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Specialty Hospital Evaluation

Final Report Appendix Volume

Prepared for

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APPENDIX 3
INTERVIEW PROTOCOLS

INTERVIEW PROTOCOL: GROUP PHYSICIAN OWNERS

Purpose: The purpose of this interview with physician owners of this specialty hospital is to better understand the reasons for establishing a new specialty facility in the community. We are also interested in the roles physicians—and especially owners—play in the new facility and how and why patients are admitted or referred to the specialty hospital versus another local provider. Finally, we are interested in the quality of care provided in the facility and how it compares with other similar providers.

All responses will be confidential.

GENERAL INFORMATION

1. Please describe the way that physicians are organized at this hospital.
 - a. Are the physicians in solo practice, part of a single physician group, or multiple physician groups?
 - b. What are the practice specialties represented by physicians admitting to this hospital?

ADMITTING & REFERRAL DECISIONS

2. In general, how are admitting and referral decisions made for this hospital? Are there general criteria this group can share regarding admission and referral policies for this facility?
3. What are the advantages of patients being treated in this hospital?
4. As a rule, are your patients very satisfied with the care and treatment provided in this facility?
5. Does the group (or any individual physician) refer patients to any other local acute hospitals besides this specialty hospital? If so, under what conditions might patients be referred to another acute facility?
6. Is anyone in the group aware of any preference of potential patients in the community for this hospital over other alternatives in the community?
7. Do patients who prefer this hospital have the following characteristics:
 - a. Prior treatment here?
 - b. Need for specialized kinds of inpatient services?
 - c. Patients with particular types of insurance coverage?

- d. Patients with particular scheduling conflicts?
- e. Patients who may be admitted for elective procedures?

HOSPITAL RESPONSIBILITIES

- 8. Besides seeing patients, what other administrative responsibilities do physicians admitting to this specialty hospital have? How do these responsibilities compare to other inpatient facilities?
- 9. Do any physicians serve on this specialty hospital's Board of Directors? If so, in what capacity?
- 10. What role, if any, do physicians play in setting policies for this specialty hospital, as well as in other hospitals? For example, what role do physicians play in extending hospital admitting privileges to other physicians?

OWNERSHIP DECISION

- 11. What factors influenced physicians to invest in this specialty hospital?
 - a. Dissatisfaction with prior hospital?
 - b. More control over hospital operations?
 - c. Financial opportunities?
 - d. Better ability to get access to facilities such as operating rooms?
- 12. In general, what were physician investor expectations before making the investment? Have they been met?
- 13. Would physicians admitting to this specialty hospital have continued practicing in the community, possibly at another hospital, if this facility had not been established?
- 14. Have the financial gains and management responsibilities (if any) to physicians from partial ownership been "worthwhile"?
 - a. What are the trade offs -- pros and cons -- involved in being part of this hospital?
 - b. Is the group aware of any particular issues that have made physicians unsatisfied with arrangements with this hospital? Have any of these issues been significant enough to cause major changes, such as any physicians trying to sell their ownership shares?

PATIENT QUALITY

- 15. Have there ever been any concerns by physicians regarding quality in this hospital?

a. Please describe. How were they resolved?

16. From the physician perspective, what might enable specialty hospitals such as this one achieve better quality? What might enable specialty hospitals to have lower costs -- while still achieving high quality?
17. Is there anything else about specialty hospitals and their quality of care you think it would be important for Congress to know?

Thank you for your time. Because we wanted to keep this discussion short, we may contact the group or some members of the group with follow up questions or requests for clarification.

INTERVIEW PROTOCOL: PHYSICIAN NON-OWNERS

Purpose: The purpose of this interview with physician owners of the Specialty Hospital is to better understand the reasons for establishing a new specialty facility in the community. We are also interested in the roles physicians—including those without an ownership share--play in the new facility and how and why patients are admitted or referred to the Specialty Hospital versus another local provider. Finally, we are interested in the quality of care provided in the facility and how it compares with other similar providers.

All responses will be confidential.

GENERAL BACKGROUND & PRACTICE CHARACTERISTICS

1. What is your specialty? How “hospital-based” is your practice? What kinds of care are you providing at this hospital?
2. Besides seeing patients, what other administrative responsibilities do you have in this facility? In any other inpatient facilities?
3. How long have you been practicing in this community?
4. Do you belong to a group practice in this facility? Is it a single or multi-specialty group?
5. What other practices groups do you belong to, if any?
6. Before starting with more specific questions, are there any concerns about Congressional legislation regarding specialty hospitals that you would like to talk about?

HOSPITAL PRIVILEGES

7. How long have you had admitting privileges in this specialty hospital?
8. Prior to joining the staff of this specialty hospital, in which other local hospitals did you have privileges? How long were you admitting to those hospitals?
9. Do you still have admitting privileges at any of those facilities? If not, why not?
10. Do you currently have admitting privileges in any other local hospitals?

ADMITTING & REFERRAL DECISIONS

11. Over the last 3 months, roughly how many inpatients have you seen at this specialty hospital? At any other local hospital? About how many patients did you admit yourself versus were referred to you after admission?

12. Are you aware of any formal or informal hospital rules regarding the types of patients admitted to this facility? What about elective admissions for uninsured patients? Medicaid patients?
13. What are the advantages to patients being treated in this facility? Have your patients expressed any preferences for this facility over other alternatives in the community?
14. If you refer patients to other local acute hospitals, under what conditions would you refer patients to another acute facility? Insurance coverage? Inpatient services they require? Scheduling conflicts? Elective versus emergency admission status?
15. Please describe the physician and hospital networks and ways in which patients are referred to you for treatment. Are most referrals from other physicians who also see patients in this hospital? Do you know if they also have an ownership share in this facility?

OWNERSHIP OPTIONS

16. Has hospital management indicated that you might be given or be able to purchase stock in this specialty hospital? If so, please describe the circumstances. Length of hospital tenure? Percent ownership? Number of patients treated or revenues generated?
17. Does the hospital have any written policies or employment contracts describing the steps for physician non-owners gaining an ownership share? If so, please describe them.
18. Would an ownership position (or lack thereof) affect your decision to continue treating patients at this specialty hospital?
19. Have other local hospitals approached you about relocating to their facility?

PATIENT QUALITY

20. Do you see reports about patient quality, safety or satisfaction with care? What do you do with the information? How is it used to further quality of care?
21. Are you aware of patient surveys of satisfaction or experience with care at this hospital? If so, how are the survey results used to improve patient care?

CHIEF FINANCIAL OFFICER: INTERVIEW PROTOCOL

Purpose: The purpose of this interview protocol for the CFO of the Specialty Hospital is to gain quantitative and qualitative information on the growth, physician involvement, competition, efficiencies, corporate structure, and financial success of the facility in the local market. Some of the questions may be answered by filling out a Background Data Questionnaire as a supplement to this interview.

All responses will be confidential.

OVERVIEW & BACKGROUND

1. When did your facility begin seeing inpatients? Was it newly built or converted from an existing facility?
2. Did the facility need to get prior approval from the State in order to open new acute care beds? Does the State have an active Certificate of Need program? What kinds of licensures from the State were required? Did any organizations oppose the opening or expansion of your facility?

VOLUMES & COMPETITION

3. Please summarize the current size of the facility. How many inpatient beds? Average inpatient daily census? Average daily outpatient surgeries or visits? Total annual inpatient days, discharges? Annual outpatient surgeries and visits?
4. What has been the growth in volumes over the last 6 months, year, 2 years?
5. What hospitals and Ambulatory Surgery Centers do you compete with in your local market? Please list their names and locations.
6. Is your facility the dominant provider of a particular service in the local market (e.g., heart surgery, knee surgery)? If not, who is considered dominant? Do you have an estimate of your market share for your major patient care service centers?
7. Do you have any knowledge of the impact of your facility on the volumes of other local hospitals? Do you have market share information, overall or by type of service?

PAYER & SERVICE MIX

8. How dependent is your facility on Medicare? What is your Medicare share of total facility revenues (including both fee-for-service and Medicare managed care patients)? Inpatient revenues? Have Medicare revenues been increasing over the last year or so? If so, why?

9. What is your payer mix besides Medicare? Percent Medicaid, private insurance (either fee for service or managed care), uninsured? Does the hospital have any written policies regarding admissions for Medicaid, managed care, and uninsured patients? If so, please describe them?
10. What public and private managed care contracts does your facility enjoy? Have you had any difficulties negotiating contracts with managed care organizations? Have any insurers switched their contracts to/from your facility from/to other local competitors? If so, why did the switch occur? Deeper discounts? Better patient care?
11. Does your facility operate an emergency room? If so, what is the annual number of visits? If not, how does the facility handle emergency patients who might seek care at your facility?

OWNERSHIP ARRANGEMENTS

12. Please describe the ownership arrangements of the facility. Overall physician ownership percentage? Other ownership entities?
13. What is the specialty mix of physician owners?
14. Is the hospital part of a larger holding company? Part of a regional or national hospital network or chain? Are other types of providers organizationally related to your facility, e.g., nursing home, rehab clinic?
15. Do any physician group practices own shares in the hospital? If so, how much and what are their specialties, e.g., cardiac surgery?
16. Since the hospital has been seeing patients, have the physician owners received any financial disbursements based on their ownership? If so, what is the amount they have received, in total and in the last fiscal year? What is the range of disbursements to physicians based on their varying stock holdings? If no disbursements have been made to date, why?
17. Please describe the composition of the hospital's Board of Directors. How many physician owners sit on the Board? Are any community representatives on the Board?
18. From your perspective, what are the major advantages and disadvantages of physician ownership for your facility relative to other local providers?
19. Does the facility have any formal or informal ownership or service affiliations with other local hospitals? Joint ownership? Shared services? Emergency back-up support?

PHYSICIAN ADMITTING ARRANGEMENTS

20. Do admitting physicians on your medical staff also admit to other local hospitals? If so, to which hospitals? How many were practicing at other local hospitals before joining your staff?
21. Are any physicians on your medical staff prohibited from admitting to other facilities? Is your medical staff closed or open to other admitting physicians in the community?
22. Have any of your admitting physicians experienced “economic credentialing” at other local hospitals? That is, have they been denied admitting privileges for being on your medical staff? Did any physicians subsequently leave your staff for this reason?

COSTLINESS, EFFICIENCY & FINANCES

23. Does your group or another group in the facility monitor trends in patient costliness, length of stay, and severity of illness? For example, are reports produced showing discharges by APR-DRG and level of severity? Please describe. Are any of these reports shared with physicians?
24. If relevant, please summarize the kinds of services and costs provided by other (overhead) parts of your network. For example, does a corporate “home office” provide the facility with accounting and management services? Marketing services? Physician practice management services?
25. What are the major financial pressures on specialty hospitals (e.g., local competitors, private managed care, Medicare)? What major opportunities do you see for specialty hospitals in the current market and reimbursement environment?
26. What advantages do you think your facility has over your competitors in terms of cost and efficiency? In terms of patient access and convenience? Why might your facility be more cost effective than other local competitors?

COMMUNITY BENEFITS

27. Please describe the kinds and amounts of income taxes paid by your facility in the last 2 years: local, state, and federal. Are these amounts rising over time by quarter? How are net earnings of the facility accounted for for tax purposes if you are part of a larger corporate network?
28. What other taxes did you pay in the last year? Property? Sales? Other?
27. How does your uncompensated care percentage compare to your primary competitors'? How do you think uncompensated care should be paid for in the community?

OTHER RELEVANT COMMENTS

29. Would you like to comment on anything else about your specialty hospital and its impact on patient costs, quality, access, and efficiency of care?

INTERVIEW PROTOCOL: MEDICAL DIRECTOR

Purpose: The purpose of this interview is to gain a better understanding of how the hospital monitors and assures good quality of care. After a brief description of the types of inpatients, we seek information on the quality monitoring systems and care processes the hospital has implemented. We also are interested in patient satisfaction and comparisons of quality and satisfaction with other local providers.

All responses will be confidential.

PATIENT CHARACTERISTICS

1. What are the primary diagnoses/conditions treated in this hospital? How about for Medicare patients?
2. How does the acuity of patients in this hospital compare to other hospitals in which you've worked? How about for Medicare patients?

QUALITY MONITORING SYSTEMS

3. Do you see reports about quality, safety or satisfaction with care? How often do reports come out? How do you use these types of information to improve quality of care?
4. Please describe the major quality initiatives you are currently working on? Are there any initiatives related to patient safety? If so, can you tell us about these?
5. In what areas do you excel and in what areas do you need to improve?
6. Do you provide administrative data to a state hospital discharge data base (could be run by state or hospital association)? If so, do you receive comparative reports on the performance of this facility relative to peer hospitals in the region, and how does your facility do?

PATIENT SATISFACTION

7. Do you contract with an outside firm to conduct satisfaction surveys and analyze the data?
8. Approximately how many patients' and families' complaints are there in a year? How are they addressed?

PATIENT CARE PROCESSES

9. What percent of inpatients are admitted on an elective basis? How many unscheduled surgeries are performed during a typical week? What kinds? How many of these surgeries are performed at night?
10. If a patient develops a clinical condition for which you don't have expertise on the medical staff, what happens? Will other specialists come and treat the patient at this hospital or do you transfer patients out?
11. What is your hospital's average length of stay? How does this compare to other types of hospitals treating similar patients?
12. How are physicians involved in quality and safety efforts in this hospital? Please provide examples.
13. What type of physician coverage is available in the hospital at night and on the weekends? How long does it take to get a physician to come to the hospital on call if necessary?

QUALITY COMPARISONS

14. As you know, some believe specialty hospitals can provide higher quality care at lower cost relative to community hospitals. From your perspective, what might enable specialty hospitals to achieve better quality? What might enable specialty hospitals to have lower costs?
15. Is there anything else about specialty hospitals and their quality of care you think it would be important for our research team to know?

Thank you for your time.

**INTERVIEW PROTOCOL:
VICE PRESIDENT, CLINICAL SERVICES
(9/20/04)**

Purpose: The purpose of this interview protocol for the V.P. of Clinical Services is to gain information regarding hospital-physician relationships from the perspective of the liaison between the two groups. This liaison manager, who may have another title in some facilities, is knowledgeable about medical staffing privileges, how they are determined, their scope, and how they have changed. This person should also be familiar with financial issues involving physician management and salary arrangements, privileging physician non-owners and their management and clinical roles.

HOSPITAL RESPONSIBILITIES

1. Please describe your role and responsibilities in the hospital.
2. Are you paid by the hospital, by the physician staff, both?
3. How long have you served in this position?

HOSPITAL PRIVILEGES & RECRUITMENT

4. Please describe how a physician becomes a member of the hospital staff with admitting privileges. Are there different classes of admitting privileges?
5. Has the physician admitting staff of the hospital been increasing over the last year? Since the inception of the hospital?
6. Is the hospital currently recruiting new admitting physicians? Strictly hospital-based physicians (e.g., anesthesiologists, pathologists)?
7. Have any new physicians added to the staff been offered opportunities to purchase stock in the hospital corporation? Please describe. How important is ownership to recruiting physicians?
8. What is the split of admitting physicians between physician owners and non-owners?
9. Have any physician non-owners on the staff eventually become owners either through their practice membership or directly on their own?
10. Have any physicians on the medical staff left the hospital to practice primarily in another local hospital? If so, what reasons did they give for leaving? What ownership ever an issue in their leaving?

HOSPITAL-PHYSICIAN PRACTICE RELATIONSHIPS

11. How many different physician practices exist in the facility? What is their specialty composition and size?
12. Do any of the practices have a legal relationship with the hospital, e.g., an exclusive anesthesiology group?
13. How are admitting privileges determined for members of a physician group?
14. Do any practices as a group have an ownership position in the hospital? Which kinds of groups? Surgeons? Internal medicine?
15. Did any of these groups approach the hospital about joining the staff as owners?
16. What differences exist between hospital-physician relationships in this facility compared to other acute facilities in the area? More operating room time? More nursing support?

PAYER & SERVICE MIX

17. Has the insurance mix of patients changed significantly since the hospital first opened? If so, in what ways?
18. What are the hospital's major service centers? How would you describe the hospital's reputation in these fields compared to other local hospitals?
19. Has the hospital considered opening new services, e.g., orthopedics, cardiac, cancer? If so, what eventually happened?
20. What are the medical staff's policies regarding uninsured patients? Managed care patients?
21. Are you aware of any discussions with hospital management regarding the mix of patients by source of insurance coverage, e.g., Medicare, Medicaid, private?
22. Has the medical staff as a whole or some groups negotiated managed care contracts jointly with the hospital? If so, how do the hospital and physicians determine discounts to be offered? Are you aware of any differences in the negotiation process in this facility compared to other local hospitals?
23. What advantages and disadvantages to the community do you see in the opening of this facility? Access to care? Insurers? Other acute providers?

Thank you for your time.

INTERVIEW PROTOCOL: DIRECTOR OF NURSING

Purpose: The purpose of this interview protocol for nursing leaders is to better understand nursing staffing patterns and nursing practice in specialty hospitals. We are interested in the roles that nurses play in the facility, the quality of care provided in the facility, and how it compares with other similar providers. We are also interested in nurse employment and recruitment arrangements.

All responses will be kept confidential.

GENERAL BACKGROUND

1. What are your primary responsibilities at this hospital?
2. How long have you been employed by this hospital? How long have you been in your current position? What other positions have you held at this hospital?
3. What positions did you hold prior to coming to this hospital? How long have you been practicing nursing? In what hospital settings?
4. How are these responsibilities similar or different from those you had in other hospitals?
5. Please describe your relationship with other hospital management. How does it differ, if at all, with management in other hospitals?

NURSE RECRUITMENT

6. How many nursing positions/FTEs do you currently have open? In what areas/units are these positions and how long have they been open?
7. How severe is the nursing shortage in your community?
8. What strategies do you use to recruit and retain nursing staff?
9. Is inpatient volume growth putting additional demands on nurses? How so?
10. Do you think it is easier or harder to recruit experienced nurses to work in this hospital versus other local hospitals? Why so?
11. How does your salary and benefit package compare with other hospitals in the community?

12. Overall, what might make working in this specialty hospital more attractive to a nurse than working in a community hospital or other facility?

PATIENT CASE MIX CHARACTERISTICS

13. What are the primary diagnoses/conditions treated in this hospital? Are they the same or do they differ for the Medicare patients?
14. How does the acuity of patients in this hospital in the same DRGs compare to other hospitals in which you've worked? How about for Medicare patients?

NURSE STAFFING PATTERNS

15. What is your mix of nursing staff? (e.g., RNs to LPNs and nursing assistants)? Have you implemented a particular nurse staffing model, e.g., all-RN?
16. What is your staffing ratio? How does that differ by shift? By unit type?
17. Does your hospital have a surgical or medical ICU? How large is it? What nurse training do you require in the unit?
18. How does your staffing model compare with other hospitals in which you worked/served as director?

QUALITY OF CARE

19. Please describe the major quality initiatives your hospital is currently working on? How are nurses involved? Physicians?
20. Are there any initiatives related to patient safety? If so, how are nurses involved? Please provide an example.
21. Do you see reports about quality, safety or satisfaction with care? If so, in what areas do you excel and in what areas do you need to improve? How do you use this information to improve quality of care?
22. What type of physician coverage is available in the hospital at night and on the weekends? How long does it take to get a physician to come to the hospital at night if necessary?

DISCHARGE PLANNING

23. If a patient develops a clinical condition for which you don't have expertise on the medical staff, what happens? Will other specialists come and treat the patient at this hospital or do you transfer patients out?

24. What kind of discharge planning and patient/family education do you do?
25. How are referrals made for post acute or rehabilitation care? What is the role of nursing in that process? How, or does it, differ from other places in which you've worked?

QUALITY COMPARISONS

26. As you know, some believe specialty hospitals can provide higher quality care at lower cost relative to community hospitals. From your perspective, what might enable specialty hospitals to achieve better quality?
27. What might enable specialty hospitals to have lower costs?
28. Is there anything else about specialty hospitals and their quality of care you think it would be important for our research team to know?

Thank you for your time.

**INTERVIEW PROTOCOL
DIRECTOR OF THE EMERGENCY DEPARTMENT**

Purpose: The purpose of this interview protocol with the director of the emergency department is to better understand roles and responsibilities of key personnel in specialty hospitals, as well as to understand volume, patient acuity and quality of care. We appreciate your willingness to meet with us and will keep your responses confidential.

GENERAL BACKGROUND

1. What are your primary responsibilities at this hospital?
2. How long have you been employed by this hospital? How long have you been in your current position? What other positions have you held at this hospital?
3. What positions did you hold prior to coming to this hospital? How long have you been practicing medicine? In what hospital settings?
4. How are these responsibilities similar or different from those you had in other hospitals?
5. Please describe your relationship with hospital management. How does it differ, if at all, with management in other hospitals?

PATIENT CHARACTERISTICS AND CARE PROCESS

6. What are the primary diagnoses/conditions seen at the ED? How about for Medicare patients?
7. How does the acuity of patients at this hospital compare to other hospitals in which you've worked? How about for Medicare patients?
8. Approximately how many patients do you see in the ED on an average day?
9. Can you describe the types of patients you see in the ED (e.g., cardiac, trauma, etc)?
10. Do you have an ambulance entrance to the ED?
11. What happens if a patient comes to the ED for a problem that is not cardiovascular?
12. Do you see uninsured patients at the ED? What happens if they need to be admitted?

13. What percentage of patients are admitted from the ED? What about among Medicare patients?
14. How are you involved in quality and safety efforts in this hospital? Please provide examples.

QUALITY COMPARISONS

15. As you know, some believe specialty hospitals can provide higher quality care at lower cost relative to community hospitals. From your perspective, what might enable specialty hospitals such as this one achieve better quality? What might enable specialty hospitals to have lower costs?
16. Is there anything else about specialty hospitals and their quality of care you think it would be important for our research team to know?

Thank you for your time.

INTERVIEW PROTOCOL: DIRECTOR OF DISCHARGE PLANNING/ SOCIAL WORK

Purpose: The purpose of this interview is to better understand the role of discharge planners/social workers in specialty hospitals as well as post acute referrals from this specialty hospital and similar hospitals in the community. We are also interested in patient characteristics and how discharge planning is carried out and post-discharge follow up is done.

All responses will be kept confidential.

GENERAL BACKGROUND

1. How long have you been employed by this hospital? How long have you been in your current position? What other positions have you held at this hospital?
2. What positions did you hold prior to coming to this hospital?
3. How long have you been a discharge planner? Is your background in nursing or social work?
4. What are your primary responsibilities at this hospital?
5. How are these responsibilities similar or different from those you had in other hospitals?

PATIENT CASE MIX CHARACTERISTICS

6. What are the primary diagnoses/conditions treated in this hospital? How about for Medicare patients? What are the most common procedures?
7. How does the admission acuity of patients in this hospital in the same DRGs compare to other hospitals in which you've worked? How about for Medicare patients?
8. Is the discharge acuity in this hospital greater or less compared with other local hospitals treating similar patients?
9. What is your hospital's average length of stay, for patients generally and for Medicare patients specifically? How does this compare to other types of hospitals treating similar patients?

DISCHARGE PLANNING ACTIVITIES

10. Please describe the major steps in the discharge planning process at your hospital.

11. Where are most patients discharged to? Home? Home with home health agency support?
12. If post acute care is needed, what determines where patients will be referred?
13. How are referrals made for post acute or rehabilitation care?
14. Are there agencies that you consistently refer to? Can you tell us what those are? Are they owned in any way by the hospital? Are there some facilities that you cannot use because they are owned by hospital competitors?
15. What are the major challenges you face in discharge planning? How similar or different are these challenges from what other hospitals face?
16. How often is a patient referred to another acute hospital after treatment in this facility? Under what circumstances? Which hospitals?

MONITORING PATIENTS POST-DISCHARGE

17. Is the discharge destination of your patients similar to that of other hospitals treating similar patients? How different?
18. Does your group follow up patients in any way after they have been discharged? Please describe.
19. Do you see reports about quality, safety or satisfaction with care? If so, in what areas do you excel and in what areas do you need to improve? How do you use this information to improve quality of care?
20. Approximately how many patient and family complaints are there in a year? How are they addressed?

QUALITY COMPARISONS

21. As you know, some believe specialty hospitals can provide higher quality care at lower cost relative to community hospitals. From your perspective, what might enable specialty hospitals to achieve better quality?
22. What might enable specialty hospitals to have lower costs?
23. Is there anything else about specialty hospitals and their quality of care you think it would be important for our research team to know?

Thank you for your time.

**INTERVIEW PROTOCOL:
DIRECTOR OF THE CATH LAB**

Purpose: The purpose of this interview protocol with the director of the catheter lab is to better understand roles and responsibilities of key personnel in specialty hospitals, as well as to understand procedure volume and patient case mix.

All responses will be confidential.

GENERAL BACKGROUND

1. What are your primary responsibilities at this hospital?
2. How long have you been employed by this hospital? How long have you been in your current position? What other positions have you held at this hospital?
3. What positions did you hold prior to coming to this hospital? How long have you been practicing medicine? In what hospital settings?
4. How are these responsibilities similar or different from those you had in other hospitals?
5. Please describe your relationship with hospital management. How does it differ, if at all, with management in other hospitals?

PATIENT CHARACTERISTICS AND PROCEDURES

6. What are the primary diagnoses/conditions seen at the cath lab? How about for Medicare patients?
7. How does the acuity of patients at this hospital compare to other hospitals in which you've worked? How about for Medicare patients?
8. What percentage of patients are admitted on an elective basis? What about among Medicare patients?
9. What are the common comorbid conditions among the patients that are seen at the cath lab? What about among Medicare patients?

PHYSICIAN VOLUMES

10. Approximately how many patients are seen in the cath lab on an average day?

11. How many physicians perform cath lab procedures? What is the average physician volume?
12. What is the most common procedures performed?
13. Are you involved in decisions to recommend bypass surgery versus angioplasty? If so, please describe how those decisions are made?

QUALITY OF CARE

14. What is your complication rate? What are the most common complications?
15. How are you involved in quality and safety efforts in this hospital? Please provide examples.
16. As you know, some believe specialty hospitals can provide higher quality care at lower cost relative to community hospitals. From your perspective, what might enable specialty hospitals such as this one achieve better quality? What might enable specialty hospitals to have lower costs?
17. Is there anything else about specialty hospitals and their quality of care you think it would be important for our research team to know?

Thank you for your time.

QUALITY DIRECTOR INTERVIEW PROTOCOL

Purpose: The purpose of this interview protocol for Quality of Care Directors in Specialty Hospitals and Community Hospitals is to better understand how health care quality and patient safety are measured and monitored. We are interested in the type of information that is gathered, how data are gathered, examples of what is being tracked, how and to whom information regarding quality is distributed and examples of quality initiatives currently underway.

All responses will be kept confidential. If there are questions that you do not wish to answer please let us know and we will move on to the next question.

GENERAL BACKGROUND

1. Can you describe your primary responsibilities at this hospital?
2. How long have you been in your current position? What other positions have you held at this hospital?
3. What positions did you hold prior to coming to this hospital? if in a hospital, what type of hospital was it?
4. How is your current job similar or different from those you had in other hospitals?
5. Please describe your relationship with hospital management. How does it differ, if at all, with management in other hospitals?

QUALITY OF CARE

6. Do you have an electronic medical record system? Do you have an electronic medication ordering system? If so, is there a system that you use hospital wide or is the system decentralized and service line specific?
7. What are the primary diagnoses/conditions treated in this hospital? Are they the same or do they differ for the Medicare patients?
8. How does the acuity of patients in this hospital compare to other hospitals in which you've worked? Is it the same or does it differ for the Medicare patients?
9. Please describe the type of data you monitor to assess quality of care at this hospital.

10. Do you track process and outcome measures for patients admitted to this hospital? If so, please describe the measures that you track.
11. Who receives information about the measures that you track?
12. Please describe the major quality initiatives your hospital is currently working on? Who championed the initiatives? Who leads the initiatives? Who participates in the initiatives?
13. Are there any initiatives related to patient safety? If so, ask about champion, leadership and participation. Please provide an example.
14. How are physicians involved in quality and safety efforts in this hospital? Please provide examples.
15. In what areas do you excel and in what areas do you need to improve? How do you use this information to improve quality of care?
16. Does your hospital or any local employer group conduct patient surveys of satisfaction or experience with care at this hospital? If so, what do those surveys indicate?
17. Approximately How many patients' and families' complaints are there in a year? How are they addressed?

CONCLUSION

18. As you know, some believe specialty hospitals can provide higher quality care at lower cost relative to community hospitals.
19. From your perspective, what might enable specialty hospitals to achieve better quality? What might enable specialty hospitals to have lower costs?
20. Is there anything else about specialty hospitals and their quality of care you think it would be important for our research team to know?

Thank you for your time.

**INTERVIEW PROTOCOL:
CEO & CFO, COMPETITOR HOSPITAL
(11/30/04)**

Purpose: The purpose of this interview is to solicit the views and perceptions of a local acute hospital's senior management regarding competition with the specialty hospitals in your market area. We seek background on your hospital and how volumes and services have been affected. We are also interested in how the specialty hospitals got started, their impacts on your recruitment and retention of medical staff as well as volumes, any competitive advantages and disadvantages it might have over your facility. Finally, we are interested in the benefits you are providing to the community.

HOSPITAL ORGANIZATION

1. What are the ownership and control arrangements in your hospital? Private, non-profit? Proprietary? Public teaching hospital?
2. Do you have any legal relationship with specialty hospitals in your market? Loose affiliation? Joint ownership?

REGULATORY & LEGAL ISSUES

3. Please summarize your understanding of how the specialty hospitals got started, what regulatory and licensing issues were involved, how they recruited local physicians and other staff, etc.?
4. Has your hospital taken any legislative, regulatory or legal steps to curtail the establishment or subsequent activities of the specialty hospitals?

HOSPITAL VOLUMES & SERVICES

5. Please describe your hospital, its inpatient and outpatient volumes and beds, and how it fits into the local acute hospital industry. Tertiary care facility? Safety net provider for uninsured? Single provider of unique services? Please provide volume statistics for the last 4 years.
6. Please describe the services in your hospital that compete directly with the local specialty hospitals? Who are the dominant providers of these services in the local market? Do you have any market share information on particular services?
7. What major services do you provide that are not provided in the specialty hospitals? Are any of these services unprofitable and require cross-subsidization from other service centers?

VOLUME & FINANCIAL IMPACTS OF SPECIALTY HOSPITAL

8. Do you have any estimates of the volume and financial impacts of the specialty hospitals on your operations? Over how many years? Are you expecting the specialty hospitals to continue to grow? If so, why?
9. Which services have been impacted the most? Inpatient or outpatient surgery? Cardiac or orthopedic care?
10. How active is managed care in your market? Have you lost any managed care contracts to the specialty hospitals? Why do you think you lost them? What were the volume and financial impacts?

HOSPITAL PAYER MIX, UNCOMPENSATED CARE

11. What is the payer mix of your hospital and how do you think it differs from the specialty hospitals? Percent revenues from Medicare, Medicaid, private insurance, managed care, uninsured? Please provide statistics for last 4 years.
12. What are your uncompensated care charges (bad debt and charity) as a percent of gross revenues? How do you think it compares to that of the specialty hospitals? Has your percentage changed much since the establishment of the specialty hospitals? Please provide statistics for last 4 years.

COMPETITION FOR MEDICAL STAFF

13. Have you (or other local hospitals) lost any key medical staff to the specialty hospitals? If so, why did they leave to go work in the specialty hospitals?
14. Have you made any attempts to keep medical staff from relocating to the specialty hospitals? What did you do? Expand physician admitting privileges? Open up more operating rooms? Raise nurse salaries?

COMPETITIVE ADVANTAGES & DISADVANTAGES

15. Do you believe the specialty hospitals have any competitive advantages over your (or other local) hospitals? What are they? Easier patient access to care? Less uncompensated care? Newer facility? Better location? More aggressive marketing?
16. Do you believe that the specialty hospitals are less (more) costly than your hospital in treating certain kinds of patients? If so, why? Shorter stays? Different nursing complements? Narrower scope of services?

COMMUNITY BENEFITS

17. Does your facility pay any taxes: profits, property? If so, please provide information on the amount and type of taxes you pay for the last 4 years?
18. Can you describe other community benefits, besides taxes and uncompensated care, that you provide?

Thank you for your time and for providing key pieces of data critical to our evaluation.

**INTERVIEW PROTOCOL:
MEDICAL DIRECTOR, COMPETITOR HOSPITAL
(11/30/04)**

Purpose: The purpose of this interview is to gain a better understanding of how your hospital monitors and assures good quality of care in the market. After a brief description of the types of inpatients treated in your hospital, we seek information on the quality monitoring systems and care processes the hospital has implemented. We also are interested in patient satisfaction and comparisons of quality and satisfaction with specialty hospitals.

PATIENT CHARACTERISTICS

1. What are the primary diagnoses/conditions treated in this hospital? How about for Medicare patients? How does your case mix differ from the specialty hospitals?

QUALITY MONITORING SYSTEMS

2. What kinds of reports do you see on quality, safety or satisfaction with care? How often do reports come out? How do you use these types of information to improve quality of care?

PATIENT CARE PROCESSES

3. What percent of inpatients are admitted on an elective basis? How many unscheduled surgeries are performed during a typical week? What kinds? How many of these surgeries are performed at night?
4. If a patient develops a clinical condition for which your medical staff lacks the expertise, what happens? Will other specialists come and treat the patient at this hospital or do you usually transfer the patient out? Where do you transfer patients most often?
5. How are physicians involved in quality and safety efforts in this hospital? Please provide examples of their roles on quality and safety committees.
6. What type of physician coverage is available in the hospital at night and on the weekends? How long does it take to get a physician to come to the hospital on call if necessary?

PATIENT SATISFACTION

7. Do you contract with an outside firm to conduct satisfaction surveys and analyze the data? What information do you have on patient satisfaction?

QUALITY COMPARISONS

8. As you know, some believe specialty hospitals can provide higher quality care at lower cost relative to community general hospitals. From your perspective, what might enable specialty hospitals to achieve better quality? What might enable specialty hospitals to have lower costs? Do you believe the specialty hospital in your community provides high quality care to its inpatients?

9. Is there anything else about specialty hospitals and their quality of care you think it would be important for our research team to know?

Thank you for your time.

APPENDIX 3
IRS FORM 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning _____, 2004, and ending _____, 20

B Check if applicable: Address change Name change Initial return Final return Amended return Application pending

C Name of organization _____
Number and street (or P.O. box if mail is not delivered to street address) _____ Room/suite _____
City or town, state or country, and ZIP + 4 _____

D Employer identification number _____

E Telephone number (____) _____

F Accounting method: Cash Accrual Other (specify) ▶ _____

G Website: ▶ _____

J Organization type (check only one) ▶ 501(c) (____) (insert no.) 4947(a)(1) or 527

K Check here ▶ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ _____

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ _____
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶ _____

M Check ▶ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a		
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)		1d	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)		2	
	3 Membership dues and assessments		3	
	4 Interest on savings and temporary cash investments		4	
	5 Dividends and interest from securities		5	
	6a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)		6c	
7 Other investment income (describe ▶ _____)		7		
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		8a		
	b Less: cost or other basis and sales expenses	8b		
	c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))		8d		
9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)		9c	
10a Gross sales of inventory, less returns and allowances		10a		
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c	
11 Other revenue (from Part VII, line 103)		11		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12		
Expenses	13 Program services (from line 44, column (B))		13	
	14 Management and general (from line 44, column (C))		14	
	15 Fundraising (from line 44, column (D))		15	
	16 Payments to affiliates (attach schedule)		16	
	17 Total expenses (add lines 16 and 44, column (A))		17	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)		18	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))		19	
	20 Other changes in net assets or fund balances (attach explanation)		20	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Form **990** (2004)

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25			
26 Other salaries and wages	26			
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize): a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44			

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)
a (Grants and allocations \$ _____)	
b (Grants and allocations \$ _____)	
c (Grants and allocations \$ _____)	
d (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services). ▶	

Part IV Balance Sheets (See page 25 of the instructions.)

		(A) Beginning of year	(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			
Assets	45	Cash—non-interest-bearing	45
	46	Savings and temporary cash investments	46
	47a	Accounts receivable	47a
	47b	b Less: allowance for doubtful accounts	47b
	47c		47c
	48a	Pledges receivable	48a
	48b	b Less: allowance for doubtful accounts	48b
	48c		48c
	49	Grants receivable	49
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)	50
	51a	Other notes and loans receivable (attach schedule)	51a
	51b	b Less: allowance for doubtful accounts	51b
	51c		51c
	52	Inventories for sale or use	52
	53	Prepaid expenses and deferred charges	53
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55a	Investments—land, buildings, and equipment: basis	55a
55b	b Less: accumulated depreciation (attach schedule)	55b	
55c		55c	
56	Investments—other (attach schedule)	56	
57a	Land, buildings, and equipment: basis	57a	
57b	b Less: accumulated depreciation (attach schedule)	57b	
57c		57c	
58	Other assets (describe <input type="checkbox"/>)	58	
59	Total assets (add lines 45 through 58) (must equal line 74)	59	
Liabilities	60	Accounts payable and accrued expenses	60
	61	Grants payable	61
	62	Deferred revenue	62
	63	Loans from officers, directors, trustees, and key employees (attach schedule)	63
	64a	Tax-exempt bond liabilities (attach schedule)	64a
	64b	b Mortgages and other notes payable (attach schedule)	64b
	65	Other liabilities (describe <input type="checkbox"/>)	65
66	Total liabilities (add lines 60 through 65)	66	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67	Unrestricted	67
	68	Temporarily restricted	68
	69	Permanently restricted	69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70	Capital stock, trust principal, or current funds	70
	71	Paid-in or capital surplus, or land, building, and equipment fund	71
	72	Retained earnings, endowment, accumulated income, or other funds	72
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	73	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	74	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members.	85c	
d	Section 162(e) lobbying and political expenditures.	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e).	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.	86a	
b	Gross receipts, included on line 12, for public use of club facilities.	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders.	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	88	
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 _____; section 4912 _____; section 4955 _____		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.	89b	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 _____		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization _____		
90a	List the states with which a copy of this return is filed _____	90b	
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)		
91	The books are in care of _____ Telephone no. _____ Located at _____ ZIP + 4 _____		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here. _____ and enter the amount of tax-exempt interest received or accrued during the tax year _____	92	

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. W) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 _____ EIN _____

Phone no. _____ () _____

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a Sale, exchange, or leasing of property?	2a		
b Lending of money or other extension of credit?	2b		
c Furnishing of goods, services, or facilities?	2c		
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		
e Transfer of any part of its income or assets?	2e		
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		
b Do you have a section 403(b) annuity plan for your employees?	3b		
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is— The lobbying nontaxable amount is—		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41	
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2004

Name of organization

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33½% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Cat. No. 30613X

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization

Employer identification number

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
—	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_____	\$.....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	\$.....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	\$.....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	\$.....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	\$.....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	\$.....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	\$.....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization _____ Employer identification number _____

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_____	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	\$/...../.....
—	\$/...../.....
—	\$/...../.....
—	\$/...../.....
—	\$/...../.....
—	\$/...../.....
—	\$/...../.....
—	\$/...../.....

Name of organization

Employer identification number

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	\$/...../.....
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	\$/...../.....
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	\$/...../.....
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	\$/...../.....
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	\$/...../.....
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	\$/...../.....

Name of organization

Employer identification number

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry.)

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once—see instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
.....	
—
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
.....	
—
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
.....	
—
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
.....	

Name of organization

Employer identification number

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry.)

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once—see instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
.....		
.....		
—

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
.....		
.....		
—

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
.....		
.....		
—

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
.....		
.....		

General Instructions

Purpose of Form

Schedule B (Form 990, 990-EZ, or 990-PF) is used to provide information on contributions the organization reported on line 1 of its—

- **Form 990-PF**, Return of Private Foundation,
- **Form 990**, Return of Organization Exempt From Income Tax, or
- **Form 990-EZ**, Short Form Return of Organization Exempt From Income Tax.

Who Must File Schedule B

All organizations must attach a completed Schedule B to their Form 990, 990-EZ, or 990-PF, unless they certify that they do not meet the filing requirements of this schedule by checking the proper box in the heading of their Form 990, Form 990-EZ, or on line 2 of Form 990-PF. See the instructions for Schedule B found in the separate instructions for those forms.

Public Inspection

Schedule B is:

- Open to public inspection for an organization that files Form 990-PF,
- Open to public inspection for a section 527 political organization that files Form 990 or Form 990-EZ, or
- For the other organizations that file Form 990 or Form 990-EZ, the names and addresses of contributors are not open to public inspection. All other information, including the amount of contributions, the description of noncash contributions, and any other information provided will be open to public inspection, unless it clearly identifies the contributor.

If an organization files a copy of Form 990, or Form 990-EZ, and attachments, with any state, it should not include its Schedule B in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that do not require the information might inadvertently make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ, as well as the Instructions for Form 990-PF, for phone help information and the public inspection rules for those forms and their attachments.

Contributors To Be Listed on Part I

A "contributor" (person) includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General Rule

Unless the organization is covered by one of the *Special Rules* below, it must list on Part I every contributor who, during the year, gave the organization directly or indirectly, money, securities, or any other type of property aggregating \$5,000 or more for the year. Complete Part II for a noncash contribution. To determine the \$5,000 or more amount, total all of the contributor's gifts only if they are \$1,000 or more for the year.

Special Rules

Section 501(c)(3) organizations that file Form 990 or Form 990-EZ. For an organization described in section 501(c)(3) that meets the 33⅓% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))—

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on

line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B each person who contributed more than the greater of \$5,000 or 2% of \$700,000, that is, \$14,000. Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization was greater than \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For contributions to these social and recreational clubs, fraternal beneficiary and domestic fraternal societies, orders, or associations that were not for an exclusively religious, charitable, etc., purpose, list in Part I, each contributor who, during the year, contributed \$5,000 or more as described above under the *General Rule*.

For contributions or bequests to a section 501(c)(7), (8), or (10) organization received for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))—

List in Part I each contributor whose aggregate contributions for an exclusively religious, charitable, etc., purpose were more than \$1,000 during the year. To determine the more-than-\$1,000 amount, total all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that listed an exclusively religious, charitable, etc., contribution on Part I or II must also complete Part III to—

1. Provide further information on such contributions of more than \$1,000 during the year, and
2. Show the total amount received from such contributions that were for \$1,000 or less during the year.

However, if a section 501(c)(7), (8), or (10) organization did not receive a contribution of more than \$1,000 during the year for exclusively religious, charitable, etc., purposes, and consequently was not required to complete Parts I through III, it need only check the correct *Special Rules* box applicable to that organization on the front of Schedule B and enter, in the space provided, the total contributions it did receive during the year for an exclusively religious, charitable, etc., purpose.

Specific Instructions

Note: You may duplicate Parts I through III if more copies of these Parts are needed. Number each page of each Part.

Part I. In column (a), identify the first contributor listed as No. 1 and the second contributor as No. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution.

If a contribution came directly from a "contributor," check the "Person" box. Check the "Payroll" box for indirect contributions; that is, employees' contributions forwarded by an employer. (If an employer withholds contributions from employees' pay and periodically gives them to the organization, report only the employer's name and address and the total amount given unless you know that a particular employee gave enough to be listed separately.)

For section 527 organizations that file a Form 8871, Political Organization Notice of Section 527 Status, the names and addresses of contributors that are not reported on Form 8872, Political Organization Report of Contributions and Expenditures, do not need to be reported in Part I of Schedule B if the organization paid the amount specified by I.R.C. section 527(j)(1). In this case, enter "Pd. 527(j)(1)" in column (b), instead of a name, address, and zip code; but you must enter the amount of contributions in column (c).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution. Note the public inspection rules discussed above.

Report on property with readily determinable market value (e.g., market quotations for securities) by listing its fair market value. For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the *bona fide* bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When fair market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

If the organization received a partially completed Form 8283, Noncash Charitable Contributions, from a donor, complete it and return it so the donor can get a charitable contribution deduction. Keep a copy for your records.

Original (first) and successor donee (recipient) organizations must file Form 8282, Donee Information Return, if they sell, exchange, consume, or otherwise dispose of (with or without consideration) charitable deduction property (property other than money or certain publicly traded securities) within 2 years after the date the original donee received the property.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts to these organizations that were \$1,000 or less for the year and were for an exclusively religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for an exclusively religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is commingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

2004

Department of the Treasury
Internal Revenue Service

For calendar year 2004 or other tax year beginning, 2004, and ending, 20.....
▶ See separate instructions.

A Check box if address changed

B Exempt under section
 501(c)()
 408(e) 220(e)
 408A 530(a)
 529(a)

C Book value of all assets at end of year

D Employer identification number (Employees' trust, see instructions for Block D on page 7.)

E New unrelated bus. activity codes (See instructions for Block E on page 7.)

F Group exemption number (see instructions for Block F on page 7) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ Telephone number ▶ ()

Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit (subtract line 2 from line 1c)	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (see page 9 of the instructions—attach schedule)	12		
13 Total (combine lines 3 through 12)	13		

Part II Deductions Not Taken Elsewhere (See page 9 of the instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		
20 Charitable contributions (see page 11 of the instructions for limitation rules)	20		
21 Depreciation (attach Form 4562)	21		
22a Less depreciation claimed on Schedule A and elsewhere on return	22a		
22b	22b		
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule)	28		
29 Total deductions (add lines 14 through 28)	29		
30 Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13)	30		
31 Net operating loss deduction	31		
32 Unrelated business taxable income before specific deduction (subtract line 31 from line 30)	32		
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		
34 Unrelated business taxable income (subtract line 33 from line 32). If line 33 is greater than line 32, enter the smaller of zero or line 32.	34		

Part III Tax Computation

35 Organizations Taxable as Corporations (see instructions for tax computation on page 12).
Controlled group members (sections 1561 and 1563)—check here . See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ _____ (2) \$ _____ (3) \$ _____

b Enter organization's share of: (1) additional 5% tax (not more than \$11,750) \$ _____
(2) additional 3% tax (not more than \$100,000) \$ _____

c Income tax on the amount on line 34 ▶ **35c**

36 Trusts Taxable at Trust Rates (see instructions for tax computation on page 13). Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) ▶ **36**

37 Proxy tax (see page 13 of the instructions) ▶ **37**

38 Alternative minimum tax ▶ **38**

39 Total (add lines 37 and 38 to line 35c or 36, whichever applies) ▶ **39**

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

b Other credits (see page 14 of the instructions) **40b**

c General business credit—Check here and indicate which forms are attached:
 Form 3800 Form(s) (specify) ▶ **40c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

e Total credits (add lines 40a through 40d) **40e**

41 Subtract line 40e from line 39 **41**

42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **42**

43 Total tax (add lines 41 and 42) **43**

44a Payments: A 2003 overpayment credited to 2004 **44a**

b 2004 estimated tax payments **44b**

c Tax deposited with Form 8868 **44c**

d Foreign organizations—Tax paid or withheld at source (see instructions) **44d**

e Backup withholding (see instructions) **44e**

f Other credits and payments: Form 2439 **44f**
 Form 4136 Other Total ▶

45 Total payments (add lines 44a through 44f) **45**

46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached **46**

47 Tax due—If line 45 is less than the total of lines 43 and 46, enter amount owed **47**

48 Overpayment—If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48**

49 Enter the amount of line 48 you want: Credited to 2005 estimated tax ▶ Refunded ▶ **49**

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 15.)

	Yes	No
1 At any time during the 2004 calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," the organization may have to file Form TD F 90-22.1. If "Yes," enter the name of the foreign country here ▶		
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see page 15 of the instructions for other forms the organization may have to file.		
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		

Schedule A—Cost of Goods Sold — Enter method of inventory valuation ▶

1 Inventory at beginning of year 1	6 Inventory at end of year 6
2 Purchases 2	7 Cost of goods sold. Subtract line 6 from line 5. (Enter here and on line 2, Part I.) 7
3 Cost of labor 3	
4a Additional section 263A costs (attach schedule) 4a	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 8
b Other costs (attach schedule) 4b	
5 Total—Add lines 1 through 4b 5	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no. ()	

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)
(See instructions on page 16.)

1 Description of property		2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			
(1)				
(2)				
(3)				
(4)				
Total		Total		Total deductions. Enter here and on line 6, column (B), Part I, page 1.

Total income (Add totals of columns 2(a) and 2(b). Enter here and on line 6, column (A), Part I, page 1.)

Schedule E—Unrelated Debt-Financed Income (See instructions on page 17.)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		7 Gross income reportable (column 2 × column 6)	8 Allocable deductions (column 6 × total of columns 3(a) and 3(b))
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)					
(2)					
(3)					
(4)					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5			
(1)			%		
(2)			%		
(3)			%		
(4)			%		
Totals				Enter here and on line 7, column (A), Part I, page 1.	Enter here and on line 7, column (B), Part I, page 1.

Total dividends-received deductions included in column 8

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 18.)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations				6 Deductions directly connected with income in column (5)
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income		
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)		
(1)						
(2)						
(3)						
(4)						
Totals				Add columns 5 and 10. Enter here and on line 8, Column (A), Part I, page 1.	Add columns 6 and 11. Enter here and on line 8, Column (B), Part I, page 1.	

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization
(See instructions on page 18.)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on line 9, column (A), Part I, page 1.			Enter here and on line 9, column (B), Part I, page 1.

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income
(See instructions on page 18.)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on line 10, col. (A), Part I, page 1.	Enter here and on line 10, col. (B), Part I, page 1.				Enter here and on line 26, Part II, page 1.

Schedule J—Advertising Income (See instructions on page 19.)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	Enter here and on line 11, col. (A), Part I, page 1.	Enter here and on line 11, col. (B), Part I, page 1.				Enter here and on line 27, Part II, page 1.

Schedule K—Compensation of Officers, Directors, and Trustees (See instructions on page 19.)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total —Enter here and on line 14, Part II, page 1.			

APPENDIX 4
REFERRAL PATTERNS

Table 4-A.1
National and specialty DRG Frequencies and severity rates, 2003: cardiac, MDC5

DRG	Specialty frequency	National frequency	National severity rate
103		0.03%	72.88%
104	1.24%	0.92	71.23
105	2.79	1.52	53.78
106	0.21	0.18	56.76
107	4.62	3.49	41.21
108	0.78	0.40	48.99
109	6.10	2.89	29.57
110	3.26	2.53	55.42
111	0.95	0.57	6.84
113	0.26	1.00	66.07
114	0.08	0.19	63.40
115	1.28	0.87	43.81
116	5.45	4.35	13.94
117	0.38	0.25	14.78
118	0.25	0.23	13.74
119	0.08	0.03	11.32
120	0.24	1.00	47.14
121	1.93	3.04	65.72
122	1.03	1.15	9.58
123	0.37	0.75	78.83
124	4.90	4.41	43.78
125	4.89	3.80	4.89
126	0.08	0.12	75.91
127	6.10	14.67	30.62
128	0.05	0.09	11.59
129	0.07	0.13	86.09
130	0.77	2.04	36.88
131	0.30	0.64	3.05
132	1.02	1.84	21.15
133	0.15	0.17	0.32
134	0.31	0.93	13.52
135	0.16	0.20	43.61
136	0.09	0.03	0.00
138	3.36	4.64	34.89
139	1.63	2.01	0.70
140	0.26	0.47	14.10
141	0.52	2.34	23.27
142	0.21	1.01	0.54
143	2.11	5.61	10.22
144	0.62	2.65	53.31
145	0.10	0.16	1.74
478	5.38	4.14	33.21
479	2.85	1.40	2.29
514	2.24	1.43	46.43
515	0.97	0.71	46.65
516	4.45	3.21	24.64
517	14.04	8.38	11.98
518	4.49	2.53	21.38
525	0.05	0.02	73.33
526	0.93	0.74	22.15
527	6.11	3.66	9.74
535	0.49	0.20	87.95
536	0.50	0.26	28.30

SOURCE: Medicare IPPS claims, 2003; CARD03D-4.04.05.

Table 4-A.2
National and specialty DRG Frequencies and severity rates, 2003: orthopedic
MDC8

DRG	Specialty frequency	National frequency	National severity rate
209	50.90%	36.06%	23.98%
210	0.74	8.48	38.07
211	0.99	2.08	2.87
213	1.33	0.93	43.85
216	4.32	0.99	37.85
217	0.74	1.35	52.86
218	0.99	1.89	19.59
219	2.38	1.57	0.71
223	2.07	0.96	9.38
224	2.60	0.83	0.11
225	1.04	0.48	24.17
226	0.55	0.49	25.19
227	1.40	0.41	1.14
228	1.05	0.19	14.49
229	0.65	0.09	0.00
230	0.40	0.20	22.75
231	1.75	0.93	14.52
232	1.23	0.05	0.00
233	0.67	1.06	74.91
234	1.21	0.56	15.21
235	0.87	0.32	27.52
236	1.05	2.70	31.16
237		0.11	12.71
238	0.49	0.52	47.50
239	0.58	2.65	36.28
240	0.87	0.84	42.70
241	0.69	0.20	0.93
242		0.18	36.08
243	1.50	6.45	15.22
244	0.55	0.82	28.88
245	0.99	0.35	0.00
246	1.74	0.10	20.59
247	0.52	1.31	13.39
248	0.87	0.77	27.25
249	0.55	0.87	15.43
250		0.20	26.17
251		0.13	0.00
253	0.77	1.37	29.98
254	0.52	0.60	0.16
256		0.45	31.66
471	3.42	1.04	13.82
491	3.96	1.62	4.37
496	6.94	0.59	34.97
497	3.51	2.24	20.11
498	7.02	1.82	0.77
499	4.65	3.48	13.41
500	14.53	5.47	0.34
501		0.21	43.95
502	0.37	0.06	2.99
503	1.14	0.45	7.65
519	2.23	0.82	15.65
520	3.99	1.43	0.13
537	0.62	0.14	29.14
538	0.89	0.12	0.76

SOURCE: Medicare IPPS claims, 2003; ORTH03D-4.04.05.

APPENDIX 5
QUALITY OF CARE

APPENDIX 5-A

**TABLE 5-A.1 – DIAGNOSES FOR ALL COMPLICATIONS TO BE INVESTIGATED
AMONG PATIENTS AT CARDIAC HOSPITALS AND THEIR COMPETITORS**

038 SEPTICEMIA
038.0 STREPTOCOCCAL SEPTICEMIA
038.1 STAPHYLOCOCCAL SEPTICEMIA
038.10 STAPHYLOCOCC SEPTICEM NOS
038.11 SEPTICEMIA-STAPH AUREUS
038.19 STAPHYLOCOCC SEPTICEM NEC
038.2 PNEUMOCOCCAL SEPTICEMIA
038.3 SEPTICEMIA DT ANAEROBES
038.4 SEPTICEMIA GRAM-NEGS NEC
038.40 SEPTICEMIA GRAM-NEGS NOS
038.41 SEPTICEMIA-H. INFLUENZAE
038.42 SEPTICEMIA DT E. COLI
038.43 SEPTICEMIA - PSEUDOMONAS
038.44 SEPTICEMIA DT SERRATIA
038.49 SEPTICEMIA GRAM-NEG NEC
038.8 OTH SPECIFIED SEPTICEMIA
038.9 UNSPECIFIED SEPTICEMIA
041.04 BACTR INF DT GRP D STREP
041.11 BACTERL INF DT S. AUREUS
041.7 PSEUDOMONAS IN OTHER DIS
286.9 COAGULATN DEFECT NEC/NOS
427.31 ATRIAL FIBRILLATION
427.5 CARDIAC ARREST
427.89 CARDIAC DYSRHYTHMIAS NEC
428.0 CONGESTIVE HEART FAILURE
428.1 LEFT HEART FAILURE
428.2 SYSTOLIC HEART FAILURE
428.20 SYSTOLC HEART FAILUR NOS
428.21 AC SYSTOLC HEART FAILURE
428.23 AC ON CHR SYSTOL HT FAIL
428.3 DIASTOLIC HEART FAILURE
428.30 DIASTOLC HEART FAILR NOS
428.31 AC DIASTOL HEART FAILURE
428.33 AC ON CHR DIASTL HT FAIL
428.4 CMB SYST & DIAST HT FAIL
428.40 CMB SYS/DIAS HT FAIL NOS
428.41 AC COMB SYS/DIAS HT FAIL
428.43 AC ON CH SYS/DIA HT FAIL
428.9 HEART FAILURE, NOS
348.1 ANOXIC BRAIN DAMAGE
453.8 EMBOLI/THROMBO-VEIN NEC
458.2 IATROGENIC HYPOTENSION

480 VIRAL PNEUMONIA
480.0 PNEUMONIA DT ADENOVIRUS
480.1 PNEUMONIA DUE TO RSV
480.2 PNEUMON-PARAINFLUENZA VR
480.3 PNEUMONIA DT SARS
480.8 PNEUMONIA DT VIRUS NEC
480.9 VIRAL PNEUMONIA, NOS
481 PNEUMOCOCCAL PNEUMONIA
482 OTHR BACTERIAL PNEUMONIA
482.0 PNEUMONIA-K. PNEUMONIAE
482.1 PNEUMONIA DT PSEUDOMONAS
482.2 PNEUMONIA-H. INFLUENZAE
482.3 PNEUMONIA-STREPTOCOCCUS
482.30 PNEUMONIA-STREPTOCOC NOS
482.31 PNEUMONIA-GROUP A STREP
482.32 PNEUMONIA-GROUP B STREP
482.39 PNEUMONIA DT STREP NEC
482.4 PNEUMONIA-STAPHYLOCOCCUS
482.40 STAPH PNEUMONIA NOS
482.41 STAPH AUREUS PNEUMONIA
482.49 STAPH PNEUMONIA NEC
482.8 PNEUMONIA-BACTERIA NEC
482.81 PNEUMONIA DT ANAEROBES
482.82 PNEUMONIA-E. COLI
482.83 PNEUMONIA-GRM NG BAC NEC
482.84 LEGIONNAIRES' DISEASE
482.89 PNEUMONIA-BACTERIA NEC
482.9 BACTERIAL PNEUMONIA, NOS
483 PNEUMONIA-OTHER ORGANISM
483.0 PNEUMONIA-M. PNEUMONIAE
483.1 PNEUMONIA DT CHLAMYDIA
483.8 PNEUMONIA DT ORGANISM NEC
484 PNEUMONIA-OTH INFECT DIS
484.1 PNEUMONIA-CM INCLUSN DIS
484.3 PNEUMONIA-WHOOPING COUGH
484.5 PNEUMONIA IN ANTHRAX
484.6 PNEUMONIA-ASPERGILLOSIS
484.7 PNEUMON-SYST MYCOSES NEC
484.8 PNEUMON IN INFCT DIS NEC
485 BRONCHOPNEUM-ORGANISM NOS
486 PNEUMONIA-ORGANISM NOS
518.0 PULMONARY COLLAPSE
518.5 PULM INSUF PST TRAUM/SRG
518.0 PULMONARY COLLAPSE
518.5 PULM INSUF PST TRAUM/SRG
518.81 RESPIRATORY FAILURE
560.1 PARALYTIC ILEUS
584.5 AC REN FAIL-LES TUBL NEC

584.9 ACUTE RENAL FAILURE, NOS
682.6 CELLULITIS/ABSCSS OF LEG
785.51 CARDIOGENIC SHOCK
593.9 KIDNEY & URETER DIS NOS
997.1 CARDIAC COMPLICATION NEC
997.3 RESPIR COMPLICATIONS NEC
997.4 DIGESTIVE SYST COMPL NEC
997.5 URINARY COMPLICATION NEC
998.11 HEMORRHAGE COMPLIC PROC
998.2 ACC PUNCTUR/LAC-PROC NEC
998.59 POSTOPERATIV INFECTN NEC
998.89 COMP NEC, PROCEDURE NEC

TABLE 5-A.2 DIAGNOSES FOR ALL COMPLICATIONS TO BE INVESTIGATED AMONG PATIENTS AT ORTHOPEDIC HOSPITALS AND THEIR COMPETITORS

Major Complications – Back and Neck Surgery (Spinal Fusion)	
427.31 ATRIAL FIBRILLATION	482.41 STAPH AUREUS PNEUMONIA
427.89 CARDIAC DYSRHYTHMIAS NEC	482.49 STAPH PNEUMONIA NEC
428.0 CONGESTIVE HEART FAILURE	482.8 PNEUMONIA-BACTERIA NEC
428.1 LEFT HEART FAILURE	482.81 PNEUMONIA DT ANAEROBES
428.2 SYSTOLIC HEART FAILURE	482.82 PNEUMONIA-E. COLI
428.20 SYSTOLC HEART FAILUR NOS	482.83 PNEUMONIA-GRM NG BAC NEC
428.21 AC SYSTOLC HEART FAILURE	482.84 LEGIONNAIRES' DISEASE
428.23 AC ON CHR SYSTOL HT FAIL	482.89 PNEUMONIA-BACTERIA NEC
428.3 DIASTOLIC HEART FAILURE	482.9 BACTERIAL PNEUMONIA, NOS
428.30 DIASTOLC HEART FAILR NOS	483 PNEUMONIA-OTHER ORGANISM
428.31 AC DIASTOL HEART FAILURE	483.0 PNEUMONIA-M. PNEUMONIAE
428.33 AC ON CHR DIASTL HT FAIL	483.1 PNEUMONIA DT CHLAMYDIA
428.4 CMB SYST & DIAST HT FAIL	483.8 PNEUMONIA DT ORGANSM NEC
428.40 CMB SYS/DIAS HT FAIL NOS	484 PNEUMONIA-OTH INFECT DIS
428.41 AC COMB SYS/DIAS HT FAIL	484.1 PNEUMONIA-CM INCLUSN DIS
428.43 AC ON CH SYS/DIA HT FAIL	484.3 PNEUMONIA-WHOOPING COUGH
428.9 HEART FAILURE, NOS	484.5 PNEUMONIA IN ANTHRAX
480 VIRAL PNEUMONIA	484.6 PNEUMONIA-ASPERGILLOSIS
480.0 PNEUMONIA DT ADENOVIRUS	484.7 PNEUMON-SYST MYCOSES NEC
480.1 PNEUMONIA DUE TO RSV	484.8 PNEUMON IN INFCT DIS NEC
480.2 PNEUMON-PARAINFLUENZA VR	485 BRONCHOPNEUM-ORGNISM NOS
480.3 PNEUMONIA DT SARS	486 PNEUMONIA-ORGANISM NOS
480.8 PNEUMONIA DT VIRUS NEC	518.0 PULMONARY COLLAPSE
480.9 VIRAL PNEUMONIA, NOS	518.5 PULM INSUF PST TRAUM/SRG
481 PNEUMOCOCCAL PNEUMONIA	560.1 PARALYTIC ILEUS
482 OTHR BACTERIAL PNEUMONIA	996.4 MECH COMPL-INT ORTHO DEV
482.0 PNEUMONIA-K. PNEUMONIAE	996.77 COMP NEC-INTRN JT PROSTH
482.1 PNEUMONIA DT PSEUDOMONAS	996.78 COMP NEC-ORTHOPD DEV NEC
482.2 PNEUMONIA-H. INFLUENZAE	997.1 CARDIAC COMPLICATION NEC
482.3 PNEUMONIA-STREPTOCOCCUS	997.3 RESPIR COMPLICATIONS NEC
482.30 PNEUMONIA-STREPTOCOC NOS	997.4 DIGESTIVE SYST COMPL NEC
482.31 PNEUMONIA-GROUP A STREP	997.5 URINARY COMPLICATION NEC
482.32 PNEUMONIA-GROUP B STREP	998.11 HEMORRHAGE COMPLIC PROC
482.39 PNEUMONIA DT STREP NEC	998.2 ACC PUNCTUR/LAC-PROC NEC
482.4 PNEUMONIA-STAPHYLOCOCCUS	998.59 POSTOPERATIV INFECTN NEC
482.40 STAPH PNEUMONIA NOS	998.89 COMP NEC, PROCEDURE NEC

TABLE 5-A.3 DIAGNOSES FOR ALL COMPLICATIONS TO BE INVESTIGATED AMONG PATIENTS AT ORTHOPEDIC HOSPITALS AND THEIR COMPETITORS

Major Complications – Back and Neck Surgery (except Spinal Fusion)	
427.31 ATRIAL FIBRILLATION	518.0 PULMONARY COLLAPSE
427.89 CARDIAC DYSRHYTHMIAS NEC	518.5 PULM INSUF PST TRAUM/SRG
428.0 CONGESTIVE HEART FAILURE	593.9 KIDNEY & URETER DIS NOS
428.1 LEFT HEART FAILURE	996.4 MECH COMPL-INT ORTHO DEV
428.2 SYSTOLIC HEART FAILURE	996.77 COMP NEC-INTRN JT PROSTH
428.20 SYSTOLC HEART FAILUR NOS	996.78 COMP NEC-ORTHOPD DEV NEC
428.21 AC SYSTOLC HEART FAILURE	997.00 NERVOUS SYST COMPLIC NOS
428.23 AC ON CHR SYSTOL HT FAIL	997.02 IATROGN C-VSC INFRCT/HEM
428.3 DIASTOLIC HEART FAILURE	997.09 NERVOUS SYST COMPLIC NEC
428.30 DIASTOLC HEART FAILR NOS	997.1 CARDIAC COMPLICATION NEC
428.31 AC DIASTOL HEART FAILURE	997.3 RESPIR COMPLICATIONS NEC
428.33 AC ON CHR DIASTL HT FAIL	997.4 DIGESTIVE SYST COMPL NEC
428.4 CMB SYST & DIAST HT FAIL	997.5 URINARY COMPLICATION NEC
428.40 CMB SYS/DIAS HT FAIL NOS	998.11 HEMORRHAGE COMPLIC PROC
428.41 AC COMB SYS/DIAS HT FAIL	998.2 ACC PUNCTUR/LAC-PROC NEC
428.43 AC ON CH SYS/DIA HT FAIL	998.59 POSTOPERATIV INFECTN NEC
428.9 HEART FAILURE, NOS	

TABLE 5-A.4 DIAGNOSES FOR ALL COMPLICATIONS TO BE INVESTIGATED AMONG PATIENTS AT ORTHOPEDIC HOSPITALS AND THEIR COMPETITORS

Major Complications – Hip Fracture Repair (ORIF)	
410.71 AMI-SUBEND INFRCT-INIT'L	482.41 STAPH AUREUS PNEUMONIA
427.31 ATRIAL FIBRILLATION	482.49 STAPH PNEUMONIA NEC
427.89 CARDIAC DYSRHYTHMIAS NEC	482.8 PNEUMONIA-BACTERIA NEC
428.0 CONGESTIVE HEART FAILURE	482.81 PNEUMONIA DT ANAEROBES
428.1 LEFT HEART FAILURE	482.82 PNEUMONIA-E. COLI
428.2 SYSTOLIC HEART FAILURE	482.83 PNEUMONIA-GRM NG BAC NEC
428.20 SYSTOLC HEART FAILUR NOS	482.84 LEGIONNAIRES' DISEASE
428.21 AC SYSTOLC HEART FAILURE	482.89 PNEUMONIA-BACTERIA NEC
428.23 AC ON CHR SYSTOL HT FAIL	482.9 BACTERIAL PNEUMONIA, NOS
428.3 DIASTOLIC HEART FAILURE	483 PNEUMONIA-OTHER ORGANISM
428.30 DIASTOLC HEART FAILR NOS	483.0 PNEUMONIA-M. PNEUMONIAE
428.31 AC DIASTOL HEART FAILURE	483.1 PNEUMONIA DT CHLAMYDIA
428.33 AC ON CHR DIASTL HT FAIL	483.8 PNEUMONIA DT ORGANSM NEC
428.4 CMB SYST & DIAST HT FAIL	484 PNEUMONIA-OTH INFECT DIS
428.40 CMB SYS/DIAS HT FAIL NOS	484.1 PNEUMONIA-CM INCLUSN DIS
428.41 AC COMB SYS/DIAS HT FAIL	484.3 PNEUMONIA-WHOOPING COUGH
428.43 AC ON CH SYS/DIA HT FAIL	484.5 PNEUMONIA IN ANTHRAX
428.9 HEART FAILURE, NOS	484.6 PNEUMONIA-ASPERGILLOSIS
453.8 EMBOLI/THROMBO-VEIN NEC	484.7 PNEUMON-SYST MYCOSES NEC
480 VIRAL PNEUMONIA	484.8 PNEUMON IN INFCT DIS NEC
480.0 PNEUMONIA DT ADENOVIRUS	485 BRONCHOPNEUM-ORGNISM NOS
480.1 PNEUMONIA DUE TO RSV	486 PNEUMONIA-ORGANISM NOS
480.2 PNEUMON-PARAINFLUENZA VR	507.0 PNEUMONIT-INH FOOD/VOMIT
480.3 PNEUMONIA DT SARS	518.0 PULMONARY COLLAPSE
480.8 PNEUMONIA DT VIRUS NEC	518.5 PULM INSUF PST TRAUM/SRG
480.9 VIRAL PNEUMONIA, NOS	518.81 RESPIRATORY FAILURE
481 PNEUMOCOCCAL PNEUMONIA	560.1 PARALYTIC ILEUS
482 OTHR BACTERIAL PNEUMONIA	584.9 ACUTE RENAL FAILURE, NOS
482.0 PNEUMONIA-K. PNEUMONIAE	593.9 KIDNEY & URETER DIS NOS
482.1 PNEUMONIA DT PSEUDOMONAS	996.4 MECH COMPL-INT ORTHO DEV
482.2 PNEUMONIA-H. INFLUENZAE	996.77 COMP NEC-INTRN JT PROSTH
482.3 PNEUMONIA-STREPTOCOCCUS	996.78 COMP NEC-ORTHOPD DEV NEC
482.30 PNEUMONIA-STREPTOCOC NOS	997.02 IATROGN C-VSC INFRCT/HEM
482.31 PNEUMONIA-GROUP A STREP	997.1 CARDIAC COMPLICATION NEC
482.32 PNEUMONIA-GROUP B STREP	997.3 RESPIR COMPLICATIONS NEC
482.39 PNEUMONIA DT STREP NEC	998.11 HEMORRHAGE COMPLIC PROC
482.4 PNEUMONIA-STAPHYLOCOCCUS	998.59 POSTOPERATIV INFECTN NEC
482.40 STAPH PNEUMONIA NOS	998.89 COMP NEC, PROCEDURE NEC

**TABLE 5-A.5 DIAGNOSES FOR ALL COMPLICATIONS TO BE
INVESTIGATED AMONG PATIENTS AT ORTHOPEDIC HOSPITALS AND
THEIR COMPETITORS**

Major Complications – Partial Hip Replacement	
292.81 DRUG-INDUCED DELIRIUM	482.40 STAPH PNEUMONIA NOS
293.0 ACUTE DELIRIUM 4	482.41 STAPH AUREUS PNEUMONIA
410.71 AMI-SUBEND INFRCT-INIT'L	482.49 STAPH PNEUMONIA NEC
427.31 ATRIAL FIBRILLATION	482.8 PNEUMONIA-BACTERIA NEC
427.89 CARDIAC DYSRHYTHMIAS NEC	482.81 PNEUMONIA DT ANAEROBES
428.0 CONGESTIVE HEART FAILURE	482.82 PNEUMONIA-E. COLI
428.1 LEFT HEART FAILURE	482.83 PNEUMONIA-GRM NG BAC NEC
428.2 SYSTOLIC HEART FAILURE	482.84 LEGIONNAIRES' DISEASE
428.20 SYSTOLC HEART FAILUR NOS	482.89 PNEUMONIA-BACTERIA NEC
428.21 AC SYSTOLC HEART FAILURE	482.9 BACTERIAL PNEUMONIA, NOS
428.23 AC ON CHR SYSTOL HT FAIL	483 PNEUMONIA-OTHER ORGANISM
428.3 DIASTOLIC HEART FAILURE	483.0 PNEUMONIA-M. PNEUMONIAE
428.30 DIASTOLC HEART FAILR NOS	483.1 PNEUMONIA DT CHLAMYDIA
428.31 AC DIASTOL HEART FAILURE	483.8 PNEUMONIA DT ORGANSM NEC
428.33 AC ON CHR DIASTL HT FAIL	484 PNEUMONIA-OTH INFECT DIS
428.4 CMB SYST & DIAST HT FAIL	484.1 PNEUMONIA-CM INCLUSN DIS
428.40 CMB SYS/DIAS HT FAIL NOS	484.3 PNEUMONIA-WHOOPING COUGH
428.41 AC COMB SYS/DIAS HT FAIL	484.5 PNEUMONIA IN ANTHRAX
428.43 AC ON CH SYS/DIA HT FAIL	484.6 PNEUMONIA-ASPERGILLOSIS
428.9 HEART FAILURE, NOS	484.7 PNEUMON-SYST MYCOSES NEC
453.8 EMBOLI/THROMBO-VEIN NEC	484.8 PNEUMON IN INFCT DIS NEC
480 VIRAL PNEUMONIA	485 BRONCHOPNEUM-ORGNISM NOS
480.0 PNEUMONIA DT ADENOVIRUS	486 PNEUMONIA-ORGANISM NOS
480.1 PNEUMONIA DUE TO RSV	507.0 PNEUMONIT-INH FOOD/VOMIT
480.2 PNEUMON-PARAINFLUENZA VR	518.0 PULMONARY COLLAPSE
480.3 PNEUMONIA DT SARS	518.5 PULM INSUF PST TRAUM/SRG
480.8 PNEUMONIA DT VIRUS NEC	518.81 RESPIRATORY FAILURE
480.9 VIRAL PNEUMONIA, NOS	560.1 PARALYTIC ILEUS
481 PNEUMOCOCCAL PNEUMONIA	584.9 ACUTE RENAL FAILURE, NOS
482 OTHR BACTERIAL PNEUMONIA	593.9 KIDNEY & URETER DIS NOS
482.0 PNEUMONIA-K. PNEUMONIAE	996.4 MECH COMPL-INT ORTHO DEV
482.1 PNEUMONIA DT PSEUDOMONAS	996.77 COMP NEC-INTRN JT PROSTH
482.2 PNEUMONIA-H. INFLUENZAE	996.78 COMP NEC-ORTHOPD DEV NEC
482.3 PNEUMONIA-STREPTOCOCCUS	997.02 IATROGN C-VSC INFRCT/HEM
482.30 PNEUMONIA-STREPTOCOC NOS	997.1 CARDIAC COMPLICATION NEC
482.31 PNEUMONIA-GROUP A STREP	997.3 RESPIR COMPLICATIONS NEC
482.32 PNEUMONIA-GROUP B STREP	998.11 HEMORRHAGE COMPLIC PROC
482.39 PNEUMONIA DT STREP NEC	998.59 POSTOPERATIV INFECTN NEC
482.4 PNEUMONIA-STAPHYLOCOCCUS	998.89 COMP NEC, PROCEDURE NEC

**TABLE 5-A.6 DIAGNOSES FOR ALL COMPLICATIONS TO BE
INVESTIGATED AMONG PATIENTS AT SURGICAL HOSPITALS AND
THEIR COMPETITORS**

Major Complications – Prostatectomy	
427.31 ATRIAL FIBRILLATION	428.4 CMB SYST & DIAST HT FAIL
427.89 CARDIAC DYSRHYTHMIAS NEC	428.40 CMB SYS/DIAS HT FAIL NOS
428.0 CONGESTIVE HEART FAILURE	428.41 AC COMB SYS/DIAS HT FAIL
428.1 LEFT HEART FAILURE	428.43 AC ON CH SYS/DIA HT FAIL
428.2 SYSTOLIC HEART FAILURE	428.9 HEART FAILURE, NOS
428.20 SYSTOLC HEART FAILUR NOS	518.5 PULM INSUF PST TRAUM/SRG
428.21 AC SYSTOLC HEART FAILURE	560.1 PARALYTIC ILEUS
428.23 AC ON CHR SYSTOL HT FAIL	584.9 ACUTE RENAL FAILURE, NOS
428.3 DIASTOLIC HEART FAILURE	997.1 CARDIAC COMPLICATION NEC
428.30 DIASTOLC HEART FAILR NOS	997.4 DIGESTIVE SYST COMPL NEC
428.31 AC DIASTOL HEART FAILURE	997.5 URINARY COMPLICATION NEC
428.33 AC ON CHR DIASTL HT FAIL	998.11 HEMORRHAGE COMPLIC PROC

APPENDIX 6
FOCUS GROUP MODERATOR GUIDE

PRELIMINARY FOCUS GROUP MODERATOR GUIDE

Specialty Hospital Focus Group Guide

I. Introduction (10 minutes)

Hello! My name is (insert) and I work at (insert) which is (insert). I am part of a research team that has been asked by the Centers for Medicare and Medicaid Services (CMS) to explore patient experience and satisfaction with their hospital stay. CMS hopes to learn about the care and services that Medicare beneficiaries receive when hospitalized in different types of settings. Each of you were randomly selected from among Medicare beneficiaries who received care at (insert name of hospital). We are interested in discussing your experience and opinions about the care you received not the reason for your surgery or your medical condition. We will consider this focus group a “success” if you tell us just your experiences and opinions as candidly and completely as possible. Our job is to provide information to CMS to help them understand how Medicare beneficiaries feel about their hospital stays and they need your thoughts to be as honest and frank as possible.

We will be asking you questions about the care you received from nurses and doctors, about the hospital environment – things such as cleanliness and quiet, and about your overall experiences in (hospital name). The focus of the discussion is not about your particular condition but about your experiences as a patient.

We would like to videotape this focus group. The purpose of videotaping is to make sure we have a complete and accurate record of what happens in the focus group. The members of the research team are the only people who will listen to the videotapes.

As we write a report for CMS, we will use these tapes to pull together the full range of comments and opinions across the focus groups we are conducting. Once the report is finalized, we will destroy the videotapes. The report will likely include “quotes” from what different people say in the groups; however, a specific person’s name will NOT be linked to a quote, nor will any information that would let a reader identify the person or the organization from which they come. In this way, we are doing everything we can to protect your confidentiality and privacy.

Notice that your name tags only have your first name; that’s another way we are trying to protect your confidentiality. Please use only your own and other’s first names during the group. Here are some other “ground rules” for our discussion:

- There are no right or wrong answers – everyone’s opinion has value to us.
- We want to hear from as many of you as possible, so please give others in the group opportunities to participate. It is best if only one person speaks at a time.
- Especially because we are taping, please speak up, and also refrain from side conversations.
- We explained the reasons for videotaping, however, if at any time you would like for us to stop videotaping please let us know and we will stop.
- We do have a limited time, and several issues to discuss. Please don’t be offended if I ever have to step in on a discussion to refocus us and move us ahead.
- We are not planning a formal break, so feel free to get up to get refreshments, etc. whenever you like. (note where restrooms are located).

Any questions? Let's get going then.

II. Warm Up Exercise (10 minutes)

1. To begin with let's briefly go around the room and tell us when you were hospitalized and who referred you to this hospital. Probe – was your admission through the ER, did your primary doctor refer you to the surgeon, did you choose to go to this particular hospital – did the doctor give you a choice?

III. Care and Experiences (30 minutes)

from Nurses

1. We would like to turn the discussion toward your perception of the care you received from nurses while you were in the hospital. During your stay how would you describe the care you received from the nurses at the hospital? probe, did they listen carefully, did they explain things in a way you could understand, did you get help as soon as you wanted?
2. What about when you needed help getting out of bed or getting to the bathroom, were you able to get help as soon as you wanted?
3. How many of you needed medication for pain during your hospital stay – was your pain well controlled?
4. Does this resonate with the rest of you? Who would like to describe a somewhat different experience with nurses during their hospital stay?

Any other differences?

Care from Doctors

5. What about the doctors? How would you describe the care you received from the doctors at the hospital? probe, did they listen carefully, explain things in a way you could understand?
6. Did anyone else have a different experience with doctors at the hospital?

Hospital Environment

7. During your hospital stay how often were your room and bathroom kept clean?
8. What about the noise level? Did you have any problems sleeping because of noise?
9. Are there other aspects of the hospital environment that you would like to comment about? Probe – private room, amenities
10. Did anyone else have a different experience with cleanliness or noise or other aspects of the hospital environment at this hospital?

Your Experiences at the Hospital

8. How prepared were you for going home from the hospital? probe – did nurses or doctors talk with you about whether you would need help at home, did they explain to you about your condition, your medications, activity or limitations? Did you get information in writing about what symptoms or problems to look out for after you left the hospital?
9. If you had to rate this hospital from 0 to ten with 0 being the worse hospital and 10 being the best, how would you rate it? Probe – why would you give it that rating? What makes this hospital so good? What made it so bad? What could have been better?

10. If you had a friend or family member needing hospitalization for the same condition, would you recommend this hospital to them? Probe – why would you, why wouldn't you? is there another hospital in the community that you think would be better for this type of care?

IV. Closing (10 minutes)

The information you have provided has been enormously helpful. Before we close, is there anything else you would like to tell us about the hospital or your hospital stay.

This ends our focus group. We thank you very much for your time and for your willingness to share with us your opinions and experiences about (hospital X).

APPENDIX 8
MARKET SHARES

Table 8-A.1
Medicare claims of specialty hospitals, 1998-2003
(Sorted by CBSA)

No.	Medicare		CBSA			Hospital Specialty	1998	1999	2000	2001	2002	2003
	ID	Hospital Name	Code	Name								
1	430092	Dakota Plains Surgical Center LLP	10100	Aberdeen, SD	Orthopedic	60	137	160	197	199	232	
2	320083	Heart Hospital of New Mexico	10740	Albuquerque, NM	Cardiac	0	186	2,072	2,268	2,209	2,272	
3	450796	Northwest Texas Surgery Center	11100	Amarillo, TX	< 15 Mcare Dchgs	0	0	0	2	1	4	
4	450824	Heart Hospital of Austin	12420	Austin-Round Rock, TX	Cardiac	0	1,564	2,453	3,018	2,764	3,062	
5	450871	Austin Surgical Hospital	12420	Austin-Round Rock, TX	Orthopedic	0	0	0	0	0	58	
6	050724	Bakersfield Heart Hospital	12540	Bakersfield, CA	Cardiac	0	255	1,584	1,919	1,559	1,918	
7	190251	Surgical Specialty Centre	12940	Baton Rouge, LA	Surgery	0	0	0	0	0	13	
8	130063	Treasure Valley Hospital	14260	Boise City-Nampa, ID	Orthopedic	47	70	85	65	99	85	
9	450841	Brownsville Surgical Hospital	15180	Brownsville-Harlingen, TX	< 15 Mcare Dchgs	0	0	0	39	92	101	
10	150147	Illiana Surgery and Medical Center LLC	16980	Chicago-Naperville-Joliet, IL-IN-WI	< 15 Mcare Dchgs	0	0	0	13	13	13	
11	130066	Northwest Specialty Hospital	17660	Coeur d'Alene, ID	Orthopedic	0	0	0	0	0	9	
12	450834	Physicians Centre,The	17780	College Station-Bryan, TX	Orthopedic	0	0	121	280	267	270	
13	360258	Bariatric Care Center of Ohio	18140	Columbus, OH	< 15 Mcare Dchgs	0	0	0	0	2	3	
14	360266	New Albany Surgical Hospital	18140	Columbus, OH	Orthopedic	0	0	0	0	0	0	
15	450315	Vista Hospital of Dallas	19100	Dallas-Fort Worth-Arlington, TX	< 15 Mcare Dchgs	694	667	712	757	730	298	
16	450422	Mary Shields Hospital	19100	Dallas-Fort Worth-Arlington, TX	< 15 Mcare Dchgs	15	2	21	13	3	9	
17	450849	Bariatric Care Center of Texas	19100	Dallas-Fort Worth-Arlington, TX	< 15 Mcare Dchgs	0	0	0	0	0	1	
18	450851	Baylor Heart and Vascular Center	19100	Dallas-Fort Worth-Arlington, TX	Cardiac	0	0	0	0	328	1,301	
19	450853	Frisco Medical Center	19100	Dallas-Fort Worth-Arlington, TX	Orthopedic	0	0	0	0	4	44	
20	450874	Irving Coppell Surgical Hospital	19100	Dallas-Fort Worth-Arlington, TX	< 15 Mcare Dchgs	0	0	0	0	0	0	
21	360253	Dayton Heart Hospital	19380	Dayton, OH	Cardiac	0	191	1,506	1,905	2,176	2,245	
22	230264	Southeast Michigan Surgical Hospital	19820	Detroit-Warren-Livonia, MI	< 15 Mcare Dchgs	54	35	60	54	31	19	
23	340049	North Carolina Specialty Hospital	20500	Durham, NC	Orthopedic	9	7	41	55	124	284	
24	520196	Oak Leaf Surgical Hspntl LLC	20740	Eau Claire, WI	Orthopedic	0	0	0	0	113	123	
25	450845	El Paso Specialty Hospital	21340	El Paso, TX	Orthopedic	0	0	0	190	408	490	
26	170193	Emporia Surgical Hospital	21380	Emporia, KS	Surgery	0	0	0	0	24	29	

(continued)

Table 8-A.1 (continued)
Medicare claims of specialty hospitals, 1998-2003
(Sorted by CBSA)

No.	Medicare		CBSA			Hospital Specialty	1998	1999	2000	2001	2002	2003
	ID	Hospital Name	Code	Name								
27	050708	Fresno Surgery Center	23420	Fresno, CA		Orthopedic	439	488	429	443	408	359
28	050732	Fresno Heart Hospital	23420	Fresno, CA		Cardiac	0	0	0	0	0	197
29	290048	Carson Valley Medical Center	23820	Gardnerville Ranchos, NV		< 15 Mcare Dchgs	0	0	0	0	0	0
30	170191	Surgical and Diagnostic Ctr of Gr Bend	24460	Great Bend, KS		Surgery	0	0	0	6	11	27
31	270086	Central Montana Surgical Hospital	24500	Great Falls, MT		Surgery	0	0	0	0	0	64
32	040142	Healthpark Hospital	26300	Hot Springs, AR		Surgery	0	0	0	0	485	814
33	190241	Physicians Surgical Specialty Hospital	26380	Houma-Bayou Cane-Thibodaux, LA		Surgery	0	0	18	8	22	17
34	450774	Tops Surgical Specialty Hospital	26420	Houston-Baytown-Sugar Land, TX		Orthopedic	78	70	39	25	25	64
35	450804	Texas Orthopedic Hospital	26420	Houston-Baytown-Sugar Land, TX		Orthopedic	414	416	441	613	624	523
36	450831	Vista Medical Center Hospital	26420	Houston-Baytown-Sugar Land, TX		< 15 Mcare Dchgs	0	4	46	112	46	36
37	450860	Sugar Land Surgical Hospital	26420	Houston-Baytown-Sugar Land, TX		Orthopedic	0	0	0	0	0	38
38	360261	Three Gables Surgery Center, LLC	26580	Huntington-Ashland, WV-KY-OH		< 15 Mcare Dchgs	0	0	0	0	24	46
39	150153	Heart Center of Indiana, LLC	26900	Indianapolis, IN		Cardiac	0	0	0	0	21	2,030
40	150154	Indiana Heart Hospital, The	26900	Indianapolis, IN		Cardiac	0	0	0	0	0	1,291
41	040145	Surgical Hospital of Jonesboro,The	27860	Jonesboro, AR		Orthopedic	0	0	0	0	0	52
42	270087	Health Center Northwest	28060	Kalispell, MT		Surgery	0	0	0	0	0	6
43	170188	Kansas City Orthopedic Institute	28140	Kansas City, MO-KS		Orthopedic	0	0	135	187	232	207
44	170194	Doctors Specialty Hospital LLC	28140	Kansas City, MO-KS		Orthopedic	0	0	0	0	15	96
45	170195	Heartland Surgical Specialty Hospital	28140	Kansas City, MO-KS		Orthopedic	0	0	0	0	0	63
46	190255	Park Place Surgery Ctr	29180	Lafayette, LA		< 15 Mcare Dchgs	0	0	0	0	0	1
47	190259	Lafayette Surgical Specialty Hospital	29180	Lafayette, LA		Orthopedic	0	0	0	0	0	0
48	360263	Institute for Orthopedic Surgery	30620	Lima, OH		Orthopedic	0	0	0	0	3	58
49	280127	Lincoln Surgical Hospital	30700	Lincoln, NE		Orthopedic	0	0	0	0	0	19
50	280128	Nebraska Heart Hospital LLC	30700	Lincoln, NE		Cardiac	0	0	0	0	0	1,232
51	040134	Arkansas Heart Hospital	30780	Little Rock-North Little Rock, AR		Cardiac	2,369	2,679	2,964	3,414	3,728	4,091
52	460054	Cache Valley Speciality Hospital	30860	Logan, UT-ID		Orthopedic	0	0	17	155	181	346
53	170190	Manhattan Surgical Hospital LLC	31740	Manhattan, KS		Surgery	0	0	0	24	44	35

(continued)

Table 8-A.1 (continued)
Medicare claims of specialty hospitals, 1998-2003
(Sorted by CBSA)

No.	Medicare		CBSA			1998	1999	2000	2001	2002	2003
	ID	Hospital Name	Code	Name	Hospital Specialty						
54	520194	Orthopaedic Hsptl of Wisconsin	33340	Milwaukee-Waukesha-West Allis, WI	< 15 Mcare Dchgs	0	0	0	0	0	1
55	520197	Heart Hospital of Milwaukee	33340	Milwaukee-Waukesha-West Allis, WI	Cardiac	0	0	0	0	0	37
56	520199	Wisconsin Heart Hospital, LLC, The	33340	Milwaukee-Waukesha-West Allis, WI	Cardiac	0	0	0	0	0	0
57	050726	Stanislaus Surgical Hospital	33700	Modesto, CA	Orthopedic	0	0	58	141	148	176
58	190245	Monroe Surgical Hospital	33740	Monroe, LA	Surgery	0	0	0	0	59	133
59	190246	P&S Surgical Hospital	33740	Monroe, LA	Orthopedic	0	0	0	0	1	186
60	190250	Louisiana Heart Hospital LLC	35380	New Orleans-Metairie-Kenner, LA	Cardiac	0	0	0	0	0	700
61	190256	Doctors Hospital of Slidell	35380	New Orleans-Metairie-Kenner, LA	< 15 Mcare Dchgs	0	0	0	0	0	1
62	370192	Northwest Surgical Hospital	36420	Oklahoma City, OK	Orthopedic	27	36	20	24	83	87
63	370201	Surgical Hospital of Oklahoma, LLC	36420	Oklahoma City, OK	Orthopedic	0	127	105	168	102	70
64	370203	Physicians Hospital of Oklahoma	36420	Oklahoma City, OK	Orthopedic	0	116	220	177	210	369
65	370206	Oklahoma Spine Hospital Okla Center for Orthopaedic &	36420	Oklahoma City, OK	Orthopedic	0	1	155	168	221	208
66	370212	Multi-Specialty Surgery	36420	Oklahoma City, OK	Orthopedic	0	0	0	0	63	123
67	370215	Oklahoma Heart Hospital	36420	Oklahoma City, OK	Cardiac	0	0	0	0	571	4,191
68	280129	Nebraska Orthopaedic Hospital	36540	Omaha-Council Bluffs, NE-IA	< 15 Mcare Dchgs	0	0	0	0	0	0
69	030102	Arizona Heart Hospital	38060	Phoenix-Mesa-Scottsdale, AZ	Cardiac	1,150	2,562	3,240	3,499	3,518	3,662
70	030107	Arizona Spine and Joint Hospital	38060	Phoenix-Mesa-Scottsdale, AZ	Orthopedic	0	0	0	0	0	283
71	430091	Black Hills Surgery Center LLP	39660	Rapid City, SD	Orthopedic	81	182	265	369	381	425
72	430093	Same Day Surgery Center LLC	39660	Rapid City, SD	Surgery	62	51	45	40	67	44
73	050697	Patients' Hospital of Redding	39820	Redding, CA	Orthopedic	74	93	91	77	98	104
74	190257	Green Clinic Surgical Hospital	40820	Ruston, LA	Orthopedic	0	0	0	0	0	39
75	170187	Salina Surgical Hospital LLC	41460	Salina, KS	Surgery	0	4	99	172	217	229
76	460049	Orthopedic Specialty Hospital, The	41620	Salt Lake City, UT	Orthopedic	242	275	336	377	386	468
77	450780	Methodist Ambulatory Surgery Hosp NW	41700	San Antonio, TX	Orthopedic	86	70	77	60	77	93
78	450856	Spine Hospital of South Texas,The	41700	San Antonio, TX	Orthopedic	0	0	0	0	12	166
79	450878	Texsan Heart Hospital	41700	San Antonio, TX	Cardiac	0	0	0	0	0	0

(continued)

Table 8-A.1 (continued)
Medicare claims of specialty hospitals, 1998-2003
(Sorted by CBSA)

No.	Medicare		CBSA			1998	1999	2000	2001	2002	2003
	ID	Hospital Name	Code	Name	Hospital Specialty						
80	050707	Menlo Park Surgical Hospital	41860	San Francisco-Oakland-Fremont, CA	< 15 Mcare Dchgs	38	18	38	38	27	24
81	430089	Siouxland Surgery Center LP	43620	Sioux Falls, SD	Orthopedic	17	29	32	59	181	252
82	430090	Sioux Falls Surgical Center LLP	43620	Sioux Falls, SD	Orthopedic	15	28	52	69	246	316
83	430095	Heart Hospital of South Dakota LLC	43620	Sioux Falls, SD	Cardiac	0	0	0	1,569	2,619	2,600
84	430094	Spearfish Surgery Center	43940	Spearfish, SD	Surgery	0	0	54	95	74	60
85	030100	Tucson Heart Hospital	46060	Tucson, AZ	Cardiac	1,093	1,488	2,255	2,552	2,228	2,283
86	370210	Orthopedic Hospital of Oklahoma LLC	46140	Tulsa, OK	Orthopedic	0	0	0	192	524	600
87	370216	Tulsa Spine Hospital	46140	Tulsa, OK	Orthopedic	0	0	0	0	0	249
88	450864	Texas Spine and Joint Hospital	46340	Tyler, TX	Orthopedic	0	0	0	0	0	345
89	170186	Kansas Heart Hospital	48620	Wichita, KS	Cardiac	0	925	1,390	1,573	1,783	1,797
90	170192	Galichia Heart Hospital LLC	48620	Wichita, KS	Cardiac	0	0	0	0	1,845	2,621
91	170196	Kansas Spine Hospital LLC	48620	Wichita, KS	Orthopedic	0	0	0	0	0	0
92	430096	Lewis and Clark Specialty Hospital	49460	Yankton, SD	Orthopedic	0	0	0	0	53	119
Totals											
Hospitals with Medicare claims						21	31	37	45	62	84
Claims						7,064	12,776	21,436	27,181	32,809	47,656

NOTE: Eight of the hospitals in the list first treated Medicare beneficiaries in 2004.

SOURCE: 1998-2003 Medicare inpatient PPS claims.

run: clm50, (2-3-05), clm 51 (2-8-05)

Table 8-A.2
Distribution of total Medicare discharges and shares of heart specialty hospitals,
1998 and 2003

Statistic/percentile	1998				2003			
	Total discharges		Share of discharges		Total discharges		Share of discharges	
	Competitor hospitals	Specialty hospitals						
Number of hospitals	97	3	97	3	98	18	98	18
Discharges	461,971	4,612	99%	1%	539,029	37,530	93.5%	6.5%
Average (Mean)	4,763	1,537	16.3%	4.7%	5,500	2,085	14.9%	7.9%
Maximum	17,279	2,369	77.9%	7.5%	20,472	4,191	65.3%	23.8%
75%	6,032	2,369	24.1	7.5	7,024	2,621	21.5	10.7
50% (median)	3,988	1,150	11.7	4.5	4,551	2,138	11.5	6.9
25%	2,488	1,093	5.5	2.2	3,045	1,291	5.2	3.6
Minimum	375	1,093	0.7	2.2	1,505	37	2.0	0.1

SOURCE: Medicare inpatient SAF claims, 1998 and 2003.

run: c1m57 (2-13-05)

**Table 8-A.3
Specialty Hospital Market Share Ranking* in Local Cardiac Markets, 2003**

CBSA	Total number of hospitals in the cardiac market	Specialty hospital rank in the cardiac market
Albuquerque, NM	4	1
Austin-Round Rock, TX	6	1
Bakersfield, CA	3	1
Dallas-Fort Worth-Arlington, TX	21	12
Dayton, OH	6	4
Indianapolis, IN	7	4
Little Rock-North Little Rock, AR	6	2
Oklahoma City, OK	7	1
Phoenix-Mesa-Scottsdale, AZ	16	1
Sioux Falls, SD	4	1
Tucson, AZ	7	1
Wichita, KS	4	2, 4

*A rank value of 1 indicates that the hospitals has the most cardiac discharges in the local market.

NOTE: Only hospitals with a full year of 2003 claims used in the rankings.

SOURCE: 2003 Medicare IPPS claims.

run: w004 (3-10-05)

Table 8-A.4
Distribution of total Medicare discharges and shares of orthopedic specialty hospitals,
1998 and 2003

Statistic/percentile	1998				2003			
	Total discharges		Share of discharges		Total discharges		Share of discharges	
	Competitor hospitals	Specialty hospitals						
Number of hospitals	184	13	184	13	189	40	189	40
Discharges	653,460	1,589	99.8%	0.2%	826,794	8,098	99.0%	1.0%
Average (Mean)	3,551	122	15.2%	0.7%	4,375	202	14.5%	3.9%
Maximum	14,957	439	100.0%	2.6%	19,365	600	98.7%	14.7%
75%	4,860	86	18.5	1.2	5,868	300	16.8	1.7
50% (median)	3,044	74	7.4	0.3	3,834	171	6.9	0.6
25%	1,516	27	3.4	0.1	1,938	67	3.1	0.2
Minimum	8	9	0.0	0.1	42	9	0.1	0.0

SOURCE: Medicare inpatient SAF claims, 1998 and 2003.

run: c1m57 (2-14-05)

Table 8-A.5
Specialty hospital rankings* in local orthopedics markets, 2003

CBSA	Total number of hospitals in the orthopedics market	Specialty hospital rank in the orthopedic market
Aberdeen, SD	2	2
Boise City-Nampa, ID	5	5
College Station-Bryan, TX	3	2
Dallas-Fort Worth-Arlington, TX	28	28
Durham, NC	3	2
Eau Claire, WI	5	5
El Paso, TX	6	3
Fresno, CA	5	3
Houston-Baytown-Sugar Land, TX	31	8, 30
Kansas City, MO-KS	20	14, 19
Lima, OH	4	4
Logan, UT-ID	3	2
Modesto, CA	7	5
Monroe, LA	5	5
Oklahoma City, OK	15	9, 11, 13, 14, 15
Phoenix-Mesa-Scottsdale, AZ	21	14
Rapid City, SD	2	2
Redding, CA	3	3
Salt Lake City, UT	10	5
San Antonio, TX	8	7, 8
Sioux Falls, SD	6	5, 6
Tulsa, OK	8	3, 7

*A rank value of 1 indicates that the hospitals has the most orthopedics discharges in the local market.

NOTE: Only hospitals with a full year of 2003 claims used in the rankings.

SOURCE: 2003 Medicare IPPS claims.

run: w004 (3-10-05)

Table 8-A.6
Total Medicare discharges by hospital, Dayton: 1998 and 2003

Hospital	1998		2003	
	Total discharges	Share	Total discharges	Share
Dayton Heart Hospital	0	0.0%	2,245	6.2%
Good Samaritan Hospital	7,259	24.3	7,737	21.5
Grandview Hospital & Medical Center	4,068	13.6	4,220	11.7
Kettering Medical Center	6,432	21.5	8,094	22.5
Miami Valley Hospital	8,472	28.3	9,297	25.8
Middletown Regional Hospital	3,698	12.4	4,402	12.2
Total	29,929	100.0	35,995	100.0

NOTE: Specialty hospital is shown in a bold typeface. Includes only hospitals with major heart services.

SOURCE: 1998 and 2003 Medicare IPPS claims.

run: clm68, clm69 (3-16-05)

Table 8-A.7
Total Medicare Discharges by Hospital, Fresno: 1998 and 2003

Hospital	1998		2003	
	Total discharges	Share	Total discharges	Share
Fresno Surgery Center	439	2.6%	359	1.6%
Community Medical Center - Clovis	1,100	6.4	1,851	8.2
Community Medical Center Fresno	5,584	32.5	7,226	32.0
Madera Community Hospital	1,310	7.6	1,413	6.3
Saint Agnes Medical Center	8,742	50.9	11,738	52.0
Total	17,175	100.0	22,587	100.0

NOTE: Specialty hospitals are shown in a bold typeface. Includes only hospitals with orthopedic services.

SOURCE: 1998 and 2003 Medicare IPPS claims.

run: clm68, clm69 (3-16-05)

Table 8-A.8
Total Medicare discharges by hospital, Hot Springs: 1998 and 2003

Hospital	1998		2003	
	Total discharges	Share	Total discharges	Share
Healthpark Hospital	0	0%	814	6.7%
Baptist Health Medical Center -Arkadelphia	751	7.6	815	6.7
Hot Spring County Medical Center	1,117	11.3	1,454	12.0
National Park Medical Center Inc	2,932	29.5	2,554	21.1
St Josephs Mercy Health Center Inc	5,128	51.7	6,443	53.3
Total	9,928	100.0	12,080	100.0

NOTE: Specialty hospital is shown in a bold typeface. Includes only hospitals with surgical services.

SOURCE: 1998 and 2003 Medicare IPPS claims.

run: clm60, clm61 (3-17-05)

Table 8-A.9
Total Medicare discharges by hospital, Oklahoma City: 1998 and 2003

Hospital	1998		2003	
	Total discharges	Share	Total discharges	Share
Oklahoma Heart Hospital	0	0.0%	4,191	9.0%
Deaconess Hospital	3,943	11.1	4,983	10.7
Integris Baptist Medical Center	8,187	23.1	8,890	19.1
Integris Southwest Medical Center	3,988	11.2	5,332	11.4
Mercy Health Center, Inc	4,670	13.1	5,970	12.8
Midwest City Reg Med Center	4,627	13.0	7,118	15.3
O U Medical Center (Everett Tower)	6,071	17.1	4,606	9.9
St Anthony Hospital	4,028	11.3	5,490	11.8
Total	35,514	100.0	46,580	100.0

NOTE: Specialty hospitals are shown in a bold typeface. Includes only hospitals with major heart services.

SOURCE: 1998 and 2003 Medicare IPPS claims.

run: clm68, clm69 (3-16-05)

Table 8-A.10
Total Medicare discharges by hospital, Rapid City: 1998 and 2003

Hospital	1998		2003	
	Total discharges	Share	Total discharges	Share
Black Hills Surgery Center LLP	81	1.4%	425	6.8%
Same Day Surgery Center LLC	62	1.1	44	0.7
Rapid City Regional Hospital	5,668	8.6	5,810	92.5
Total	5,811	100.0	6,279	100.0

NOTE: Specialty hospitals are shown in a bold typeface. Includes all hospitals in local market.

SOURCE: 1998 and 2003 Medicare IPPS claims.

run: clm60, clm61 (3-17-05), clm68, clm69 (3-16-05)

Table 8-A.11
Total Medicare discharges by hospital, Tucson: 1998 and 2003

Hospital	1998		2003	
	Total Discharges	Share	Total discharges	Share
Tucson Heart Hospital	1,093	4.5%	2,283	7.9%
Carondelet Saint Josephs Hospital	2,538	10.4	3,495	12.1
Carondelet Saint Marys Hospital	5,896	24.2	4,118	14.3
El Dorado Hospital	1,799	7.4	2,289	7.9
Northwest Medical Center	3,173	13.0	6,073	21.1
Tucson Medical Center	6,219	25.6	6,555	22.8
University Medical Center	3,603	14.8	3,990	13.9
Total	24,321	100.0	28,803	100.0

NOTE: Specialty hospitals are shown in a bold typeface. Includes only hospitals with major heart services.

SOURCE: 1998 and 2003 Medicare IPPS claims

run: clm68, clm69 (3-16-05)