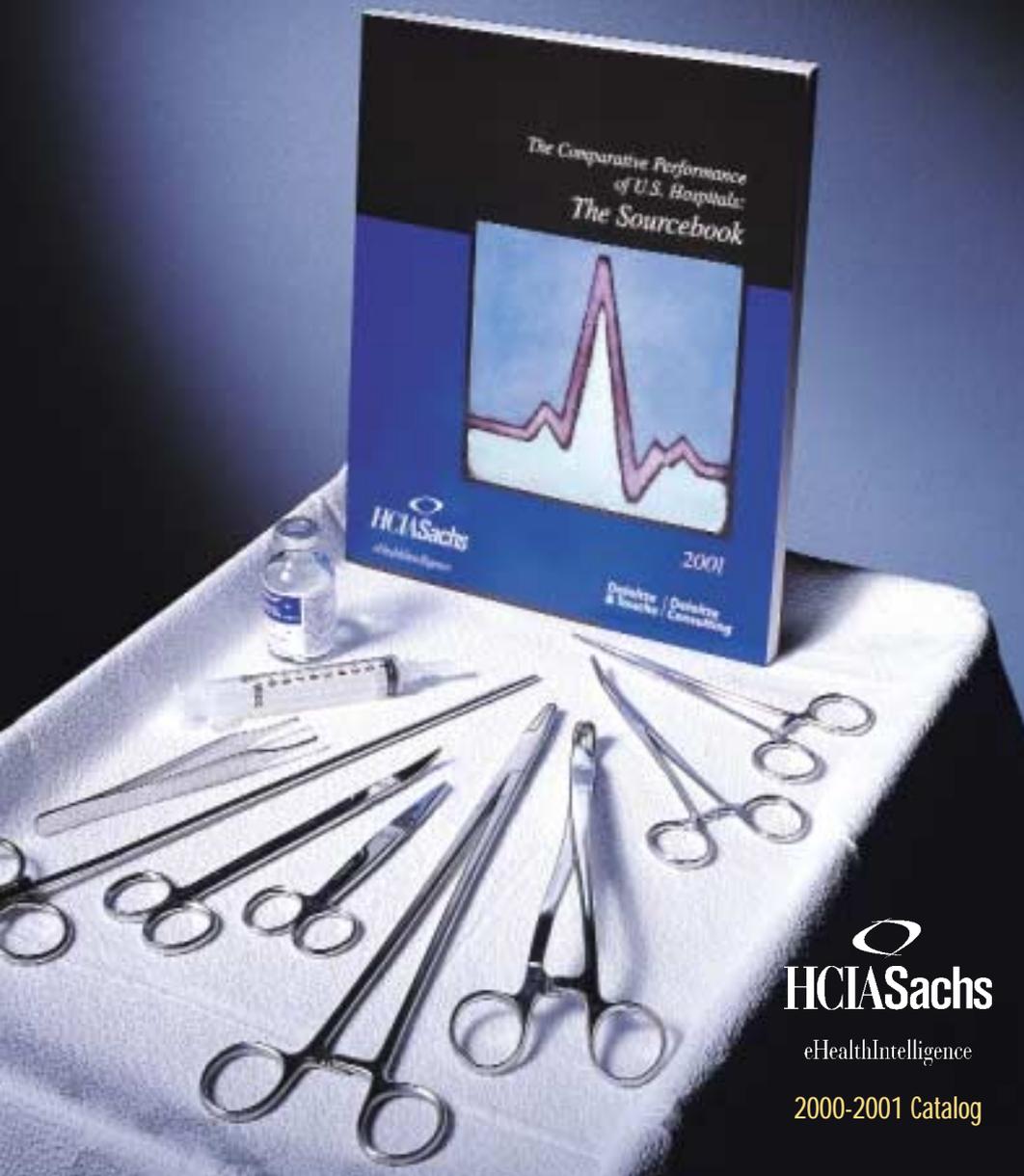


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- Control expenses
- Contribute innovative business ideas to U.S. health care professionals

100 Top Hospitals publications offer an inside look at the statistical and financial results of the most recent *100 Top Hospitals* studies, including service line and Clinical Research Program (CRP) studies—widely respected benchmarking tools in health care. The *100 Top Hospitals* studies identify benchmark statistics across multiple peer groups, revealing the facilities with superior operating and financial results. If your goal is to improve the performance of your facility's operation, service, and care, the *100 Top Hospitals* series is for you.

Learn the current benchmark levels for:

- Mortality
- Expenses
- Length of stay
- Profitability and more

Study comparison groups include:

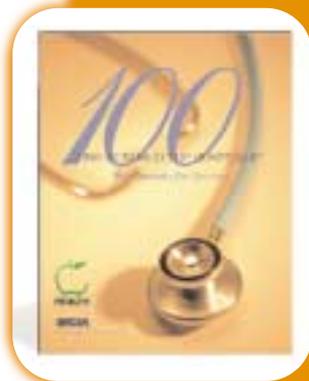
- Small hospitals
- Medium hospitals
- Large community hospitals
- Teaching hospitals
- Major teaching hospitals

Clinical Research Program:

CRP studies establish clinical treatment benchmarks. *100 Top Hospitals* award winners have joined HCIA-Sachs in the creation of a database, highlighting the most innovative, high-performing, and cost-effective hospital practices. Approximately four CRP studies are scheduled for release in 2000.

(more)

Complete
Series
\$495



100 Top Hospitals™ Series (continued)

Exclusive findings and expert industry analysis combine to provide the most comprehensive, widely popular reports on how to reach new levels of success. You'll receive complete methodologies and easy-to-read graphs and tables showing how your peer group(s) compares against each newly established benchmark.



100 Top Hospitals:™* The Impetus for Change

In 1993, HCIA first launched an initiative to identify the top hospitals in the United States based solely upon empirical findings from publicly available performance data. The objectives were:

- to establish a baseline of performance given a hospital's clinical business and the industry's financial limitations;
- create performance benchmarks for "like" institutions; and
- acknowledge the high-performing management teams of 100 Top Hospitals.

Throughout the seven years of the project, these objectives have not changed, but our focus has expanded. The 100 Top Hospitals program now includes two special studies that identify benchmarks in two high

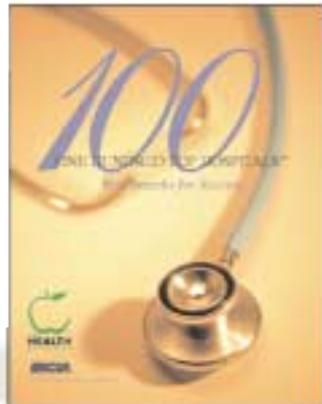
Regional/Ownership Distribution of Benchmark Hospitals

	NORTHEAST	NORTH CENTRAL	SOUTH	WEST
Number of Benchmark Hospitals	9	31	44	17
Percent of All Hospitals in Region	1.6%	3.8%	3.9%	3.7%
Number of Investor-Owned Benchmark Hospitals in Region	0	2	20	1
Percent of All Investor-Owned Hospitals in Region	0.0%	7.1%	8.0%	1.5%
Number of Not-for-Profit Benchmark Hospitals in Region	9	29	24	16
Percent of Not-for-Profit Hospitals in Region	1.8%	4.9%	4.5%	5.8%

Of all hospitals located in the South, 3.9 percent achieved benchmark status this year. The North Central and West were close behind, with 3.8 and 3.7 percent, respectively.

Sample data for display purposes only.

For More Information About
this Program, Visit:
www.100TopHospitals.com



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With a *100 Top Hospitals* series subscription, you'll receive every study released from the program during the calendar year. Each study is packed with statistics and research you can immediately use to evaluate current benchmark levels, review noteworthy findings, and learn about recent industry trends.

Benchmark studies for release in 2000:

- *100 Top Hospitals: Benchmarks for Success*
- *100 Top Hospitals: Cardiovascular Benchmarks for Success*
- *100 Top Hospitals: Orthopedic Benchmarks for Success*
- *100 Top Hospitals: Neurological Benchmarks for Success*
- *100 Top Hospitals: ICU Benchmarks for Success*

Clinical Research Program studies released in 2000:

- *Use of Stents and GP IIb/IIIa Inhibitors in PTCA Cases in American Hospitals: Benchmarks and Norms*
- *100 Top Hospitals Pediatric LOS Comparison with Non-Winners and Milliman & Robertson Guidelines*



100 Top Hospitals studies are ideal for:

- Hospital CEOs, CFOs, and board members
- Industry consultants
- *100 Top Hospitals* winners (for distribution)

Prices:

(call for discount information)

Benchmarks for Success studies:

- Softbound: \$125
- PDF: \$160

CRP studies:

- Softbound: \$80
- PDF format: \$108

Series:

(includes all Benchmarks for Success and CRP studies released during the year)

- Softbound: \$495

See pg. 2 for details on how to
**Save Over
35%**

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The Comparative Performance of U.S. Hospitals: The Sourcebook

Apples-to-apples financial and operational data on more than 3,800 hospitals

The Sourcebook is the most comprehensive publication of its kind for:

- Evaluating industry trends
- Comparing the financial health of like facilities
- Planning a strong financial future

Facilities of all sizes continue to feel the economic pinch due to increasing acuity levels of inpatients, reimbursement issues related to the Balanced Budget Act, and demands to do more with less. Now more than ever, hospitals are seeking greater operating efficiencies. *The Sourcebook*, published in partnership with **Deloitte & Touche/Deloitte Consulting**, offers comparative and historical data on 60 key financial and operational performance measures for fiscal years 1995 through 1999. Virtually every general acute care facility with 25 or more beds, as well as hospitals with bonds rated by Standard and Poor's Corp., is included. Also included is an expert industry analysis identifying key industry points and trends.

All data are presented in a comparative format for ease of use:

- Revenue, expenses, and profitability
- Pricing strategies
- Utilization
- Patient and payer mix
- Productivity and efficiency

See pg. 2 for details on how to **Save Over 25%**

This book is ideal for:

- Hospital CEOs, CFOs
- Industry consultants
- Financial analysts
- Market researchers

Companion publications:

- *Profiles of U.S. Hospitals*, pg. 7
- *The Guide to Hospital Performance*, pg. 8

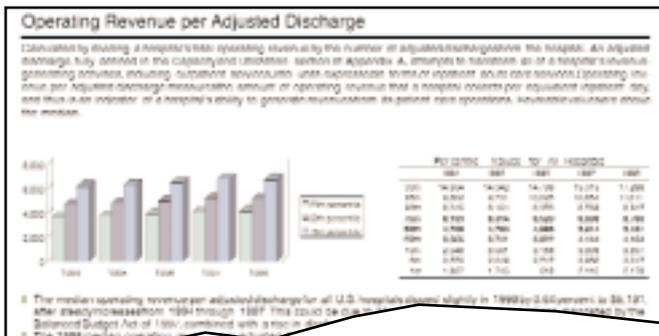
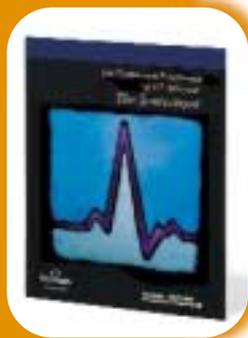
Prices:

- Softbound: \$399
- PDF: \$530 (and up)
- ASCII database: \$1,299 (1 site)

Data Details:

NEW!

For 20 performance measures, get two years of median data for peer groups within nine U.S. census divisions, allowing for more specific benchmark comparisons.



Sample data for display purposes only. Color available in PDF format only.

Profiles of U.S. Hospitals

Hard-to-locate performance details and decile rankings on more than 6,000 acute care and specialty hospitals

Changes occurring today in health care promise to have a profound effect on the financial health of the nation's acute care facilities. Because of Balanced Budget Act-related cuts, hospitals are receiving a smaller piece of the government-funded financial pie. What's more, recent HCFA regulations and pending outpatient payment guidelines are causing financially sound facilities to re-evaluate policies ranging from patient care to facility alliances and expenditures. *Profiles of U.S. Hospitals* is the most comprehensive strategic and financial planning tool for examining individual facility performance. If you evaluate and compare specific facilities for acquisitions, partnerships, and grant funding, this is the analytical tool for you.

Included are crucial data you need to examine and compare key performance measures, such as:

- Medicaid/Medicare patient percentages
- Profitability
- Occupancy rates
- Outpatient revenue percentages
- Average length of stay
- Top five DRGs by patient volume

This book is ideal for:

- Hospital CEOs, CFOs
- Industry consultants
- Industry suppliers
- Investment bankers

Companion book:

- *The Comparative Performance of U.S. Hospitals: The Sourcebook*, pg. 6
- *The Guide to Hospital Performance*, pg. 8

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ALABAMA	OPERATIONAL					FINANCIAL									
	Rank	Disch	Case %	Case Mix Index	Medicare %	Outpatient Revenue %	Operating Revenue	Days in Acute Care	Average Pay Period	Profitability	Leverage	Liquidity	Efficiency	DRG %	
MOBILE County Hospital (010120) 135461 575-3111 G 9 R N - S - -	106	2,432	25.9	3.9	44	16	48	13.7	79.2	31.5	6	4	2	3	127
	94	2,432	27.5								7	3	3	5	141
MONTGOMERY West Medical Center (010023) E South Blvd 3E116 68-2100 G U M A+ - - D	410	19,171	61.6	4.2	1	16	25	144.5	604	109.9	2	8	10	4	116
	340	18,641	64.7								1	8	10	6	555
MONTGOMERY Montgomery Medical Center (01C143) Well Memorial Psych... 2140 Upper Wetumka Rd 36107 (334) 392-9330 P 6 9 U N - - - -	161	6,117				35	37	40.1	42.2	27.2	6	2	4	4	127
	140	6,117									6	2	6	6	142
MONTGOMERY HealthSouth Rehab Hosp of Montgomery (013028) 4455 Heron Lane Rd 36116 (334) 294-7700 R 1 12 U N - - - -	87	1,424	30.0	20.4		82	4	22.2	26.8	27.1		2	1		914
	87	1,404	30.0									1	2		370
															39.4
															26.1
															32,132

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The DRG Handbook: Comparative Clinical and Financial Benchmarks

Detailed clinical, financial, and statistical data on 100 of the most significant diagnosis-related groups

Diagnosis-related groups (DRGs) are the building blocks for hospital reimbursement under the Medicare Prospective Payment System (PPS). As rising health care costs combine with continuous demand for quality services and lower payments, comparative financial and clinical data on the top DRGs are vital. *The DRG Handbook*, published in conjunction with **Ernst & Young**, is your best resource for creating financially solid coverage contracts, realistic budgets, and accurate length of stay projections—saving your facility money and increasing profit.

Evaluate your financial and statistical position for 100 of the most significant DRGs, plus two significant obstetrical/gynecological and pediatric DRGs with detailed clinical, financial, and demographic breakdowns.

Five pages of Medicare and one page of all-payer data for each DRG feature clear, concise bar graphs; pie charts; and tables, including:

- Extensive comparisons across 95 different peer groups
- Average charge, cost, and reimbursement for each DRG
- Detailed financial all-payer and Medicare data
- 14 demographic breakdowns for each DRG
- Managed care penetration levels

This book is ideal for:

- Hospital CEOs, CFOs
- Industry consultants
- Market researchers
- Payers

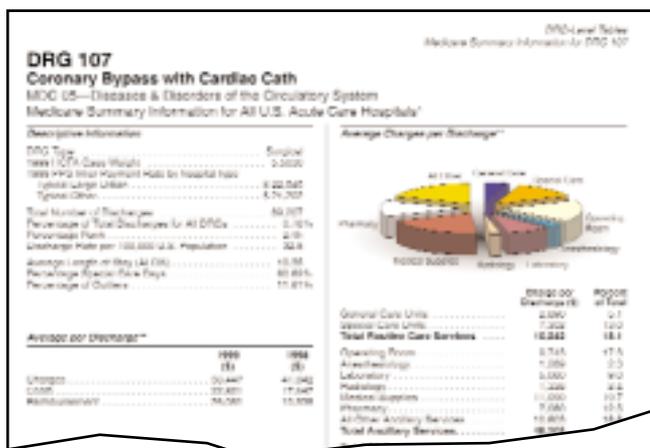
Companion publications:

- *Length of Stay Series*, pg. 10
- *The Guide to the Managed Care Industry*, pg. 11

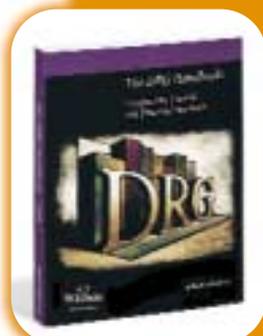
Prices:

- Softbound: \$399
- PDF: \$530 (and up)
- ASCII database: \$1,699 (all DRGs; other pricing available)

See pg. 2 for details on how to **Save Over 35%**



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ERNST & YOUNG LLP

Length of Stay (LOS) Series

On-target length of stay and benchmark information associated with every ICD-9-CM code

This book is ideal for:

- Medical directors
- Third party administrators
- Utilization review directors
- Medicaid programs

Companion publication:

- *The DRG Handbook: Comparative Clinical and Financial Benchmarks*, pg. 9

Prices:

(Easy-to-find LOS information in several softbound volumes)

- LOS by Diagnosis and Operation: \$295 (per region)
- Complete Set: \$995 (all 5 regions)
- LOS by Diagnosis & Operation, Pediatric: \$295
- Psychiatric LOS by Diagnosis: \$195 (all U.S.)

Regions available: U.S., Northeast, North Central, West, and South

An important goal of the managed care industry is to bring consistency to the utilization of medical services across the country. Determining appropriate LOS would be easy if patients were identical; however, illness, complexity, age, and other factors cause variations for patients admitted with the same diagnosis/procedure. HCIA-Sachs' LOS series addresses varying stays associated with every ICD-9-CM code for patients in five age groups, enabling you to identify stays that are realistic and on-target for your patients' unique characteristics.

Data for the LOS series are compiled from an all-payer database representing approximately 11 million discharges. Our standards are based on actual inpatient LOS. They are more reliable guidelines than criteria-based/survey-based models.

Utilization management professionals depend on LOS data for:

- Pre-admission authorization
- Bed-need assessment
- Concurrent review and discharge planning
- Reimbursement review and adjustment

See pg. 2 for details on how to Save Over 35%



United States, October 1998–September 1999 Data, by Diagnosis																								
033. WHOOPING COUGH, Formerly included in diagnosis group(s) 007.										034: STREP THROATIC/AILET FEV. Formerly included in diagnosis group(s) 005.										034.0: STREP C diagnosis group				
Type of Patients	Observed Patients	Avg. Stay	Var. (std)	10th	25th	50th	75th	90th	95th	Percentiles	Observed Patients	Avg. Stay	Var. (std)	10th	25th	50th	75th	90th	95th	Percentiles	Observed Patients	Avg. Stay		
1. SINGLE DX																								
A. Not Operated																								
0-19 Years	342	3.9	11	1	2	3	5	8	11	16	298	1.9	1	1	1	2	3	4	5	240	1.9			
20-34	0										66	2.1	<1	1	1	2	3	4	4	85	2.1			
35-49	1	2.0	0	2	2	2	2	2	2	2	34	1.9	<1	1	2	3	3	4	4	30	1.9			
50-64	0										6	1.9	2	1	1	3	3	3	5	6	1.9			
65+	0										4	3.1	4	1	2	2	6	6	6	6	4	3.1		
B. Operated																								
0-19 Years	0										7	1.0	0	1	1	1	1	1	1	7	1.0			
20-34	0										3	1.6	0	1	2	2	2	2	2	3	1.6			
35-49	0										0									0				
50-64	0										1	2.0	0	1	2	2	2	2	2	2	2.0			
65+	0										1	4.0	0	4	4	4	4	4	4	4	4.0			
2. MULTIPLE DX																								
A. Not Operated																								
0-19 Years	409	6.5	38	1	2	4	6	14	21	28	1,164	2.1	2	1	1	2	3	3	4	6	889	2.0		
20-34	5	1.7	<1	1	1	2	2	2	3	3	289	2.1	1	1	1	2	3	4	4	6	285	2.1		
35-49	6	3.4	<1	3	3	4	4	5	5	5	874	2.4	2	1	2	2	3	3	4	6	812	2.4		
50-64	6	5.6	10	2	3	4	6	12	12	12	82	2.7	3	1	1	3	4	5	6	7	81	2.7		
65+	4	3.8	6	1	1	3	5	10	10	10	73	3.1	3	1	2	3	4	5	6	6	72	3.1		
B. Operated																								
0-19 Years	3	28.0	290	0	6	17	40	43	43	43	27	5.3	10	1	1	3	6	6	10	10	26	5.4		
20-34	0										6	2.5	12	2	2	3	3	4	5	10	13	6	2.7	
35-49	0										4	3.1	11	1	1	3	11	11	11	11	4	3.1		
50-64	0										4	15.1	31	8	15	18	18	18	18	18	18	4	15.1	
65+	1	4.0	0	4	4	4	4	4	4	4	1	7.0	0	7	7	7	7	7	7	7	1	7.0		
SUBTOTALS:																								
1. SINGLE DX																								
A. Not Operated																								
0-19 Years	343	3.9	11	1	2	3	5	8	11	16	408	1.9	1	1	1	2	2	3	3	240	1.9			
20-34	0										66	2.1	<1	1	1	2	3	4	4	85	2.1			
35-49	1	2.0	0	2	2	2	2	2	2	2	34	1.9	<1	1	2	3	3	3	4	30	1.9			
50-64	0										6	1.9	2	1	1	3	3	3	5	6	1.9			
65+	0										4	3.1	4	1	2	2	6	6	6	4	3.1			
B. Operated																								
0-19 Years	0										7	1.0	0	1	1	1	1	1	1	7	1.0			
20-34	0										3	1.6	0	1	2	2	2	2	2	3	1.6			
35-49	0										0									0				
50-64	0										1	2.0	0	1	2	2	2	2	2	2	2.0			
65+	0										1	4.0	0	4	4	4	4	4	4	4	4.0			

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The Guide to the Nursing Home Industry

Policy, benchmark, financial, and operational data on the entire nursing home industry—nationally and statewide

This book is ideal for:

- Facility and corporate CEOs, CFOs
- Industry consultants
- Investment bankers
- Real estate investors

Companion publications:

- *The Directory of Nursing Homes*, pg. 16

Prices:

- Softbound: \$249
- PDF: \$335 (and up)
- ASCII database: \$599 (1 site)

See pg. 2 for details on how to Save Over 20%



There are more than 34 million elderly adults living in the U.S. As the population grows, so does the demand for improved long-term, less expensive care; better patient safety; and alternative financing. Further stressing the industry are government reforms and industry consolidations, causing many facilities to rely on the strength of a parent corporation. Only *The Guide to the Nursing Home Industry*, produced in partnership with **Arthur Andersen**, provides policy, benchmark, financial, and operational data to effectively evaluate the entire nursing home industry's performance on a national and state level.

Indicators for 19 performance measures and 9 different peer groups include:

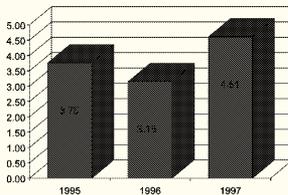
- Total number of beds
- Occupancy rate
- Percent Medicaid resident days
- Salary and benefits per employee
- Expenses per resident day
- Total profit margin

Each state is profiled with summaries revealing its most recent nursing home industry trends, plus such statistics as:

- Medicaid reimbursement methodologies
- Number of facilities, beds per 1,000 persons aged 65 and over and 75 and over
- State certificate of need program
- Key bed need methodologies

Total Profit Margin

Calculated as the difference between total net revenue and total expenses, divided by total net revenue, expressed as a percentage. Total profit margin is a measure of the overall profitability of a nursing home and reflects the inclusion of philanthropic contributions, endowment revenue, government grants, investment income, and other revenues and expenses not related to patient care operations. Favorable values are above the median.



After falling in 1996, which was a departure from a long-standing trend, nursing home total profit margins increased in 1997.

	Median Values		
	1997	1996	1995
Alabama	8.03	4.23	7.08
Alaska	2.16	2.05	n/a
Arizona	2.03	1.99	(1.89)
Arkansas	n/a	n/a	6.65
California	0.11	0.93	2.70
Colorado	5.40	4.31	5.97
Connecticut	0.91	0.35	0.55
Delaware	1.16	n/a	2.22
District of Columbia	n/a	n/a	2.18
Florida	5.20	1.96	7.41
Georgia	4.78	3.30	1.85
Hawaii	8.37	4.17	6.81
Idaho	10.02	6.77	5.34
Illinois	3.55	2.01	3.17
Indiana	1.78	n/a	n/a
Iowa	n/a	n/a	n/a

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ARTHUR ANDERSEN

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The APC Handbook

Detailed Ambulatory Payment Classifications (APCs) codes you'll need to adapt to the Medicare Outpatient Prospective Payment System (OPPS)

As a result of the Balanced Budget Refinement Act of 1999 (BBRA), HCFA implemented OPSS, which is based on APC payment methodology. The APCs incorporate most Medicare-covered outpatient hospital services and will fundamentally impact every hospital department, especially registration, coding, and billing. Hospitals that lack policies meeting APC requirements increase their financial risk of improper payment for outpatient services.

Be ready for the impact OPSS will have on your outpatient reimbursements. Keep up with new regulations and the updates to the OPSS. For example, did you know services that can be performed in an outpatient setting but are performed in an inpatient setting will not be paid under the new system?

Difficulties hospitals may face while adapting to OPSS include:

- Reduced payments from undercoding
- Co-payment reduction
- Potential loss of the provider-based status

Basic steps to ensure quicker adaptation to the OPSS and generate a quicker cash flow are:

- Improve coding and billing procedures
- Adopt pre-billing edits or software to minimize compliance issues
- Educate staff
- Develop a management process to monitor and assess a hospital's operational and financial performance under the OPSS

It's time to make the transition now! Purchase *The APC Handbook* to ensure appropriate documentation and codes are assigned to the outpatient services your facility provides.

NEW!

2001 Edition
Coming Soon!

This book is ideal for:

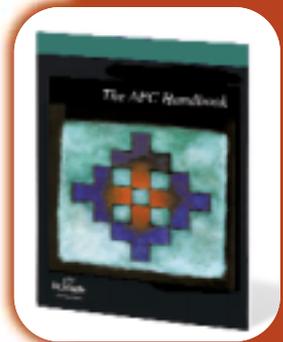
- Hospital CEOs, CFOs and COOs
- Industry consultants

Companion publications:

- *The DRG Handbook: Comparative Clinical and Financial Benchmarks*, pg. 9

Prices:

- Softbound: \$295
- PDF: \$395 (and up)
- ASCII database: \$895 (1 site)



The Directory of Health Care Professionals

Key personnel and facility contact information for approximately 191,000 professionals at more than 6,100 hospitals/health systems

Health care professionals and their contact information are valuable tools for recruiting, networking, and prospecting for industry business. *The Directory of Health Care Professionals* helps you easily locate key personnel and the facilities you want by hospital name, system headquarters, or job title—it's the most comprehensive listing available.

Best of all, cross-referencing of all system-affiliated hospitals and headquarters identifies members of specific health care systems. Each listing is compiled from surveys received from individual hospitals and hospital system headquarters and verified by HCIA-Sachs' databases and phone interviews.

Reference categories include:

- Hospital listings by state
- Titles, contact, and job function information arranged alphabetically
- Health care system headquarters
- Nearly 3,125 health care system professionals at nearly 400 system headquarters, including all contact information

See pg. 2 for details on how to Save Over 20%

This book is ideal for:

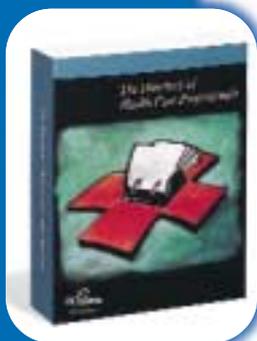
- Industry consultants
- Industry suppliers
- Libraries
- Recruiters

Companion publications:

- *The Directory of Retirement Facilities*, pg. 15
- *The Directory of Nursing Homes*, pg. 16

Prices:

- Softbound: \$299
- PDF: \$395 (and up, includes all 4 U.S. regions)
- PDF: \$160 (1 U.S. region)
- ASCII database: (varies by title selection, call for pricing)



City Name	Paradise	Hospital Name	Name photo Inclu
Winners of the 100 Top Hospitals ¹³ in the National, Orthopedic and Cardiovascular studies	TENDER CARE HOSPITAL <i>Winner of 100 Top¹³ Hospitals National Benchmarks for Success</i> <i>(Includes Tender Care Women's Center, 200 Hospital Drive, Paradise, CA, tel. 100/978-5765)</i>		
Mailing Address	1000 Medical Center Drive; 22222		
Local Address	1111 Medical Center Drive; 22222 (Madison)		
Telephone Number	(100) 555-5555; FAX: (100) 555-5556	FAX Number	
Name and Facility-Specific Title of Hospital Professional	Internet: www.tendercare.com Email: jb@tch.com	Web Site	
	Number of Beds: 99	Email Address	
	System Affiliation: Loving Care System		
Hospital Professional's Job Function	Budget A. Alaita, CEO 444-4345 x4444 Administrator/Chief Executive Officer/President Douglas R. Gezeille, Chief of Staff 555-5333 Medical Staff Coordinator Director of Utilization Review Kathleen P. Burke, RN 555-7777 Nursing Administrator House Health Director	High To	
Hospital Professional Entry with Multiple Job Functions			
	Name of Hospital System to which this Hospital Belongs		

Sample data for display purposes only.

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The Directory of Retirement Facilities

Reference profiles and contact information for more than 111,000 contacts at over 14,000 senior citizen residential alternatives

Today, retirement facilities provide millions of senior citizens a variety of services—from the physical to the religious to the fraternal. If you are searching for facilities with property value worthy of investment, the qualified employees you need for seniors with special requirements, or the buying power to purchase your industry-related product *The Directory of Retirement Facilities* is for you.

The Directory of Retirement Facilities profiles 14,056 senior citizen residential alternatives, from supervised assisted living settings to completely independent living communities, in one publication—the most comprehensive of its kind.

Information on Assisted Living, Congregate Care, Independent Living, and Continuing Care facilities includes:

- Administrative contact information
- Age requirements
- Monthly fees
- Owner type
- Primary services provided, such as social, recreational, medical care, library, swimming pool, religious activities, golf courses, and housekeeping

See pg. 2 for details on how to Save Over 20%

City Name _____	Paradise
Facility Name _____	Happy Trails Retirement Village
Address, Phone, and Fax _____	300 W Sunset Dr Paradise, CA 95555 (Madison) (555) 555-1234; FAX: (555) 555-5678
Website and/or e-mail address _____	INTERNET: www.happytrails.com; cj@htrv.com
Contact Name _____	CONTACT: CJ Finn
Listing of Facility Administrators _____	ADMIN: William Zary; MARKETING DIR: Christy Burch; MEDICAL DIR: Beth Whybull. PERSONNEL DIR: Stacey Right; PURCHASING DIR: Joan Parks.
Listing of various living arrangements available at each facility; type and number of units, entry and monthly fees, number of residents, age requirements, etc.	CONTINUING CARE: Apartments 25; Condominiums 50; Private homes 300; Current residents 567; Max residents 600; Entrance fee \$10,000-\$150,000; Avg monthly fees \$3,001+; Minimum age 62 ASSISTED LIVING: Private room; Semiprivate room; Current residents 50; Max residents 75; Entrance fee \$500-\$2,000; Avg monthly fees \$1,001-\$2,000; Minimum age 62 CONGREGATE CARE: Suite/Apt 100; Current residents 175; Max residents 175; Avg monthly fees \$2,001-\$3,000; Minimum age 62 INDEPENDENT LIVING: Private homes 1,500; Condominiums 500; Current residents 3,576; Max residents 3,750; Entrance fee \$75,000-\$150,000; Avg monthly fees \$2,001-\$3,000; Avg monthly fees \$3,001+

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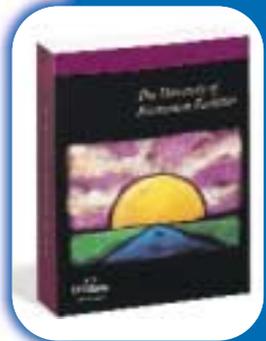
- Industry consultants
- Industry suppliers
- Investment bankers
- Libraries
- Recruiters

Companion publications:

- *The Directory of Health Care Professionals*, pg. 14
- *The Directory of Nursing Homes*, pg. 16

Prices:

- Softbound: \$249
- PDF: \$330 (and up, includes all 4 U.S. regions)
- PDF: \$99 (1 U.S. region)
- ASCII database: (varies by region, call for pricing)



Purchase the ASCII format of any HCIA-Sachs publication and receive the softbound version for FREE. Contact Customer Service at 800.568.3282 for details.

The Directory of Nursing Homes

Facility and contact information for more than 171,500 contacts at more than 15,000 nursing homes

This book is ideal for:

- Industry consultants
- Industry suppliers
- Investment bankers
- Libraries
- Recruiters

Companion publications:

- *The Directory of Health Care Professionals*, pg. 14
- *The Directory of Retirement Facilities*, pg. 15

Prices:

- Softbound: \$249
- PDF: \$330 (and up, includes all 4 U.S. regions)
- PDF: \$99 (1 U.S. region)
- ASCH database: (varies by region, call for pricing)

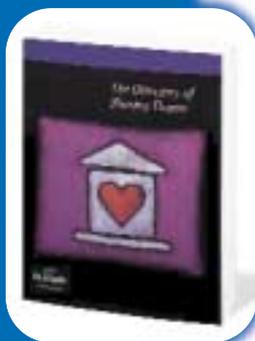
The nursing home market in the U.S. is continually changing, with more than 15,000 facilities in operation. Vital information, such as facility names, phone numbers, locations, facility type, and services provided are included for locating a quality facility, recruiting, networking, and prospecting for industry business.

Only *The Directory of Nursing Homes* lists nursing home facilities, as well as system headquarters, so completely and comprehensively. This is your best resource for identifying who's who and who's where in the industry—with speed and accuracy. Listings are survey-based and phone-verified.

Directory-style listings provide details, such as:

- Admission requirements, including age, sex, and necessary referrals
- Special events and resident facilities available
- Staff contact names, including administrators, directors, and therapists
- Name of owner or management company
- Number of beds
- Languages spoken

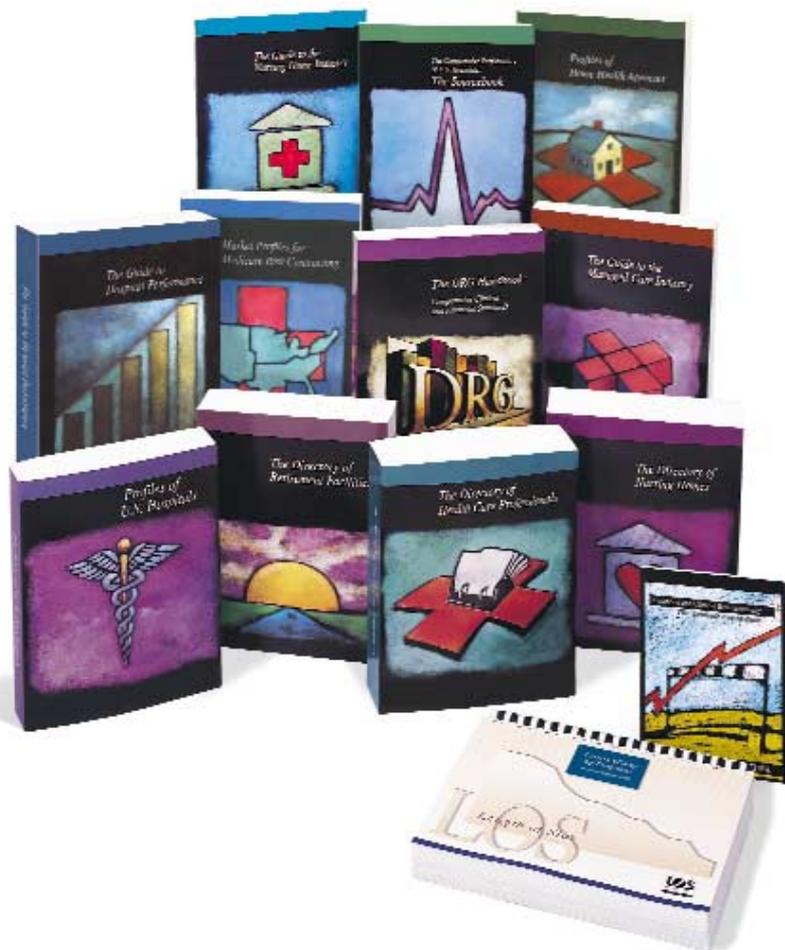
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City name	Springfield
Facility name	Springfield Nursing Home
Address, City, State, Zip, County name, Phone & Fax, Web Site	1234 Main Street Springfield, MD 21245 (Madison) (301) 555-1234 Fax: (301) 555-4321 INTERNET: http://www.nursing.com
Listing of facility administrators	ADMIN: Mary Mogavero RN NHA, CONSULTING PHARMACIST: Colleen Behon, DIETITIAN/ DIR OF FOOD SERVICES: Beth C Whybull, DIR OF NURSING: Steven Fulton RN, DIR OF SOCIAL SERVICES: Staci Rite, MEDICAL DIR: Josephine Parks MD, PHYSICAL THERAPIST: Shelly Freedman PT, PSYCHOTHERAPIST: Christine Birch MSW
Staff: number of physicians, nurses, therapists, etc.	STAFF: 81; Physicians 2 (ft); RNs 5 (ft), 1 (pt); LPNs 10 (ft), 2 (pt); Nurses' aides 35 (ft), 2 (pt); Physical therapists 1 (pt); Recreational therapists 1 (ft); Speech therapists 1 (pt); Activities coordinators 1 (ft); Dietitians 1 (pt).
Facility profile: type, number of beds (total; breakdown by type), payor mix, state license, certification	FACILITY TYPE: Personal care. BEDS: 106; ICF 74; Personal care 32. FAYOR MIX: Medicaid 50%; Medicare 10%; Private pay 40%. LICENSE: Current state license. CERTIFIED: Medicaid; Medicare.
Owner, management, and chain information	OWNER TYPE: Nonprofit organization/foundation. OWNER: Mid-America Care Foundation, MGMT CO: Tatera Group, CHAIN CO: Mid-America Care Foundation.
Other programs or services offered	OTHER: Alzheimer's treatment; Retirement facility
Admission requirements	ADMISSION REQUIREMENTS: Medical examination; Completion of Level IV approval; CBC; UA; Chest x-ray.
Facilities & services provided	FACILITIES: Dining room; Physical therapy room; Activities room; Chapel; Crafts room; Laundry

Sample data for display purposes only.

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HCIA-Sachs is your resource for health care industry-related data in a variety of formats:

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PDF format allows you to view the “printed” page directly from your computer screen, with the added ability to perform key-word searches; enlarge text view, data, and graphs; and print specific page material.

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- Puts hospitals, their programs, and their physicians back at the center of community health care
- Is designed to “wrap around” a provider’s Web site, offering links to health care information using your local name and brand
- Helps drive consumers to your Web site
- Requires minimal staff time to implement and maintain

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