



Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

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KEY FINDINGS

- CAHs were less likely than other rural and urban hospitals to provide certain community benefit and essential services (e.g., health screenings, community health education, enrollment assistance services, substance use treatment, psychiatric care, obstetrics care, dental services, and hospice services).
- CAHs were more likely than other rural and urban hospitals to offer adult day care, ambulance services, and long-term care services.
- CAHs reported lower rates of charity care and higher rates of non-Medicare and non-reimbursable Medicare bad debt than other rural and urban hospitals.

INTRODUCTION

Non-profit and publicly-owned hospitals, including Critical Access Hospitals (CAHs), have obligations to address the health needs of their communities. Non-profit hospitals are required to report their community benefit activities to the Internal Revenue Service using Form 990, Schedule H. Community benefit activities include programs and services that provide treatment and/or promote health in response to identified community needs. Publicly-owned hospitals are also held accountable to the needs of their communities through the oversight of their governing boards and local governments. To monitor the community impact and benefit activities of CAHs and to understand whether and how their community impact and benefit profiles differ from those of other hospitals, we compared CAHs to other rural and urban hospitals using a set of indicators developed by the Flex Monitoring Team (FMT). This report enables State Flex Programs and CAH administrators to compare the community impact and benefit profiles of CAHs nationally (Tables 1 and 2) to the performance of CAHs in their state (see links to state-specific tables on page 5). Table 1 provides data for select measures of community impact and benefit, including the provision of essential health care services that are typically difficult to access in rural communities. Table 2 provides data on hospital charity care, bad debt, and uncompensated care activities.



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APPROACH

This report uses data from the American Hospital Association (AHA) Annual Survey Database and Worksheet S-10 cost report data from the Center for Medicare and Medicaid Services (Form CMS-2552-10) for fiscal year 2017 to compare the community benefit profiles of CAHs with those of other hospitals. We used the FMT's list of CAHs to identify hospitals in the AHA Survey data that were certified as a CAH prior to or during calendar year 2017. We linked the AHA data with the 2013 Rural Urban Continuum Codes (RUCCs) to classify the remaining hospitals as either rural (RUCCs 4 through 9) or urban (RUCCs 1 through 3), and then linked the resulting data set to Worksheet S-10 cost report data retrieved from the Center for Medicare and Medicaid Services website. The 2017 AHA database contains self-reported data on 1,344 CAHs, 809 other rural general medical and surgical hospitals, and 2,289 urban general medical and surgical hospitals located in states that participate in the Medicare Rural Hospital Flexibility Grant Program (Flex Program). Hospitals located in American Samoa, Guam, the Marshall Islands, the Northern Mariana Islands, Puerto Rico, the Virgin Islands, the District of Columbia, and the five states that do not receive Flex Program funding (Connecticut, Delaware, Maryland, New Jersey, and Rhode Island) were excluded from the analysis.

The FMT developed “core” and “financial” indicators of community benefit activity for use in this analysis. The 28 core indicators show the provision of community benefit and essential health services directly by hospitals and through participation in a health system or joint venture. The 4 financial indicators compare the levels of charity care, bad debt, total uncompensated care, and unreimbursed costs of serving patients covered by means-tested government programs (i.e., Medicaid, State Children's Health Insurance Programs (SCHIP), and other state and local indigent care programs) across all hospital types (i.e. CAH, other rural, and urban). Calculating charity care and bad debt performance as a percentage of adjusted revenue allows comparison across hospitals regardless of differences in volume, service mix, and charge rates.

Some hospitals included in the AHA database did not respond to the 2017 AHA survey. For non-responding hospitals, the service fields used in this analysis are left blank and, as a result, are treated as missing for these hospitals. Also, cost report data were not available for all hospitals in the AHA database and, conversely, some hospitals with valid cost report data did not respond to the 2017 AHA survey. As a result, hospital sample sizes differ for AHA (core) and cost report (financial) indicators. Please see table footnotes for sample size information.

RESULTS

Services Offered by Hospitals

We compared CAH involvement in the provision of community benefit services, including essential health-care services, to that of other rural and urban hospitals. As indicated in Table 1, CAHs were less likely than other rural and urban hospitals to offer traditional community benefit programs such as health fairs, community health education, health screenings, enrollment assistance, and health research. They were also less likely to offer essential services including substance use treatment, psychiatric services, dental care, hemodialysis, obstetrics, hospice care, and palliative care, or to be designated as a certified trauma center.

On the other hand, CAHs were more likely than other rural and urban hospitals to offer services such as adult day care, ambulance services, and long-term care services including skilled nursing, intermediate, and other long-term care (e.g., residential or elderly care) services.

Finally, CAHs were more likely than other rural hospitals but less likely than urban hospitals to operate indigent care and immunization programs. CAHs and urban hospitals were both less likely than other rural hospitals to offer home health services.

Services Offered by Hospital Systems and Joint Ventures

Because hospital involvement in health systems or joint ventures can expand the availability of services within communities, we also examined the extent to which



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services offered by hospital health systems and joint ventures contributed to improvements in the level of community benefit and/or essential services offered by hospitals. For 11 of the 28 core indicators, inclusion of services offered via health systems and joint ventures increased service availability most among CAHs followed by urban and then other rural hospitals (health fairs, community health education, any substance use services including inpatient and outpatient care, hospice programs, obstetrics, any psychiatric services including inpatient and outpatient care, and inpatient palliative care units.) For another four core indicators (health research, dental services, hemodialysis, and hospital-based palliative care programs) inclusion of services offered by health systems and joint ventures boosted availability most among CAHs and least among urban hospitals.

For nine of the core indicators, inclusion of health systems and/or joint ventures expanded service availability most among urban hospitals and least among CAHs (health screenings, immunization programs, adult day care, ambulance services, certified trauma center, and any long term care including skilled nursing, intermediate nursing, and other long-term care). Home health service availability also increased most among urban hospitals, followed by CAHs and then other rural hospitals.

Charity Care and Bad Debt Spending Patterns

The four financial indicators derived from S-10 cost report data are expressed as a percentage of adjusted revenue and can be used to estimate the relative differences in uncompensated care (i.e., charity care and bad debt) spending patterns among CAHs and other hospitals. Overall, CAHs provided the highest rates of uncompensated care followed by other rural and urban hospitals, respectively. While urban hospitals provided higher rates of charity care than other rural hospitals and CAHs, CAHs had the highest rates of non-Medicare and non-reimbursable Medicare bad debt.

Finally, the total unreimbursed cost of Medicaid, SCHIP, and state and local indigent care programs (the difference between the cost of providing services and the amount reimbursed by the programs) was highest

among CAHs, followed by urban and then other rural hospitals.

CONCLUSIONS

In general, CAHs were less likely than other rural and urban hospitals to provide certain community benefit and essential healthcare services reflected in the core indicators we examined (e.g., health fairs, enrollment assistance, health screenings, hemodialysis, obstetrics, dental, substance use, psychiatric, palliative, and hospice care). This may be partly attributable to CAHs' smaller size and more vulnerable financial status. However, a greater proportion of CAHs than other rural and urban hospitals reported offering adult day care, ambulance services, and long-term care services including skilled nursing, intermediate, and other long-term care (e.g., residential or elderly care). Indicators on which CAHs outperform other hospitals may indicate areas where CAHs fill critical gaps in the local safety net.

This report also shows that participation in health systems and joint ventures can enable hospitals to develop and offer services they cannot offer on their own. For the financial community benefit indicators we examined, CAHs reported lower rates of charity care and higher rates of bad debt than other rural and urban hospitals. However, further research is needed to better understand the factors driving variations in CAH community benefit activity, and to develop the resources and incentives needed to help CAHs further refine and target their community benefit activities.



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TABLE 1. National Comparison of Service Indicators

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	67.3	77.7	87.1	72.1	81.7	91.5
Enrollment assistance services	51.7	63.5	80.1	58.7	75.5	90.5
Health fair	77.5	86.9	84.5	83.7	90.4	92.1
Community health education	83.1	89.1	90.9	87.9	91.6	95.7
Health screenings	84.0	89.1	88.8	86.6	91.4	93.9
Health research	2.1	11.6	49.5	10.6	20.5	67.6
Immunization program	49.3	42.3	53.0	57.7	48.4	68.8
Indigent care clinic	11.0	10.7	26.6	19.8	25.0	53.6
Adult day care	5.1	2.0	3.3	9.0	6.3	17.4
Any substance use services	4.9	13.2	26.6	16.3	22.5	51.8
Substance use inpatient care	2.5	6.9	13.5	8.3	14.1	35.2
Substance use outpatient care	3.3	10.3	22.8	13.6	19.0	46.9
Ambulance services	22.1	20.2	15.1	51.2	46.0	61.2
Certified trauma center ³	44.9	45.3	49.5	49.8	50.4	66.7
Dental services	5.2	18.0	31.2	27.1	30.4	50.7
Hemodialysis	3.8	21.0	55.5	17.8	49.4	90.0
Home health services	24.3	35.2	24.6	51.7	62.0	70.5
Hospice program	16.0	25.5	27.5	59.9	64.8	78.6
Obstetrics care	35.5	81.3	78.0	43.3	83.6	88.9
Any psychiatric services	28.1	49.9	63.6	52.2	63.1	83.7
Psychiatric inpatient care	6.3	34.6	44.8	16.5	42.6	69.3
Psychiatric outpatient care	25.9	41.3	58.8	50.6	55.2	79.8
Palliative care program	16.9	28.8	65.4	33.8	42.5	80.5
Inpatient palliative care unit	5.0	7.4	16.7	12.2	13.1	30.0
Any long-term care	44.8	25.3	20.5	51.2	33.6	46.1
Skilled nursing care	39.2	21.5	15.7	46.2	29.6	40.7
Intermediate nursing care	14.5	6.1	7.4	19.5	11.4	25.8
Other long-term care	7.6	4.8	3.1	12.0	9.4	17.0

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 1,344 CAHs, 809 other rural hospitals, and 2,289 urban hospitals in the U.S. in 2017. Of these, 1,013 CAHs, 605 other rural hospitals, and 1,726 urban hospitals responded to the 2017 AHA survey.

³ because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



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TABLE 2. National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	6.2	6.0	5.4
Charity care costs	2.1	2.4	3.2
Bad debt costs (non-Medicare and non-reimbursable Medicare)	4.1	3.7	2.2
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	3.5	2.9	3.2

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 1,344 CAHs, 809 other rural hospitals, and 2,289 urban hospitals in the U.S. in 2017. Of these, 1,174 CAHs, 697 other rural hospitals, and 1,827 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in the 45 states where CAHs operate. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).
- Hospitals that did not report net patient revenues or any of the four cost report indicators we examined were removed from the cost report analyses. Four hospitals (two CAHs and two urban hospitals) that reported one or more cost report indicator spending total that exceeded their net patient revenues were also removed from the cost report analyses to ensure the quality and integrity of the data.

LINKS TO STATE-SPECIFIC TABLES

Alabama	Idaho	Michigan	New York	Tennessee
Alaska	Illinois	Minnesota	North Carolina	Texas
Arizona	Indiana	Mississippi	North Dakota	Utah
Arkansas	Iowa	Missouri	Ohio	Vermont
California	Kansas	Montana	Oklahoma	Virginia
Colorado	Kentucky	Nebraska	Oregon	Washington
Florida	Louisiana	Nevada	Pennsylvania	West Virginia
Georgia	Maine	New Hampshire	South Carolina	Wisconsin
Hawaii	Massachusetts	New Mexico	South Dakota	Wyoming



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State Comparison of Service Indicators: Alabama

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	100.0	62.5	75.9	100.0	62.5	75.9
Enrollment assistance services	50.0	62.5	86.2	50.0	62.5	93.1
Health fair	100.0	75.0	82.8	100.0	75.0	89.7
Community health education	50.0	87.5	79.3	100.0	87.5	89.7
Health screenings	100.0	87.5	89.7	100.0	87.5	93.1
Health research	0.0	12.5	34.5	0.0	12.5	41.4
Immunization program	0.0	12.5	24.1	0.0	12.5	24.1
Indigent care clinic	0.0	0.0	13.8	0.0	12.5	20.7
Adult day care	0.0	0.0	0.0	0.0	0.0	0.0
Any substance use services	0.0	0.0	20.7	0.0	0.0	31.0
Substance use inpatient care	0.0	0.0	13.8	0.0	0.0	17.2
Substance use outpatient care	0	0.0	10.3	0.0	0.0	17.2
Ambulance services	50.0	37.5	20.7	50.0	62.5	41.4
Certified trauma center ³	0.0	62.5	65.5	50.0	62.5	65.5
Dental services	0.0	0.0	6.9	0.0	0.0	6.9
Hemodialysis	50.0	12.5	48.3	50.0	25.0	79.3
Home health services	0.0	25.0	10.3	100.0	50.0	51.7
Hospice program	0.0	12.5	13.8	50.0	25.0	55.2
Obstetrics care	0.0	75.0	75.9	50.0	75.0	89.7
Any psychiatric services	0.0	25.0	58.6	50.0	37.5	75.9
Psychiatric inpatient care	0.0	12.5	55.2	0.0	12.5	72.4
Psychiatric outpatient care	0.0	25.0	41.4	50.0	37.5	65.5
Palliative care program	0.0	25.0	51.7	50.0	37.5	69.0
Inpatient palliative care unit	0.0	0.0	13.8	0.0	0.0	17.2
Any long-term care	0.0	37.5	20.7	0.0	37.5	31.0
Skilled nursing care	0.0	25.0	17.2	0.0	25.0	24.1
Intermediate nursing care	0.0	12.5	13.8	0.0	12.5	20.7
Other long-term care	0.0	12.5	3.5	0.0	12.5	10.3

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 4 CAHs, 37 other rural hospitals, and 47 urban hospitals in Alabama in 2017. Of these, 2 CAHs, 8 other rural hospitals, and 29 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



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National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Alabama

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	10.7	7.8	7.1
Charity care costs	5.0	1.4	2.6
Bad debt costs (non-Medicare and non-reimbursable Medicare)	5.7	6.3	4.4
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	2.2	1.7	0.5

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 4 CAHs, 37 other rural hospitals, and 47 urban hospitals in Alabama in 2017. Of these, 4 CAHs, 34 other rural hospitals, and 43 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Alabama. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



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State Comparison of Service Indicators: Alaska

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	60.0	100.0	100.0	80.0	100.0	100.0
Enrollment assistance services	40.0	66.7	100.0	40.0	66.7	100.0
Health fair	60.0	100.0	100.0	80.0	100.0	100.0
Community health education	80.0	100.0	100.0	80.0	100.0	100.0
Health screenings	80.0	100.0	100.0	80.0	100.0	100.0
Health research	0.0	33.3	66.7	0.0	33.3	66.7
Immunization program	40.0	66.7	100.0	60.0	66.7	100.0
Indigent care clinic	20.0	33.3	33.3	20.0	33.3	33.3
Adult day care	0.0	0.0	0.0	0.0	33.3	0.0
Any substance use services	20.0	100.0	33.3	20.0	100.0	33.3
Substance use inpatient care	0.0	66.7	33.3	0.0	100.0	33.3
Substance use outpatient care	20.0	100.0	0.0	20.0	100.0	33.3
Ambulance services	0.0	0.0	33.3	20.0	0.0	33.3
Certified trauma center ³	40.0	33.3	66.7	40.0	33.3	66.7
Dental services	20.0	33.3	100.0	20.0	33.3	100.0
Hemodialysis	0.0	0.0	33.3	0.0	33.3	66.7
Home health services	40.0	0.0	33.3	40.0	0.0	66.7
Hospice program	0.0	0.0	66.7	0.0	0.0	66.7
Obstetrics care	20.0	100.0	100.0	20.0	100.0	100.0
Any psychiatric services	40.0	66.7	66.7	40.0	66.7	100.0
Psychiatric inpatient care	0.0	33.3	33.3	0.0	66.7	100.0
Psychiatric outpatient care	40.0	66.7	66.7	40.0	66.7	100.0
Palliative care program	20.0	66.7	66.7	20.0	66.7	66.7
Inpatient palliative care unit	0.0	0.0	33.3	0.0	0.0	33.3
Any long-term care	100.0	33.3	66.7	100.0	66.7	66.7
Skilled nursing care	20.0	33.3	0.0	20.0	66.7	0.0
Intermediate nursing care	60.0	0.0	66.7	60.0	33.3	66.7
Other long-term care	20.0	33.3	33.3	20.0	66.7	33.3

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 14 CAHs, 3 other rural hospitals, and 7 urban hospitals in Alaska in 2017. Of these, 5 CAHs, 3 other rural hospitals, and 3 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



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National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Alaska

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	4.8	1.7	3.1
Charity care costs	1.5	0.8	1.8
Bad debt costs (non-Medicare and non-reimbursable Medicare)	3.3	1.0	1.4
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	2.5	2.3	0.9

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 14 CAHs, 3 other rural hospitals, and 7 urban hospitals in Alaska in 2017. Of these, 6 CAHs, 2 other rural hospitals, and 7 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Alaska. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



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State Comparison of Service Indicators: Arizona

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	75.0	100.0	73.3	75.0	100.0	80.0
Enrollment assistance services	62.5	75.0	80.0	62.5	100.0	93.3
Health fair	62.5	100.0	80.0	75.0	100.0	86.7
Community health education	100.0	100.0	90.0	100.0	100.0	93.3
Health screenings	75.0	100.0	90.0	75.0	100.0	96.7
Health research	0.0	0.0	66.7	0.0	50.0	80.0
Immunization program	50.0	50.0	50.0	62.5	75.0	73.3
Indigent care clinic	0.0	50.0	26.7	0.0	75.0	46.7
Adult day care	0.0	0.0	3.3	0.0	25.0	26.7
Any substance use services	12.5	0.0	20.0	12.5	50.0	53.3
Substance use inpatient care	0.0	0.0	6.7	0.0	50.0	33.3
Substance use outpatient care	12.5	0.0	20.0	12.5	50.0	43.3
Ambulance services	0.0	0.0	6.7	12.5	50.0	56.7
Certified trauma center ³	50.0	50.0	53.3	50.0	75.0	73.3
Dental services	12.5	25.0	23.3	12.5	50.0	33.3
Hemodialysis	0.0	0.0	76.7	12.5	75.0	96.7
Home health services	12.5	25.0	0.0	37.5	75.0	63.3
Hospice program	0.0	25.0	26.7	25.0	100.0	63.3
Obstetrics care	37.5	100.0	73.3	37.5	100.0	86.7
Any psychiatric services	0.0	25.0	66.7	12.5	75.0	93.3
Psychiatric inpatient care	0.0	0.0	43.3	0.0	50.0	70.0
Psychiatric outpatient care	0.0	25.0	63.3	12.5	75.0	90.0
Palliative care program	0.0	75.0	63.3	25.0	100.0	83.3
Inpatient palliative care unit	0.0	0.0	23.3	12.5	0.0	53.3
Any long-term care	25.0	0.0	20.0	37.5	50.0	46.7
Skilled nursing care	25.0	0.0	6.7	37.5	50.0	30.0
Intermediate nursing care	0.0	0.0	13.3	0.0	50.0	30.0
Other long-term care	0.0	0.0	0.0	0.0	25.0	10.0

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 14 CAHs, 7 other rural hospitals, and 50 urban hospitals in Arizona in 2017. Of these, 8 CAHs, 4 other rural hospitals, and 30 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



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National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Arizona

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	5.4	3.1	2.6
Charity care costs	1.2	1.5	1.7
Bad debt costs (non-Medicare and non-reimbursable Medicare)	4.2	1.6	1.0
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	3.9	6.6	6.2

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 14 CAHs, 7 other rural hospitals, and 50 urban hospitals in Arizona in 2017. Of these, 8 CAHs, 3 other rural hospitals, and 37 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Arizona. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Arkansas

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	80.0	66.7	72.7	84.0	66.7	86.4
Enrollment assistance services	40.0	61.1	72.7	68.0	72.2	86.4
Health fair	96.0	88.9	68.2	100.0	88.9	81.8
Community health education	72.0	88.9	68.2	92.0	88.9	81.8
Health screenings	96.0	88.9	81.8	96.0	88.9	90.9
Health research	0.0	5.6	36.4	16.0	5.6	40.9
Immunization program	48.0	16.7	27.3	48.0	16.7	45.5
Indigent care clinic	4.0	0.0	9.1	24.0	5.6	40.9
Adult day care	0.0	0.0	4.6	0.0	0.0	13.6
Any substance use services	4.0	11.1	18.2	4.0	16.7	27.3
Substance use inpatient care	4.0	11.1	4.6	4.0	11.1	13.6
Substance use outpatient care	0.0	5.6	18.2	0.0	11.1	27.3
Ambulance services	16.0	33.3	18.2	44.0	38.9	36.4
Certified trauma center ³	60.0	83.3	72.7	60.0	83.3	77.3
Dental services	4.0	22.2	13.6	20.0	27.8	45.5
Hemodialysis	0.0	5.6	59.1	20.0	33.3	86.4
Home health services	44.0	55.6	40.9	76.0	77.8	72.7
Hospice program	4.0	16.7	18.2	60.0	50.0	54.6
Obstetrics care	12.0	77.8	81.8	32.0	77.8	86.4
Any psychiatric services	24.0	66.7	59.1	44.0	66.7	77.3
Psychiatric inpatient care	8.0	61.1	45.5	8.0	61.1	59.1
Psychiatric outpatient care	24.0	50.0	40.9	44.0	50.0	63.6
Palliative care program	4.0	11.1	45.5	24.0	16.7	59.1
Inpatient palliative care unit	0.0	0.0	13.6	20.0	0.0	22.7
Any long-term care	24.0	11.1	13.6	28.0	11.1	22.7
Skilled nursing care	24.0	11.1	9.1	28.0	11.1	13.6
Intermediate nursing care	4.0	0.0	9.1	4.0	0.0	22.7
Other long-term care	0.0	0.0	0.0	0.0	0.0	13.6

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 29 CAHs, 20 other rural hospitals, and 24 urban hospitals in Arkansas in 2017. Of these, 25 CAHs, 18 other rural hospitals, and 22 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Arkansas

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	10.0	4.0	3.6
Charity care costs	2.4	1.6	1.7
Bad debt costs (non-Medicare and non-reimbursable Medicare)	7.6	2.4	1.9
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	2.7	1.8	1.6

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 29 CAHs, 20 other rural hospitals, and 24 urban hospitals in Arkansas in 2017. Of these, 27 CAHs, 19 other rural hospitals, and 19 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Arkansas. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: California

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	68.8	100.0	89.8	68.8	100.0	96.1
Enrollment assistance services	62.5	40.0	83.6	68.8	60.0	92.7
Health fair	87.5	60.0	79.7	87.5	100.0	94.9
Community health education	87.5	80.0	88.7	87.5	100.0	98.9
Health screenings	87.5	80.0	79.7	87.5	100.0	91.5
Health research	0.0	0.0	51.4	6.3	40.0	73.5
Immunization program	56.3	60.0	58.8	56.3	60.0	78.0
Indigent care clinic	18.8	0.0	23.7	18.8	60.0	52.0
Adult day care	0.0	0.0	6.2	6.3	40.0	24.3
Any substance use services	0.0	0.0	17.0	6.3	40.0	54.2
Substance use inpatient care	0.0	0.0	5.1	6.3	40.0	43.5
Substance use outpatient care	0.0	0.0	16.4	6.3	40.0	51.4
Ambulance services	12.5	0.0	4.5	37.5	40.0	68.9
Certified trauma center ³	25.0	40.0	28.8	25.0	60.0	62.2
Dental services	18.8	40.0	27.7	31.3	80.0	57.6
Hemodialysis	0.0	20.0	61.6	12.5	80.0	95.5
Home health services	25.0	60.0	29.4	43.8	100.0	76.3
Hospice program	37.5	40.0	31.1	50.0	100.0	77.4
Obstetrics care	43.8	100.0	81.4	50.0	100.0	93.2
Any psychiatric services	12.5	60.0	50.3	37.5	80.0	82.5
Psychiatric inpatient care	0.0	0.0	26.0	6.3	40.0	66.1
Psychiatric outpatient care	12.5	60.0	48.0	37.5	80.0	80.2
Palliative care program	25.0	80.0	75.7	37.5	100.0	85.9
Inpatient palliative care unit	0.0	0.0	17.0	12.5	0.0	29.9
Any long-term care	43.8	20.0	22.0	50.0	60.0	59.3
Skilled nursing care	43.8	20.0	20.3	50.0	60.0	55.9
Intermediate nursing care	0.0	0.0	2.8	6.3	40.0	29.9
Other long-term care	0.0	0.0	1.7	6.3	0.0	14.7

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 34 CAHs, 8 other rural hospitals, and 289 urban hospitals in California in 2017. Of these, 16 CAHs, 5 other rural hospitals, and 177 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: California

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	3.8	3.5	2.5
Charity care costs	1.4	2.8	1.4
Bad debt costs (non-Medicare and non-reimbursable Medicare)	2.4	0.7	1.1
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	9.6	5.2	6.1

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 34 CAHs, 8 other rural hospitals, and 289 urban hospitals in California in 2017. Of these, 18 CAHs, 5 other rural hospitals, and 162 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in California. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Colorado

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	58.3	80.0	96.6	66.7	80.0	96.6
Enrollment assistance services	58.3	70.0	86.2	62.5	90.0	96.6
Health fair	75.0	90.0	69.0	87.5	100.0	86.2
Community health education	83.3	90.0	96.6	91.7	100.0	100.0
Health screenings	87.5	90.0	89.7	87.5	90.0	96.6
Health research	0.0	10.0	55.2	4.2	20.0	79.3
Immunization program	50.0	10.0	51.7	58.3	20.0	62.1
Indigent care clinic	29.2	10.0	13.8	50.0	20.0	48.3
Adult day care	0.0	0.0	10.3	0.0	0.0	24.1
Any substance use services	4.2	10.0	27.6	20.8	10.0	62.1
Substance use inpatient care	0.0	10.0	13.8	8.3	10.0	31.0
Substance use outpatient care	4.2	0.0	27.6	16.7	0.0	58.6
Ambulance services	45.8	10.0	24.1	70.8	40.0	75.9
Certified trauma center ³	83.3	100.0	93.1	83.3	100.0	100.0
Dental services	4.2	0.0	24.1	41.7	0.0	27.6
Hemodialysis	0.0	10.0	62.1	12.5	20.0	100.0
Home health services	25.0	10.0	20.7	45.8	40.0	65.5
Hospice program	8.3	0.0	24.1	54.2	50.0	79.3
Obstetrics care	41.7	100.0	93.1	41.7	100.0	100.0
Any psychiatric services	20.8	20.0	58.6	58.3	70.0	89.7
Psychiatric inpatient care	0.0	10.0	24.1	16.7	10.0	62.1
Psychiatric outpatient care	20.8	20.0	58.6	54.2	70.0	89.7
Palliative care program	4.2	40.0	89.7	25.0	60.0	96.6
Inpatient palliative care unit	4.2	10.0	24.1	16.7	40.0	48.3
Any long-term care	45.8	0.0	17.2	62.5	0.0	41.4
Skilled nursing care	37.5	0.0	10.3	54.2	0.0	37.9
Intermediate nursing care	12.5	0.0	6.9	16.7	0.0	27.6
Other long-term care	12.5	0.0	3.5	25.0	0.0	13.8

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 32 CAHs, 10 other rural hospitals, and 37 urban hospitals in Colorado in 2017. Of these, 24 CAHs, 10 other rural hospitals, and 29 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Colorado

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	4.9	2.7	2.6
Charity care costs	0.7	1.3	1.7
Bad debt costs (non-Medicare and non-reimbursable Medicare)	4.1	1.4	0.9
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	5.2	1.0	5.1

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 32 CAHs, 10 other rural hospitals, and 37 urban hospitals in Colorado in 2017. Of these, 28 CAHs, 10 other rural hospitals, and 31 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Colorado. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Florida

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	40.0	100.0	79.8	40.0	100.0	89.9
Enrollment assistance services	40.0	66.7	77.5	40.0	66.7	93.3
Health fair	80.0	100.0	82.0	80.0	100.0	93.3
Community health education	80.0	100.0	91.0	80.0	100.0	97.8
Health screenings	100.0	66.7	86.5	100.0	66.7	94.4
Health research	0.0	0.0	51.7	20.0	0.0	71.9
Immunization program	40.0	33.3	37.1	40.0	33.3	57.3
Indigent care clinic	0.0	0.0	27.0	40.0	0.0	64.0
Adult day care	0.0	0.0	2.3	0.0	0.0	9.0
Any substance use services	0.0	0.0	16.9	20.0	33.3	42.7
Substance use inpatient care	0.0	0.0	9.0	0.0	33.3	28.1
Substance use outpatient care	0.0	0.0	11.2	20.0	33.3	33.7
Ambulance services	20.0	33.3	9.0	40.0	33.3	46.1
Certified trauma center ³	0.0	0.0	24.7	0.0	0.0	50.6
Dental services	0.0	0.0	20.2	20.0	0.0	47.2
Hemodialysis	0.0	0.0	62.9	20.0	0.0	96.6
Home health services	0.0	66.7	25.8	60.0	66.7	75.3
Hospice program	0.0	0.0	15.7	80.0	0.0	76.4
Obstetrics care	0.0	100.0	68.5	20.0	100.0	87.6
Any psychiatric services	20.0	33.3	58.4	40.0	33.3	80.9
Psychiatric inpatient care	0.0	0.0	41.6	0.0	33.3	64.0
Psychiatric outpatient care	20.0	33.3	56.2	40.0	33.3	75.3
Palliative care program	20.0	0.0	62.9	40.0	0.0	86.5
Inpatient palliative care unit	0.0	0.0	12.4	0.0	0.0	24.7
Any long-term care	20.0	0.0	16.9	20.0	0.0	43.8
Skilled nursing care	20.0	0.0	13.5	20.0	0.0	39.3
Intermediate nursing care	0.0	0.0	4.5	0.0	0.0	24.7
Other long-term care	0.0	0.0	4.5	0.0	0.0	20.2

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 11 CAHs, 9 other rural hospitals, and 167 urban hospitals in Florida in 2017. Of these, 5 CAHs, 3 other rural hospitals, and 89 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Florida

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	12.4	9.4	8.4
Charity care costs	4.1	5.7	6.1
Bad debt costs (non-Medicare and non-reimbursable Medicare)	8.3	3.7	2.3
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	2.8	2.3	3.9

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 11 CAHs, 9 other rural hospitals, and 167 urban hospitals in Florida in 2017. Of these, 11 CAHs, 7 other rural hospitals, and 148 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Florida. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Georgia

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	73.3	72.0	87.0	80.0	80.0	97.8
Enrollment assistance services	53.3	52.0	84.8	53.3	68.0	95.7
Health fair	80.0	96.0	78.3	86.7	96.0	95.7
Community health education	66.7	76.0	91.3	73.3	84.0	100.0
Health screenings	86.7	100.0	100.0	86.7	100.0	100.0
Health research	6.7	12.0	45.7	13.3	12.0	60.9
Immunization program	26.7	32.0	26.1	33.3	36.0	45.7
Indigent care clinic	6.7	16.0	26.1	13.3	16.0	58.7
Adult day care	0.0	0.0	6.5	0.0	0.0	6.5
Any substance use services	0.0	0.0	19.6	13.3	4.0	43.5
Substance use inpatient care	0.0	0.0	8.7	6.7	4.0	21.7
Substance use outpatient care	0.0	0.0	17.4	13.3	4.0	43.5
Ambulance services	6.7	24.0	17.4	26.7	40.0	58.7
Certified trauma center ³	6.7	16.0	28.3	13.3	20.0	39.1
Dental services	0.0	8.0	21.7	13.3	12.0	39.1
Hemodialysis	13.3	32.0	69.6	26.7	44.0	93.5
Home health services	0.0	20.0	17.4	33.3	40.0	52.2
Hospice program	0.0	32.0	19.6	46.7	60.0	69.6
Obstetrics care	0.0	76.0	78.3	6.7	76.0	95.7
Any psychiatric services	20.0	40.0	52.2	40.0	52.0	69.6
Psychiatric inpatient care	6.7	20.0	30.4	13.3	24.0	52.2
Psychiatric outpatient care	20.0	28.0	52.2	40.0	40.0	69.6
Palliative care program	6.7	24.0	63.0	26.7	32.0	71.7
Inpatient palliative care unit	6.7	4.0	15.2	6.7	12.0	15.2
Any long-term care	46.7	48.0	17.4	53.3	48.0	41.3
Skilled nursing care	46.7	36.0	13.0	53.3	36.0	39.1
Intermediate nursing care	6.7	4.0	4.4	13.3	8.0	28.3
Other long-term care	6.7	12.0	2.2	6.7	12.0	4.4

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 30 CAHs, 39 other rural hospitals, and 67 urban hospitals in Georgia in 2017. Of these, 15 CAHs, 25 other rural hospitals, and 46 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Georgia

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	11.6	9.7	10.9
Charity care costs	4.2	3.8	6.8
Bad debt costs (non-Medicare and non-reimbursable Medicare)	7.4	5.9	4.2
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	1.2	0.9	1.4

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 30 CAHs, 39 other rural hospitals, and 67 urban hospitals in Georgia in 2017. Of these, 26 CAHs, 32 other rural hospitals, and 52 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Georgia. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Hawaii

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	.	100.0	100.0	.	100.0	100.0
Enrollment assistance services	.	100.0	83.3	.	100.0	100.0
Health fair	.	100.0	100.0	.	100.0	100.0
Community health education	.	100.0	100.0	.	100.0	100.0
Health screenings	.	100.0	100.0	.	100.0	100.0
Health research	.	0.0	50.0	.	50.0	83.3
Immunization program	.	50.0	50.0	.	50.0	50.0
Indigent care clinic	.	0.0	16.7	.	0.0	16.7
Adult day care	.	0.0	0.0	.	0.0	16.7
Any substance use services	.	0.0	16.7	.	0.0	16.7
Substance use inpatient care	.	0.0	0.0	.	0.0	0.0
Substance use outpatient care	.	0.0	16.7	.	0.0	16.7
Ambulance services	.	0.0	16.7	.	0.0	33.3
Certified trauma center ³	.	100.0	33.3	.	100.0	50.0
Dental services	.	50.0	16.7	.	50.0	16.7
Hemodialysis	.	0.0	50.0	.	100.0	100.0
Home health services	.	50.0	33.3	.	50.0	66.7
Hospice program	.	50.0	50.0	.	100.0	83.3
Obstetrics care	.	100.0	50.0	.	100.0	83.3
Any psychiatric services	.	50.0	66.7	.	100.0	83.3
Psychiatric inpatient care	.	0.0	33.3	.	0.0	33.3
Psychiatric outpatient care	.	50.0	66.7	.	100.0	83.3
Palliative care program	.	50.0	100.0	.	50.0	100.0
Inpatient palliative care unit	.	0.0	16.7	.	0.0	16.7
Any long-term care	.	0.0	0.0	.	0.0	16.7
Skilled nursing care	.	0.0	0.0	.	0.0	16.7
Intermediate nursing care	.	0.0	0.0	.	0.0	16.7
Other long-term care	.	0.0	0.0	.	0.0	0.0

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 9 CAHs, 4 other rural hospitals, and 9 urban hospitals in Hawaii in 2017. Of these, 0 CAHs, 2 other rural hospitals, and 6 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Hawaii

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	3.2	1.8	1.5
Charity care costs	0.2	0.7	1.0
Bad debt costs (non-Medicare and non-reimbursable Medicare)	3.0	1.1	0.5
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	9.0	5.3	1.6

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 9 CAHs, 4 other rural hospitals, and 9 urban hospitals in Hawaii in 2017. Of these, 2 CAHs, 2 other rural hospitals, and 5 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Hawaii. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Idaho

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	85.0	100.0	100.0	90.0	100.0	100.0
Enrollment assistance services	60.0	0.0	87.5	65.0	0.0	87.5
Health fair	90.0	100.0	100.0	90.0	100.0	100.0
Community health education	95.0	50.0	100.0	95.0	50.0	100.0
Health screenings	85.0	50.0	87.5	90.0	50.0	100.0
Health research	10.0	0.0	62.5	15.0	0.0	62.5
Immunization program	60.0	50.0	62.5	75.0	50.0	62.5
Indigent care clinic	20.0	50.0	37.5	25.0	50.0	37.5
Adult day care	5.0	0.0	12.5	5.0	0.0	12.5
Any substance use services	10.0	50.0	25.0	10.0	50.0	25.0
Substance use inpatient care	0.0	0.0	25.0	0.0	0.0	25.0
Substance use outpatient care	10.0	50.0	25.0	10.0	50.0	25.0
Ambulance services	30.0	50.0	12.5	55.0	50.0	50.0
Certified trauma center ³	20.0	0.0	75.0	25.0	0.0	75.0
Dental services	25.0	50.0	50.0	45.0	50.0	50.0
Hemodialysis	5.0	50.0	62.5	20.0	100.0	100.0
Home health services	25.0	50.0	25.0	45.0	50.0	37.5
Hospice program	20.0	50.0	50.0	45.0	50.0	75.0
Obstetrics care	65.0	100.0	87.5	65.0	100.0	100.0
Any psychiatric services	40.0	50.0	75.0	55.0	50.0	87.5
Psychiatric inpatient care	0.0	50.0	75.0	0.0	50.0	87.5
Psychiatric outpatient care	40.0	50.0	75.0	55.0	50.0	75.0
Palliative care program	20.0	0.0	75.0	40.0	0.0	87.5
Inpatient palliative care unit	15.0	0.0	37.5	15.0	0.0	50.0
Any long-term care	25.0	0.0	25.0	35.0	0.0	25.0
Skilled nursing care	25.0	0.0	25.0	35.0	0.0	25.0
Intermediate nursing care	0.0	0.0	12.5	5.0	0.0	12.5
Other long-term care	0.0	0.0	12.5	10.0	0.0	12.5

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 27 CAHs, 2 other rural hospitals, and 12 urban hospitals in Idaho in 2017. Of these, 20 CAHs, 2 other rural hospitals, and 8 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Idaho

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	5.7	3.7	3.7
Charity care costs	1.5	1.2	2.2
Bad debt costs (non-Medicare and non-reimbursable Medicare)	4.2	2.5	1.5
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	2.4	0.8	0.5

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 27 CAHs, 2 other rural hospitals, and 12 urban hospitals in Idaho in 2017. Of these, 26 CAHs, 2 other rural hospitals, and 8 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Idaho. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Illinois

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	70.3	85.0	91.8	70.3	90.0	96.5
Enrollment assistance services	43.2	75.0	82.4	46.0	75.0	95.3
Health fair	83.8	100.0	95.3	89.2	100.0	96.5
Community health education	83.8	95.0	95.3	89.2	100.0	98.8
Health screenings	89.2	100.0	98.8	89.2	100.0	100.0
Health research	2.7	15.0	55.3	2.7	20.0	72.9
Immunization program	43.2	35.0	54.1	51.4	40.0	64.7
Indigent care clinic	10.8	15.0	29.4	13.5	35.0	51.8
Adult day care	2.7	5.0	5.9	10.8	5.0	15.3
Any substance use services	2.7	20.0	43.5	13.5	25.0	64.7
Substance use inpatient care	0.0	5.0	18.8	10.8	15.0	45.9
Substance use outpatient care	2.7	15.0	34.1	13.5	20.0	58.8
Ambulance services	8.1	20.0	10.6	35.1	50.0	61.2
Certified trauma center ³	5.4	15.0	63.5	10.8	20.0	75.3
Dental services	2.7	10.0	43.5	13.5	25.0	55.3
Hemodialysis	2.7	15.0	52.9	13.5	50.0	95.3
Home health services	13.5	55.0	27.1	51.4	90.0	81.2
Hospice program	2.7	55.0	32.9	67.6	90.0	89.4
Obstetrics care	16.2	85.0	88.2	21.6	85.0	92.9
Any psychiatric services	29.7	60.0	78.8	51.4	75.0	88.2
Psychiatric inpatient care	5.4	45.0	58.8	16.2	55.0	76.5
Psychiatric outpatient care	29.7	55.0	72.9	51.4	70.0	85.9
Palliative care program	8.1	60.0	67.1	27.0	60.0	90.6
Inpatient palliative care unit	2.7	0.0	10.6	2.7	5.0	21.2
Any long-term care	29.7	30.0	18.8	40.5	40.0	45.9
Skilled nursing care	24.3	30.0	17.7	32.4	35.0	44.7
Intermediate nursing care	8.1	5.0	5.9	13.5	10.0	17.7
Other long-term care	8.1	5.0	3.5	16.2	5.0	11.8

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 51 CAHs, 22 other rural hospitals, and 107 urban hospitals in Illinois in 2017. Of these, 37 CAHs, 20 other rural hospitals, and 85 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Illinois

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	3.7	2.9	5.4
Charity care costs	1.5	1.6	2.9
Bad debt costs (non-Medicare and non-reimbursable Medicare)	2.2	1.3	2.5
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	3.0	4.2	3.3

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 51 CAHs, 22 other rural hospitals, and 107 urban hospitals in Illinois in 2017. Of these, 48 CAHs, 21 other rural hospitals, and 93 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Illinois. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Indiana

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	93.6	100.0	95.2	93.6	100.0	95.2
Enrollment assistance services	87.1	76.5	85.7	90.3	88.2	95.2
Health fair	96.8	100.0	88.1	96.8	100.0	95.2
Community health education	93.6	88.2	92.9	93.6	88.2	97.6
Health screenings	96.8	94.1	90.5	96.8	94.1	95.2
Health research	6.5	23.5	45.2	16.1	29.4	57.1
Immunization program	48.4	58.8	54.8	54.8	58.8	66.7
Indigent care clinic	9.7	23.5	23.8	22.6	29.4	52.4
Adult day care	0.0	0.0	2.4	0.0	0.0	4.8
Any substance use services	3.2	17.7	26.2	12.9	23.5	57.1
Substance use inpatient care	0.0	5.9	9.5	3.2	11.8	31.0
Substance use outpatient care	3.2	17.7	23.8	9.7	23.5	50.0
Ambulance services	29.0	41.2	28.6	61.3	41.2	71.4
Certified trauma center ³	3.2	17.7	45.2	6.5	17.7	54.8
Dental services	3.2	5.9	33.3	41.9	35.3	45.2
Hemodialysis	0.0	5.9	40.5	12.9	35.3	83.3
Home health services	32.3	29.4	47.6	67.7	64.7	90.5
Hospice program	22.6	41.2	31.0	67.7	70.6	88.1
Obstetrics care	51.6	82.4	92.9	58.1	88.2	97.6
Any psychiatric services	19.4	35.3	57.1	51.6	58.8	88.1
Psychiatric inpatient care	3.2	29.4	50.0	9.7	35.3	71.4
Psychiatric outpatient care	19.4	35.3	50.0	51.6	52.9	85.7
Palliative care program	6.5	41.2	57.1	32.3	47.1	76.2
Inpatient palliative care unit	3.2	0.0	28.6	9.7	5.9	33.3
Any long-term care	29.0	11.8	26.2	32.3	23.5	38.1
Skilled nursing care	29.0	5.9	14.3	32.3	17.7	23.8
Intermediate nursing care	6.5	5.9	16.7	9.7	11.8	26.2
Other long-term care	12.9	0.0	2.4	16.1	5.9	11.9

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 35 CAHs, 18 other rural hospitals, and 60 urban hospitals in Indiana in 2017. Of these, 31 CAHs, 17 other rural hospitals, and 42 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Indiana

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	7.7	3.4	4.2
Charity care costs	4.5	1.4	2.6
Bad debt costs (non-Medicare and non-reimbursable Medicare)	3.3	2.1	1.6
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	10.3	2.8	3.6

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 35 CAHs, 18 other rural hospitals, and 60 urban hospitals in Indiana in 2017. Of these, 35 CAHs, 18 other rural hospitals, and 56 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Indiana. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Iowa

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	76.8	78.6	100.0	80.5	92.9	100.0
Enrollment assistance services	75.6	92.9	95.5	80.5	100.0	95.5
Health fair	87.8	100.0	100.0	89.0	100.0	100.0
Community health education	97.6	100.0	95.5	97.6	100.0	95.5
Health screenings	97.6	100.0	100.0	97.6	100.0	100.0
Health research	1.2	7.1	63.6	4.9	7.1	81.8
Immunization program	58.5	50.0	63.6	68.3	57.1	77.3
Indigent care clinic	8.5	7.1	27.3	14.6	28.6	54.6
Adult day care	2.4	0.0	0.0	4.9	7.1	13.6
Any substance use services	7.3	14.3	54.6	13.4	21.4	72.7
Substance use inpatient care	4.9	7.1	22.7	7.3	7.1	36.4
Substance use outpatient care	3.7	14.3	54.6	9.8	21.4	72.7
Ambulance services	47.6	42.9	31.8	68.3	50.0	81.8
Certified trauma center ³	74.4	92.9	90.9	75.6	92.9	95.5
Dental services	2.4	21.4	54.6	34.2	50.0	59.1
Hemodialysis	3.7	35.7	45.5	22.0	71.4	86.4
Home health services	34.2	78.6	50.0	52.4	92.9	100.0
Hospice program	37.8	57.1	40.9	84.2	92.9	81.8
Obstetrics care	47.6	92.9	86.4	54.9	92.9	90.9
Any psychiatric services	34.2	71.4	95.5	63.4	78.6	100.0
Psychiatric inpatient care	6.1	42.9	90.9	15.9	42.9	100.0
Psychiatric outpatient care	30.5	64.3	86.4	59.8	71.4	95.5
Palliative care program	19.5	42.9	72.7	35.4	50.0	81.8
Inpatient palliative care unit	2.4	0.0	13.6	9.8	7.1	18.2
Any long-term care	69.5	50.0	22.7	72.0	50.0	54.6
Skilled nursing care	59.8	42.9	22.7	65.9	42.9	54.6
Intermediate nursing care	35.4	21.4	9.1	37.8	21.4	22.7
Other long-term care	14.6	0.0	0.0	18.3	0.0	22.7

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 82 CAHs, 14 other rural hospitals, and 22 urban hospitals in Iowa in 2017. Of these, 82 CAHs, 14 other rural hospitals, and 22 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Iowa

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	2.6	4.2	2.7
Charity care costs	0.8	3.0	1.8
Bad debt costs (non-Medicare and non-reimbursable Medicare)	1.8	1.1	0.9
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	3.0	3.0	1.1

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 82 CAHs, 14 other rural hospitals, and 22 urban hospitals in Iowa in 2017. Of these, 81 CAHs, 13 other rural hospitals, and 20 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Iowa. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Kansas

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	35.1	55.6	72.7	40.5	55.6	72.7
Enrollment assistance services	36.5	55.6	54.6	37.8	77.8	72.7
Health fair	58.1	83.3	59.1	67.6	88.9	72.7
Community health education	60.8	88.9	77.3	64.9	88.9	77.3
Health screenings	64.9	88.9	77.3	67.6	88.9	81.8
Health research	1.4	5.6	36.4	4.1	11.1	45.5
Immunization program	32.4	38.9	45.5	43.2	38.9	45.5
Indigent care clinic	6.8	5.6	4.6	10.8	11.1	22.7
Adult day care	10.8	0.0	0.0	17.6	0.0	13.6
Any substance use services	4.1	11.1	9.1	10.8	11.1	22.7
Substance use inpatient care	2.7	5.6	4.6	4.1	5.6	9.1
Substance use outpatient care	1.4	5.6	9.1	8.1	5.6	22.7
Ambulance services	17.6	22.2	4.6	47.3	38.9	27.3
Certified trauma center ³	27.0	38.9	27.3	28.4	38.9	45.5
Dental services	2.7	5.6	22.7	24.3	11.1	27.3
Hemodialysis	1.4	22.2	50.0	5.4	22.2	77.3
Home health services	24.3	27.8	27.3	44.6	38.9	59.1
Hospice program	10.8	22.2	9.1	63.5	66.7	50.0
Obstetrics care	35.1	94.4	72.7	41.9	94.4	77.3
Any psychiatric services	23.0	50.0	63.6	54.1	66.7	81.8
Psychiatric inpatient care	9.5	33.3	31.8	12.2	33.3	54.6
Psychiatric outpatient care	16.2	33.3	54.6	48.7	50.0	77.3
Palliative care program	14.9	22.2	59.1	23.0	27.8	68.2
Inpatient palliative care unit	4.1	16.7	18.2	6.8	16.7	18.2
Any long-term care	78.4	33.3	22.7	85.1	38.9	50.0
Skilled nursing care	63.5	33.3	13.6	71.6	38.9	36.4
Intermediate nursing care	46.0	11.1	13.6	50.0	16.7	31.8
Other long-term care	9.5	11.1	0.0	10.8	16.7	22.7

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 85 CAHs, 20 other rural hospitals, and 27 urban hospitals in Kansas in 2017. Of these, 74 CAHs, 18 other rural hospitals, and 22 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Kansas

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	3.9	5.1	4.1
Charity care costs	0.8	1.3	2.4
Bad debt costs (non-Medicare and non-reimbursable Medicare)	3.1	3.8	1.7
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	2.7	3.1	1.5

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 85 CAHs, 20 other rural hospitals, and 27 urban hospitals in Kansas in 2017. Of these, 82 CAHs, 20 other rural hospitals, and 21 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in . Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Kentucky

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	62.5	83.3	91.7	75.0	83.3	100.0
Enrollment assistance services	50.0	79.2	87.5	56.3	100.0	95.8
Health fair	75.0	87.5	91.7	100.0	91.7	100.0
Community health education	68.8	95.8	95.8	93.8	95.8	100.0
Health screenings	68.8	87.5	95.8	81.3	87.5	100.0
Health research	0.0	12.5	58.3	12.5	29.2	91.7
Immunization program	25.0	16.7	41.7	31.3	37.5	83.3
Indigent care clinic	0.0	8.3	29.2	12.5	25.0	50.0
Adult day care	6.3	0.0	0.0	12.5	0.0	4.2
Any substance use services	0.0	8.3	29.2	18.8	25.0	79.2
Substance use inpatient care	0.0	4.2	12.5	12.5	12.5	62.5
Substance use outpatient care	0.0	8.3	25.0	18.8	25.0	58.3
Ambulance services	12.5	8.3	12.5	37.5	29.2	37.5
Certified trauma center ³	18.8	33.3	16.7	25.0	41.7	54.2
Dental services	12.5	20.8	37.5	43.8	29.2	66.7
Hemodialysis	0.0	33.3	50.0	25.0	66.7	91.7
Home health services	25.0	50.0	16.7	43.8	75.0	62.5
Hospice program	12.5	16.7	16.7	37.5	45.8	91.7
Obstetrics care	0.0	91.7	58.3	18.8	91.7	91.7
Any psychiatric services	6.3	41.7	50.0	50.0	75.0	91.7
Psychiatric inpatient care	0.0	41.7	45.8	31.3	58.3	87.5
Psychiatric outpatient care	6.3	37.5	50.0	43.8	66.7	91.7
Palliative care program	12.5	29.2	62.5	31.3	45.8	91.7
Inpatient palliative care unit	6.3	4.2	20.8	18.8	8.3	41.7
Any long-term care	12.5	25.0	29.2	25.0	29.2	54.2
Skilled nursing care	12.5	20.8	25.0	25.0	25.0	54.2
Intermediate nursing care	0.0	8.3	8.3	0.0	8.3	12.5
Other long-term care	0.0	0.0	0.0	0.0	0.0	0.0

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 27 CAHs, 40 other rural hospitals, and 31 urban hospitals in Kentucky in 2017. Of these, 16 CAHs, 24 other rural hospitals, and 24 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Kentucky

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	4.2	4.2	3.0
Charity care costs	1.1	0.6	1.5
Bad debt costs (non-Medicare and non-reimbursable Medicare)	3.2	3.7	1.5
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	3.2	4.0	1.5

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 27 CAHs, 40 other rural hospitals, and 31 urban hospitals in Kentucky in 2017. Of these, 27 CAHs, 32 other rural hospitals, and 20 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Kentucky. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Louisiana

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	80.0	36.4	77.5	80.0	54.6	82.5
Enrollment assistance services	50.0	63.6	82.5	60.0	72.7	92.5
Health fair	80.0	72.7	87.5	80.0	81.8	92.5
Community health education	70.0	81.8	97.5	70.0	90.9	97.5
Health screenings	80.0	54.6	90.0	80.0	63.6	97.5
Health research	0.0	9.1	50.0	10.0	9.1	60.0
Immunization program	20.0	36.4	52.5	20.0	45.5	62.5
Indigent care clinic	0.0	9.1	35.0	10.0	27.3	47.5
Adult day care	0.0	0.0	0.0	0.0	0.0	7.5
Any substance use services	10.0	18.2	15.0	10.0	18.2	30.0
Substance use inpatient care	10.0	9.1	15.0	10.0	9.1	22.5
Substance use outpatient care	0.0	18.2	7.5	10.0	18.2	25.0
Ambulance services	10.0	18.2	15.0	20.0	27.3	55.0
Certified trauma center ³	0.0	9.1	25.0	10.0	9.1	40.0
Dental services	0.0	18.2	27.5	0.0	36.4	42.5
Hemodialysis	10.0	18.2	45.0	30.0	27.3	82.5
Home health services	10.0	18.2	22.5	30.0	45.5	55.0
Hospice program	0.0	0.0	17.5	20.0	27.3	65.0
Obstetrics care	20.0	45.5	72.5	20.0	54.6	85.0
Any psychiatric services	30.0	63.6	75.0	30.0	63.6	80.0
Psychiatric inpatient care	10.0	54.6	57.5	10.0	54.6	67.5
Psychiatric outpatient care	30.0	54.6	60.0	30.0	54.6	62.5
Palliative care program	10.0	9.1	55.0	20.0	18.2	67.5
Inpatient palliative care unit	10.0	0.0	12.5	10.0	0.0	15.0
Any long-term care	40.0	0.0	32.5	50.0	0.0	45.0
Skilled nursing care	40.0	0.0	25.0	50.0	0.0	37.5
Intermediate nursing care	0.0	0.0	10.0	10.0	0.0	25.0
Other long-term care	0.0	0.0	7.5	10.0	0.0	22.5

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 27 CAHs, 26 other rural hospitals, and 48 urban hospitals in Louisiana in 2017. Of these, 10 CAHs, 11 other rural hospitals, and 40 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Louisiana

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	5.2	5.5	3.9
Charity care costs	0.4	0.9	1.8
Bad debt costs (non-Medicare and non-reimbursable Medicare)	4.7	4.7	2.1
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	2.7	4.2	4.3

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 27 CAHs, 26 other rural hospitals, and 48 urban hospitals in Louisiana in 2017. Of these, 25 CAHs, 23 other rural hospitals, and 44 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Louisiana. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Maine

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	92.3	71.4	87.5	92.3	85.7	87.5
Enrollment assistance services	84.6	57.1	75.0	84.6	71.4	87.5
Health fair	92.3	85.7	100.0	92.3	100.0	100.0
Community health education	100.0	100.0	87.5	100.0	100.0	87.5
Health screenings	100.0	100.0	87.5	100.0	100.0	87.5
Health research	0.0	28.6	50.0	15.4	28.6	50.0
Immunization program	100.0	57.1	62.5	100.0	57.1	75.0
Indigent care clinic	7.7	14.3	37.5	7.7	14.3	50.0
Adult day care	0.0	0.0	0.0	0.0	28.6	25.0
Any substance use services	15.4	42.9	50.0	30.8	57.1	62.5
Substance use inpatient care	7.7	14.3	12.5	7.7	14.3	37.5
Substance use outpatient care	7.7	42.9	50.0	23.1	57.1	62.5
Ambulance services	38.5	28.6	12.5	53.9	71.4	75.0
Certified trauma center ³	38.5	28.6	37.5	38.5	28.6	37.5
Dental services	7.7	14.3	25.0	61.5	28.6	37.5
Hemodialysis	0.0	28.6	12.5	15.4	42.9	87.5
Home health services	7.7	28.6	25.0	46.2	85.7	100.0
Hospice program	7.7	14.3	12.5	100.0	71.4	75.0
Obstetrics care	76.9	85.7	87.5	76.9	85.7	87.5
Any psychiatric services	38.5	71.4	75.0	100.0	71.4	100.0
Psychiatric inpatient care	7.7	42.9	37.5	7.7	42.9	62.5
Psychiatric outpatient care	30.8	71.4	75.0	100.0	71.4	100.0
Palliative care program	38.5	57.1	87.5	61.5	71.4	87.5
Inpatient palliative care unit	23.1	28.6	0.0	38.5	28.6	0.0
Any long-term care	53.9	57.1	50.0	53.9	71.4	75.0
Skilled nursing care	53.9	28.6	37.5	53.9	42.9	62.5
Intermediate nursing care	30.8	42.9	12.5	30.8	57.1	50.0
Other long-term care	30.8	14.3	0.0	30.8	28.6	25.0

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 16 CAHs, 9 other rural hospitals, and 9 urban hospitals in Maine in 2017. Of these, 13 CAHs, 7 other rural hospitals, and 8 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Maine

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	5.8	4.2	4.1
Charity care costs	2.1	1.7	1.7
Bad debt costs (non-Medicare and non-reimbursable Medicare)	3.7	2.5	2.4
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	1.6	2.4	0.9

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 16 CAHs, 9 other rural hospitals, and 9 urban hospitals in Maine in 2017. Of these, 14 CAHs, 6 other rural hospitals, and 8 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Maine. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Massachusetts

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	50.0	100.0	91.7	50.0	100.0	94.4
Enrollment assistance services	100.0	100.0	97.2	100.0	100.0	97.2
Health fair	100.0	100.0	88.9	100.0	100.0	100.0
Community health education	50.0	50.0	97.2	50.0	50.0	100.0
Health screenings	100.0	100.0	94.4	100.0	100.0	97.2
Health research	0.0	0.0	61.1	50.0	0.0	75.0
Immunization program	50.0	0.0	80.6	50.0	0.0	83.3
Indigent care clinic	0.0	0.0	25.0	0.0	0.0	50.0
Adult day care	0.0	0.0	2.8	0.0	0.0	16.7
Any substance use services	0.0	0.0	41.7	50.0	0.0	50.0
Substance use inpatient care	0.0	0.0	11.1	50.0	0.0	25.0
Substance use outpatient care	0.0	0.0	41.7	0.0	0.0	50.0
Ambulance services	0.0	0.0	11.1	50.0	0.0	44.4
Certified trauma center ³	0.0	0.0	38.9	50.0	0.0	55.6
Dental services	50.0	0.0	16.7	100.0	0.0	41.7
Hemodialysis	50.0	50.0	58.3	100.0	100.0	91.7
Home health services	0.0	0.0	22.2	50.0	0.0	63.9
Hospice program	0.0	0.0	27.8	50.0	50.0	72.2
Obstetrics care	100.0	100.0	83.3	100.0	100.0	91.7
Any psychiatric services	0.0	100.0	83.3	50.0	100.0	97.2
Psychiatric inpatient care	0.0	50.0	63.9	50.0	50.0	80.6
Psychiatric outpatient care	0.0	50.0	80.6	50.0	100.0	97.2
Palliative care program	0.0	50.0	58.3	100.0	50.0	75.0
Inpatient palliative care unit	0.0	0.0	11.1	0.0	50.0	27.8
Any long-term care	0.0	0.0	5.6	50.0	0.0	25.0
Skilled nursing care	0.0	0.0	2.8	50.0	0.0	19.4
Intermediate nursing care	0.0	0.0	2.8	0.0	0.0	16.7
Other long-term care	0.0	0.0	2.8	0.0	0.0	19.4

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 3 CAHs, 2 other rural hospitals, and 53 urban hospitals in Massachusetts in 2017. Of these, 2 CAHs, 2 other rural hospitals, and 36 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Massachusetts

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	4.6	2.7	2.1
Charity care costs	2.8	0.9	1.0
Bad debt costs (non-Medicare and non-reimbursable Medicare)	1.8	1.8	1.1
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	1.9	3.8	1.7

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 3 CAHs, 2 other rural hospitals, and 53 urban hospitals in Massachusetts in 2017. Of these, 3 CAHs, 2 other rural hospitals, and 51 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Massachusetts. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Michigan

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	90.3	91.7	95.2	96.8	91.7	95.2
Enrollment assistance services	74.2	91.7	93.7	87.1	91.7	95.2
Health fair	83.9	83.3	92.1	90.3	91.7	92.1
Community health education	96.8	95.8	90.5	100.0	95.8	92.1
Health screenings	100.0	95.8	93.7	100.0	95.8	95.2
Health research	3.2	25.0	65.1	22.6	37.5	76.2
Immunization program	67.7	66.7	77.8	83.9	79.2	85.7
Indigent care clinic	19.4	8.3	50.8	29.0	41.7	76.2
Adult day care	3.2	4.2	1.6	9.7	16.7	22.2
Any substance use services	0.0	12.5	30.2	29.0	29.2	58.7
Substance use inpatient care	0.0	8.3	14.3	12.9	20.8	33.3
Substance use outpatient care	0.0	8.3	23.8	22.6	25.0	52.4
Ambulance services	6.5	8.3	15.9	58.1	41.7	79.4
Certified trauma center ³	19.4	29.2	69.8	41.9	37.5	85.7
Dental services	3.2	12.5	42.9	25.8	25.0	55.6
Hemodialysis	9.7	29.2	47.6	38.7	54.2	85.7
Home health services	9.7	45.8	33.3	61.3	91.7	90.5
Hospice program	16.1	29.2	39.7	74.2	83.3	93.7
Obstetrics care	19.4	91.7	77.8	41.9	95.8	85.7
Any psychiatric services	19.4	54.2	73.0	48.4	70.8	87.3
Psychiatric inpatient care	3.2	37.5	52.4	32.3	54.2	76.2
Psychiatric outpatient care	19.4	54.2	68.3	48.4	70.8	82.5
Palliative care program	16.1	12.5	71.4	51.6	45.8	87.3
Inpatient palliative care unit	6.5	0.0	15.9	16.1	16.7	42.9
Any long-term care	35.5	25.0	22.2	45.2	41.7	57.1
Skilled nursing care	25.8	16.7	19.1	35.5	33.3	50.8
Intermediate nursing care	0.0	4.2	6.4	6.5	12.5	36.5
Other long-term care	12.9	8.3	1.6	19.4	12.5	28.6

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 35 CAHs, 26 other rural hospitals, and 67 urban hospitals in Michigan in 2017. Of these, 31 CAHs, 24 other rural hospitals, and 63 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Michigan

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	3.1	2.2	2.0
Charity care costs	0.9	0.4	0.6
Bad debt costs (non-Medicare and non-reimbursable Medicare)	2.2	1.7	1.4
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	6.4	3.4	2.6

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 35 CAHs, 26 other rural hospitals, and 67 urban hospitals in Michigan in 2017. Of these, 33 CAHs, 24 other rural hospitals, and 62 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Michigan. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Minnesota

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	69.4	92.3	90.3	73.5	92.3	96.8
Enrollment assistance services	49.0	46.2	83.9	55.1	53.9	93.6
Health fair	73.5	92.3	83.9	77.6	92.3	96.8
Community health education	93.9	92.3	90.3	93.9	100.0	100.0
Health screenings	85.7	76.9	90.3	89.8	76.9	100.0
Health research	0.0	15.4	48.4	6.1	23.1	77.4
Immunization program	61.2	69.2	61.3	61.2	76.9	80.7
Indigent care clinic	4.1	7.7	9.7	8.2	15.4	51.6
Adult day care	18.4	0.0	3.2	20.4	0.0	32.3
Any substance use services	6.1	15.4	29.0	12.2	30.8	58.1
Substance use inpatient care	4.1	7.7	16.1	4.1	7.7	45.2
Substance use outpatient care	6.1	15.4	29.0	12.2	30.8	54.8
Ambulance services	46.9	30.8	16.1	77.6	61.5	80.7
Certified trauma center ³	65.3	92.3	93.6	67.4	92.3	96.8
Dental services	8.2	7.7	19.4	32.7	23.1	29.0
Hemodialysis	4.1	23.1	35.5	18.4	53.9	80.7
Home health services	49.0	38.5	22.6	65.3	53.9	77.4
Hospice program	30.6	46.2	48.4	75.5	84.6	93.6
Obstetrics care	51.0	100.0	93.6	59.2	100.0	100.0
Any psychiatric services	34.7	76.9	80.7	53.1	84.6	96.8
Psychiatric inpatient care	8.2	46.2	58.1	12.2	53.9	83.9
Psychiatric outpatient care	32.7	76.9	71.0	53.1	84.6	90.3
Palliative care program	28.6	7.7	74.2	34.7	30.8	96.8
Inpatient palliative care unit	2.0	7.7	22.6	4.1	15.4	35.5
Any long-term care	63.3	30.8	12.9	73.5	38.5	51.6
Skilled nursing care	59.2	30.8	9.7	69.4	38.5	45.2
Intermediate nursing care	6.1	0.0	3.2	12.2	7.7	35.5
Other long-term care	6.1	0.0	0.0	14.3	15.4	29.0

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 78 CAHs, 18 other rural hospitals, and 32 urban hospitals in Minnesota in 2017. Of these, 49 CAHs, 13 other rural hospitals, and 31 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Minnesota

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	2.5	2.7	2.0
Charity care costs	1.2	1.5	1.0
Bad debt costs (non-Medicare and non-reimbursable Medicare)	1.4	1.2	1.0
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	3.2	3.5	2.1

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 78 CAHs, 18 other rural hospitals, and 32 urban hospitals in Minnesota in 2017. Of these, 75 CAHs, 16 other rural hospitals, and 27 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Minnesota. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Mississippi

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	46.7	74.4	83.3	56.7	74.4	94.4
Enrollment assistance services	26.7	30.8	38.9	26.7	53.9	55.6
Health fair	46.7	61.5	66.7	60.0	69.2	83.3
Community health education	46.7	76.9	66.7	60.0	82.1	77.8
Health screenings	43.3	71.8	61.1	53.3	79.5	72.2
Health research	3.3	10.3	38.9	6.7	12.8	44.4
Immunization program	30.0	59.0	44.4	36.7	59.0	50.0
Indigent care clinic	13.3	7.7	11.1	16.7	12.8	27.8
Adult day care	3.3	0.0	5.6	6.7	2.6	11.1
Any substance use services	3.3	15.4	16.7	3.3	15.4	22.2
Substance use inpatient care	0.0	15.4	16.7	0.0	15.4	22.2
Substance use outpatient care	3.3	7.7	5.6	3.3	12.8	5.6
Ambulance services	6.7	25.6	11.1	46.7	66.7	38.9
Certified trauma center ³	83.3	71.8	94.4	83.3	71.8	94.4
Dental services	13.3	28.2	38.9	20.0	33.3	44.4
Hemodialysis	0.0	18.0	33.3	0.0	43.6	77.8
Home health services	0.0	18.0	5.6	16.7	35.9	27.8
Hospice program	3.3	15.4	22.2	30.0	38.5	55.6
Obstetrics care	0.0	64.1	77.8	0.0	64.1	83.3
Any psychiatric services	53.3	51.3	66.7	53.3	56.4	77.8
Psychiatric inpatient care	23.3	48.7	66.7	23.3	51.3	77.8
Psychiatric outpatient care	50.0	25.6	33.3	50.0	28.2	33.3
Palliative care program	6.7	18.0	44.4	23.3	23.1	66.7
Inpatient palliative care unit	6.7	5.1	5.6	13.3	12.8	16.7
Any long-term care	40.0	20.5	5.6	43.3	20.5	11.1
Skilled nursing care	40.0	18.0	5.6	43.3	18.0	11.1
Intermediate nursing care	0.0	0.0	0.0	0.0	0.0	0.0
Other long-term care	3.3	5.1	0.0	3.3	5.1	0.0

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 31 CAHs, 40 other rural hospitals, and 22 urban hospitals in Mississippi in 2017. Of these, 30 CAHs, 39 other rural hospitals, and 18 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Mississippi

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	9.8	7.4	8.5
Charity care costs	2.6	2.9	4.9
Bad debt costs (non-Medicare and non-reimbursable Medicare)	7.2	4.5	3.6
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	1.6	0.4	0.2

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 31 CAHs, 40 other rural hospitals, and 22 urban hospitals in Mississippi in 2017. Of these, 26 CAHs, 35 other rural hospitals, and 18 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Mississippi. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Missouri

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	75.0	76.9	89.4	75.0	76.9	91.5
Enrollment assistance services	58.3	53.9	83.0	58.3	53.9	91.5
Health fair	86.1	92.3	93.6	88.9	92.3	93.6
Community health education	91.7	96.2	100.0	91.7	96.2	100.0
Health screenings	94.4	100.0	100.0	97.2	100.0	100.0
Health research	0.0	3.9	59.6	13.9	11.5	78.7
Immunization program	50.0	61.5	55.3	58.3	61.5	76.6
Indigent care clinic	11.1	7.7	27.7	22.2	15.4	57.5
Adult day care	2.8	3.9	0.0	5.6	7.7	12.8
Any substance use services	2.8	11.5	44.7	22.2	19.2	68.1
Substance use inpatient care	2.8	7.7	36.2	8.3	15.4	48.9
Substance use outpatient care	0.0	3.9	29.8	16.7	11.5	63.8
Ambulance services	22.2	15.4	19.2	41.7	23.1	53.2
Certified trauma center ³	5.6	11.5	48.9	22.2	15.4	76.6
Dental services	8.3	34.6	34.0	19.4	42.3	66.0
Hemodialysis	2.8	26.9	78.7	25.0	42.3	93.6
Home health services	38.9	50.0	38.3	63.9	61.5	76.6
Hospice program	11.1	23.1	34.0	41.7	57.7	76.6
Obstetrics care	22.2	76.9	74.5	38.9	76.9	89.4
Any psychiatric services	52.8	61.5	66.0	66.7	61.5	85.1
Psychiatric inpatient care	16.7	57.7	55.3	41.7	57.7	83.0
Psychiatric outpatient care	50.0	42.3	66.0	63.9	46.2	83.0
Palliative care program	19.4	23.1	76.6	44.4	34.6	91.5
Inpatient palliative care unit	5.6	7.7	19.2	11.1	15.4	27.7
Any long-term care	41.7	34.6	17.0	55.6	42.3	53.2
Skilled nursing care	36.1	34.6	17.0	50.0	42.3	51.1
Intermediate nursing care	22.2	7.7	4.3	36.1	15.4	29.8
Other long-term care	11.1	3.9	4.3	22.2	11.5	23.4

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 36 CAHs, 27 other rural hospitals, and 50 urban hospitals in Missouri in 2017. Of these, 36 CAHs, 26 other rural hospitals, and 47 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Missouri

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	10.3	7.0	6.8
Charity care costs	4.9	2.1	3.5
Bad debt costs (non-Medicare and non-reimbursable Medicare)	5.5	4.9	3.3
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	1.9	1.8	1.3

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 36 CAHs, 27 other rural hospitals, and 50 urban hospitals in Missouri in 2017. Of these, 34 CAHs, 24 other rural hospitals, and 45 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Missouri. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Montana

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	52.6	85.7	100.0	60.5	100.0	100.0
Enrollment assistance services	57.9	71.4	80.0	73.7	85.7	80.0
Health fair	81.6	71.4	100.0	86.8	85.7	100.0
Community health education	86.8	71.4	100.0	86.8	85.7	100.0
Health screenings	94.7	85.7	100.0	94.7	100.0	100.0
Health research	7.9	28.6	80.0	7.9	42.9	80.0
Immunization program	60.5	57.1	80.0	73.7	71.4	100.0
Indigent care clinic	18.4	14.3	20.0	23.7	42.9	60.0
Adult day care	29.0	14.3	0.0	31.6	28.6	20.0
Any substance use services	0.0	42.9	20.0	5.3	57.1	20.0
Substance use inpatient care	0.0	28.6	20.0	5.3	42.9	20.0
Substance use outpatient care	0.0	42.9	20.0	2.6	57.1	20.0
Ambulance services	21.1	28.6	40.0	50.0	42.9	80.0
Certified trauma center ³	50.0	57.1	100.0	50.0	71.4	100.0
Dental services	2.6	42.9	0.0	26.3	57.1	20.0
Hemodialysis	0.0	14.3	60.0	0.0	71.4	80.0
Home health services	31.6	14.3	20.0	44.7	42.9	80.0
Hospice program	29.0	42.9	20.0	52.6	85.7	100.0
Obstetrics care	44.7	57.1	100.0	44.7	71.4	100.0
Any psychiatric services	31.6	42.9	60.0	60.5	71.4	80.0
Psychiatric inpatient care	0.0	14.3	60.0	5.3	28.6	60.0
Psychiatric outpatient care	31.6	42.9	60.0	60.5	71.4	80.0
Palliative care program	31.6	57.1	100.0	36.8	71.4	100.0
Inpatient palliative care unit	13.2	42.9	40.0	15.8	42.9	40.0
Any long-term care	57.9	28.6	40.0	65.8	57.1	40.0
Skilled nursing care	47.4	14.3	40.0	55.3	42.9	40.0
Intermediate nursing care	21.1	0.0	0.0	26.3	14.3	0.0
Other long-term care	5.3	14.3	40.0	7.9	42.9	40.0

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 48 CAHs, 9 other rural hospitals, and 5 urban hospitals in Montana in 2017. Of these, 38 CAHs, 7 other rural hospitals, and 5 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Montana

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	3.4	7.0	1.6
Charity care costs	0.9	1.4	0.9
Bad debt costs (non-Medicare and non-reimbursable Medicare)	2.5	5.6	0.8
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	2.7	5.5	2.7

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 48 CAHs, 9 other rural hospitals, and 5 urban hospitals in Montana in 2017. Of these, 27 CAHs, 6 other rural hospitals, and 4 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Montana. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Nebraska

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	75.0	100.0	100.0	75.0	100.0	100.0
Enrollment assistance services	47.2	75.0	90.0	50.0	75.0	100.0
Health fair	83.3	100.0	70.0	83.3	100.0	80.0
Community health education	83.3	100.0	100.0	86.1	100.0	100.0
Health screenings	86.1	100.0	100.0	86.1	100.0	100.0
Health research	0.0	50.0	70.0	2.8	75.0	90.0
Immunization program	44.4	25.0	70.0	55.6	25.0	80.0
Indigent care clinic	5.6	0.0	20.0	8.3	25.0	60.0
Adult day care	8.3	0.0	0.0	11.1	0.0	20.0
Any substance use services	5.6	0.0	30.0	8.3	0.0	80.0
Substance use inpatient care	2.8	0.0	20.0	2.8	0.0	60.0
Substance use outpatient care	2.8	0.0	30.0	5.6	0.0	70.0
Ambulance services	27.8	25.0	0.0	36.1	25.0	50.0
Certified trauma center ³	52.8	75.0	60.0	52.8	75.0	80.0
Dental services	2.8	0.0	30.0	30.6	0.0	70.0
Hemodialysis	8.3	50.0	70.0	11.1	100.0	100.0
Home health services	38.9	100.0	50.0	55.6	100.0	90.0
Hospice program	22.2	75.0	70.0	66.7	75.0	90.0
Obstetrics care	52.8	100.0	90.0	52.8	100.0	100.0
Any psychiatric services	22.2	100.0	60.0	41.7	100.0	90.0
Psychiatric inpatient care	8.3	75.0	40.0	11.1	75.0	80.0
Psychiatric outpatient care	16.7	100.0	50.0	41.7	100.0	90.0
Palliative care program	19.4	75.0	100.0	25.0	100.0	100.0
Inpatient palliative care unit	2.8	0.0	30.0	2.8	0.0	40.0
Any long-term care	77.8	75.0	20.0	77.8	75.0	50.0
Skilled nursing care	69.4	50.0	20.0	75.0	50.0	50.0
Intermediate nursing care	36.1	50.0	0.0	38.9	50.0	40.0
Other long-term care	13.9	25.0	0.0	13.9	25.0	20.0

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 64 CAHs, 9 other rural hospitals, and 13 urban hospitals in Nebraska in 2017. Of these, 36 CAHs, 4 other rural hospitals, and 10 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Nebraska

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	3.4	4.5	6.0
Charity care costs	0.9	2.4	3.7
Bad debt costs (non-Medicare and non-reimbursable Medicare)	2.5	2.1	2.3
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	1.2	2.2	1.6

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 64 CAHs, 9 other rural hospitals, and 13 urban hospitals in Nebraska in 2017. Of these, 61 CAHs, 8 other rural hospitals, and 8 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Nebraska. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Nevada

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	57.1	0.0	90.9	57.1	0.0	100.0
Enrollment assistance services	42.9	100.0	72.7	71.4	100.0	90.9
Health fair	71.4	100.0	81.8	71.4	100.0	100.0
Community health education	85.7	100.0	81.8	85.7	100.0	100.0
Health screenings	85.7	100.0	72.7	85.7	100.0	100.0
Health research	0.0	0.0	45.5	0.0	0.0	63.6
Immunization program	57.1	0.0	54.6	57.1	0.0	90.9
Indigent care clinic	28.6	0.0	18.2	28.6	0.0	27.3
Adult day care	0.0	0.0	0.0	0.0	0.0	9.1
Any substance use services	14.3	0.0	36.4	14.3	0.0	45.5
Substance use inpatient care	14.3	0.0	0.0	14.3	0.0	9.1
Substance use outpatient care	0.0	0.0	36.4	0.0	0.0	45.5
Ambulance services	14.3	0.0	9.1	14.3	0.0	45.5
Certified trauma center ³	0.0	0.0	27.3	0.0	0.0	63.6
Dental services	0.0	0.0	18.2	14.3	0.0	18.2
Hemodialysis	0.0	100.0	27.3	28.6	100.0	90.9
Home health services	14.3	0.0	45.5	28.6	0.0	81.8
Hospice program	28.6	0.0	27.3	42.9	0.0	63.6
Obstetrics care	42.9	100.0	54.6	42.9	100.0	90.9
Any psychiatric services	42.9	100.0	72.7	42.9	100.0	81.8
Psychiatric inpatient care	28.6	0.0	36.4	28.6	0.0	36.4
Psychiatric outpatient care	42.9	100.0	72.7	42.9	100.0	81.8
Palliative care program	14.3	0.0	63.6	14.3	0.0	90.9
Inpatient palliative care unit	14.3	0.0	18.2	14.3	0.0	18.2
Any long-term care	57.1	0.0	9.1	57.1	0.0	36.4
Skilled nursing care	57.1	0.0	9.1	57.1	0.0	36.4
Intermediate nursing care	14.3	0.0	0.0	14.3	0.0	27.3
Other long-term care	14.3	0.0	0.0	14.3	0.0	9.1

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 13 CAHs, 1 other rural hospital, and 23 urban hospitals in Nevada in 2017. Of these, 7 CAHs, 1 other rural hospital, and 11 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Nevada

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	5.0	2.8	3.0
Charity care costs	1.0	0.0	1.9
Bad debt costs (non-Medicare and non-reimbursable Medicare)	3.9	2.8	1.1
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	7.9	5.2	5.4

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 13 CAHs, 1 other rural hospital, and 23 urban hospitals in Nevada in 2017. Of these, 5 CAHs, 1 other rural hospital, and 13 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Nevada. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: New Hampshire

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	91.7	100.0	100.0	91.7	100.0	100.0
Enrollment assistance services	91.7	100.0	87.5	91.7	100.0	87.5
Health fair	91.7	75.0	75.0	100.0	75.0	75.0
Community health education	91.7	100.0	100.0	91.7	100.0	100.0
Health screenings	100.0	100.0	87.5	100.0	100.0	87.5
Health research	8.3	100.0	62.5	25.0	100.0	75.0
Immunization program	50.0	100.0	75.0	50.0	100.0	87.5
Indigent care clinic	8.3	50.0	12.5	25.0	50.0	62.5
Adult day care	8.3	0.0	0.0	8.3	0.0	12.5
Any substance use services	8.3	50.0	37.5	16.7	75.0	62.5
Substance use inpatient care	0.0	0.0	0.0	0.0	25.0	12.5
Substance use outpatient care	8.3	50.0	37.5	16.7	75.0	62.5
Ambulance services	8.3	25.0	12.5	33.3	50.0	37.5
Certified trauma center ³	16.7	75.0	62.5	25.0	75.0	62.5
Dental services	16.7	75.0	50.0	41.7	75.0	75.0
Hemodialysis	0.0	25.0	12.5	16.7	100.0	100.0
Home health services	8.3	0.0	37.5	75.0	75.0	75.0
Hospice program	8.3	25.0	50.0	83.3	100.0	75.0
Obstetrics care	50.0	100.0	87.5	58.3	100.0	100.0
Any psychiatric services	58.3	100.0	87.5	100.0	100.0	100.0
Psychiatric inpatient care	16.7	75.0	37.5	16.7	75.0	50.0
Psychiatric outpatient care	58.3	100.0	87.5	100.0	100.0	100.0
Palliative care program	50.0	100.0	87.5	58.3	100.0	87.5
Inpatient palliative care unit	16.7	50.0	37.5	25.0	50.0	37.5
Any long-term care	58.3	0.0	12.5	58.3	25.0	12.5
Skilled nursing care	58.3	0.0	0.0	58.3	25.0	12.5
Intermediate nursing care	41.7	0.0	0.0	41.7	25.0	12.5
Other long-term care	0.0	0.0	12.5	0.0	25.0	12.5

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 13 CAHs, 4 other rural hospitals, and 10 urban hospitals in New Hampshire in 2017. Of these, 12 CAHs, 4 other rural hospitals, and 8 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: New Hampshire

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	4.6	2.6	2.8
Charity care costs	1.8	1.6	1.2
Bad debt costs (non-Medicare and non-reimbursable Medicare)	2.8	1.0	1.6
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	2.1	3.2	0.8

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 13 CAHs, 4 other rural hospitals, and 10 urban hospitals in New Hampshire in 2017. Of these, 12 CAHs, 4 other rural hospitals, and 8 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in New Hampshire. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: New Mexico

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	66.7	81.8	75.0	66.7	81.8	75.0
Enrollment assistance services	55.6	81.8	75.0	55.6	81.8	75.0
Health fair	77.8	81.8	75.0	77.8	81.8	75.0
Community health education	88.9	81.8	75.0	100.0	81.8	75.0
Health screenings	100.0	81.8	50.0	100.0	81.8	50.0
Health research	11.1	9.1	12.5	11.1	9.1	25.0
Immunization program	77.8	54.6	62.5	88.9	54.6	62.5
Indigent care clinic	22.2	9.1	25.0	44.4	18.2	25.0
Adult day care	0.0	0.0	0.0	0.0	0.0	0.0
Any substance use services	0.0	18.2	0.0	0.0	18.2	25.0
Substance use inpatient care	0.0	9.1	0.0	0.0	9.1	25.0
Substance use outpatient care	0.0	18.2	0.0	0.0	18.2	12.5
Ambulance services	22.2	9.1	25.0	44.4	27.3	37.5
Certified trauma center ³	11.1	27.3	37.5	11.1	36.4	37.5
Dental services	22.2	36.4	37.5	33.3	54.6	50.0
Hemodialysis	0.0	9.1	37.5	0.0	45.5	75.0
Home health services	22.2	27.3	12.5	22.2	45.5	12.5
Hospice program	22.2	18.2	25.0	22.2	54.6	62.5
Obstetrics care	66.7	81.8	75.0	66.7	81.8	75.0
Any psychiatric services	44.4	36.4	62.5	55.6	45.5	75.0
Psychiatric inpatient care	0.0	18.2	62.5	0.0	18.2	75.0
Psychiatric outpatient care	44.4	36.4	50.0	55.6	45.5	62.5
Palliative care program	0.0	27.3	50.0	0.0	36.4	50.0
Inpatient palliative care unit	11.1	9.1	25.0	11.1	9.1	37.5
Any long-term care	11.1	9.1	25.0	22.2	9.1	25.0
Skilled nursing care	11.1	9.1	12.5	22.2	9.1	12.5
Intermediate nursing care	11.1	0.0	12.5	11.1	0.0	12.5
Other long-term care	0.0	0.0	0.0	0.0	0.0	0.0

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 10 CAHs, 19 other rural hospitals, and 14 urban hospitals in New Mexico in 2017. Of these, 9 CAHs, 11 other rural hospitals, and 8 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: New Mexico

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	5.8	3.4	2.3
Charity care costs	1.3	1.4	1.1
Bad debt costs (non-Medicare and non-reimbursable Medicare)	4.5	2.0	1.2
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	4.4	1.6	0.4

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 10 CAHs, 19 other rural hospitals, and 14 urban hospitals in New Mexico in 2017. Of these, 9 CAHs, 12 other rural hospitals, and 10 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in New Mexico. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: New York

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	90.9	94.1	94.3	90.9	100.0	95.3
Enrollment assistance services	81.8	70.6	91.5	81.8	94.1	96.2
Health fair	81.8	94.1	92.5	81.8	100.0	97.2
Community health education	100.0	100.0	99.1	100.0	100.0	99.1
Health screenings	90.9	100.0	97.2	90.9	100.0	98.1
Health research	0.0	17.7	63.2	18.2	29.4	75.5
Immunization program	27.3	47.1	78.3	45.5	52.9	84.0
Indigent care clinic	9.1	17.7	59.4	18.2	23.5	71.7
Adult day care	18.2	23.5	11.3	27.3	29.4	44.3
Any substance use services	9.1	29.4	65.1	36.4	47.1	83.0
Substance use inpatient care	9.1	23.5	34.9	18.2	29.4	64.2
Substance use outpatient care	9.1	23.5	59.4	36.4	41.2	77.4
Ambulance services	9.1	11.8	21.7	36.4	47.1	63.2
Certified trauma center ³	0.0	29.4	49.1	18.2	41.2	62.3
Dental services	0.0	35.3	55.7	18.2	58.8	75.5
Hemodialysis	9.1	29.4	78.3	36.4	64.7	93.4
Home health services	18.2	17.7	25.5	54.6	52.9	81.1
Hospice program	9.1	5.9	36.8	63.6	76.5	75.5
Obstetrics care	9.1	88.2	77.4	27.3	88.2	90.6
Any psychiatric services	9.1	64.7	80.2	18.2	70.6	90.6
Psychiatric inpatient care	9.1	47.1	65.1	18.2	52.9	83.0
Psychiatric outpatient care	9.1	64.7	79.3	18.2	70.6	89.6
Palliative care program	9.1	47.1	86.8	45.5	76.5	92.5
Inpatient palliative care unit	0.0	23.5	27.4	9.1	29.4	50.0
Any long-term care	36.4	64.7	28.3	45.5	64.7	63.2
Skilled nursing care	36.4	58.8	25.5	45.5	58.8	61.3
Intermediate nursing care	0.0	5.9	7.6	0.0	5.9	36.8
Other long-term care	9.1	5.9	6.6	9.1	5.9	33.0

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 17 CAHs, 27 other rural hospitals, and 124 urban hospitals in New York in 2017. Of these, 11 CAHs, 17 other rural hospitals, and 106 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: New York

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	3.0	2.8	4.9
Charity care costs	1.3	1.1	2.9
Bad debt costs (non-Medicare and non-reimbursable Medicare)	1.8	1.7	2.0
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	8.1	4.9	6.6

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 17 CAHs, 27 other rural hospitals, and 124 urban hospitals in New York in 2017. Of these, 17 CAHs, 24 other rural hospitals, and 114 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in New York. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: North Carolina

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	86.7	86.4	90.5	100.0	95.5	97.6
Enrollment assistance services	26.7	54.6	85.7	53.3	90.9	100.0
Health fair	66.7	95.5	92.9	86.7	100.0	97.6
Community health education	86.7	100.0	95.2	100.0	100.0	100.0
Health screenings	86.7	95.5	95.2	100.0	100.0	100.0
Health research	0.0	9.1	61.9	13.3	40.9	83.3
Immunization program	13.3	31.8	42.9	33.3	40.9	71.4
Indigent care clinic	6.7	4.6	33.3	33.3	50.0	76.2
Adult day care	0.0	4.6	0.0	13.3	9.1	11.9
Any substance use services	0.0	13.6	31.0	13.3	22.7	57.1
Substance use inpatient care	0.0	9.1	19.1	13.3	18.2	38.1
Substance use outpatient care	0.0	9.1	26.2	13.3	13.6	50.0
Ambulance services	0.0	9.1	33.3	46.7	31.8	71.4
Certified trauma center ³	6.7	13.6	31.0	13.3	31.8	59.5
Dental services	6.7	31.8	40.5	26.7	59.1	69.1
Hemodialysis	0.0	22.7	57.1	13.3	54.6	90.5
Home health services	6.7	13.6	31.0	80.0	68.2	92.9
Hospice program	0.0	9.1	16.7	73.3	86.4	83.3
Obstetrics care	26.7	90.9	85.7	33.3	100.0	92.9
Any psychiatric services	26.7	50.0	71.4	60.0	72.7	85.7
Psychiatric inpatient care	13.3	31.8	59.5	26.7	59.1	78.6
Psychiatric outpatient care	20.0	45.5	64.3	53.3	72.7	81.0
Palliative care program	13.3	13.6	61.9	53.3	68.2	85.7
Inpatient palliative care unit	0.0	0.0	14.3	13.3	27.3	38.1
Any long-term care	33.3	18.2	28.6	40.0	45.5	64.3
Skilled nursing care	26.7	18.2	21.4	40.0	45.5	52.4
Intermediate nursing care	6.7	9.1	7.1	6.7	31.8	31.0
Other long-term care	0.0	4.6	2.4	6.7	13.6	4.8

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 20 CAHs, 31 other rural hospitals, and 57 urban hospitals in North Carolina in 2017. Of these, 15 CAHs, 22 other rural hospitals, and 42 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: North Carolina

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	9.9	9.1	7.3
Charity care costs	2.5	3.1	3.5
Bad debt costs (non-Medicare and non-reimbursable Medicare)	7.4	6.0	3.7
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	1.3	1.4	0.8

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 20 CAHs, 31 other rural hospitals, and 57 urban hospitals in North Carolina in 2017. Of these, 18 CAHs, 28 other rural hospitals, and 48 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in North Carolina. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: North Dakota

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	62.5	100.0	100.0	81.3	100.0	100.0
Enrollment assistance services	37.5	100.0	80.0	43.8	100.0	80.0
Health fair	68.8	50.0	100.0	87.5	50.0	100.0
Community health education	68.8	100.0	100.0	81.3	100.0	100.0
Health screenings	75.0	100.0	100.0	87.5	100.0	100.0
Health research	0.0	0.0	100.0	12.5	0.0	100.0
Immunization program	62.5	100.0	100.0	62.5	100.0	100.0
Indigent care clinic	6.3	0.0	40.0	18.8	0.0	40.0
Adult day care	12.5	0.0	0.0	25.0	0.0	20.0
Any substance use services	12.5	50.0	40.0	31.3	50.0	80.0
Substance use inpatient care	12.5	50.0	0.0	12.5	50.0	0.0
Substance use outpatient care	6.3	50.0	40.0	25.0	50.0	80.0
Ambulance services	25.0	100.0	40.0	68.8	100.0	80.0
Certified trauma center ³	37.5	50.0	80.0	43.8	50.0	100.0
Dental services	0.0	100.0	40.0	56.3	100.0	60.0
Hemodialysis	6.3	50.0	100.0	18.8	50.0	100.0
Home health services	12.5	50.0	60.0	56.3	50.0	100.0
Hospice program	6.3	50.0	60.0	50.0	50.0	100.0
Obstetrics care	25.0	100.0	80.0	37.5	100.0	80.0
Any psychiatric services	25.0	50.0	80.0	56.3	50.0	80.0
Psychiatric inpatient care	6.3	50.0	80.0	25.0	50.0	80.0
Psychiatric outpatient care	18.8	50.0	80.0	50.0	50.0	80.0
Palliative care program	18.8	50.0	80.0	37.5	50.0	100.0
Inpatient palliative care unit	12.5	50.0	80.0	25.0	50.0	100.0
Any long-term care	62.5	50.0	60.0	75.0	50.0	80.0
Skilled nursing care	62.5	50.0	60.0	68.8	50.0	80.0
Intermediate nursing care	12.5	0.0	0.0	43.8	0.0	40.0
Other long-term care	6.3	50.0	0.0	25.0	50.0	40.0

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 36 CAHs, 2 other rural hospitals, and 7 urban hospitals in North Dakota in 2017. Of these, 16 CAHs, 2 other rural hospitals, and 5 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: North Dakota

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	3.3	3.9	1.9
Charity care costs	1.1	2.4	0.9
Bad debt costs (non-Medicare and non-reimbursable Medicare)	2.2	1.5	1.1
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	1.2	0.0	1.3

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 36 CAHs, 2 other rural hospitals, and 7 urban hospitals in North Dakota in 2017. Of these, 20 CAHs, 1 other rural hospital, and 3 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in North Dakota. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Ohio

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	70.8	92.3	97.3	83.3	92.3	100.0
Enrollment assistance services	45.8	73.1	90.5	58.3	76.9	97.3
Health fair	83.3	100.0	90.5	87.5	100.0	98.7
Community health education	83.3	96.2	97.3	91.7	96.2	100.0
Health screenings	91.7	100.0	97.3	95.8	100.0	100.0
Health research	0.0	19.2	62.2	16.7	23.1	86.5
Immunization program	25.0	26.9	56.8	41.7	30.8	90.5
Indigent care clinic	8.3	15.4	37.8	33.3	30.8	79.7
Adult day care	0.0	0.0	1.4	12.5	7.7	17.6
Any substance use services	12.5	19.2	25.7	25.0	26.9	66.2
Substance use inpatient care	0.0	0.0	10.8	12.5	3.9	48.7
Substance use outpatient care	12.5	19.2	23.0	25.0	26.9	59.5
Ambulance services	16.7	19.2	17.6	33.3	61.5	83.8
Certified trauma center ³	8.3	23.1	44.6	25.0	26.9	81.1
Dental services	4.2	11.5	36.5	45.8	19.2	75.7
Hemodialysis	8.3	26.9	66.2	25.0	65.4	98.7
Home health services	8.3	61.5	27.0	41.7	88.5	83.8
Hospice program	8.3	38.5	36.5	66.7	88.5	94.6
Obstetrics care	33.3	92.3	75.7	45.8	92.3	94.6
Any psychiatric services	29.2	50.0	73.0	66.7	65.4	93.2
Psychiatric inpatient care	16.7	46.2	51.4	33.3	50.0	89.2
Psychiatric outpatient care	20.8	38.5	64.9	62.5	57.7	89.2
Palliative care program	4.2	46.2	70.3	33.3	69.2	96.0
Inpatient palliative care unit	0.0	30.8	25.7	16.7	38.5	59.5
Any long-term care	25.0	15.4	23.0	37.5	30.8	67.6
Skilled nursing care	20.8	15.4	13.5	33.3	30.8	62.2
Intermediate nursing care	4.2	3.9	13.5	12.5	11.5	33.8
Other long-term care	4.2	3.9	2.7	16.7	11.5	36.5

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 33 CAHs, 34 other rural hospitals, and 89 urban hospitals in Ohio in 2017. Of these, 24 CAHs, 26 other rural hospitals, and 74 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Ohio

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	6.7	3.6	3.7
Charity care costs	3.1	1.7	2.2
Bad debt costs (non-Medicare and non-reimbursable Medicare)	3.6	1.9	1.5
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	7.0	4.0	4.3

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 33 CAHs, 34 other rural hospitals, and 89 urban hospitals in Ohio in 2017. Of these, 33 CAHs, 32 other rural hospitals, and 81 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Ohio. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Oklahoma

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	42.9	78.6	66.7	46.4	78.6	70.0
Enrollment assistance services	21.4	57.1	60.0	25.0	67.9	70.0
Health fair	71.4	85.7	83.3	75.0	85.7	83.3
Community health education	75.0	85.7	83.3	75.0	89.3	86.7
Health screenings	60.7	85.7	76.7	60.7	85.7	83.3
Health research	0.0	7.1	40.0	3.6	10.7	50.0
Immunization program	35.7	32.1	46.7	42.9	39.3	66.7
Indigent care clinic	3.6	7.1	16.7	10.7	21.4	43.3
Adult day care	0.0	0.0	0.0	0.0	0.0	0.0
Any substance use services	3.6	7.1	13.3	7.1	10.7	30.0
Substance use inpatient care	3.6	3.6	6.7	7.1	7.1	13.3
Substance use outpatient care	0.0	3.6	10.0	0.0	7.1	26.7
Ambulance services	7.1	21.4	23.3	14.3	39.3	46.7
Certified trauma center ³	46.4	75.0	60.0	50.0	82.1	70.0
Dental services	0.0	14.3	33.3	21.4	21.4	53.3
Hemodialysis	0.0	21.4	40.0	7.1	39.3	63.3
Home health services	3.6	39.3	16.7	21.4	60.7	56.7
Hospice program	0.0	17.9	23.3	25.0	32.1	60.0
Obstetrics care	10.7	71.4	73.3	14.3	75.0	76.7
Any psychiatric services	17.9	57.1	56.7	28.6	64.3	73.3
Psychiatric inpatient care	7.1	46.4	40.0	10.7	46.4	53.3
Psychiatric outpatient care	14.3	35.7	46.7	28.6	42.9	60.0
Palliative care program	7.1	14.3	40.0	21.4	17.9	56.7
Inpatient palliative care unit	3.6	0.0	20.0	10.7	3.6	36.7
Any long-term care	46.4	21.4	23.3	57.1	21.4	33.3
Skilled nursing care	46.4	14.3	16.7	57.1	14.3	26.7
Intermediate nursing care	7.1	10.7	10.0	10.7	10.7	16.7
Other long-term care	3.6	7.1	6.7	7.1	7.1	10.0

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 38 CAHs, 39 other rural hospitals, and 37 urban hospitals in Oklahoma in 2017. Of these, 28 CAHs, 28 other rural hospitals, and 30 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Oklahoma

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	12.3	8.4	8.7
Charity care costs	2.1	3.1	5.0
Bad debt costs (non-Medicare and non-reimbursable Medicare)	10.2	5.3	3.7
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	3.8	2.6	1.4

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 38 CAHs, 39 other rural hospitals, and 37 urban hospitals in Oklahoma in 2017. Of these, 33 CAHs, 28 other rural hospitals, and 32 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Oklahoma. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Oregon

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	92.0	100.0	89.7	92.0	100.0	96.6
Enrollment assistance services	68.0	100.0	72.4	84.0	100.0	89.7
Health fair	68.0	100.0	79.3	88.0	100.0	96.6
Community health education	92.0	100.0	89.7	100.0	100.0	96.6
Health screenings	100.0	100.0	86.2	100.0	100.0	96.6
Health research	8.0	0.0	34.5	20.0	0.0	82.8
Immunization program	56.0	60.0	41.4	64.0	60.0	75.9
Indigent care clinic	20.0	20.0	10.3	28.0	40.0	51.7
Adult day care	4.0	0.0	0.0	4.0	0.0	13.8
Any substance use services	4.0	0.0	13.8	12.0	0.0	31.0
Substance use inpatient care	0.0	0.0	6.9	0.0	0.0	24.1
Substance use outpatient care	4.0	0.0	10.3	12.0	0.0	27.6
Ambulance services	24.0	0.0	6.9	52.0	0.0	51.7
Certified trauma center ³	76.0	100.0	55.2	80.0	100.0	75.9
Dental services	4.0	20.0	13.8	12.0	20.0	55.2
Hemodialysis	4.0	20.0	48.3	24.0	40.0	96.6
Home health services	44.0	80.0	24.1	68.0	80.0	69.0
Hospice program	44.0	20.0	27.6	80.0	80.0	96.6
Obstetrics care	68.0	100.0	93.1	72.0	100.0	100.0
Any psychiatric services	24.0	80.0	72.4	60.0	80.0	96.6
Psychiatric inpatient care	0.0	20.0	44.8	8.0	20.0	86.2
Psychiatric outpatient care	24.0	80.0	62.1	60.0	80.0	89.7
Palliative care program	24.0	80.0	65.5	40.0	80.0	89.7
Inpatient palliative care unit	8.0	40.0	6.9	12.0	40.0	17.2
Any long-term care	24.0	0.0	20.7	32.0	0.0	44.8
Skilled nursing care	20.0	0.0	6.9	24.0	0.0	20.7
Intermediate nursing care	4.0	0.0	17.2	12.0	0.0	31.0
Other long-term care	0.0	0.0	3.5	4.0	0.0	20.7

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 25 CAHs, 6 other rural hospitals, and 30 urban hospitals in Oregon in 2017. Of these, 25 CAHs, 5 other rural hospitals, and 29 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Oregon

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	3.3	3.0	2.8
Charity care costs	2.3	2.1	2.2
Bad debt costs (non-Medicare and non-reimbursable Medicare)	1.1	0.9	0.6
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	3.0	2.0	5.9

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 25 CAHs, 6 other rural hospitals, and 30 urban hospitals in Oregon in 2017. Of these, 17 CAHs, 4 other rural hospitals, and 21 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Oregon. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Pennsylvania

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	62.5	87.5	92.5	75.0	95.8	94.6
Enrollment assistance services	50.0	62.5	85.0	62.5	79.2	90.3
Health fair	75.0	95.8	92.5	87.5	100.0	95.7
Community health education	87.5	91.7	91.4	87.5	95.8	95.7
Health screenings	62.5	100.0	97.9	75.0	100.0	98.9
Health research	0.0	8.3	52.7	12.5	25.0	67.7
Immunization program	25.0	33.3	61.3	37.5	41.7	76.3
Indigent care clinic	0.0	4.2	33.3	0.0	12.5	58.1
Adult day care	12.5	0.0	2.2	12.5	0.0	22.6
Any substance use services	0.0	16.7	18.3	37.5	29.2	47.3
Substance use inpatient care	0.0	8.3	8.6	12.5	8.3	23.7
Substance use outpatient care	0.0	12.5	12.9	37.5	25.0	44.1
Ambulance services	12.5	8.3	26.9	37.5	54.2	71.0
Certified trauma center ³	12.5	20.8	34.4	12.5	20.8	53.8
Dental services	12.5	12.5	45.2	12.5	33.3	65.6
Hemodialysis	12.5	4.2	46.2	37.5	66.7	94.6
Home health services	37.5	29.2	24.7	87.5	70.8	83.9
Hospice program	25.0	41.7	32.3	62.5	79.2	87.1
Obstetrics care	37.5	58.3	65.6	62.5	66.7	79.6
Any psychiatric services	37.5	70.8	72.0	75.0	79.2	89.3
Psychiatric inpatient care	25.0	58.3	50.5	62.5	62.5	71.0
Psychiatric outpatient care	12.5	62.5	67.7	50.0	75.0	87.1
Palliative care program	12.5	58.3	68.8	37.5	62.5	87.1
Inpatient palliative care unit	0.0	12.5	7.5	25.0	16.7	22.6
Any long-term care	50.0	33.3	21.5	75.0	37.5	38.7
Skilled nursing care	50.0	33.3	19.4	75.0	37.5	37.6
Intermediate nursing care	0.0	4.2	3.2	25.0	4.2	8.6
Other long-term care	0.0	8.3	3.2	12.5	12.5	10.8

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 15 CAHs, 27 other rural hospitals, and 114 urban hospitals in Pennsylvania in 2017. Of these, 8 CAHs, 24 other rural hospitals, and 93 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Pennsylvania

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	3.0	2.7	2.5
Charity care costs	0.5	1.0	1.5
Bad debt costs (non-Medicare and non-reimbursable Medicare)	2.5	1.8	1.0
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	2.7	5.5	2.9

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 15 CAHs, 27 other rural hospitals, and 114 urban hospitals in Pennsylvania in 2017. Of these, 13 CAHs, 27 other rural hospitals, and 104 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Pennsylvania. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: South Carolina

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	100.0	83.3	92.1	100.0	91.7	97.4
Enrollment assistance services	25.0	33.3	71.1	50.0	50.0	92.1
Health fair	75.0	91.7	89.5	75.0	91.7	97.4
Community health education	75.0	100.0	94.7	75.0	100.0	100.0
Health screenings	100.0	100.0	94.7	100.0	100.0	97.4
Health research	0.0	16.7	26.3	0.0	41.7	60.5
Immunization program	50.0	50.0	34.2	50.0	58.3	57.9
Indigent care clinic	0.0	8.3	21.1	25.0	41.7	52.6
Adult day care	0.0	0.0	0.0	0.0	8.3	15.8
Any substance use services	0.0	0.0	21.1	0.0	25.0	36.8
Substance use inpatient care	0.0	0.0	21.1	0.0	25.0	36.8
Substance use outpatient care	0.0	0.0	10.5	0.0	8.3	13.2
Ambulance services	0.0	25.0	23.7	75.0	75.0	63.2
Certified trauma center ³	0.0	16.7	34.2	0.0	41.7	57.9
Dental services	0.0	25.0	23.7	0.0	50.0	50.0
Hemodialysis	0.0	41.7	44.7	0.0	66.7	84.2
Home health services	50.0	33.3	21.1	50.0	75.0	57.9
Hospice program	25.0	16.7	23.7	100.0	83.3	81.6
Obstetrics care	0.0	91.7	79.0	25.0	91.7	92.1
Any psychiatric services	25.0	50.0	55.3	25.0	83.3	76.3
Psychiatric inpatient care	0.0	25.0	31.6	25.0	50.0	52.6
Psychiatric outpatient care	25.0	50.0	55.3	25.0	83.3	76.3
Palliative care program	25.0	25.0	44.7	25.0	50.0	65.8
Inpatient palliative care unit	0.0	0.0	7.9	0.0	8.3	23.7
Any long-term care	100.0	41.7	31.6	100.0	58.3	55.3
Skilled nursing care	75.0	33.3	21.1	75.0	50.0	47.4
Intermediate nursing care	50.0	33.3	13.2	50.0	41.7	36.8
Other long-term care	25.0	8.3	10.5	25.0	8.3	15.8

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 4 CAHs, 12 other rural hospitals, and 45 urban hospitals in South Carolina in 2017. Of these, 4 CAHs, 12 other rural hospitals, and 38 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: South Carolina

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	12.7	11.6	11.2
Charity care costs	2.6	5.6	6.2
Bad debt costs (non-Medicare and non-reimbursable Medicare)	10.0	5.9	4.9
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	3.1	1.8	1.4

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 4 CAHs, 12 other rural hospitals, and 45 urban hospitals in South Carolina in 2017. Of these, 4 CAHs, 12 other rural hospitals, and 40 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in South Carolina. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: South Dakota

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	57.6	40.0	80.0	63.6	60.0	80.0
Enrollment assistance services	18.2	40.0	60.0	36.4	40.0	60.0
Health fair	72.7	100.0	80.0	84.9	100.0	100.0
Community health education	84.9	100.0	100.0	87.9	100.0	100.0
Health screenings	90.9	100.0	100.0	90.9	100.0	100.0
Health research	0.0	20.0	80.0	18.2	20.0	80.0
Immunization program	60.6	20.0	80.0	78.8	20.0	80.0
Indigent care clinic	6.1	0.0	60.0	24.2	20.0	60.0
Adult day care	9.1	20.0	0.0	9.1	40.0	0.0
Any substance use services	0.0	0.0	60.0	21.2	0.0	80.0
Substance use inpatient care	0.0	0.0	20.0	3.0	0.0	20.0
Substance use outpatient care	0.0	0.0	60.0	21.2	0.0	80.0
Ambulance services	18.2	20.0	40.0	54.6	20.0	60.0
Certified trauma center ³	60.6	60.0	60.0	63.6	60.0	60.0
Dental services	0.0	20.0	60.0	39.4	40.0	80.0
Hemodialysis	6.1	40.0	100.0	24.2	100.0	100.0
Home health services	42.4	60.0	80.0	84.9	100.0	80.0
Hospice program	9.1	60.0	80.0	69.7	100.0	80.0
Obstetrics care	21.2	100.0	60.0	33.3	100.0	60.0
Any psychiatric services	12.1	60.0	100.0	42.4	60.0	100.0
Psychiatric inpatient care	0.0	0.0	80.0	21.2	20.0	100.0
Psychiatric outpatient care	12.1	60.0	100.0	42.4	60.0	100.0
Palliative care program	9.1	60.0	100.0	42.4	80.0	100.0
Inpatient palliative care unit	3.0	20.0	100.0	24.2	20.0	100.0
Any long-term care	81.8	60.0	80.0	81.8	60.0	80.0
Skilled nursing care	69.7	60.0	20.0	75.8	60.0	60.0
Intermediate nursing care	18.2	0.0	20.0	30.3	0.0	20.0
Other long-term care	12.1	20.0	40.0	24.2	20.0	60.0

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 38 CAHs, 11 other rural hospitals, and 6 urban hospitals in South Dakota in 2017. Of these, 33 CAHs, 5 other rural hospitals, and 5 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: South Dakota

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	5.1	4.1	4.1
Charity care costs	2.4	1.8	2.2
Bad debt costs (non-Medicare and non-reimbursable Medicare)	2.7	2.3	2.0
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	1.4	1.8	1.7

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 38 CAHs, 11 other rural hospitals, and 6 urban hospitals in South Dakota in 2017. Of these, 29 CAHs, 4 other rural hospitals, and 2 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in South Dakota. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Tennessee

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	62.5	62.5	87.9	75.0	62.5	93.9
Enrollment assistance services	50.0	50.0	78.8	50.0	62.5	97.0
Health fair	87.5	93.8	87.9	87.5	93.8	93.9
Community health education	75.0	93.8	93.9	75.0	93.8	97.0
Health screenings	75.0	87.5	81.8	87.5	87.5	93.9
Health research	0.0	0.0	45.5	25.0	0.0	63.6
Immunization program	12.5	31.3	36.4	25.0	31.3	48.5
Indigent care clinic	12.5	6.3	12.1	12.5	6.3	21.2
Adult day care	0.0	6.3	3.0	12.5	18.8	30.3
Any substance use services	0.0	6.3	21.2	25.0	18.8	60.6
Substance use inpatient care	0.0	6.3	15.2	25.0	18.8	51.5
Substance use outpatient care	0.0	0.0	18.2	25.0	12.5	57.6
Ambulance services	0.0	31.3	30.3	50.0	56.3	72.7
Certified trauma center ³	12.5	0.0	30.3	25.0	0.0	45.5
Dental services	0.0	12.5	27.3	25.0	12.5	39.4
Hemodialysis	0.0	6.3	54.6	25.0	31.3	84.9
Home health services	12.5	18.8	24.2	37.5	56.3	72.7
Hospice program	12.5	18.8	33.3	50.0	50.0	90.9
Obstetrics care	0.0	68.8	69.7	25.0	68.8	90.9
Any psychiatric services	37.5	37.5	54.6	50.0	56.3	84.9
Psychiatric inpatient care	0.0	25.0	39.4	25.0	37.5	72.7
Psychiatric outpatient care	37.5	31.3	45.5	50.0	50.0	81.8
Palliative care program	12.5	6.3	57.6	50.0	31.3	78.8
Inpatient palliative care unit	0.0	6.3	15.2	12.5	6.3	18.2
Any long-term care	25.0	31.3	21.2	50.0	37.5	57.6
Skilled nursing care	25.0	31.3	12.1	50.0	37.5	51.5
Intermediate nursing care	0.0	12.5	15.2	25.0	18.8	57.6
Other long-term care	0.0	0.0	0.0	12.5	0.0	12.1

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 15 CAHs, 35 other rural hospitals, and 57 urban hospitals in Tennessee in 2017. Of these, 8 CAHs, 16 other rural hospitals, and 33 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Tennessee

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	11.6	7.2	7.8
Charity care costs	6.2	4.0	5.3
Bad debt costs (non-Medicare and non-reimbursable Medicare)	5.4	3.2	2.5
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	3.1	6.1	3.6

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 15 CAHs, 35 other rural hospitals, and 57 urban hospitals in Tennessee in 2017. Of these, 13 CAHs, 32 other rural hospitals, and 48 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Tennessee. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Texas

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	57.1	68.2	76.8	58.3	72.7	80.9
Enrollment assistance services	41.7	65.2	63.4	44.1	80.3	82.0
Health fair	83.3	89.4	77.3	86.9	90.9	80.4
Community health education	73.8	80.3	80.9	77.4	84.9	86.1
Health screenings	83.3	83.3	79.9	84.5	87.9	84.0
Health research	1.2	3.0	27.3	7.1	7.6	43.3
Immunization program	58.3	47.0	40.2	64.3	54.6	48.5
Indigent care clinic	19.1	18.2	15.0	25.0	27.3	39.7
Adult day care	0.0	1.5	0.5	0.0	3.0	3.6
Any substance use services	1.2	1.5	9.3	6.0	3.0	27.3
Substance use inpatient care	1.2	1.5	4.1	6.0	3.0	17.5
Substance use outpatient care	0.0	0.0	8.3	2.4	1.5	24.7
Ambulance services	34.5	28.8	6.7	58.3	54.6	45.4
Certified trauma center ³	76.2	80.3	59.8	77.4	80.3	66.5
Dental services	2.4	12.1	23.7	26.2	24.2	36.6
Hemodialysis	2.4	16.7	45.9	7.1	30.3	80.4
Home health services	25.0	30.3	8.3	38.1	43.9	28.4
Hospice program	14.3	19.7	12.4	53.6	60.6	66.5
Obstetrics care	21.4	74.2	72.2	26.2	75.8	75.8
Any psychiatric services	20.2	30.3	38.7	27.4	40.9	60.8
Psychiatric inpatient care	0.0	10.6	23.7	3.6	15.2	40.7
Psychiatric outpatient care	20.2	22.7	35.1	27.4	34.9	56.7
Palliative care program	9.5	12.1	42.3	21.4	19.7	54.1
Inpatient palliative care unit	3.6	3.0	6.2	7.1	4.6	11.3
Any long-term care	10.7	9.1	12.4	13.1	15.2	26.8
Skilled nursing care	9.5	6.1	6.7	11.9	12.1	19.1
Intermediate nursing care	2.4	1.5	6.7	3.6	3.0	18.6
Other long-term care	1.2	1.5	0.5	1.2	3.0	4.1

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 84 CAHs, 67 other rural hospitals, and 211 urban hospitals in Texas in 2017. Of these, 84 CAHs, 66 other rural hospitals, and 194 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Texas

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	18.6	12.8	10.7
Charity care costs	7.1	5.4	6.9
Bad debt costs (non-Medicare and non-reimbursable Medicare)	11.5	7.4	3.8
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	4.5	2.1	1.8

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 84 CAHs, 67 other rural hospitals, and 211 urban hospitals in Texas in 2017. Of these, 78 CAHs, 60 other rural hospitals, and 167 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Texas. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Utah

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	80.0	80.0	93.3	90.0	80.0	93.3
Enrollment assistance services	80.0	100.0	93.3	90.0	100.0	93.3
Health fair	60.0	60.0	86.7	100.0	100.0	100.0
Community health education	100.0	80.0	100.0	100.0	80.0	100.0
Health screenings	80.0	60.0	73.3	100.0	100.0	93.3
Health research	0.0	0.0	33.3	50.0	60.0	80.0
Immunization program	50.0	0.0	26.7	90.0	60.0	93.3
Indigent care clinic	20.0	0.0	13.3	70.0	60.0	80.0
Adult day care	0.0	0.0	0.0	10.0	0.0	0.0
Any substance use services	10.0	0.0	20.0	50.0	60.0	86.7
Substance use inpatient care	10.0	0.0	13.3	50.0	60.0	86.7
Substance use outpatient care	10.0	0.0	20.0	50.0	60.0	86.7
Ambulance services	10.0	20.0	13.3	80.0	80.0	86.7
Certified trauma center ³	60.0	60.0	60.0	70.0	80.0	86.7
Dental services	30.0	40.0	66.7	70.0	60.0	86.7
Hemodialysis	10.0	20.0	46.7	60.0	80.0	93.3
Home health services	20.0	20.0	6.7	80.0	80.0	80.0
Hospice program	30.0	20.0	6.7	90.0	80.0	93.3
Obstetrics care	80.0	100.0	93.3	100.0	100.0	93.3
Any psychiatric services	40.0	60.0	93.3	90.0	60.0	100.0
Psychiatric inpatient care	0.0	0.0	40.0	50.0	60.0	93.3
Psychiatric outpatient care	40.0	60.0	93.3	90.0	60.0	100.0
Palliative care program	30.0	20.0	46.7	60.0	80.0	86.7
Inpatient palliative care unit	10.0	0.0	13.3	20.0	0.0	20.0
Any long-term care	90.0	20.0	13.3	90.0	80.0	86.7
Skilled nursing care	80.0	20.0	6.7	80.0	80.0	80.0
Intermediate nursing care	20.0	0.0	6.7	30.0	0.0	13.3
Other long-term care	40.0	0.0	0.0	70.0	60.0	66.7

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 13 CAHs, 6 other rural hospitals, and 26 urban hospitals in Utah in 2017. Of these, 10 CAHs, 5 other rural hospitals, and 15 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Utah

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	5.1	3.8	4.7
Charity care costs	1.6	1.6	2.8
Bad debt costs (non-Medicare and non-reimbursable Medicare)	3.4	2.3	1.9
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	1.3	0.0	0.1

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 13 CAHs, 6 other rural hospitals, and 26 urban hospitals in Utah in 2017. Of these, 10 CAHs, 5 other rural hospitals, and 20 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Utah. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Vermont

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	100.0	75.0	100.0	100.0	100.0	100.0
Enrollment assistance services	80.0	100.0	100.0	80.0	100.0	100.0
Health fair	60.0	50.0	100.0	60.0	50.0	100.0
Community health education	100.0	75.0	100.0	100.0	75.0	100.0
Health screenings	80.0	100.0	100.0	80.0	100.0	100.0
Health research	20.0	25.0	100.0	20.0	25.0	100.0
Immunization program	60.0	75.0	100.0	60.0	75.0	100.0
Indigent care clinic	40.0	0.0	100.0	40.0	25.0	100.0
Adult day care	0.0	0.0	0.0	0.0	25.0	0.0
Any substance use services	20.0	75.0	100.0	20.0	75.0	100.0
Substance use inpatient care	20.0	25.0	100.0	20.0	25.0	100.0
Substance use outpatient care	0.0	75.0	100.0	0.0	75.0	100.0
Ambulance services	0.0	0.0	100.0	40.0	75.0	100.0
Certified trauma center ³	20.0	0.0	100.0	20.0	0.0	100.0
Dental services	20.0	25.0	100.0	60.0	75.0	100.0
Hemodialysis	0.0	25.0	100.0	20.0	75.0	100.0
Home health services	0.0	0.0	0.0	40.0	75.0	100.0
Hospice program	20.0	50.0	100.0	60.0	100.0	100.0
Obstetrics care	60.0	75.0	100.0	60.0	75.0	100.0
Any psychiatric services	60.0	75.0	100.0	80.0	75.0	100.0
Psychiatric inpatient care	20.0	75.0	100.0	20.0	75.0	100.0
Psychiatric outpatient care	40.0	75.0	100.0	80.0	75.0	100.0
Palliative care program	40.0	75.0	100.0	40.0	75.0	100.0
Inpatient palliative care unit	0.0	25.0	0.0	0.0	25.0	0.0
Any long-term care	20.0	25.0	100.0	20.0	25.0	100.0
Skilled nursing care	20.0	25.0	100.0	20.0	25.0	100.0
Intermediate nursing care	20.0	0.0	0.0	20.0	0.0	0.0
Other long-term care	20.0	0.0	0.0	20.0	0.0	0.0

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 8 CAHs, 5 other rural hospitals, and 2 urban hospitals in Vermont in 2017. Of these, 5 CAHs, 4 other rural hospitals, and 1 urban hospital responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Vermont

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	3.8	2.2	2.0
Charity care costs	1.7	0.8	0.6
Bad debt costs (non-Medicare and non-reimbursable Medicare)	2.1	1.4	1.4
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	3.0	3.9	5.7

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 8 CAHs, 5 other rural hospitals, and 2 urban hospitals in Vermont in 2017. Of these, 8 CAHs, 4 other rural hospitals, and 2 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Vermont. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Virginia

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	83.3	68.8	95.0	100.0	87.5	97.5
Enrollment assistance services	66.7	87.5	85.0	83.3	93.8	90.0
Health fair	83.3	81.3	95.0	100.0	87.5	97.5
Community health education	66.7	87.5	95.0	100.0	87.5	97.5
Health screenings	83.3	93.8	97.5	100.0	100.0	100.0
Health research	0.0	6.3	65.0	16.7	37.5	72.5
Immunization program	50.0	37.5	65.0	50.0	56.3	77.5
Indigent care clinic	16.7	6.3	32.5	50.0	31.3	72.5
Adult day care	0.0	0.0	7.5	0.0	12.5	52.5
Any substance use services	0.0	6.3	47.5	16.7	37.5	65.0
Substance use inpatient care	0.0	0.0	20.0	16.7	31.3	42.5
Substance use outpatient care	0.0	6.3	42.5	16.7	31.3	65.0
Ambulance services	16.7	0.0	15.0	83.3	37.5	87.5
Certified trauma center ³	0.0	0.0	35.0	16.7	31.3	62.5
Dental services	0.0	12.5	47.5	33.3	43.8	57.5
Hemodialysis	16.7	6.3	65.0	33.3	56.3	92.5
Home health services	0.0	62.5	35.0	100.0	81.3	97.5
Hospice program	0.0	50.0	67.5	100.0	68.8	95.0
Obstetrics care	0.0	50.0	80.0	16.7	75.0	90.0
Any psychiatric services	33.3	31.3	80.0	66.7	62.5	92.5
Psychiatric inpatient care	33.3	18.8	52.5	33.3	43.8	82.5
Psychiatric outpatient care	33.3	25.0	77.5	66.7	56.3	92.5
Palliative care program	0.0	25.0	85.0	16.7	50.0	92.5
Inpatient palliative care unit	0.0	0.0	22.5	0.0	0.0	37.5
Any long-term care	16.7	37.5	25.0	33.3	68.8	62.5
Skilled nursing care	16.7	37.5	22.5	33.3	68.8	62.5
Intermediate nursing care	0.0	6.3	17.5	16.7	31.3	57.5
Other long-term care	0.0	6.3	7.5	0.0	37.5	47.5

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 7 CAHs, 20 other rural hospitals, and 59 urban hospitals in Virginia in 2017. Of these, 6 CAHs, 16 other rural hospitals, and 40 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Virginia

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	10.6	7.1	7.4
Charity care costs	4.4	3.9	5.1
Bad debt costs (non-Medicare and non-reimbursable Medicare)	6.2	3.2	2.3
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	4.2	2.8	0.9

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 7 CAHs, 20 other rural hospitals, and 59 urban hospitals in Virginia in 2017. Of these, 7 CAHs, 18 other rural hospitals, and 42 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Virginia. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Washington

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	83.3	66.7	91.7	94.4	66.7	94.4
Enrollment assistance services	55.6	66.7	77.8	66.7	100.0	97.2
Health fair	77.8	100.0	75.0	77.8	100.0	97.2
Community health education	94.4	66.7	91.7	100.0	66.7	100.0
Health screenings	88.9	66.7	88.9	94.4	66.7	100.0
Health research	0.0	66.7	58.3	5.6	66.7	88.9
Immunization program	61.1	33.3	50.0	72.2	33.3	80.6
Indigent care clinic	11.1	0.0	11.1	11.1	0.0	41.7
Adult day care	0.0	0.0	5.6	0.0	0.0	22.2
Any substance use services	5.6	0.0	13.9	16.7	0.0	30.6
Substance use inpatient care	0.0	0.0	8.3	0.0	0.0	22.2
Substance use outpatient care	5.6	0.0	13.9	16.7	0.0	27.8
Ambulance services	16.7	0.0	5.6	44.4	33.3	58.3
Certified trauma center ³	72.2	66.7	75.0	77.8	66.7	86.1
Dental services	5.6	0.0	16.7	11.1	0.0	63.9
Hemodialysis	5.6	0.0	50.0	11.1	0.0	97.2
Home health services	16.7	33.3	16.7	27.8	66.7	83.3
Hospice program	16.7	0.0	22.2	38.9	66.7	86.1
Obstetrics care	55.6	100.0	83.3	55.6	100.0	97.2
Any psychiatric services	38.9	0.0	58.3	72.2	0.0	88.9
Psychiatric inpatient care	0.0	0.0	44.4	5.6	0.0	77.8
Psychiatric outpatient care	38.9	0.0	58.3	72.2	0.0	86.1
Palliative care program	44.4	33.3	75.0	55.6	33.3	94.4
Inpatient palliative care unit	16.7	0.0	25.0	22.2	0.0	44.4
Any long-term care	33.3	0.0	8.3	33.3	0.0	38.9
Skilled nursing care	27.8	0.0	5.6	27.8	0.0	36.1
Intermediate nursing care	0.0	0.0	2.8	5.6	0.0	22.2
Other long-term care	5.6	0.0	0.0	5.6	0.0	19.4

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 39 CAHs, 5 other rural hospitals, and 48 urban hospitals in Washington in 2017. Of these, 18 CAHs, 3 other rural hospitals, and 36 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Washington

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	4.1	2.7	2.6
Charity care costs	1.7	1.7	1.7
Bad debt costs (non-Medicare and non-reimbursable Medicare)	2.5	1.0	0.9
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	5.5	5.7	4.2

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 39 CAHs, 5 other rural hospitals, and 48 urban hospitals in Washington in 2017. Of these, 36 CAHs, 4 other rural hospitals, and 26 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Washington. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: West Virginia

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	93.8	70.0	93.8	100.0	70.0	93.8
Enrollment assistance services	68.8	70.0	81.3	81.3	80.0	93.8
Health fair	87.5	100.0	93.8	100.0	100.0	93.8
Community health education	87.5	80.0	93.8	100.0	80.0	93.8
Health screenings	93.8	100.0	100.0	93.8	100.0	100.0
Health research	0.0	10.0	43.8	0.0	20.0	50.0
Immunization program	56.3	50.0	62.5	56.3	50.0	81.3
Indigent care clinic	0.0	10.0	25.0	0.0	10.0	56.3
Adult day care	0.0	0.0	0.0	6.3	0.0	0.0
Any substance use services	0.0	0.0	25.0	0.0	20.0	56.3
Substance use inpatient care	0.0	0.0	18.8	0.0	20.0	37.5
Substance use outpatient care	0.0	0.0	25.0	0.0	20.0	56.3
Ambulance services	12.5	0.0	31.3	18.8	20.0	62.5
Certified trauma center ³	50.0	60.0	75.0	50.0	60.0	81.3
Dental services	6.3	10.0	31.3	18.8	20.0	43.8
Hemodialysis	0.0	30.0	62.5	6.3	50.0	81.3
Home health services	12.5	20.0	50.0	50.0	50.0	75.0
Hospice program	0.0	10.0	6.3	37.5	50.0	68.8
Obstetrics care	25.0	90.0	68.8	25.0	90.0	75.0
Any psychiatric services	12.5	20.0	68.8	25.0	30.0	81.3
Psychiatric inpatient care	0.0	20.0	56.3	6.3	20.0	68.8
Psychiatric outpatient care	12.5	10.0	56.3	25.0	30.0	81.3
Palliative care program	18.8	20.0	75.0	25.0	20.0	75.0
Inpatient palliative care unit	6.3	0.0	18.8	6.3	0.0	25.0
Any long-term care	56.3	30.0	43.8	56.3	50.0	56.3
Skilled nursing care	50.0	20.0	43.8	50.0	40.0	56.3
Intermediate nursing care	25.0	10.0	12.5	25.0	20.0	18.8
Other long-term care	6.3	0.0	6.3	12.5	10.0	12.5

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 20 CAHs, 14 other rural hospitals, and 19 urban hospitals in West Virginia in 2017. Of these, 16 CAHs, 10 other rural hospitals, and 16 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: West Virginia

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	5.8	3.1	2.4
Charity care costs	2.1	1.0	1.0
Bad debt costs (non-Medicare and non-reimbursable Medicare)	3.7	2.2	1.4
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	2.7	4.4	4.8

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 20 CAHs, 14 other rural hospitals, and 19 urban hospitals in West Virginia in 2017. Of these, 19 CAHs, 13 other rural hospitals, and 14 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in West Virginia. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Wisconsin

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	53.5	43.8	60.4	56.9	50.0	70.8
Enrollment assistance services	37.9	31.3	60.4	50.0	37.5	64.6
Health fair	62.1	50.0	60.4	63.8	50.0	70.8
Community health education	96.6	93.8	91.7	100.0	93.8	97.9
Health screenings	62.1	56.3	68.8	63.8	56.3	72.9
Health research	3.5	12.5	29.2	20.7	25.0	60.4
Immunization program	51.7	31.3	52.1	53.5	31.3	64.6
Indigent care clinic	12.1	6.3	22.9	22.4	43.8	52.1
Adult day care	5.2	0.0	6.3	20.7	6.3	29.2
Any substance use services	12.1	43.8	47.9	53.5	68.8	85.4
Substance use inpatient care	3.5	18.8	35.4	31.0	37.5	62.5
Substance use outpatient care	10.3	31.3	41.7	50.0	50.0	83.3
Ambulance services	6.9	18.8	6.3	74.1	62.5	75.0
Certified trauma center ³	77.6	75.0	85.4	89.7	87.5	89.6
Dental services	0.0	0.0	2.1	0.0	0.0	2.1
Hemodialysis	8.6	18.8	50.0	41.4	75.0	93.8
Home health services	15.5	25.0	20.8	63.8	75.0	93.8
Hospice program	12.1	18.8	10.4	65.5	81.3	87.5
Obstetrics care	58.6	100.0	85.4	72.4	100.0	97.9
Any psychiatric services	36.2	43.8	60.4	65.5	68.8	93.8
Psychiatric inpatient care	6.9	25.0	37.5	34.5	43.8	75.0
Psychiatric outpatient care	34.5	37.5	58.3	65.5	62.5	93.8
Palliative care program	29.3	18.8	64.6	48.3	25.0	68.8
Inpatient palliative care unit	5.2	12.5	22.9	22.4	18.8	39.6
Any long-term care	13.8	12.5	8.3	13.8	12.5	8.3
Skilled nursing care	12.1	12.5	6.3	12.1	12.5	6.3
Intermediate nursing care	1.7	0.0	2.1	1.7	0.0	2.1
Other long-term care	6.9	0.0	2.1	6.9	0.0	2.1

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 58 CAHs, 17 other rural hospitals, and 52 urban hospitals in Wisconsin in 2017. Of these, 58 CAHs, 16 other rural hospitals, and 48 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Wisconsin

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	2.5	2.5	1.9
Charity care costs	0.9	1.3	0.9
Bad debt costs (non-Medicare and non-reimbursable Medicare)	1.6	1.2	0.9
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	3.7	3.2	3.2

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 58 CAHs, 17 other rural hospitals, and 52 urban hospitals in Wisconsin in 2017. Of these, 58 CAHs, 15 other rural hospitals, and 46 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Wisconsin. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

State Comparison of Service Indicators: Wyoming

Indicator	Hospital Provides Service (%) ¹			Hospital, System, or Joint Venture Provides Service (%)		
	CAH ²	Other Rural ²	Urban ²	CAH ²	Other Rural ²	Urban ²
Community outreach	45.5	100.0	100.0	63.6	100.0	100.0
Enrollment assistance services	54.6	50.0	100.0	54.6	50.0	100.0
Health fair	81.8	66.7	100.0	90.9	83.3	100.0
Community health education	45.5	100.0	100.0	81.8	100.0	100.0
Health screenings	72.7	83.3	100.0	90.9	100.0	100.0
Health research	0.0	0.0	0.0	0.0	0.0	0.0
Immunization program	45.5	66.7	50.0	63.6	83.3	50.0
Indigent care clinic	0.0	33.3	0.0	9.1	33.3	50.0
Adult day care	0.0	0.0	0.0	0.0	0.0	0.0
Any substance use services	18.2	16.7	50.0	18.2	16.7	100.0
Substance use inpatient care	18.2	0.0	0.0	18.2	0.0	50.0
Substance use outpatient care	9.1	16.7	50.0	9.1	16.7	100.0
Ambulance services	45.5	16.7	50.0	63.6	50.0	100.0
Certified trauma center ³	63.6	100.0	100.0	63.6	100.0	100.0
Dental services	9.1	33.3	0.0	18.2	33.3	0.0
Hemodialysis	0.0	66.7	100.0	9.1	66.7	100.0
Home health services	27.3	33.3	50.0	27.3	33.3	50.0
Hospice program	18.2	33.3	50.0	18.2	66.7	50.0
Obstetrics care	72.7	100.0	100.0	72.7	100.0	100.0
Any psychiatric services	9.1	50.0	100.0	45.5	50.0	100.0
Psychiatric inpatient care	0.0	50.0	50.0	0.0	50.0	50.0
Psychiatric outpatient care	9.1	16.7	100.0	45.5	16.7	100.0
Palliative care program	18.2	33.3	50.0	18.2	50.0	50.0
Inpatient palliative care unit	0.0	16.7	50.0	9.1	16.7	50.0
Any long-term care	63.6	66.7	50.0	81.8	66.7	50.0
Skilled nursing care	36.4	33.3	50.0	54.6	33.3	50.0
Intermediate nursing care	27.3	16.7	0.0	45.5	16.7	0.0
Other long-term care	9.1	16.7	0.0	9.1	16.7	0.0

Source: 2017 American Hospital Association Annual Survey

¹ The United States Department of Agriculture's 2013 Rural Urban Continuum Codes (RUCCs) were used to classify non-Critical Access Hospitals as either "other rural" (RUCCs 4 through 9) or "urban" (RUCCs 1 through 3).

² There were 16 CAHs, 8 other rural hospitals, and 4 urban hospitals in Wyoming in 2017. Of these, 11 CAHs, 6 other rural hospitals, and 2 urban hospitals responded to the 2017 AHA survey.

³ Because of the nature and wording of the AHA survey, hospital responses may not align with state and/or American College of Surgeons (ACS) lists of certified trauma centers.



STATE DATA REPORT

Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017

National Comparison of Uncompensated Care and Unreimbursed Cost of Means-Tested Government Programs: Wyoming

Indicator (expressed as a mean percentage of adjusted revenue)	% CAH ¹	% Other Rural ¹	% Urban ¹
Total uncompensated care costs (combined charity care and bad debt)	7.2	5.4	-
Charity care costs	2.3	1.8	-
Bad debt costs (non-Medicare and non-reimbursable Medicare)	5.0	3.6	-
Unreimbursed costs of means-tested government programs (Medicaid, SCHIP, and state/local indigent care)	3.2	1.2	-

Source: 2017 Medicare Hospital Cost Reports, Form CMS-2552-10

¹ There were 16 CAHs, 8 other rural hospitals, and 4 urban hospitals in Wyoming in 2017. Of these, 8 CAHs, 5 other rural hospitals, and 0 urban hospitals reported valid cost report data.

Notes:

- Comparison hospitals include all general medical and surgical hospitals operating in Wyoming. Due to refinements in the comparison group construction methodology and data cleaning process, data for other rural and urban hospitals in this report are not comparable to data for other rural and urban hospitals in reports released prior to August 2016. CAH data are comparable across years.
- Cost report data include Worksheet S-10 line 19 (total unreimbursed cost for Medicaid, SCHIP, and state and local indigent care programs); line 23, column 3 (cost of charity care), line 29 (cost of non-Medicare and non-reimbursable Medicare bad debt expense); and line 30 (cost of uncompensated care). Hospital revenue data are from Worksheet G-3 line 3 (net patient revenues).