



**American Hospital  
Association**

**AMERICAN HOSPITAL ASSOCIATION  
UNDERPAYMENT BY MEDICARE AND MEDICAID  
FACT SHEET**

**2014**

Each year, the American Hospital Association (AHA) collects aggregate information on the payments and costs associated with care delivered to beneficiaries of Medicare and Medicaid by U.S. hospitals. The data used to generate these numbers come from the AHA's Annual Survey of Hospitals, which is the nation's most comprehensive source of hospital financial data. This fact sheet provides the definition of underpayment and technical information on how this figure is calculated on a cost basis for Medicare and Medicaid.

Payment rates for Medicare and Medicaid, with the exception of managed care plans, are set by law rather than through a negotiation process as with private insurers. These payment rates are currently set below the costs of providing care resulting in underpayment. Payments made by managed care plans contracting with the Medicare and Medicaid programs are generally negotiated with the hospital.

Hospital participation in Medicare and Medicaid is voluntary. However, as a condition for receiving federal tax exemption for providing health care to the community, not for profit hospitals are required to care for Medicare and Medicaid beneficiaries. Also, Medicare and Medicaid account for 58 percent of all care provided by hospitals. Consequently, very few hospitals can elect not to participate in Medicare and Medicaid.

*Bridging the gaps created by government underpayments from Medicare and Medicaid is only one of the benefits that hospitals provide to their communities. In a separate fact sheet, AHA has calculated the cost of uncompensated hospital care (charity care and bad debt), which also are benefits to the community. While these two fact sheets contain important information, they do not account for the many other services and programs that hospitals provide to meet identified community needs.*

## DEFINING UNDERPAYMENT

**Underpayment** is the difference between the costs incurred and the reimbursement received for delivering care to patients. Underpayment occurs when the payment received is less than the *costs* of providing care, i.e., the amount *paid by* hospitals for the personnel, technology and other goods and services required to provide hospital care is less than the amount *paid to* them by Medicare or Medicaid for providing that care. Underpayment is not the same as a contractual allowance, which is the difference between hospital charges and government program payments.

## CALCULATING UNDERPAYMENTS

Payments received by hospitals for Medicare and Medicaid services are reported for each hospital in the AHA Annual Survey.<sup>1</sup> Hospitals also report their gross charges for Medicare and Medicaid services provided. Gross charges for these services are then translated into costs. This is done by multiplying each hospital's gross charges by each hospital's overall cost-to-charge ratio, which is the ratio of a hospital's costs (total expenses exclusive of bad debt) to its charges (gross patient and other operating revenue).

- Payment = Amount Received
- Cost-to-charge Ratio = 
$$\frac{\text{Total Expenses Exclusive of Bad Debt}}{\text{Gross Patient Revenue} + \text{Other Operating Revenue}}$$
- Costs = Gross Charges x Cost-to-charge Ratio

The resulting payment and cost figures are aggregated across all hospitals for Medicare and Medicaid. Payments are then compared to costs. Underpayment occurs when aggregate payments are less than costs.

- Underpayment = Amount by Which Payment is Less than Costs

## FINDINGS

In the aggregate, both Medicare and Medicaid payments fell below costs:

- Combined underpayments were *\$56 billion* in 2012. This includes a shortfall of *\$42.3 billion* for Medicare and *\$13.7 billion* for Medicaid.
- For Medicare, hospitals received payment of only *86 cents* for every dollar spent by hospitals caring for Medicare patients in 2012.
- For Medicaid, hospitals received payment of only *89 cents* for every dollar spent by hospitals caring for Medicaid patients in 2012.
- In 2012, 69 percent of hospitals received Medicare payments less than cost, while 68 percent of hospitals received Medicaid payments less than cost.

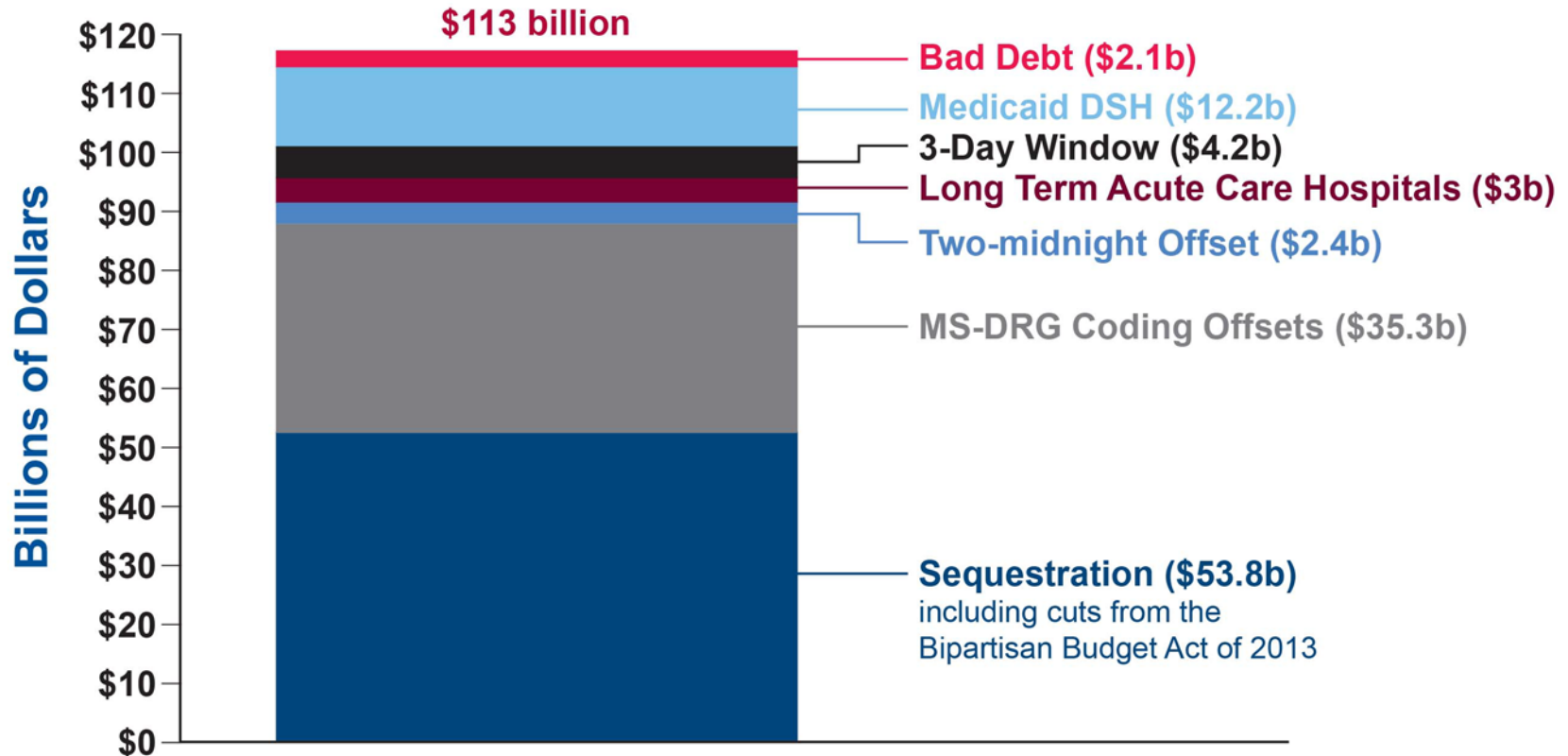
Please refer questions regarding this fact sheet to: Caroline Steinberg, AHA Policy Division (202-626-2329).

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<sup>1</sup> Medicare and Medicaid payments include all applicable payment adjustments (Disproportionate Share, Indirect Medical Education, etc.). Payments include both fee-for-service and managed care payments.

# Hospitals have absorbed \$113 billion of new cuts since 2010.

## Impact of Hospital Cuts Since FY 2010<sup>1</sup>



<sup>1</sup>Bad debt included in Middle Class Tax Relief and Job Creation Act of 2012 (MCTRJCA); Medicaid DSH cuts included in MCTRJCA, American Taxpayer Relief Act of 2012 (ATRA) and Bipartisan Budget Act of 2013; 3-day window cut included in Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010; MS-DRG coding cuts included in ATRA as well as CMS regulations (estimate of excess cuts based on hospital analysis); offset for two-midnight policy included in FY 2014 Final IPPS Rule; sequestration amount estimated from CBO Medicare Baseline, includes extension in Bipartisan Budget Act of 2013. Long Term Acute Care Hospital payment cut from Bipartisan Budget Act of 2013. Excludes ACA-related reductions.

