

Medicaid Expansion and its Value in Rural Economic Development in Tennessee

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Author Note

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Abstract

Rural economic development is a priority for the state of Tennessee, where one in five residents live in a rural area. Expanding Medicaid eligibility to low-income individuals up to 138% of the federal poverty level (FPL) has been shown to generate positive economic outcomes for states that have chosen to expand. This report examines whether Medicaid expansion in Tennessee could serve as a tool for economic development in its rural counties. Rural counties in Tennessee are compared to non-rural counties in Tennessee on the basis of three economic factors that would be impacted from Medicaid expansion. If Tennessee expands Medicaid, rural counties were shown to benefit more than non-rural counties in all three analyses, which included the influx of federal funding from Medicaid expansion, job creation in the health care sector, and the impact on hospital economic output. The analyses demonstrated Medicaid expansion is a possible solution towards achieving Tennessee's goal to develop rural economies.

Keywords: Medicaid expansion, rural economic development, Tennessee

Medicaid Expansion and its Value in Rural Economic Development in Tennessee

The passage of the *Patient Protection and Affordable Care Act* in 2010 ushered in an era of both health care reform and debate, as politicians and the American public continue to grapple with the legislation's ramifications six years later. The most noteworthy of this debate occurred in 2012, when the law was challenged in the chambers of the Supreme Court in the landmark case of *National Federation of Independent Business v. Sebelius*. One of the most contentious components of the legislation was, and remains, the expansion of Medicaid eligibility from a limited population of low-income individuals to all low-income adults. In a decision as complex as the legislation itself, the Supreme Court's ruling essentially reconstructed Medicaid expansion from a mandatory clause to one of voluntary participation. Henceforth, the debates surrounding this fundamental, yet divisive clause have only grown, as one decision was carved into 51 separate verdicts to be made by the states.

Today, the country stands divided on the expansion clause of the Affordable Care Act: 31 states (and the District of Columbia) have chosen to expand Medicaid eligibility, while 19 states have chosen to not adopt expansion at this time. Tennessee is one of these 19 states. The arguments have poured in from every side, with both support and opposition citing the spillover effects of implementing the policy. The result? A conversation no longer solely contained to health outcomes, but rather one of fiscal, political, and, most important to this report, economic implications.

The purpose of this report is to contribute to this conversation by exploring the economic impacts of the decision to expand Medicaid for Tennessee's rural population. While much research has been conducted to justify or reject the decision based on economic implications

for the state, I attempt to advance the discussion by bringing it closer-to-home, looking at how that impact, either positive or negative, may be realized within Tennessee's counties.

In this report, I draw conclusions on estimates and projections made from others' research to appraise how the impact of expanding Medicaid might be allocated across the state. My estimates and projections are just that, and I make no attempts to be conclusive or irrefutable in my analyses; this report exists to add to the discussion surrounding Medicaid expansion in Tennessee and provide context on the numbers. The implementation of Medicaid expansion could present itself in Tennessee in a number of fashions, and, if actualized, would no doubt face a number of factors altering its course. I address several influences that might affect its implementation, but I am not exhaustive in this endeavor. The decision to expand Medicaid is not a simple one; I try to maintain objectivity in order to simply represent the ramifications of such a decision.

My report recognizes the Tennessee state government's interests and stakes regarding the economic development of rural areas, and upon examining the economic impacts of expansion, I attempt to see if the decision to expand Medicaid could serve as an economic development tool for rural areas in Tennessee. My hope is to connect current conversations to see if the decision to expand Medicaid could be employed to address other goals and objectives of our state government, including rural economic development.

The first section of my report tells the history of Medicaid in Tennessee and explains the health reform law in order to contextualize the analyses. The next section characterizes the population of focus, which is rural Tennessee, and justifies the importance of rural economic development in the state. I then conduct three impact analyses which evaluate the economic implications of expanding Medicaid for rural Tennessee. Additionally, I investigate the current

landscape of hospitals in Tennessee in order to assess the impact of Tennessee's decision to not expand Medicaid. Through these efforts, I conclude Medicaid expansion could be a feasible solution to develop Tennessee's rural economies.

Background

I begin by identifying critical information to provide background and context to the conversation surrounding Medicaid expansion in Tennessee. Chronologically ordered, these watershed moments comprise the history of Medicaid expansion in Tennessee and have shaped the climate surrounding this issue today.

March 1, 1965: Medicaid is introduced in America

Medicaid serves as our nation's main public health insurance program for low-income individuals. The birth of the program came under President Lyndon B. Johnson's declared "War on Poverty," a series of initiatives and programs to close the gap in America's income inequality problem. It was created out of the Social Security Amendments of 1965, which established Medicaid as health insurance coverage programs for impoverished individuals, and Medicare as a similar public health insurance program, but for the elderly ("Medicaid Timeline", 2015). The Medicaid program was set up as a joint effort between the federal government and the state governments, establishing a system where the federal government dictates broad guidelines by which states must follow to set their eligibility rules, determine the policies by which to administer services, and essentially, oversee their own program (Klees, Wolfe, & Curtis, 2011). Those broad guidelines essentially require the following eligibility groups to be covered by every participating state: children age 6 or older below 100% of the federal poverty level (FPL), children under age 6 below 133% FPL, caretaker relatives of these children, pregnant women below 133% FPL, and certain individuals with disabilities ("Medicaid Timeline", 2015). A key

component of this program is that states are not mandated to participate; however, all 50 choose to do so. That does not mean all 50 states provide coverage to the same degree. In addition, many states have “state-only” programs that do not receive federal funds, but expand upon the mandated guidelines listed above to ensure wider coverage of low-income populations. In addition, states can obtain waivers that grant the states more flexibility with their programs’ administration. One such program is TennCare, Tennessee’s state replacement program for Medicaid provision.

January 1, 1994: TennCare comes to Tennessee

From its inception, the Medicaid program has gone through a series of reforms to expand its benefits to populations originally excluded from the program. One noteworthy reform was the introduction of Section 1115 waivers, which serve as a vehicle through which states could test different ways to deliver and finance health care services in Medicaid (“Medicaid Timeline”, 2015). An approved waiver provides flexibility for a state in carrying out their Medicaid program; for instance, it is through a Section 1115 waiver that Arizona, the last state to adopt Medicaid, established an acute services-only program in 1982 (“Medicaid Timeline,” 2015).

At the start of the 1990s, Medicaid was primarily ran via “fee-for-service,” where health care providers were directly reimbursed for services performed. By the end of the decade, Medicaid saw major shifts in the way states were administering and financing services, with more states gravitating towards purchasing managed health care services (Boben, 2000). The impetus behind this movement towards managed-care was cost-control. The Omnibus Budget Reconciliation Act of 1989 required states to extend Medicaid coverage to additional children and low-income pregnant women, which placed intense financial pressure on the states with the traditional “fee-for-service” model (“Medicaid Timeline,” 2015). In Tennessee specifically,

escalating costs (to the tune of almost \$2.7 billion in fiscal year 1993-1994) and an increasing Medicaid eligible population (from 694,000 covered individuals in 1990 to 1.1 million in 1994) led to financial instability in the state Medicaid program, prompting former Governor Ned McWherter to take a serious look at how to salvage the program (Chang & Steinberg, 2014).

In 1992 and 1993, after a task force appointed by Governor McWherter encouraged the state leadership to enact serious reform in health care delivery and financing, the concept of TennCare was developed and approved by the state legislature (Chang & Steinberg, 2014). Provided Tennessee would maintain a statewide managed care network, the Health Care Financing Administration approved Tennessee's Section 1115 waiver demonstration program, ultimately providing the final green light for TennCare (Chang & Steinberg, 2014). On January 1, 1994, TennCare was introduced as the state's replacement Medicaid program (Chang & Steinberg, 2014). The program was the first of its kind in the nation, as no other state had implemented a full Medicaid replacement program which enrolled all beneficiaries into managed care organizations ("TennCare Overview", 2016). Managed care organizations are organizations that "integrate the four functions of health care delivery [financing, insurance, delivery, and payment]" and have become "entrenched in the U.S. health care system" since their induction in the 1970s (Shi & Singh, 2015, p. 8 & p. 336). With program administrators anticipating lower costs from switching to managed care, TennCare expanded upon the eligibility groups required by the Centers for Medicare and Medicaid Services. These expansion categories (also called waiver categories) expanded coverage to non-Medicaid eligible individuals who lacked access to health insurance or were denied health insurance coverage because of a pre-existing medical condition (Myers, 2006). Additionally, in 2002, the state was approved for a demonstration

waiver to implement TennCare Standard, which expanded eligibility requirements to assist low-income working families (Chang & Steinberg, 2014).

Despite being envisioned as a cost-containing solution, TennCare and its enrolled population of over 1.3 million contributed to overwhelming health care costs for the state, and at times, the program faced cuts in order to balance the state budget. In 2005, Governor Phil Bredesen proposed dropping 323,000 adults from the program, while also imposing extensive benefit limits on the remaining adult enrollees; all children enrolled, however, maintained their full benefits (Chang & Steinberg, 2014). The proposal primarily called for eliminating benefits for enrollees not eligible for the core Medicaid program (those belonging to expansion categories). Ultimately, TennCare unenrolled 190,000 adults from the expanded eligibility demonstration program, leaving Medicaid rollover children under 19 as the only expanded eligibility group (Chang & Steinberg, 2014). Additionally, in 2010, in the aftermath of the “Great Recession,” Governor Bredesen again called for massive cuts to benefits offered under TennCare, including the elimination of physical and speech therapy and instituting annual caps on inpatient hospital payments (Chang & Steinberg, 2014).

Currently, TennCare offers Medicaid benefits to a limited population of low income adults; however, this does not include all adults with incomes under 138% FPL. Table 1 summarizes current eligibility categories and their respective income thresholds for TennCare Medicaid in order to characterize Tennessee’s current Medicaid population. It should be noted that adults with children are not eligible based on a poverty level income standard, but rather by evaluating the individual’s monthly income. The monthly income limit currently set for parents and caretaker relatives is at 103% of the Federal Poverty Line.

Table 1

Current TennCare Eligibility Groups and their Respective Eligibility Thresholds

Eligibility Group Category	Eligibility as % of FPL	Yearly Income Limits (family size of 4)
Children		
Age 0 to 1	195%	\$47,385
Ages 1 to 6	142%	\$34,506
Ages 6 to 9	133%	\$32,319
Pregnant Women	195%	\$47,385
Adults with Children (Parents or Caretaker Relatives)	Governed by monthly income limit	\$25,032 Monthly limit: \$2,086

Note. Created using information collected from the Division of Health Care Finance &

Administration, 2016.

March 23, 2010: The Passage of the Patient Protection and Affordable Care Act and Medicaid Expansion

Candidates in the 2008 Presidential Election were no stranger to hot-seat questions regarding health care in America. A spotlight was shone on the U.S health care system during this election cycle, which illuminated a nation of 47 million uninsured people and another staggering quantity of “under-insured” individuals, defined as patients whose out-of-pocket costs are so high they are left with inadequate insurance coverage to address their health needs (Collins, Rasmussen, Beutel, & Doty, 2015). Although both parties’ candidates had significant, yet distinct approaches to health care reform, only one had the opportunity to put theirs into motion, and the then-newly elected President Obama wasted no time in starting conversations to overhaul our country’s health care system. In efforts to not only make health care more accessible, but also more affordable, Congress passed the Affordable Care Act with goals of expanding coverage, strengthening our county’s health services delivery system, and managing health care costs. In March of 2010, President Obama signed into law the Patient Protection and

Affordable Care Act (ACA) ("Summary of the Affordable Care Act", 2013). An expansive piece of legislation that addresses a variety of health reforms, major provisions such as the mandate on individual insurance coverage, the creation of health insurance exchanges, and the expansion of Medicaid eligibility stand out as hallmarks of the highly-contested law.

Within the guidelines of ACA, Medicaid eligibility was expanded to all non-Medicare eligible individuals under 65 years of age with incomes to 138% of the Federal Poverty Line (FPL). This marks a massive expansion on eligibility, as previous Medicaid eligibility for individuals under 138% FPL was limited to children, their parents, pregnant women, and the disabled. Historically, in many states, adults without dependent children were excluded from eligibility, regardless of income, and even eligibility of parents were limited, sometimes as low as 47% FPL in some states (Kaiser Family Foundation, 2016). Table 2 shows the 100% and 138% threshold for the federal poverty level for varying family sizes.

Table 2

2016 Federal Poverty Level for thresholds 100% FPL and 138% FPL

Persons in household	2016 Federal Poverty Level threshold 100% FPL	2016 Federal Poverty Level threshold 138% FPL
1	\$11,880	\$16, 242
2	\$16,020	\$21,983
3	\$20,160	\$27,724
4	\$24,300	\$33,465

Note. Created using information collected from “Federal Poverty Level Guidelines”, 2016.

When passed in 2010, the new provisions set forward by ACA were estimated to provide coverage to over 32 million previously uninsured U.S. adults (Deparle, 2010). A Kaiser Family Foundation report characterizes the current uninsured population in non-expansion states who

would be extended coverage under expansion, also known as individuals currently falling into the “coverage gap.” The population eligible for expansion is predominantly White non-Hispanics (45%), followed by Black (28%) and Hispanic (23%) individuals (Garfield, Damico, Stephens, and Rouhani, 2016). Over half are middle-aged (ages 35-54) or near elderly (ages 55 to 64) (Garfield et al., 2016). Over 60% of the expansion eligible population is in a family with a worker, with over half of the eligible population working themselves (Garfield et al., 2016). Of the eligible individuals working, nearly one half (48%) work for small firms (less than 50 employees) that are not subject to ACA penalties for not offering coverage (Garfield et al., 2016).

In terms of covering the hefty cost of expanding insurance coverage, the federal government agreed to finance 100 percent of the program’s new enrollees under the expanded eligibility for the first two years of implementation in the states (up until 2016), after which the states would begin to bear part of the burden (with the federal government never dipping below 90 percent financing).

Reductions in Medicaid Disproportionate Share Hospital (DSH) payments. The Emergency Medical Treatment and Active Labor Act, passed in 1985 as a part of the Consolidated Omnibus Reconciliation Act, is a federal law that requires hospitals to treat and stabilize any patient requesting care, regardless of their ability to pay or insurance status (Zibulewsky, 2001). Since its enactment, many indigent patients have received the necessary care and treatment, despite their inability to pay. As a result, hospitals across the United States annually provide billions of dollars in charity care (also called “uncompensated care”) to patients without insurance (Benitez, 2016). Recognizing the heavy financial burden placed on hospitals, the government instituted Disproportionate Share Hospital payments (DSH payments), designed

to alleviate hospitals with a high proportion of low-income or Medicaid patients of high uncompensated care costs and low reimbursement rates from Medicaid (Klemm, 2000). In Tennessee specifically, in 1994, when TennCare was introduced, the state government opted out of DSH payments for Tennessee hospitals, anticipating that TennCare would fully cover the majority of uninsured Tennesseans (Spivey & Kellermann, 2009). The state did not receive DSH payments until 2007, when the state began collecting special DSH payments by specific statutory authority (Mitchell, 2013). Since then, Tennessee hospitals have relied on this additional funding as a safety-net for financial stability.

In 2010, based on the assumption of increased coverage (and thus, lower uncompensated care costs), the Affordable Care Act reduced aggregate Medicaid DSH allotments for all 50 states, phasing out allotments year-by-year until 2020 (“Summary of Affordable Care Act,” 2013). Although the cuts have been postponed to 2018 through a series of deals delaying the reductions, the repeated delays have brought on an even deeper cut into the DSH program, with the most recent budget deal now calling for \$43 billion in reductions from 2018 to 2024 (as compared to the \$18 billion in cuts originally called for by the ACA) (Kardish, 2015). These significantly greater cuts stand to drastically impact the financial security of hospitals heavily relying on DSH payments currently. While these cuts in DSH allotments will be realized in all 50 states, including Tennessee, states without expanded Medicaid eligibility are most vulnerable to these reductions, as hospitals with higher charity care will struggle to compensate.

**June 28, 2012: Decision of *National Federation of Independent Business v. Sebelius*,
*Secretary of Health and Human Services***

Passage alone of ACA did not ensure its smooth transition into the American health care system, as the highly-debated legislation was met with significant opposition in the months

following its induction. On March 23, 2010, the day that President Obama signed the Affordable Care Act, 26 states filed a lawsuit challenging the constitutionality of the legislation, specifically regarding the individual mandate and the expansion of Medicaid eligibility (Musumeci, 2012). Additionally, the National Federation of Independent Business filed a lawsuit, and the Court considered these two lawsuits together. For the sake of relevancy, this section will focus solely on the Court's decision on Medicaid expansion. The lawsuit claimed that the expansion mandate was unconstitutionally coercive of the states, since ACA allowed the Secretary of Health and Human Resources to withhold any existing Medicaid funds if a state chose not to expand. The Court ultimately determined Medicaid expansion to be within the constitutional rights of the government, but the threat of withholding existing Medicaid funding to be unconstitutionally coercive (*National Federation of Independent Business vs. Sebelius*, 2012). Further, the Court determined that the rest of the Act could stand, given that the choice to participate in expansion would be left to the states (*National Federation of Independent Business vs. Sebelius*, 2012).

The Supreme Court decision does not invalidate the language of the act; low-income adults (up to 138% FPL) still constitute a Medicaid coverage group (Musumeci, 2012). However, the Secretary is only able to withhold the expansion funds from states non-compliant to expansion; the Secretary is not able to withhold the entirety of a state's Medicaid funds for being non-compliant to expansion (Musumeci, 2012). This decision effectively granted all 50 states (and the District of Columbia) the decision to expand Medicaid and receive the accompanying federal funds, or choose to not expand and forego the available federal expansion funds.

February 4, 2015: Insure Tennessee, a Medicaid expansion plan, fails to pass

While Tennessee currently has not yet chosen to expand Medicaid, that does not mean there have not been efforts to do so. Following the Supreme Court decision in 2012, Governor

Bill Haslam began conversations with Health and Human Services Secretary Sebelius in 2013 regarding a tailored, Tennessee-specific plan towards health reform (“InsureTN Timeline,” n.d.). Over the next year and a half, Governor Haslam worked with Secretary Sebelius (and later, new Secretary Burwell) and the Department for Health and Human Services, as well as communicated with the Centers for Medicare and Medicaid Services, to draft a waiver amendment to expand Medicaid in Tennessee. On December 12, 2014, Governor Haslam gained verbal approval from Secretary Burwell to move forward with the final Insure Tennessee (InsureTN) plan; three days later, he announced the plan to the Tennessee General Assembly (“InsureTN Timeline,” n.d.).

Insure Tennessee, as proposed, was not Medicaid expansion as the ACA intended; the program would have been filed as a Section 1115 Waiver amendment, which, again, essentially acts as an authorized permission slip allowing states to implement expansion in ways beyond the flexibility provided by the ACA (Musumeci & Rudowitz, 2015). So far, the Centers for Medicare and Medicaid Services approved Section 1115 amendments in six states for Medicaid expansion (Arkansas, Iowa, Michigan, Indiana, New Hampshire, and Montana) (Musumeci & Rudowitz, 2015). Although each waiver is designed to fit the individual state’s needs, they are similar in some aspects; most include a healthy incentives program to reduce premiums or co-payments and higher cost-sharing requirements, among other alterations to ACA-required provisions (Musumeci & Rudowitz, 2015). Thus, InsureTN stands as an alternative approach to serving the newly Medicaid eligible population (Division of Health Care Finance & Administration, 2014).

Insure Tennessee, like the Affordable Care Act, extended Medicaid coverage to adults, “between the ages of 19 and 64, who are otherwise not eligible for Medicaid, and have family

incomes that do not exceed 138 percent of the federal poverty level” (see Table 1 for 2016 income thresholds) (Division of Health Care Finance & Administration, 2014, p. 1). Those ages 19 and 20 are classified as children under Medicaid guidelines, and those individuals would have been enrolled in TennCare and received all benefits from that program (Division of Health Care Finance & Administration, 2014). For adults 21-64, InsureTN offered two options for a health insurance plan: the Volunteer Plan and the Healthy Incentives Plan. The Volunteer Plan was for newly eligible individuals with access to private insurance; InsureTN would have assisted in paying for a portion of the individual’s Employer-Sponsored Insurance (ESI) premiums, with the individual covering the rest of the cost (Division of Health Care Finance & Administration, 2014). The Volunteer Plan aimed to aid individuals who had an unaffordable ESI offer available, which excluded the individual from accessible health insurance. The Healthy Incentives Plan was the second option available and covered benefits available under TennCare. However, the major breakaway from the ACA was requiring individuals in the 100% - 138% FPL bracket to cost-share on certain services, meaning enrollees in this income bracket would pay some co-pays and premiums to receive care (Division of Health Care Finance & Administration, 2014). However, the Healthy Incentives Plan additionally offered assistance in paying for these co-pays and premiums via the HIT account, where individuals could earn credits for undertaking healthy behaviors (Division of Health Care Finance & Administration, 2014). The credits earned would go toward cost assistance, with the goal of incentivizing health and cost-conscious behavior (Division of Health Care Finance & Administration, 2014).

According to an Information Session for Legislators presentation given by Governor Haslam’s office (2015), InsureTN promotes market-based principles rooted in personal responsibility and also neutralizes cost, and the plan was anticipated to appeal to the values of

predominantly Republican legislature. However, the plan never made it to a floor vote. Upon announcing the plan, Haslam called a special legislative session of both the House and the Senate to convene and focus specifically on the health reform legislation (Locker, 2015). However, Insure Tennessee was met with backlash by the Senate Health Committee in early February of 2015 and, with a vote of 7-4, was defeated (Sher, 2015). The legislation was then sent to the Senate Commerce Committee, where once more, in a vote of 2-6, it failed to pass. Upon failure of passage, opponents in the legislature, including Lt. Governor Ron Ramsey, cited a distrust of the federal government and a lack of concrete financial backing as the reason for its failure; meanwhile proponents in the General Assembly and other organizations, like the Tennessee Hospital Association, called the legislation “practical [and] commonsense” (Sher, 2015). The legislation has not been re-visited since, and alternative plan for health reform have begun to, and will continue to, surface as the state faces the struggles accompanying a large uninsured population. At this time, Tennessee still has yet to choose to expand Medicaid.

Landscape

Anderson to Wilson: A Look at Tennessee’s Counties

The state of Tennessee is made up of 95 counties (“Tennessee Counties List”, 2016). The Federal Office of Rural Health Policy designates any county not a part of a Metropolitan Area, as determined by the Office of Management and Budget, as rural (Health Resources and Services Administration, 2016). For this report, I use their designation to classify the 95 counties of Tennessee as “rural” or “non-rural,” and I use this classification for all of my analyses. The classification of all 95 counties in the state as either “rural” or “non-rural” is in Table 3.

Table 3

Tennessee's Counties Classified as Rural or Non-Rural

	Classified as rural	Classified as non-rural
Counties in Tennessee (TN)	Bedford, Benton, Bledsoe, Carroll, Claiborne, Clay, Cocke, Coffee, Cumberland, Decatur, DeKalb, Dyer, Fentress, Franklin, Gibson, Giles, Greene, Grundy, Hancock, Hardeman, Hardin, Haywood, Henderson, Henry, Houston, Humphreys, Jackson, Johnson, Lake, Lawrence, Lewis, Lincoln, Marshall, McMinn, McNairy, Meigs, Monroe, Moore, Obion, Overton, Perry, Pickett, Putnam, Rhea, Scott, Sevier, Stewart, Van Buren, Warren, Wayne, Weakley, White	Anderson, Blount, Bradley, Campbell, Cannon, Carter, Cheatham, Chester, Crockett, Davidson, Dickson, Fayette, Grainger, Hamblen, Hamilton, Hawkins, Hickman, Jefferson, Knox, Lauderdale, Loudon, Macon, Madison, Marion, Maury, Montgomery, Morgan, Polk, Roane, Robertson, Rutherford, Sequatchie, Shelby, Smith, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Washington, Williamson, Wilson

Note. Created using information collected from “Tennessee Counties List”, 2016 and Health Resources and Services Administration, 2016.

There are 52 counties classified as rural and 43 counties that are not rural. Within rural counties, the population ranges between 5,124 residents (Pickett Co.) to 95,110 (Sevier Co.). In contrast, within non-rural counties, the population range extends from 8,002 residents (Trousdale Co.) to up to 938,803 residents in Shelby County (“Tennessee Counties by Population”, 2016). Density-wise, these differences show even greater contrast. Of non-rural counties, Davidson County leads the state with a population density of 1,232.2 residents per square mile, with Polk County at the other end of the spectrum with 37.8/square mile. Rural counties have a much smaller range, with Putnam County with the highest density at 181.9/square mile and Perry County at 18.6/square mile, the smallest in the entire state (“Tennessee Population Density County Rankings”, 2016). Of the non-rural counties, the four most populated counties are those housing Tennessee’s four major metropolitan areas: Memphis (Shelby County), Nashville

A map of Tennessee showing its 95 counties. The counties are shaded in two colors: white and light blue. A legend in the bottom right corner indicates that white-shaded counties are "Non-Rural" and light-blue-shaded counties are "Rural". The non-rural counties include Davidson, De Kalb, Hickman, Maury, Madison, Montgomery, Robertson, Sumner, Tipton, and Williamson. All other counties are shaded light blue, indicating they are rural.

Rural Economic Development: A Priority of the State of Tennessee

For the past 70 years, the Tennessee state government has been committed to fostering and maintaining viable industries and economic growth within the state. In 1945, to prioritize this mission, the state government reorganized to form the Industrial Development Division of

the Tennessee State Planning Committee (Hargett, 2009). Over the years, the commission evolved, becoming an independent agency in 1953, then a full-fledged state department a decade later. In 1972, the Tennessee General Assembly incorporated the branch into what is now the Department of Economic and Community Development (TNECD) (Hargett, 2009). The current department houses many initiatives, including corporate expansion incentives, small business development, and, most relevant to this report, community and rural development (“Rural Development”, 2016). Programs under this umbrella include a Governor’s Rural Task Force, which strives to “build a stronger rural Tennessee [in order to]... continuously improve education, health, ...[and] economic and workplace development” (“Rural Task Force Overview”, 2016). According to the Rural Task Force Overview (2016), the task force holds the long-term objective to “implement statewide policies and programs that improve the economy of all rural communities, so that fewer counties are at risk and zero are distressed.”

The Rural Task Force identifies 21 counties as “distressed” (Department of Economic and Community Development, 2015). These counties were identified using methodology adapted from the Appalachian Regional Commission (“Distressed Counties Website Enhancement Program”, 2016). Below is an excerpt describing how these counties are chosen; while the Appalachian Regional Commission uses this classification solely for counties in Appalachia, the Tennessee Department of Economic and Community Development extends the approach to all Tennessee counties (Appalachian Regional Commission, 2016).

ARC uses an index-based classification system to compare each county in the nation with national averages on three economic indicators—three-year average unemployment rates, per capita market income, and poverty rates. Based on that comparison, each Appalachian county is classified within one of five economic

status designations—distressed, at-risk, transitional, competitive, or attainment.

Distressed counties are those that rank in the worst 10 percent of the nation's counties.

Table 4 lists the Department's identified Economically Distressed Counties for fiscal year 2016. Additionally, for reference, I have divided the counties based on their rural classification. It should be noted that Governor Haslam's Rural Task Force uses a different methodology for classifying rural and urban areas and, of the 95 counties, only identifies 17 counties as non-rural areas ("Rural Task Force Overview", 2016). I continue with my methodology from the Office of Rural Health Policy in order to utilize a more conservative approach in analyzing economic impact on rural areas.

Table 4

List of Tennessee's Economically Distressed Counties

	Classified as rural	Classified as non-rural
Counties in Tennessee (TN)	Bledsoe, Claiborne, Cocke, Fentress, Grundy, Hancock, Hardeman, Johnson, Lake, Lewis, McNairy, Perry, Pickett, Rhea, Scott, Van Buren, Wayne, White	Campbell, Lauderdale, Morgan

Note. Created using information collected from the Tennessee Department of Economic and Community Development, 2015 and Health Resources and Services Administration, 2016.

As shown by the table, of the 21 counties identified as economically distressed, only three are classified as non-rural, showing rural communities in Tennessee by far face the greatest economic endangerment. Tennessee serves as an example of a major economic pattern for rural economies extending beyond just our state.

Although rural communities in the United States widely differ in political, social, and cultural aspects, there exist certain similarities among how their economies sustain themselves. Again, there is no singular identity of a “rural economy;” however, there are characteristics that stand out when examining the group. Rural counties in the United States have been found to be characterized by persistent poverty and dependent on public welfare (Cloke, Marsden, & Mooney, 2006). Their geographic isolation lends them to have more difficulty in recruiting industries and companies to supply jobs. As a result, rural areas have greater unemployment rates than urban areas. Their workforce has shown to “out-migrate” to urban areas, which outpaces the natural increase in population and effectively lowers population growth (Kusmin, 2015). There is also evidence of lower educational attainment in rural areas and higher incidences of disease and disability (Lishner, Richardson, Levine & Patrick, 1996). Health disparities accompanying rural populations are severe, including higher rates of chronic disease, increased mortality rates, and a higher prevalence of obesity (Lishner et al., 1996). Ultimately, a less educated and unhealthier workforce is less productive, which doesn’t serve as an attractant for industries and businesses to settle in rural areas. This contributes to a stagnant cycle of lower employment rates and an outmigration of an educated workforce (Kusmin, 2015).

Researchers across the globe seek to understand how rural economies survive and persist, citing the importance of cultivating economic growth within our rural regions. Our world, and even more specifically – the United States, holds a fairly urbancentric viewpoint on economic development; cities hold economic promise, while rural areas exist to supply and serve growing urbanization. Rural areas become synonymous with lagging, slow growth, while cities become centers of wealth and opportunity. Indeed, there is a dominant economic presence within cities, as businesses and transactions are spatially closer, meaning lesser costs of transportations and an

increased ability of reaching more resources, etc. (Cloke et al., 2006). However, there is vast potential in generating stronger economies in rural communities. The inter-relatedness of urban and rural areas means that economic ripples can flow in and out. Traditionally, this relationship has mostly flowed one way, with rural areas predominantly experiencing the repercussions from urban growth and stimulus. Nonetheless, it should not be forgotten that advancing rural economies can generate positive impacts for urban areas. This notion, coupled with the duty of our state to provide its citizenship with a sustainable quality of life, prompts us, as Tennesseans, to examine opportunities to grow our rural economies.

The majority of thought behind rural economic development centers on the recruitment of industries and companies to remote areas or tourism development (Keller, 2001). It may seem atypical that health policy could be a piece of the puzzle. Although the Affordable Care Act has been discussed as a potential major impact on rural health outcomes, it is my hope to bridge the gap from a “health benefit” discussion to one of “economic benefit.”

Limitations and Considerations of this Economic Impact Analysis

In order to assess whether Medicaid expansion could serve as a rural economic development tool, I conduct simplified economic impact analyses to investigate specific direct effects of Medicaid expansion on our state’s local economies. As explained by Von Nesson (2014), “every economic impact analysis starts with an initial change in economic activity.” For the purposes of this report, this initial change in economic activity is the influx of federal funds to cover the costs of new enrollees. We are able to analyze the economic impact of these funds within the state because the funds are outside spending coming into the state. For instance, in contrast, a program already supported through taxes do not create new jobs or incomes directly, but instead “they simply reallocate jobs and income from one sector of the economy to another”

(Von Nesson, 2014). Should Tennessee expand, the accompanying federal funds to cover the new Medicaid population would initiate a change in economic activity.

From any economic activity, there are three separate “ripples” of effects: direct effects, indirect effects, and induced effects. To give this context within our discussion on Medicaid expansion, Von Nesson (2014) explains that the direct economic effects of Medicaid expansion “represent the initial purchases made with expanded federal Medicaid dollars.” An example of this might be a hospital using the funds to purchase goods from a local medical supply company. Subsequently, the indirect effects represent the secondary spending, or the spending stemming from the businesses where the initial funds were initially spent (Kornstein & Kelly, 2015). Continuing our example, the indirect effects would be the spending from the local medical supply company to *another* local business within the state (Kornstein & Kelly, 2015). Lastly, induced effects result from the “subsequent rounds of household spending” derived from the initial funds introduced; in our example, this would be the money spent on the local economy for food, entertainment, clothes, etc. from a new employee hired at a hospital as a result of expansion (Von Nesson, 2014).

I explain these three tiers of economic impact to say that, in this report, I focus on the *direct* effects (as opposed to *indirect* or *induced*). In order to quantify these complex impacts, economists use sophisticated economic modeling programs that I do not have at my disposal for this study. Varying studies done in Kentucky, South Carolina, and North Carolina, which show Medicaid expansion’s economic impacts for their respective states and counties, use IMPLAN software and REMI regional economic modeling software in order to estimate the impacts on employment, tax revenue, etc. (Kornstein & Kelly, 2013; Von Nesson, 2014; Ku, Bruen, Steinmetz, and Bysshe, 2014). Hence, a limitation to this study is a lack of precise economic

modeling software; I solely attempt to begin the conversation surrounding specific economic impacts from Medicaid expansion at the county-level in Tennessee with preliminary estimates and projections as to how these impacts may be realized within our communities.

Through summing these three effects (direct, indirect, and induced) to find the total economic impact of Medicaid expansion, it becomes evident that the initial federal spending on Medicaid benefits has a greater economic effect than just its initial influx of funds (The State Health Access Data Assistance Center, 2013). However, it is crucial to recognize that these “additional” economic effects are not truly “new” impacts; they are characterizations of the same impact: the influx of federal revenue covering the cost of Medicaid benefits. Thus, the economic impact analysis is limited, in that I only investigate direct effects from the funding stimulus, as well as simplified, as I make no efforts to be exhaustive in my analysis. I do not investigate all direct effects stemming from the injection of federal funding; there are several I exclude in my discussion, one being the anticipated increase in state and county tax revenue from the new incomes. Additionally, I do not try to precisely quantify the direct economic effects I investigate; rather, I simply hope to illustrate and contextualize the current economic landscape of our state and the counties within it, as it relates to these effects, in order to give insight to how the economic impact may be allocated across our state. With these considerations and limitations in mind, I move forward with my analysis to understand whether or not Tennessee rural economies may stand to benefit from Medicaid expansion.

Analyzing the Economic Impact of Medicaid Expansion on Rural Economies in Tennessee

In this section, I analyze the economic impact of expanding Medicaid to all low-income adults on rural economies in the state of Tennessee. In order to complete this exercise, I implement three methods to evaluate how Medicaid expansion would actualize in Tennessee’s

rural counties. First, I estimate the federal expansion funds for Tennessee on a county level basis. Second, I characterize the current health professional workforce in Tennessee in order to reveal which counties have the largest share of health care employment; I do so as a means to see which counties gain the most from job creation brought on by expansion in the health care sector. Third, I estimate the economic impact of Tennessee hospital operations in order to identify which hospitals contribute the most to their surrounding economies.

I begin with estimating the federal spending to cover new expansion enrollees in 2016 in Tennessee. I perform this analysis on the county level, as prior research has only investigated state-wide impact. Because Tennessee has chosen to not expand Medicaid, the state did not receive this funding; these estimates represent outside spending that would have entered the economies of every county in Tennessee. I estimate the funds county-by-county as a means to discover which Tennessee communities will experience the biggest economic stimulus, should Tennessee choose to expand.

Estimates on Federal Funding for New Medicaid Enrollees for Tennessee Counties in 2016

In the Affordable Care Act, the federal government agreed to finance the full cost of new Medicaid enrollees who are now eligible through 2016; after which, the federal government incrementally will scale down their contribution to state Medicaid costs to 90% by 2020. No doubt, the federal government is bearing the brunt of state Medicaid costs so far; however, after 2016, expanding states will have to chip in to cover the remainder. In terms of state budget impact, the Congressional Budget Office estimates expanding states will face an increase in their Medicaid costs, but only 2.8% more than they would have spent on Medicaid had they not expanded from 2014 – 2022 (Angeles, 2012). Other research offers more favorable estimates; the Urban Institute estimates a 1.4% increase from what states would normally have spent on the

program from 2014 – 2019, and the Lewin Group places their estimate at 1.1% over the same period (Angeles, 2012).

One of our border states, Kentucky, expanded Medicaid within the past couple years. A recent report by the Kentucky Center for Economic Policy took a county-by-county look at the impact of expansion, particularly how and where their \$2.7 billion in federal funding has been allocated across the state. Their findings show that rural Kentucky was the top benefactor, showing the greatest percentage of residents insured through the program's expansion and the greatest influx of Medicaid dollars to local providers (Pugel, 2015). One analysis of Kentucky's expansion anticipates Medicaid costs of \$247 million in years 2017 and 2018 for the state, once federal matching drops below 100%; however, the same report projects these expenditures to be offset by increased tax revenues from health care spending through expansion (Richardson & Sebastian, 2015).

Estimates find that \$2.3 billion in federal expansion funds were not annexed into Tennessee's economy in 2016 because the state has not expanded Medicaid (Dorn, McGrath, & Holahan, 2014). My intentions for this analysis would be to see how this \$2.3 billion would fall within our particular counties. While many have discussed the \$1.4 billion impact and what that could mean on the state level, I add to the discussion by estimating how these funds would be divided across Tennessee counties.

I began by finding information on each county in Tennessee's uninsured population (County Health Rankings, 2013). Of this population, there are two sub-populations relevant to the analysis: individuals who are currently eligible, yet not enrolled in Medicaid, and individuals who would be newly eligible under expansion. Garfield, Damico, Cox, Claxton, & Levitt (2015) estimate that, of Tennessee's uninsured population in 2015 (an estimated 605,000 residents),

17% are Medicaid eligible, yet not enrolled, while another 19% fall within the “coverage gap.” Only non-expansion status states have individuals within the “coverage gap,” as this represents those who have incomes too high to qualify for their state’s current Medicaid or Medicaid-replacement program, yet not enough to qualify for the federal tax credits. Those within the “coverage gap” would be those enrollees would be newly eligible for Medicaid upon expansion. The remaining 63% of uninsured Tennesseans are either tax credit eligible or ineligible for financial assistance, given their income level, citizenship, or an employment-sponsored insurance offer (Garfield et al., 2015). I extrapolated the state-wide percentage estimates of new enrollees to the county level uninsured populations. This yielded the estimated populations of newly-eligible and currently-eligible enrollees for each county.

However, as seen with other states that have expanded, enrollment participation will not be 100%; essentially, not everyone eligible under expansion will enroll. This is not uncommon for public programs; for instance, the Supplemental Nutritional Assistance Program (formerly known as food stamps) only enrolls 54-71% of its eligible population (Sommers, Kronick, Finegold, Po, Schwartz, & Glied, 2012). A report by the U.S. Department of Health and Human Services explains the difficulties in estimating uptake rates among Medicaid expansion populations, one being slow initial participation, as it takes time for the public to become aware of the expanded eligibility (Sommers et al., 2012). However, a report by the Urban Institute projects that, under a standard participation scenario, currently eligible (yet not enrolled) populations will enroll at rates of 10%, and newly eligible individuals will participate at 57% upon expansion (Holahan & Headen, 2010). I use these projections to estimate the participating populations of both categories of new enrollees for each county.

Next, using the average Medicaid spending per full-benefit enrollee for adults in Tennessee, I estimated the federal spending for newly eligible enrollees by county (Kaiser Family Foundation, 2015a). These estimates were based under the assumption of the Federal Medical Assistance Percentage (FMAP) for newly eligible enrollees at 100% up until 2016. For the currently eligible population, I used the current FMAP for Medicaid costs in Tennessee, which is 65% (Kaiser Family Foundation, 2015b). Summing these two populations' funding yielded the total federal expansion funds per county for 2016. I then divided the estimated total federal expansion funds for each county by the population of each county ("Tennessee Counties by Population", 2016). This yielded an estimated federal expansion funding *per capita*, which yielded greater insight as to which counties stood to reap the greatest advantage from expansion. Table 5 shows the data points used to estimate the federal expansion funding for individuals in the "coverage gap" in Tennessee in 2016.

Table 5

Data for Federal Expansion Funding Estimates for the "Coverage Gap" Population in Tennessee in 2016

	Medicaid Eligible, but Not Enrolled	Newly Medicaid Eligible
Estimated Percentage of Population of Total Uninsured	17%	19%
Estimated Enrollment Participation Rate	10%	57%
Federal Medical Assistance Percentage (FMAP) for Population Enrollments in Tennessee, Fiscal Year 2016	65%	100%
Average Annual Cost Per Enrollee for Non-Disabled Adults in TN	\$4852	\$4852

Note. Created using information collected from Garfield et al., 2015, Holahan & Headen, 2010, Kaiser Family Foundation, 2015a, and Kaiser Family Foundation, 2015b.

This analysis operates under several key assumptions. The analysis only gives the federal expansion funds for Tennessee counties in 2016. This amount will not hold for the years to come, given the lowered federal share of cost, which drops to 95% in 2017 (Rudowitz, 2014). Additionally, the newly enrolled population may not utilize the same services as the already-enrolled Medicaid beneficiaries; a report by the Commonwealth Fund states that “the population gaining coverage under the Affordable Care Act is likely to be relatively healthier and to use less inpatient care than previously,” so the anticipated average spending for new enrollees would be less than current average spending (Glied & Ma, 2015). Nevertheless, I conservatively assume the new enrollees will require the average Medicaid spending as established enrollees. This analysis also assumes rural populations will participate at the same rate of urban populations; research on enrollment participation rates in the Children’s Health Insurance Program (CHIP) showed no significant difference between rural and urban within-state populations (King, Holmes, & Slifkin, 2010). Although this analysis employs several assumptions in order to make its estimations, it is important to note that Medicaid expansion does not occur in a vacuum. Participation rates fluctuate throughout its implementation, utilization of health care services by enrollees varies tremendously, and the accompanying provisions in the ACA (such as the individual and employer mandate and the onset of the Health Insurance Marketplace) will alter the make-up of Tennessee’s uninsured population over the next few years.

For reference, all data and calculations used for this analysis are located in Appendix A.

According the results, Tennessee passed up on over \$500 million dollars from the federal government in 2016, which would have flowed to local hospitals and providers to cover new Medicaid enrollees. For comparison, this figure represents a more conservative calculation to the projected \$2.3 billion from the Urban Institute report (Dorn, McGrath, & Holahan, 2014).

The average federal spending per-capita for all Tennessee counties (state average) was \$79.99. For non-rural counties, the average federal spending amount per-capita was \$77.10. When looking at rural counties, this increased, averaging at \$82.40 per resident. Table 6 summarizes these results.

Table 6

Average Federal Expansion Funds Per-Capita in Tennessee in 2016

State Average	\$79.99 per resident
Non-Rural County Average	\$77.10 per resident
Rural County Average	\$82.40 per resident

Note. Created using information collected from “County Health Rankings”, 2013, Garfield et al., 2015, Holahan & Headen, 2010, Kaiser Family Foundation, 2015a, Kaiser Family Foundation, 2015b, and “Tennessee Counties by Population”, 2016.

Over half of all rural counties in the state had per-capita federal expansion funds higher than the state average. The lowest per-capita funding for all rural counties (Lake County) is 32% higher than the lowest per-capita funding for all non-rural counties (Williamson County). Table 7 summarizes the ranges of federal expansion funds per-capita in Tennessee in 2016 for rural and non-rural counties. Additionally, of the counties classified as economically distressed by the Tennessee Department of Economic and Community Development, nine rural counties had per-capita funding higher the state average; none of the non-rural counties on the list were above the state average.

Table 7

Range of Federal Expansion Funds Per-Capita in Tennessee in 2016

Rural Counties		Non-Rural Counties	
Lowest Per-Capita Funding (<i>Lake County</i>)	\$51.68 per resident	Lowest Per-Capita Funding (<i>Williamson County</i>)	\$39.11 per resident
Median Per-Capita Funding (<i>Greene County</i>)	\$82.13 per resident	Median Per-Capita Funding (<i>Unicoi County</i>)	\$75.82 per resident
Highest Per-Capita Funding (<i>Warren County</i>)	\$106.13 per resident	Highest Per-Capita Funding (<i>Macon County</i>)	\$97.75 per resident

Note. Created using information collected from “County Health Rankings”, 2013, Garfield et al., 2015, Holahan & Headen, 2010, Kaiser Family Foundation, 2015a, Kaiser Family Foundation, 2015b, and “Tennessee Counties by Population”, 2016.

While much research has been done to predict the federal funding that Tennessee could receive upon expansion, the results of this analysis show how this funding would be allocated across our counties. The results find that the federal funding to cover Medicaid expansion would have a greater impact on rural economies than non-rural economies. Over half of Tennessee’s rural counties stand to benefit considerably more than what was expected for the average county in the state. If Tennessee expands Medicaid, the state’s rural counties would be the greatest benefactor of the injection of federal dollars.

Indeed, Tennesseans (and Americans alike) are financing the federal spending portion of Medicaid expansion via federal taxes; however, as a result of our non-expansion status, these funds are moving out of Tennessee and staying outside our borders. Choosing to expand Medicaid brings these dollars back into our state, boosting our local economies, and particularly, our at-risk rural communities. The federal expansion funds would translate into new economic activity for each Tennessee county, and the results of this analysis show that Medicaid expansion will incite a greater economic boost for rural counties than non-rural counties.

Estimates on Health Care as a Proportion of Total Employment for Tennessee Counties

In the first analysis, I estimated how federal expansion funds would be allocated across our state counties. Those funds will be spent on goods, will construct or expand facilities, and, perhaps most importantly, will foster job creation in the healthcare sector. Federal funds covering Medicaid expansion will create more salaries for health care professionals in order to accommodate the increase in demand for health care services (Von Nesson, 2014).

An estimate by University of Tennessee Center for Business and Economic Research estimates that 15,000 jobs would be created in Tennessee to adjust for the increase in provision of care (Fox, Harris, & Murray, 2016). Employment growth is a pillar of economic development within a community; Tennessee counties, rural and non-rural alike, would greatly benefit from job creation. In this analysis, I contextualize the health care industry and how it currently impacts Tennessee's work force. In doing so, I determine how employment in health care sector is dispersed throughout our state in order to better understand which Tennessee counties stand to benefit the most from health care professional employment growth, if Tennessee chooses to expand.

It should be noted and understood that the estimated 15,000 jobs are not solely within the healthcare industry. Other sectors within the labor market, such as construction, retail and sales activities, and food and drink services, will see employment growth, as well, considering their relationship with health care provision (Von Nesson, 2014). Nevertheless, if Tennessee expands Medicaid, there will no doubt be a considerable amount of jobs created within the health care and social assistance industry in our state.

I began by collecting the estimates for both total employment and health care sector employment for all Tennessee counties ("County Profile Tool", 2016). The Tennessee

Department of Economic and Community Development maintains county profiles for each county in the state, which include information on labor force estimates such as total employment within the county and the number employed within the health care and social assistance sector. Extracting these two figures for every county in Tennessee, I then divided the health care sector employment by the total employment to generate the proportion of health care jobs for each county.

For reference, all data and calculations used for this analysis are located in Appendix B.

The counties in Tennessee hold varying levels of employment in the healthcare sector. At its lowest, it makes up 0.3% of total employment in Crockett County; however, it should be noted Crockett County is one of 17 counties in our state that does not have a hospital. At its highest, it makes up nearly one-quarter of the total employment within Decatur County. In order to visualize each county's health care workforce, I created a map (Figure 2) of each county and their respective health care workforce percentage; the counties are color-coded from lowest percentage of health care employment of the total employment (white) to highest (orange) in Figure 2. For reference, the data supporting this figure is located in Appendix C.

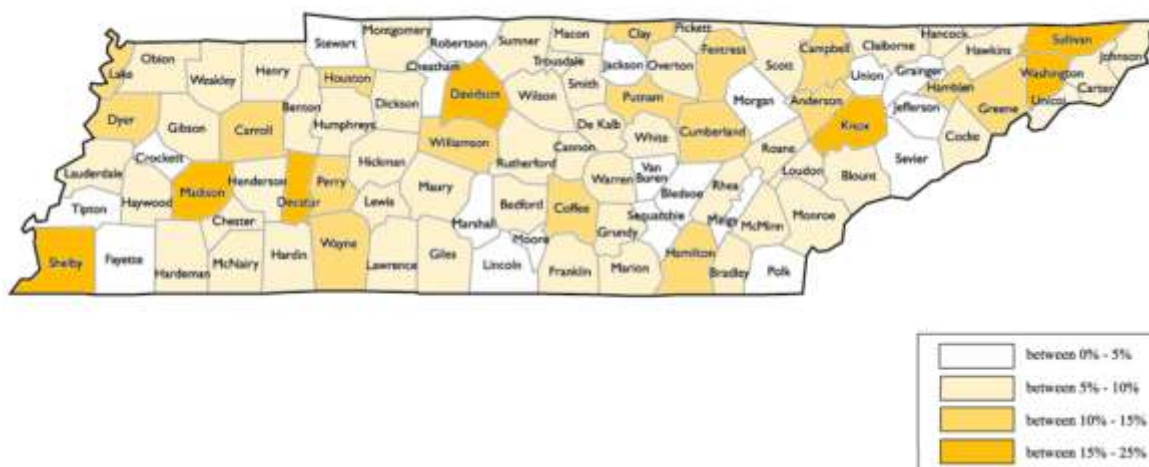


Figure 2. Map of Tennessee counties and their respective percentages of health care employment. This figure illustrates the varying levels of health care employment as a percentage of total employment across Tennessee’s counties. Data from “County Profile Tool”, 2016.

Figure 2 shows how healthcare jobs are allocated across our state. The results show that rural counties tend to have higher percentages of health care employment than non-rural counties. Specifically, within the top 50% of counties with the highest percentages of health care employment, 30 counties were classified as rural, and only 18 were non-rural. Whereas 60% of rural counties had greater proportions of health care employment in the top 50% percentile of the results, 60% of non-rural counties fell in the bottom 50% percentile. Even further, over half of the counties in the top 25% percentile for health care sector employment were rural counties. Table 8 shows the range of health care employment as a percentage of total employment in Tennessee rural and non-rural counties.

Table 8

Range of Health Care Employment as a Percentage of Total Employment in Tennessee counties

Non-Rural Counties		Rural Counties	
Lowest Percentage of Total Employment (Crockett County)	0.38%	Lowest Percentage of Total Employment (Meigs County)	2.05%
Median Percentage of Total Employment (Lauderdale County)	6.69%	Median Percentage of Total Employment (Pickett County)	7.74%
Highest Percentage of Total Employment (Davidson County)	20.70%	Highest Percentage of Total Employment (Decatur County)	24.50%

Note. Created using information collected from “County Profile Tool”, 2016.

The results show us that rural communities exhibit a significant economic dependence on the health care sector. The industry supplies a great deal of jobs and income revenue for these communities, and as a result, much of their employment revolves around the health care sector. According to the Department of Economic and Community Development, over 90% of rural counties in Tennessee have a health care company (hospital, nursing home, medical device manufacturer, etc.) as a top employer in 2015 (“County Profile Tool”, 2016).

However, despite a large share of rural employment in the health care industry, rural counties suffer from disproportionate shortages of health care workers (Burrows, Suh, & Hamann, 2012). Given that rural populations are more likely to be older, have higher incidences of disability, and have higher unemployment rates, rural counties have less of their population in the labor force (Kusmin, 2015; Lishner et al., 1996). Thus, health care workers in these counties are accountable for a greater number of the population. In order to see if this holds true for Tennessee, I used the TN Department for Economic and Community Development estimates on health care and social assistance employment per county. I then divided these estimates by the

estimates for total population of each county, in order to yield a percentage of health care workers per capita for every county. Inverting these figures yielded estimates on residents per health care worker for each county. For reference, all data and calculations used for this analysis are located in Appendix D.

Comparing rural counties to non-rural counties, a stark difference stands out – within non-rural counties, there is an average of 17 residents per health care worker. For the entire state, this is higher, averaging at about 19 residents per health care worker. But for rural counties, an astonishing 31 residents per health care worker is the average. Table 9 summarizes these results. This demonstrates that rural communities depend far more on their health care workers than non-rural communities. The loss or gain of even one worker has a much greater impact on rural communities than it does for their urban counterparts. It is important to note that urban areas must have more health care workers per resident, as urban counties serve as catchment areas for healthcare services. They service both residents of the city and the surrounding counties, given that residents of rural counties located on the fringes of urban centers are more likely to travel to receive health care services from the urban center. The opposite scenario (urban to rural migration for health care services) is less common.

Table 9

Average County Residents for every Health Care Worker in Tennessee

State Average	19 residents per health care worker
Non-Rural County Average	17 residents per health care worker
Rural County Average	31 residents per health care worker

Note. Created using information collected from “County Profile Tool”, 2016 and “Tennessee Counties by Population”, 2016.

These two analyses combined show us how much stake a rural community has in the health care industry. Both the economy and the health of the community rest in the hands of a small, yet mighty health care workforce within these counties. As stated earlier, Medicaid expansion is estimated to generate job creation within the state to the tune of nearly 15,000 jobs (Fox, Harris, & Murray, 2016). The results of this analysis prove that, upon expansion, the introduction of new health care workers could have major impacts on rural economies.

Employment growth is a marker of economic vitality, and in rural communities, where employment stagnates at pre-recession levels, job creation within any industry could be a major player for the area's economic development (Kusmin, 2014). The results of these analyses show that employment growth within the health care industry, as a result of Medicaid expansion, could reap disproportionately greater benefits for rural economies and workforce.

Estimates on Rural Hospitals' Economic Impact for Tennessee Counties

Lastly, I look at how the previous two analyses intersect. The federal expansion funds coming into each county will purchase goods, create salaries, and build facilities, all to provide for a larger insured population. While many medical facilities that provide health care services, such as pharmacies and physicians' offices, will be at the receiving end for these funds, the greatest beneficiary who will put these funds into motion will be the hospitals across our state (Kaiser Family Foundation, 2014). Additionally, within hospitals is where Tennessee will see its biggest employment growth as a result of expansion (Custer, 2013). This crossroads of new spending and employment growth would significantly boost the economic output of hospitals, which pour into the communities surrounding them. Last year, the Kaiser Family Foundation completed a study on Ascension Health System, the largest not-for-profit hospital system in the U.S. The study compared financial reports from 2013 (pre-ACA expansion implementation) and

2014 (right after implementation) from hospitals in Medicaid expansion states to those in non-expansion states (Cunningham, Garfield, & Rudowitz, 2015). Their findings are on par with the expectations of this report; during the time period of expansion implementation, hospitals in expansion states “experienced a greater improvement in overall financial performance... relative to the financial performance of hospitals in non-expansion states” (Cunningham, Garfield, & Rudowitz, 2015, p. 8).

It is noteworthy that hospitals are experiencing financial improvement in the wake of expansion, as hospitals serve as economic powerhouse for their surrounding communities. Their financial prosperity spills out into the areas around them; by the same token, their financial strains serve as a drain for the local economy. As explained by Zuckerman (2013), hospitals serve as “anchor institutions,” recognizing “a link between the wellbeing of their [the hospitals’] surrounding neighborhoods and the financial strength of their institution,” for non-profit and for-profit, urban and rural alike (p. xi). Research from Doeksen, Johnson, Biard-Holmes, and Schott (1998) found that the income generated from a hospital generates more income in the community indirectly, sometimes nearly two or three times over; other reports cite a hospital’s ability to contribute greatly to a region’s economic output, one finding that the combined direct and induced effects of a hospital on its host community were about \$55,000 per hospital bed (McDermott, Cornia, & Parsons, 1991). Therefore, any boost in financial performance for a hospital not only advances the institution, but also it lifts the economy of the surrounding community. Therefore, hospitals can play a unique role in strengthening regional and local economies, particularly for rural areas, where hospitals may be the largest industry or employer (Doeksen et al., 1998).

In this analysis, I examine how hospitals currently impact Tennessee's counties. In doing so, I characterize the landscape in which the expansion funds will be introduced in order to assess how the funds may impact hospital economic output. Through these efforts, I unveil which communities stand to reap the greatest advantage from Medicaid expansion.

I began by extracting financial data provided from the 2014 Tennessee Hospital Joint Annual Reports ("Joint Annual Reports", 2014). Joint Annual Reports are provided by all licensed health facilities in the state of Tennessee, and the reports include data on services provided, employment statistics, and other financial indicators ("Joint Annual Reports", 2014). From these reports, I obtained information on every Tennessee hospital's net expenditures (net patient revenue and other operating revenue), income revenue (aggregate payroll expenses for wages and salaries, as well as benefits expenses), and the number of employed on file (the number of personnel on payroll) ("Joint Annual Reports", 2014). These three factors comprise the direct (or primary) economic impact from Tennessee hospitals' operations.

In order to estimate the secondary output, income, and employment impact of hospitals in their community, I used multipliers provided by the American Hospital Association, specified for Tennessee hospitals (American Hospital Association, 2015). By definition, multipliers are factors by which the "ripple effects" of an initial spending in an area can be quantified; they combine both the direct and indirect impacts of an economic activity. Thus, multipliers can be used to quantify the totality of an impact on an area. For instance, the multiplier I use for hospital employment used is 2.164; this means that for every hospital job, full-time or part-time, 1.164 other jobs are supported in the community. It should be noted that multipliers (BEA RIMS-II) are purchased through the Bureau of Economic Analysis for either an industry or region ("RIMS II Online Order and Delivery System", 2016); considering up-to-date multipliers are not

publically available, I utilize multipliers used by the American Hospital Association for state-level calculations in 2015, as these were the most relevant and up-to-date multipliers publically available. Thus, it should be noted that these calculations should be considered out-of-date at best and are used only for approximation.

Nonetheless, the multipliers used for Tennessee hospital employment, earnings, and output were 2.164, 1.8163, and 2.2215, respectively. These can be referenced in Table 10. I multiplied the financial figures from the 2014 JARs by these multipliers in order to calculate the total impact for output, income, and employment, generating a “big picture” of every Tennessee hospital’s total economic impact in their community in 2014. In order to assess a hospital’s impact relative to the surrounding regions, I then divided the total impacts by the number of residents in the county in which the hospital resided (“Tennessee Counties by Population”, 2014). This yielded the per-capita total impacts for economic output, employment, and income revenue, showing how each hospital contributed to its resident counties.

It should be noted that psychiatric, rehabilitation, and acute care facilities were included in this analysis; while these facilities indeed stimulate the communities surrounding them, I assessed their impact using multipliers generated for medical/surgery hospitals, which potentially had an effect on results.

Table 10

Multipliers for the Economic Impact of Hospitals in Tennessee

Employment Impact Multiplier	2.164
Income Revenue Impact Multiplier	1.8163
Output Impact Multiplier	2.2215

Note. Created using information collected from the American Hospital Association, 2015.

The results found that, across all three economic indicators, rural hospitals contributed more to their county's economy than their urban counterparts.

In terms of total employment impact per resident, defined as the number of jobs at the hospital and those supported by the hospital in the community, the average for rural counties (0.0154) was over two times higher (2.04x) than the average for non-rural counties (0.0075).

For total earnings impact per resident, defined as the amount of wages, salaries, and benefits at the hospital plus earnings generated by the hospital in other industries within the community, the average for rural counties is found to be at \$724.54 total earnings per resident; this is considerably higher than the average for non-rural counties, at only \$435.19 total earnings per resident.

Lastly, for total economic output per resident, in which output is defined as the expenditures of the hospital plus secondary spending generated in other industries in the area because of the hospital, the average for rural counties is \$1,800 per resident; this is, once again, higher than the average for non-rural counties, which is \$1,299 per resident. Table 11 summarizes these results.

For reference, all data and calculations used for this analysis are located in Appendix E.

Table 11

Results for the Economic Impact of Rural and Non-Rural Hospitals per County Resident

	Rural	Non-Rural
Average Total Employment Impact (Direct + Secondary Impact)	0.015	0.008
Average Total Earnings Impact (Direct + Secondary Impact)	\$724.54	\$435.19
Average Total Output Impact (Direct + Secondary Impact)	\$1,800	\$1,299

Note. Created using information collected from Joint Annual Reports, 2014, American Hospital

Association, 2015, and Tennessee Counties by Population, 2015.

On average, rural hospitals support more spending, more incomes, and more jobs in their counties than urban hospitals. However, that does not mean that rural hospitals are financially stronger than urban hospitals. On the contrary, the analysis shows that rural hospitals pale in comparison to non-rural hospitals. Table 12 compares the average employment, income, and output data for rural and non-rural hospitals.

Table 12

Average Economic Impact of Rural and Non-Rural Hospitals

Rural Hospitals		Non-Rural Hospitals	
Average Total Employment Impact	525 jobs	Average Total Employment Impact	1,590 jobs
Average Total Earnings Impact	\$25.7 million	Average Total Earnings Impact	\$101.9 million
Average Total Output Impact	\$66.3 million	Average Total Output Impact	\$319.1 million

Note. Created using information collected from Joint Annual Reports, 2014, and American Hospital Association, 2015.

Thus, this analysis demonstrates that rural hospitals yield more economically *relative to their surrounding county*. This proves that rural economies, more so than urban economies, hold considerable stake in local hospitals. The data shows that rural hospitals provide stability in terms of job creation, income revenue, and community economic output. Medicaid expansion has the opportunity to boost these figures even more, which could be valuable for Tennessee's struggling economies, which predominantly are in rural areas (Tennessee Department of Economic and Community Development, 2015). For rural economies in need of stability, a stabilizing solution would be bolstering those current industries which have fortified the economy already. Whereas economic development discussions revolve around industry

investment, this analysis offers a standout industry, such as Tennessee's local hospitals, where an investment, like Medicaid expansion, would matter.

Examining the Impact of Our Non-Expansion Status on Rural Hospital Viability. In the previous analyses, I portray the potential impact that the decision to expand Medicaid in Tennessee would have on our state's local economies. However, just as we have investigated the potential impact of such a decision, it is critical to recognize the other side of the coin – the decision our state has made and is currently maintaining, which is the decision to not expand Medicaid. As stated earlier, in order to analyze the economic impact of a decision, one must start “with an initial change in economic activity” (Von Nesson, 2014). Following this instruction to analyze the decision to expand Medicaid, the economic activity was clear: the influx of outside spending from federal funding to cover new Medicaid enrollments. However, when examining the impact of the decision to not expand Medicaid, there is no change in economic activity; no federal funds are introduced to fully cover a newly eligible population, no jobs are created to adjust for any new demand, and hospitals receive no boost in their outputs. Thus, the economic impact generated from our non-expansion status is simple; there is none.

However, that does not mean nothing has been *lost* as a result of Tennessee's non-expansion decision.

The Affordable Care Act called for aggregate cuts in annual Disproportionate Share Hospital (DSH) payments, which were allocated by the state to hospitals serving a large number of Medicaid or uninsured individuals (Rudowitz, 2013). The reductions were made in anticipation of increased coverage from nation-wide Medicaid expansion and predicted lower uncompensated care costs (Rudowitz, 2013). All states face these cuts in allocations, regardless of their decision to expand Medicaid or not. This will burden hospitals in non-expansion states

with high uncompensated care costs, struggling “to fill their DSH funding gaps” and vulnerable to financial instability (Neuhausen et al., 2014, p. 995).

In Tennessee alone, as a result of DSH reductions, hospitals are expected to lose reimbursements totaling \$7.7 billion over the next decade (Stockard, 2014). Many hospital leaders believe that closing the coverage gap (by expanding Medicaid) would alleviate the financial pressures of treating and caring for a large uninsured population (“Our Healthcare System”, 2016). Without Medicaid expansion, they face endangerment of closing their doors. This has already been an unfortunate reality for several hospitals in Tennessee’s rural areas, with seven hospitals in rural Tennessee closing since 2014 (“Our Healthcare System”, 2016).

Quinn (2016) determines that rural regions are more endangered from a hospital closure than their urban counterparts. I address three hypotheses that, if proven, would determine if this notion holds true for Tennessee.

1. Rural counties are more likely to have only one hospital in the county, as opposed to non-rural counties.
2. Rural hospitals are more likely to be at-risk than non-rural hospitals.
3. A rural hospital is more likely than a non-rural hospital to be both at-risk and the only hospital in the county.

I began by pulling a list of all hospitals in the state of Tennessee, as compiled by the Tennessee Hospital Association (“Hospital Directory”, 2016). From this list, I categorized each hospital as either “rural” or “non-rural,” depending on the county of residence. Next, based on the results of a 2015 Tennessee Justice Center report, I designated specific hospitals as “at-risk;” facilities received this designation if they had a ratio of revenue to expense less than or equal to 1.00 between years 2009 and 2013 (Tennessee Justice Center, 2015). I finally classified every

hospital as either a “sole-county” hospital (SCH) or non-SCH, if the facility is the only hospital in the county. It should be noted that the data used to complete this analysis was pulled from reports from 2015; since then, two hospitals included in the list, McNairy Regional Hospital (McNairy County) and Pioneer Community Hospital of Scott (Scott County), have closed due to financial strains attributed by hospital leaders to the lack of Medicaid expansion in Tennessee (Faris, 2016; Fletcher, 2016).

For reference, all data and calculations used for this analysis are located in Appendix F.

It should be noted that not all counties in the state of Tennessee have a hospital. Seventeen counties lack a hospital within their district. Seven of those counties are non-rural, ten of them rural. Of the 95 counties within the state, with 43 of them classified as non-rural and 52 as rural, this means 16% of non-rural counties do not have a hospital, while 19% of rural counties lack a hospital. There are 78 total counties with hospitals: 42 of them are rural, 36 of them are non-rural.

Hypothesis One. I begin with the first hypothesis, looking at how our hospitals are spatially allocated in the state.

Rural counties are more likely to have only one hospital in the county, as opposed to non-rural counties. Of the 170 hospitals in the state of Tennessee, 117 hospitals are located in non-rural counties, and 53 hospitals are located within rural counties. Of the 117 non-rural hospitals, 100 hospitals have another hospital within the county, which is 85% of non-rural hospitals. Of the 53 rural hospitals, only 18 hospitals have another hospital within the county, meaning 66% of rural hospitals are the sole hospital within the county. While rural hospitals represent 31% of the total hospitals in the state, 67% of sole-county hospitals in the state are rural.

By the county, 18 non-rural counties have two or more hospitals, with 17 non-rural counties with only one hospital. For rural communities, this difference is more exaggerated; only 8 rural counties have multiple hospitals, while 35 rural counties subsist with only one hospital. Of all rural counties with a hospital, 83% have only one hospital within their county. Of all the rural counties in the state, 87% have one or less hospital for their residents. The results for non-rural counties are more favorable. Of all non-rural counties with a hospital, less than half (47%) have one hospital within their county. Of all the non-rural counties in the state, 56% have one or less hospital for their residents. Figure 3 summarizes these statistics.

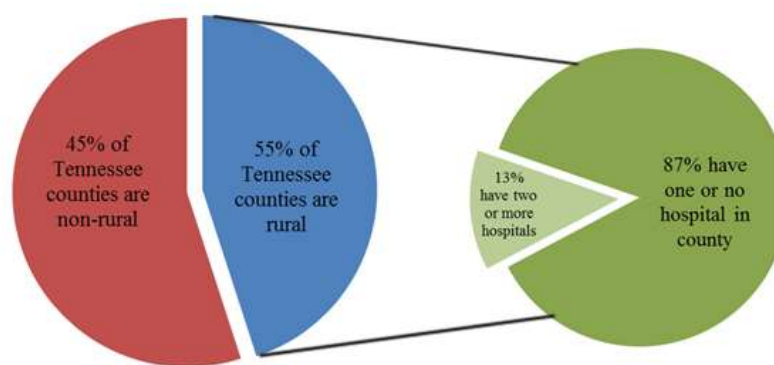


Figure 3. Pie chart of Tennessee counties and their hospital count. The first pie chart shows the percentage of rural and non-rural counties in Tennessee, and the second pie chart shows the percentage of rural counties with one or no hospital. Data from “Hospital Directory”, 2016.

Hypothesis 2. Next, I shift my focus to hospitals classified as “at-risk” and see if any patterns develop when comparing “at-risk” hospitals in rural and non-rural areas.

Rural hospitals are more likely to be at-risk than non-rural hospitals. Of the 170 hospitals within the state, 132 hospitals are classified as not financially “at-risk,” while 38 are

considered “at-risk,” given their financial reports. Of the 132 non at-risk hospitals, 94 are located in non-rural counties, and 38 are located in rural counties. Of the 38 at-risk hospitals, 15 are found in rural counties. Rural hospitals represent 31% of all hospitals in the state, but of all at-risk hospitals in the state, 39% are rural.

Of the 117 non-rural hospitals in the state, only 19% of them are at-risk. However, for the 53 hospitals in rural counties, this percentage is more alarming. Of all rural hospitals, 28% are at-risk, while only 22% of all the hospitals in the state are at-risk. Figure 4 summarizes these statistics.

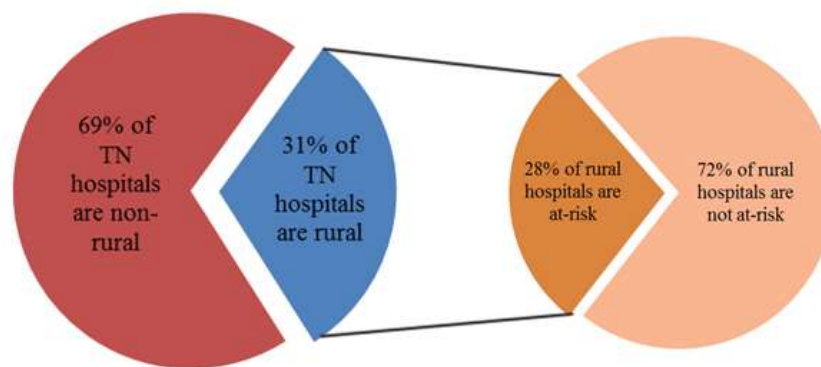


Figure 4. Pie chart of Tennessee hospitals and their likelihood of being at-risk. The first pie chart shows the percentage of rural and non-rural hospitals in Tennessee, and the second pie chart shows the percentage of rural hospitals at-risk. Data from Tennessee Justice Center, 2015, and “Hospital Directory”, 2016.

Hypothesis 3. Finally, I combine both factors (“at-risk” status and singularity within county) and examine the prevalence of these endangered hospitals in both rural and non-rural communities.

A rural hospital is more likely than a non-rural hospital to be both at-risk and the only hospital in the county. Of 170 hospitals, 118 (69%) are in counties that have another hospital. The rest (52 hospitals) are sole-county hospitals (SCH). Of the 118 hospitals with a companion hospital, 19 are at-risk, and 99 are not at-risk. Of the 52 sole-county hospitals, 19 are at-risk, 33 are not. That means that of all the sole-county hospitals, 36% are at-risk.

Of the 19 at-risk, sole-county hospitals, 53% of them are located in rural counties. Of the 38 hospitals in our state at-risk, 15 of them are found in rural counties, 23 in non-rural counties. Of the 23 non-rural, at-risk hospitals, 14 have another hospital within the county to accommodate their patients should they close. For rural counties, the risk is much more severe. Of the 15 rural, at-risk hospitals, only three have another hospital within the county, meaning 80% of rural, at-risk hospitals are the only hospital within their county. Figure 5 characterizes Tennessee hospitals by their “SCH” and “at-risk” status.

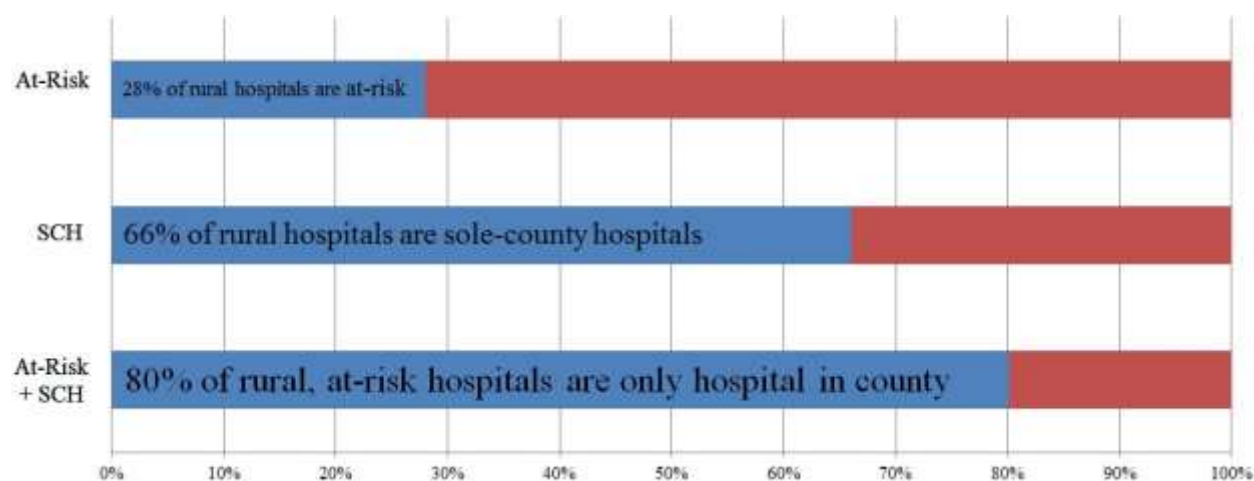


Figure 5. Graph of Tennessee hospitals and their “at-risk” and “SCH” status. The graph divides each category by rural and non-rural, as percentage of total hospitals. Data from Tennessee Justice Center, 2015, and “Hospital Directory”, 2016.

Of our at-risk hospitals in rural communities, should they close due to financial strain, 4 out of 5 patients would have to seek care in another county. Not only would expanding Medicaid allow patients to be able to receive care where they live, but it would also keep a county lifeline alive. Pairing the stark statistics pulled from this analysis with the estimates for Tennessee hospitals' economic impacts, it becomes evident that rural hospitals serve a greater purpose beyond health care provision in their community – and the state's decision to not expand Medicaid has imperiled these local communities.

Conclusion

In this report, I attempt to merge two conversations ongoing within our state; one being of opportunities for rural economic development and another surrounding the decision to expand Medicaid. This report sets out to examine whether Medicaid expansion in Tennessee could develop and improve rural counties' economies using three economic impact analyses to determine the relative benefit of expansion. In the first analysis, I demonstrated that the federal funds to be received from Medicaid expansion provide more economic boost on average to rural counties than non-rural counties. In the second analysis, I revealed how much more rural counties stand to benefit from health care job creation than non-rural counties, given their large percentage of employment in health care industries, coupled with their shortage of health care professionals for the population. In the last analysis, I showed that the rural economies rely greatly on the output of hospitals and how Medicaid expansion funds could capitalize on the industry's stronghold on rural economies. Additionally, I characterized the current hospital landscape in Tennessee, now endangered by the state's non-expansion status. Ultimately, across the board, the analyses help prove that Tennessee rural communities would be the state's greatest benefactor from Medicaid expansion. Most conversations about rural economic development

focus on a narrow cluster of solutions, namely industry recruitment and small business growth. If we take the time to expand upon these discussions, it becomes evident that expanding Medicaid must be considered as a viable solution for Tennessee's struggling rural areas.

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Appendix A

Estimated Federal Funding Foregone in 2016 for Non-Disabled Adults, County-by-County

TN Counties	Rural?	Uninsured Population	Estimated Medicaid Eligible, Not Enrolled Population	Estimated Newly Medicaid Eligible Population	Estimated Participation of Medicaid Eligible, Not Enrolled Population	Estimated Participation of Newly Medicaid Eligible Population	Estimated Federal Spending for Medicaid Eligible, Not Enrolled Population (Dollars)	Estimated Federal Spending for Newly Medicaid Eligible Population (Dollars)	Sum of Federal Spending for Estimated New Enrollments (Dollars)	Estimated Federal Spending Per Capita (Dollars)
Anderson	no	8602	1462.34	1634.38	146.234	931.5966	461192.7892	4520106.703	4981299.492	65.95301732
Bedford	yes	8542	1452.14	1622.98	145.214	925.0986	457975.9132	4488578.407	4946554.32	106.0877672
Benton	yes	2333	396.61	443.27	39.661	252.6639	125082.8618	1225925.243	1351008.105	83.67965962
Bledsoe	yes	1846	313.82	350.74	31.382	199.9218	98972.5516	970020.5736	1068993.125	76.73484496
Blount	no	15189	2582.13	2885.91	258.213	1644.9687	814352.1594	7981388.132	8795740.292	69.62015127
Bradley	no	13911	2364.87	2643.09	236.487	1506.5613	745832.7006	7309835.428	8055668.128	78.22935788
Campbell	no	5493	933.81	1043.67	93.381	594.8919	294504.9978	2886415.499	3180920.497	79.68636947
Cannon	no	2038	346.46	387.22	34.646	220.7154	109266.5548	1070911.121	1180177.676	85.78743008
Carroll	yes	3656	621.52	694.64	62.152	395.9448	196014.9776	1921124.17	2117139.147	74.62598333
Carter	no	8272	1406.24	1571.68	140.624	895.8576	443499.9712	4346701.075	4790201.046	84.20702891
Cheatham	no	5523	938.91	1049.37	93.891	598.1409	296113.4358	2902179.647	3198293.083	80.43187513
Chester	no	2187	371.79	415.53	37.179	236.8521	117255.1302	1149206.389	1266461.519	72.87309508
Claiborne	yes	4122	700.74	783.18	70.074	446.4126	220999.3812	2165993.935	2386993.316	75.5568915
Clay	yes	1167	198.39	221.73	19.839	126.3861	62568.2382	613225.3572	675793.5954	87.03072703
Cocke	yes	5285	898.45	1004.15	89.845	572.3655	283353.161	2777117.406	3060470.567	86.51751476
Coffee	yes	7384	1255.28	1402.96	125.528	799.6872	395890.2064	3880082.294	4275972.501	79.74138897
Crockett	no	2371	403.07	450.49	40.307	256.7793	127120.2166	1245893.164	1373013.38	93.60603901
Cumberland	yes	7963	1353.71	1512.97	135.371	862.3929	426933.0598	4184330.351	4611263.411	79.5251084
Davidson	no	106801	18156.17	20292.19	1815.617	11566.5483	5726092.895	56120892.35	61846985.25	92.53723776
Decatur	yes	1660	282.2	315.4	28.22	179.778	89000.236	872282.856	961283.092	82.40040219
DeKalb	yes	3234	549.78	614.46	54.978	350.2422	173389.6164	1699375.154	1872764.771	97.19559741
Dickson	no	6621	1125.57	1257.99	112.557	717.0543	354982.2666	3479147.464	3834129.73	75.81077074
Dyer	yes	4811	817.87	914.09	81.787	521.0313	257939.8406	2528043.868	2785983.708	73.44098348
Fayette	no	4736	805.12	899.84	80.512	512.9088	253918.7456	2488633.498	2742552.243	70.30202361
Fentress	yes	2679	455.43	509.01	45.543	290.1357	143633.5134	1407738.416	1551371.93	86.88725454
Franklin	yes	4990	848.3	948.1	84.83	540.417	267536.854	2622103.284	2889640.138	69.79469924
Gibson	yes	6441	1094.97	1223.79	109.497	697.5603	345331.6386	3384562.576	3729894.214	75.3940454
Giles	yes	3960	673.2	752.4	67.32	428.868	212313.816	2080867.536	2293181.352	79.47809074
Grainger	no	3502	595.34	665.38	59.534	379.2666	187758.3292	1840201.543	2027959.872	88.69663543
Greene	yes	9689	1647.13	1840.91	164.713	1049.3187	519471.8594	5091294.332	5610766.192	82.10677093
Grundy	yes	1904	323.68	361.76	32.368	206.2032	102082.1984	1000497.926	1102580.125	82.12887336
Hamblen	no	10214	1736.38	1940.66	173.638	1106.1762	547619.5244	5367166.922	5914786.447	93.83188094

Hamilton	no	45813	7788.21	8704.47	778.821	4961.5479	2456245.67	24073430.41	26529676.08	75.53577837
Hancock	yes	971	165.07	184.49	16.507	105.1593	52059.7766	510232.9236	562292.7002	84.46638128
Hardeman	yes	3200	544	608	54.4	346.56	171566.72	1681509.12	1853075.84	71.3682203
Hardin	yes	3763	639.71	714.97	63.971	407.5329	201751.7398	1977349.631	2179101.371	84.23275495
Hawkins	no	7247	1231.99	1376.93	123.199	784.8501	388545.0062	3808092.685	4196637.691	73.96911415
Haywood	yes	2818	479.06	535.42	47.906	305.1894	151085.9428	1480778.969	1631864.912	89.73686619
Henderson	yes	3730	634.1	708.7	63.41	403.959	199982.458	1960009.068	2159991.526	77.11776665
Henry	yes	4332	736.44	823.08	73.644	469.1556	232258.4472	2276342.971	2508601.418	77.89719968
Hickman	no	3405	578.85	646.95	57.885	368.7615	182557.713	1789230.798	1971788.511	80.86403014
Houston	yes	1217	206.89	231.23	20.689	131.8011	65248.9682	639498.9372	704747.9054	85.24832532
Humphreys	yes	2445	415.65	464.55	41.565	264.7935	131087.697	1284778.062	1415865.759	78.07365641
Jackson	yes	1720	292.4	326.8	29.24	186.276	92217.112	903811.152	996028.264	86.10202835
Jefferson	no	7237	1230.29	1375.03	123.029	783.7671	388008.8602	3802837.969	4190846.829	79.5574317
Johnson	yes	2252	382.84	427.88	38.284	243.8916	120740.0792	1183362.043	1304102.122	73.02212455
Knox	no	53027	9014.59	10075.13	901.459	5742.8241	2843021.394	27864182.53	30707203.93	68.44447697
Lake	yes	681	115.77	129.39	11.577	73.7523	36511.5426	357846.1596	394357.7022	51.67837796
Lauderdale	no	3519	598.23	668.61	59.823	381.1077	188669.7774	1849134.56	2037804.338	74.421311
Lawrence	yes	6176	1049.92	1173.44	104.992	668.8608	331123.7696	3245312.602	3576436.371	84.60132401
Lewis	yes	1888	320.96	358.72	32.096	204.4704	101224.3648	992090.3808	1093314.746	91.82888843
Lincoln	yes	4167	708.39	791.73	70.839	451.2861	223412.0382	2189640.157	2413052.195	71.73803239
Loudon	no	6372	1083.24	1210.68	108.324	690.0876	341632.2312	3348305.035	3689937.266	72.6780498
Macon	no	3883	660.11	737.77	66.011	420.5289	208185.4918	2040406.223	2248591.715	97.75210688
Madison	no	12945	2200.65	2459.55	220.065	1401.9435	694040.997	6802229.862	7496270.859	76.35387621
Marion	no	3963	673.71	752.97	67.371	429.1929	212474.6598	2082443.951	2294918.611	80.78708102
Marshall	yes	4836	822.12	918.84	82.212	523.7388	259280.2056	2541180.658	2800460.863	89.56029496
Maury	no	11035	1875.95	2096.65	187.595	1195.0905	591637.111	5798579.106	6390216.217	74.72626109
McMinn	yes	6979	1186.43	1326.01	118.643	755.8257	374176.2934	3667266.296	4041442.59	76.79554953
McNairy	yes	3604	612.68	684.76	61.268	390.3132	193227.0184	1893799.646	2087026.665	79.45432157
Meigs	yes	1607	273.19	305.33	27.319	174.0381	86158.6622	844432.8612	930591.5234	79.53093953
Monroe	yes	6657	1131.69	1264.83	113.169	720.9531	356912.3922	3498064.441	3854976.833	85.22487638
Montgomery	no	21403	3638.51	4066.57	363.851	2317.9449	1147513.284	11246668.65	12394181.94	65.2459291
Moore	yes	785	133.45	149.15	13.345	85.0155	42087.461	412495.206	454582.667	71.93901994
Morgan	no	2697	458.49	512.43	45.849	292.0851	144598.5762	1417196.905	1561795.481	72.10505454
Obion	yes	4264	724.88	810.16	72.488	461.7912	228612.6544	2240610.902	2469223.557	79.80425832
Overton	yes	3072	522.24	583.68	52.224	332.6976	164704.0512	1614248.755	1778952.806	80.75870739
Perry	yes	1278	217.26	242.82	21.726	138.4074	68519.4588	671552.7048	740072.1636	94.61418609
Pickett	yes	835	141.95	158.65	14.195	90.4305	44768.191	438768.786	483536.977	94.36709153
Polk	no	2398	407.66	455.62	40.766	259.7034	128567.8108	1260080.897	1388648.708	83.00350912
Putnam	yes	11109	1888.53	2110.71	188.853	1203.1047	595604.5914	5837464.004	6433068.596	86.73995275
Rhea	yes	4460	758.2	847.4	75.82	483.018	239121.116	2343603.336	2582724.452	79.1251632
Roane	no	6117	1039.89	1162.23	103.989	662.4711	327960.5082	3214309.777	3542270.285	67.15458947
Robertson	no	9792	1664.64	1860.48	166.464	1060.4736	524994.1632	5145417.907	5670412.07	83.2916475
Rutherford	no	36554	6214.18	6945.26	621.418	3958.7982	1959828.088	19208088.87	21167916.95	73.2692189
Scott	yes	3325	565.25	631.75	56.525	360.0975	178268.545	1747193.07	1925461.615	87.57273002

Sequatchie	no	2026	344.42	384.94	34.442	219.4158	108623.1796	1064605.462	1173228.641	79.78976069
Sevier	yes	16161	2747.37	3070.59	274.737	1750.2363	866465.5506	8492146.528	9358612.078	98.39777182
Shelby	no	143767	24440.39	27315.73	2444.039	15569.9661	7708010.198	75545475.52	83253485.72	88.68046408
Smith	no	2762	469.54	524.78	46.954	299.1246	148083.5252	1451352.559	1599436.084	84.14099029
Stewart	yes	1838	312.46	349.22	31.246	199.0554	98543.6348	965816.8008	1064360.436	80.15365883
Sullivan	no	19222	3267.74	3652.18	326.774	2081.7426	1030579.841	10100615.1	11131194.94	70.87811252
Sumner	no	21472	3650.24	4079.68	365.024	2325.4176	1151212.691	11282926.2	12434138.89	71.99598674
Tipton	no	7541	1281.97	1432.79	128.197	816.6903	404307.6986	3962581.336	4366889.034	70.86459657
Trousdale	no	1180	200.6	224.2	20.06	127.794	63265.228	620056.488	683321.716	85.39386603
Unicoi	no	2352	399.84	446.88	39.984	254.7216	126101.5392	1235909.203	1362010.742	75.82312211
Union	no	2980	506.6	566.2	50.66	322.734	159771.508	1565905.368	1725676.876	90.28812201
Van Buren	yes	827	140.59	157.13	14.059	89.5641	44339.2742	434565.0132	478904.2874	85.01762603
Warren	yes	7325	1245.25	1391.75	124.525	793.2975	392726.945	3849079.47	4241806.415	106.1274091
Washington	no	15135	2572.95	2875.65	257.295	1639.1205	811456.971	7953012.666	8764469.637	69.42594095
Wayne	yes	2232	379.44	424.08	37.944	241.7256	119667.7872	1172852.611	1292520.398	76.42171102
Weakley	yes	5064	860.88	962.16	86.088	548.4312	271504.3344	2660988.182	2932492.517	85.31383693
White	yes	3745	636.65	711.55	63.665	405.5835	200786.677	1967891.142	2168677.819	82.45609745
Williamson	no	13859	2356.03	2633.21	235.603	1500.9297	743044.7414	7282510.904	8025555.646	39.10594002
Wilson	no	12556	2134.52	2385.64	213.452	1359.8148	673184.9176	6597821.41	7271006.327	57.99360585
Total			151087.16	168862.12	15108.716	96251.4084	47649868.52	\$467011833.6	\$514,661,702	

Appendix B

Estimates for Health Employment as a Proportion of Total Employment for 2015, County-by-County

Counties in TN	Rural Classification	Estimated Health Care and Social Assistance Employment	Estimated Total Employment	Percentage of Health Care and Social Assistance Employment
Anderson	no	4363	31421	14%
Bedford	yes	1146	18141	6%
Benton	yes	412	6244	7%
Bledsoe	yes	91	3917	2%
Blount	no	3694	56345	7%
Bradley	no	4544	46403	10%
Campbell	no	1649	13599	12%
Cannon	no	325	5567	6%
Carroll	yes	1669	11182	15%
Carter	no	1472	22083	7%
Cheatham	no	381	19195	2%
Chester	no	400	7663	5%
Claiborne	yes	801	11752	7%
Clay	yes	315	2731	12%
Cocke	yes	844	13303	6%
Coffee	yes	2795	22925	12%
Crockett	no	24	6383	0%
Cumberland	yes	2555	21295	12%
Davidson	no	72041	347995	21%
Decatur	yes	1058	4319	24%
DeKalb	yes	557	6864	8%
Dickson	no	2119	22717	9%
Dyer	yes	1780	15486	11%
Fayette	no	475	16631	3%
Fentress	yes	699	6515	11%
Franklin	yes	1588	18489	9%
Gibson	yes	1628	19451	8%
Giles	yes	814	13787	6%
Grainger	no	218	8590	3%
Greene	yes	3505	28634	12%
Grundy	yes	374	4509	8%
Hamblen	no	3635	24829	15%
Hamilton	no	23670	158065	15%
Hancock	yes	153	1871	8%
Hardeman	yes	499	8590	6%
Hardin	yes	689	9484	7%
Hawkins	no	1176	22051	5%

Haywood	yes	372	7009	5%
Henderson	yes	799	11231	7%
Henry	yes	797	12992	6%
Hickman	no	664	9884	7%
Houston	yes	333	2929	11%
Humphreys	yes	507	7887	6%
Jackson	yes	101	4103	2%
Jefferson	no	1032	21705	5%
Johnson	yes	420	6882	6%
Knox	no	33826	217619	16%
Lake	yes	243	1803	13%
Lauderdale	no	587	8776	7%
Lawrence	yes	1184	16445	7%
Lewis	yes	405	4431	9%
Lincoln	yes	443	14376	3%
Loudon	no	1243	20673	6%
Macon	no	547	9498	6%
Madison	no	7170	43821	16%
Marion	no	770	10955	7%
Marshall	yes	466	13858	3%
Maury	no	3466	39750	9%
McMinn	yes	1906	21134	9%
McNairy	yes	747	8017	9%
Meigs	yes	92	4479	2%
Monroe	yes	1328	17814	7%
Montgomery	no	6416	73472	9%
Moore	yes	114	3157	4%
Morgan	no	351	7232	5%
Obion	yes	992	11367	9%
Overton	yes	544	8405	6%
Perry	yes	401	2887	14%
Pickett	yes	172	2221	8%
Polk	no	187	6835	3%
Putnam	yes	3452	30476	11%
Rhea	yes	916	12109	8%
Roane	no	2066	21235	10%
Robertson	no	1143	32414	4%
Rutherford	no	9926	145976	7%
Scott	yes	652	7307	9%
Sequatchie	no	246	5410	5%
Sevier	yes	2007	46920	4%
Shelby	no	65411	400895	16%
Smith	no	424	8009	5%
Stewart	yes	180	4735	4%

Sullivan	no	11781	65025	18%
Sumner	no	5792	84180	7%
Tipton	no	1132	25329	4%
Trousdale	no	202	3501	6%
Unicoi	no	627	6484	10%
Union	no	86	6763	1%
Van Buren	yes	76	1891	4%
Warren	yes	1648	16787	10%
Washington	no	10319	54373	19%
Wayne	yes	674	5842	12%
Weakley	yes	1343	14547	9%
White	yes	736	10641	7%
Williamson	no	12142	101624	12%
Wilson	no	3705	60878	6%
	Total:	2,886,024	349,469	12%

Appendix C

Estimates for Health Employment as a Proportion of Total Employment for 2015, Lowest to Highest

Counties in TN	Rural Classification	Estimated Health Care and Social Assistance Employment	Estimated Total Employment	Percentage of Health Care and Social Assistance Employment
Crockett	no	0.00375999	6383	24
Union	no	0.01271625	6763	86
Cheatham	no	0.01984892	19195	381
Meigs	yes	0.0205403	4479	92
Bledsoe	yes	0.02323207	3917	91
Jackson	yes	0.02461613	4103	101
Grainger	no	0.02537835	8590	218
Polk	no	0.02735918	6835	187
Fayette	no	0.02856112	16631	475
Lincoln	yes	0.03081525	14376	443
Marshall	yes	0.03362679	13858	466
Robertson	no	0.03526254	32414	1143
Moore	yes	0.03611023	3157	114
Stewart	yes	0.03801478	4735	180
Van Buren	yes	0.04019038	1891	76
Sevier	yes	0.04277494	46920	2007
Tipton	no	0.04469186	25329	1132
Sequatchie	no	0.04547135	5410	246
Jefferson	no	0.04754665	21705	1032
Morgan	no	0.04853429	7232	351
Chester	no	0.05219888	7663	400
Smith	no	0.05294044	8009	424
Haywood	yes	0.05307462	7009	372
Hawkins	no	0.05333091	22051	1176
Macon	no	0.05759107	9498	547
Trousdale	no	0.0576978	3501	202
Hardeman	yes	0.0580908	8590	499
Cannon	no	0.05837974	5567	325
Giles	yes	0.05904113	13787	814
Loudon	no	0.06012674	20673	1243
Wilson	no	0.06085942	60878	3705
Johnson	yes	0.06102877	6882	420
Henry	yes	0.06134544	12992	797
Bedford	yes	0.06317182	18141	1146
Cocke	yes	0.06344434	13303	844
Humphreys	yes	0.064283	7887	507
Overton	yes	0.06472338	8405	544

Blount	no	0.06556039	56345	3694
Benton	yes	0.06598334	6244	412
Carter	no	0.06665761	22083	1472
Lauderdale	no	0.06688696	8776	587
Hickman	no	0.06717928	9884	664
Rutherford	no	0.06799748	145976	9926
Claiborne	yes	0.06815861	11752	801
Sumner	no	0.06880494	84180	5792
White	yes	0.06916643	10641	736
Marion	no	0.07028754	10955	770
Henderson	yes	0.07114237	11231	799
Lawrence	yes	0.07199757	16445	1184
Hardin	yes	0.07264867	9484	689
Monroe	yes	0.07454811	17814	1328
Rhea	yes	0.07564621	12109	916
Pickett	yes	0.07744259	2221	172
DeKalb	yes	0.08114802	6864	557
Hancock	yes	0.08177445	1871	153
Grundy	yes	0.08294522	4509	374
Gibson	yes	0.0836975	19451	1628
Franklin	yes	0.08588891	18489	1588
Maury	no	0.08719497	39750	3466
Obion	yes	0.08727017	11367	992
Montgomery	no	0.08732578	73472	6416
Scott	yes	0.08922951	7307	652
McMinn	yes	0.09018643	21134	1906
Lewis	yes	0.09140149	4431	405
Weakley	yes	0.09232144	14547	1343
McNairy	yes	0.093177	8017	747
Dickson	no	0.09327816	22717	2119
Unicoi	no	0.09669957	6484	627
Roane	no	0.09729221	21235	2066
Bradley	no	0.0979247	46403	4544
Warren	yes	0.0981712	16787	1648
Fentress	yes	0.10729087	6515	699
Putnam	yes	0.11326946	30476	3452
Houston	yes	0.11369068	2929	333
Dyer	yes	0.11494253	15486	1780
Clay	yes	0.11534237	2731	315
Wayne	yes	0.11537145	5842	674
Williamson	no	0.11947965	101624	12142
Cumberland	yes	0.11998122	21295	2555
Campbell	no	0.12125892	13599	1649
Coffee	yes	0.1219193	22925	2795

Greene	yes	0.12240693	28634	3505
Lake	yes	0.13477537	1803	243
Anderson	no	0.13885618	31421	4363
Perry	yes	0.13889851	2887	401
Hamblen	no	0.14640139	24829	3635
Carroll	yes	0.14925774	11182	1669
Hamilton	no	0.14974852	158065	23670
Knox	no	0.1554368	217619	33826
Shelby	no	0.16316242	400895	65411
Madison	no	0.16362018	43821	7170
Sullivan	no	0.18117647	65025	11781
Washington	no	0.18978169	54373	10319
Davidson	no	0.20701734	347995	72041
Decatur	yes	0.24496411	4319	1058

* Rows are colored according to their designated color from Map 2, in order to give greater clarity to distribution.

Appendix D

Estimates for Health Employment as a Proportion of Total Population for 2015, County-by-County

Counties in TN	Rural Classification	Estimated Health Care and Social Assistance Employment	Estimated Total Population	Health Care and Social Assistance Employment per-capita	Residents per Health Care Worker
Anderson	no	4363	75,528	0.05776666	17.3110245
Bedford	yes	1146	46,627	0.02457803	40.6867365
Benton	yes	412	16,145	0.02551874	39.1868932
Bledsoe	yes	91	13,931	0.00653219	153.087912
Blount	no	3694	126,339	0.02923879	34.201137
Bradley	no	4544	102,975	0.04412722	22.6617518
Campbell	no	1649	39,918	0.04130968	24.2073984
Cannon	no	325	13,757	0.02362434	42.3292308
Carroll	yes	1669	28,370	0.05882975	16.9982025
Carter	no	1472	56,886	0.02587631	38.6453804
Cheatham	no	381	39,764	0.00958153	104.367454
Chester	no	400	17,379	0.02301628	43.4475
Claiborne	yes	801	31,592	0.02535452	39.4406991
Clay	yes	315	7,765	0.04056665	24.6507937
Cocke	yes	844	35,374	0.02385933	41.9123223
Coffee	yes	2795	53,623	0.05212316	19.1853309
Crockett	no	24	14,668	0.00163621	611.166667
Cumberland	yes	2555	57,985	0.04406312	22.6947162
Davidson	no	72041	668,347	0.10778982	9.27731431
Decatur	yes	1058	11,666	0.0906909	11.026465
DeKalb	yes	557	19,268	0.02890803	34.5924596
Dickson	no	2119	50,575	0.04189817	23.8673903
Dyer	yes	1780	37,935	0.04692237	21.3117978
Fayette	no	475	39,011	0.01217605	82.1284211
Fentress	yes	699	17,855	0.0391487	25.5436338
Franklin	yes	1588	41,402	0.03835563	26.0717884
Gibson	yes	1628	49,472	0.0329075	30.3882064
Giles	yes	814	28,853	0.02821197	35.4459459
Grainger	no	218	22,864	0.00953464	104.880734
Greene	yes	3505	68,335	0.05129143	19.4964337
Grundy	yes	374	13,425	0.02785847	35.8957219
Hamblen	no	3635	63,036	0.05766546	17.341403
Hamilton	no	23670	351,220	0.06739366	14.8381918
Hancock	yes	153	6,657	0.02298333	43.5098039
Hardeman	yes	499	25,965	0.01921818	52.0340681
Hardin	yes	689	25,870	0.02663317	37.5471698
Hawkins	no	1176	56,735	0.02072795	48.2440476

Haywood	yes	372	18,185	0.02045642	48.8844086
Henderson	yes	799	28,009	0.02852655	35.0550688
Henry	yes	797	32,204	0.02474848	40.4065245
Hickman	no	664	24,384	0.02723097	36.7228916
Houston	yes	333	8,267	0.04028063	24.8258258
Humphreys	yes	507	18,135	0.02795699	35.7692308
Jackson	yes	101	11,568	0.00873098	114.534653
Jefferson	no	1032	52,677	0.01959109	51.0436047
Johnson	yes	420	17,859	0.02351755	42.5214286
Knox	no	33826	448,644	0.07539608	13.2632886
Lake	yes	243	7,631	0.0318438	31.4032922
Lauderdale	no	587	27,382	0.02143744	46.6473595
Lawrence	yes	1184	42,274	0.02800776	35.7043919
Lewis	yes	405	11,906	0.03401646	29.3975309
Lincoln	yes	443	33,637	0.01317002	75.9300226
Loudon	no	1243	50,771	0.02448248	40.845535
Macon	no	547	23,003	0.02377951	42.0530165
Madison	no	7170	98,178	0.07303062	13.692887
Marion	no	770	28,407	0.027106	36.8922078
Marshall	yes	466	31,269	0.01490294	67.1008584
Maury	no	3466	85,515	0.0405309	24.6725332
McMinn	yes	1906	52,626	0.03621784	27.610703
McNairy	yes	747	26,267	0.02843873	35.1633199
Meigs	yes	92	11,701	0.00786258	127.184783
Monroe	yes	1328	45,233	0.0293591	34.060994
Montgomery	no	6416	189,961	0.03377535	29.6073878
Moore	yes	114	6,319	0.01804083	55.4298246
Morgan	no	351	21,660	0.01620499	61.7094017
Obion	yes	992	30,941	0.03206102	31.1905242
Overton	yes	544	22,028	0.02469584	40.4926471
Perry	yes	401	7,822	0.05126566	19.5062344
Pickett	yes	172	5,124	0.03356753	29.7906977
Polk	no	187	16,730	0.01117753	89.4652406
Putnam	yes	3452	74,165	0.04654487	21.4846466
Rhea	yes	916	32,641	0.02806287	35.6342795
Roane	no	2066	52,748	0.03916736	25.5314618
Robertson	no	1143	68,079	0.01678932	59.5616798
Rutherford	no	9926	288,906	0.0343572	29.1059843
Scott	yes	652	21,987	0.02965389	33.7223926
Sequatchie	no	246	14,704	0.01673014	59.7723577
Sevier	yes	2007	95,110	0.02110188	47.389138
Shelby	no	65411	938,803	0.06967489	14.3523719
Smith	no	424	19,009	0.02230522	44.8325472
Stewart	yes	180	13,279	0.01355524	73.7722222

Sullivan	no	11781	157,047	0.07501576	13.3305322
Sumner	no	5792	172,706	0.03353676	29.8180249
Tipton	no	1132	61,623	0.01836976	54.4372792
Trousdale	no	202	8,002	0.02524369	39.6138614
Unicoi	no	627	17,963	0.03490508	28.6491228
Union	no	86	19,113	0.00449956	222.244186
Van Buren	yes	76	5,633	0.01349192	74.1184211
Warren	yes	1648	39,969	0.04123195	24.253034
Washington	no	10319	126,242	0.08173983	12.2339374
Wayne	yes	674	16,913	0.039851	25.0934718
Weakley	yes	1343	34,373	0.03907136	25.5941921
White	yes	736	26,301	0.02798373	35.7350543
Williamson	no	12142	205,226	0.05916404	16.9021578
Wilson	no	3705	125,376	0.02955111	33.8396761
	Total:	2,886,024	6,549,352		

Appendix E

List of Tennessee Hospitals and their Respective Economic Indicators

Appendix E1

List of Tennessee Hospitals and their Income Impact per Resident

Hospital Name	County	Rural?	# of County Residents	Income generated from hospital	Multiplier (Income)	Total Income Impact	Impact per resident (Income)
Ridgeview Psychiatric Hospital & Center, Inc.	Anderson	no	75,528	\$ 10,384,756.00	1.8163	\$ 18,861,832.32	\$ 249.73
Methodist Medical Center of Oak Ridge	Anderson	no	75,528	\$ 67,287,414.00	1.8163	\$ 122,214,130.05	\$ 1,618.13
Heritage Medical Center	Bedford	yes	46,627	\$ 13,019,206.00	1.8163	\$ 23,646,783.86	\$ 507.15
Camden General Hospital	Benton	yes	16,145	\$ 3,614,234.00	1.8163	\$ 6,564,533.21	\$ 406.60
Erlanger Bledsoe	Bledsoe	yes	13,931	\$ 4,249,509.00	1.8163	\$ 7,718,383.20	\$ 554.04
Peninsula Hospital	Blount	no	126,339	\$ 16,324,537.00	1.8163	\$ 29,650,256.55	\$ 234.69
Blount Memorial Hospital	Blount	no	126,339	\$ 119,695,071.00	1.8163	\$ 217,402,157.46	\$ 1,720.78
Tennova Healthcare-Cleveland Westside	Bradley	no	102,975	\$ 5,750,125.00	1.8163	\$ 10,443,952.04	\$ 101.42
Tennova Healthcare-Cleveland	Bradley	no	102,975	\$ 46,523,736.00	1.8163	\$ 84,501,061.70	\$ 820.60
Jellico Community Hospital, Inc.	Campbell	no	39,918	\$ 12,034,001.00	1.8163	\$ 21,857,356.02	\$ 547.56
Tennova Healthcare-LaFollette Medical Center	Campbell	no	39,918	\$ 18,247,618.00	1.8163	\$ 33,143,148.57	\$ 830.28
Saint Thomas Stones River Hospital	Cannon	no	13,757	\$ 6,075,935.00	1.8163	\$ 11,035,720.74	\$ 802.19
McKenzie Regional Hospital	Carroll	yes	28,370	\$ 6,013,338.00	1.8163	\$ 10,922,025.81	\$ 384.99
Baptist Memorial Hospital-Huntingdon	Carroll	yes	28,370	\$ 8,455,943.00	1.8163	\$ 15,358,529.27	\$ 541.37
Sycamore Shoals Hospital	Carter	no	56,886	\$ 19,726,872.00	1.8163	\$ 35,829,917.61	\$ 629.85
TriStar Ashland City Medical Center	Cheatham	no	39,764	\$ 4,340,627.00	1.8163	\$ 7,883,880.82	\$ 198.27
Claiborne Medical Center	Claiborne	yes	31,592	\$ 13,562,277.00	1.8163	\$ 24,633,163.72	\$ 779.73
Cumberland River Hospital	Clay	yes	7,765	\$ 5,697,258.00	1.8163	\$ 10,347,929.71	\$ 1,332.64
Tennova Healthcare-Newport Medical Center	Cocke	yes	35,374	\$ 14,049,849.00	1.8163	\$ 25,518,740.74	\$ 721.40
Unity Medical Center	Coffee	yes	53,623	\$ 5,825,676.00	1.8163	\$ 10,581,175.32	\$ 197.33
Medical Center of Manchester	Coffee	yes	53,623	\$ 6,463,743.00	1.8163	\$ 11,740,096.41	\$ 218.94
Harton Regional Medical Center	Coffee	yes	53,623	\$ 28,245,106.00	1.8163	\$ 51,301,586.03	\$ 956.71
Cumberland Medical Center	Cumberland	yes	57,985	\$ 50,666,487.00	1.8163	\$ 92,025,540.34	\$ 1,587.06
Kindred Hospital-Nashville	Davidson	no	668,347	\$ 5,769,891.00	1.8163	\$ 10,479,853.02	\$ 15.68
Saint Thomas Hospital for Specialty Surgery	Davidson	no	668,347	\$ 7,529,692.00	1.8163	\$ 13,676,179.58	\$ 20.46
Vanderbilt Stallworth Rehabilitation Hospital	Davidson	no	668,347	\$ 12,852,541.00	1.8163	\$ 23,344,070.22	\$ 34.93
Select Specialty Hospital-Nashville	Davidson	no	668,347	\$ 14,517,965.00	1.8163	\$ 26,368,979.83	\$ 39.45
TriStar Skyline Madison Campus	Davidson	no	668,347	\$ 15,801,006.00	1.8163	\$ 28,699,367.20	\$ 42.94
Middle Tennessee Mental Health Institute	Davidson	no	668,347	\$ 33,999,007.00	1.8163	\$ 61,752,396.41	\$ 92.40
Nashville General Hospital	Davidson	no	668,347	\$ 38,986,922.00	1.8163	\$ 70,811,946.43	\$ 105.95
TriStar Southern Hills Medical Center	Davidson	no	668,347	\$ 39,141,111.00	1.8163	\$ 71,091,999.91	\$ 106.37

TriStar Summit Medical Center	Davidson	no	668,347	\$ 60,623,716.00	1.8163	\$ 110,110,855.37	\$ 164.75
TriStar Skyline Medical Center	Davidson	no	668,347	\$ 72,761,151.00	1.8163	\$ 132,156,078.56	\$ 197.74
Saint Thomas West Hospital	Davidson	no	668,347	\$ 107,235,759.00	1.8163	\$ 194,772,309.07	\$ 291.42
Saint Thomas Midtown Hospital	Davidson	no	668,347	\$ 114,375,887.00	1.8163	\$ 207,740,923.56	\$ 310.83
TriStar Centennial Medical Center	Davidson	no	668,347	\$ 185,541,357.00	1.8163	\$ 336,998,766.72	\$ 504.23
Vanderbilt University Hospitals	Davidson	no	668,347	\$ 805,887,203.00	1.8163	\$ 1,463,732,926.81	\$ 2,190.08
Decatur County General Hospital	Decatur	yes	11,666	\$ 4,846,822.00	1.8163	\$ 8,803,282.80	\$ 754.61
Saint Thomas DeKalb Hospital	DeKalb	yes	19,268	\$ 7,603,294.00	1.8163	\$ 13,809,862.89	\$ 716.73
TriStar Horizon Medical Center	Dickson	no	50,575	\$ 31,623,611.00	1.8163	\$ 57,437,964.66	\$ 1,135.70
Tennova Healthcare-Dyersburg Regional Medical Center	Dyer	yes	37,935	\$ 23,711,173.00	1.8163	\$ 43,066,603.52	\$ 1,135.27
Jamestown Regional Medical Center	Fentress	yes	17,855	\$ 8,251,689.00	1.8163	\$ 14,987,542.73	\$ 839.40
Southern Tennessee Regional Health System-Sewanee	Franklin	yes	41,402	\$ 3,265,567.00	1.8163	\$ 5,931,249.34	\$ 143.26
Southern Tennessee Regional Health System-Winchester	Franklin	yes	41,402	\$ 22,258,305.00	1.8163	\$ 40,427,759.37	\$ 976.47
Milan General Hospital	Gibson	yes	49,472	\$ 4,477,162.00	1.8163	\$ 8,131,869.34	\$ 164.37
Southern Tennessee Regional Health System-Pulaski	Giles	yes	28,853	\$ 12,171,743.00	1.8163	\$ 22,107,536.81	\$ 766.21
Laughlin Memorial Hospital, Inc.	Greene	yes	68,335	\$ 31,270,086.00	1.8163	\$ 56,795,857.20	\$ 831.14
Takoma Regional Hospital	Greene	yes	68,335	\$ 34,409,164.00	1.8163	\$ 62,497,364.57	\$ 914.57
Tennova Healthcare-Lakeway Regional Hospital	Hamblen	no	63,036	\$ 14,624,856.00	1.8163	\$ 26,563,125.95	\$ 421.40
Morristown-Hamblen Healthcare System	Hamblen	no	63,036	\$ 33,053,095.00	1.8163	\$ 60,034,336.45	\$ 952.38
Erlanger North Hospital	Hamilton	no	351,220	\$ 4,747,019.00	1.8163	\$ 8,622,010.61	\$ 24.55
Kindred Hospital-Chattanooga	Hamilton	no	351,220	\$ 6,167,922.00	1.8163	\$ 11,202,796.73	\$ 31.90
Parkridge Valley Child & Adolescent Campus	Hamilton	no	351,220	\$ 6,642,705.00	1.8163	\$ 12,065,145.09	\$ 34.35
HealthSouth Chattanooga Rehabilitation Hospital	Hamilton	no	351,220	\$ 8,196,949.00	1.8163	\$ 14,888,118.47	\$ 42.39
Parkridge Valley Adult & Senior Campus	Hamilton	no	351,220	\$ 8,777,920.00	1.8163	\$ 15,943,336.10	\$ 45.39
Erlanger East	Hamilton	no	351,220	\$ 15,177,535.00	1.8163	\$ 27,566,956.82	\$ 78.49
Siskin Hospital for Physical Rehabilitation	Hamilton	no	351,220	\$ 16,719,498.00	1.8163	\$ 30,367,624.22	\$ 86.46
CHI Memorial Hospital-Hixson	Hamilton	no	351,220	\$ 23,668,530.00	1.8163	\$ 42,989,151.04	\$ 122.40
Moccasin Bend Mental Health Institute	Hamilton	no	351,220	\$ 24,413,422.00	1.8163	\$ 44,342,098.38	\$ 126.25
Parkridge East Hospital	Hamilton	no	351,220	\$ 26,233,289.00	1.8163	\$ 47,647,522.81	\$ 135.66
Parkridge Medical Center	Hamilton	no	351,220	\$ 58,079,827.00	1.8163	\$ 105,490,389.78	\$ 300.35
CHI Memorial Hospital-Chattanooga	Hamilton	no	351,220	\$ 147,882,867.00	1.8163	\$ 268,599,651.33	\$ 764.76
Erlanger Medical Center-Baroness Hospital	Hamilton	no	351,220	\$ 275,939,234.00	1.8163	\$ 501,188,430.71	\$ 1,426.99
Wellmont Hancock County Hospital	Hancock	yes	6,657	\$ 2,337,010.00	1.8163	\$ 4,244,711.26	\$ 637.63
Bolivar General Hospital, Inc.	Hardeman	yes	25,965	\$ 3,423,282.00	1.8163	\$ 6,217,707.10	\$ 239.46
Western Mental Health Institute	Hardeman	yes	25,965	\$ 26,489,161.00	1.8163	\$ 48,112,263.12	\$ 1,852.97
Hardin Medical Center	Hardin	yes	25,870	\$ 15,089,399.00	1.8163	\$ 27,406,875.40	\$ 1,059.41
Wellmont Hawkins County Memorial Hospital	Hawkins	no	56,735	\$ 8,390,000.00	1.8163	\$ 15,238,757.00	\$ 268.60
Henderson County Community Hospital	Henderson	yes	28,009	\$ 6,112,281.00	1.8163	\$ 11,101,735.98	\$ 396.36
Henry County Medical Center	Henry	yes	32,204	\$ 29,566,938.00	1.8163	\$ 53,702,429.49	\$ 1,667.57
Saint Thomas Hickman Hospital	Hickman	no	24,384	\$ 5,529,767.00	1.8163	\$ 10,043,715.80	\$ 411.90
Houston County Community Hospital	Houston	yes	8,267	\$ 3,195,952.00	1.8163	\$ 5,804,807.62	\$ 702.17
Three Rivers Hospital	Humphreys	yes	18,135	\$ 4,829,955.00	1.8163	\$ 8,772,647.27	\$ 483.74

Tennova Healthcare-Jefferson Memorial Hospital	Jefferson	no	52,677	\$ 13,586,895.00	1.8163	\$ 24,677,877.39	\$ 468.48
Johnson County Community Hospital	Johnson	yes	17,859	\$ 4,788,802.00	1.8163	\$ 8,697,901.07	\$ 487.03
Select Specialty Hospital-North Knoxville	Knox	no	448,644	\$ 5,803,901.00	1.8163	\$ 10,541,625.39	\$ 23.50
Select Specialty Hospital-Knoxville	Knox	no	448,644	\$ 5,871,421.00	1.8163	\$ 10,664,261.96	\$ 23.77
Tennova Healthcare-North Knoxville Medical Center	Knox	no	448,644	\$ 26,109,717.00	1.8163	\$ 47,423,078.99	\$ 105.70
Tennova Healthcare-Turkey Creek Medical Center	Knox	no	448,644	\$ 31,701,151.00	1.8163	\$ 57,578,800.56	\$ 128.34
Tennova Healthcare-Physicians Regional Medical Center	Knox	no	448,644	\$ 77,962,289.00	1.8163	\$ 141,602,905.51	\$ 315.62
Parkwest Medical Center	Knox	no	448,644	\$ 91,885,266.00	1.8163	\$ 166,891,208.64	\$ 371.99
Fort Sanders Regional Medical Center	Knox	no	448,644	\$ 100,143,174.00	1.8163	\$ 181,890,046.94	\$ 405.42
East Tennessee Children's Hospital	Knox	no	448,644	\$ 102,703,169.00	1.8163	\$ 186,539,765.85	\$ 415.79
University of Tennessee Medical Center	Knox	no	448,644	\$ 291,954,726.00	1.8163	\$ 530,277,368.83	\$ 1,181.96
Lauderdale Community Hospital	Lauderdale	yes	27,382	\$ 7,717,191.00	1.8163	\$ 14,016,734.01	\$ 511.90
Southern Tennessee Regional Health System-Lawrenceburg	Lawrence	yes	42,274	\$ 13,861,185.00	1.8163	\$ 25,176,070.32	\$ 595.55
Lincoln Medical Center	Lincoln	yes	33,637	\$ 13,069,012.00	1.8163	\$ 23,737,246.50	\$ 705.69
Fort Loudoun Medical Center	Loudon	no	50,771	\$ 12,911,475.00	1.8163	\$ 23,451,112.04	\$ 461.90
Macon County General Hospital	Macon	no	23,003	\$ 6,264,281.00	1.8163	\$ 11,377,813.58	\$ 494.62
Pathways of Tennessee, Inc.	Madison	no	98,178	\$ 12,460,679.00	1.8163	\$ 22,632,331.27	\$ 230.52
Tennova Healthcare-Regional Hospital of Jackson	Madison	no	98,178	\$ 30,048,926.00	1.8163	\$ 54,577,864.29	\$ 555.91
Jackson-Madison County General Hospital	Madison	no	98,178	\$ 250,488,120.00	1.8163	\$ 454,961,572.36	\$ 4,634.05
Parkridge West Hospital - closed inpatient services since 2014	Marion	no	28,407	\$ 9,225,929.00	1.8163	\$ 16,757,054.84	\$ 589.89
Marshall Medical Center	Marshall	yes	31,269	\$ 7,679,146.00	1.8163	\$ 13,947,632.88	\$ 446.05
Behavioral Health Care Center at Columbia	Maury	no	85,515	\$ 1,847,554.00	1.8163	\$ 3,355,712.33	\$ 39.24
Maury Regional Medical Center	Maury	no	85,515	\$ 113,011,305.00	1.8163	\$ 205,262,433.27	\$ 2,400.31
Starr Regional Medical Center-Etowah	McMinn	yes	52,626	\$ 4,434,033.00	1.8163	\$ 8,053,534.14	\$ 153.03
Starr Regional Medical Center-Athens	McMinn	yes	52,626	\$ 18,915,922.00	1.8163	\$ 34,356,989.13	\$ 652.85
Tennova Healthcare-McNairy Regional Hospital	McNairy	yes	26,267	\$ 7,246,332.00	1.8163	\$ 13,161,512.81	\$ 501.07
Sweetwater Hospital Association	Monroe	yes	45,233	\$ 20,966,839.00	1.8163	\$ 38,082,069.68	\$ 841.91
Behavioral Health Care Center at Clarksville	Montgomery	no	189,961	\$ 2,016,918.00	1.8163	\$ 3,663,328.16	\$ 19.28
Gateway Medical Center	Montgomery	no	189,961	\$ 55,114,667.00	1.8163	\$ 100,104,769.67	\$ 526.98
Baptist Memorial Hospital-Union City	Obion	yes	30,941	\$ 21,594,511.00	1.8163	\$ 39,222,110.33	\$ 1,267.64
Livingston Regional Hospital	Overton	yes	22,028	\$ 14,882,156.00	1.8163	\$ 27,030,459.94	\$ 1,227.10
Perry Community Hospital, LLC	Perry	yes	7,822	\$ 3,590,098.00	1.8163	\$ 6,520,695.00	\$ 833.64
Copper Basin Medical Center	Polk	no	16,730	\$ 4,906,338.00	1.8163	\$ 8,911,381.71	\$ 532.66
PremierCare Tennessee, Inc.	Putnam	yes	74,165	\$ 1,836,790.00	1.8163	\$ 3,336,161.68	\$ 44.98
Cookeville Regional Medical Center	Putnam	yes	74,165	\$ 108,806,999.00	1.8163	\$ 197,626,152.28	\$ 2,664.68
Rhea Medical Center	Rhea	yes	32,641	\$ 9,461,510.00	1.8163	\$ 17,184,940.61	\$ 526.48
Roane Medical Center	Roane	no	52,748	\$ 13,762,008.00	1.8163	\$ 24,995,935.13	\$ 473.87
NorthCrest Medical Center	Robertson	no	68,079	\$ 29,895,828.00	1.8163	\$ 54,299,792.40	\$ 797.60
TrustPoint Hospital	Rutherford	no	288,906	\$ 10,770,432.00	1.8163	\$ 19,562,335.64	\$ 67.71
TriStar StoneCrest Medical Center	Rutherford	no	288,906	\$ 32,949,092.00	1.8163	\$ 59,845,435.80	\$ 207.15
Saint Thomas Rutherford Hospital	Rutherford	no	288,906	\$ 67,569,390.00	1.8163	\$ 122,726,283.06	\$ 424.80
Pioneer Community Hospital of Scott	Scott	yes	21,987	\$ 8,961,432.00	1.8163	\$ 16,276,648.94	\$ 740.29

LeConte Medical Center	Sevier	yes	95,110	\$ 26,990,754.00	1.8163	\$ 49,023,306.49	\$ 515.44
Regional One Health Extended Care Hospital	Shelby	no	938,803	\$ 2,111,616.00	1.8163	\$ 3,835,328.14	\$ 4.09
Baptist Memorial Restorative Care Hospital	Shelby	no	938,803	\$ 6,342,485.00	1.8163	\$ 11,519,855.51	\$ 12.27
HealthSouth Rehabilitation Hospital North	Shelby	no	938,803	\$ 6,970,162.00	1.8163	\$ 12,659,905.24	\$ 13.49
Methodist Extended Care Hospital	Shelby	no	938,803	\$ 8,678,745.00	1.8163	\$ 15,763,204.54	\$ 16.79
Select Specialty Hospital-Memphis	Shelby	no	938,803	\$ 9,575,681.00	1.8163	\$ 17,392,309.40	\$ 18.53
HealthSouth Rehabilitation Hospital of Memphis	Shelby	no	938,803	\$ 10,239,575.00	1.8163	\$ 18,598,140.07	\$ 19.81
Memphis Mental Health Institute	Shelby	no	938,803	\$ 12,426,587.00	1.8163	\$ 22,570,409.97	\$ 24.04
Baptist Memorial Rehabilitation Hospital	Shelby	no	938,803	\$ 13,041,799.00	1.8163	\$ 23,687,819.52	\$ 25.23
Baptist Memorial Hospital-Collierville	Shelby	no	938,803	\$ 21,538,732.00	1.8163	\$ 39,120,798.93	\$ 41.67
Lakeside Behavioral Health System	Shelby	no	938,803	\$ 24,815,849.00	1.8163	\$ 45,073,026.54	\$ 48.01
Delta Medical Center	Shelby	no	938,803	\$ 26,989,147.00	1.8163	\$ 49,020,387.70	\$ 52.22
Baptist Memorial Hospital for Women	Shelby	no	938,803	\$ 38,680,448.00	1.8163	\$ 70,255,297.70	\$ 74.83
Saint Francis Hospital-Bartlett	Shelby	no	938,803	\$ 40,228,906.00	1.8163	\$ 73,067,761.97	\$ 77.83
Methodist South Hospital	Shelby	no	938,803	\$ 47,984,199.00	1.8163	\$ 87,153,700.64	\$ 92.83
Methodist North Hospital	Shelby	no	938,803	\$ 70,562,303.00	1.8163	\$ 128,162,310.94	\$ 136.52
Saint Francis Hospital	Shelby	no	938,803	\$ 97,707,843.00	1.8163	\$ 177,466,755.24	\$ 189.04
Methodist Le Bonheur Germantown Hospital	Shelby	no	938,803	\$ 105,575,283.00	1.8163	\$ 191,756,386.51	\$ 204.26
Le Bonheur Children's Hospital	Shelby	no	938,803	\$ 134,841,359.00	1.8163	\$ 244,912,360.35	\$ 260.88
Regional One Health	Shelby	no	938,803	\$ 157,427,490.00	1.8163	\$ 285,935,550.09	\$ 304.57
Methodist University Hospital	Shelby	no	938,803	\$ 182,565,487.00	1.8163	\$ 331,593,694.04	\$ 353.21
Baptist Memorial Hospital-Memphis	Shelby	no	938,803	\$ 196,930,370.00	1.8163	\$ 357,684,631.03	\$ 381.00
St. Jude Children's Research Hospital	Shelby	no	938,803	\$ 374,130,447.00	1.8163	\$ 679,533,130.89	\$ 723.83
Riverview Regional Medical Center	Smith	no	19,009	\$ 11,100,852.00	1.8163	\$ 20,162,477.49	\$ 1,060.68
HealthSouth Rehabilitation Hospital Kingsport	Sullivan	no	157,047	\$ 6,705,355.00	1.8163	\$ 12,178,936.29	\$ 77.55
Select Specialty Hospital-Tri-cities	Sullivan	no	157,047	\$ 6,789,995.00	1.8163	\$ 12,332,667.92	\$ 78.53
Indian Path Medical Center	Sullivan	no	172,706	\$ 37,072,857.00	1.8163	\$ 67,335,430.17	\$ 389.88
Wellmont Bristol Regional Medical Center	Sullivan	no	157,047	\$ 76,658,097.00	1.8163	\$ 139,234,101.58	\$ 886.58
Wellmont Holston Valley Medical Center	Sullivan	no	157,047	\$ 103,359,000.00	1.8163	\$ 187,730,951.70	\$ 1,195.38
TriStar Portland Medical Center	Sumner	no	172,706	\$ 2,109,579.00	1.8163	\$ 3,831,628.34	\$ 22.19
TriStar Hendersonville Medical Center	Sumner	no	172,706	\$ 35,215,863.00	1.8163	\$ 63,962,571.97	\$ 370.36
Sumner Regional Medical Center	Sumner	no	172,706	\$ 50,407,458.00	1.8163	\$ 91,555,065.97	\$ 530.12
Baptist Memorial Hospital-Tipton	Tipton	no	61,623	\$ 21,963,026.00	1.8163	\$ 39,891,444.12	\$ 647.35
Trousdale Medical Center	Trousdale	no	8,002	\$ 4,807,472.00	1.8163	\$ 8,731,811.39	\$ 1,091.20
Unicoi County Memorial Hospital, Inc.	Unicoi	no	17,963	\$ 6,887,318.00	1.8163	\$ 12,509,435.68	\$ 696.40
Saint Thomas River Park Hospital	Warren	yes	39,969	\$ 18,216,883.00	1.8163	\$ 33,087,324.59	\$ 827.82
Quillen Rehabilitation Hospital	Washington	no	126,242	\$ 4,235,847.00	1.8163	\$ 7,693,568.91	\$ 60.94
Woodridge Psychiatric Hospital	Washington	no	126,242	\$ 10,799,757.00	1.8163	\$ 19,615,598.64	\$ 155.38
Franklin Woods Community Hospital	Washington	no	126,242	\$ 23,337,727.00	1.8163	\$ 42,388,313.55	\$ 335.77
Johnson City Medical Center	Washington	no	126,242	\$ 146,144,142.00	1.8163	\$ 265,441,605.11	\$ 2,102.64
Wayne Medical Center	Wayne	yes	16,913	\$ 7,324,920.00	1.8163	\$ 13,304,252.20	\$ 786.63
Behavioral Healthcare Center at Martin	Weakley	yes	34,373	\$ 1,627,499.00	1.8163	\$ 2,956,026.43	\$ 86.00
HealthSouth Cane Creek Rehabilitation Hospital	Weakley	yes	34,373	\$ 5,351,462.00	1.8163	\$ 9,719,860.43	\$ 282.78
Tennova Healthcare-Volunteer Martin	Weakley	yes	34,373	\$ 10,633,727.00	1.8163	\$ 19,314,038.35	\$ 561.90

Saint Thomas Highlands Hospital	White	yes	26,301	\$ 9,714,902	1.8163	\$ 17,645,176.50	\$ 670.89
Rolling Hills Hospital	Williamson	no	205,226	\$ 10,867,742	1.8163	\$ 19,739,079.79	\$ 96.18
Williamson Medical Center	Williamson	no	205,226	\$ 84,200,813	1.8163	\$ 152,933,936.65	\$ 745.20
Tennova Healthcare-Lebanon McFarland Campus	Wilson	no	125,376	\$ 1,009,582	1.8163	\$ 1,833,703.79	\$ 14.63
Tennova Healthcare-Lebanon	Wilson	no	125,376	\$ 34,252,642	1.8163	\$ 62,213,073.66	\$ 496.21

Appendix E2

List of Tennessee Hospitals and their Expenditure Impact per Resident

Hospital Name	County	Rural?	# of County Residents	Expenditures generated by hospital	Multiplier (Expenditures)	Total Expenditure Impact	Impact per resident (Expenditures)
Ridgeview Psychiatric Hospital & Center, Inc.	Anderson	no	75,528	\$ 15,313,454.00	2.22	\$ 33,995,867.88	\$ 450.11
Methodist Medical Center of Oak Ridge	Anderson	no	75,528	\$ 159,737,774.00	2.22	\$ 354,617,858.28	\$ 4,695.18
Heritage Medical Center	Bedford	yes	46,627	\$ 30,227,232.00	2.22	\$ 67,104,455.04	\$ 1,439.18
Camden General Hospital	Benton	yes	16,145	\$ 7,919,868.00	2.22	\$ 17,582,106.96	\$ 1,089.01
Erlanger Bledsoe	Bledsoe	yes	13,931	\$ 9,339,894.00	2.22	\$ 20,734,564.68	\$ 1,488.38
Peninsula Hospital	Blount	no	126,339	\$ 29,380,507.00	2.22	\$ 65,224,725.54	\$ 516.27
Blount Memorial Hospital	Blount	no	126,339	\$ 215,198,430.00	2.22	\$ 477,740,514.60	\$ 3,781.42
Tennova Healthcare-Cleveland Westside	Bradley	no	102,975	\$ 14,416,377.00	2.22	\$ 32,004,356.94	\$ 310.80
Tennova Healthcare-Cleveland	Bradley	no	102,975	\$ 115,576,186.00	2.22	\$ 256,579,132.92	\$ 2,491.66
Jellico Community Hospital, Inc.	Campbell	no	39,918	\$ 25,405,451.00	2.22	\$ 56,400,101.22	\$ 1,412.90
Tennova Healthcare-LaFollette Medical Center	Campbell	no	39,918	\$ 53,845,488.00	2.22	\$ 119,536,983.36	\$ 2,994.56
Saint Thomas Stones River Hospital	Cannon	no	13,757	\$ 9,127,967.00	2.22	\$ 20,264,086.74	\$ 1,473.00
McKenzie Regional Hospital	Carroll	yes	28,370	\$ 11,410,850.00	2.22	\$ 25,332,087.00	\$ 892.92
Baptist Memorial Hospital-Huntingdon	Carroll	yes	28,370	\$ 12,528,367.00	2.22	\$ 27,812,974.74	\$ 980.37
Sycamore Shoals Hospital	Carter	no	56,886	\$ 40,591,270.00	2.22	\$ 90,112,619.40	\$ 1,584.09
TriStar Ashland City Medical Center	Cheatham	no	39,764	\$ 12,215,916.00	2.22	\$ 27,119,333.52	\$ 682.01
Claiborne Medical Center	Claiborne	yes	31,592	\$ 20,301,387.00	2.22	\$ 45,069,079.14	\$ 1,426.60
Cumberland River Hospital	Clay	yes	7,765	\$ 6,644,035.00	2.22	\$ 14,749,757.70	\$ 1,899.52
Tennova Healthcare-Newport Medical Center	Cocke	yes	35,374	\$ 30,632,433.00	2.22	\$ 68,004,001.26	\$ 1,922.43
Unity Medical Center	Coffee	yes	53,623	\$ 9,983,365.00	2.22	\$ 22,163,070.30	\$ 413.31
Medical Center of Manchester	Coffee	yes	53,623	\$ 9,537,854.00	2.22	\$ 21,174,035.88	\$ 394.87
Harton Regional Medical Center	Coffee	yes	53,623	\$ 83,487,607.00	2.22	\$ 185,342,487.54	\$ 3,456.40
Cumberland Medical Center	Cumberland	yes	57,985	\$ 100,764,692.00	2.22	\$ 223,697,616.24	\$ 3,857.85
Kindred Hospital-Nashville	Davidson	no	668,347	\$ 15,113,701.00	2.22	\$ 33,552,416.22	\$ 50.20
Saint Thomas Hospital for Specialty Surgery	Davidson	no	668,347	\$ 50,177,977.00	2.22	\$ 111,395,108.94	\$ 166.67
Vanderbilt Stallworth Rehabilitation	Davidson	no	668,347	\$ 22,518,347.00	2.22	\$ 49,990,730.34	\$ 74.80

Hospital							
Select Specialty Hospital-Nashville	Davidson	no	668,347	\$ 31,228,869.00	2.22	\$ 69,328,089.18	\$ 103.73
TriStar Skyline Madison Campus	Davidson	no	668,347	\$ 26,608,870.00	2.22	\$ 59,071,691.40	\$ 88.38
Middle Tennessee Mental Health Institute	Davidson	no	668,347	\$ 45,323,286.00	2.22	\$ 100,617,694.92	\$ 150.55
Nashville General Hospital	Davidson	no	668,347	\$ 99,221,593.00	2.22	\$ 220,271,936.46	\$ 329.58
TriStar Southern Hills Medical Center	Davidson	no	668,347	\$ 100,497,618.00	2.22	\$ 223,104,711.96	\$ 333.82
TriStar Summit Medical Center	Davidson	no	668,347	\$ 199,930,218.00	2.22	\$ 443,845,083.96	\$ 664.09
TriStar Skyline Medical Center	Davidson	no	668,347	\$ 205,037,885.00	2.22	\$ 455,184,104.70	\$ 681.06
Saint Thomas West Hospital	Davidson	no	668,347	\$ 455,132,363.00	2.22	\$ 1,010,393,845.86	\$ 1,511.78
Saint Thomas Midtown Hospital	Davidson	no	668,347	\$ 410,326,879.00	2.22	\$ 910,925,671.38	\$ 1,362.95
TriStar Centennial Medical Center	Davidson	no	668,347	\$606,669,854	2.22	\$ 1,346,807,075.88	\$ 2,015.13
Vanderbilt University Hospitals	Davidson	no	668,347	\$2,021,820,107	2.22	\$ 4,488,440,637.54	\$ 6,715.73
Decatur County General Hospital	Decatur	yes	11,666	\$8,328,159	2.22	\$ 18,488,512.98	\$ 1,584.82
Saint Thomas DeKalb Hospital	DeKalb	yes	19,268	\$ 14,751,144.00	2.22	\$ 32,747,539.68	\$ 1,699.58
TriStar Horizon Medical Center	Dickson	no	50,575	\$ 69,256,281.00	2.22	\$ 153,748,943.82	\$ 3,040.02
Tennova Healthcare-Dyersburg Regional Medical Center	Dyer	yes	37,935	\$61,700,689	2.22	\$ 136,975,529.58	\$ 3,610.80
Jamestown Regional Medical Center	Fentress	yes	17,855	\$ 17,785,585.00	2.22	\$ 39,483,998.70	\$ 2,211.37
Southern Tennessee Regional Health System-Sewanee	Franklin	yes	41,402	\$ 7,203,105.00	2.22	\$ 15,990,893.10	\$ 386.23
Southern Tennessee Regional Health System-Winchester	Franklin	yes	41,402	\$ 61,395,216.00	2.22	\$ 136,297,379.52	\$ 3,292.05
Milan General Hospital	Gibson	yes	49,472	\$ 9,388,164.00	2.22	\$ 20,841,724.08	\$ 421.28
Southern Tennessee Regional Health System-Pulaski	Giles	yes	28,853	\$ 33,579,864.00	2.22	\$ 74,547,298.08	\$ 2,583.69
Laughlin Memorial Hospital, Inc.	Greene	yes	68,335	\$63,804,275	2.22	\$ 141,645,490.50	\$ 2,072.81
Takoma Regional Hospital	Greene	yes	68,335	\$55,493,367	2.22	\$ 123,195,274.74	\$ 1,802.81
Tennova Healthcare-Lakeway Regional Hospital	Hamblen	no	63,036	\$ 35,139,459.00	2.22	\$ 78,009,598.98	\$ 1,237.54
Morristown-Hamblen Healthcare System	Hamblen	no	63,036	\$ 78,810,075.00	2.22	\$ 174,958,366.50	\$ 2,775.53
Erlanger North Hospital	Hamilton	no	351,220	\$32,003,962	2.22	\$ 71,048,795.64	\$ 202.29
Kindred Hospital-Chattanooga	Hamilton	no	351,220	\$ 15,150,563.00	2.22	\$ 33,634,249.86	\$ 95.76
Parkridge Valley Child & Adolescent Campus	Hamilton	no	351,220	\$15,302,039	2.22	\$ 33,970,526.58	\$ 96.72
HealthSouth Chattanooga Rehabilitation Hospital	Hamilton	no	351,220	\$16,502,533	2.22	\$ 36,635,623.26	\$ 104.31
Parkridge Valley Adult & Senior Campus	Hamilton	no	351,220	\$ 21,834,878.00	2.22	\$ 48,473,429.16	\$ 138.01
Erlanger East	Hamilton	no	351,220	\$ 32,003,962.00	2.22	\$ 71,048,795.64	\$ 202.29
Siskin Hospital for Physical Rehabilitation	Hamilton	no	351,220	\$ 31,589,333.00	2.22	\$ 70,128,319.26	\$ 199.67
CHI Memorial Hospital-Hixson	Hamilton	no	351,220	\$ 67,931,086.00	2.22	\$ 150,807,010.92	\$ 429.38
Moccasin Bend Mental Health Institute	Hamilton	no	351,220	\$ 32,555,577.00	2.22	\$ 72,273,380.94	\$ 205.78
Parkridge East Hospital	Hamilton	no	351,220	\$ 69,850,337.00	2.22	\$ 155,067,748.14	\$ 441.51
Parkridge Medical Center	Hamilton	no	351,220	\$ 188,043,362.00	2.22	\$ 417,456,263.64	\$ 1,188.59
CHI Memorial Hospital-Chattanooga	Hamilton	no	351,220	\$ 448,083,409.00	2.22	\$ 994,745,167.98	\$ 2,832.26

Erlanger Medical Center-Baroness Hospital	Hamilton	no	351,220	\$ 538,650,812.00	2.22	\$ 1,195,804,802.64	\$ 3,404.72
Wellmont Hancock County Hospital	Hancock	yes	6,657	\$ 5,662,480.00	2.22	\$ 12,570,705.60	\$ 1,888.34
Bolivar General Hospital, Inc.	Hardeman	yes	25,965	\$ 5,864,939.00	2.22	\$ 13,020,164.58	\$ 501.45
Western Mental Health Institute	Hardeman	yes	25,965	\$ 32,236,558.00	2.22	\$ 71,565,158.76	\$ 2,756.22
Hardin Medical Center	Hardin	yes	25,870	\$ 29,063,476.00	2.22	\$ 64,520,916.72	\$ 2,494.04
Wellmont Hawkins County Memorial Hospital	Hawkins	no	56,735	\$ 47,693,699.00	2.22	\$ 105,880,011.78	\$ 1,866.22
Henderson County Community Hospital	Henderson	yes	28,009	\$ 11,512,866.00	2.22	\$ 25,558,562.52	\$ 912.51
Henry County Medical Center	Henry	yes	32,204	\$ 63,352,064.00	2.22	\$ 140,641,582.08	\$ 4,367.21
Saint Thomas Hickman Hospital	Hickman	no	24,384	\$ 11,426,360.00	2.22	\$ 25,366,519.20	\$ 1,040.29
Houston County Community Hospital	Houston	yes	8,267	\$ 4,007,923.00	2.22	\$ 8,897,589.06	\$ 1,076.28
Three Rivers Hospital	Humphreys	yes	18,135	\$ 8,143,742.00	2.22	\$ 18,079,107.24	\$ 996.92
Tennova Healthcare-Jefferson Memorial Hospital	Jefferson	no	52,677	\$ 37,307,270.00	2.22	\$ 82,822,139.40	\$ 1,572.26
Johnson County Community Hospital	Johnson	yes	17,859	\$ 8,606,447.00	2.22	\$ 19,106,312.34	\$ 1,069.84
Select Specialty Hospital-North Knoxville	Knox	no	448,644	\$ 12,254,950.00	2.22	\$ 27,205,989.00	\$ 60.64
Select Specialty Hospital-Knoxville	Knox	no	448,644	\$ 12,887,190.00	2.22	\$ 28,609,561.80	\$ 63.77
Tennova Healthcare-North Knoxville Medical Center	Knox	no	448,644	\$80,231,867	2.22	\$ 178,114,744.74	\$ 397.01
Tennova Healthcare-Turkey Creek Medical Center	Knox	no	448,644	\$ 114,009,379.00	2.22	\$ 253,100,821.38	\$ 564.15
Tennova Healthcare-Physicians Regional Medical Center	Knox	no	448,644	\$ 221,323,733.00	2.22	\$ 491,338,687.26	\$ 1,095.16
Parkwest Medical Center	Knox	no	448,644	\$ 288,702,555.00	2.22	\$ 640,919,672.10	\$ 1,428.57
Fort Sanders Regional Medical Center	Knox	no	448,644	\$ 303,688,716.00	2.22	\$ 674,188,949.52	\$ 1,502.73
East Tennessee Children's Hospital	Knox	no	448,644	\$ 173,995,120.00	2.22	\$ 386,269,166.40	\$ 860.97
University of Tennessee Medical Center	Knox	no	448,644	\$ 708,551,711.00	2.22	\$ 1,572,984,798.42	\$ 3,506.09
Lauderdale Community Hospital	Lauderdale	yes	27,382	\$ 15,645,352.00	2.22	\$ 34,732,681.44	\$ 1,268.45
Southern Tennessee Regional Health System-Lawrenceburg	Lawrence	yes	42,274	\$ 37,726,344.00	2.22	\$ 83,752,483.68	\$ 1,981.18
Lincoln Medical Center	Lincoln	yes	33,637	\$ 25,170,606.00	2.22	\$ 55,878,745.32	\$ 1,661.23
Fort Loudoun Medical Center	Loudon	no	50,771	\$ 29,136,647.00	2.22	\$ 64,683,356.34	\$ 1,274.02
Macon County General Hospital	Macon	no	23,003	\$ 11,271,049.00	2.22	\$ 25,021,728.78	\$ 1,087.76
Pathways of Tennessee, Inc.	Madison	no	98,178	\$ 17,504,732.00	2.22	\$ 38,860,505.04	\$ 395.82
Tennova Healthcare-Regional Hospital of Jackson	Madison	no	98,178	\$ 81,800,415.00	2.22	\$ 181,596,921.30	\$ 1,849.67
Jackson-Madison County General Hospital	Madison	no	98,178	\$ 564,431,278.00	2.22	\$ 1,253,037,437.16	\$ 12,762.91
Parkridge West Hospital - closed inpatient services since 2014	Marion	no	28,407	\$ 18,802,055.00	2.22	\$ 41,740,562.10	\$ 1,469.38
Marshall Medical Center	Marshall	yes	31,269	\$ 15,091,588.00	2.22	\$ 33,503,325.36	\$ 1,071.45
Behavioral Health Care Center at Columbia	Maury	no	85,515	\$ 3,587,199.00	2.22	\$ 7,963,581.78	\$ 93.12
Maury Regional Medical Center	Maury	no	85,515	\$ 237,522,017.00	2.22	\$ 527,298,877.74	\$ 6,166.16

Starr Regional Medical Center-Etowah	McMinn	yes	52,626	\$ 12,004,478.00	2.22	\$ 26,649,941.16	\$ 506.40
Starr Regional Medical Center-Athens	McMinn	yes	52,626	\$ 51,592,135.00	2.22	\$ 114,534,539.70	\$ 2,176.39
Tennova Healthcare-McNairy Regional Hospital	McNairy	yes	26,267	\$ 14,265,481.00	2.22	\$ 31,669,367.82	\$ 1,205.67
Sweetwater Hospital Association	Monroe	yes	45,233	\$ 42,835,909.00	2.22	\$ 95,095,717.98	\$ 2,102.35
Behavioral Health Care Center at Clarksville	Montgomery	no	189,961	\$ 4,151,904.00	2.22	\$ 9,217,226.88	\$ 48.52
Gateway Medical Center	Montgomery	no	189,961	\$ 129,421,345.00	2.22	\$ 287,315,385.90	\$ 1,512.50
Baptist Memorial Hospital-Union City	Obion	yes	30,941	\$ 40,063,200.00	2.22	\$ 88,940,304.00	\$ 2,874.51
Livingston Regional Hospital	Overton	yes	22,028	\$ 31,950,760.00	2.22	\$ 70,930,687.20	\$ 3,220.02
Perry Community Hospital, LLC	Perry	yes	7,822	\$ 7,061,549.00	2.22	\$ 15,676,638.78	\$ 2,004.17
Copper Basin Medical Center	Polk	no	16,730	\$ 15,183,114.00	2.22	\$ 33,706,513.08	\$ 2,014.73
PremierCare Tennessee, Inc.	Putnam	yes	74,165	\$ 3,138,309.00	2.22	\$ 6,967,045.98	\$ 93.94
Cookeville Regional Medical Center	Putnam	yes	74,165	\$ 217,618,435.00	2.22	\$ 483,112,925.70	\$ 6,514.03
Rhea Medical Center	Rhea	yes	32,641	\$ 18,473,039.00	2.22	\$ 41,010,146.58	\$ 1,256.40
Roane Medical Center	Roane	no	52,748	\$ 31,292,898.00	2.22	\$ 69,470,233.56	\$ 1,317.02
NorthCrest Medical Center	Robertson	no	68,079	\$ 79,767,326.00	2.22	\$ 177,083,463.72	\$ 2,601.15
TrustPoint Hospital	Rutherford	no	288,906	\$ 20,646,070.00	2.22	\$ 45,834,275.40	\$ 158.65
TriStar StoneCrest Medical Center	Rutherford	no	288,906	\$ 110,580,889.00	2.22	\$ 245,489,573.58	\$ 849.72
Saint Thomas Rutherford Hospital	Rutherford	no	288,906	\$ 247,475,643.00	2.22	\$ 549,395,927.46	\$ 1,901.64
Pioneer Community Hospital of Scott	Scott	yes	21,987	\$ 15,813,017.00	2.22	\$ 35,104,897.74	\$ 1,596.62
LeConte Medical Center	Sevier	yes	95,110	\$ 71,497,570.00	2.22	\$ 158,724,605.40	\$ 1,668.85
Regional One Health Extended Care Hospital	Shelby	no	938,803	\$ 1,274,577.00	2.22	\$ 2,829,560.94	\$ 3.01
Baptist Memorial Restorative Care Hospital	Shelby	no	938,803	\$ 116,957,207.00	2.22	\$ 259,644,999.54	\$ 276.57
HealthSouth Rehabilitation Hospital North	Shelby	no	938,803	\$ 18,392,289.00	2.22	\$ 40,830,881.58	\$ 43.49
Methodist Extended Care Hospital	Shelby	no	938,803	\$ 16,415,624.00	2.22	\$ 36,442,685.28	\$ 38.82
Select Specialty Hospital-Memphis	Shelby	no	938,803	\$ 20,688,091.00	2.22	\$ 45,927,562.02	\$ 48.92
HealthSouth Rehabilitation Hospital of Memphis	Shelby	no	938,803	\$ 22,578,133.00	2.22	\$ 50,123,455.26	\$ 53.39
Memphis Mental Health Institute	Shelby	no	938,803	\$ 17,979,994.00	2.22	\$ 39,915,586.68	\$ 42.52
Baptist Memorial Rehabilitation Hospital	Shelby	no	938,803	\$ 12,081,147.00	2.22	\$ 26,820,146.34	\$ 28.57
Baptist Memorial Hospital-Collierville	Shelby	no	938,803	\$ 44,517,400.00	2.22	\$ 98,828,628.00	\$ 105.27
Lakeside Behavioral Health System	Shelby	no	938,803	\$ 60,033,950.00	2.22	\$ 133,275,369.00	\$ 141.96
Delta Medical Center	Shelby	no	938,803	\$ 49,578,489.00	2.22	\$ 110,064,245.58	\$ 117.24
Baptist Memorial Hospital for Women	Shelby	no	938,803	\$ 81,819,556.00	2.22	\$ 181,639,414.32	\$ 193.48
Saint Francis Hospital-Bartlett	Shelby	no	938,803	\$ 131,138,633.00	2.22	\$ 291,127,765.26	\$ 310.11
Methodist South Hospital	Shelby	no	938,803	\$ 100,174,168.00	2.22	\$ 222,386,652.96	\$ 236.88
Methodist North Hospital	Shelby	no	938,803	\$ 153,158,589.00	2.22	\$ 340,012,067.58	\$ 362.18
Saint Francis Hospital	Shelby	no	938,803	\$ 305,178,038.00	2.22	\$ 677,495,244.36	\$ 721.66
Methodist Le Bonheur Germantown Hospital	Shelby	no	938,803	\$ 310,632,731.00	2.22	\$ 689,604,662.82	\$ 734.56
Le Bonheur Children's Hospital	Shelby	no	938,803	\$ 392,912,714.00	2.22	\$ 872,266,225.08	\$ 929.13

Regional One Health	Shelby	no	938,803	\$ 359,794,055.00	2.22	\$ 798,742,802.10	\$ 850.81
Methodist University Hospital	Shelby	no	938,803	\$ 577,828,799.00	2.22	\$ 1,282,779,933.78	\$ 1,366.40
Baptist Memorial Hospital-Memphis	Shelby	no	938,803	\$ 483,467,780.00	2.22	\$ 1,073,298,471.60	\$ 1,143.26
St. Jude Children's Research Hospital	Shelby	no	938,803	\$ 742,171,783.00	2.22	\$ 1,647,621,358.26	\$ 1,755.02
Riverview Regional Medical Center	Smith	no	19,009	\$ 25,569,720.00	2.22	\$ 56,764,778.40	\$ 2,986.21
HealthSouth Rehabilitation Hospital Kingsport	Sullivan	no	157,047	\$ 12,518,909.00	2.22	\$ 27,791,977.98	\$ 176.97
Select Specialty Hospital-Tri-cities	Sullivan	no	157,047	\$ 15,985,064.00	2.22	\$ 35,486,842.08	\$ 225.96
Indian Path Medical Center	Sullivan	no	172,706	\$ 89,816,000.00	2.22	\$ 199,391,520.00	\$ 1,154.51
Wellmont Bristol Regional Medical Center	Sullivan	no	157,047	\$244,349,001	2.22	\$ 542,454,782.22	\$ 3,454.09
Wellmont Holston Valley Medical Center	Sullivan	no	157,047	\$ 294,028,001.00	2.22	\$ 652,742,162.22	\$ 4,156.35
TriStar Portland Medical Center	Sumner	no	172,706	\$ 6,797,632.00	2.22	\$ 15,090,743.04	\$ 87.38
TriStar Hendersonville Medical Center	Sumner	no	172,706	\$ 105,605,775.00	2.22	\$ 234,444,820.50	\$ 1,357.48
Sumner Regional Medical Center	Sumner	no	172,706	\$ 138,943,594.00	2.22	\$ 308,454,778.68	\$ 1,786.01
Baptist Memorial Hospital-Tipton	Tipton	no	61,623	\$ 68,101,409.00	2.22	\$ 151,185,127.98	\$ 2,453.39
Trousdale Medical Center	Trousdale	no	8,002	\$ 12,509,263.00	2.22	\$ 27,770,563.86	\$ 3,470.45
Unicoi County Memorial Hospital, Inc.	Unicoi	no	17,963	\$ 16,036,258.00	2.22	\$ 35,600,492.76	\$ 1,981.88
Saint Thomas River Park Hospital	Warren	yes	39,969	\$ 51,835,418.00	2.22	\$ 115,074,627.96	\$ 2,879.10
Quillen Rehabilitation Hospital	Washington	no	126,242	\$ 8,974,820.00	2.22	\$ 19,924,100.40	\$ 157.82
Woodridge Psychiatric Hospital	Washington	no	126,242	\$ 17,628,539.00	2.22	\$ 39,135,356.58	\$ 310.00
Franklin Woods Community Hospital	Washington	no	126,242	\$ 66,414,047.00	2.22	\$ 147,439,184.34	\$ 1,167.91
Johnson City Medical Center	Washington	no	126,242	\$ 397,104,819.00	2.22	\$ 881,572,698.18	\$ 6,983.20
Wayne Medical Center	Wayne	yes	16,913	\$ 11,943,885.00	2.22	\$ 26,515,424.70	\$ 1,567.75
Behavioral Healthcare Center at Martin	Weakley	yes	34,373	\$ 4,100,881.00	2.22	\$ 9,103,955.82	\$ 264.86
HealthSouth Cane Creek Rehabilitation Hospital	Weakley	yes	34,373	\$ 12,218,696.00	2.22	\$ 27,125,505.12	\$ 789.15
Tennova Healthcare-Volunteer Martin	Weakley	yes	34,373	\$ 22,528,129.00	2.22	\$ 50,012,446.38	\$ 1,454.99
Saint Thomas Highlands Hospital	White	yes	26,301	\$ 25,987,101.00	2.22	\$ 57,691,364.22	\$ 2,193.50
Rolling Hills Hospital	Williamson	no	205,226	\$ 20,728,036.00	2.22	\$ 46,016,239.92	\$ 224.22
Williamson Medical Center	Williamson	no	205,226	\$ 17,811,648.00	2.22	\$ 39,541,858.56	\$ 192.67
Tennova Healthcare-Lebanon McFarland Campus	Wilson	no	125,376	\$ 6,683,006.00	2.22	\$ 14,836,273.32	\$ 118.33
Tennova Healthcare-Lebanon	Wilson	no	125,376	\$ 84,267,266.00	2.22	\$ 187,073,330.52	\$ 1,492.10

Appendix E3

List of Tennessee Hospitals and their Employment Impact per Resident

Hospital Name	County	Rural?	# of County Residents	# of Jobs at Hospital	Multiplier (Employment)	Total Employment Impact	Impact per resident (Employment)
Ridgeview Psychiatric Hospital & Center, Inc.	Anderson	no	75,528	207.00	2.16	447.12	0.00591992

Methodist Medical Center of Oak Ridge	Anderson	no	75,528	808.90	2.16	1,747.22	0.02313346
Heritage Medical Center	Bedford	yes	46,627	216.30	2.16	467.21	0.01002012
Camden General Hospital	Benton	yes	16,145	60.70	2.16	131.11	0.0081209
Erlanger Bledsoe	Bledsoe	yes	13,931	82.90	2.16	179.06	0.01285364
Peninsula Hospital	Blount	no	126,339	267.60	2.16	578.02	0.00457512
Blount Memorial Hospital	Blount	no	126,339	1,950.90	2.16	4,213.94	0.03335426
Tennova Healthcare-Cleveland Westside	Bradley	no	102,975	62.00	2.16	133.92	0.00130051
Tennova Healthcare-Cleveland	Bradley	no	102,975	767.00	2.16	1,656.72	0.01608857
Jellico Community Hospital, Inc.	Campbell	no	39,918	180.90	2.16	390.74	0.00978867
Tennova Healthcare-LaFollette Medical Center	Campbell	no	39,918	316.20	2.16	682.99	0.01710988
Saint Thomas Stones River Hospital	Cannon	no	13,757	77.00	2.16	166.32	0.01208985
McKenzie Regional Hospital	Carroll	yes	28,370	102.90	2.16	222.26	0.00783447
Baptist Memorial Hospital-Huntingdon	Carroll	yes	28,370	140.40	2.16	303.26	0.0106896
Sycamore Shoals Hospital	Carter	no	56,886	351.40	2.16	759.02	0.0133429
TriStar Ashland City Medical Center	Cheatham	no	39,764	45.10	2.16	97.42	0.00244985
Claiborne Medical Center	Claiborne	yes	31,592	307.50	2.16	664.20	0.02102431
Cumberland River Hospital	Clay	yes	7,765	135.10	2.16	291.82	0.03758094
Tennova Healthcare-Newport Medical Center	Cocke	yes	35,374	230.20	2.16	497.23	0.01405643
Unity Medical Center	Coffee	yes	53,623	98.80	2.16	213.41	0.00397978
Medical Center of Manchester	Coffee	yes	53,623	129.50	2.16	279.72	0.00521642
Harton Regional Medical Center	Coffee	yes	53,623	432.10	2.16	933.34	0.01740552
Cumberland Medical Center	Cumberland	yes	57,985	838.70	2.16	1,811.59	0.03124242
Kindred Hospital-Nashville	Davidson	no	668,347	84.50	2.16	182.52	0.00027309
Saint Thomas Hospital for Specialty Surgery	Davidson	no	668,347	108.50	2.16	234.36	0.00035066
Vanderbilt Stallworth Rehabilitation Hospital	Davidson	no	668,347	181.90	2.16	392.90	0.00058787
Select Specialty Hospital-Nashville	Davidson	no	668,347	192.00	2.16	414.72	0.00062052
TriStar Skyline Madison Campus	Davidson	no	668,347	206.80	2.16	446.69	0.00066835
Middle Tennessee Mental Health Institute	Davidson	no	668,347	563.00	2.16	1,216.08	0.00181953
Nashville General Hospital	Davidson	no	668,347	Not reported	2.16	Not reported	Not reported
TriStar Southern Hills Medical Center	Davidson	no	668,347	361.00	2.16	779.76	0.0011667
TriStar Summit Medical Center	Davidson	no	668,347	741.70	2.16	1,602.07	0.00239707
TriStar Skyline Medical Center	Davidson	no	668,347	814.90	2.16	1,760.18	0.00263364
Saint Thomas West Hospital	Davidson	no	668,347	1,198.10	2.16	2,587.90	0.00387208
Saint Thomas Midtown Hospital	Davidson	no	668,347	1,240.00	2.16	2,678.40	0.0040075
TriStar Centennial Medical Center	Davidson	no	668,347	2,033.50	2.16	4,392.36	0.00657198
Vanderbilt University Hospitals	Davidson	no	668,347	11,171.20	2.16	24,129.79	0.03610369
Decatur County General Hospital	Decatur	yes	11,666	99.40	2.16	214.70	0.01840425
Saint Thomas DeKalb Hospital	DeKalb	yes	19,268	114.00	2.16	246.24	0.01277974
TriStar Horizon Medical Center	Dickson	no	50,575	427.00	2.16	922.32	0.01823668
Tennova Healthcare-Dyersburg Regional Medical Center	Dyer	yes	37,935	424.00	2.16	915.84	0.02414235
Jamestown Regional Medical Center	Fentress	yes	17,855	132.00	2.16	285.12	0.01596864
Southern Tennessee Regional Health System-Sewanee	Franklin	yes	41,402	58.00	2.16	125.28	0.00302594
Southern Tennessee Regional Health System-Winchester	Franklin	yes	41,402	466.00	2.16	1,006.56	0.02431187
Milan General Hospital	Gibson	yes	49,472	70.70	2.16	152.71	0.00308684

Southern Tennessee Regional Health System-Pulaski	Giles	yes	28,853	189.00	2.16	408.24	0.01414896
Laughlin Memorial Hospital, Inc.	Greene	yes	68,335	561.30	2.16	1,212.41	0.01774212
Takoma Regional Hospital	Greene	yes	68,335	462.00	2.16	997.92	0.01460335
Tennova Healthcare-Lakeway Regional Hospital	Hamblen	no	63,036	216.70	2.16	468.07	0.00742547
Morristown-Hamblen Healthcare System	Hamblen	no	63,036	470.90	2.16	1,017.14	0.01613592
Erlanger North Hospital	Hamilton	no	351,220	215.10	2.16	464.62	0.00132286
Kindred Hospital-Chattanooga	Hamilton	no	351,220	108.80	2.16	235.01	0.00066912
Parkridge Valley Child & Adolescent Campus	Hamilton	no	351,220	112.90	2.16	243.86	0.00069433
HealthSouth Chattanooga Rehabilitation Hospital	Hamilton	no	351,220	126.00	2.16	272.16	0.0007749
Parkridge Valley Adult & Senior Campus	Hamilton	no	351,220	156.80	2.16	338.69	0.00096432
Erlanger East	Hamilton	no	351,220	215.10	2.16	464.62	0.00132286
Siskin Hospital for Physical Rehabilitation	Hamilton	no	351,220	269.00	2.16	581.04	0.00165435
CHI Memorial Hospital-Hixson	Hamilton	no	351,220	335.20	2.16	724.03	0.00206148
Moccasin Bend Mental Health Institute	Hamilton	no	351,220	440.00	2.16	950.40	0.002706
Parkridge East Hospital	Hamilton	no	351,220	362.80	2.16	783.65	0.00223122
Parkridge Medical Center	Hamilton	no	351,220	783.10	2.16	1,691.50	0.00481606
CHI Memorial Hospital-Chattanooga	Hamilton	no	351,220	2,069.10	2.16	4,469.26	0.01272495
Erlanger Medical Center-Baroness Hospital	Hamilton	no	351,220	3,227.70	2.16	6,971.83	0.01985033
Wellmont Hancock County Hospital	Hancock	yes	6,657	37.00	2.16	79.92	0.01200541
Bolivar General Hospital, Inc.	Hardeman	yes	25,965	57.90	2.16	125.06	0.00481664
Western Mental Health Institute	Hardeman	yes	25,965	457.00	2.16	987.12	0.03801733
Hardin Medical Center	Hardin	yes	25,870	290.50	2.16	627.48	0.02425512
Wellmont Hawkins County Memorial Hospital	Hawkins	no	56,735	155.20	2.16	335.23	0.00590873
Henderson County Community Hospital	Henderson	yes	28,009	111.80	2.16	241.49	0.0086218
Henry County Medical Center	Henry	yes	32,204	530.60	2.16	1,146.10	0.03558862
Saint Thomas Hickman Hospital	Hickman	no	24,384	50.00	2.16	108.00	0.00442913
Houston County Community Hospital	Houston	yes	8,267	67.00	2.16	144.72	0.01750575
Three Rivers Hospital	Humphreys	yes	18,135	93.00	2.16	200.88	0.01107692
Tennova Healthcare-Jefferson Memorial Hospital	Jefferson	no	52,677	179.50	2.16	387.72	0.00736033
Johnson County Community Hospital	Johnson	yes	17,859	74.60	2.16	161.14	0.00902268
Select Specialty Hospital-North Knoxville	Knox	no	448,644	86.60	2.16	187.06	0.00041694
Select Specialty Hospital-Knoxville	Knox	no	448,644	88.40	2.16	190.94	0.0004256
Tennova Healthcare-North Knoxville Medical Center	Knox	no	448,644	388.00	2.16	838.08	0.00186803
Tennova Healthcare-Turkey Creek Medical Center	Knox	no	448,644	556.80	2.16	1,202.69	0.00268072
Tennova Healthcare-Physicians Regional Medical Center	Knox	no	448,644	1,052.90	2.16	2,274.26	0.0050692
Parkwest Medical Center	Knox	no	448,644	1,204.70	2.16	2,602.15	0.00580004
Fort Sanders Regional Medical Center	Knox	no	448,644	1,370.10	2.16	2,959.42	0.00659636
East Tennessee Children's Hospital	Knox	no	448,644	1,399.30	2.16	3,022.49	0.00673694
University of Tennessee Medical Center	Knox	no	448,644	3,403.70	2.16	7,351.99	0.01638714
Lauderdale Community Hospital	Lauderdale	yes	27,382	119.50	2.16	258.12	0.00942663
Southern Tennessee Regional Health System-Lawrenceburg	Lawrence	yes	42,274	228.00	2.16	492.48	0.01164971
Lincoln Medical Center	Lincoln	yes	33,637	287.80	2.16	621.65	0.01848108
Fort Loudoun Medical Center	Loudon	no	50,771	158.90	2.16	343.22	0.00676024
Macon County General Hospital	Macon	no	23,003	127.90	2.16	276.26	0.01200991

Pathways of Tennessee, Inc.	Madison	no	98,178	233.10	2.16	503.50	0.0051284
Tennova Healthcare-Regional Hospital of Jackson	Madison	no	98,178	449.90	2.16	971.78	0.00989818
Jackson-Madison County General Hospital	Madison	no	98,178	3,923.70	2.16	8,475.19	0.08632476
Parkridge West Hospital (closed inpatient services since 2014)	Marion	no	28,407	144.20	2.16	311.47	0.01096462
Marshall Medical Center	Marshall	yes	31,269	123.90	2.16	267.62	0.00855876
Behavioral Health Care Center at Columbia	Mauzy	no	85,515	45.00	2.16	97.20	0.00113664
Mauzy Regional Medical Center	Mauzy	no	85,515	1,589.80	2.16	3,433.97	0.04015632
Starr Regional Medical Center-Etowah	McMinn	yes	52,626	104.00	2.16	224.64	0.00426861
Starr Regional Medical Center-Athens	McMinn	yes	52,626	268.00	2.16	578.88	0.01099989
Tennova Healthcare-McNairy Regional Hospital	McNairy	yes	26,267	135.90	2.16	293.54	0.01117539
Sweetwater Hospital Association	Monroe	yes	45,233	471.40	2.16	1,018.22	0.02251064
Behavioral Health Care Center at Clarksville	Montgomery	no	189,961	48.00	2.16	103.68	0.0005458
Gateway Medical Center	Montgomery	no	189,961	886.50	2.16	1,914.84	0.01008017
Baptist Memorial Hospital-Union City	Obion	yes	30,941	328.30	2.16	709.13	0.02291872
Livingston Regional Hospital	Overton	yes	22,028	225.00	2.16	486.00	0.02206283
Perry Community Hospital, LLC	Perry	yes	7,822	106.00	2.16	228.96	0.02927129
Copper Basin Medical Center	Polk	no	16,730	127.00	2.16	274.32	0.01639689
PremierCare Tennessee, Inc.	Putnam	yes	74,165	33.50	2.16	72.36	0.00097566
Cookeville Regional Medical Center	Putnam	yes	74,165	1,644.00	2.16	3,551.04	0.04788027
Rhea Medical Center	Rhea	yes	32,641	169.80	2.16	366.77	0.01123642
Roane Medical Center	Roane	no	52,748	187.20	2.16	404.35	0.00766573
NorthCrest Medical Center	Robertson	no	68,079	535.00	2.16	1,155.60	0.0169744
TrustPoint Hospital	Rutherford	no	288,906	180.80	2.16	390.53	0.00135175
TriStar StoneCrest Medical Center	Rutherford	no	288,906	459.60	2.16	992.74	0.00343619
Saint Thomas Rutherford Hospital	Rutherford	no	288,906	788.30	2.16	1,702.73	0.00589371
Pioneer Community Hospital of Scott	Scott	yes	21,987	151.00	2.16	326.16	0.01483422
LeConte Medical Center	Sevier	yes	95,110	414.10	2.16	894.46	0.00940444
Regional One Health Extended Care Hospital	Shelby	no	938,803	44.00	2.16	95.04	0.00010124
Baptist Memorial Restorative Care Hospital	Shelby	no	938,803	80.00	2.16	172.80	0.00018406
HealthSouth Rehabilitation Hospital North	Shelby	no	938,803	116.30	2.16	251.21	0.00026758
Methodist Extended Care Hospital	Shelby	no	938,803	132.00	2.16	285.12	0.00030371
Select Specialty Hospital-Memphis	Shelby	no	938,803	101.00	2.16	218.16	0.00023238
HealthSouth Rehabilitation Hospital of Memphis	Shelby	no	938,803	151.00	2.16	326.16	0.00034742
Memphis Mental Health Institute	Shelby	no	938,803	168.00	2.16	362.88	0.00038653
Baptist Memorial Rehabilitation Hospital	Shelby	no	938,803	168.40	2.16	363.74	0.00038746
Baptist Memorial Hospital-Collierville	Shelby	no	938,803	279.10	2.16	602.86	0.00064215
Lakeside Behavioral Health System	Shelby	no	938,803	426.40	2.16	921.02	0.00098106
Delta Medical Center	Shelby	no	938,803	467.70	2.16	1,010.23	0.00107609
Baptist Memorial Hospital for Women	Shelby	no	938,803	505.40	2.16	1,091.66	0.00116283
Saint Francis Hospital-Bartlett	Shelby	no	938,803	455.70	2.16	984.31	0.00104848
Methodist South Hospital	Shelby	no	938,803	703.00	2.16	1,518.48	0.00161746
Methodist North Hospital	Shelby	no	938,803	1,030.00	2.16	2,224.80	0.00236983
Saint Francis Hospital	Shelby	no	938,803	1,202.00	2.16	2,596.32	0.00276556
Methodist Le Bonheur Germantown Hospital	Shelby	no	938,803	1,542.00	2.16	3,330.72	0.00354784

Le Bonheur Children's Hospital	Shelby	no	938,803	1,909.00	2.16	4,123.44	0.00439223
Regional One Health	Shelby	no	938,803	2,311.10	2.16	4,991.98	0.00531738
Methodist University Hospital	Shelby	no	938,803	2,212.00	2.16	4,777.92	0.00508937
Baptist Memorial Hospital-Memphis	Shelby	no	938,803	2,706.00	2.16	5,844.96	0.00622597
St. Jude Children's Research Hospital	Shelby	no	938,803	1,087.80	2.16	2,349.65	0.00250281
Riverview Regional Medical Center	Smith	no	19,009	142.90	2.16	308.66	0.01623778
HealthSouth Rehabilitation Hospital Kingsport	Sullivan	no	157,047	101.00	2.16	218.16	0.00138914
Select Specialty Hospital-Tri-cities	Sullivan	no	157,047	93.00	2.16	200.88	0.00127911
Indian Path Medical Center	Sullivan	no	172,706	634.70	2.16	1,370.95	0.00793807
Wellmont Bristol Regional Medical Center	Sullivan	no	157,047	1,548.20	2.16	3,344.11	0.0212937
Wellmont Holston Valley Medical Center	Sullivan	no	157,047	1,672.50	2.16	3,612.60	0.0230033
TriStar Portland Medical Center	Sumner	no	172,706	28.50	2.16	61.56	0.00035644
TriStar Hendersonville Medical Center	Sumner	no	172,706	396.60	2.16	856.66	0.0049602
Sumner Regional Medical Center	Sumner	no	172,706	696.00	2.16	1,503.36	0.00870474
Baptist Memorial Hospital-Tipton	Tipton	no	61,623	291.30	2.16	629.21	0.0102106
Trousdale Medical Center	Trousdale	no	8,002	55.00	2.16	118.80	0.01484629
Unicoi County Memorial Hospital, Inc.	Unicoi	no	17,963	130.30	2.16	281.45	0.01566821
Saint Thomas River Park Hospital	Warren	yes	39,969	461.00	2.16	995.76	0.02491331
Quillen Rehabilitation Hospital	Washington	no	126,242	67.80	2.16	146.45	0.00116006
Woodridge Psychiatric Hospital	Washington	no	126,242	209.30	2.16	452.09	0.00358112
Franklin Woods Community Hospital	Washington	no	126,242	380.20	2.16	821.23	0.00650522
Johnson City Medical Center	Washington	no	126,242	2,412.20	2.16	5,210.35	0.04127273
Wayne Medical Center	Wayne	yes	16,913	114.80	2.16	247.97	0.01466138
Behavioral Healthcare Center at Martin	Weakley	yes	34,373	34.00	2.16	73.44	0.00213656
HealthSouth Cane Creek Rehabilitation Hospital	Weakley	yes	34,373	94.50	2.16	204.12	0.00593838
Tennova Healthcare-Volunteer Martin	Weakley	yes	34,373	160.60	2.16	346.90	0.01009211
Saint Thomas Highlands Hospital	White	yes	26,301	151.10	2.16	326.38	0.01240926
Rolling Hills Hospital	Williamson	no	205,226	160.30	2.16	346.25	0.00168715
Williamson Medical Center	Williamson	no	205,226	1,034.90	2.16	2,235.38	0.0108923
Tennova Healthcare-Lebanon McFarland Campus	Wilson	no	125,376	49.30	2.16	106.49	0.00084935
Tennova Healthcare-Lebanon	Wilson	no	125,376	518.50	2.16	1,119.96	0.00893281

Note: the following hospitals were excluded from the analysis, as no Joint Annual Reports were filed in 2014 on their behalf:

1. VA Tennessee Valley Healthcare System (Davidson County)
2. Blanchfield Army Community Hospital (Rutherford County)
3. Alvin C. York Campus (Montgomery County)
4. Department of Veteran Affairs Medical Center (Shelby County)
5. James H. Quillen Veteran Affairs Medical Center (Washington County)
6. HealthSouth Rehabilitation Hospital – Franklin (Williamson County)

Appendix F

List of Tennessee Hospitals, accompanied by their Rural, At-Risk, and Sole-County Hospital Classifications

Hospital Name	County	Is the facility the sole county hospital?	Is the facility within a rural county?	Is the facility at-risk?
Ridgeview Psychiatric Hospital & Center, Inc.	Anderson	no	no	no
Methodist Medical Center of Oak Ridge	Anderson	no	no	yes
Heritage Medical Center	Bedford	yes	yes	yes
Camden General Hospital	Benton	yes	yes	no
Erlanger Bledsoe	Bledsoe	yes	yes	yes
Peninsula Hospital	Blount	no	no	no
Blount Memorial Hospital	Blount	no	no	yes
Tennova Healthcare-Cleveland	Bradley	no	no	no
Tennova Healthcare-Cleveland Westside	Bradley	no	no	no
Jellico Community Hospital, Inc.	Campbell	no	no	no
Tennova Healthcare-LaFollette Medical Center	Campbell	no	no	no
Saint Thomas Stones River Hospital	Cannon	yes	no	no
Baptist Memorial Hospital-Huntingdon	Carroll	no	yes	yes
McKenzie Regional Hospital	Carroll	no	yes	yes
Sycamore Shoals Hospital	Carter	yes	no	yes
TriStar Ashland City Medical Center	Cheatham	yes	no	no
Claiborne Medical Center	Claiborne	yes	yes	no
Cumberland River Hospital	Clay	yes	yes	yes
Tennova Healthcare-Newport Medical Center	Cocke	yes	yes	no
Harton Regional Medical Center	Coffee	no	yes	no
Unity Medical Center	Coffee	no	yes	no
Medical Center of Manchester	Coffee	no	yes	yes
Cumberland Medical Center	Cumberland	yes	yes	no
Kindred Hospital-Nashville	Davidson	no	no	no
Middle Tennessee Mental Health Institute	Davidson	no	no	no
Nashville General Hospital	Davidson	no	no	no

Saint Thomas Hospital for Specialty Surgery	Davidson	no	no	no
Saint Thomas Midtown Hospital	Davidson	no	no	no
Saint Thomas West Hospital	Davidson	no	no	no
Select Specialty Hospital-Nashville	Davidson	no	no	no
TriStar Skyline Medical Center	Davidson	no	no	no
TriStar Southern Hills Medical Center	Davidson	no	no	no
TriStar Summit Medical Center	Davidson	no	no	no
VA Tennessee Valley Healthcare System	Davidson	no	no	no
Vanderbilt Stallworth Rehabilitation Hospital	Davidson	no	no	no
Vanderbilt University Hospitals	Davidson	no	no	no
TriStar Centennial Medical Center	Davidson	no	no	yes
TriStar Skyline Madison Campus	Davidson	no	no	yes
Decatur County General Hospital	Decatur	yes	yes	no
Saint Thomas DeKalb Hospital	DeKalb	yes	yes	no
TriStar Horizon Medical Center	Dickson	yes	no	yes
Tennova Healthcare-Dyersburg Regional Medical Center	Dyer	yes	yes	no
Jamestown Regional Medical Center	Fentress	yes	yes	no
Southern Tennessee Regional Health System-Sewanee	Franklin	no	yes	no
Southern Tennessee Regional Health System-Winchester	Franklin	no	yes	no
Milan General Hospital	Gibson	yes	yes	no
Southern Tennessee Regional Health System-Pulaski	Giles	yes	yes	no
Laughlin Memorial Hospital, Inc.	Greene	no	yes	no
Takoma Regional Hospital	Greene	no	yes	no
Tennova Healthcare-Lakeway	Hamblen	no	no	no

Regional Hospital				
Morristown-Hamblen Healthcare System	Hamblen	no	no	yes
CHI Memorial Hospital-Chattanooga	Hamilton	no	no	no
CHI Memorial Hospital-Hixson	Hamilton	no	no	no
HealthSouth Chattanooga Rehabilitation Hospital	Hamilton	no	no	no
Kindred Hospital-Chattanooga	Hamilton	no	no	no
Moccasin Bend Mental Health Institute	Hamilton	no	no	no
Parkridge East Hospital	Hamilton	no	no	no
Parkridge Medical Center	Hamilton	no	no	no
Parkridge Valley Adult & Senior Campus	Hamilton	no	no	no
Parkridge Valley Child & Adolescent Campus	Hamilton	no	no	no
Siskin Hospital for Physical Rehabilitation	Hamilton	no	no	no
Erlanger East	Hamilton	no	no	yes
Erlanger Medical Center-Baroness Hospital	Hamilton	no	no	yes
Erlanger North Hospital	Hamilton	no	no	yes
Wellmont Hancock County Hospital	Hancock	yes	yes	yes
Western Mental Health Institute	Hardeman	no	yes	no
Bolivar General Hospital, Inc.	Hardeman	no	yes	yes
Hardin Medical Center	Hardin	yes	yes	no
Wellmont Hawkins County Memorial Hospital	Hawkins	yes	no	yes
Henderson County Community Hospital	Henderson	yes	yes	yes
Henry County Medical Center	Henry	yes	yes	no
Saint Thomas Hickman Hospital	Hickman	yes	no	yes
Houston County Community Hospital	Houston	yes	yes	yes
Three Rivers Hospital	Humphreys	yes	yes	yes
Tennova Healthcare-Jefferson Memorial Hospital	Jefferson	yes	no	no
Johnson County Community	Johnson	yes	yes	yes

Hospital				
East Tennessee Children's Hospital	Knox	no	no	no
Fort Sanders Regional Medical Center	Knox	no	no	no
Parkwest Medical Center	Knox	no	no	no
Select Specialty Hospital-Knoxville	Knox	no	no	no
Select Specialty Hospital-North Knoxville	Knox	no	no	no
Tennova Healthcare-North Knoxville Medical Center	Knox	no	no	no
Tennova Healthcare-Physicians Regional Medical Center	Knox	no	no	no
Tennova Healthcare-Turkey Creek Medical Center	Knox	no	no	no
University of Tennessee Medical Center	Knox	no	no	no
Lauderdale Community Hospital	Lauderdale	yes	yes	no
Southern Tennessee Regional Health System-Lawrenceburg	Lawrence	yes	yes	no
Lincoln Medical Center	Lincoln	yes	yes	no
Fort Loudoun Medical Center	Loudon	yes	no	yes
Macon County General Hospital	Macon	yes	no	yes
Jackson-Madison County General Hospital	Madison	no	no	no
Pathways of Tennessee, Inc.	Madison	no	no	no
Tennova Healthcare-Regional Hospital of Jackson	Madison	no	no	no
Parkridge West Hospital	Marion	yes	no	yes
Marshall Medical Center	Marshall	yes	yes	no
Behavioral Health Care Center at Columbia	Maury	no	no	no
Maury Regional Medical Center	Maury	no	no	no
Starr Regional Medical Center-Athens	McMinn	no	yes	no
Starr Regional Medical Center-Etowah	McMinn	no	yes	yes
Tennova Healthcare-McNairy Regional Hospital	McNairy	yes	yes	no
Sweetwater Hospital	Monroe	yes	yes	no

Association				
Behavioral Health Care Center at Clarksville	Montgomery	no	no	no
Blanchfield Army Community Hospital	Montgomery	no	no	no
Gateway Medical Center	Montgomery	no	no	no
Baptist Memorial Hospital-Union City	Obion	yes	yes	yes
Livingston Regional Hospital	Overton	yes	yes	no
Perry Community Hospital, LLC	Perry	yes	yes	no
Copper Basin Medical Center	Polk	yes	no	no
Cookeville Regional Medical Center	Putnam	no	yes	no
Ten Broeck Tennessee	Putnam	no	yes	no
Rhea Medical Center	Rhea	yes	yes	no
Roane Medical Center	Roane	yes	no	yes
NorthCrest Medical Center	Robertson	yes	no	no
Alvin C. York Campus	Rutherford	no	no	no
TriStar StoneCrest Medical Center	Rutherford	no	no	no
Saint Thomas Rutherford Hospital	Rutherford	no	no	yes
TrustPoint Hospital	Rutherford	no	no	yes
Pioneer Community Hospital of Scott	Scott	yes	yes	no
LeConte Medical Center	Sevier	yes	yes	no
Baptist Memorial Hospital-Memphis	Shelby	no	no	no
Baptist Memorial Rehabilitation Hospital	Shelby	no	no	no
Baptist Memorial Restorative Care Hospital	Shelby	no	no	no
Department of Veterans Affairs Medical Center	Shelby	no	no	no
HealthSouth Rehabilitation Hospital North	Shelby	no	no	no
HealthSouth Rehabilitation Hospital of Memphis	Shelby	no	no	no
Lakeside Behavioral Health System	Shelby	no	no	no
Le Bonheur Children's Hospital	Shelby	no	no	no
Memphis Mental Health Institute	Shelby	no	no	no

Methodist Extended Care Hospital	Shelby	no	no	no
Methodist Le Bonheur Germantown Hospital	Shelby	no	no	no
Methodist North Hospital	Shelby	no	no	no
Methodist South Hospital	Shelby	no	no	no
Methodist University Hospital	Shelby	no	no	no
Regional One Health	Shelby	no	no	no
Regional One Health Extended Care Hospital	Shelby	no	no	no
Saint Francis Hospital	Shelby	no	no	no
Saint Francis Hospital-Bartlett	Shelby	no	no	no
Select Specialty Hospital-Memphis	Shelby	no	no	no
St. Jude Children's Research Hospital	Shelby	no	no	no
Baptist Memorial Hospital for Women	Shelby	no	no	yes
Baptist Memorial Hospital-Collierville	Shelby	no	no	yes
Delta Medical Center	Shelby	no	no	yes
Riverview Regional Medical Center	Smith	yes	no	no
HealthSouth Rehabilitation Hospital Kingsport	Sullivan	no	no	no
Indian Path Medical Center	Sullivan	no	no	no
Select Specialty Hospital-Tri-cities	Sullivan	no	no	no
Wellmont Bristol Regional Medical Center	Sullivan	no	no	no
Wellmont Holston Valley Medical Center	Sullivan	no	no	no
Sumner Regional Medical Center	Sumner	no	no	no
TriStar Hendersonville Medical Center	Sumner	no	no	no
TriStar Portland Medical Center	Sumner	no	no	no
Baptist Memorial Hospital-Tipton	Tipton	yes	no	no
Trousdale Medical Center	Trousdale	yes	no	no
Unicoi County Memorial Hospital, Inc.	Unicoi	yes	no	yes

Saint Thomas River Park Hospital	Warren	yes	yes	no
Franklin Woods Community Hospital	Washington	no	no	no
James H. Quillen Veterans Affairs Medical Center	Washington	no	no	no
Quillen Rehabilitation Hospital	Washington	no	no	no
Woodridge Psychiatric Hospital	Washington	no	no	no
Johnson City Medical Center	Washington	no	no	yes
Wayne Medical Center	Wayne	yes	yes	yes
Behavioral Healthcare Center at Martin	Weakley	no	yes	no
HealthSouth Cane Creek Rehabilitation Hospital	Weakley	no	yes	no
Tennova Healthcare-Volunteer Martin	Weakley	no	yes	no
Saint Thomas Highlands Hospital	White	yes	yes	no
HealthSouth Rehabilitation Hospital Franklin	Williamson	no	no	no
Rolling Hills Hospital	Williamson	no	no	no
Williamson Medical Center	Williamson	no	no	no
Tennova Healthcare-Lebanon	Wilson	no	no	no
Tennova Healthcare-Lebanon McFarland Campus	Wilson	no	no	no