 30, 1985, and represents the latest hospital cost data available. The file included data for 4,977 hospitals paid under Medicare's prospective payment system (PPS), including 59 Arizona hospitals.

HCFA used seven classes of hospitals when it established limits that would be paid for hospital inpatient routine operating costs. Hospitals were classified by their bed size and their urban (i.e., in a standard metropolitan area) or rural location. We added one classification (rural less than 50 beds) for our analysis because our earlier work related to hospitals indicated that the smallest rural hospitals tended to differ from other hospital classes. The number of hospitals in each class is shown in table 1.

Table 1: Number of Hospitals by Bed Size and Urban/Rural Location

		Number of hospitals		
Class		All hospitals	Arizona	
Rural	less than 50 beds	1,227	16	
Rural	50 to 99 beds	707	5	
Rural	100 to 169 beds	396	6	
Rural	170 or more beds	226	1	
Urban	less than 100 beds	577	3	
Urban	100 to 404 beds	1,394	25	
Urban	405 to 684 beds	357	3	
Urban	685 or more beds	<u>93</u>	<u>o</u>	
Total		4.977	<u>59</u>	

For each hospital, we extracted from the computerized file total revenues, number of inpatient days, and number of discharges as well as the portion of these items represented by the Medicare program. We then combined the data for each hospital class and computed averages for them. About 92 percent (4,596) of the cost reports on the tape file used to develop this data were unaudited.

We eliminated 98 hospitals from the file because there were problems with their data, such as a lack of revenue information.

Tables 2, 3, and 4 present nationwide data from the 1985 cost report file by class of hospital on total revenues, discharges, and inpatient days, respectively. Each table also shows the portion of the applicable item represented by Medicare.

These tables show that Medicare is an important source of business for hospitals, representing on average 31.5 percent of revenues, 32.3 percent of discharges, and 42.0 percent of inpatient days. While Medicare was important to all the hospital classes, it was more important to rural hospitals and the smallest rural hospitals in particular. For rural hospitals with less than 50 beds, Medicare represented 36.3 percent of revenues, 42.3 percent of discharges, and 50.7 percent of inpatient days. Each of these percentages was the highest for any hospital class.

Table 2: Percentage of Hospital Revenues Represented by Medicare Nationwide, Fiscal Year 1985

(Dollars in millions)

Class	Medicare revenue	Total revenue	Percentage of Medicare revenue
Rural less than 50 beds Rural 50 to 99 beds Rural 100 to 169 beds Rural 170 or more beds	\$806 1,315 1,527 1,885	\$2,223 3,823 4,652 5,607	36.3 34.4 32.8 33.6
Rural subtotal ^a	\$5 , 535	\$16,305	33.9
Urban less than 100 beds Urban 100 to 404 beds Urban 405 to 684 beds Urban 685 or more beds	1,287 14,254 8,987 4,119	4,156 45,256 28,977 13,989	31.0 31.5 31.0 29.4
Urban subtotal ^a	\$28,647	\$92,378	31.0
Grand total ^a	\$34,182	\$108,682	31.5

aMay not total due to rounding.

Table 3: Percentage of Discharges Represented by Medicare Nationwide, Fiscal Year 1985

Class	Medicare discharges	Total discharges	Percentage of Medicare discharges
Rural less than 50 beds Rural 50 to 99 beds Rural 100 to 169 beds Rural 170 or more beds	443,328 591,304 607,117 646,647	1,047,282 1,554,835 1,666,436 1,880,311	42.3 38.0 36.4 34.4
Rural subtotal	2,288,396	6,148,864	37.2
Urban less than 100 beds Urban 100 to 404 beds Urban 405 to 684 beds Urban 685 or more beds	370,196 3,312,360 1,724,855 704,254	1,074,729 10,362,690 5,802,079 2,611,496	34.4 32.0 29.7 27.0
Urban subtotal	6,111,665	19,850,994	30.8
Grand total	8,400,061	25,999,858	32.3

Table 4: Percentage of Inpatient Days Represented by Medicare Nationwide, Fiscal Year 1985

Class	Medicare days	Total days	Percentage of Medicare days
Rural less than 50 beds Rural 50 to 99 beds Rural 100 to 169 beds Rural 170 or more beds	2,650,240 3,725,975 4,243,621 4,900,057	5,222,445 7,720,761 9,025,345 10,790,885	50.7 48.3 47.0 45.4
Rural subtotal	15,519,893	32,767,436	47.4
Urban less than 100 beds Urban 100 to 404 beds Urban 405 to 684 beds Urban 685 or more beds	2,523,699 26,928,837 15,429,473 6,593,940	5,905,799 63,191,987 39,959,060 18,545,536	42.7 42.6 39.6 35.6
Urban subtotal	51,475,949	126,602,382	40.7
Grand total	66,995,842	159,369,818	42.0

Tables 5, 6, and 7 show the national distribution of hospitals by class for the portion of revenues, discharges, and inpatient days, respectively, represented by Medicare. These tables provide a breakdown by various percentages of Medicare use of the data in tables 2, 3, and 4, and further illustrate

Medicare's importance to hospitals in general and the smallest rural hospitals in particular.

Table 5: Distribution of Hospitals by Class and Percentage of Revenues Coming From Medicare Nationwide, Fiscal Year 1985

	Percenta	age of hos	pitals with	Medicare	revenues
	Less	25	35	45	Greater
	than	to	to	to	than
	25	34	44	54	54
Class	percent	percent	percent	percent	percent
Rural less than 50 beds	10.4	19.2	30.5	23.7	16.1
Rural 50 to 99 beds	9.1	35.4	36.6	14.3	4.7
Rural 100 to 169 beds	13.1	40.7	36.4	8.8	1.0
Rural 170 or more beds	6.2	47.3	39.4	4.9	2.2
Urban less than 100 beds	21.8	17.3	31.5	20.6	8.7
Urban 100 to 404 beds	19.6	34.0	33.0	10.0	3.4
Urban 405 to 684 beds	18.8	40.3	31.9	7.6	1.4
Urban 685 or more beds	21.5	45.2	25.8	7.5	0.0

Table 6: Distribution of Hospitals by Class and Percentage of Discharges Coming From Medicare Nationwide, Fiscal Year 1985

	Percenta	age of hos	pitals with	n <u>Medicare</u>	discharges
	Less	25	35	45	Greater
	than	to	to	to	than
	25	34	44	54	54
Class	percent	percent	percent	percent	percent
Rural less than 50 beds	7.3	15.1	27.5	28.9	21.2
Rural 50 to 99 beds	6.1	24.2	41.4	22.5	5.8
Rural 100 to 169 beds	4.8	36.3	40.7	13.4	4.8
Rural 170 or more beds	4.0	43.3	39.8	10.2	2.7
Urban less than 100 beds	20.1	23.1	29.1	17.0	10.7
Urban 100 to 404 beds	21.4	34.6	28.0	10.2	5.7
Urban 405 to 684 beds	22.4	46.8	24.1	4.5	2.2
Urban 685 or more beds	25.8	52.6	14.0	5.4	2.2

Table 7: Distribution of Hospitals by Class and Percentage of Inpatient Days Coming From Medicare Nationwide, Fiscal Year 1985

	Percenta	ge of hosp:	itals with	Medicare	inpatient days
	Less	25	35	45	Greater
	than	to	to	to	than
	25	34	44	54	54
Class	percent	percent	percent	percent	percent
Rural less than 50 beds	5.9	8.1	14.7	28.4	42.9
Rural 50 to 99 beds	2.0	6.1	24.3	37.3	30.3
Rural 100 to 169 beds	1.5	6.8	32.1	37.9	21.7
Rural 170 or more beds	0.4	6.2	37.6	41.2	14.6
Urban less than 100 beds	13.5	12.3	19.2	26.9	28.1
Urban 100 to 404 beds	8.5	14.7	30.0	29.9	16.9
Urban 405 to 684 beds	7.8	18.0	37.0	30.5	6.7
Urban 685 or more beds	12.9	17.2	46.2	19.4	4.3

Tables 8, 9, and 10 list data for Arizona hospitals on total revenues, discharges, and inpatient days, respectively, and Medicare's portion of them. As is the case nationwide, Medicare is important to Arizona hospitals. However, in Arizona, Medicare is slightly more important to urban hospitals than to rural hospitals. This may result from the large number of retired persons living in Arizona's metropolitan areas.

Table 8: Percentage of Hospital Revenues Represented by Medicare Payments in Arizona, Fiscal Year 1985

(Dollars in thousands)

Class	Medicare revenue	Total revenue	Percentage of Medicare revenue
Rural less than 50 beds Rural 50 to 99 beds Rural 100 to 169 beds Rural 170 or more beds	\$15,977 8,923 17,796 11,158	\$49,861 31,654 66,595 30,168	32.0 28.2 26.7 37.0
Rural subtotal ^b	\$53,854	\$178,278	30.2
Urban less than 100 beds Urban 100 to 404 beds Urban 405 to 684 beds Urban 685 or more beds ^a	5,043 362,720 91,748 N/A	15,200 899,330 350,763 N/A	33.2 40.3 26.2 N/A
Urban subtotal ^b	\$459,511	\$1,265,293	36.3
Grand totalb	<u>\$513,365</u>	\$1,443,570	35.6

 $^{\rm a}{
m No}$ Arizona hospitals in this bed size were in the data base. $^{\rm b}{
m May}$ not total due to rounding.

Table 9: Percentage of Discharges Represented by Medicare in Arizona, Fiscal Year 1985

Class	Medicare discharges	Total discharges	Percentage of Medicare discharges
Rural less than 50 beds Rural 50 to 99 beds Rural 100 to 169 beds Rural 170 or more beds	6,613 3,713 6,913 3,270	17,939 11,818 20,671 10,330	36.9 31.4 33.4 31.7
Rural Subtotal	20,509	60,758	33.8
Urban less than 100 beds Urban 100 to 404 beds Urban 405 to 684 beds Urban 685 or more beds	1,375 77,231 17,100 <u>N/A</u>	3,344 195,014 73,309 N/A	41.2 39.6 23.1 N/A
Urban subtotal	95,706	272,267	35.2
Grand total	116,215	333,025	34.9

Table 10: Percentage of Inpatient Days Represented by Medicare in Arizona, Fiscal Year 1985

Class	Medicare days	Total days	Percentage of Medicare days
Rural less than 50 beds Rural 50 to 99 beds Rural 100 to 169 beds Rural 170 or more beds	35,586 19,990 41,217 23,063	79,929 48,312 92,724 53,504	44.5 41.4 44.5 43.1
Rural subtotal	119,856	274,469	43.7
Urban less than 100 beds Urban 100 to 404 beds Urban 405 to 684 beds Urban 685 or more beds	6,221 573,616 140,461 N/A	12,483 1,132,039 435,476 N/A	49.8 50.7 32.3 N/A
Urban subtotal	720,298	1,579,998	45.6
Grand total	840,154	1.854.467	45.3

(106328)

LMD