UMC

UNITED
MEDICAL CENTER

Q9: Please provide an update on NFPHC inpatient and outpatient demographics and a breakdown of the payer mix for FY11 and to date in FY12.

9.1

Q9 FY 2011

United Medical Center
Consolidated Payor Mixtures
For the twelve month period ending September 30, 2011

Month of September					Year-To-Date			
Actual	Budget	Prior Year	Growth %		Actual	Budget	Prior Year	Growth %
				Admissions				
163	167	129	26%	Medicare	1,625	1,634	1,690	-4%
146	132	148	-1%	Medicaid	1,851	1,523	1,707	8%
127	144	111	14%	Medicaid Managed Care	1,581	1,655	1,489	6%
16	67	34	-53%	Commercial Managed Care	288	537	405	-29%
29	24	13	123%	Commercial	262	291	269	-3%
15	22	14	7%	Self Pay	110	274	162	-32%
496	556	449	10%	Total Admissions	5,717	5,915	5,722	0%
				Patient Days				
1,159	1,037	951	22%	Medicare	11,745	11,865	10,803	9%
3,995	4,296	999	300%	Medicaid	41,247	49,001	11,405	262%
505	458	443	14%	Medicaid Managed Care	6,279	5,640	6,328	-1%
57	298	151	-62%	Commercial Managed Care	1,113	3,650	1,470	-24%
131	37	62	111%	Commercial	1,138	418	1,439	-21%
55	141	52	6%	Self Pay	451	1,704	708	-36%
5,902	6,268	2,658	122%	Total Days	61,973	72,278	32,153	93%
				Emergency Visits				
511	418	445	15%	Medicare	5,793	4,665	4,841	20%
680	650	727	-6%	Medicaid	8,464	7,117	7,060	20%
1,706	1,539	1,642	4%	Medicaid Managed Care	18,714	17,335	17,678	6%
309	325	289	7%	Commercial Managed Care	3,343	3,738	3,183	5%
233	175	219	6%	Commercial	2,553	2,328	2,254	13%
667	690	568	17%	Self Pay	7,175	7,711	7,112	1%
4,106	3,797	3,890	6%	Total Emergency Visits	46,042	42,894	42,128	9%
				Admissions %				
32.9%	30.1%	28.7%	14%	Medicare	28.4%	27.6%	29.5%	-4%
29.4%	23.7%	33.0%	-11%	Medicaid	32.4%	25.7%	29.8%	9%
25.6%	25.9%	24.7%	4%	HMO Care/Caid	27.7%	28.0%	26.0%	6%
3.2%	12.1%	7.6%	-57%	Commercial Managed Care	5.0%	9.1%	7.1%	-29%
5.8%	4.4%	2.9%	102%	Commercial/Other	4.6%	4.9%	4.7%	-3%
3.0%	3.9%	3.1%	-3%	Self Pay	1.9%	4.6%	2.8%	-32%
100.0%	100.0%	100.0%	0%	Total	100.0%	100.0%	100.0%	0%
				Emergency Visits %				
12.4%	11.0%	11.4%	9%	Medicare	12.6%	10.9%	11.5%	9%
16.6%	17.1%	18.7%	-11%	Medicaid	18.4%	16.6%	16.8%	10%
41.5%	40.5%	42.2%	-2%	HMO Care/Caid	40.6%	40.4%	42.0%	-3%
7.5%	8.6%	7.4%	1%	Commercial Managed Care	7.3%	8.7%	7.6%	-4%
5.7%	4.6%	5.6%	1%	Commercial/Other	5.5%	5.4%	5.4%	4%
16.2%	18.2%	14.6%	11%	Self Pay	15.6%	18.0%	16.9%	-8%
100.0%	100.0%	100.0%	0%	Total	100.0%	100.0%	100.0%	0%

Q9 FY 2011

United Medical Center
Consolidated Gross Revenue Stream
For the twelve month period ending September 30, 2011

Dollars in Thousands

Month of September					Year-To-Date			
Actual	Budget	Prior Year	Growth %		Actual	Budget	Prior Year	Growth %
				Gross Inpatient Revenues				
4,808	4,222	4,101	17%	Medicare	53,845	51,957	49,231	9%
4,616	3,590	3,325	39%	Medicaid	49,359	44,064	39,782	24%
1,689	2,029	2,217	-24%	Medicaid Managed Care	23,405	24,981	26,248	-11%
178	915	554	-68%	Commercial Managed Care	5,687	11,229	6,922	-18%
746	539	776	-4%	Commercial	5,965	6,533	8,325	-28%
610	567	111	450%	Self Pay	3,569	6,818	1,318	171%
12,646	11,862	11,083	14%	Total	141,830	145,582	131,827	8%
				Summary				
11,112	9,841	9,642	15%	Public	126,609	121,002	115,261	10%
1,533	2,021	1,441	6%	Private	15,221	24,580	16,565	-8%
12,646	11,862	11,083	14%	Total	141,830	145,582	131,827	8%
				Gross Outpatient Revenues				
2,033	2,096	1,358	50%	Medicare	27,324	24,250	17,170	59%
1,465	2,678	1,697	-14%	Medicaid	29,067	31,245	20,842	39%
4,843	4,466	4,187	16%	Medicaid Managed Care	53,131	51,059	51,707	3%
822	893	792	4%	Commercial Managed Care	9,079	10,549	9,829	-8%
578	673	1,132	-49%	Commercial	7,286	7,840	13,593	-46%
1,364	1,042	2,150	-37%	Self Pay	16,256	12,116	25,806	-37%
11,105	11,848	11,316	-2%	Total	142,142	137,059	138,946	2%
				Summary				
8,342	9,240	7,242	15%	Public	109,522	106,554	89,719	22%
2,764	2,608	4,074	-32%	Private	32,620	30,505	49,228	-34%
11,105	11,848	11,316	-2%	Total	142,142	137,059	138,946	2%
				Total Gross Revenues				
6,841	6,318	5,459	25%	Medicare	81,169	76,207	66,401	22%
6,081	6,268	5,022	21%	Medicaid	78,426	75,309	60,624	29%
6,533	6,495	6,404	2%	Medicaid Managed Care	76,536	76,040	77,955	-2%
1,000	1,808	1,346	-26%	Commercial Managed Care	14,765	21,778	16,751	-12%
1,324	1,212	1,907	-31%	Commercial	13,251	14,373	21,918	-40%
1,973	1,609	2,261	-13%	Self Pay	19,825	18,934	27,124	-27%
23,751	23,710	22,400	6%	Total	283,972	282,641	270,773	5%
				Summary				
19,454	19,081	16,885	15%	Public	236,131	227,556	204,980	15%
4,297	4,629	5,515	-22%	Private	47,841	55,085	65,793	-27%
23,751	23,710	22,400	6%	Total	283,972	282,641	270,773	5%
				Summary				
81.9%	80.5%	75.4%	9%	Public	83.2%	80.5%	75.7%	10%
18.1%	19.5%	24.6%	-27%	Private	16.8%	19.5%	24.3%	-31%
100.0%	100.0%	100.0%	0%	Total	100.0%	100.0%	100.0%	0%

Q9 FY 2012

United Medical Center

Consolidated Payor Mixtures

For the three month period ending December 31, 2011

Month of December					Year-To-Date			
Actual	Budget	Prior Year	Growth %		Actual	Budget	Prior Year	Growth %
				Admissions				
141	139	135	4%	Medicare	464	383	378	23%
150	142	138	9%	Medicaid	420	510	505	-17%
155	132	129	20%	Medicaid Managed Care	447	392	386	16%
26	38	37	-30%	Commercial Managed Care	93	81	80	16%
24	30	29	-17%	Commercial	71	66	65	9%
12	22	21	-43%	Self Pay	43	47	46	-7%
508	502	489	4%	Total Admissions	1,538	1,479	1,460	5%
				Patient Days				
965	1,157	889	9%	Medicare	3,996	3,707	2,681	49%
4,239	4,100	3,149	35%	Medicaid	11,725	12,087	8,759	34%
623	570	438	42%	Medicaid Managed Care	1,952	1,988	1,434	36%
127	227	174	-27%	Commercial Managed Care	389	410	303	28%
85	143	110	-23%	Commercial	314	381	277	13%
83	103	79	5%	Self Pay	229	271	197	16%
6,122	6,300	4,839	27%	Total Days	18,605	18,844	13,651	36%
				Emergency Visits				
515	518	455	13%	Medicare	1,584	1,552	1,344	18%
708	737	648	9%	Medicaid	2,086	2,288	1,981	5%
1,657	1,572	1,382	20%	Medicaid Managed Care	5,074	4,695	4,066	25%
275	255	224	23%	Commercial Managed Care	932	853	738	26%
208	243	214	-3%	Commercial	662	635	551	20%
536	647	569	-6%	Self Pay	1,673	1,891	1,638	2%
3,899	3,973	3,492	12%	Total Emergency Visits	12,011	11,914	10,318	16%
				Admissions %				
27.8%	27.6%	27.6%	1%	Medicare	30.2%	25.9%	25.9%	17%
29.5%	28.2%	28.2%	5%	Medicaid	27.3%	34.5%	34.6%	-21%
30.5%	26.4%	26.4%	16%	HMO Care/Caid	29.1%	26.5%	26.4%	10%
5.1%	7.6%	7.6%	-32%	Commercial Managed Care	6.0%	5.5%	5.5%	10%
4.7%	5.9%	5.9%	-20%	Commercial/Other	4.6%	4.4%	4.5%	4%
2.4%	4.3%	4.3%	-45%	Self Pay	2.8%	3.2%	3.2%	-11%
100.0%	100.0%	100.0%	0%	Total	100.0%	100.0%	100.0%	0%
				Emergency Visits %				
13.2%	13.0%	13.0%	1%	Medicare	13.2%	13.0%	13.0%	1%
18.2%	18.6%	18.6%	-2%	Medicaid	17.4%	19.2%	19.2%	-10%
42.5%	39.6%	39.6%	7%	HMO Care/Caid	42.2%	39.4%	39.4%	7%
7.1%	6.4%	6.4%	10%	Commercial Managed Care	7.8%	7.2%	7.2%	8%
5.3%	6.1%	6.1%	-13%	Commercial/Other	5.5%	5.3%	5.3%	3%
13.7%	16.3%	16.3%	-16%	Self Pay	13.9%	15.9%	15.9%	-12%
100.0%	100.0%	100.0%	0%	Total	100.0%	100.0%	100.0%	0%

Q9 FY 2012

United Medical Center

Consolidated Gross Revenue Stream
For the three month period ending December 31, 2011

Dollars in Thousands

Month of December					Year-To-Date			
Actual	Budget	Prior Year	Growth %		Actual	Budget	Prior Year	Growth %
				Gross Inpatient Revenues				
4,628	4,133	4,128	12%	Medicare	15,297	12,969	12,117	26%
5,130	4,714	4,660	10%	Medicaid	14,454	13,173	12,160	19%
2,304	1,394	1,393	65%	Medicaid Managed Care	6,906	5,955	5,510	25%
425	1,001	1,000	-57%	Commercial Managed Care	1,508	1,543	1,490	1%
403	642	642	-37%	Commercial	1,562	1,462	1,379	13%
580	501	500	16%	Self Pay	1,322	1,424	1,340	-1%
13,470	12,385	12,323	9%	Total	41,048	36,524	33,997	21%
				Summary				
12,061	10,241	10,181	18%	Public	36,656	32,096	29,788	23%
1,409	2,144	2,142	-34%	Private	4,392	4,429	4,209	4%
13,470	12,385	12,323	9%	Total	41,048	36,524	33,997	21%
				Gross Outpatient Revenues				
1,953	2,824	2,664	-27%	Medicare	6,003	8,503	7,969	-25%
2,172	2,777	2,668	-19%	Medicaid	6,649	8,326	8,001	-17%
4,995	3,844	3,627	38%	Medicaid Managed Care	14,426	11,885	11,130	30%
655	699	659	-1%	Commercial Managed Care	2,348	2,205	2,062	14%
712	682	644	11%	Commercial	2,089	1,740	1,629	28%
1,292	1,353	1,277	1%	Self Pay	3,993	3,938	3,687	8%
11,779	12,179	11,539	2%	Total	35,508	36,597	34,479	3%
				Summary				
9,120	9,445	8,960	2%	Public	27,078	28,715	27,100	0%
2,659	2,734	2,580	3%	Private	8,430	7,882	7,378	14%
11,779	12,179	11,539	2%	Total	35,508	36,597	34,479	3%
				Total Gross Revenues				
6,581	6,957	6,793	-3%	Medicare	21,300	21,472	20,086	6%
7,301	7,491	7,329	0%	Medicaid	21,103	21,499	20,161	5%
7,298	5,238	5,020	45%	Medicaid Managed Care	21,331	17,840	16,641	28%
1,080	1,700	1,659	-35%	Commercial Managed Care	3,856	3,747	3,552	9%
1,115	1,324	1,285	-13%	Commercial	3,651	3,201	3,009	21%
1,872	1,854	1,777	5%	Self Pay	5,315	5,362	5,027	6%
25,249	24,564	23,862	6%	Total	76,556	73,121	68,476	12%
				Summary				
21,181	19,686	19,141	11%	Public	63,734	60,810	56,888	12%
4,068	4,878	4,721	-14%	Private	12,822	12,311	11,588	11%
25,249	24,564	23,862	6%	Total	76,556	73,121	68,476	12%
				Summary				
83.9%	80.1%	80.2%	5%	Public	83.3%	83.2%	83.1%	0%
16.1%	19.9%	19.8%	-19%	Private	16.7%	16.8%	16.9%	-1%
100.0%	100.0%	100.0%	0%	Total	100.0%	100.0%	100.0%	0%

9.2

United Medical Center
Market Share Analysis

Prepared by:

The Chappelle Group Corporation

Prepared for:

The Not-for-Profit Hospital Corporation commonly known as United Medical Center

Draft 4- submitted to D. Hollings and UMC Executive Staff for review, comments and approval on 2/13/2012

Final Appendix will follow approval of Tables, Charts and Graphs.

ACKNOWLEDGEMENTS

The Chappelle Group Inc. would like to extend thanks and appreciation to all participants, individuals and entities, who provided data, information and assistance throughout the data collection process.

The Chappelle Group would also like to thank the senior management of United Medical Center for giving us this opportunity to serve the citizens of Wards 7 and 8, the entire District of Columbia, and surrounding areas that might benefit from the analysis and key findings uncovered as a result of this report.

The Chappelle Group, Corporation

Jamal Chappelle, Managing Partner/Project Manager
Ankoma Stovall, Program Development Specialist
Elnora Allen, Communications Development Specialist

Table of Contents

EXECUTIVE SUMMARY

Located east of the river in South East Washington, D.C., United Medical Center/Not-for-Profit Hospital Corporation (UMC) has been a pillar in the community for more than 40 years. As the only hospital located east of the Anacostia River, UMC provides premier healthcare services to residents of Wards 7 and 8 and those residing in adjacent Prince George's County zip codes.

In recent years, the healthcare landscape in Washington, D.C. has evolved rapidly due to advances in technology, changing healthcare needs of Washington, D.C. residents, and innovative trends in providing quality patient care. UMC understood that to remain competitive as an acute-care hospital in Washington, D.C and to increase its market presence, it needed to gain a clear understanding of the D.C. Acute Care Hospital Market by:

- gaining in-depth knowledge of UMC's key competitors;
- identifying the market share held by UMC and its competitors; and
- understanding the healthcare needs of residents located in UMC primary and secondary market areas.

UMC contracted The Chappelle Group (TCG) in October 2011 to conduct a comprehensive study of the D.C. Acute Care Hospital Market to:

1. **Perform a macro assessment of the D.C. healthcare landscape** (i.e., socio-demographic characteristics of D.C. residents, overview of competitors and their service offerings, percentage of market share held by UMC and its competitors); and
2. **Perform a micro assessment of UMC** (i.e., reviewing UMC's service offerings; market share in Wards 7 and 8 and adjacent PG County zip codes; facilities, payor mix, and physicians on staff; and an analysis of its patients and their healthcare needs).

As a result of the analysis conducted, TCG uncovered key observations and opportunities for UMC to increase its market share and improve the quality of health provided to those residing East of the River. TCG believes this analysis provides data that helps quantify the service offering opportunity and community healthcare needs.

TCG created a framework as an initial approach to drive data collection and analysis for the study, which included:

1. Evaluating the total admissions, discharges, and emergency room (ER) visits for UMC and competing acute service hospitals in the Washington, D.C. area. TCG analyzed data by:

   - Diagnosis;
   - Physician;
   - Payment source;
   - Referral source; and
   - Patient demographics.

2. Reviewing characteristics of UMC and all of Washington, D.C.'s hospital service area by:
   - Patient profile;
   - Demographic, social and economic factors;
   - Medical utilization;
   - Market size and growth rate; and
   - Mortality statistics.

3. Analyzing medical staff profile of UMC physicians by:
   - Credentials;
   - Specialty and practice plans;
   - Office demographics;
   - Admissions/diagnosis;
   - Hospital affiliations and utilization at UMC and other area hospitals; and
   - Total hospital generated utilization (ER, inpatient and outpatient)

4. Reviewing profile of physicians in the Washington, D.C. market area.

5. Reviewing Emergency Department utilization of UMC by:

   - Shift (i.e., day, week, month, quarter, year);
   - Source of payment and referral;
   - Patient demographics;
   - Diagnosis; and
   - Emergency medical services (EMS) data.

6. Conducting a competitive analysis of all acute hospitals within the Washington, D.C., including:

   - Number of beds;
   - Service configuration;
   - Patient demographics, social and economic factors; and
   - Medical staff

The observations and findings are intended to help improve the quality of lives of those residing East of the Anacostia River, in the District of Columbia, and throughout the Washington Metropolitan Area (WMA) and assist UMC in meeting community health needs.

KEY OBSERVATIONS

The following key observations were discovered upon completion of the macro assessment of the healthcare landscape of D.C. and micro assessment of UMC:

- One out of three admissions to District Hospitals is from patients originating from Maryland and Virginia.
- UMC has 7 percent of the admissions market share for patients originating from the District of Columbia. UMC has 24 percent market share from patients originating from Ward 8 and 26 percent from patients originating from Ward 7.
- Ward 7 patients' most frequent admission diagnosis is Psychosis and Ward 8 patients' most frequent admission diagnosis is Normal Newborn. UMC's most frequent diagnosis for Wards 7 and 8 is Psychosis.
- UMC's top three most frequent admission diagnosis are:

    1. Psychosis
    2. Normal Newborn
    3. Vaginal Delivery

- In 2009- 7,909 and in 2010- 7,424 of District hospital admissions came from patients who live in Southwestern PG County in 2009 and 2010. Southwestern PG County cities have a median family income that exceeds the District's 2010 average of $67,006. UMC is the only acute care hospital east of the Anacostia River located in the District.
- The closest District of Columbia Hospital to UMC is Howard University Hospital which is 8 miles away and the closest South west Prince Georges County Maryland hospital to UMC is Fort Washington Hospital which is 16.5 miles away.
- Wards 7 and 8 lack a state of the art Medical office facility- near a hospital to serve its residents and those in the adjacent PG cities. The lack of adequate or available facilities precludes UMC from attracting more private insurance patients.
- 68 percent of all UMC Emergency Department (ED) visits were government sponsored or subsidized payor, thus making it reimbursement challenged in its market place.
- 43 percent of UMC emergency room visits originate from Ward 7 and 32 percent originate from Ward 8.

- Wards 7 and 8 high school graduation rates approximates the District wide average.
- The population under 19 years old is 7 percent higher in Ward 7 and 13 percent higher in Ward 8 than the District wide average of 21 percent.
- 25% of Wards 7 and 8 population has private insurance. Conversely, 74% of Wards 7 and 8 population has public sponsored insurance.

METHODOLOGY

TCG collected primary and secondary data from several sources to ensure that all data collected was accurate. Prior to conducting research, TCG posed key questions that served as the foundation and catalyst for conducting the macro and micro assessment of the D.C. healthcare landscape and UMC, respectively. Key questions included:

- Where are residents east of the Anacostia River seeking medical care?
- What are the macro and micro internal and external factors that are driving the need for quality healthcare East of The River?
- What major services are being provided to residents originating east of the Anacostia River?
- What are the drivers that are affecting patient services (i.e., lack of technology, physicians, and facilities)?
- How can UMC improve its capabilities in meeting community health needs east of the Anacostia River?
- What opportunities will allow UMC to maintain its competitive position and increase its market share in the Washington, D.C. healthcare landscape?
- Which residents located east of the Anacostia River seek medical care from District Hospitals? Which communities outside of the District (i.e., communities located in adjacent Prince George's County zip codes) rely on District Hospitals for their medical care?
- Why are residents east of the Anacostia River leaving their community to obtain medical care?
- Which current UMC service offerings present the greatest opportunity for expansion?
- What metrics should be implemented to assist UMC in identifying programs or services that should be expanded or added to its core service offerings to create a world-class medical campus for citizens in Wards 7 and 8 and the entire WMA?
- How much of the activities in the emergency room could best be delivered in an alternative setting such as an urgent care center or private physician office?

After posing the above questions to frame the assessment, TCG employed the following approach to collect data:

1. Collected 2010 U.S. Census population and socio-demographic data of Washington, D.C. and Prince George's County residents to gain a clearer understanding of the D.C. healthcare landscape;

2. Reviewed existing studies on healthcare trends, needs, and behaviors of Washington D.C. and Prince George's County residents, and health service utilization;

3. Collected 2009 and 2010 Thomson Reuters data of D.C. acute care hospitals, including hospital's statistics based on service area; admissions/discharges; diagnosis; length of stay; physician; and source of payment, payor, and patient demographics;

4. Analyzed D.C. acute hospital inpatient discharge data by service area and state; market share by service, patient origin and service line; zip codes and wards; gender and origin; payor mix; age and patient demographics; and each service area within specific ward and hospital;

5. Reviewed and analyzed external data factors of all D.C. acute hospital inpatient discharge data by age and income distribution; education; cultural and ethnic background; medical services usage; market size and growth rate by population/service area/ward; emergency medical services (EMS) statistics; mortality statistics and federal poverty guideline provisioning;

6. Researched D.C. acute hospital's medical staffing profiles to create a physician profile for UMC physicians. Data was also from the American Medical Association's Annual Physician Characteristics Guide to develop a model profile of D.C. acute hospital physicians;

7. Utilized UMC's proprietary Emergency Department Utilization model to perform an analysis of UMC's ER Department based on employee shift (year, day, week), diagnosis, EMS wait time, source of referral, ER patients admitted as inpatient, and transfers to other hospitals;

8. Conducted a comparative analysis of UMC and all other D.C. acute care hospitals to identify market share held; trends in service offerings; socio-demographics of patients visiting each hospital; distance from UMC; transport time to UMC by ambulance; published inpatient and outpatient data; and other factors by specific ward where the hospital is located; and

9. Utilized proprietary and standard benchmarking tools to perform a high level operational and financial review of UMC and prepared a comprehensive data slide booklet of all data analysis listed above.

10. Conducted quantitative research with approximately 81 ward 7 and 8 residents to identify their perceptions of UMC, their hospital of choice to receive medical care for their family, and recommendations on how UMC could improve its services, facilities, and patient care.

ORGANIZATION OF THE REPORT

Data analysis and research observations are presented in the following sections of this report:

Sections 1-3 (pages 1-61) present the external analysis of the market share of the D.C. healthcare landscape, including in-depth view of the population of all D.C. residents and all acute care hospitals. Next is a detailed discussion of wards 7 and 8, and adjacent Prince George's County residents from the perspective of patient origination, socio-economic demographics, and payor class. This section concludes with a study of each of the top 10 service lines for D.C. acute care hospitals and UMC.

Section 4 (pages 62-68) discusses an analysis of the Emergency Department and ambulatory care visits of all D.C. acute care hospitals. This is followed by a discussion of patient origination of the market place from perspective of east of the Anacostia residents, adjacent PG cities and others. Next, an illustrative view of patient utilization and trending by shifts and payor class is presented and discussed. Finally, this section concludes with a discussion of service lines and diagnosis mix for UMC.

Section 5 (pages 69-72) presents an overview of the UMC physician profile and characteristics (i.e., age, education, residence) and is compared to physician profiles for those practicing in the local, regional and national marketplace.

Section 6 (73-80) presents the quantitative and qualitative results of a hospital preference survey designed by TCG and administered to UMC's patient population. The survey consisted of 12 questions (10 quantitative and two qualitative questions). TCG utilized SPSS (a statistical analysis software program) to analyze findings.

DATA SOURCES

The following details sources used throughout our research for this study.

Data Source	Time Period	Description
American Medical Association (AMA)	2000-2010	Physician information, trends, and demographic
D.C. Economic Report (Office of Labor)	2009	D.C. Socio-economic data
D.C. Hospital Association (DCHA)	1999-2010	Monthly, quarterly, and annual IP, OP, ASC and all hospital comparative data
Maryland Hospital Association (MHA)	1999-2011	Monthly, quarterly, and annual IP, OP, ASC and all hospital comparative data
Meditech	2009-2010	UMC ER/ED and ambulatory data
The Lewin Group Report (NCMC)	2004	Health care demand information and NCMC projected service area
The RAND Group: Assessing Health and Health Care in District of Columbia	2008	Washington, D.C.'s health outcomes, disparities of population, IP/ED information and D.C. hospitals, charts, and maps
The RAND Group: Assessing Health and Health Care in Prince George's County	2000-2006	Prince George's County health outcomes, disparities of population, IP/ED information and D.C. hospitals, charts, and maps
Thomson Reuters	2009-2010	All D.C. Care Hospital – Internal Data
UMC Hospital Preference Survey	2011	TCG prepared survey consisting of customer satisfaction questions for UMC
U.S. Census Bureau	2000-2010	D.C., MD, and VA socio-economic, ethnic, and age distribution data