Comments on "The Accuracy of Hospital Merger Screening Methods"

Sean May October 17, 2014



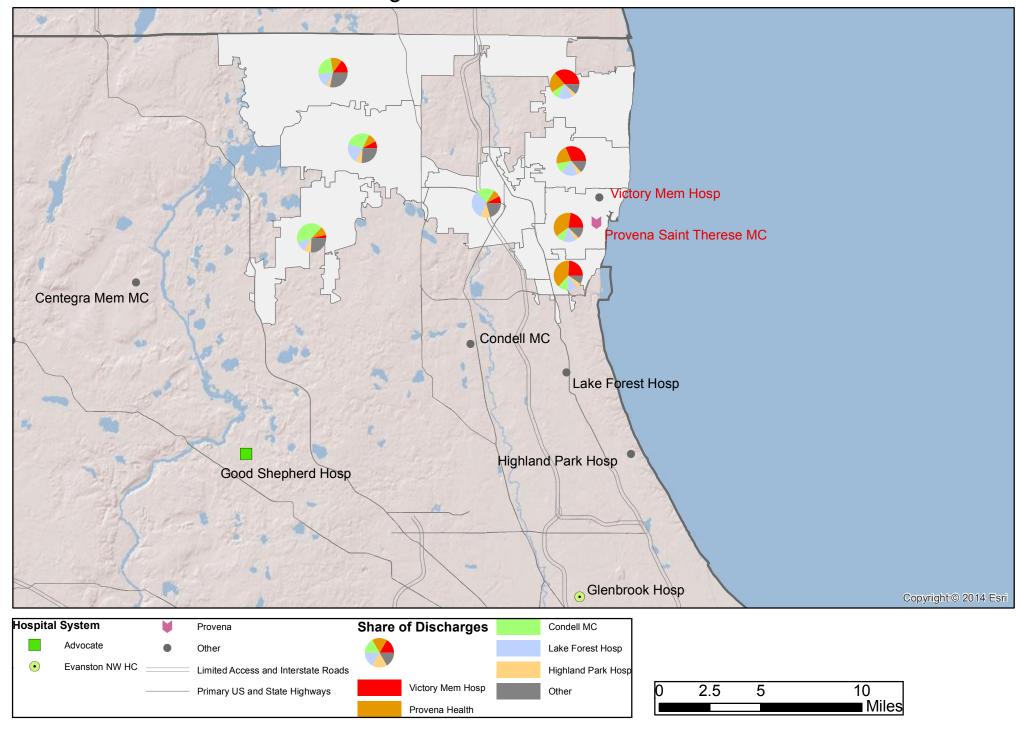
Agenda

- How well can any hospital merger screening method do?
- How reliable are the hospital price data used to calculate the actual post-merger price changes?



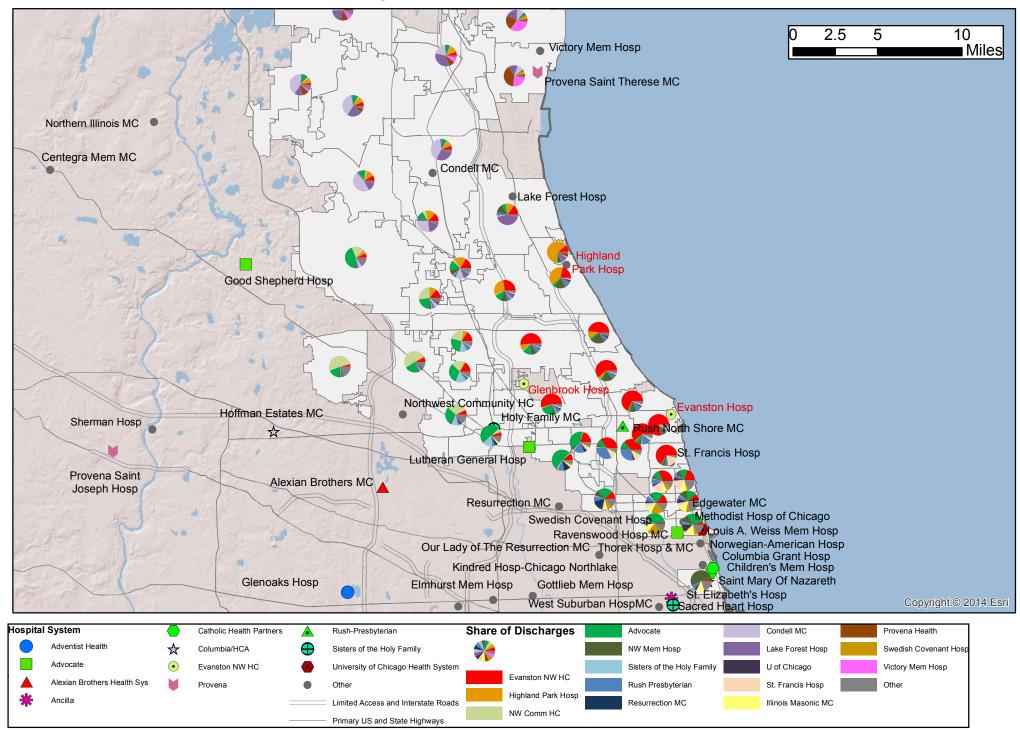
Victory Memorial Hospital and Provena Health

Share of Discharges for ZIP Codes in the 80% Service Area



Evanston Northwestern Healthcare and Highland Park Hospital

Share of Discharges for ZIP Codes in the 80% Service Area



Hospital Mergers on the North Shore of Chicago

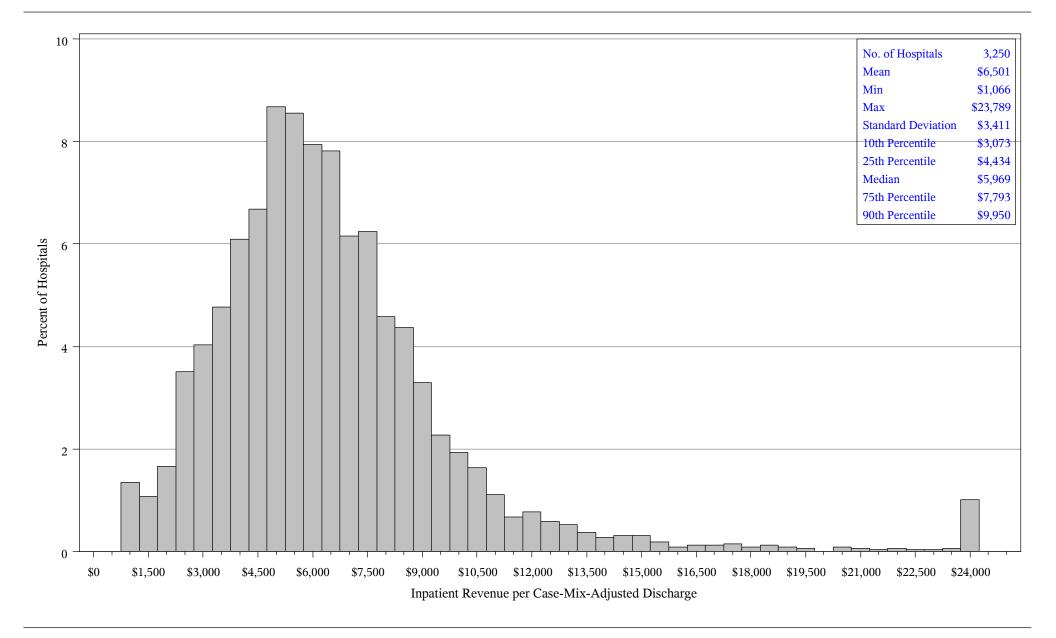
	ENH/Highland Park	St. Therese/Victory Memorial
Increase in WTP	3%	24%
Diversion from A → B	4%	30%
Diversion from B → A	14%	39%
Actual price increases		
Payer A	21 to 26%***	4 to 7%
Payer B	17 to 25%***	-21 to -13%***
Payer C	-1 to 0%	-8 to -6%***
Payer D	56 to 65%***	17 to 22%***
Payer E	11 to 16%***	-22 to -18%***

Sources: May (2013); Haas-Wilson and Garmon (2011), Tables 2 and 3. Significance level: ***1%.



Histogram of STAC Hospital Prices (Inpatient Revenue per Case-Mix-Adjusted Discharge)

Fiscal Year 2009

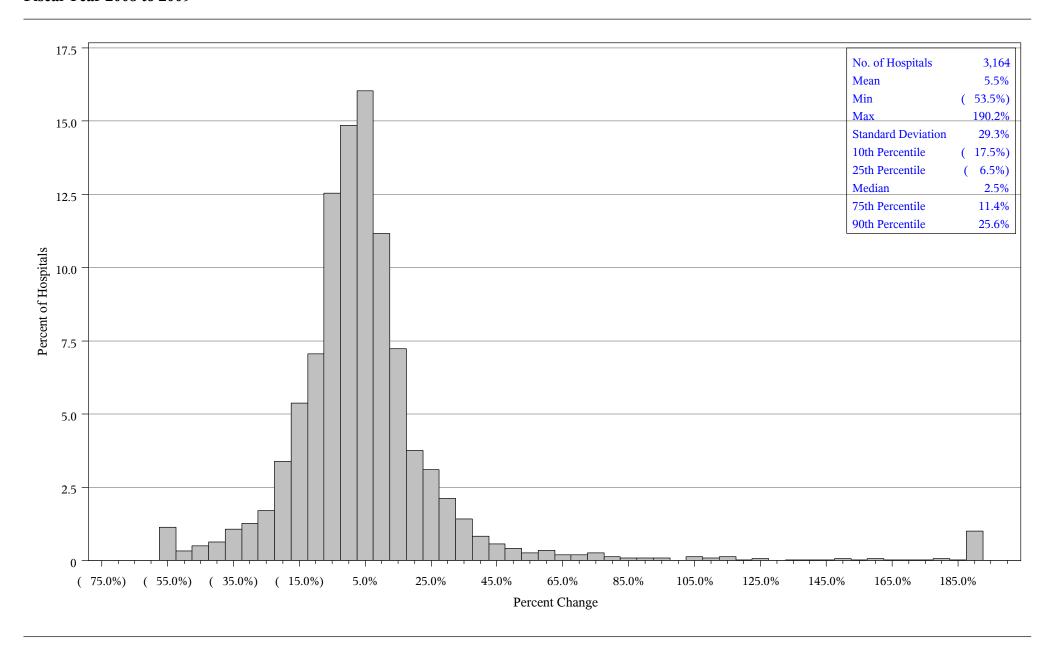


Notes:

- 1. Hospitals with prices above the 99th percentile are capped at the 99th percentile [\$23,789].
- 2. Hospitals with prices below the 1st percentile are assigned the 1st percentile [\$1,066].

Source: Centers for Medicare & Medicaid Services, Hospital Cost Report, Fiscal Year 2009.

Histogram of Year-Over-Year Changes in STAC Hospital Prices (Inpatient Revenue per Case-Mix-Adjusted Patient Day) Fiscal Year 2008 to 2009



Notes:

- 1. Hospitals with percent price changes above the 99th percentile are capped at the 99th percentile [190.2%].
- 2. Hospitals with percent price changes below the 1st percentile are assigned the 1st percentile [(53.5%)].

Sources: Centers for Medicare & Medicaid Services, Hospital Cost Report, Fiscal Year 2009.