

CAH Financial Indicators Report: Summary of Indicator Medians by State

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**Flex
Monitoring
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Introduction

The Medicare Rural Hospital Flexibility Program

The Medicare Rural Hospital Flexibility Program (Flex Program), created by Congress in 1997, allows small hospitals to be licensed as Critical Access Hospitals (CAHs) and offers grants to States to help implement initiatives to strengthen the rural health care infrastructure. To participate in the Flex Program, States are required to develop a rural health care plan that provides for the creation of one or more rural health networks, promotes regionalization of rural health services in the State, and improves the quality of and access to hospital and other health services for rural residents of the State. Consistent with their rural health care plans, states may designate eligible rural hospitals as CAHs.

CAHs must be located in a rural area or an area treated as rural; be more than 35 miles (or 15 miles in areas with mountainous terrain or only secondary roads available) from another hospital, or be certified before January 1, 2006 by the State as being a necessary provider of health care services. CAHs are required to make available 24-hour emergency care services that a State determines are necessary. CAHs may have a maximum of 25 acute care and swing beds, and must maintain an annual average length of stay of 96 hours or less for their acute care patients. CAHs are reimbursed by Medicare on a cost basis (i.e., for the reasonable costs of providing inpatient, outpatient, and swing bed services).

The legislative authority for the Flex Program and cost-based reimbursement for CAHs are described in the Social Security Act, Title XVIII, Sections 1814 and 1820, available at http://www.ssa.gov/OP_Home/ssact/title18/1800.htm.

Background

All hospitals, regardless of size and organizational structure, benefit from comparative data on financial condition and performance. The unique reimbursement and organizational structure of critical access hospitals (CAHs) make it important to have financial indicators that capture their own circumstances for performance assessment. CAHs differ from urban and other rural hospitals that are paid under the Medicare Prospective Payment System (PPS) in important aspects that affect the most appropriate way to measure financial condition. Unlike PPS hospitals, CAHs receive cost-based reimbursement for inpatient and outpatient care, and the incentives, financial management, and utilization practices under these two payment methods differ substantially. There are also organizational differences between CAHs and other hospitals that may affect financial performance; for instance, CAHs have relaxed staffing rules under Medicare, and they have limits on bed-size and average length of stay (and low volume hospitals have been found to face substantially more annual variation in demand for services, making financial planning difficult). The purpose of this report is to present national and State median values of the twenty-nine financial indicators included in the Critical Access Hospital Measurement and Performance Assessment System (CAHMPAS).

Conceptual Framework

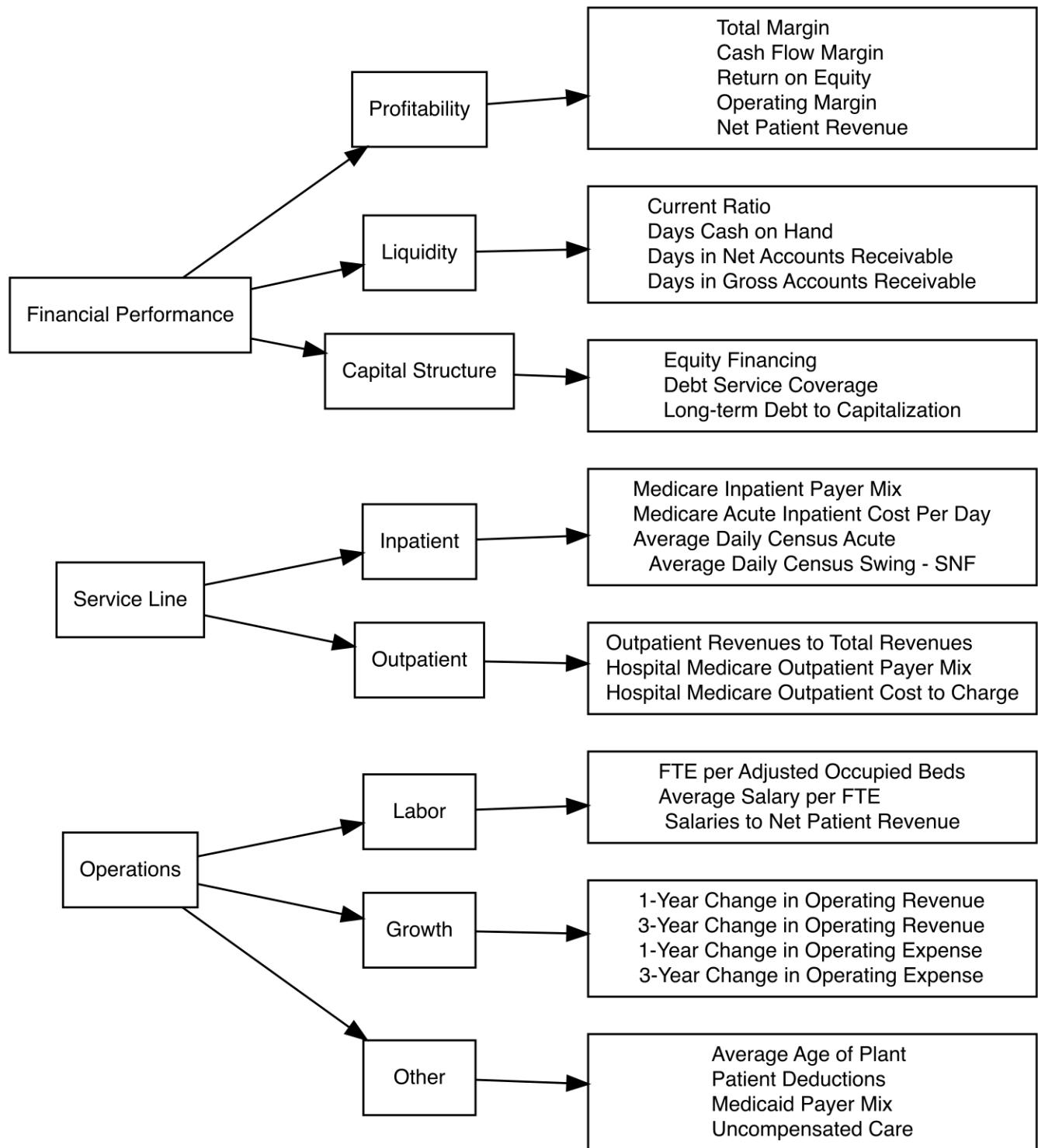


Figure Description: Conceptual framework for the CAHMPAS financial indicators. The diagram reads left to right in three pillars—Financial Performance, Service Line, and Operations—each splitting into sub-themes that link to boxes listing the indicators.

Hospital Sample

The following table includes, by state, the total number of Critical Access Hospitals with a Medicare Cost Report for at least 360 days in period, the minimum required to be included in the calculation of medians. The number of CAHs for a particular indicator may be less than the number in the table if there were unusable or unavailable data for one or more CAHs in the state. Furthermore, this number may vary from other counts of CAHs by state due to differences in who is included in this count; for example, Table 1 includes only CAHs with a cost report period of at least 360 days. State counts including shorter fiscal years would yield larger numbers of CAHs.

Table 1. Number of CAHs by State (2024)

State	Number of CAHs	State	Number of CAHs
US	1338	MT	49
AK	13	NC	20
AL	5	ND	37
AR	27	NE	61
AZ	17	NH	13
CA	36	NM	13
CO	32	NV	13
FL	10	NY	19
GA	29	OH	32
HI	9	OK	39
IA	81	OR	25
ID	26	PA	16
IL	53	SC	3
IN	33	SD	39
KS	82	TN	15
KY	27	TX	88
LA	27	UT	13
MA	3	VA	8
ME	16	VT	8
MI	35	WA	39
MN	75	WI	53
MO	33	WV	21
MS	29	WY	16

Part 1: State Median by Indicator

Table 2. Profitability Indicators

State	Total Margin (%)	Cash Flow Margin (%)	Return on Equity (%)	Operating Margin (%)	Net Patient Revenue (\$M)
US	5.08	6.76	8.25	1.99	29.12
AK	7.79	6.61	13.61	4.82	46.37
AL	6.71	4.87	14.92	-1.45	20.06
AR	0.46	2.94	2.12	-1.82	18.12
AZ	10.63	11.85	18.60	9.70	40.84
CA	3.17	2.82	8.50	0.49	45.08
CO	4.55	7.15	7.38	0.31	35.72
FL	18.20	7.33	37.74	3.89	32.86
GA	6.66	4.13	11.98	0.34	24.08
HI	-0.19	-0.30	-1.32	-2.26	29.11
IA	10.51	13.11	14.08	7.64	36.75
ID	1.27	1.69	2.93	-1.76	32.60
IL	7.38	11.52	10.65	6.72	43.43
IN	6.28	9.17	8.47	5.99	44.48
KS	-1.63	-3.56	-1.87	-8.08	16.55
KY	20.21	21.44	27.82	19.75	29.90
LA	12.23	12.63	10.96	8.53	23.04
MA	6.09	4.20	4.57	1.49	77.29
ME	6.01	7.00	8.84	4.22	57.25
MI	7.45	10.30	13.87	6.86	55.47
MN	6.98	8.45	8.40	5.26	35.22
MO	2.10	4.73	3.04	1.50	26.26
MS	-0.97	-1.07	4.50	-4.20	20.05
MT	3.71	4.26	4.20	-2.09	14.54
NC	4.40	10.30	10.02	4.40	49.63
ND	3.33	6.15	4.15	0.84	13.94
NE	2.31	7.11	2.52	-0.30	25.34
NH	11.22	9.82	11.82	5.42	84.16
NM	13.56	6.36	3.43	0.16	43.94
NV	2.78	5.55	9.18	1.61	32.00
NY	7.36	7.34	13.29	2.65	46.43
OH	8.16	9.24	17.77	9.26	40.25
OK	2.25	3.19	10.93	-0.86	15.52
OR	5.75	6.03	8.34	2.38	75.45
PA	2.63	5.04	4.15	-1.82	33.31
SC	-1.02	0.53	-5.91	-1.31	19.69
SD	8.15	10.90	9.26	5.05	16.93
TN	-2.37	8.48	17.84	-3.33	13.48
TX	3.28	5.58	4.39	0.15	15.00
UT	10.67	11.38	10.91	6.67	23.35
VA	-1.86	1.96	3.22	-2.64	49.18
VT	3.23	4.49	5.78	-0.23	78.97
WA	3.53	6.04	10.52	-0.49	40.09
WI	9.25	11.57	11.85	8.76	63.04
WV	4.73	6.03	10.95	4.43	39.75
WY	-2.32	-0.66	-3.91	-7.10	29.77

Figure 1. Total Margin by HRSA Region and State

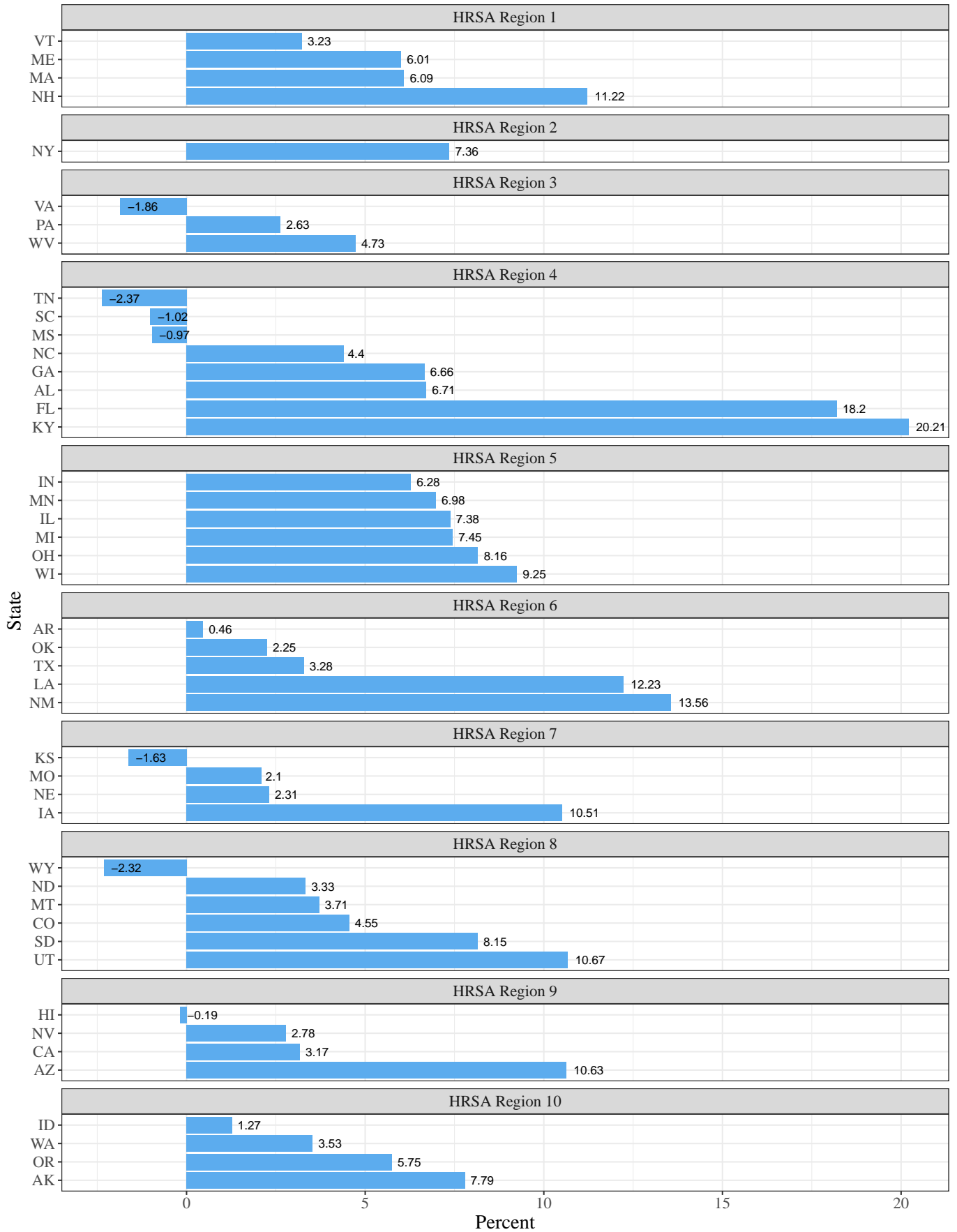


Figure 2. Cash Flow Margin by HRSA Region and State

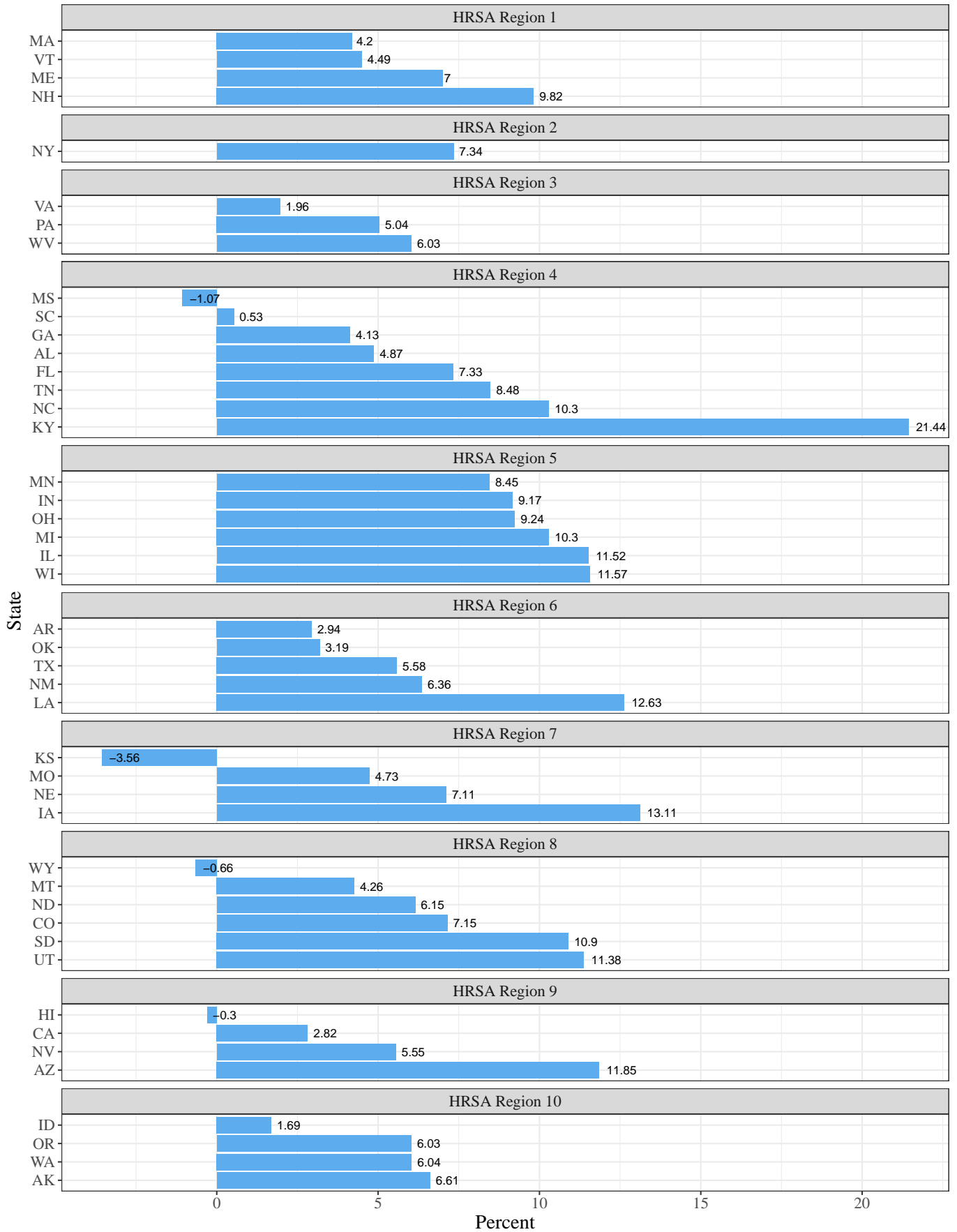


Figure 3. Return on Equity by HRSA Region and State

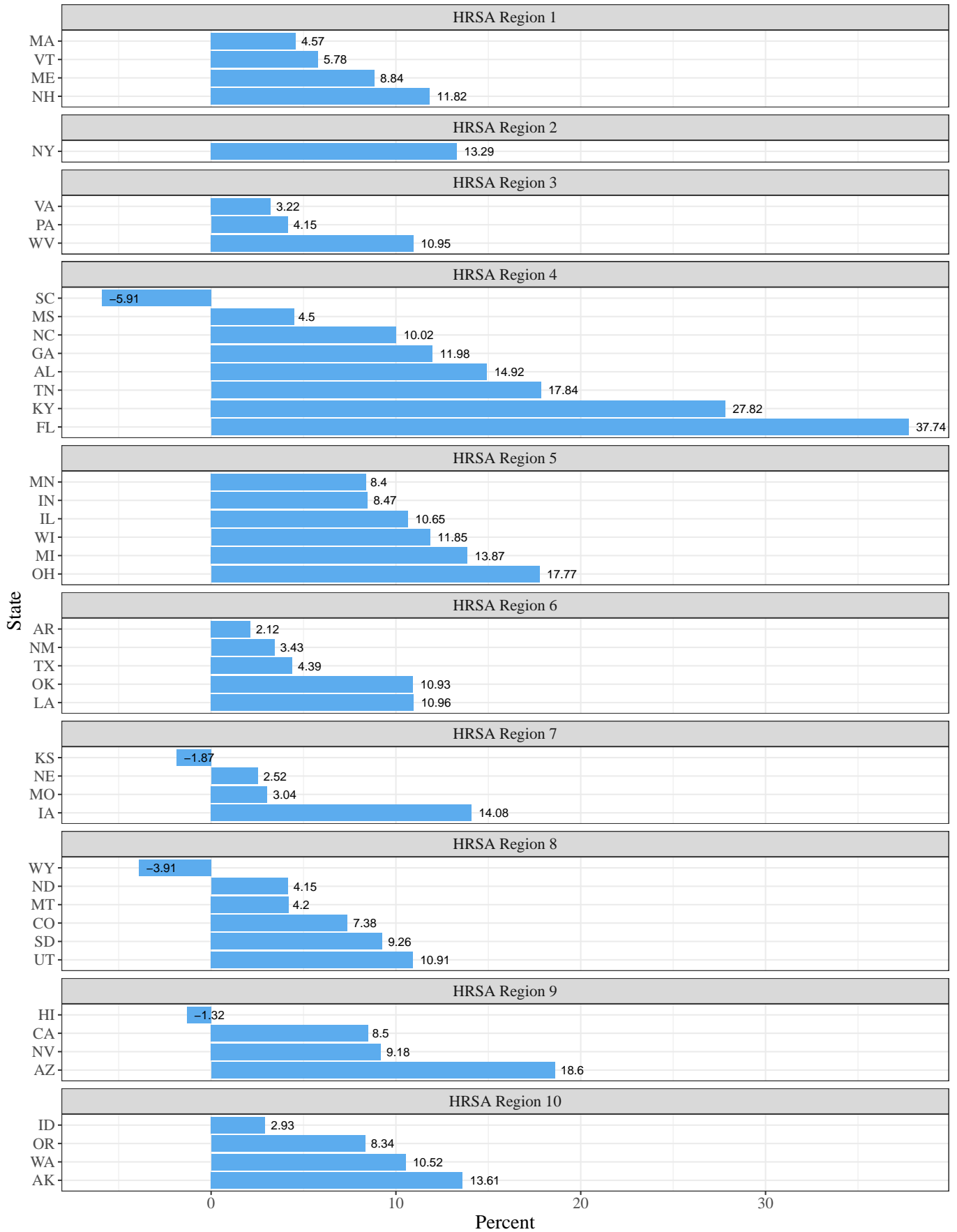


Figure 4. Operating Margin by HRSA Region and State

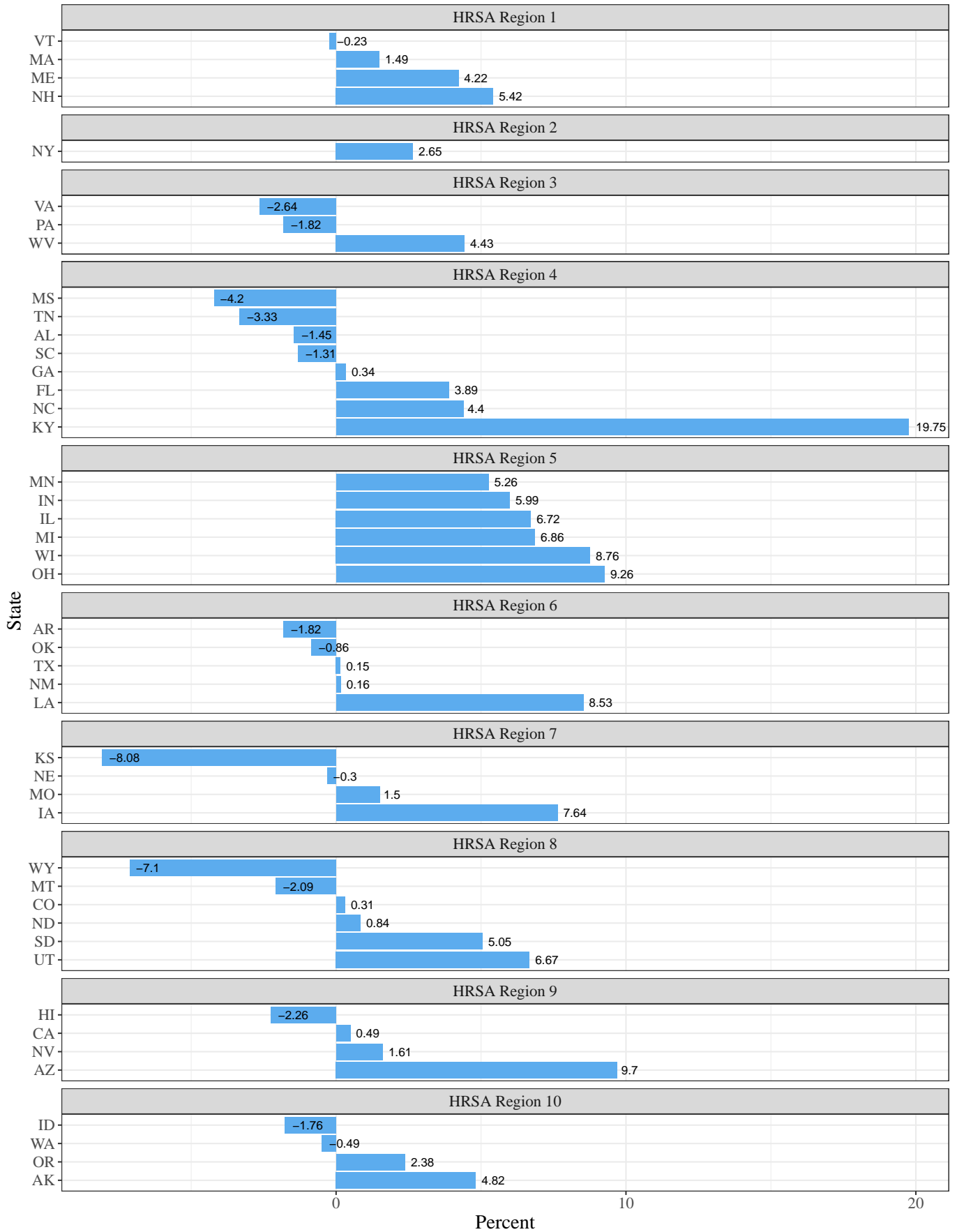


Figure 5. Net Patient Revenue by HRSA Region and State

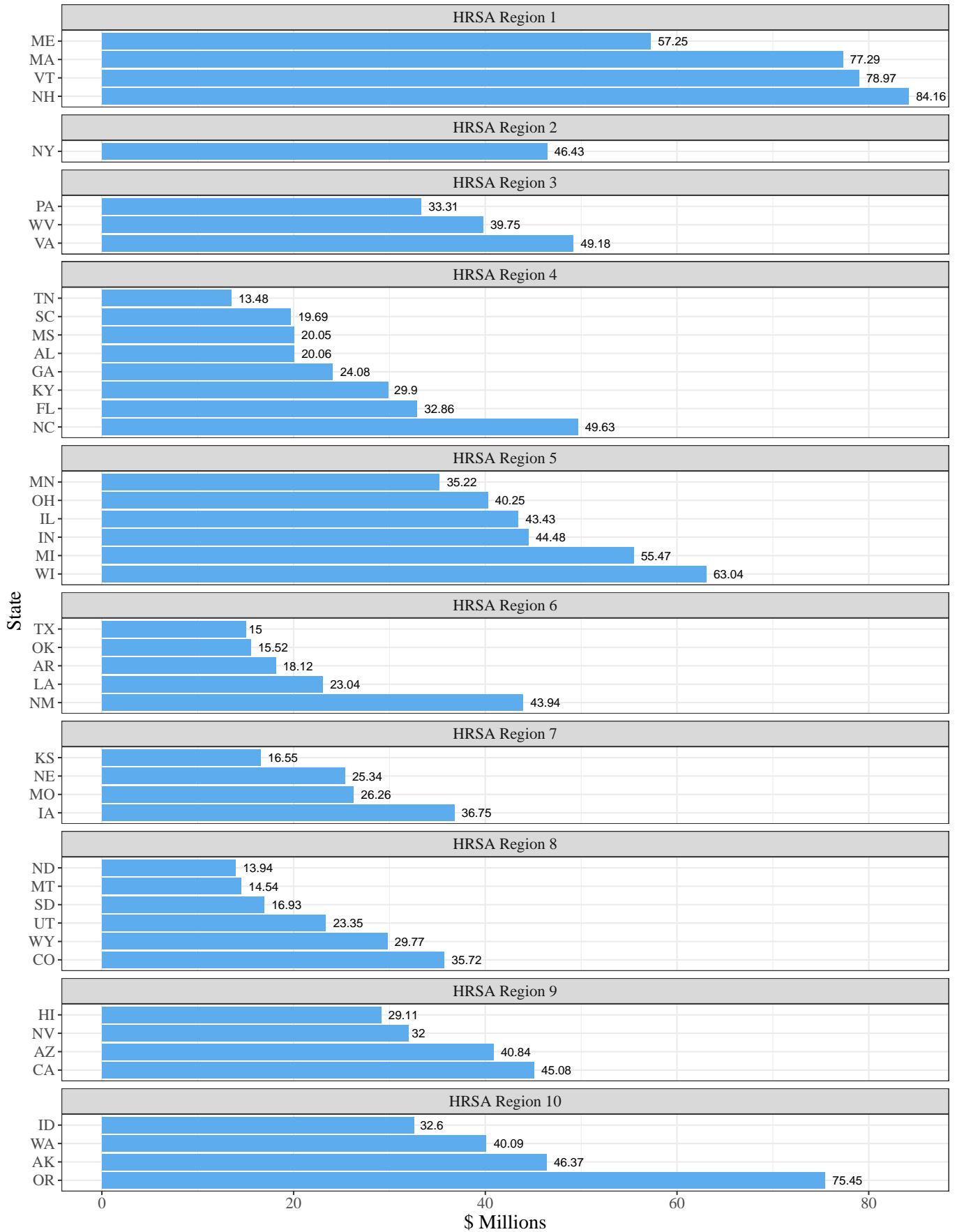


Table 3. Liquidity Indicators

State	Current Ratio (Times)	Days Cash on Hand (Days)	Days in Net Accounts Receivable (Days)	Days in Gross Account Receivable (Days)
US	2.88	99.19	50.18	50.89
AK	1.80	126.44	56.38	36.57
AL	2.73	124.17	48.25	59.70
AR	3.35	14.37	48.78	35.41
AZ	3.50	168.44	43.00	55.55
CA	3.34	117.72	52.99	60.05
CO	2.98	149.98	45.32	61.32
FL	1.83	89.34	35.56	36.58
GA	3.33	55.39	43.79	51.08
HI	2.27	57.57	66.11	68.63
IA	3.34	190.85	42.29	38.26
ID	3.57	77.76	60.16	67.69
IL	2.74	185.01	46.96	43.90
IN	1.79	24.23	52.29	39.60
KS	2.61	73.27	55.70	53.86
KY	3.32	35.82	37.51	35.62
LA	5.82	182.11	55.41	53.24
MA	3.13	369.71	42.25	22.36
ME	1.67	105.14	43.64	29.27
MI	2.84	64.90	52.61	42.73
MN	3.03	146.64	49.73	46.44
MO	1.81	81.91	44.00	29.39
MS	0.91	28.64	58.32	67.64
MT	3.39	140.86	61.35	78.45
NC	2.33	51.96	44.13	51.82
ND	2.68	113.26	56.54	75.10
NE	4.08	206.87	49.38	49.54
NH	2.28	161.18	43.73	21.52
NM	2.28	33.27	44.76	45.98
NV	3.09	91.67	53.99	51.55
NY	1.52	111.35	38.92	19.06
OH	2.63	53.16	46.02	41.95
OK	1.52	17.35	48.88	50.81
OR	3.61	141.58	54.05	58.31
PA	1.81	25.40	40.53	42.75
SC	1.49	20.49	52.00	59.81
SD	3.68	172.96	47.31	46.02
TN	1.16	2.24	45.44	55.16
TX	2.60	80.43	52.37	74.66
UT	6.99	160.70	56.30	61.07
VA	2.60	31.38	50.73	46.87
VT	1.57	104.74	48.38	25.34
WA	3.57	121.64	63.85	60.81
WI	3.66	209.69	50.44	43.79
WV	1.77	43.49	48.32	46.39
WY	3.30	56.51	59.25	64.44

Figure 6. Current Ratio by HRSA Region and State

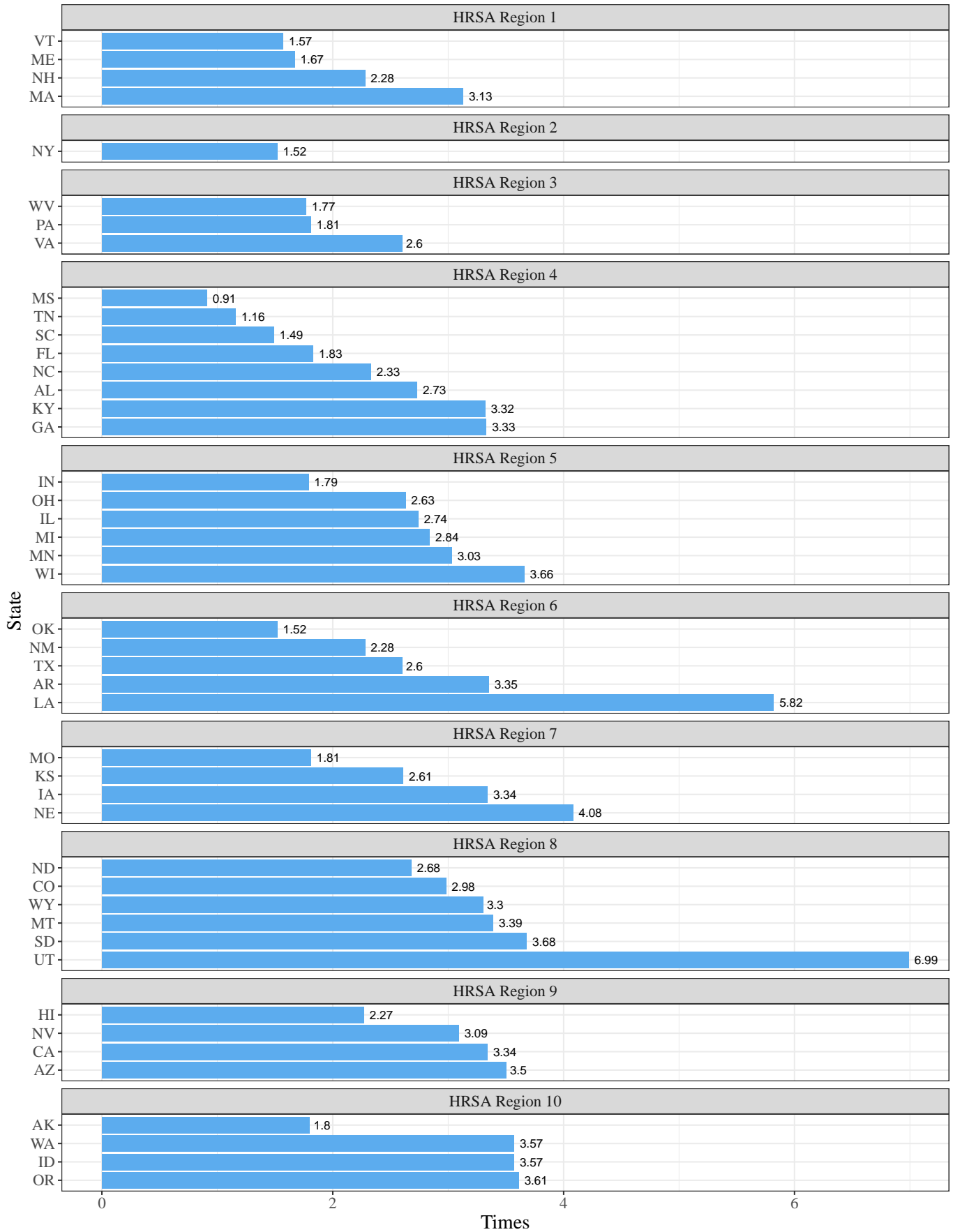


Figure 7. Days Cash on Hand by HRSA Region and State

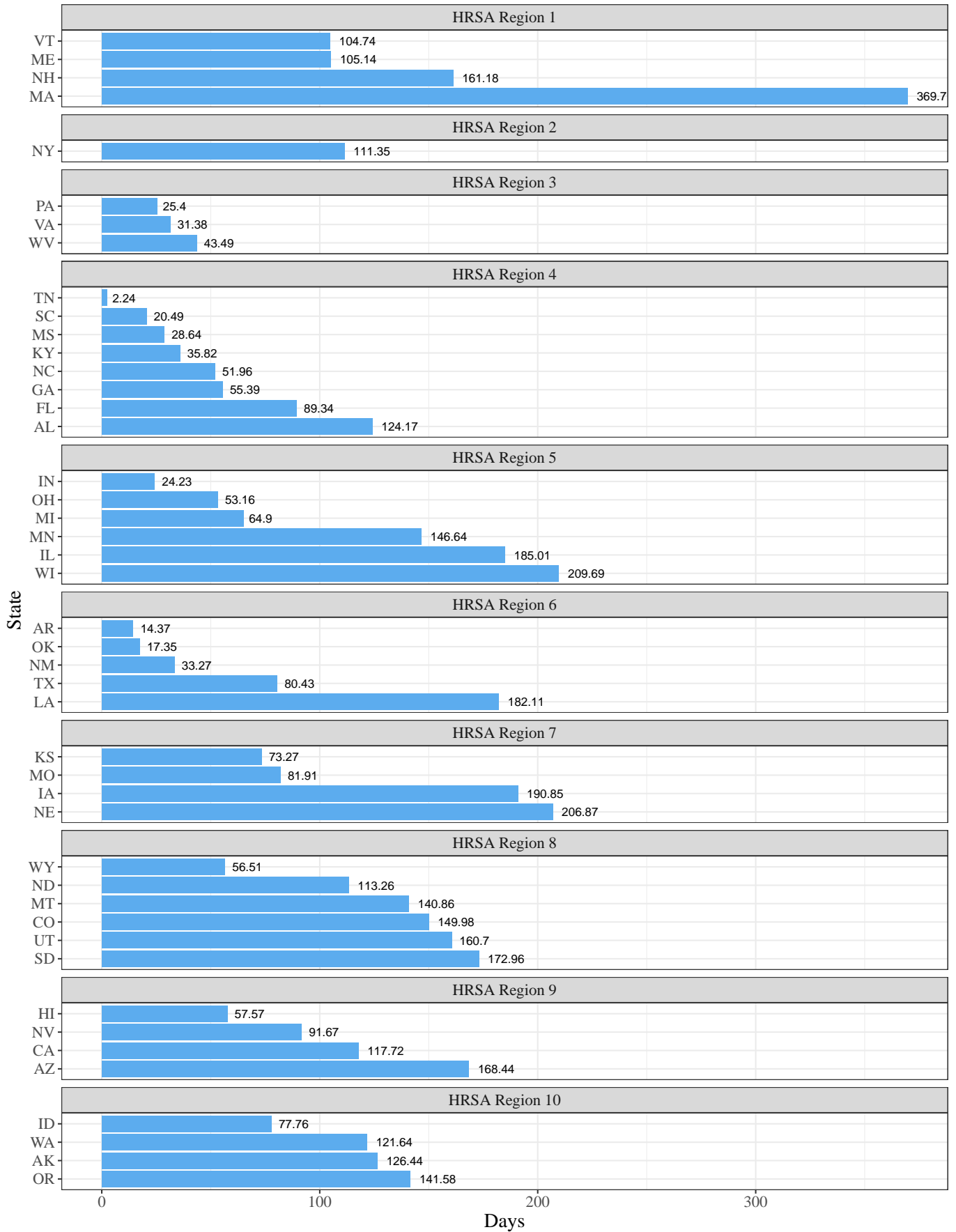


Figure 8. Days in Net Accounts Receivable by HRSA Region and State

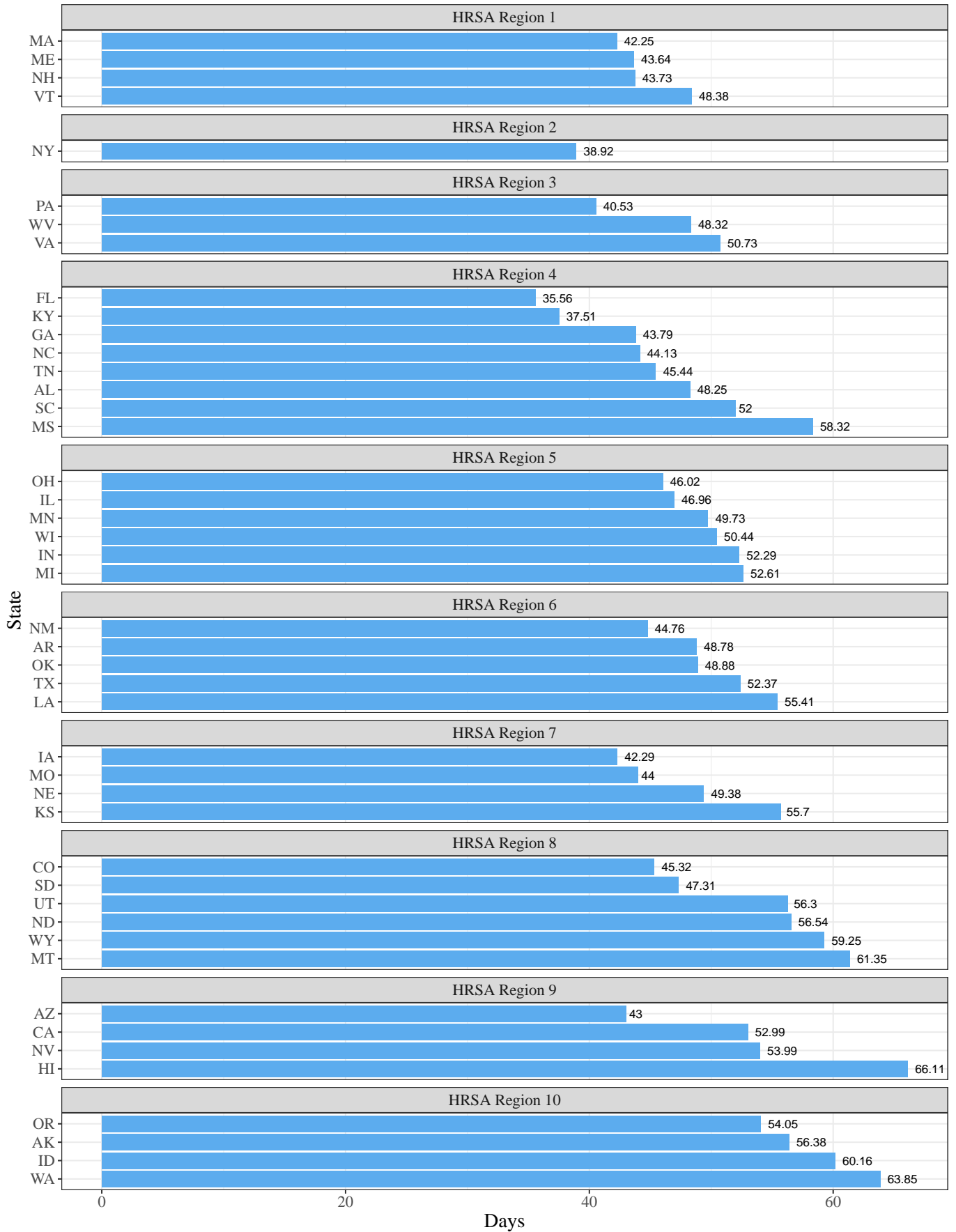


Figure 9. Days in Gross Accounts Receivable by HRSA Region and State

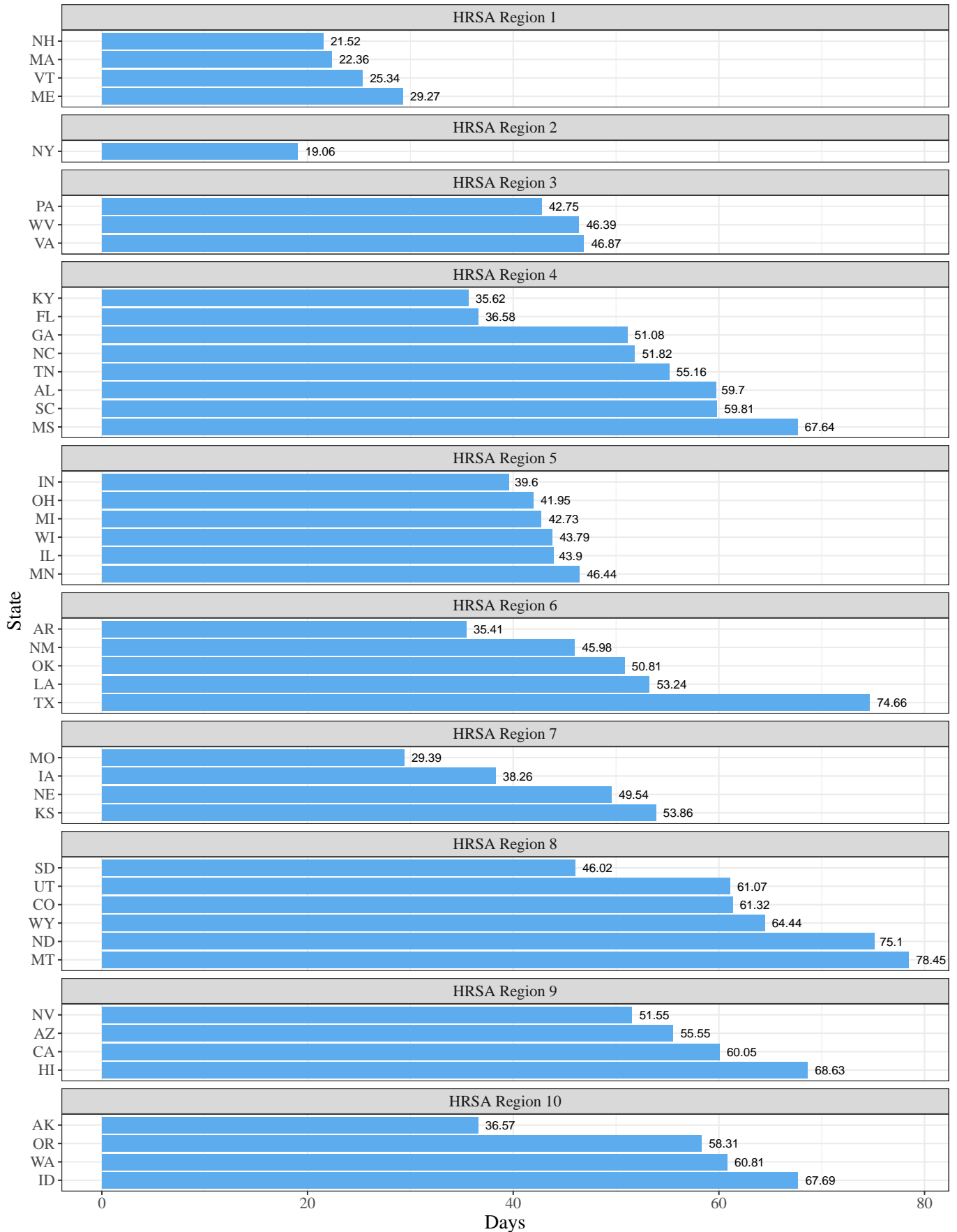


Table 4. Capital Structure Indicators

State	Equity Financing (%)	Debt Service Coverage (Times)	Long-term Debt to Capitalization (%)
US	66.30	4.38	17.14
AK	77.43	4.55	11.91
AL	33.74	3.47	11.26
AR	74.37	3.80	7.44
AZ	72.41	6.99	8.18
CA	64.53	3.88	18.09
CO	58.05	4.84	29.04
FL	53.03	13.42	22.70
GA	62.10	3.86	13.98
HI	49.80	0.64	26.43
IA	60.52	5.79	33.56
ID	75.40	3.62	12.42
IL	71.21	6.92	17.24
IN	57.24	4.82	15.49
KS	57.27	1.49	29.20
KY	64.69	13.19	4.39
LA	81.73	8.64	6.46
MA	82.16	59.36	4.81
ME	65.49	7.13	22.10
MI	67.84	7.32	8.29
MN	66.58	4.63	20.23
MO	65.88	1.76	14.46
MS	48.23	1.07	33.67
MT	68.35	5.40	15.32
NC	63.93	6.30	3.12
ND	73.82	4.36	12.53
NE	74.48	3.55	17.49
NH	71.94	11.49	12.54
NM	69.61	69.26	4.87
NV	60.92	2.92	23.97
NY	63.96	2.88	5.46
OH	73.60	6.76	13.47
OK	65.62	4.15	2.94
OR	78.66	14.45	9.63
PA	42.92	3.05	36.65
SC	35.80	-0.97	38.54
SD	79.03	4.94	15.96
TN	47.08	10.84	3.20
TX	70.03	2.92	11.17
UT	74.17	5.82	15.58
VA	88.25	6.07	3.80
VT	62.36	1.71	21.92
WA	58.36	2.29	32.20
WI	76.72	8.46	11.86
WV	42.69	7.28	37.87
WY	67.16	1.62	19.45

Figure 10. Equity Financing by HRSA Region and State

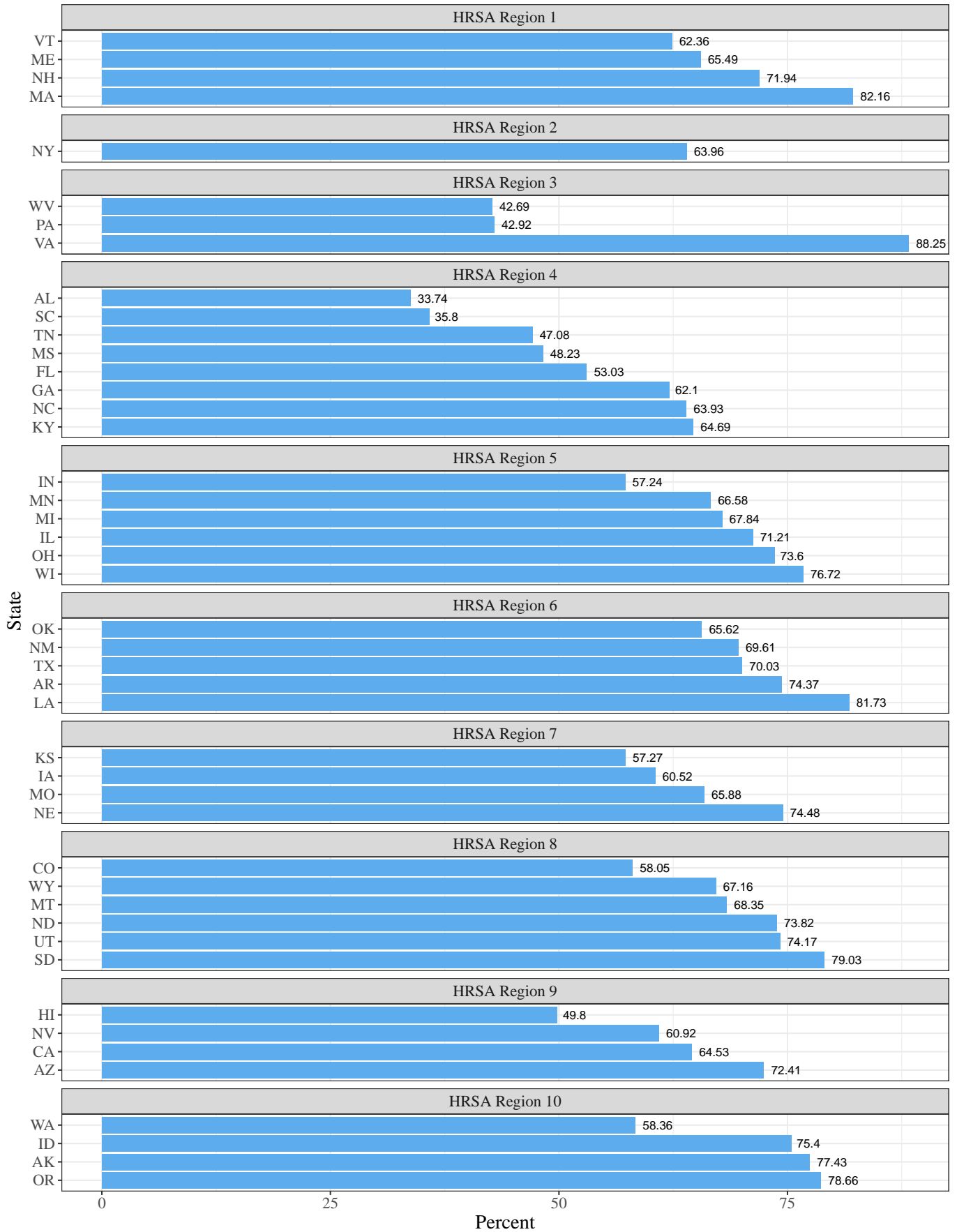


Figure 11. Debt Service Coverage by HRSA Region and State

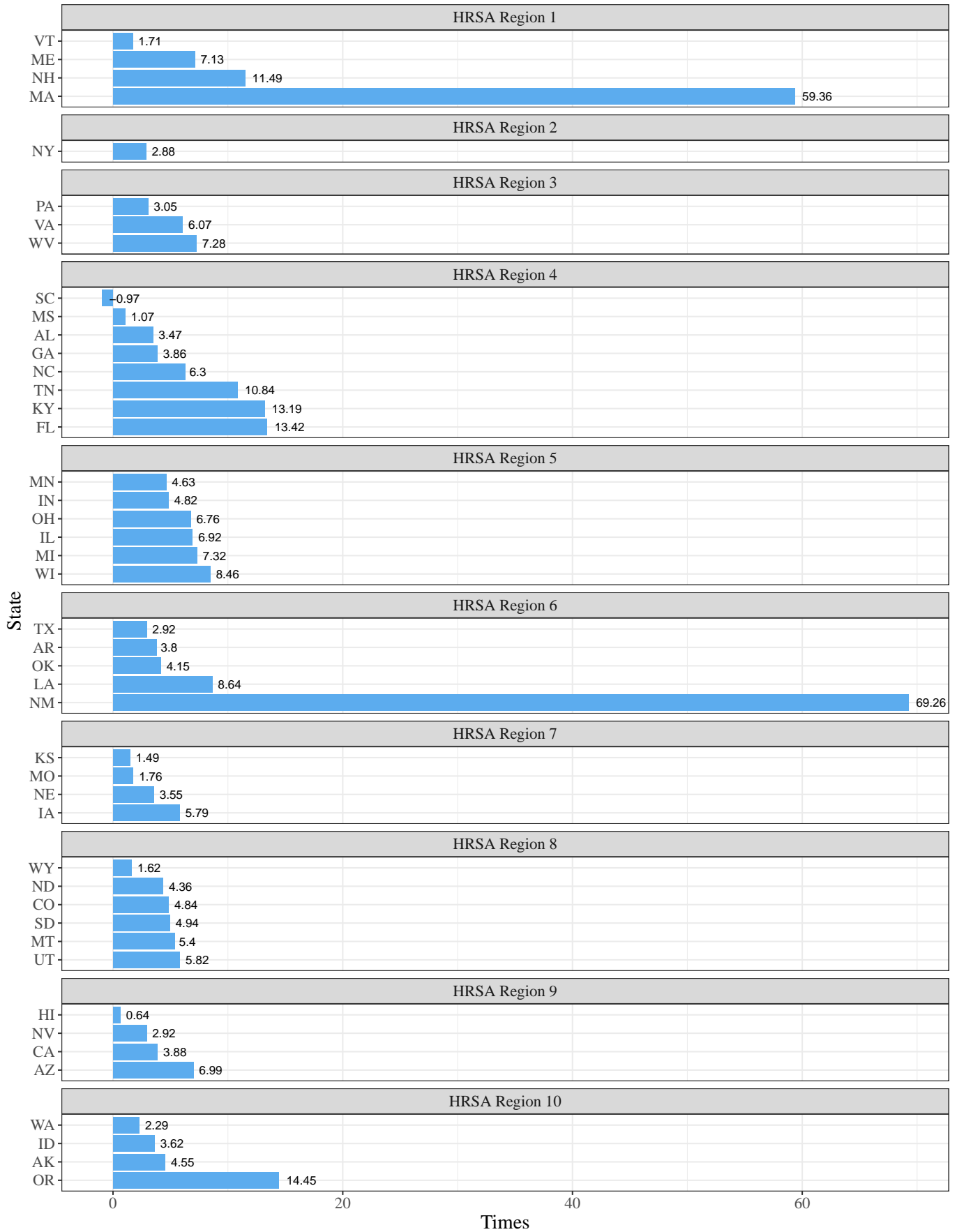


Figure 12. Long-Term Debt to Capitalization by HRSA Region and State

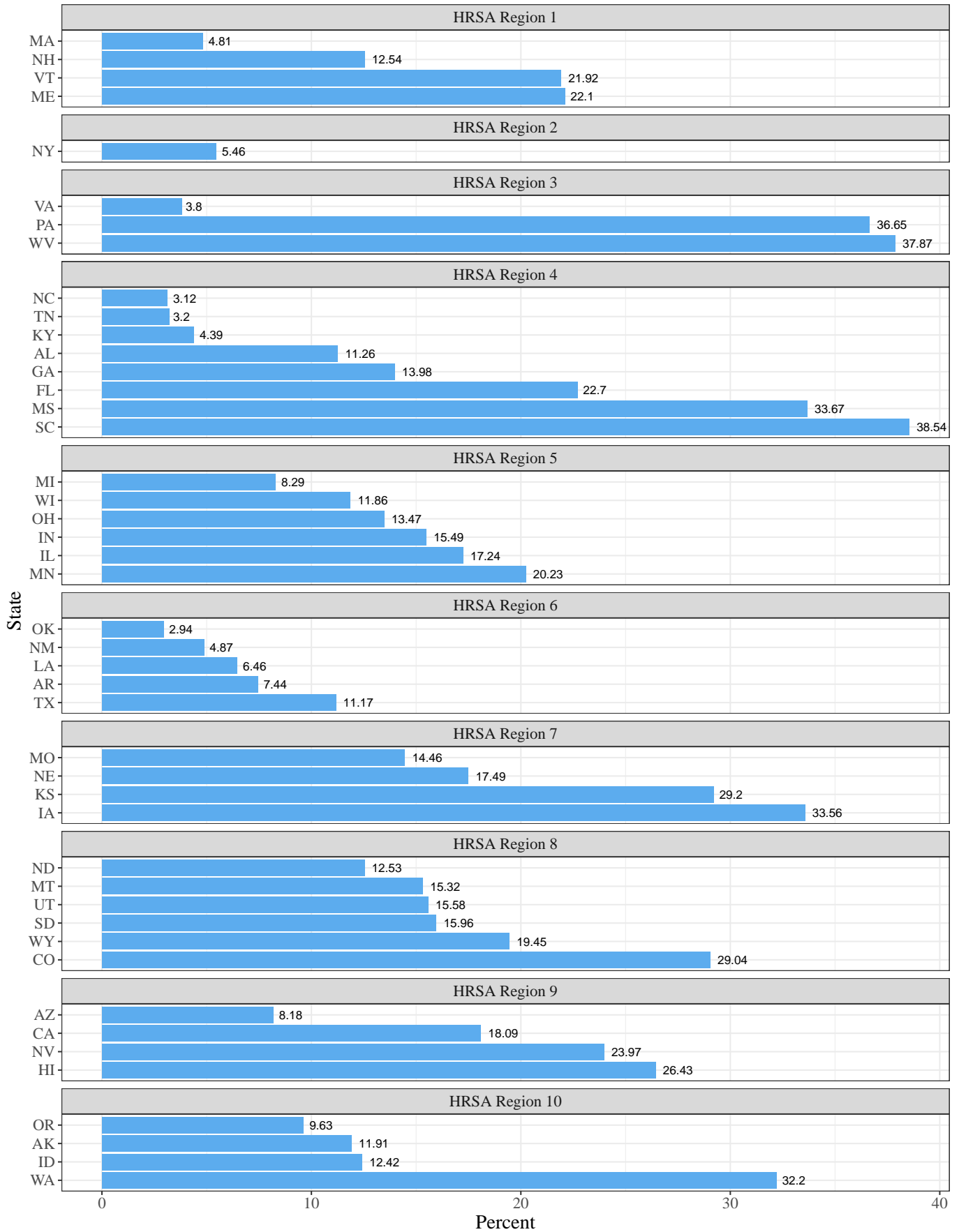


Table 5. Inpatient Indicators

State	Medicare Inpatient Payer Mix (%)	Medicare Acute Inpatient Cost Per Day (\$)	Average Daily Census Acute (Patients)	Average Daily Census Swing – SNF (Patients)
US	55.72	3663	2.05	1.58
AK	54.17	8446	2.88	0.93
AL	47.95	2858	1.51	5.31
AR	48.80	2401	2.95	2.47
AZ	32.09	4331	2.79	1.08
CA	60.29	5864	2.75	1.39
CO	48.71	5193	1.65	0.93
FL	60.87	2824	1.18	2.84
GA	33.94	2377	1.85	6.28
HI	32.73	4612	0.03	3.26
IA	65.38	3777	1.87	1.29
ID	49.31	4832	2.00	0.94
IL	57.06	3491	2.78	2.33
IN	41.26	3467	3.75	0.76
KS	79.52	3564	1.21	1.77
KY	46.53	2654	2.03	3.14
LA	44.67	2977	1.46	3.06
MA	58.53	4472	7.66	2.40
ME	37.51	3357	5.84	1.38
MI	33.21	2880	2.94	1.28
MN	51.82	3928	2.02	1.20
MO	53.03	2928	2.81	2.91
MS	71.68	2281	1.40	6.46
MT	60.90	4386	0.70	1.33
NC	42.00	2469	5.32	2.08
ND	79.62	3791	1.05	1.31
NE	73.85	5200	1.26	1.05
NH	49.28	3847	6.30	2.05
NM	36.78	4658	3.70	0.64
NV	58.28	3540	1.71	1.39
NY	39.07	2420	3.57	5.31
OH	39.86	3251	3.90	2.55
OK	74.23	3195	0.98	5.79
OR	50.67	4699	4.87	1.53
PA	36.59	2192	3.93	1.98
SC	49.66	2969	1.22	3.83
SD	77.54	3453	1.23	1.35
TN	53.10	2410	1.12	2.48
TX	58.78	3996	1.17	1.45
UT	44.66	5285	1.86	0.57
VA	47.54	2457	5.80	3.93
VT	50.03	3583	7.86	1.37
WA	56.77	5592	2.57	1.42
WI	48.13	3381	3.78	1.54
WV	37.16	2872	3.34	2.07
WY	65.97	5011	2.52	1.38

Figure 13. Medicare Inpatient Payer Mix by HRSA Region and State

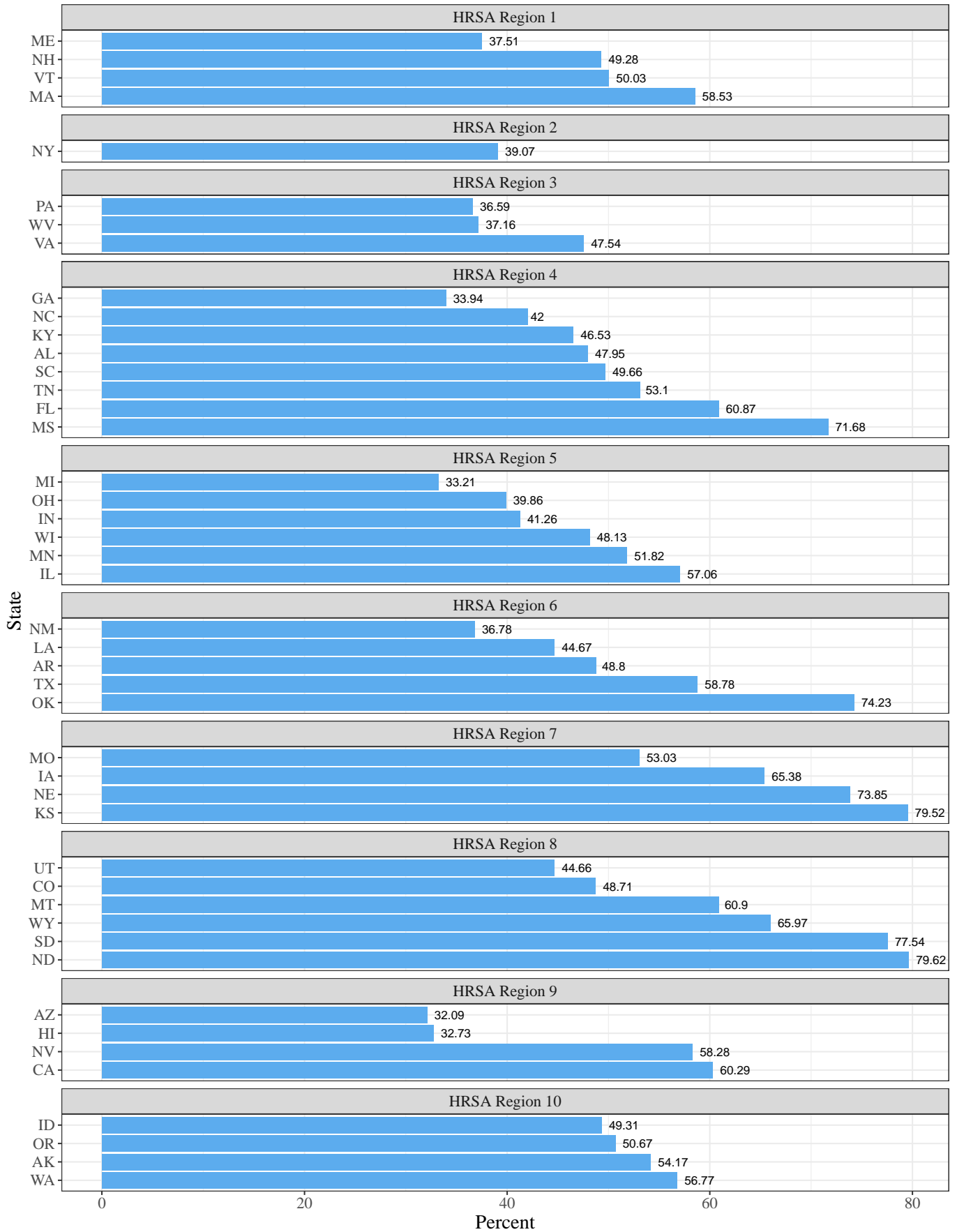


Figure 14. Medicare Acute Inpatient Cost Per Day by HRSA Region and State

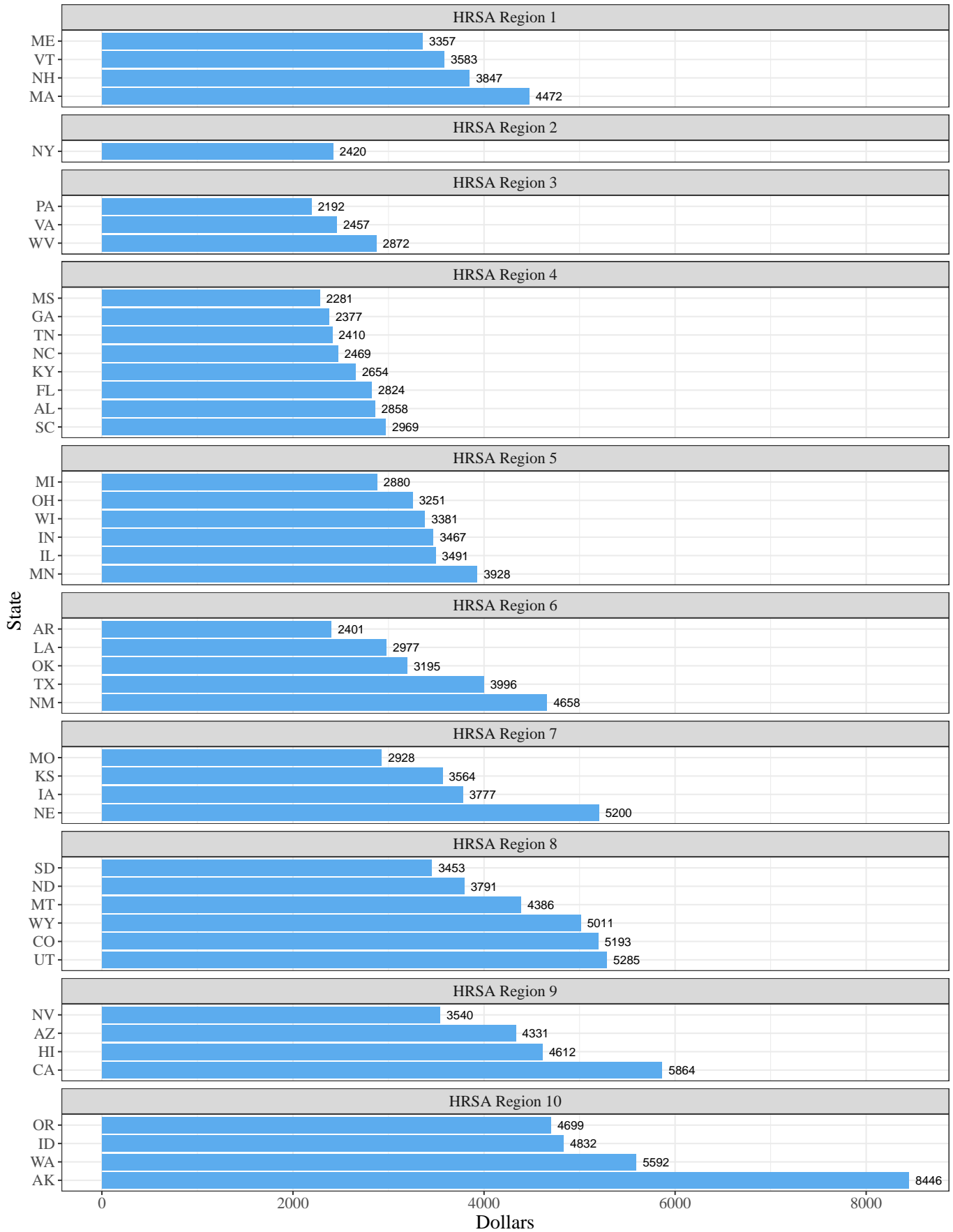


Figure 15. Average Daily Census Acute by HRSA Region and State

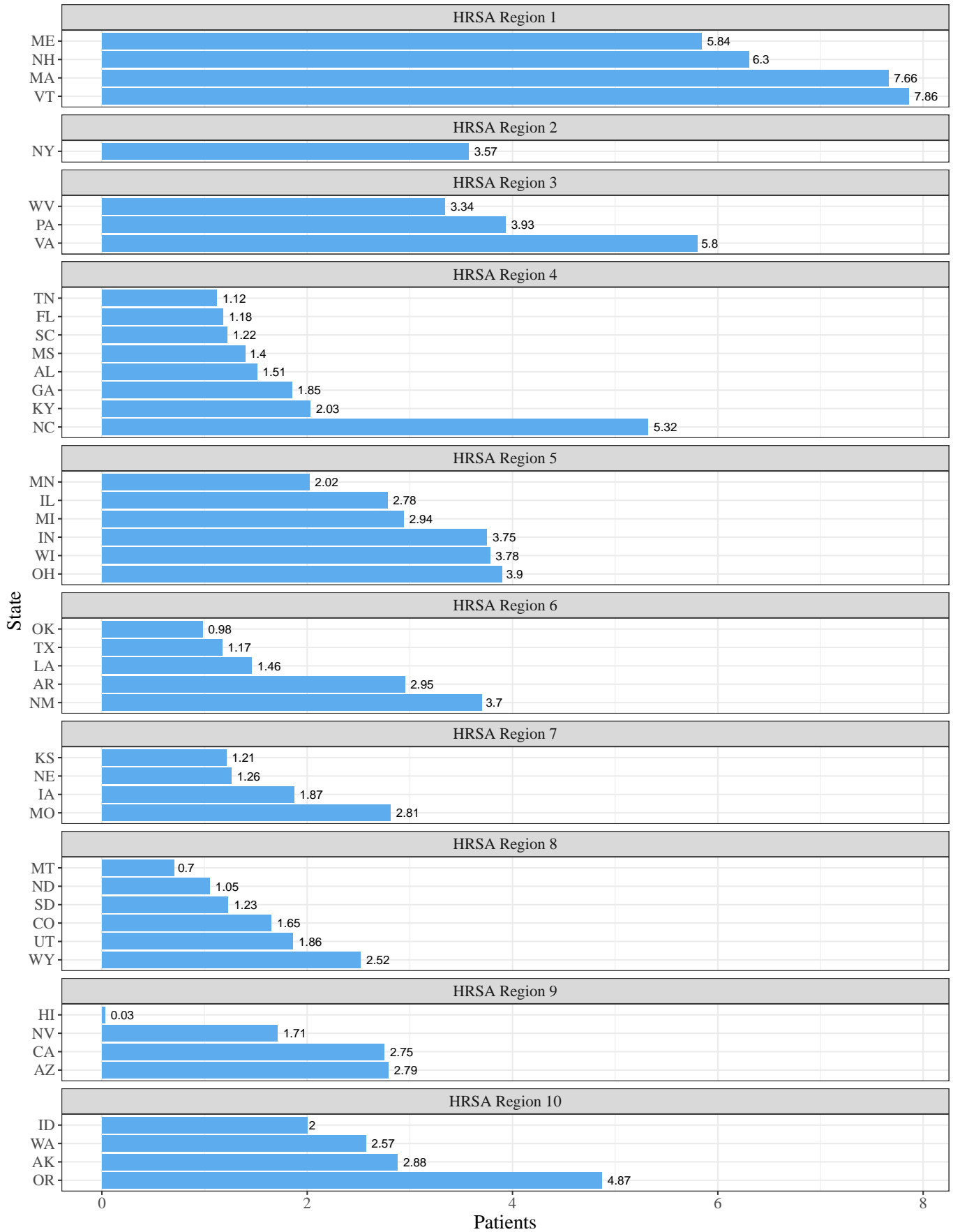


Figure 16. Average Daily Census Swing – SNF by HRSA Region and State

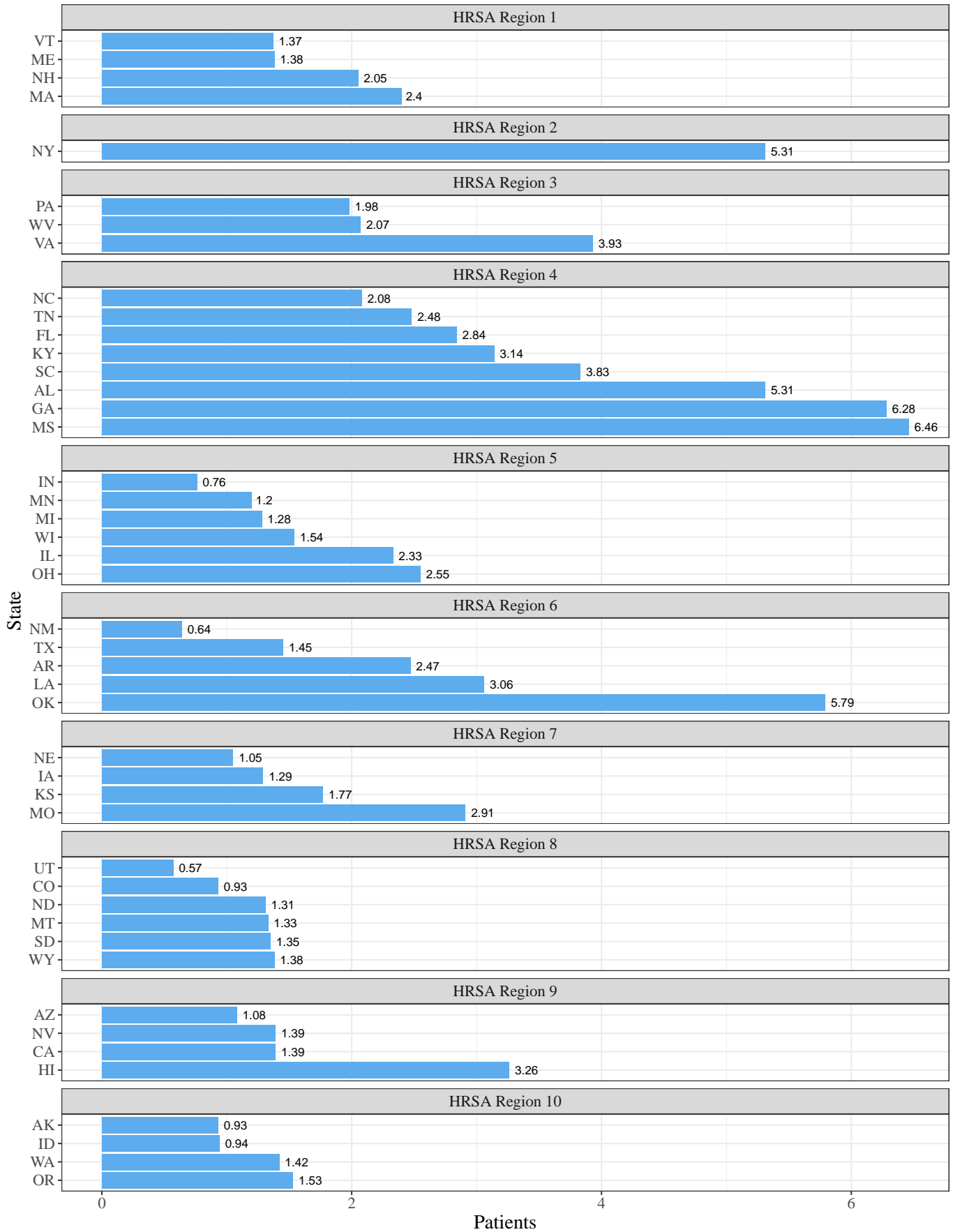


Table 6. Outpatient Indicators

State	Outpatient Revenue to Total Revenue (%)	Hospital Medicare Outpatient Payer Mix (%)	Hospital Medicare Outpatient Cost to Charge
US	85.05	28.36	41.54
AK	64.45	27.00	65.41
AL	81.33	15.31	32.04
AR	78.71	23.79	39.56
AZ	85.31	16.27	30.29
CA	77.89	36.54	35.59
CO	87.62	28.31	46.26
FL	84.79	16.43	23.76
GA	77.71	14.48	32.30
HI	59.07	12.47	54.86
IA	90.55	36.84	46.75
ID	85.78	30.37	46.61
IL	90.23	30.15	29.22
IN	90.61	20.53	25.04
KS	80.37	45.61	51.69
KY	84.01	16.16	30.44
LA	81.05	17.46	48.20
MA	90.37	41.04	34.26
ME	86.49	21.60	41.95
MI	91.07	19.61	35.11
MN	84.72	30.52	43.76
MO	86.49	26.10	34.40
MS	77.05	23.37	45.31
MT	77.76	35.97	56.88
NC	84.38	22.75	26.10
ND	77.75	43.67	55.85
NE	87.44	43.60	53.27
NH	85.09	30.55	42.70
NM	85.35	21.17	42.26
NV	77.98	31.58	36.37
NY	84.70	17.60	33.46
OH	86.00	20.48	30.49
OK	77.36	24.60	41.77
OR	85.35	36.58	44.63
PA	85.47	20.96	25.89
SC	90.90	16.25	45.52
SD	79.93	44.46	36.32
TN	87.52	16.07	27.29
TX	86.19	20.56	43.41
UT	85.95	23.83	46.90
VA	85.53	27.05	29.18
VT	86.45	28.68	37.09
WA	85.29	30.12	46.28
WI	88.10	29.70	35.24
WV	88.71	17.91	36.08
WY	80.04	42.60	55.51

Figure 17. Outpatient Revenue to Total Revenue by HRSA Region and State

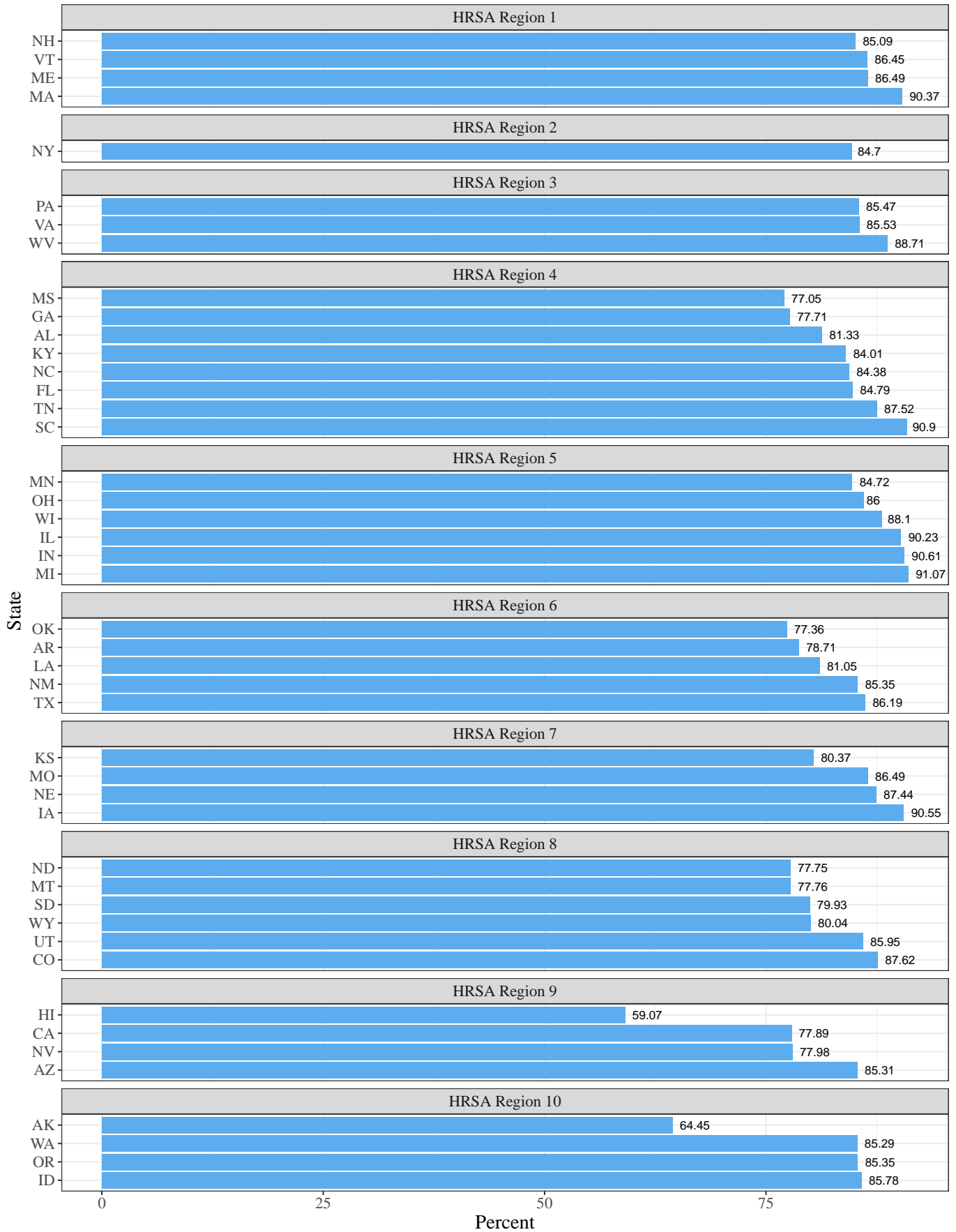


Figure 18. Hospital Medicare Outpatient Payer Mix by HRSA Region and State

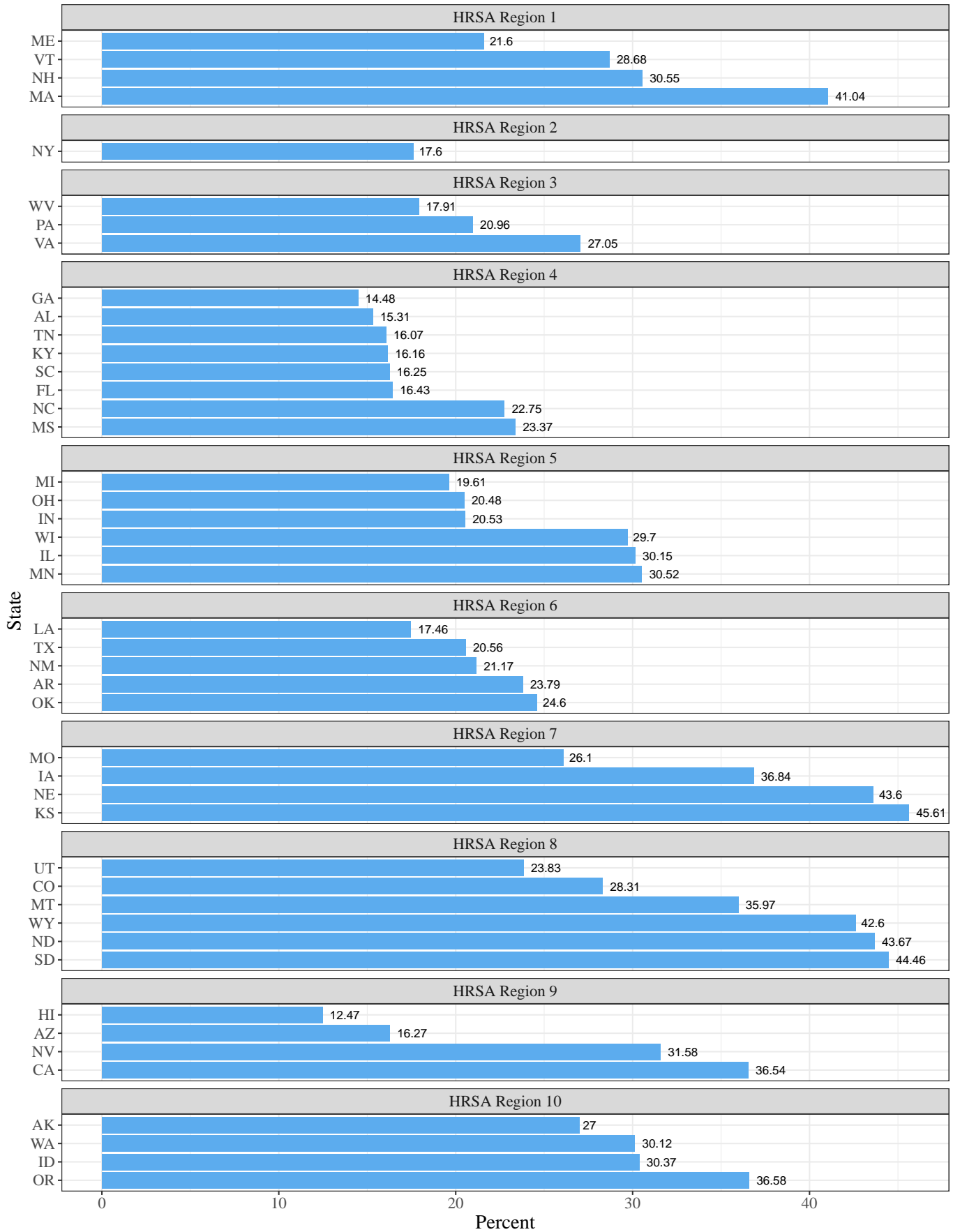


Figure 19. Hospital Medicare Outpatient Cost to Charge by HRSA Region and State

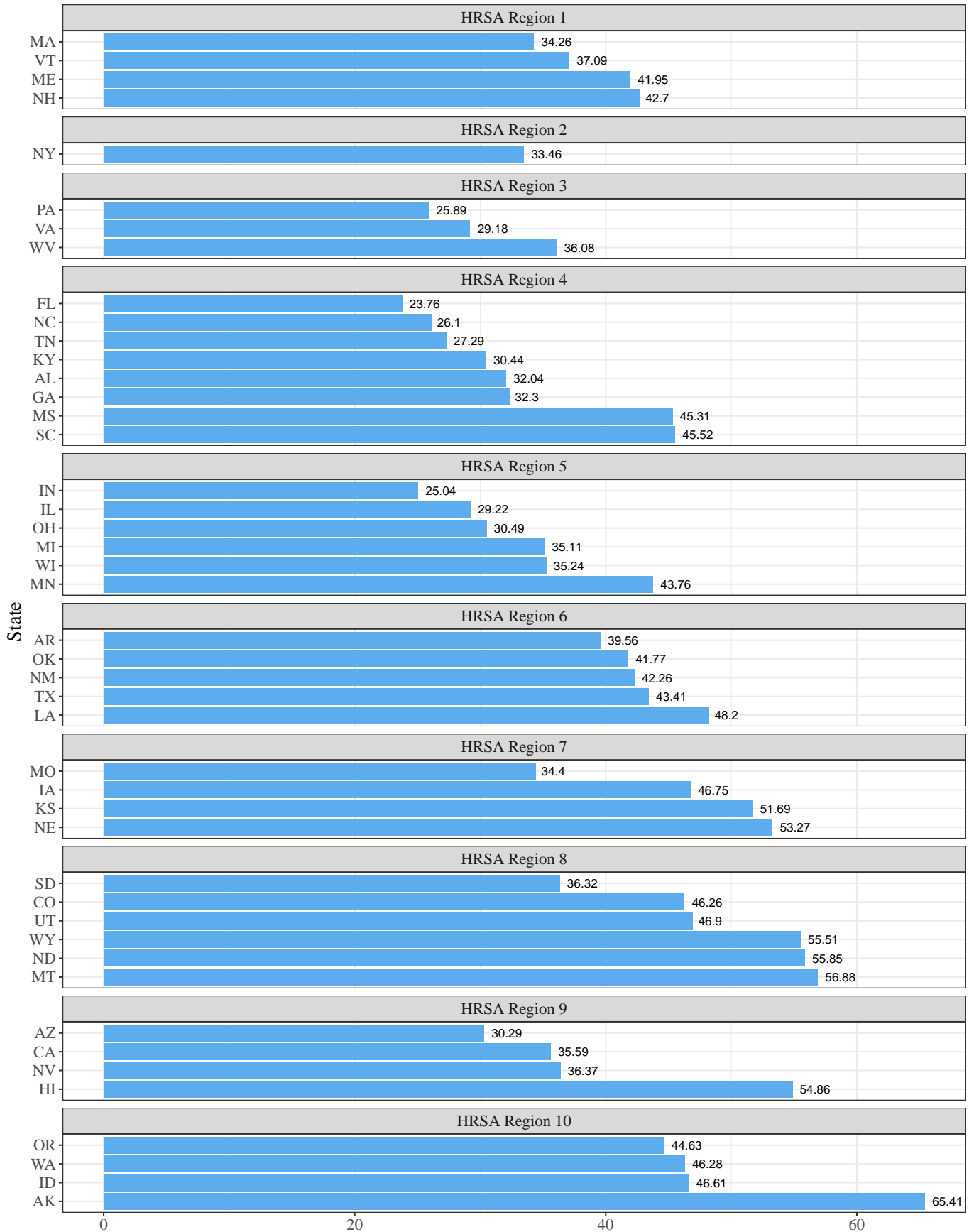


Table 7. Labor Indicators

State	FTEs per Adjusted Occupied Bed (#)	Average Salary per FTE (\$)	Salaries to Net Patient Revenue (%)
US	4.76	80395	43.67
AK	14.76	105013	44.53
AL	3.26	76270	47.06
AR	4.35	71232	49.68
AZ	5.66	81972	40.30
CA	9.58	89519	43.69
CO	6.75	84685	43.63
FL	4.28	82313	44.87
GA	3.73	65404	41.26
HI	11.22	84030	45.76
IA	4.33	79423	40.23
ID	6.79	86944	48.32
IL	4.16	76716	40.20
IN	3.15	82012	34.41
KS	5.28	73121	51.70
KY	3.90	74771	39.24
LA	4.41	72126	47.26
MA	3.23	89142	43.12
ME	4.65	88454	40.95
MI	3.95	83676	36.64
MN	5.35	91334	41.38
MO	3.63	77867	43.30
MS	3.56	60315	45.23
MT	7.13	80269	45.07
NC	3.59	83519	38.70
ND	5.87	80228	45.32
NE	5.78	82473	45.34
NH	4.07	91394	37.54
NM	5.53	87600	38.48
NV	8.80	81045	46.45
NY	3.14	87394	49.15
OH	3.39	79007	34.26
OK	4.24	75176	51.45
OR	5.80	105098	42.79
PA	3.92	73755	39.95
SC	2.89	79299	47.92
SD	5.80	81754	43.13
TN	3.47	73503	43.45
TX	5.16	67635	55.93
UT	5.73	85415	35.34
VA	2.77	87011	34.20
VT	4.44	102697	49.80
WA	5.30	95465	47.77
WI	3.65	97716	37.58
WV	3.51	76644	40.47
WY	9.24	83557	46.12

Figure 20. FTEs per Adjusted Occupied Bed by HRSA Region and State

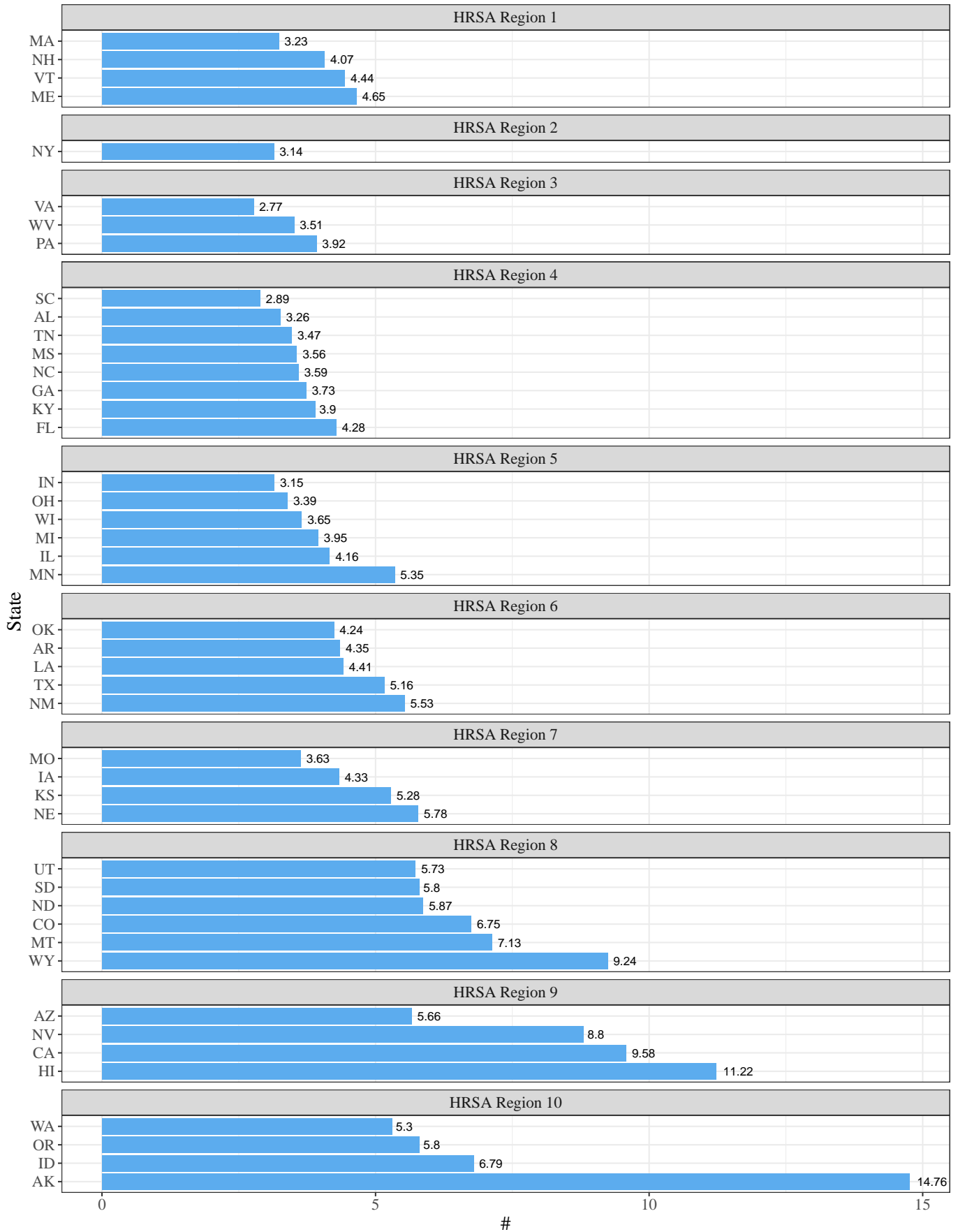


Figure 21. Average Salary per FTE by HRSA Region and State

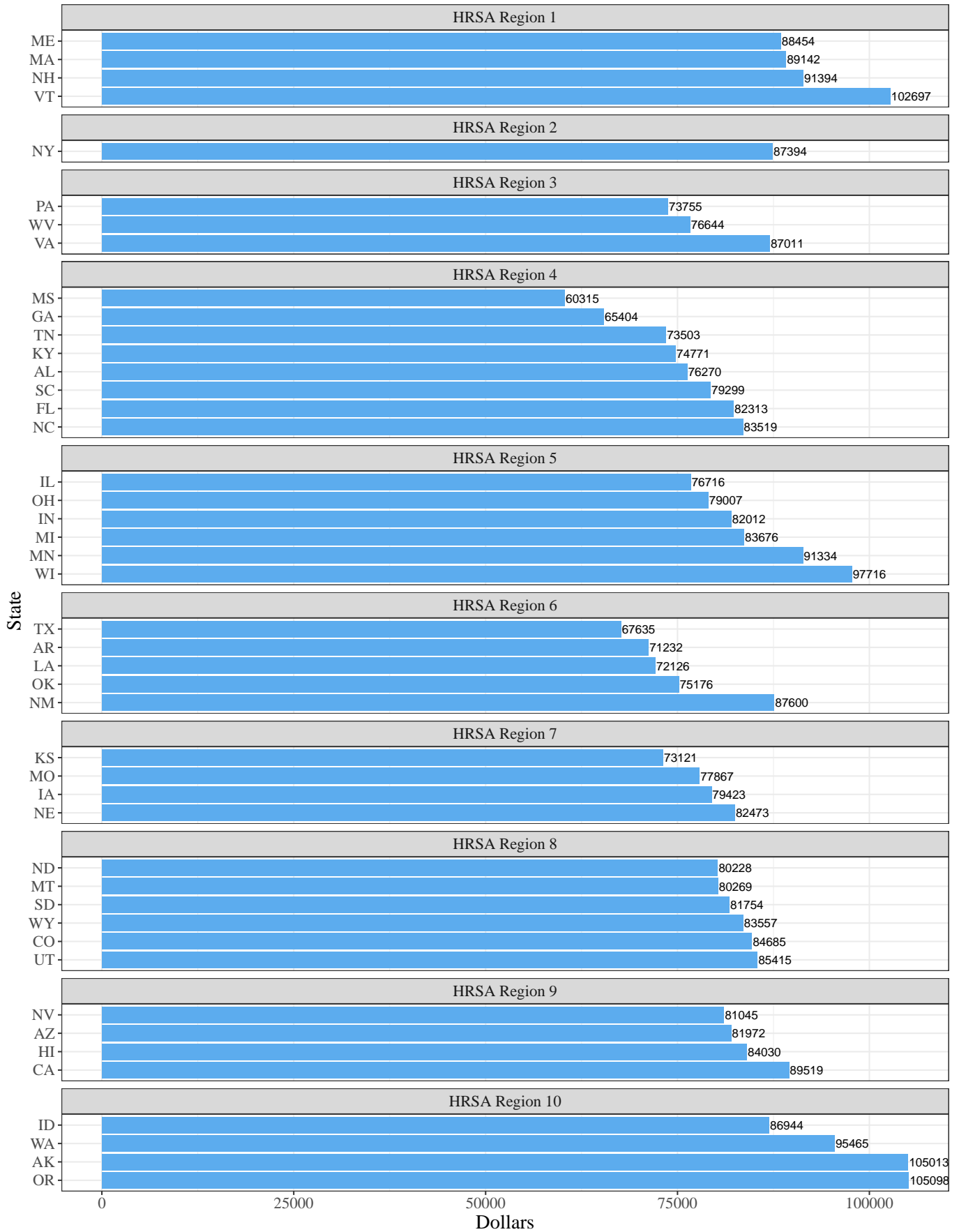


Figure 22. Salaries to Net Patient Revenue by HRSA Region and State

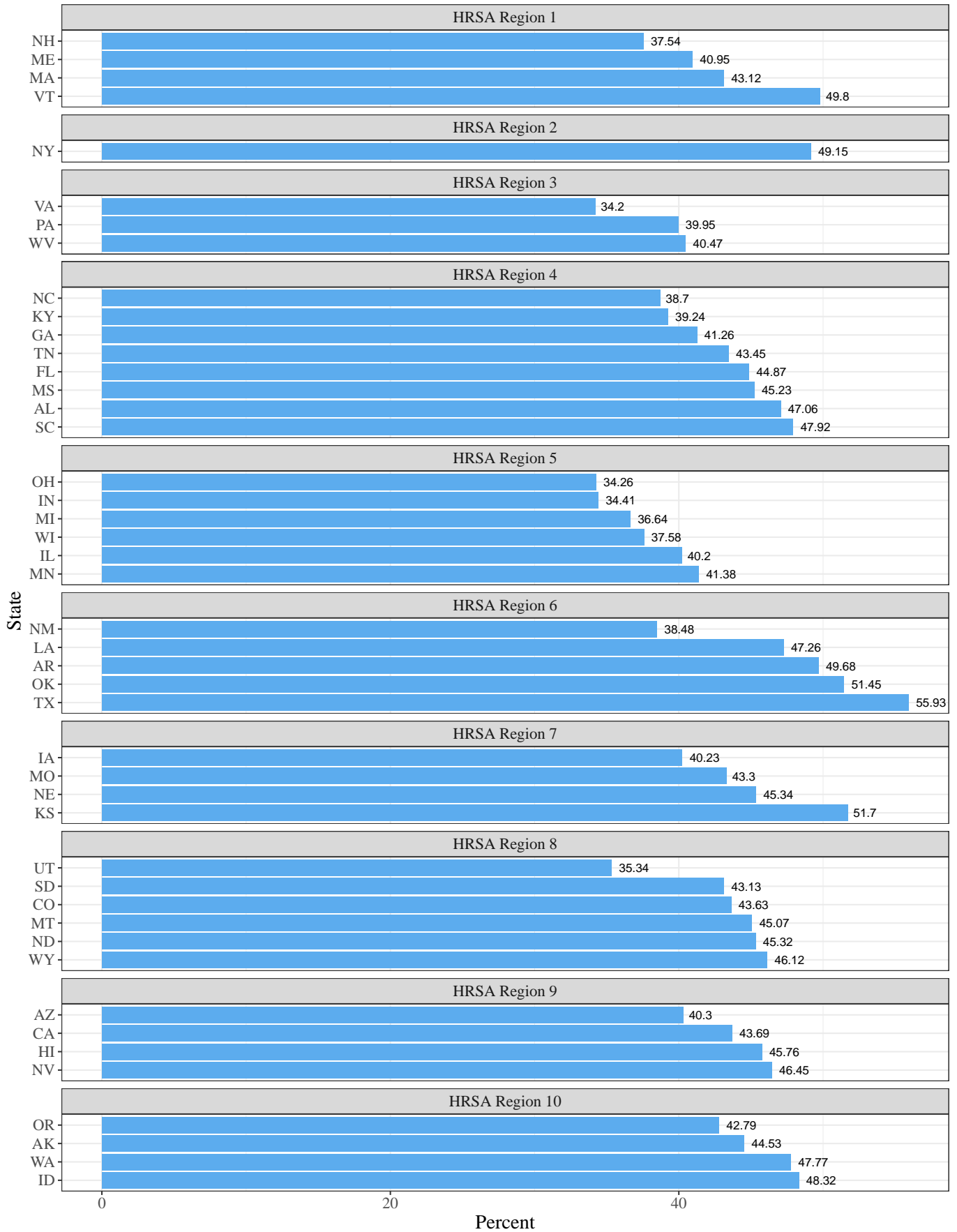


Table 8. Growth Indicators

State	1-Year Change in Operating Revenue (%)	3-Year Change in Operating Revenue (%)	1-Year Change in Operating Expenses (%)	3-Year Change in Operating Expenses (%)
US	7.38	13.07	6.33	21.61
AK	3.14	11.01	4.82	18.59
AL	4.55	21.07	8.95	25.37
AR	2.08	1.83	5.06	15.04
AZ	12.92	13.36	10.74	25.97
CA	6.20	18.35	5.24	20.46
CO	12.05	16.52	6.64	21.55
FL	15.11	12.47	10.01	20.21
GA	4.78	16.98	7.01	18.52
HI	10.18	23.05	8.47	31.13
IA	15.89	18.52	8.82	24.38
ID	8.65	5.63	10.72	22.82
IL	7.71	20.51	6.76	23.58
IN	6.27	11.94	4.85	16.18
KS	7.21	4.54	4.36	17.34
KY	13.78	38.87	7.72	22.90
LA	2.39	9.25	6.01	23.19
MA	7.13	-6.08	3.31	22.81
ME	4.86	9.07	4.06	18.62
MI	8.14	16.26	7.64	19.22
MN	7.66	12.26	5.61	15.98
MO	8.22	10.42	7.11	21.72
MS	4.41	2.03	4.55	10.89
MT	7.26	7.40	7.59	27.97
NC	10.52	21.33	7.10	24.78
ND	6.68	4.72	7.00	23.66
NE	5.68	10.79	7.02	24.40
NH	4.80	25.58	3.91	30.37
NM	16.30	29.39	6.38	23.47
NV	11.72	19.62	5.17	21.37
NY	14.48	33.58	8.84	26.78
OH	6.61	15.23	5.05	19.65
OK	8.85	15.39	4.56	19.07
OR	6.54	17.29	7.28	24.44
PA	0.75	0.97	2.60	11.88
SC	10.08	10.12	7.10	22.63
SD	4.02	5.24	4.52	17.06
TN	4.83	25.79	7.84	20.13
TX	1.82	8.12	5.39	16.93
UT	5.65	29.42	5.10	31.33
VA	3.30	21.37	10.32	25.12
VT	6.92	10.66	6.54	22.89
WA	12.61	18.55	8.33	29.25
WI	6.42	16.77	6.51	19.88
WV	8.69	28.50	10.51	33.54
WY	2.49	0.77	4.70	19.08

Figure 23. 1-Year Change in Operating Revenue by HRSA Region and State

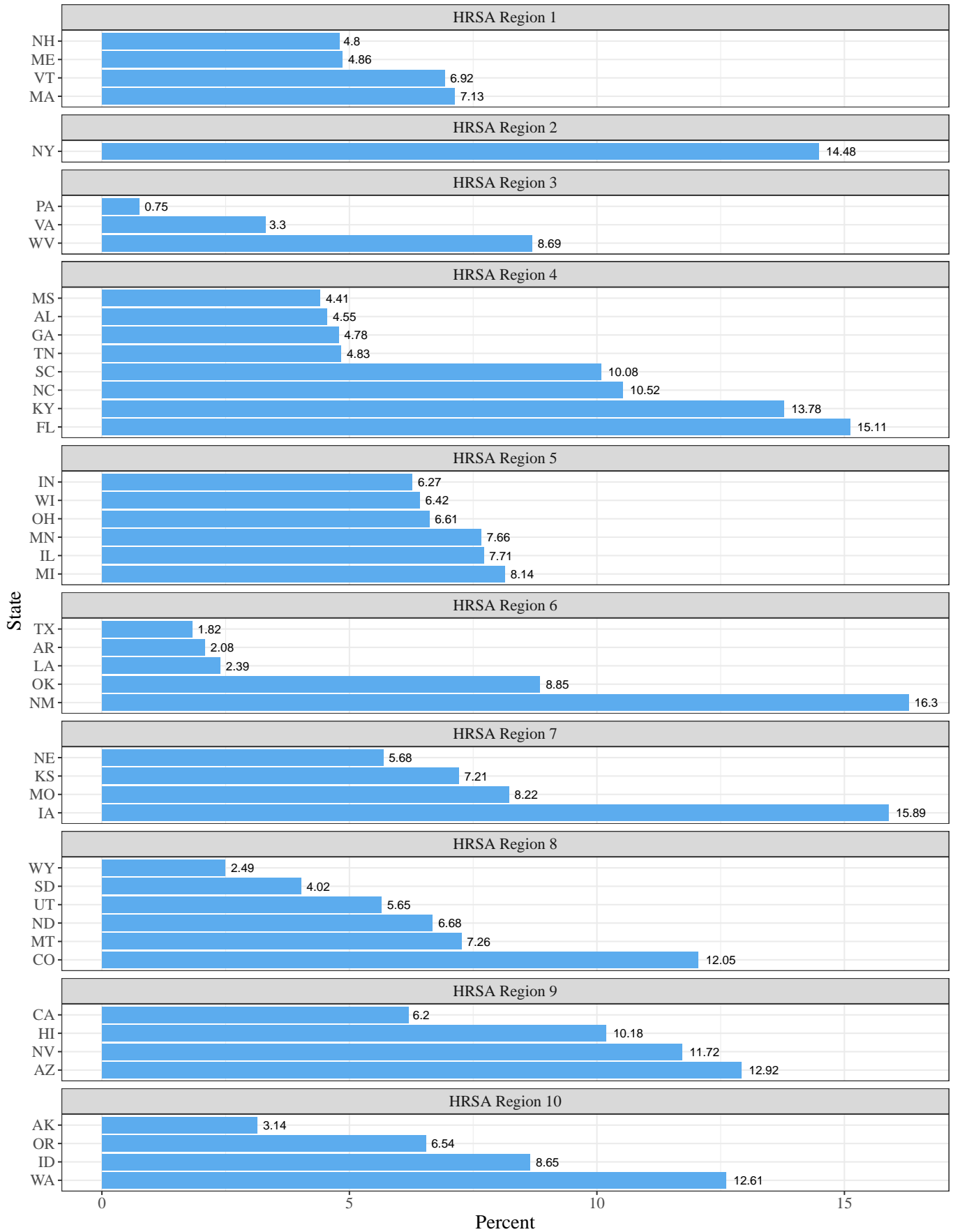


Figure 24. 3-Year Change in Operating Revenue by HRSA Region and State

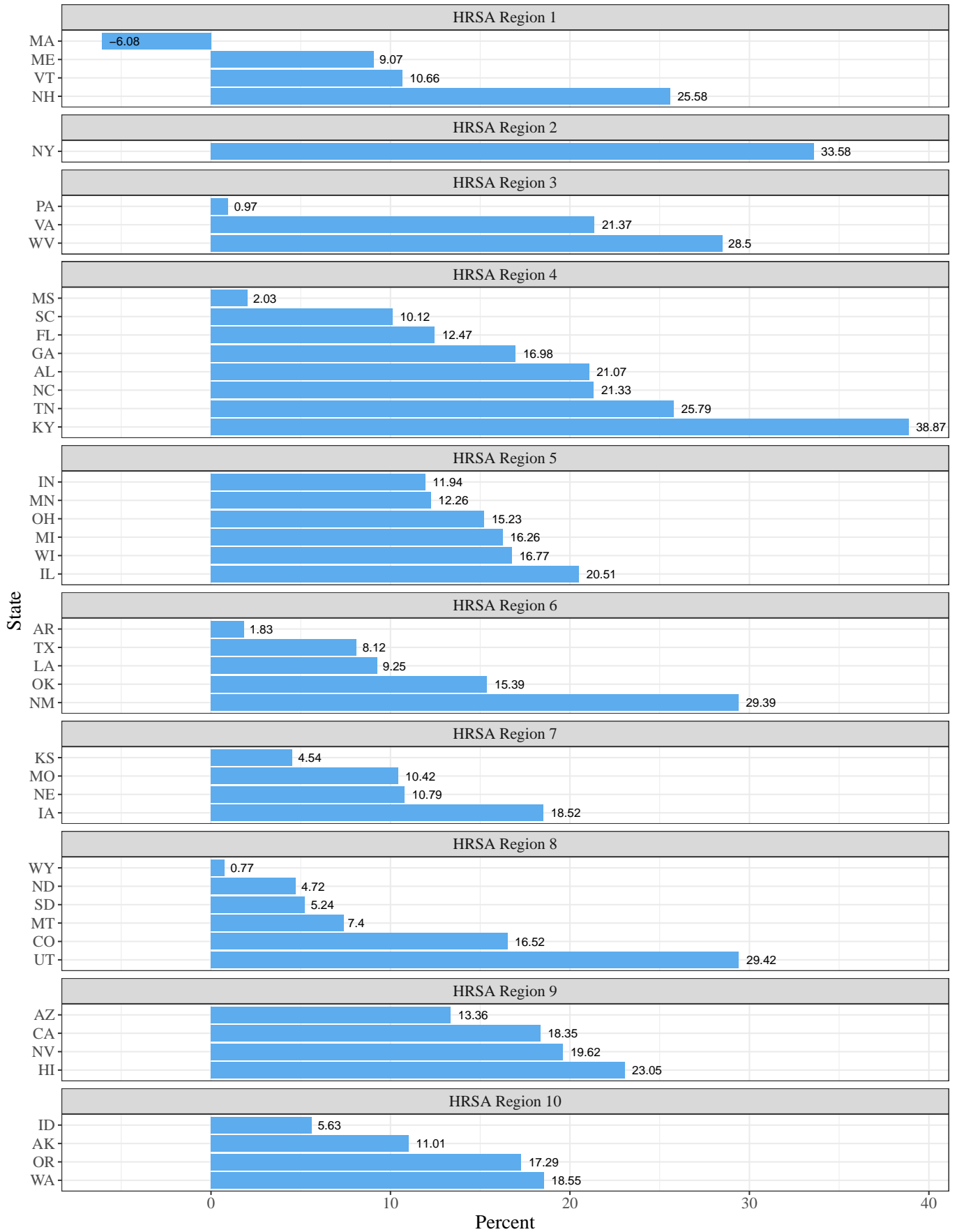


Figure 25. 1-Year Change in Operating Expenses by HRSA Region and State

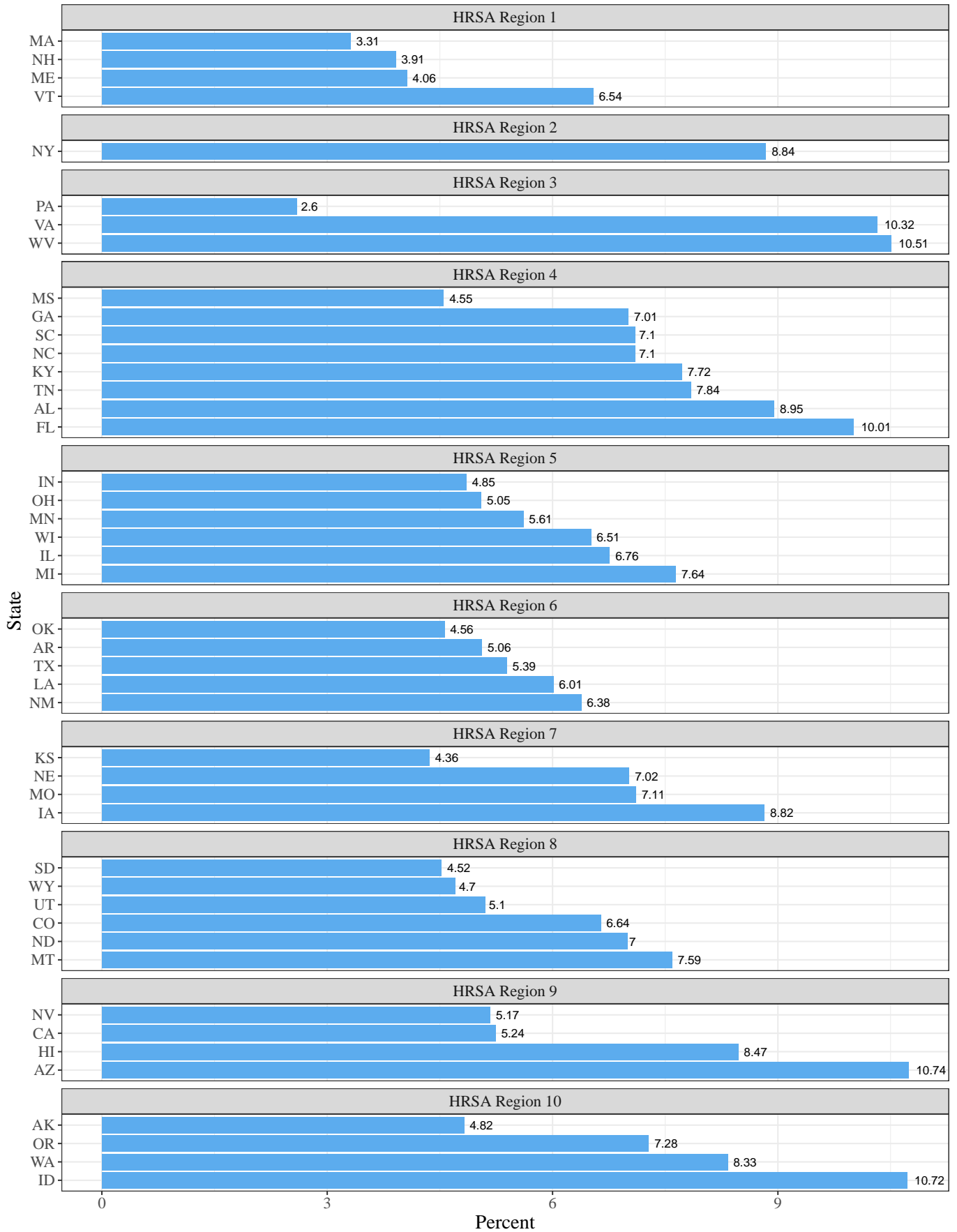


Figure 26. 3-Year Change in Operating Expenses by HRSA Region and State

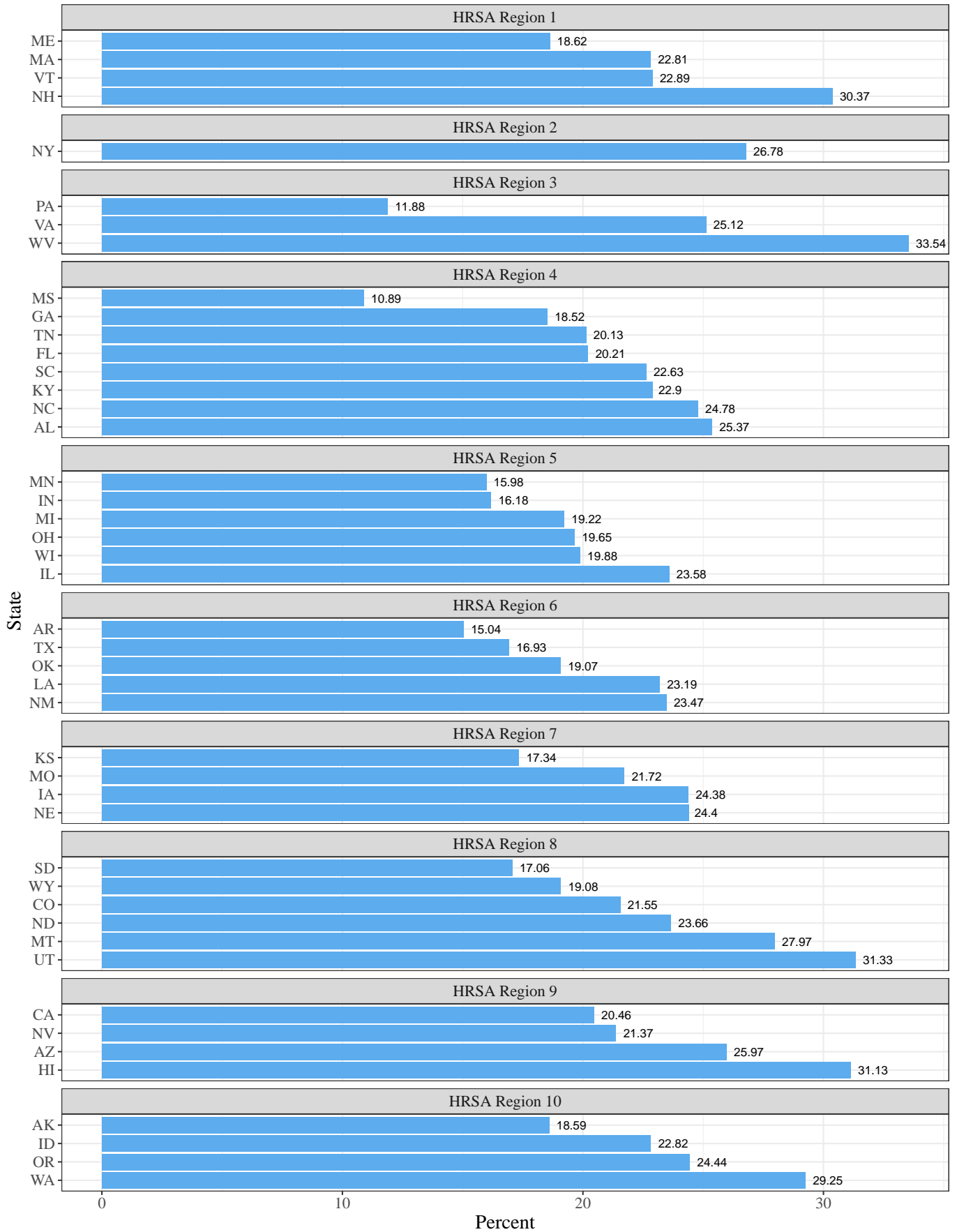


Table 9. Other Indicators

State	Average Age of Plant (Years)	Patient Deductions (%)	Medicaid Payer Mix (%)	Uncompensated Care (%)
US	12.59	48.00	13.42	3.07
AK	11.76	32.73	30.33	2.54
AL	9.38	69.15	10.56	8.40
AR	14.06	59.39	10.70	5.59
AZ	8.80	60.88	22.46	4.41
CA	17.46	54.67	28.51	2.41
CO	10.54	40.69	17.36	2.98
FL	12.81	66.39	11.50	10.11
GA	12.74	59.41	8.92	8.46
HI	14.36	37.78	16.41	1.23
IA	12.70	38.86	12.36	1.94
ID	11.87	40.68	14.28	3.56
IL	11.62	56.70	18.19	2.84
IN	14.55	68.27	18.32	3.95
KS	15.06	38.91	6.29	2.75
KY	13.75	55.10	24.06	2.70
LA	10.99	48.12	24.58	3.50
MA	11.85	51.21	13.47	2.70
ME	16.78	47.45	18.16	2.69
MI	16.07	49.89	13.52	2.32
MN	13.55	42.48	12.52	1.72
MO	14.58	56.81	13.72	4.38
MS	7.60	44.30	10.21	7.35
MT	12.61	30.41	14.80	2.67
NC	12.69	63.57	12.52	6.44
ND	15.39	26.06	5.49	2.00
NE	11.77	30.22	8.00	1.88
NH	12.36	48.81	11.33	3.68
NM	11.59	56.09	30.98	3.36
NV	12.27	50.29	19.38	3.72
NY	19.01	52.29	19.16	1.95
OH	13.76	61.53	16.49	4.34
OK	8.56	50.83	18.92	5.44
OR	13.45	44.88	20.07	2.77
PA	16.06	64.98	15.70	2.73
SC	38.12	38.15	9.40	6.39
SD	10.86	45.46	6.02	3.19
TN	10.14	67.11	17.20	6.59
TX	11.02	56.36	8.36	12.27
UT	14.19	39.02	11.92	3.97
VA	14.80	61.90	13.81	3.05
VT	13.83	55.43	13.65	2.18
WA	13.01	45.24	20.06	2.98
WI	9.54	52.83	12.59	2.19
WV	12.20	53.91	19.98	2.84
WY	11.34	39.95	8.34	4.18

Figure 27. Average Age of Plant by HRSA Region and State

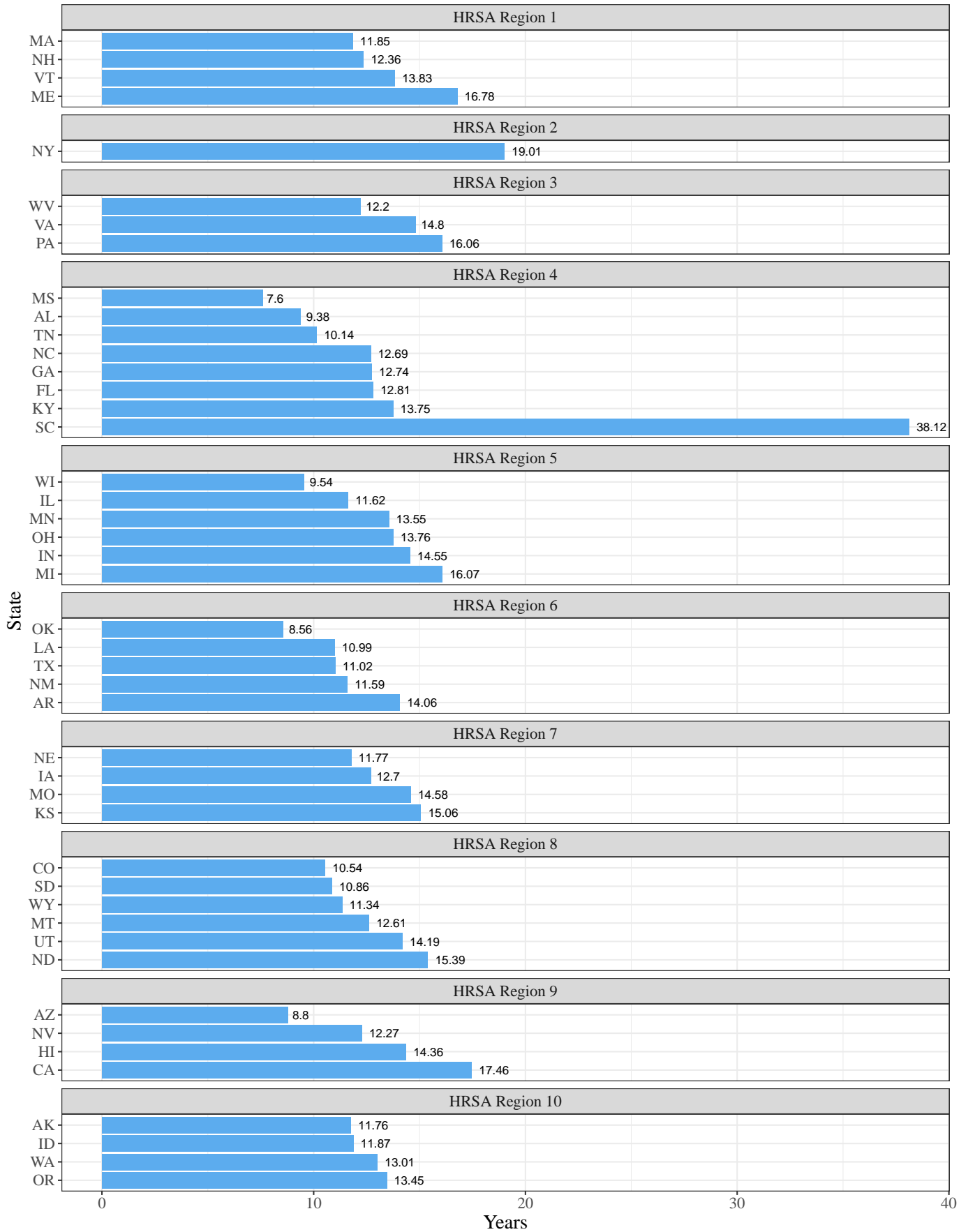


Figure 28. Patient Deductions by HRSA Region and State

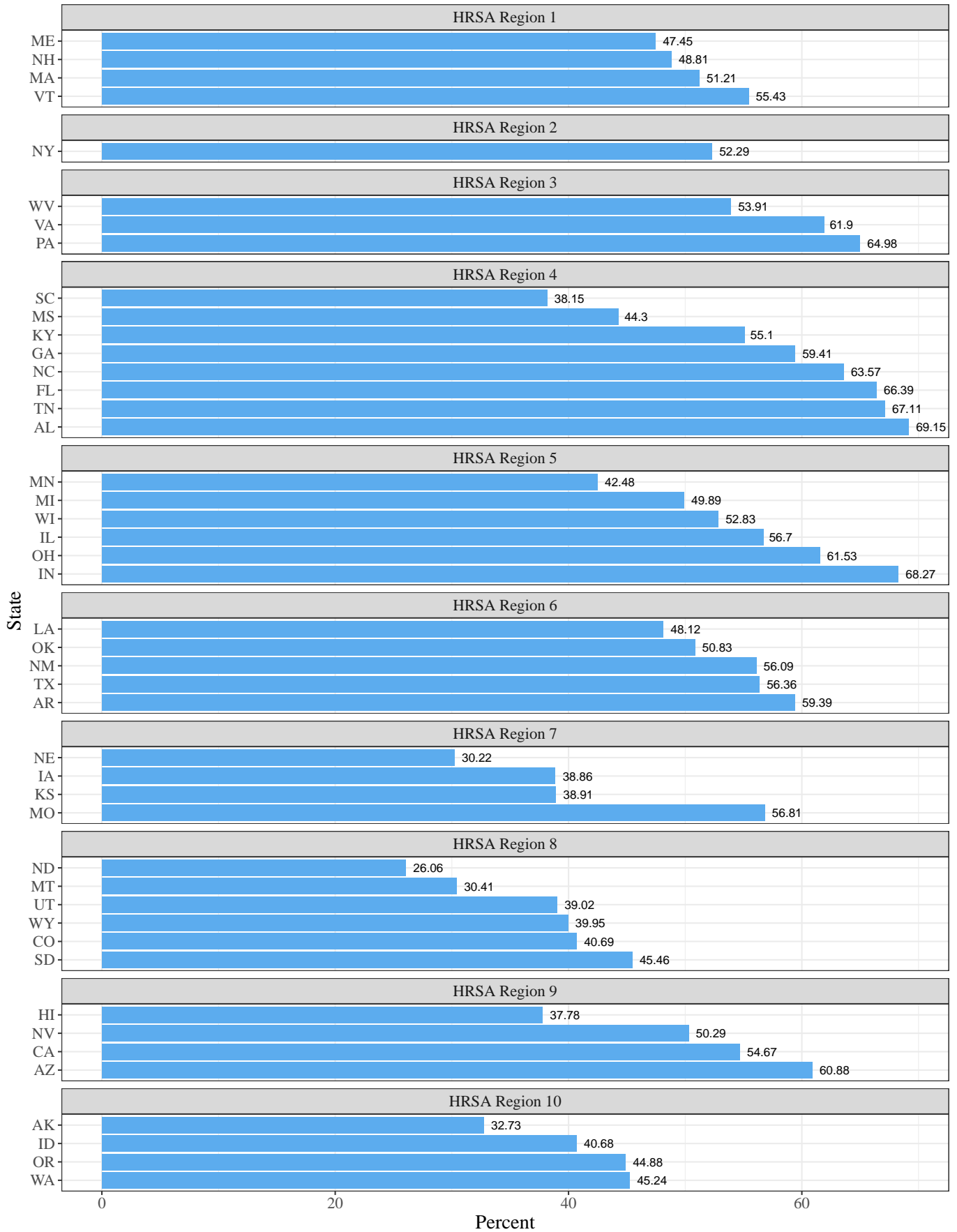


Figure 29. Medicaid Payer Mix by HRSA Region and State

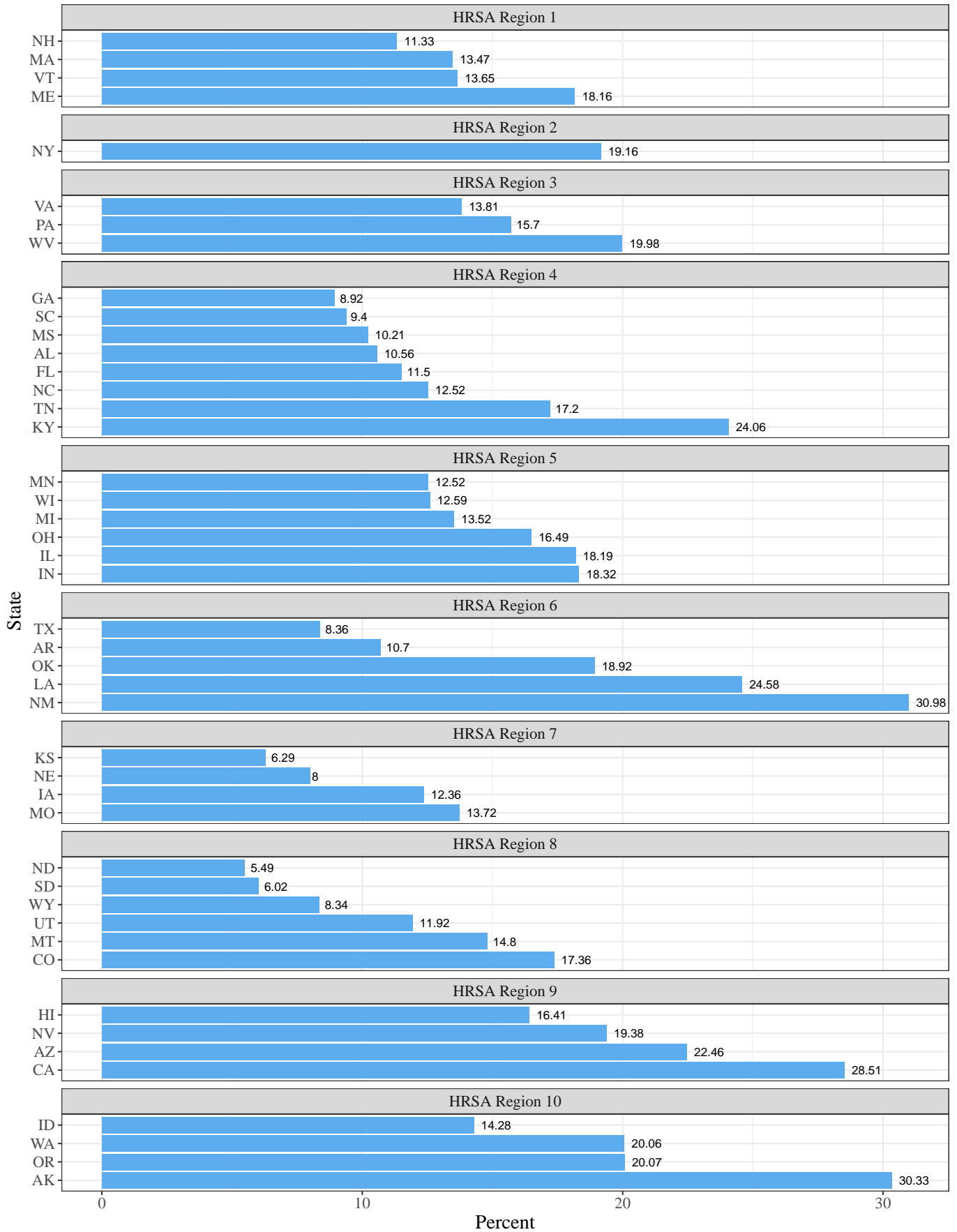
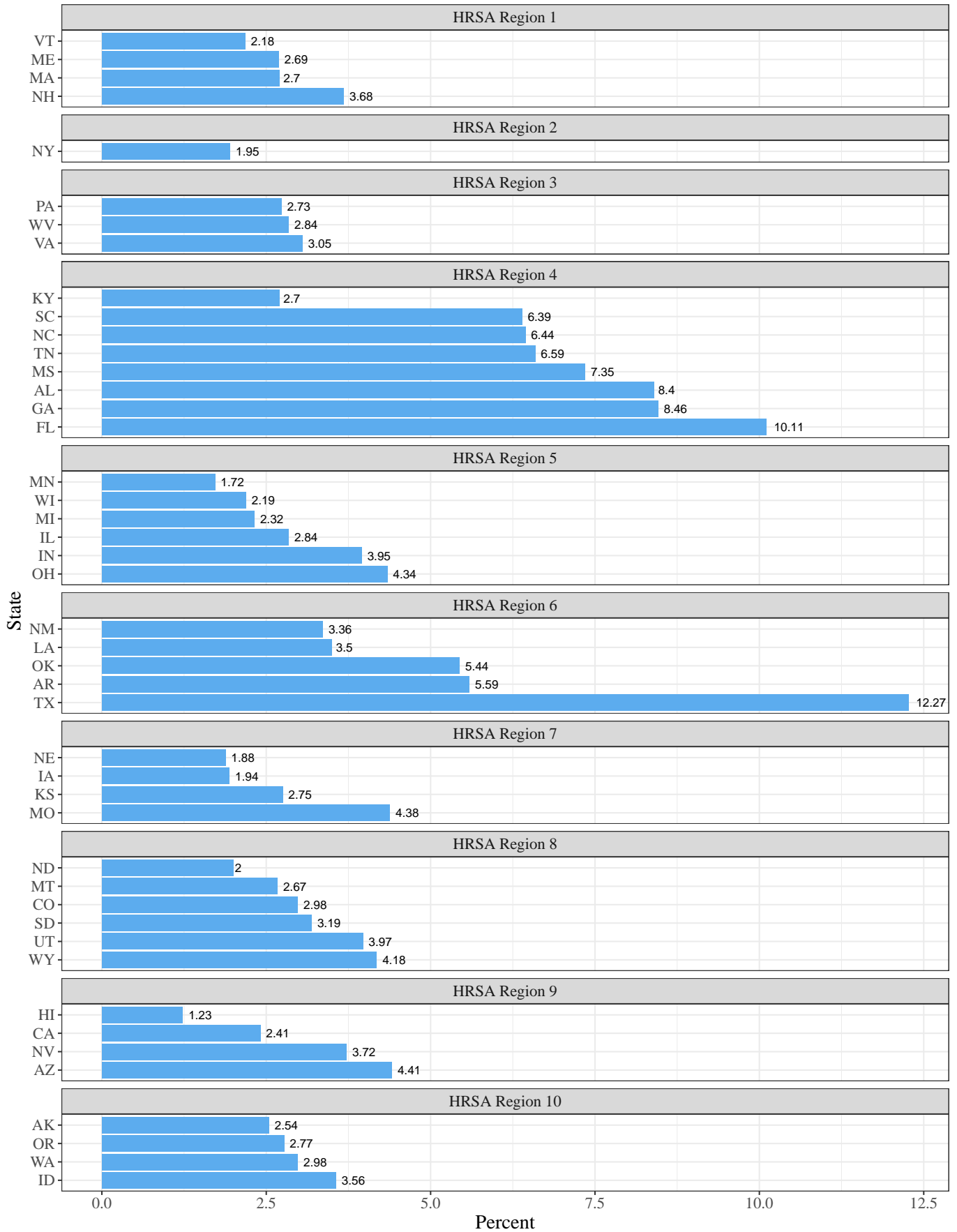


Figure 30. Uncompensated Care by HRSA Region and State



Part 2: Indicator Median Report by State

Table 10. Alaska 2024 Indicator Median Values

Indicator	AK 10th Percentile	AK Median	AK 90th Percentile	HRSA Region 10 Median	US Median
Profitability					
Total Margin (%)	-13.00	7.79	25.59	3.81	5.08
Cash Flow Margin (%)	-8.37	6.61	25.93	5.41	6.76
Return on Equity (%)	-26.05	13.61	40.07	6.65	8.25
Operating Margin (%)	-14.00	4.82	26.78	0.40	1.99
Net Patient Revenue (\$M)	18.65	46.37	159.55	40.12	29.12
Liquidity					
Current Ratio (Times)	1.09	1.80	3.71	3.56	2.88
Days Cash on Hand (Days)	42.66	126.44	342.17	116.66	99.19
Days in Net Accounts Receivable (Days)	19.80	56.38	104.22	58.12	50.18
Days in Gross Account Receivable (Days)	29.06	36.57	70.78	60.71	50.89
Capital Structure					
Equity Financing (%)	36.19	77.43	94.39	67.05	66.3
Debt Service Coverage (Times)	0.66	4.55	15.30	3.48	4.38
Long-term Debt to Capitalization (%)	0.00	11.91	37.41	20.56	17.14
Inpatient					
Medicare Inpatient Payer Mix (%)	42.81	54.17	76.50	54.17	55.72
Medicare Acute Inpatient Cost Per Day (\$)	5906	8446	13873	5182	3663
Average Daily Census Acute (Patients)	0.52	2.88	6.82	2.78	2.05
Average Daily Census Swing – SNF (Patients)	0.36	0.93	2.24	1.29	1.58
Outpatient					
Outpatient Revenue to Total Revenue (%)	46.97	64.45	74.83	84.77	85.05
Hospital Medicare Outpatient Payer Mix (%)	13.92	27.00	42.56	31.49	28.36
Hospital Medicare Outpatient Cost to Charge	38.80	65.41	104.61	46.47	41.54
Labor					
FTEs per Adjusted Occupied Bed (#)	12.39	14.76	26.64	5.81	4.76
Average Salary per FTE (\$)	76464	105013	114179	97373	80395
Salaries to Net Patient Revenue (%)	31.98	44.53	51.09	45.88	43.67
Growth					
1-Year Change in Operating Revenue (%)	-7.19	3.14	34.81	9.96	7.38
3-Year Change in Operating Revenue (%)	-14.82	11.01	32.74	15.74	13.07
1-Year Change in Operating Expenses (%)	-0.32	4.82	10.60	8.33	6.33
3-Year Change in Operating Expenses (%)	10.86	18.59	56.39	24.64	21.61
Other					
Average Age of Plant (Years)	7.00	11.76	24.12	12.47	12.59
Patient Deductions (%)	17.18	32.73	44.70	43.72	48
Medicaid Payer Mix (%)	17.28	30.33	46.19	18.88	13.42
Uncompensated Care (%)	1.09	2.54	7.45	2.99	3.07
Number of Included CAHs (#)	13	13	13	103	1338

Note(s):

¹ HRSA Region 10: Alaska, Idaho, Oregon, and Washington

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 11. Alabama 2024 Indicator Median Values

	Indicator	AL 10th Per- centile	AL Median	AL 90th Per- centile	HRSA Region 4 Median	US Median
Profitability						
	Total Margin (%)	-20.28	6.71	12.77	5.46	5.08
	Cash Flow Margin (%)	-16.26	4.87	13.78	6.36	6.76
	Return on Equity (%)	-56.16	14.92	43.15	15.80	8.25
	Operating Margin (%)	-19.95	-1.45	8.70	3.62	1.99
	Net Patient Revenue (\$M)	9.47	20.06	23.96	24.95	29.12
Liquidity						
	Current Ratio (Times)	0.55	2.73	6.11	2.12	2.88
	Days Cash on Hand (Days)	7.23	124.17	246.94	37.11	99.19
	Days in Net Accounts Receivable (Days)	30.90	48.25	64.43	44.78	50.18
	Days in Gross Account Receivable (Days)	34.89	59.70	83.20	52.51	50.89
Capital Structure						
	Equity Financing (%)	10.57	33.74	72.76	58.93	66.3
	Debt Service Coverage (Times)	-53.78	3.47	41.21	3.53	4.38
	Long-term Debt to Capitalization (%)	2.41	11.26	37.58	10.93	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	30.25	47.95	70.52	48.90	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	2148	2858	3247	2536	3663
	Average Daily Census Acute (Patients)	0.99	1.51	3.96	1.81	2.05
	Average Daily Census Swing – SNF (Patients)	2.22	5.31	5.59	3.89	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	58.37	81.33	85.48	81.82	85.05
	Hospital Medicare Outpatient Payer Mix (%)	12.51	15.31	20.70	17.74	28.36
	Hospital Medicare Outpatient Cost to Charge	26.30	32.04	47.21	31.16	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	2.28	3.26	13.38	3.69	4.76
	Average Salary per FTE (\$)	53522	76270	81362	72290	80395
	Salaries to Net Patient Revenue (%)	34.13	47.06	68.67	42.81	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-9.04	4.55	8.23	7.96	7.38
	3-Year Change in Operating Revenue (%)	-17.60	21.07	61.11	19.43	13.07
	1-Year Change in Operating Expenses (%)	-0.03	8.95	11.68	7.01	6.33
	3-Year Change in Operating Expenses (%)	6.14	25.37	33.82	19.15	21.61
Other						
	Average Age of Plant (Years)	2.95	9.38	12.78	11.88	12.59
	Patient Deductions (%)	26.79	69.15	71.87	56.89	48
	Medicaid Payer Mix (%)	8.74	10.56	13.61	12.26	13.42
	Uncompensated Care (%)	5.44	8.40	12.93	6.55	3.07
	Number of Included CAHs (#)	5	5	5	138	1338

Note(s):

¹ HRSA Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 12. Arkansas 2024 Indicator Median Values

	Indicator	AR 10th Per- centile	AR Median	AR 90th Per- centile	HRSA Region 6 Median	US Median
Profitability						
	Total Margin (%)	-12.19	0.46	7.69	3.27	5.08
	Cash Flow Margin (%)	-12.74	2.94	12.08	5.74	6.76
	Return on Equity (%)	-26.41	2.12	18.06	6.92	8.25
	Operating Margin (%)	-19.53	-1.82	6.90	1.31	1.99
	Net Patient Revenue (\$M)	10.65	18.12	32.40	18.39	29.12
Liquidity						
	Current Ratio (Times)	1.46	3.35	10.49	2.78	2.88
	Days Cash on Hand (Days)	0.03	14.37	154.94	53.84	99.19
	Days in Net Accounts Receivable (Days)	35.64	48.78	74.28	50.88	50.18
	Days in Gross Account Receivable (Days)	19.70	35.41	76.58	59.81	50.89
Capital Structure						
	Equity Financing (%)	25.24	74.37	93.87	70.16	66.3
	Debt Service Coverage (Times)	-7.07	3.80	57.61	4.65	4.38
	Long-term Debt to Capitalization (%)	0.00	7.44	59.54	6.89	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	33.43	48.80	78.26	55.74	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	1640	2401	4422	3507	3663
	Average Daily Census Acute (Patients)	0.96	2.95	5.35	1.46	2.05
	Average Daily Census Swing – SNF (Patients)	0.76	2.47	4.23	2.03	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	66.48	78.71	89.16	83.86	85.05
	Hospital Medicare Outpatient Payer Mix (%)	17.98	23.79	33.26	21.83	28.36
	Hospital Medicare Outpatient Cost to Charge	25.54	39.56	62.11	42.07	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	2.74	4.35	8.12	4.58	4.76
	Average Salary per FTE (\$)	50794	71232	103596	72091	80395
	Salaries to Net Patient Revenue (%)	38.67	49.68	65.12	52.78	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-7.12	2.08	16.42	4.68	7.38
	3-Year Change in Operating Revenue (%)	-9.59	1.83	34.44	11.46	13.07
	1-Year Change in Operating Expenses (%)	-4.09	5.06	10.03	5.67	6.33
	3-Year Change in Operating Expenses (%)	4.15	15.04	35.19	18.45	21.61
Other						
	Average Age of Plant (Years)	2.59	14.06	28.87	11.20	12.59
	Patient Deductions (%)	38.21	59.39	72.37	52.60	48
	Medicaid Payer Mix (%)	5.76	10.70	16.93	11.50	13.42
	Uncompensated Care (%)	3.36	5.59	8.73	7.30	3.07
	Number of Included CAHs (#)	27	27	27	194	1338

Note(s):

¹ HRSA Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 13. Arizona 2024 Indicator Median Values

	Indicator	AZ 10th Per- centile	AZ Median	AZ 90th Per- centile	HRSA Region 9 Median	US Median
Profitability						
	Total Margin (%)	2.59	10.63	19.49	4.59	5.08
	Cash Flow Margin (%)	1.85	11.85	17.59	4.73	6.76
	Return on Equity (%)	5.69	18.60	66.14	9.69	8.25
	Operating Margin (%)	1.19	9.70	14.96	1.61	1.99
	Net Patient Revenue (\$M)	23.61	40.84	85.65	39.59	29.12
Liquidity						
	Current Ratio (Times)	2.33	3.50	9.19	3.26	2.88
	Days Cash on Hand (Days)	0.03	168.44	313.07	114.58	99.19
	Days in Net Accounts Receivable (Days)	30.79	43.00	60.83	51.85	50.18
	Days in Gross Account Receivable (Days)	22.10	55.55	69.74	58.75	50.89
Capital Structure						
	Equity Financing (%)	24.73	72.41	90.43	62.90	66.3
	Debt Service Coverage (Times)	1.08	6.99	183.51	4.14	4.38
	Long-term Debt to Capitalization (%)	0.17	8.18	69.02	19.17	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	18.37	32.09	55.13	51.44	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	2627	4331	8447	5041	3663
	Average Daily Census Acute (Patients)	0.91	2.79	8.73	2.42	2.05
	Average Daily Census Swing – SNF (Patients)	0.10	1.08	2.48	1.44	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	71.29	85.31	94.66	78.12	85.05
	Hospital Medicare Outpatient Payer Mix (%)	10.97	16.27	29.67	26.81	28.36
	Hospital Medicare Outpatient Cost to Charge	18.69	30.29	51.36	36.37	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	2.57	5.66	9.85	8.81	4.76
	Average Salary per FTE (\$)	64491	81972	103328	84030	80395
	Salaries to Net Patient Revenue (%)	32.95	40.30	50.51	43.33	43.67
Growth						
	1-Year Change in Operating Revenue (%)	5.97	12.92	27.91	8.31	7.38
	3-Year Change in Operating Revenue (%)	-2.21	13.36	38.94	18.87	13.07
	1-Year Change in Operating Expenses (%)	0.65	10.74	23.45	5.82	6.33
	3-Year Change in Operating Expenses (%)	10.46	25.97	50.99	25.97	21.61
Other						
	Average Age of Plant (Years)	2.98	8.80	21.37	13.49	12.59
	Patient Deductions (%)	41.22	60.88	73.52	52.27	48
	Medicaid Payer Mix (%)	14.82	22.46	40.02	23.47	13.42
	Uncompensated Care (%)	2.35	4.41	5.41	2.69	3.07
	Number of Included CAHs (#)	17	17	17	75	1338

Note(s):

¹ HRSA Region 9: Arizona, California, Hawaii, and Nevada

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 14. California 2024 Indicator Median Values

	Indicator	CA 10th Per- centile	CA Median	CA 90th Per- centile	HRSA Region 9 Median	US Median
Profitability						
	Total Margin (%)	-10.28	3.17	17.13	4.59	5.08
	Cash Flow Margin (%)	-16.58	2.82	12.13	4.73	6.76
	Return on Equity (%)	-1.05	8.50	25.79	9.69	8.25
	Operating Margin (%)	-19.83	0.49	12.02	1.61	1.99
	Net Patient Revenue (\$M)	16.79	45.08	132.92	39.59	29.12
Liquidity						
	Current Ratio (Times)	1.44	3.34	8.33	3.26	2.88
	Days Cash on Hand (Days)	11.27	117.72	398.31	114.58	99.19
	Days in Net Accounts Receivable (Days)	38.80	52.99	115.64	51.85	50.18
	Days in Gross Account Receivable (Days)	29.06	60.05	110.63	58.75	50.89
Capital Structure						
	Equity Financing (%)	31.23	64.53	87.94	62.90	66.3
	Debt Service Coverage (Times)	-1.65	3.88	64.72	4.14	4.38
	Long-term Debt to Capitalization (%)	0.80	18.09	59.60	19.17	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	35.81	60.29	88.56	51.44	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	3703	5864	11015	5041	3663
	Average Daily Census Acute (Patients)	0.34	2.75	12.71	2.42	2.05
	Average Daily Census Swing – SNF (Patients)	0.18	1.39	4.77	1.44	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	56.78	77.89	86.12	78.12	85.05
	Hospital Medicare Outpatient Payer Mix (%)	16.71	36.54	47.69	26.81	28.36
	Hospital Medicare Outpatient Cost to Charge	19.30	35.59	59.23	36.37	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	4.48	9.58	18.64	8.81	4.76
	Average Salary per FTE (\$)	72697	89519	109087	84030	80395
	Salaries to Net Patient Revenue (%)	36.38	43.69	57.73	43.33	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-5.12	6.20	21.29	8.31	7.38
	3-Year Change in Operating Revenue (%)	-5.39	18.35	35.75	18.87	13.07
	1-Year Change in Operating Expenses (%)	-4.97	5.24	14.38	5.82	6.33
	3-Year Change in Operating Expenses (%)	4.57	20.46	43.15	25.97	21.61
Other						
	Average Age of Plant (Years)	4.55	17.46	28.71	13.49	12.59
	Patient Deductions (%)	15.52	54.67	71.07	52.27	48
	Medicaid Payer Mix (%)	16.24	28.51	46.57	23.47	13.42
	Uncompensated Care (%)	0.74	2.41	4.58	2.69	3.07
	Number of Included CAHs (#)	36	36	36	75	1338

Note(s):

¹ HRSA Region 9: Arizona, California, Hawaii, and Nevada

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 15. Colorado 2024 Indicator Median Values

	Indicator	CO 10th Per- centile	CO Median	CO 90th Per- centile	HRSA Region 8 Median	US Median
Profitability						
	Total Margin (%)	-2.66	4.55	18.26	4.43	5.08
	Cash Flow Margin (%)	-6.05	7.15	17.31	6.48	6.76
	Return on Equity (%)	-4.46	7.38	27.69	6.00	8.25
	Operating Margin (%)	-13.64	0.31	10.03	0.79	1.99
	Net Patient Revenue (\$M)	16.11	35.72	88.32	18.33	29.12
Liquidity						
	Current Ratio (Times)	1.27	2.98	7.57	3.39	2.88
	Days Cash on Hand (Days)	37.74	149.98	253.01	139.43	99.19
	Days in Net Accounts Receivable (Days)	32.23	45.32	75.67	53.62	50.18
	Days in Gross Account Receivable (Days)	34.96	61.32	106.78	61.29	50.89
Capital Structure						
	Equity Financing (%)	26.53	58.05	87.80	69.12	66.3
	Debt Service Coverage (Times)	1.25	4.84	51.52	4.77	4.38
	Long-term Debt to Capitalization (%)	0.99	29.04	71.13	16.01	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	38.18	48.71	81.18	70.39	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	3525	5193	8820	4088	3663
	Average Daily Census Acute (Patients)	0.44	1.65	5.69	1.23	2.05
	Average Daily Census Swing – SNF (Patients)	0.57	0.93	2.04	1.26	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	74.04	87.62	93.60	81.39	85.05
	Hospital Medicare Outpatient Payer Mix (%)	20.30	28.31	43.68	37.98	28.36
	Hospital Medicare Outpatient Cost to Charge	29.34	46.26	73.60	48.47	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	3.97	6.75	11.89	6.71	4.76
	Average Salary per FTE (\$)	73626	84685	105927	81757	80395
	Salaries to Net Patient Revenue (%)	32.52	43.63	58.19	44.37	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-1.31	12.05	26.39	6.44	7.38
	3-Year Change in Operating Revenue (%)	-4.06	16.52	38.93	8.66	13.07
	1-Year Change in Operating Expenses (%)	0.39	6.64	16.70	6.40	6.33
	3-Year Change in Operating Expenses (%)	9.97	21.55	50.91	23.94	21.61
Other						
	Average Age of Plant (Years)	7.55	10.54	14.73	12.02	12.59
	Patient Deductions (%)	27.67	40.69	62.99	36.98	48
	Medicaid Payer Mix (%)	11.77	17.36	24.22	10.66	13.42
	Uncompensated Care (%)	0.97	2.98	4.53	3.05	3.07
	Number of Included CAHs (#)	32	32	32	186	1338

Note(s):

¹ HRSA Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 16. Florida 2024 Indicator Median Values

	Indicator	FL 10th Per- centile	FL Median	FL 90th Per- centile	HRSA Region 4 Median	US Median
Profitability						
	Total Margin (%)	-1.91	18.20	27.71	5.46	5.08
	Cash Flow Margin (%)	-8.91	7.33	24.98	6.36	6.76
	Return on Equity (%)	6.74	37.74	64.13	15.80	8.25
	Operating Margin (%)	-22.32	3.89	21.29	3.62	1.99
	Net Patient Revenue (\$M)	12.51	32.86	65.22	24.95	29.12
Liquidity						
	Current Ratio (Times)	0.65	1.83	3.27	2.12	2.88
	Days Cash on Hand (Days)	0.01	89.34	193.68	37.11	99.19
	Days in Net Accounts Receivable (Days)	32.72	35.56	64.10	44.78	50.18
	Days in Gross Account Receivable (Days)	14.70	36.58	79.33	52.51	50.89
Capital Structure						
	Equity Financing (%)	32.55	53.03	73.01	58.93	66.3
	Debt Service Coverage (Times)	2.02	13.42	41.83	3.53	4.38
	Long-term Debt to Capitalization (%)	0.13	22.70	59.54	10.93	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	44.01	60.87	82.14	48.90	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	1807	2824	12229	2536	3663
	Average Daily Census Acute (Patients)	0.30	1.18	4.44	1.81	2.05
	Average Daily Census Swing – SNF (Patients)	0.22	2.84	8.86	3.89	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	74.26	84.79	91.86	81.82	85.05
	Hospital Medicare Outpatient Payer Mix (%)	12.08	16.43	42.66	17.74	28.36
	Hospital Medicare Outpatient Cost to Charge	18.47	23.76	47.91	31.16	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	2.94	4.28	11.11	3.69	4.76
	Average Salary per FTE (\$)	64277	82313	102104	72290	80395
	Salaries to Net Patient Revenue (%)	24.34	44.87	54.41	42.81	43.67
Growth						
	1-Year Change in Operating Revenue (%)	7.13	15.11	33.07	7.96	7.38
	3-Year Change in Operating Revenue (%)	-1.59	12.47	33.66	19.43	13.07
	1-Year Change in Operating Expenses (%)	6.38	10.01	28.36	7.01	6.33
	3-Year Change in Operating Expenses (%)	12.14	20.21	48.66	19.15	21.61
Other						
	Average Age of Plant (Years)	4.28	12.81	18.79	11.88	12.59
	Patient Deductions (%)	49.14	66.39	72.10	56.89	48
	Medicaid Payer Mix (%)	1.40	11.50	16.85	12.26	13.42
	Uncompensated Care (%)	7.65	10.11	13.52	6.55	3.07
	Number of Included CAHs (#)	10	10	10	138	1338

Note(s):

¹ HRSA Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 17. Georgia 2024 Indicator Median Values

	Indicator	GA 10th Per- centile	GA Median	GA 90th Per- centile	HRSA Region 4 Median	US Median
Profitability						
	Total Margin (%)	-4.92	6.66	27.96	5.46	5.08
	Cash Flow Margin (%)	-7.52	4.13	28.24	6.36	6.76
	Return on Equity (%)	-4.91	11.98	43.70	15.80	8.25
	Operating Margin (%)	-10.14	0.34	26.53	3.62	1.99
	Net Patient Revenue (\$M)	13.73	24.08	52.74	24.95	29.12
Liquidity						
	Current Ratio (Times)	0.78	3.33	8.71	2.12	2.88
	Days Cash on Hand (Days)	1.18	55.39	212.66	37.11	99.19
	Days in Net Accounts Receivable (Days)	29.61	43.79	75.06	44.78	50.18
	Days in Gross Account Receivable (Days)	17.54	51.08	83.79	52.51	50.89
Capital Structure						
	Equity Financing (%)	25.91	62.10	91.77	58.93	66.3
	Debt Service Coverage (Times)	-0.60	3.86	95.60	3.53	4.38
	Long-term Debt to Capitalization (%)	1.06	13.98	69.25	10.93	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	26.20	33.94	85.30	48.90	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	1462	2377	3835	2536	3663
	Average Daily Census Acute (Patients)	0.33	1.85	4.44	1.81	2.05
	Average Daily Census Swing – SNF (Patients)	1.00	6.28	13.43	3.89	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	55.92	77.71	84.33	81.82	85.05
	Hospital Medicare Outpatient Payer Mix (%)	8.93	14.48	25.61	17.74	28.36
	Hospital Medicare Outpatient Cost to Charge	15.82	32.30	53.40	31.16	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	1.72	3.73	15.46	3.69	4.76
	Average Salary per FTE (\$)	58359	65404	87137	72290	80395
	Salaries to Net Patient Revenue (%)	32.19	41.26	51.10	42.81	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-8.70	4.78	19.29	7.96	7.38
	3-Year Change in Operating Revenue (%)	-7.21	16.98	37.76	19.43	13.07
	1-Year Change in Operating Expenses (%)	1.98	7.01	17.59	7.01	6.33
	3-Year Change in Operating Expenses (%)	11.15	18.52	42.80	19.15	21.61
Other						
	Average Age of Plant (Years)	5.31	12.74	18.95	11.88	12.59
	Patient Deductions (%)	31.42	59.41	77.48	56.89	48
	Medicaid Payer Mix (%)	3.15	8.92	15.42	12.26	13.42
	Uncompensated Care (%)	1.58	8.46	17.79	6.55	3.07
	Number of Included CAHs (#)	29	29	29	138	1338

Note(s):

¹ HRSA Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 18. Hawaii 2024 Indicator Median Values

	Indicator	HI 10th Per- centile	HI Median	HI 90th Per- centile	HRSA Region 9 Median	US Median
Profitability						
	Total Margin (%)	-33.09	-0.19	18.13	4.59	5.08
	Cash Flow Margin (%)	-31.51	-0.30	17.25	4.73	6.76
	Return on Equity (%)	-8.40	-1.32	45.13	9.69	8.25
	Operating Margin (%)	-33.19	-2.26	15.57	1.61	1.99
	Net Patient Revenue (\$M)	13.57	29.11	45.78	39.59	29.12
Liquidity						
	Current Ratio (Times)	1.40	2.27	17.26	3.26	2.88
	Days Cash on Hand (Days)	11.43	57.57	289.51	114.58	99.19
	Days in Net Accounts Receivable (Days)	15.67	66.11	90.03	51.85	50.18
	Days in Gross Account Receivable (Days)	55.83	68.63	100.21	58.75	50.89
Capital Structure						
	Equity Financing (%)	28.95	49.80	80.57	62.90	66.3
	Debt Service Coverage (Times)	-0.54	0.64	144.69	4.14	4.38
	Long-term Debt to Capitalization (%)	12.11	26.43	63.83	19.17	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	19.36	32.73	53.25	51.44	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	2394	4612	11568	5041	3663
	Average Daily Census Acute (Patients)	0.00	0.03	2.33	2.42	2.05
	Average Daily Census Swing – SNF (Patients)	0.47	3.26	8.57	1.44	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	19.40	59.07	88.61	78.12	85.05
	Hospital Medicare Outpatient Payer Mix (%)	9.40	12.47	19.55	26.81	28.36
	Hospital Medicare Outpatient Cost to Charge	31.32	54.86	108.92	36.37	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	3.93	11.22	17.22	8.81	4.76
	Average Salary per FTE (\$)	74273	84030	92891	84030	80395
	Salaries to Net Patient Revenue (%)	34.27	45.76	55.94	43.33	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-0.53	10.18	28.19	8.31	7.38
	3-Year Change in Operating Revenue (%)	7.94	23.05	56.78	18.87	13.07
	1-Year Change in Operating Expenses (%)	4.37	8.47	24.65	5.82	6.33
	3-Year Change in Operating Expenses (%)	22.96	31.13	65.08	25.97	21.61
Other						
	Average Age of Plant (Years)	7.28	14.36	36.26	13.49	12.59
	Patient Deductions (%)	27.29	37.78	51.40	52.27	48
	Medicaid Payer Mix (%)	8.08	16.41	36.39	23.47	13.42
	Uncompensated Care (%)	0.11	1.23	2.03	2.69	3.07
	Number of Included CAHs (#)	9	9	9	75	1338

Note(s):

¹ HRSA Region 9: Arizona, California, Hawaii, and Nevada

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 19. Iowa 2024 Indicator Median Values

	Indicator	IA 10th Per- centile	IA Median	IA 90th Per- centile	HRSA Region 7 Median	US Median
Profitability						
	Total Margin (%)	3.11	10.51	21.82	3.52	5.08
	Cash Flow Margin (%)	5.26	13.11	23.05	5.64	6.76
	Return on Equity (%)	4.58	14.08	28.81	6.05	8.25
	Operating Margin (%)	-0.01	7.64	17.92	0.06	1.99
	Net Patient Revenue (\$M)	17.13	36.75	72.16	25.40	29.12
Liquidity						
	Current Ratio (Times)	1.76	3.34	9.17	3.04	2.88
	Days Cash on Hand (Days)	32.45	190.85	396.90	130.71	99.19
	Days in Net Accounts Receivable (Days)	30.54	42.29	64.80	48.16	50.18
	Days in Gross Account Receivable (Days)	23.90	38.26	55.87	43.53	50.89
Capital Structure						
	Equity Financing (%)	36.27	60.52	83.33	63.25	66.3
	Debt Service Coverage (Times)	2.29	5.79	32.45	3.45	4.38
	Long-term Debt to Capitalization (%)	1.36	33.56	56.56	27.18	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	47.83	65.38	79.27	70.58	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	2641	3777	6639	3830	3663
	Average Daily Census Acute (Patients)	0.78	1.87	5.45	1.57	2.05
	Average Daily Census Swing – SNF (Patients)	0.45	1.29	2.81	1.50	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	83.51	90.55	94.55	86.83	85.05
	Hospital Medicare Outpatient Payer Mix (%)	28.55	36.84	46.43	40.55	28.36
	Hospital Medicare Outpatient Cost to Charge	34.71	46.75	62.53	49.78	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	2.83	4.33	7.44	4.92	4.76
	Average Salary per FTE (\$)	64225	79423	92162	76922	80395
	Salaries to Net Patient Revenue (%)	31.72	40.23	47.07	45.34	43.67
Growth						
	1-Year Change in Operating Revenue (%)	5.43	15.89	29.90	9.03	7.38
	3-Year Change in Operating Revenue (%)	2.60	18.52	35.57	11.41	13.07
	1-Year Change in Operating Expenses (%)	2.45	8.82	17.91	6.88	6.33
	3-Year Change in Operating Expenses (%)	10.35	24.38	39.11	22.23	21.61
Other						
	Average Age of Plant (Years)	7.18	12.70	20.24	13.03	12.59
	Patient Deductions (%)	23.80	38.86	50.93	38.31	48
	Medicaid Payer Mix (%)	7.98	12.36	17.85	9.40	13.42
	Uncompensated Care (%)	0.93	1.94	3.01	2.33	3.07
	Number of Included CAHs (#)	81	81	81	257	1338

Note(s):

¹ HRSA Region 7: Iowa, Kansas, Missouri, and Nebraska

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 20. Idaho 2024 Indicator Median Values

Indicator	ID 10th Per- centile	ID Median	ID 90th Per- centile	HRSA Region 10 Median	US Median
Profitability					
Total Margin (%)	-4.81	1.27	7.09	3.81	5.08
Cash Flow Margin (%)	-4.69	1.69	11.00	5.41	6.76
Return on Equity (%)	-7.67	2.93	10.53	6.65	8.25
Operating Margin (%)	-12.23	-1.76	6.13	0.40	1.99
Net Patient Revenue (\$M)	17.05	32.60	84.51	40.12	29.12
Liquidity					
Current Ratio (Times)	1.49	3.57	5.22	3.56	2.88
Days Cash on Hand (Days)	26.44	77.76	189.32	116.66	99.19
Days in Net Accounts Receivable (Days)	45.74	60.16	82.61	58.12	50.18
Days in Gross Account Receivable (Days)	54.11	67.69	95.26	60.71	50.89
Capital Structure					
Equity Financing (%)	37.30	75.40	85.16	67.05	66.3
Debt Service Coverage (Times)	0.05	3.62	15.98	3.48	4.38
Long-term Debt to Capitalization (%)	0.10	12.42	55.96	20.56	17.14
Inpatient					
Medicare Inpatient Payer Mix (%)	36.34	49.31	71.82	54.17	55.72
Medicare Acute Inpatient Cost Per Day (\$)	2816	4832	7101	5182	3663
Average Daily Census Acute (Patients)	0.75	2.00	8.32	2.78	2.05
Average Daily Census Swing – SNF (Patients)	0.23	0.94	2.95	1.29	1.58
Outpatient					
Outpatient Revenue to Total Revenue (%)	75.84	85.78	92.55	84.77	85.05
Hospital Medicare Outpatient Payer Mix (%)	18.35	30.37	46.72	31.49	28.36
Hospital Medicare Outpatient Cost to Charge	35.96	46.61	67.42	46.47	41.54
Labor					
FTEs per Adjusted Occupied Bed (#)	4.72	6.79	10.52	5.81	4.76
Average Salary per FTE (\$)	69796	86944	107405	97373	80395
Salaries to Net Patient Revenue (%)	40.22	48.32	56.61	45.88	43.67
Growth					
1-Year Change in Operating Revenue (%)	0.99	8.65	20.05	9.96	7.38
3-Year Change in Operating Revenue (%)	-8.41	5.63	24.95	15.74	13.07
1-Year Change in Operating Expenses (%)	2.16	10.72	17.55	8.33	6.33
3-Year Change in Operating Expenses (%)	10.41	22.82	48.14	24.64	21.61
Other					
Average Age of Plant (Years)	6.65	11.87	18.86	12.47	12.59
Patient Deductions (%)	30.68	40.68	52.02	43.72	48
Medicaid Payer Mix (%)	8.89	14.28	21.83	18.88	13.42
Uncompensated Care (%)	1.67	3.56	4.93	2.99	3.07
Number of Included CAHs (#)	26	26	26	103	1338

Note(s):

¹ HRSA Region 10: Alaska, Idaho, Oregon, and Washington

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 21. Illinois 2024 Indicator Median Values

	Indicator	IL 10th Per- centile	IL Median	IL 90th Per- centile	HRSA Region 5 Median	US Median
Profitability						
	Total Margin (%)	-2.52	7.38	25.55	8.04	5.08
	Cash Flow Margin (%)	0.02	11.52	27.96	10.19	6.76
	Return on Equity (%)	-4.51	10.65	33.53	10.53	8.25
	Operating Margin (%)	-4.33	6.72	29.38	6.86	1.99
	Net Patient Revenue (\$M)	23.09	43.43	76.61	43.41	29.12
Liquidity						
	Current Ratio (Times)	1.01	2.74	10.73	2.91	2.88
	Days Cash on Hand (Days)	11.85	185.01	514.53	111.61	99.19
	Days in Net Accounts Receivable (Days)	28.12	46.96	78.39	49.92	50.18
	Days in Gross Account Receivable (Days)	17.34	43.90	69.19	43.84	50.89
Capital Structure						
	Equity Financing (%)	31.37	71.21	90.51	69.32	66.3
	Debt Service Coverage (Times)	-0.38	6.92	92.50	5.96	4.38
	Long-term Debt to Capitalization (%)	0.15	17.24	52.76	16.81	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	42.51	57.06	76.93	47.48	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	2320	3491	4773	3456	3663
	Average Daily Census Acute (Patients)	0.88	2.78	5.56	2.90	2.05
	Average Daily Census Swing – SNF (Patients)	0.93	2.33	5.63	1.49	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	83.04	90.23	93.88	88.62	85.05
	Hospital Medicare Outpatient Payer Mix (%)	24.81	30.15	37.36	26.38	28.36
	Hospital Medicare Outpatient Cost to Charge	19.37	29.22	46.08	34.20	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	2.13	4.16	8.12	4.06	4.76
	Average Salary per FTE (\$)	63971	76716	90955	84858	80395
	Salaries to Net Patient Revenue (%)	25.75	40.20	48.26	38.34	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-2.17	7.71	17.92	7.09	7.38
	3-Year Change in Operating Revenue (%)	-0.83	20.51	57.62	13.33	13.07
	1-Year Change in Operating Expenses (%)	-5.00	6.76	15.84	5.63	6.33
	3-Year Change in Operating Expenses (%)	6.38	23.58	60.25	19.52	21.61
Other						
	Average Age of Plant (Years)	5.56	11.62	19.05	12.58	12.59
	Patient Deductions (%)	42.13	56.70	67.60	53.66	48
	Medicaid Payer Mix (%)	9.86	18.19	24.52	15.14	13.42
	Uncompensated Care (%)	1.42	2.84	4.22	2.46	3.07
	Number of Included CAHs (#)	53	53	53	281	1338

Note(s):

¹ HRSA Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 22. Indiana 2024 Indicator Median Values

	Indicator	IN 10th Per- centile	IN Median	IN 90th Per- centile	HRSA Region 5 Median	US Median
Profitability						
	Total Margin (%)	-5.07	6.28	19.54	8.04	5.08
	Cash Flow Margin (%)	-3.72	9.17	20.86	10.19	6.76
	Return on Equity (%)	-18.63	8.47	18.06	10.53	8.25
	Operating Margin (%)	-5.07	5.99	21.99	6.86	1.99
	Net Patient Revenue (\$M)	20.60	44.48	93.01	43.41	29.12
Liquidity						
	Current Ratio (Times)	1.04	1.79	10.05	2.91	2.88
	Days Cash on Hand (Days)	0.02	24.23	284.78	111.61	99.19
	Days in Net Accounts Receivable (Days)	37.38	52.29	86.52	49.92	50.18
	Days in Gross Account Receivable (Days)	12.54	39.60	85.82	43.84	50.89
Capital Structure						
	Equity Financing (%)	20.29	57.24	86.22	69.32	66.3
	Debt Service Coverage (Times)	-16.27	4.82	44.66	5.96	4.38
	Long-term Debt to Capitalization (%)	0.06	15.49	61.80	16.81	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	26.94	41.26	59.13	47.48	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	2239	3467	4709	3456	3663
	Average Daily Census Acute (Patients)	1.47	3.75	7.54	2.90	2.05
	Average Daily Census Swing – SNF (Patients)	0.23	0.76	3.42	1.49	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	83.95	90.61	94.26	88.62	85.05
	Hospital Medicare Outpatient Payer Mix (%)	16.48	20.53	25.98	26.38	28.36
	Hospital Medicare Outpatient Cost to Charge	18.95	25.04	31.26	34.20	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	1.44	3.15	9.15	4.06	4.76
	Average Salary per FTE (\$)	66658	82012	94349	84858	80395
	Salaries to Net Patient Revenue (%)	21.66	34.41	49.99	38.34	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-0.20	6.27	21.22	7.09	7.38
	3-Year Change in Operating Revenue (%)	-8.12	11.94	28.24	13.33	13.07
	1-Year Change in Operating Expenses (%)	-1.23	4.85	10.61	5.63	6.33
	3-Year Change in Operating Expenses (%)	4.08	16.18	34.01	19.52	21.61
Other						
	Average Age of Plant (Years)	4.85	14.55	24.12	12.58	12.59
	Patient Deductions (%)	58.79	68.27	74.72	53.66	48
	Medicaid Payer Mix (%)	11.22	18.32	25.36	15.14	13.42
	Uncompensated Care (%)	2.03	3.95	6.54	2.46	3.07
	Number of Included CAHs (#)	33	33	33	281	1338

Note(s):

¹ HRSA Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 23. Kansas 2024 Indicator Median Values

Indicator	KS 10th Percentile	KS Median	KS 90th Percentile	HRSA Region 6 Median	US Median
Profitability					
Total Margin (%)	-9.94	-1.63	6.44	3.27	5.08
Cash Flow Margin (%)	-13.97	-3.56	7.10	5.74	6.76
Return on Equity (%)	-31.32	-1.87	12.05	6.92	8.25
Operating Margin (%)	-20.59	-8.08	-0.25	1.31	1.99
Net Patient Revenue (\$M)	7.91	16.55	34.06	18.39	29.12
Liquidity					
Current Ratio (Times)	1.01	2.61	5.11	2.78	2.88
Days Cash on Hand (Days)	15.14	73.27	271.19	53.84	99.19
Days in Net Accounts Receivable (Days)	35.22	55.70	93.70	50.88	50.18
Days in Gross Account Receivable (Days)	32.60	53.86	108.36	59.81	50.89
Capital Structure					
Equity Financing (%)	11.90	57.27	84.30	70.16	66.3
Debt Service Coverage (Times)	-1.86	1.49	7.13	4.65	4.38
Long-term Debt to Capitalization (%)	0.43	29.20	85.52	6.89	17.14
Inpatient					
Medicare Inpatient Payer Mix (%)	60.81	79.52	92.65	55.74	55.72
Medicare Acute Inpatient Cost Per Day (\$)	2565	3564	5934	3507	3663
Average Daily Census Acute (Patients)	0.40	1.21	4.42	1.46	2.05
Average Daily Census Swing – SNF (Patients)	0.80	1.77	3.51	2.03	1.58
Outpatient					
Outpatient Revenue to Total Revenue (%)	64.85	80.37	89.47	83.86	85.05
Hospital Medicare Outpatient Payer Mix (%)	32.76	45.61	57.87	21.83	28.36
Hospital Medicare Outpatient Cost to Charge	35.02	51.69	91.17	42.07	41.54
Labor					
FTEs per Adjusted Occupied Bed (#)	2.97	5.28	10.17	4.58	4.76
Average Salary per FTE (\$)	59235	73121	85310	72091	80395
Salaries to Net Patient Revenue (%)	43.50	51.70	61.62	52.78	43.67
Growth					
1-Year Change in Operating Revenue (%)	-4.38	7.21	16.76	4.68	7.38
3-Year Change in Operating Revenue (%)	-15.07	4.54	26.73	11.46	13.07
1-Year Change in Operating Expenses (%)	-0.73	4.36	11.50	5.67	6.33
3-Year Change in Operating Expenses (%)	3.29	17.34	39.26	18.45	21.61
Other					
Average Age of Plant (Years)	5.50	15.06	35.73	11.20	12.59
Patient Deductions (%)	17.01	38.91	53.89	52.60	48
Medicaid Payer Mix (%)	3.60	6.29	12.71	11.50	13.42
Uncompensated Care (%)	1.01	2.75	5.15	7.30	3.07
Number of Included CAHs (#)	82	82	82	194	1338

Note(s):

¹ HRSA Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 24. Kentucky 2024 Indicator Median Values

	Indicator	KY 10th Per- centile	KY Median	KY 90th Per- centile	HRSA Region 4 Median	US Median
Profitability						
	Total Margin (%)	5.39	20.21	32.84	5.46	5.08
	Cash Flow Margin (%)	9.79	21.44	32.90	6.36	6.76
	Return on Equity (%)	12.91	27.82	66.43	15.80	8.25
	Operating Margin (%)	4.89	19.75	30.03	3.62	1.99
	Net Patient Revenue (\$M)	21.36	29.90	49.52	24.95	29.12
Liquidity						
	Current Ratio (Times)	1.30	3.32	6.33	2.12	2.88
	Days Cash on Hand (Days)	0.16	35.82	263.51	37.11	99.19
	Days in Net Accounts Receivable (Days)	22.93	37.51	65.44	44.78	50.18
	Days in Gross Account Receivable (Days)	15.03	35.62	62.52	52.51	50.89
Capital Structure						
	Equity Financing (%)	32.35	64.69	88.90	58.93	66.3
	Debt Service Coverage (Times)	3.05	13.19	101.49	3.53	4.38
	Long-term Debt to Capitalization (%)	0.01	4.39	45.03	10.93	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	28.09	46.53	82.20	48.90	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	1897	2654	5273	2536	3663
	Average Daily Census Acute (Patients)	0.83	2.03	4.69	1.81	2.05
	Average Daily Census Swing – SNF (Patients)	1.08	3.14	7.79	3.89	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	63.91	84.01	92.14	81.82	85.05
	Hospital Medicare Outpatient Payer Mix (%)	12.76	16.16	24.05	17.74	28.36
	Hospital Medicare Outpatient Cost to Charge	18.20	30.44	58.84	31.16	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	2.24	3.90	5.72	3.69	4.76
	Average Salary per FTE (\$)	57759	74771	86793	72290	80395
	Salaries to Net Patient Revenue (%)	25.44	39.24	50.70	42.81	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-0.53	13.78	31.11	7.96	7.38
	3-Year Change in Operating Revenue (%)	17.46	38.87	66.17	19.43	13.07
	1-Year Change in Operating Expenses (%)	0.81	7.72	13.30	7.01	6.33
	3-Year Change in Operating Expenses (%)	10.89	22.90	45.65	19.15	21.61
Other						
	Average Age of Plant (Years)	4.33	13.75	31.72	11.88	12.59
	Patient Deductions (%)	48.45	55.10	72.08	56.89	48
	Medicaid Payer Mix (%)	15.57	24.06	38.49	12.26	13.42
	Uncompensated Care (%)	1.99	2.70	4.49	6.55	3.07
	Number of Included CAHs (#)	27	27	27	138	1338

Note(s):

¹ HRSA Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 25. Louisiana 2024 Indicator Median Values

	Indicator	LA 10th Per- centile	LA Median	LA 90th Per- centile	HRSA Region 6 Median	US Median
Profitability						
	Total Margin (%)	-5.49	12.23	18.74	3.27	5.08
	Cash Flow Margin (%)	-17.36	12.63	22.70	5.74	6.76
	Return on Equity (%)	2.43	10.96	22.42	6.92	8.25
	Operating Margin (%)	-27.23	8.53	18.21	1.31	1.99
	Net Patient Revenue (\$M)	13.70	23.04	38.64	18.39	29.12
Liquidity						
	Current Ratio (Times)	1.29	5.82	12.50	2.78	2.88
	Days Cash on Hand (Days)	4.85	182.11	576.66	53.84	99.19
	Days in Net Accounts Receivable (Days)	32.73	55.41	96.78	50.88	50.18
	Days in Gross Account Receivable (Days)	32.87	53.24	100.00	59.81	50.89
Capital Structure						
	Equity Financing (%)	32.12	81.73	94.66	70.16	66.3
	Debt Service Coverage (Times)	4.66	8.64	138.20	4.65	4.38
	Long-term Debt to Capitalization (%)	0.00	6.46	51.10	6.89	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	22.59	44.67	84.43	55.74	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	2325	2977	5848	3507	3663
	Average Daily Census Acute (Patients)	0.10	1.46	4.24	1.46	2.05
	Average Daily Census Swing – SNF (Patients)	0.95	3.06	8.26	2.03	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	62.73	81.05	95.69	83.86	85.05
	Hospital Medicare Outpatient Payer Mix (%)	9.48	17.46	27.43	21.83	28.36
	Hospital Medicare Outpatient Cost to Charge	29.20	48.20	76.18	42.07	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	2.80	4.41	9.32	4.58	4.76
	Average Salary per FTE (\$)	59311	72126	86538	72091	80395
	Salaries to Net Patient Revenue (%)	34.08	47.26	72.55	52.78	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-9.90	2.39	20.87	4.68	7.38
	3-Year Change in Operating Revenue (%)	-29.54	9.25	33.62	11.46	13.07
	1-Year Change in Operating Expenses (%)	-0.32	6.01	10.45	5.67	6.33
	3-Year Change in Operating Expenses (%)	2.42	23.19	35.75	18.45	21.61
Other						
	Average Age of Plant (Years)	1.15	10.99	17.89	11.20	12.59
	Patient Deductions (%)	33.44	48.12	63.66	52.60	48
	Medicaid Payer Mix (%)	15.73	24.58	31.12	11.50	13.42
	Uncompensated Care (%)	1.21	3.50	6.49	7.30	3.07
	Number of Included CAHs (#)	27	27	27	194	1338

Note(s):

¹ HRSA Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 26. Massachusetts 2024 Indicator Median Values

Indicator	MA 10th Per- centile	MA Median	MA 90th Per- centile	HRSA Region 1 Median	US Median
Profitability					
Total Margin (%)	-6.41	6.09	10.69	5.77	5.08
Cash Flow Margin (%)	-5.35	4.20	9.14	6.19	6.76
Return on Equity (%)	-16.61	4.57	10.04	9.16	8.25
Operating Margin (%)	-7.44	1.49	5.17	3.21	1.99
Net Patient Revenue (\$M)	49.87	77.29	130.77	72.50	29.12
Liquidity					
Current Ratio (Times)	1.96	3.13	3.63	1.87	2.88
Days Cash on Hand (Days)	106.13	369.71	439.57	119.22	99.19
Days in Net Accounts Receivable (Days)	42.13	42.25	44.06	44.24	50.18
Days in Gross Account Receivable (Days)	18.26	22.36	49.15	25.27	50.89
Capital Structure					
Equity Financing (%)	67.75	82.16	83.41	67.36	66.3
Debt Service Coverage (Times)	-223.42	59.36	189.36	7.95	4.38
Long-term Debt to Capitalization (%)	4.17	4.81	18.27	20.06	17.14
Inpatient					
Medicare Inpatient Payer Mix (%)	57.28	58.53	63.72	44.02	55.72
Medicare Acute Inpatient Cost Per Day (\$)	2513	4472	5695	3684	3663
Average Daily Census Acute (Patients)	6.02	7.66	9.78	6.76	2.05
Average Daily Census Swing – SNF (Patients)	0.74	2.40	5.20	1.43	1.58
Outpatient					
Outpatient Revenue to Total Revenue (%)	89.76	90.37	91.02	86.82	85.05
Hospital Medicare Outpatient Payer Mix (%)	30.92	41.04	42.86	27.23	28.36
Hospital Medicare Outpatient Cost to Charge	33.73	34.26	37.02	40.37	41.54
Labor					
FTEs per Adjusted Occupied Bed (#)	1.91	3.23	3.83	4.26	4.76
Average Salary per FTE (\$)	73941	89142	104343	92173	80395
Salaries to Net Patient Revenue (%)	31.48	43.12	49.00	40.97	43.67
Growth					
1-Year Change in Operating Revenue (%)	-7.07	7.13	35.03	5.89	7.38
3-Year Change in Operating Revenue (%)	-8.07	-6.08	12.96	12.63	13.07
1-Year Change in Operating Expenses (%)	2.34	3.31	6.84	4.21	6.33
3-Year Change in Operating Expenses (%)	15.45	22.81	30.69	23.54	21.61
Other					
Average Age of Plant (Years)	11.80	11.85	19.16	14.31	12.59
Patient Deductions (%)	50.05	51.21	57.50	49.32	48
Medicaid Payer Mix (%)	12.13	13.47	14.80	14.83	13.42
Uncompensated Care (%)	2.15	2.70	3.26	2.69	3.07
Number of Included CAHs (#)	3	3	3	40	1338

Note(s):

¹ HRSA Region 1: Maine, Massachusetts, New Hampshire, and Vermont

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 27. Maine 2024 Indicator Median Values

	Indicator	ME 10th Per- centile	ME Median	ME 90th Per- centile	HRSA Region 1 Median	US Median
Profitability						
	Total Margin (%)	-3.05	6.01	10.53	5.77	5.08
	Cash Flow Margin (%)	-1.28	7.00	12.68	6.19	6.76
	Return on Equity (%)	-10.40	8.84	27.92	9.16	8.25
	Operating Margin (%)	-3.05	4.22	10.53	3.21	1.99
	Net Patient Revenue (\$M)	25.90	57.25	135.83	72.50	29.12
Liquidity						
	Current Ratio (Times)	1.16	1.67	3.89	1.87	2.88
	Days Cash on Hand (Days)	2.44	105.14	278.95	119.22	99.19
	Days in Net Accounts Receivable (Days)	24.10	43.64	67.88	44.24	50.18
	Days in Gross Account Receivable (Days)	13.70	29.27	71.98	25.27	50.89
Capital Structure						
	Equity Financing (%)	38.08	65.49	80.49	67.36	66.3
	Debt Service Coverage (Times)	-1.27	7.13	41.57	7.95	4.38
	Long-term Debt to Capitalization (%)	5.05	22.10	54.72	20.06	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	26.85	37.51	52.13	44.02	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	2551	3357	5015	3684	3663
	Average Daily Census Acute (Patients)	2.16	5.84	13.39	6.76	2.05
	Average Daily Census Swing – SNF (Patients)	0.46	1.38	5.24	1.43	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	81.74	86.49	90.39	86.82	85.05
	Hospital Medicare Outpatient Payer Mix (%)	17.55	21.60	25.11	27.23	28.36
	Hospital Medicare Outpatient Cost to Charge	32.84	41.95	49.99	40.37	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	2.92	4.65	6.86	4.26	4.76
	Average Salary per FTE (\$)	80802	88454	96725	92173	80395
	Salaries to Net Patient Revenue (%)	35.02	40.95	49.97	40.97	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-4.33	4.86	10.79	5.89	7.38
	3-Year Change in Operating Revenue (%)	-7.50	9.07	28.17	12.63	13.07
	1-Year Change in Operating Expenses (%)	-2.24	4.06	8.07	4.21	6.33
	3-Year Change in Operating Expenses (%)	7.94	18.62	32.56	23.54	21.61
Other						
	Average Age of Plant (Years)	5.97	16.78	26.78	14.31	12.59
	Patient Deductions (%)	42.38	47.45	55.99	49.32	48
	Medicaid Payer Mix (%)	10.92	18.16	19.96	14.83	13.42
	Uncompensated Care (%)	0.89	2.69	4.38	2.69	3.07
	Number of Included CAHs (#)	16	16	16	40	1338

Note(s):

¹ HRSA Region 1: Maine, Massachusetts, New Hampshire, and Vermont

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 28. Michigan 2024 Indicator Median Values

	Indicator	MI 10th Per- centile	MI Median	MI 90th Per- centile	HRSA Region 5 Median	US Median
Profitability						
	Total Margin (%)	-1.57	7.45	23.49	8.04	5.08
	Cash Flow Margin (%)	1.52	10.30	25.44	10.19	6.76
	Return on Equity (%)	-4.75	13.87	33.90	10.53	8.25
	Operating Margin (%)	-1.97	6.86	23.09	6.86	1.99
	Net Patient Revenue (\$M)	18.34	55.47	91.77	43.41	29.12
Liquidity						
	Current Ratio (Times)	1.66	2.84	8.55	2.91	2.88
	Days Cash on Hand (Days)	1.98	64.90	224.97	111.61	99.19
	Days in Net Accounts Receivable (Days)	33.42	52.61	67.83	49.92	50.18
	Days in Gross Account Receivable (Days)	31.32	42.73	105.13	43.84	50.89
Capital Structure						
	Equity Financing (%)	25.41	67.84	88.48	69.32	66.3
	Debt Service Coverage (Times)	1.84	7.32	178.67	5.96	4.38
	Long-term Debt to Capitalization (%)	0.52	8.29	60.89	16.81	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	24.15	33.21	51.38	47.48	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	2343	2880	5410	3456	3663
	Average Daily Census Acute (Patients)	0.35	2.94	7.49	2.90	2.05
	Average Daily Census Swing – SNF (Patients)	0.36	1.28	3.44	1.49	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	84.68	91.07	95.44	88.62	85.05
	Hospital Medicare Outpatient Payer Mix (%)	11.85	19.61	25.24	26.38	28.36
	Hospital Medicare Outpatient Cost to Charge	22.64	35.11	54.09	34.20	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	2.43	3.95	5.95	4.06	4.76
	Average Salary per FTE (\$)	65511	83676	97681	84858	80395
	Salaries to Net Patient Revenue (%)	29.80	36.64	51.63	38.34	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-3.62	8.14	19.05	7.09	7.38
	3-Year Change in Operating Revenue (%)	-4.40	16.26	29.45	13.33	13.07
	1-Year Change in Operating Expenses (%)	-0.60	7.64	14.92	5.63	6.33
	3-Year Change in Operating Expenses (%)	4.48	19.22	37.42	19.52	21.61
Other						
	Average Age of Plant (Years)	6.15	16.07	26.97	12.58	12.59
	Patient Deductions (%)	35.70	49.89	61.87	53.66	48
	Medicaid Payer Mix (%)	8.74	13.52	21.34	15.14	13.42
	Uncompensated Care (%)	0.98	2.32	3.38	2.46	3.07
	Number of Included CAHs (#)	35	35	35	281	1338

Note(s):

¹ HRSA Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 29. Minnesota 2024 Indicator Median Values

Indicator	MN 10th Per- centile	MN Median	MN 90th Per- centile	HRSA Region 5 Median	US Median
Profitability					
Total Margin (%)	-3.17	6.98	16.52	8.04	5.08
Cash Flow Margin (%)	-1.76	8.45	18.46	10.19	6.76
Return on Equity (%)	-7.47	8.40	26.15	10.53	8.25
Operating Margin (%)	-8.23	5.26	13.76	6.86	1.99
Net Patient Revenue (\$M)	15.22	35.22	89.58	43.41	29.12
Liquidity					
Current Ratio (Times)	1.17	3.03	7.28	2.91	2.88
Days Cash on Hand (Days)	14.76	146.64	340.78	111.61	99.19
Days in Net Accounts Receivable (Days)	41.25	49.73	74.47	49.92	50.18
Days in Gross Account Receivable (Days)	24.60	46.44	73.98	43.84	50.89
Capital Structure					
Equity Financing (%)	31.44	66.58	89.26	69.32	66.3
Debt Service Coverage (Times)	0.29	4.63	28.31	5.96	4.38
Long-term Debt to Capitalization (%)	0.00	20.23	63.00	16.81	17.14
Inpatient					
Medicare Inpatient Payer Mix (%)	36.08	51.82	67.67	47.48	55.72
Medicare Acute Inpatient Cost Per Day (\$)	2878	3928	7377	3456	3663
Average Daily Census Acute (Patients)	0.60	2.02	7.16	2.90	2.05
Average Daily Census Swing – SNF (Patients)	0.24	1.20	4.35	1.49	1.58
Outpatient					
Outpatient Revenue to Total Revenue (%)	70.08	84.72	91.04	88.62	85.05
Hospital Medicare Outpatient Payer Mix (%)	20.29	30.52	36.95	26.38	28.36
Hospital Medicare Outpatient Cost to Charge	33.89	43.76	57.29	34.20	41.54
Labor					
FTEs per Adjusted Occupied Bed (#)	2.54	5.35	14.43	4.06	4.76
Average Salary per FTE (\$)	74453	91334	108171	84858	80395
Salaries to Net Patient Revenue (%)	32.67	41.38	48.81	38.34	43.67
Growth					
1-Year Change in Operating Revenue (%)	-2.40	7.66	18.58	7.09	7.38
3-Year Change in Operating Revenue (%)	-9.15	12.26	27.79	13.33	13.07
1-Year Change in Operating Expenses (%)	-0.96	5.61	11.73	5.63	6.33
3-Year Change in Operating Expenses (%)	2.92	15.98	35.87	19.52	21.61
Other					
Average Age of Plant (Years)	6.64	13.55	20.40	12.58	12.59
Patient Deductions (%)	30.17	42.48	53.42	53.66	48
Medicaid Payer Mix (%)	2.19	12.52	18.78	15.14	13.42
Uncompensated Care (%)	0.94	1.72	5.18	2.46	3.07
Number of Included CAHs (#)	75	75	75	281	1338

Note(s):

¹ HRSA Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 30. Missouri 2024 Indicator Median Values

Indicator	MO 10th Per- centile	MO Median	MO 90th Per- centile	HRSA Region 7 Median	US Median
Profitability					
Total Margin (%)	-9.15	2.10	14.89	3.52	5.08
Cash Flow Margin (%)	-7.98	4.73	16.48	5.64	6.76
Return on Equity (%)	-29.64	3.04	42.61	6.05	8.25
Operating Margin (%)	-12.07	1.50	13.54	0.06	1.99
Net Patient Revenue (\$M)	18.28	26.26	67.57	25.40	29.12
Liquidity					
Current Ratio (Times)	0.87	1.81	6.31	3.04	2.88
Days Cash on Hand (Days)	0.02	81.91	308.66	130.71	99.19
Days in Net Accounts Receivable (Days)	37.67	44.00	59.27	48.16	50.18
Days in Gross Account Receivable (Days)	16.78	29.39	61.65	43.53	50.89
Capital Structure					
Equity Financing (%)	20.66	65.88	86.67	63.25	66.3
Debt Service Coverage (Times)	-21.99	1.76	7.08	3.45	4.38
Long-term Debt to Capitalization (%)	0.00	14.46	65.96	27.18	17.14
Inpatient					
Medicare Inpatient Payer Mix (%)	25.56	53.03	72.99	70.58	55.72
Medicare Acute Inpatient Cost Per Day (\$)	2076	2928	4152	3830	3663
Average Daily Census Acute (Patients)	0.99	2.81	7.58	1.57	2.05
Average Daily Census Swing – SNF (Patients)	1.36	2.91	5.06	1.50	1.58
Outpatient					
Outpatient Revenue to Total Revenue (%)	78.49	86.49	91.81	86.83	85.05
Hospital Medicare Outpatient Payer Mix (%)	14.68	26.10	45.91	40.55	28.36
Hospital Medicare Outpatient Cost to Charge	20.89	34.40	61.00	49.78	41.54
Labor					
FTEs per Adjusted Occupied Bed (#)	2.81	3.63	5.51	4.92	4.76
Average Salary per FTE (\$)	61115	77867	87922	76922	80395
Salaries to Net Patient Revenue (%)	37.04	43.30	52.51	45.34	43.67
Growth					
1-Year Change in Operating Revenue (%)	-5.19	8.22	25.00	9.03	7.38
3-Year Change in Operating Revenue (%)	-12.02	10.42	45.66	11.41	13.07
1-Year Change in Operating Expenses (%)	-0.40	7.11	16.28	6.88	6.33
3-Year Change in Operating Expenses (%)	5.48	21.72	45.36	22.23	21.61
Other					
Average Age of Plant (Years)	8.93	14.58	23.81	13.03	12.59
Patient Deductions (%)	38.02	56.81	70.88	38.31	48
Medicaid Payer Mix (%)	5.02	13.72	20.34	9.40	13.42
Uncompensated Care (%)	1.95	4.38	9.25	2.33	3.07
Number of Included CAHs (#)	33	33	33	257	1338

Note(s):

¹ HRSA Region 7: Iowa, Kansas, Missouri, and Nebraska

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 31. Mississippi 2024 Indicator Median Values

	Indicator	MS 10th Per- centile	MS Median	MS 90th Per- centile	HRSA Region 4 Median	US Median
Profitability						
	Total Margin (%)	-10.80	-0.97	14.17	5.46	5.08
	Cash Flow Margin (%)	-13.97	-1.07	16.18	6.36	6.76
	Return on Equity (%)	-8.51	4.50	27.91	15.80	8.25
	Operating Margin (%)	-19.48	-4.20	14.78	3.62	1.99
	Net Patient Revenue (\$M)	12.75	20.05	38.56	24.95	29.12
Liquidity						
	Current Ratio (Times)	0.13	0.91	3.49	2.12	2.88
	Days Cash on Hand (Days)	2.02	28.64	109.81	37.11	99.19
	Days in Net Accounts Receivable (Days)	40.30	58.32	93.26	44.78	50.18
	Days in Gross Account Receivable (Days)	42.69	67.64	82.31	52.51	50.89
Capital Structure						
	Equity Financing (%)	20.93	48.23	81.50	58.93	66.3
	Debt Service Coverage (Times)	-60.87	1.07	13.81	3.53	4.38
	Long-term Debt to Capitalization (%)	0.32	33.67	64.62	10.93	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	52.92	71.68	97.48	48.90	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	1425	2281	3769	2536	3663
	Average Daily Census Acute (Patients)	0.49	1.40	3.65	1.81	2.05
	Average Daily Census Swing – SNF (Patients)	3.50	6.46	10.94	3.89	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	54.72	77.05	87.80	81.82	85.05
	Hospital Medicare Outpatient Payer Mix (%)	16.22	23.37	35.16	17.74	28.36
	Hospital Medicare Outpatient Cost to Charge	28.59	45.31	67.87	31.16	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	2.12	3.56	10.42	3.69	4.76
	Average Salary per FTE (\$)	52311	60315	77840	72290	80395
	Salaries to Net Patient Revenue (%)	39.82	45.23	60.77	42.81	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-6.48	4.41	13.00	7.96	7.38
	3-Year Change in Operating Revenue (%)	-17.27	2.03	24.94	19.43	13.07
	1-Year Change in Operating Expenses (%)	-3.37	4.55	10.87	7.01	6.33
	3-Year Change in Operating Expenses (%)	-1.47	10.89	28.31	19.15	21.61
Other						
	Average Age of Plant (Years)	1.38	7.60	23.72	11.88	12.59
	Patient Deductions (%)	32.02	44.30	62.33	56.89	48
	Medicaid Payer Mix (%)	5.13	10.21	14.93	12.26	13.42
	Uncompensated Care (%)	2.18	7.35	12.60	6.55	3.07
	Number of Included CAHs (#)	29	29	29	138	1338

Note(s):

¹ HRSA Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 32. Montana 2024 Indicator Median Values

	Indicator	MT 10th Per- centile	MT Median	MT 90th Per- centile	HRSA Region 8 Median	US Median
Profitability						
	Total Margin (%)	-8.74	3.71	11.43	4.43	5.08
	Cash Flow Margin (%)	-8.33	4.26	9.36	6.48	6.76
	Return on Equity (%)	-19.18	4.20	13.61	6.00	8.25
	Operating Margin (%)	-17.60	-2.09	5.02	0.79	1.99
	Net Patient Revenue (\$M)	6.64	14.54	77.42	18.33	29.12
Liquidity						
	Current Ratio (Times)	1.10	3.39	6.81	3.39	2.88
	Days Cash on Hand (Days)	29.50	140.86	321.34	139.43	99.19
	Days in Net Accounts Receivable (Days)	46.49	61.35	105.85	53.62	50.18
	Days in Gross Account Receivable (Days)	50.79	78.45	124.32	61.29	50.89
Capital Structure						
	Equity Financing (%)	40.17	68.35	90.48	69.12	66.3
	Debt Service Coverage (Times)	-0.90	5.40	123.26	4.77	4.38
	Long-term Debt to Capitalization (%)	0.00	15.32	48.36	16.01	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	36.10	60.90	89.35	70.39	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	2916	4386	7122	4088	3663
	Average Daily Census Acute (Patients)	0.22	0.70	6.33	1.23	2.05
	Average Daily Census Swing – SNF (Patients)	0.53	1.33	3.47	1.26	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	44.94	77.76	89.59	81.39	85.05
	Hospital Medicare Outpatient Payer Mix (%)	23.33	35.97	44.27	37.98	28.36
	Hospital Medicare Outpatient Cost to Charge	41.57	56.88	97.82	48.47	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	3.96	7.13	15.71	6.71	4.76
	Average Salary per FTE (\$)	64670	80269	95651	81757	80395
	Salaries to Net Patient Revenue (%)	35.75	45.07	59.21	44.37	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-5.59	7.26	19.17	6.44	7.38
	3-Year Change in Operating Revenue (%)	-16.10	7.40	37.70	8.66	13.07
	1-Year Change in Operating Expenses (%)	-1.86	7.59	15.80	6.40	6.33
	3-Year Change in Operating Expenses (%)	14.19	27.97	54.82	23.94	21.61
Other						
	Average Age of Plant (Years)	6.63	12.61	20.28	12.02	12.59
	Patient Deductions (%)	2.69	30.41	44.63	36.98	48
	Medicaid Payer Mix (%)	5.16	14.80	22.93	10.66	13.42
	Uncompensated Care (%)	0.98	2.67	7.16	3.05	3.07
	Number of Included CAHs (#)	49	49	49	186	1338

Note(s):

¹ HRSA Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 33. North Carolina 2024 Indicator Median Values

	Indicator	NC 10th Per- centile	NC Median	NC 90th Per- centile	HRSA Region 4 Median	US Median
Profitability						
	Total Margin (%)	-14.78	4.40	26.33	5.46	5.08
	Cash Flow Margin (%)	-13.92	10.30	26.77	6.36	6.76
	Return on Equity (%)	-5.50	10.02	34.51	15.80	8.25
	Operating Margin (%)	-14.78	4.40	24.53	3.62	1.99
	Net Patient Revenue (\$M)	13.82	49.63	74.97	24.95	29.12
Liquidity						
	Current Ratio (Times)	0.47	2.33	5.28	2.12	2.88
	Days Cash on Hand (Days)	0.02	51.96	248.76	37.11	99.19
	Days in Net Accounts Receivable (Days)	23.06	44.13	74.11	44.78	50.18
	Days in Gross Account Receivable (Days)	17.68	51.82	77.21	52.51	50.89
Capital Structure						
	Equity Financing (%)	16.86	63.93	84.91	58.93	66.3
	Debt Service Coverage (Times)	-2.34	6.30	170.67	3.53	4.38
	Long-term Debt to Capitalization (%)	0.89	3.12	31.87	10.93	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	35.43	42.00	59.19	48.90	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	2046	2469	3917	2536	3663
	Average Daily Census Acute (Patients)	1.25	5.32	15.13	1.81	2.05
	Average Daily Census Swing – SNF (Patients)	0.96	2.08	6.20	3.89	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	73.18	84.38	90.31	81.82	85.05
	Hospital Medicare Outpatient Payer Mix (%)	11.26	22.75	34.79	17.74	28.36
	Hospital Medicare Outpatient Cost to Charge	14.99	26.10	37.15	31.16	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	2.29	3.59	5.94	3.69	4.76
	Average Salary per FTE (\$)	64968	83519	93515	72290	80395
	Salaries to Net Patient Revenue (%)	25.82	38.70	49.18	42.81	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-3.62	10.52	27.33	7.96	7.38
	3-Year Change in Operating Revenue (%)	-13.31	21.33	40.34	19.43	13.07
	1-Year Change in Operating Expenses (%)	2.14	7.10	15.09	7.01	6.33
	3-Year Change in Operating Expenses (%)	6.07	24.78	52.09	19.15	21.61
Other						
	Average Age of Plant (Years)	3.24	12.69	23.44	11.88	12.59
	Patient Deductions (%)	50.08	63.57	76.71	56.89	48
	Medicaid Payer Mix (%)	4.91	12.52	19.44	12.26	13.42
	Uncompensated Care (%)	2.75	6.44	10.04	6.55	3.07
	Number of Included CAHs (#)	20	20	20	138	1338

Note(s):

¹ HRSA Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 34. North Dakota 2024 Indicator Median Values

	Indicator	ND 10th Per- centile	ND Median	ND 90th Per- centile	HRSA Region 8 Median	US Median
Profitability						
	Total Margin (%)	-17.73	3.33	17.02	4.43	5.08
	Cash Flow Margin (%)	-12.05	6.15	15.38	6.48	6.76
	Return on Equity (%)	-31.06	4.15	19.00	6.00	8.25
	Operating Margin (%)	-18.44	0.84	13.21	0.79	1.99
	Net Patient Revenue (\$M)	7.76	13.94	39.80	18.33	29.12
Liquidity						
	Current Ratio (Times)	1.08	2.68	7.59	3.39	2.88
	Days Cash on Hand (Days)	21.56	113.26	367.06	139.43	99.19
	Days in Net Accounts Receivable (Days)	39.76	56.54	89.85	53.62	50.18
	Days in Gross Account Receivable (Days)	35.11	75.10	140.99	61.29	50.89
Capital Structure						
	Equity Financing (%)	17.89	73.82	87.40	69.12	66.3
	Debt Service Coverage (Times)	-19.17	4.36	130.24	4.77	4.38
	Long-term Debt to Capitalization (%)	0.35	12.53	74.03	16.01	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	46.89	79.62	91.47	70.39	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	2678	3791	5624	4088	3663
	Average Daily Census Acute (Patients)	0.27	1.05	4.68	1.23	2.05
	Average Daily Census Swing – SNF (Patients)	0.66	1.31	3.46	1.26	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	62.05	77.75	87.70	81.39	85.05
	Hospital Medicare Outpatient Payer Mix (%)	26.09	43.67	50.61	37.98	28.36
	Hospital Medicare Outpatient Cost to Charge	38.68	55.85	83.72	48.47	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	2.68	5.87	16.99	6.71	4.76
	Average Salary per FTE (\$)	64327	80228	96538	81757	80395
	Salaries to Net Patient Revenue (%)	33.43	45.32	58.66	44.37	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-6.08	6.68	21.95	6.44	7.38
	3-Year Change in Operating Revenue (%)	-7.33	4.72	31.48	8.66	13.07
	1-Year Change in Operating Expenses (%)	1.38	7.00	16.31	6.40	6.33
	3-Year Change in Operating Expenses (%)	7.15	23.66	37.84	23.94	21.61
Other						
	Average Age of Plant (Years)	6.98	15.39	22.29	12.02	12.59
	Patient Deductions (%)	6.19	26.06	51.36	36.98	48
	Medicaid Payer Mix (%)	3.06	5.49	16.19	10.66	13.42
	Uncompensated Care (%)	0.81	2.00	5.86	3.05	3.07
	Number of Included CAHs (#)	37	37	37	186	1338

Note(s):

¹ HRSA Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 35. Nebraska 2024 Indicator Median Values

Indicator	NE 10th Per- centile	NE Median	NE 90th Per- centile	HRSA Region 7 Median	US Median
Profitability					
Total Margin (%)	-8.72	2.31	12.26	3.52	5.08
Cash Flow Margin (%)	-2.71	7.11	14.81	5.64	6.76
Return on Equity (%)	-14.93	2.52	9.79	6.05	8.25
Operating Margin (%)	-8.89	-0.30	7.76	0.06	1.99
Net Patient Revenue (\$M)	9.28	25.34	55.07	25.40	29.12
Liquidity					
Current Ratio (Times)	2.02	4.08	7.67	3.04	2.88
Days Cash on Hand (Days)	53.38	206.87	467.13	130.71	99.19
Days in Net Accounts Receivable (Days)	37.27	49.38	73.37	48.16	50.18
Days in Gross Account Receivable (Days)	35.76	49.54	81.28	43.53	50.89
Capital Structure					
Equity Financing (%)	41.52	74.48	94.06	63.25	66.3
Debt Service Coverage (Times)	-0.05	3.55	23.89	3.45	4.38
Long-term Debt to Capitalization (%)	0.04	17.49	47.91	27.18	17.14
Inpatient					
Medicare Inpatient Payer Mix (%)	55.10	73.85	87.62	70.58	55.72
Medicare Acute Inpatient Cost Per Day (\$)	3666	5200	7236	3830	3663
Average Daily Census Acute (Patients)	0.47	1.26	3.97	1.57	2.05
Average Daily Census Swing – SNF (Patients)	0.39	1.05	2.09	1.50	1.58
Outpatient					
Outpatient Revenue to Total Revenue (%)	79.80	87.44	93.10	86.83	85.05
Hospital Medicare Outpatient Payer Mix (%)	33.33	43.60	51.55	40.55	28.36
Hospital Medicare Outpatient Cost to Charge	40.78	53.27	68.00	49.78	41.54
Labor					
FTEs per Adjusted Occupied Bed (#)	3.87	5.78	9.30	4.92	4.76
Average Salary per FTE (\$)	65969	82473	97086	76922	80395
Salaries to Net Patient Revenue (%)	38.30	45.34	56.68	45.34	43.67
Growth					
1-Year Change in Operating Revenue (%)	-3.01	5.68	12.01	9.03	7.38
3-Year Change in Operating Revenue (%)	-11.52	10.79	24.50	11.41	13.07
1-Year Change in Operating Expenses (%)	1.36	7.02	15.87	6.88	6.33
3-Year Change in Operating Expenses (%)	12.19	24.40	43.85	22.23	21.61
Other					
Average Age of Plant (Years)	7.01	11.77	17.36	13.03	12.59
Patient Deductions (%)	17.72	30.22	43.07	38.31	48
Medicaid Payer Mix (%)	5.49	8.00	12.26	9.40	13.42
Uncompensated Care (%)	0.95	1.88	4.43	2.33	3.07
Number of Included CAHs (#)	61	61	61	257	1338

Note(s):

¹ HRSA Region 7: Iowa, Kansas, Missouri, and Nebraska

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 36. New Hampshire 2024 Indicator Median Values

	Indicator	NH 10th Per- centile	NH Median	NH 90th Per- centile	HRSA Region 1 Median	US Median
Profitability						
	Total Margin (%)	0.32	11.22	16.97	5.77	5.08
	Cash Flow Margin (%)	1.95	9.82	20.05	6.19	6.76
	Return on Equity (%)	0.28	11.82	16.77	9.16	8.25
	Operating Margin (%)	-2.79	5.42	16.18	3.21	1.99
	Net Patient Revenue (\$M)	38.45	84.16	107.71	72.50	29.12
Liquidity						
	Current Ratio (Times)	1.14	2.28	3.12	1.87	2.88
	Days Cash on Hand (Days)	84.81	161.18	269.80	119.22	99.19
	Days in Net Accounts Receivable (Days)	32.00	43.73	60.17	44.24	50.18
	Days in Gross Account Receivable (Days)	18.21	21.52	80.87	25.27	50.89
Capital Structure						
	Equity Financing (%)	49.36	71.94	86.05	67.36	66.3
	Debt Service Coverage (Times)	1.10	11.49	20.00	7.95	4.38
	Long-term Debt to Capitalization (%)	1.41	12.54	39.21	20.06	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	37.31	49.28	63.02	44.02	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	3453	3847	6026	3684	3663
	Average Daily Census Acute (Patients)	3.52	6.30	8.69	6.76	2.05
	Average Daily Census Swing – SNF (Patients)	0.22	2.05	5.66	1.43	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	74.15	85.09	91.79	86.82	85.05
	Hospital Medicare Outpatient Payer Mix (%)	22.59	30.55	33.34	27.23	28.36
	Hospital Medicare Outpatient Cost to Charge	33.78	42.70	51.58	40.37	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	3.07	4.07	7.78	4.26	4.76
	Average Salary per FTE (\$)	83256	91394	114530	92173	80395
	Salaries to Net Patient Revenue (%)	33.56	37.54	46.27	40.97	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-4.12	4.80	10.04	5.89	7.38
	3-Year Change in Operating Revenue (%)	1.13	25.58	34.99	12.63	13.07
	1-Year Change in Operating Expenses (%)	0.52	3.91	8.71	4.21	6.33
	3-Year Change in Operating Expenses (%)	20.25	30.37	35.92	23.54	21.61
Other						
	Average Age of Plant (Years)	4.14	12.36	18.34	14.31	12.59
	Patient Deductions (%)	35.94	48.81	60.25	49.32	48
	Medicaid Payer Mix (%)	6.79	11.33	15.58	14.83	13.42
	Uncompensated Care (%)	1.48	3.68	5.90	2.69	3.07
	Number of Included CAHs (#)	13	13	13	40	1338

Note(s):

¹ HRSA Region 1: Maine, Massachusetts, New Hampshire, and Vermont

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 37. New Mexico 2024 Indicator Median Values

	Indicator	NM 10th Per- centile	NM Median	NM 90th Per- centile	HRSA Region 6 Median	US Median
Profitability						
	Total Margin (%)	-5.69	13.56	27.71	3.27	5.08
	Cash Flow Margin (%)	-12.19	6.36	26.97	5.74	6.76
	Return on Equity (%)	-14.22	3.43	33.62	6.92	8.25
	Operating Margin (%)	-13.74	0.16	25.40	1.31	1.99
	Net Patient Revenue (\$M)	21.74	43.94	91.26	18.39	29.12
Liquidity						
	Current Ratio (Times)	0.55	2.28	4.89	2.78	2.88
	Days Cash on Hand (Days)	2.74	33.27	171.81	53.84	99.19
	Days in Net Accounts Receivable (Days)	27.18	44.76	80.74	50.88	50.18
	Days in Gross Account Receivable (Days)	27.22	45.98	112.47	59.81	50.89
Capital Structure						
	Equity Financing (%)	39.79	69.61	82.76	70.16	66.3
	Debt Service Coverage (Times)	20.94	69.26	129.12	4.65	4.38
	Long-term Debt to Capitalization (%)	0.00	4.87	18.19	6.89	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	20.67	36.78	53.01	55.74	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	3726	4658	7037	3507	3663
	Average Daily Census Acute (Patients)	1.71	3.70	10.63	1.46	2.05
	Average Daily Census Swing – SNF (Patients)	0.29	0.64	1.24	2.03	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	75.22	85.35	93.84	83.86	85.05
	Hospital Medicare Outpatient Payer Mix (%)	14.88	21.17	25.99	21.83	28.36
	Hospital Medicare Outpatient Cost to Charge	16.34	42.26	47.93	42.07	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	3.56	5.53	8.86	4.58	4.76
	Average Salary per FTE (\$)	75640	87600	100771	72091	80395
	Salaries to Net Patient Revenue (%)	26.55	38.48	54.44	52.78	43.67
Growth						
	1-Year Change in Operating Revenue (%)	5.23	16.30	25.20	4.68	7.38
	3-Year Change in Operating Revenue (%)	6.96	29.39	39.62	11.46	13.07
	1-Year Change in Operating Expenses (%)	-0.80	6.38	10.84	5.67	6.33
	3-Year Change in Operating Expenses (%)	14.22	23.47	46.40	18.45	21.61
Other						
	Average Age of Plant (Years)	2.99	11.59	26.97	11.20	12.59
	Patient Deductions (%)	41.88	56.09	71.50	52.60	48
	Medicaid Payer Mix (%)	21.42	30.98	36.86	11.50	13.42
	Uncompensated Care (%)	1.85	3.36	5.82	7.30	3.07
	Number of Included CAHs (#)	13	13	13	194	1338

Note(s):

¹ HRSA Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 38. Nevada 2024 Indicator Median Values

	Indicator	NV 10th Per- centile	NV Median	NV 90th Per- centile	HRSA Region 9 Median	US Median
Profitability						
	Total Margin (%)	-5.69	2.78	27.22	4.59	5.08
	Cash Flow Margin (%)	-15.44	5.55	20.83	4.73	6.76
	Return on Equity (%)	-9.85	9.18	49.73	9.69	8.25
	Operating Margin (%)	-21.18	1.61	14.95	1.61	1.99
	Net Patient Revenue (\$M)	12.75	32.00	73.52	39.59	29.12
Liquidity						
	Current Ratio (Times)	1.25	3.09	12.09	3.26	2.88
	Days Cash on Hand (Days)	29.46	91.67	324.85	114.58	99.19
	Days in Net Accounts Receivable (Days)	38.63	53.99	74.07	51.85	50.18
	Days in Gross Account Receivable (Days)	23.62	51.55	82.95	58.75	50.89
Capital Structure						
	Equity Financing (%)	34.36	60.92	82.90	62.90	66.3
	Debt Service Coverage (Times)	-17.37	2.92	134.23	4.14	4.38
	Long-term Debt to Capitalization (%)	1.23	23.97	60.95	19.17	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	35.45	58.28	95.85	51.44	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	1980	3540	5187	5041	3663
	Average Daily Census Acute (Patients)	0.09	1.71	10.30	2.42	2.05
	Average Daily Census Swing – SNF (Patients)	0.19	1.39	2.74	1.44	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	70.49	77.98	88.09	78.12	85.05
	Hospital Medicare Outpatient Payer Mix (%)	23.05	31.58	41.90	26.81	28.36
	Hospital Medicare Outpatient Cost to Charge	19.40	36.37	57.14	36.37	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	3.23	8.80	17.23	8.81	4.76
	Average Salary per FTE (\$)	58772	81045	96901	84030	80395
	Salaries to Net Patient Revenue (%)	29.47	46.45	59.90	43.33	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-7.94	11.72	20.08	8.31	7.38
	3-Year Change in Operating Revenue (%)	-10.42	19.62	52.94	18.87	13.07
	1-Year Change in Operating Expenses (%)	-1.58	5.17	14.58	5.82	6.33
	3-Year Change in Operating Expenses (%)	7.39	21.37	46.87	25.97	21.61
Other						
	Average Age of Plant (Years)	3.60	12.27	15.37	13.49	12.59
	Patient Deductions (%)	33.85	50.29	73.55	52.27	48
	Medicaid Payer Mix (%)	8.56	19.38	30.28	23.47	13.42
	Uncompensated Care (%)	1.92	3.72	5.89	2.69	3.07
	Number of Included CAHs (#)	13	13	13	75	1338

Note(s):

¹ HRSA Region 9: Arizona, California, Hawaii, and Nevada

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 39. New York 2024 Indicator Median Values

	Indicator	NY 10th Per- centile	NY Median	NY 90th Per- centile	HRSA Region 2 Median	US Median
Profitability						
	Total Margin (%)	-9.00	7.36	27.89	7.36	5.08
	Cash Flow Margin (%)	-5.52	7.34	27.35	7.34	6.76
	Return on Equity (%)	-15.04	13.29	21.57	13.29	8.25
	Operating Margin (%)	-5.00	2.65	25.70	2.65	1.99
	Net Patient Revenue (\$M)	16.87	46.43	94.28	46.43	29.12
Liquidity						
	Current Ratio (Times)	0.79	1.52	3.74	1.52	2.88
	Days Cash on Hand (Days)	20.11	111.35	359.12	111.35	99.19
	Days in Net Accounts Receivable (Days)	30.85	38.92	54.02	38.92	50.18
	Days in Gross Account Receivable (Days)	13.92	19.06	38.95	19.06	50.89
Capital Structure						
	Equity Financing (%)	9.40	63.96	84.57	63.96	66.3
	Debt Service Coverage (Times)	-6.75	2.88	73.29	2.88	4.38
	Long-term Debt to Capitalization (%)	0.13	5.46	75.02	5.46	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	26.90	39.07	58.05	39.07	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	1546	2420	3835	2420	3663
	Average Daily Census Acute (Patients)	0.73	3.57	8.37	3.57	2.05
	Average Daily Census Swing – SNF (Patients)	2.33	5.31	10.15	5.31	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	67.23	84.70	89.67	84.70	85.05
	Hospital Medicare Outpatient Payer Mix (%)	11.19	17.60	25.39	17.60	28.36
	Hospital Medicare Outpatient Cost to Charge	25.73	33.46	44.16	33.46	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	1.62	3.14	13.67	3.14	4.76
	Average Salary per FTE (\$)	62285	87394	105261	87394	80395
	Salaries to Net Patient Revenue (%)	29.10	49.15	55.13	49.15	43.67
Growth						
	1-Year Change in Operating Revenue (%)	3.98	14.48	33.38	14.48	7.38
	3-Year Change in Operating Revenue (%)	7.35	33.58	59.25	33.58	13.07
	1-Year Change in Operating Expenses (%)	-1.26	8.84	16.13	8.84	6.33
	3-Year Change in Operating Expenses (%)	11.50	26.78	39.67	26.78	21.61
Other						
	Average Age of Plant (Years)	8.81	19.01	36.19	19.01	12.59
	Patient Deductions (%)	45.71	52.29	60.96	52.29	48
	Medicaid Payer Mix (%)	14.81	19.16	26.25	19.16	13.42
	Uncompensated Care (%)	0.84	1.95	4.18	1.95	3.07
	Number of Included CAHs (#)	19	19	19	19	1338

Note(s):

¹ HRSA Region 2: New York

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 40. Ohio 2024 Indicator Median Values

	Indicator	OH 10th Per- centile	OH Median	OH 90th Per- centile	HRSA Region 5 Median	US Median
Profitability						
	Total Margin (%)	-6.67	8.16	32.76	8.04	5.08
	Cash Flow Margin (%)	-5.43	9.24	32.77	10.19	6.76
	Return on Equity (%)	-12.82	17.77	62.97	10.53	8.25
	Operating Margin (%)	-6.17	9.26	34.49	6.86	1.99
	Net Patient Revenue (\$M)	23.10	40.25	85.39	43.41	29.12
Liquidity						
	Current Ratio (Times)	0.85	2.63	5.66	2.91	2.88
	Days Cash on Hand (Days)	0.83	53.16	250.39	111.61	99.19
	Days in Net Accounts Receivable (Days)	33.45	46.02	71.95	49.92	50.18
	Days in Gross Account Receivable (Days)	19.72	41.95	75.43	43.84	50.89
Capital Structure						
	Equity Financing (%)	26.21	73.60	92.52	69.32	66.3
	Debt Service Coverage (Times)	0.08	6.76	75.33	5.96	4.38
	Long-term Debt to Capitalization (%)	0.52	13.47	65.99	16.81	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	29.09	39.86	56.28	47.48	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	1872	3251	5653	3456	3663
	Average Daily Census Acute (Patients)	0.79	3.90	7.98	2.90	2.05
	Average Daily Census Swing – SNF (Patients)	0.40	2.55	7.93	1.49	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	75.41	86.00	94.03	88.62	85.05
	Hospital Medicare Outpatient Payer Mix (%)	14.16	20.48	28.88	26.38	28.36
	Hospital Medicare Outpatient Cost to Charge	22.03	30.49	39.04	34.20	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	2.34	3.39	6.34	4.06	4.76
	Average Salary per FTE (\$)	62614	79007	88283	84858	80395
	Salaries to Net Patient Revenue (%)	26.04	34.26	44.57	38.34	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-5.46	6.61	14.59	7.09	7.38
	3-Year Change in Operating Revenue (%)	-12.20	15.23	36.34	13.33	13.07
	1-Year Change in Operating Expenses (%)	-2.86	5.05	14.15	5.63	6.33
	3-Year Change in Operating Expenses (%)	2.57	19.65	55.11	19.52	21.61
Other						
	Average Age of Plant (Years)	5.46	13.76	28.42	12.58	12.59
	Patient Deductions (%)	51.33	61.53	70.50	53.66	48
	Medicaid Payer Mix (%)	10.17	16.49	26.06	15.14	13.42
	Uncompensated Care (%)	2.27	4.34	5.93	2.46	3.07
	Number of Included CAHs (#)	32	32	32	281	1338

Note(s):

¹ HRSA Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 41. Oklahoma 2024 Indicator Median Values

	Indicator	OK 10th Per- centile	OK Median	OK 90th Per- centile	HRSA Region 6 Median	US Median
Profitability						
	Total Margin (%)	-12.09	2.25	11.00	3.27	5.08
	Cash Flow Margin (%)	-28.79	3.19	11.42	5.74	6.76
	Return on Equity (%)	-17.94	10.93	40.65	6.92	8.25
	Operating Margin (%)	-31.54	-0.86	7.83	1.31	1.99
	Net Patient Revenue (\$M)	6.74	15.52	25.63	18.39	29.12
Liquidity						
	Current Ratio (Times)	0.20	1.52	4.93	2.78	2.88
	Days Cash on Hand (Days)	0.02	17.35	148.58	53.84	99.19
	Days in Net Accounts Receivable (Days)	25.91	48.88	84.36	50.88	50.18
	Days in Gross Account Receivable (Days)	30.01	50.81	112.16	59.81	50.89
Capital Structure						
	Equity Financing (%)	25.70	65.62	90.91	70.16	66.3
	Debt Service Coverage (Times)	-21.93	4.15	30.00	4.65	4.38
	Long-term Debt to Capitalization (%)	0.00	2.94	55.33	6.89	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	46.08	74.23	95.20	55.74	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	1861	3195	6806	3507	3663
	Average Daily Census Acute (Patients)	0.41	0.98	2.69	1.46	2.05
	Average Daily Census Swing – SNF (Patients)	1.05	5.79	10.38	2.03	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	32.95	77.36	89.35	83.86	85.05
	Hospital Medicare Outpatient Payer Mix (%)	17.11	24.60	39.51	21.83	28.36
	Hospital Medicare Outpatient Cost to Charge	29.68	41.77	69.81	42.07	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	1.89	4.24	7.25	4.58	4.76
	Average Salary per FTE (\$)	60057	75176	100090	72091	80395
	Salaries to Net Patient Revenue (%)	35.41	51.45	68.67	52.78	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-8.87	8.85	29.56	4.68	7.38
	3-Year Change in Operating Revenue (%)	-18.55	15.39	40.89	11.46	13.07
	1-Year Change in Operating Expenses (%)	-3.30	4.56	15.88	5.67	6.33
	3-Year Change in Operating Expenses (%)	-2.69	19.07	43.41	18.45	21.61
Other						
	Average Age of Plant (Years)	2.41	8.56	19.93	11.20	12.59
	Patient Deductions (%)	22.57	50.83	64.69	52.60	48
	Medicaid Payer Mix (%)	8.06	18.92	28.09	11.50	13.42
	Uncompensated Care (%)	1.83	5.44	8.76	7.30	3.07
	Number of Included CAHs (#)	39	39	39	194	1338

Note(s):

¹ HRSA Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 42. Oregon 2024 Indicator Median Values

	Indicator	OR 10th Percentile	OR Median	OR 90th Percentile	HRSA Region 10 Median	US Median
Profitability						
	Total Margin (%)	-2.73	5.75	25.17	3.81	5.08
	Cash Flow Margin (%)	-4.75	6.03	26.22	5.41	6.76
	Return on Equity (%)	-4.35	8.34	23.27	6.65	8.25
	Operating Margin (%)	-5.62	2.38	24.25	0.40	1.99
	Net Patient Revenue (\$M)	29.09	75.45	165.83	40.12	29.12
Liquidity						
	Current Ratio (Times)	1.52	3.61	7.92	3.56	2.88
	Days Cash on Hand (Days)	3.32	141.58	342.71	116.66	99.19
	Days in Net Accounts Receivable (Days)	47.81	54.05	78.19	58.12	50.18
	Days in Gross Account Receivable (Days)	28.83	58.31	69.50	60.71	50.89
Capital Structure						
	Equity Financing (%)	44.05	78.66	90.54	67.05	66.3
	Debt Service Coverage (Times)	-0.21	14.45	255.81	3.48	4.38
	Long-term Debt to Capitalization (%)	0.11	9.63	48.16	20.56	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	31.84	50.67	67.89	54.17	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	3814	4699	6755	5182	3663
	Average Daily Census Acute (Patients)	1.60	4.87	12.18	2.78	2.05
	Average Daily Census Swing – SNF (Patients)	0.21	1.53	2.95	1.29	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	78.36	85.35	89.88	84.77	85.05
	Hospital Medicare Outpatient Payer Mix (%)	15.99	36.58	48.16	31.49	28.36
	Hospital Medicare Outpatient Cost to Charge	29.29	44.63	59.70	46.47	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	3.12	5.80	7.88	5.81	4.76
	Average Salary per FTE (\$)	92845	105098	113293	97373	80395
	Salaries to Net Patient Revenue (%)	33.15	42.79	51.85	45.88	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-4.07	6.54	15.57	9.96	7.38
	3-Year Change in Operating Revenue (%)	-6.31	17.29	43.40	15.74	13.07
	1-Year Change in Operating Expenses (%)	-1.07	7.28	13.57	8.33	6.33
	3-Year Change in Operating Expenses (%)	10.34	24.44	43.51	24.64	21.61
Other						
	Average Age of Plant (Years)	7.65	13.45	18.69	12.47	12.59
	Patient Deductions (%)	37.81	44.88	51.33	43.72	48
	Medicaid Payer Mix (%)	17.14	20.07	25.98	18.88	13.42
	Uncompensated Care (%)	1.44	2.77	4.51	2.99	3.07
	Number of Included CAHs (#)	25	25	25	103	1338

Note(s):

¹ HRSA Region 10: Alaska, Idaho, Oregon, and Washington

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 43. Pennsylvania 2024 Indicator Median Values

	Indicator	PA 10th Per- centile	PA Median	PA 90th Per- centile	HRSA Region 3 Median	US Median
Profitability						
	Total Margin (%)	-11.56	2.63	12.56	2.86	5.08
	Cash Flow Margin (%)	-7.29	5.04	16.43	5.09	6.76
	Return on Equity (%)	-38.41	4.15	20.52	7.54	8.25
	Operating Margin (%)	-11.93	-1.82	12.23	1.39	1.99
	Net Patient Revenue (\$M)	16.11	33.31	76.54	39.75	29.12
Liquidity						
	Current Ratio (Times)	0.26	1.81	3.97	1.81	2.88
	Days Cash on Hand (Days)	0.12	25.40	161.13	33.15	99.19
	Days in Net Accounts Receivable (Days)	19.43	40.53	76.48	48.32	50.18
	Days in Gross Account Receivable (Days)	13.89	42.75	72.61	46.08	50.89
Capital Structure						
	Equity Financing (%)	22.88	42.92	92.72	46.95	66.3
	Debt Service Coverage (Times)	-2.52	3.05	9.17	5.84	4.38
	Long-term Debt to Capitalization (%)	0.01	36.65	70.70	35.66	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	26.43	36.59	40.92	38.68	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	1668	2192	3833	2554	3663
	Average Daily Census Acute (Patients)	1.46	3.93	8.22	4.02	2.05
	Average Daily Census Swing – SNF (Patients)	0.59	1.98	4.84	2.25	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	72.88	85.47	91.92	86.20	85.05
	Hospital Medicare Outpatient Payer Mix (%)	14.29	20.96	23.82	20.89	28.36
	Hospital Medicare Outpatient Cost to Charge	17.54	25.89	36.70	30.65	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	1.48	3.92	11.44	3.31	4.76
	Average Salary per FTE (\$)	55267	73755	88510	77519	80395
	Salaries to Net Patient Revenue (%)	31.35	39.95	56.73	39.82	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-5.69	0.75	9.57	3.84	7.38
	3-Year Change in Operating Revenue (%)	-9.89	0.97	31.09	15.56	13.07
	1-Year Change in Operating Expenses (%)	-3.34	2.60	6.39	5.98	6.33
	3-Year Change in Operating Expenses (%)	4.56	11.88	26.19	24.86	21.61
Other						
	Average Age of Plant (Years)	6.27	16.06	35.97	15.02	12.59
	Patient Deductions (%)	48.06	64.98	73.43	57.52	48
	Medicaid Payer Mix (%)	13.35	15.70	18.21	16.54	13.42
	Uncompensated Care (%)	1.45	2.73	5.23	2.84	3.07
	Number of Included CAHs (#)	16	16	16	45	1338

Note(s):

¹ HRSA Region 3: Pennsylvania, Virginia, and West Virginia

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 44. South Carolina 2024 Indicator Median Values

	Indicator	SC 10th Per- centile	SC Median	SC 90th Per- centile	HRSA Region 4 Median	US Median
Profitability						
	Total Margin (%)	-3.50	-1.02	0.90	5.46	5.08
	Cash Flow Margin (%)	-2.57	0.53	1.62	6.36	6.76
	Return on Equity (%)	-25.42	-5.91	9.45	15.80	8.25
	Operating Margin (%)	-3.74	-1.31	-1.08	3.62	1.99
	Net Patient Revenue (\$M)	17.40	19.69	39.76	24.95	29.12
Liquidity						
	Current Ratio (Times)	1.01	1.49	1.83	2.12	2.88
	Days Cash on Hand (Days)	5.81	20.49	49.72	37.11	99.19
	Days in Net Accounts Receivable (Days)	18.41	52.00	80.92	44.78	50.18
	Days in Gross Account Receivable (Days)	45.38	59.81	76.43	52.51	50.89
Capital Structure						
	Equity Financing (%)	26.85	35.80	39.42	58.93	66.3
	Debt Service Coverage (Times)	-3.48	-0.97	1.53	3.53	4.38
	Long-term Debt to Capitalization (%)	7.71	38.54	60.67	10.93	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	43.47	49.66	52.12	48.90	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	2943	2969	3135	2536	3663
	Average Daily Census Acute (Patients)	0.69	1.22	3.50	1.81	2.05
	Average Daily Census Swing – SNF (Patients)	2.40	3.83	3.88	3.89	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	84.62	90.90	91.30	81.82	85.05
	Hospital Medicare Outpatient Payer Mix (%)	15.01	16.25	24.88	17.74	28.36
	Hospital Medicare Outpatient Cost to Charge	37.67	45.52	50.79	31.16	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	2.81	2.89	6.52	3.69	4.76
	Average Salary per FTE (\$)	61141	79299	82178	72290	80395
	Salaries to Net Patient Revenue (%)	47.21	47.92	55.51	42.81	43.67
Growth						
	1-Year Change in Operating Revenue (%)	9.08	10.08	18.62	7.96	7.38
	3-Year Change in Operating Revenue (%)	0.40	10.12	16.33	19.43	13.07
	1-Year Change in Operating Expenses (%)	6.81	7.10	7.78	7.01	6.33
	3-Year Change in Operating Expenses (%)	5.50	22.63	22.93	19.15	21.61
Other						
	Average Age of Plant (Years)	30.75	38.12	39.07	11.88	12.59
	Patient Deductions (%)	36.28	38.15	53.00	56.89	48
	Medicaid Payer Mix (%)	2.59	9.40	9.56	12.26	13.42
	Uncompensated Care (%)	4.67	6.39	10.07	6.55	3.07
	Number of Included CAHs (#)	3	3	3	138	1338

Note(s):

¹ HRSA Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 45. South Dakota 2024 Indicator Median Values

	Indicator	SD 10th Per- centile	SD Median	SD 90th Per- centile	HRSA Region 8 Median	US Median
Profitability						
	Total Margin (%)	-1.44	8.15	20.86	4.43	5.08
	Cash Flow Margin (%)	3.67	10.90	21.13	6.48	6.76
	Return on Equity (%)	-2.16	9.26	25.39	6.00	8.25
	Operating Margin (%)	-4.41	5.05	18.23	0.79	1.99
	Net Patient Revenue (\$M)	8.18	16.93	35.11	18.33	29.12
Liquidity						
	Current Ratio (Times)	1.22	3.68	12.65	3.39	2.88
	Days Cash on Hand (Days)	0.18	172.96	476.35	139.43	99.19
	Days in Net Accounts Receivable (Days)	36.09	47.31	69.32	53.62	50.18
	Days in Gross Account Receivable (Days)	34.27	46.02	61.44	61.29	50.89
Capital Structure						
	Equity Financing (%)	33.98	79.03	96.92	69.12	66.3
	Debt Service Coverage (Times)	1.26	4.94	16.61	4.77	4.38
	Long-term Debt to Capitalization (%)	0.00	15.96	58.69	16.01	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	56.26	77.54	89.61	70.39	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	2765	3453	5190	4088	3663
	Average Daily Census Acute (Patients)	0.43	1.23	3.61	1.23	2.05
	Average Daily Census Swing – SNF (Patients)	0.48	1.35	3.27	1.26	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	66.03	79.93	87.45	81.39	85.05
	Hospital Medicare Outpatient Payer Mix (%)	28.58	44.46	56.02	37.98	28.36
	Hospital Medicare Outpatient Cost to Charge	25.70	36.32	50.78	48.47	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	3.57	5.80	9.55	6.71	4.76
	Average Salary per FTE (\$)	64536	81754	92997	81757	80395
	Salaries to Net Patient Revenue (%)	40.20	43.13	51.64	44.37	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-7.72	4.02	14.30	6.44	7.38
	3-Year Change in Operating Revenue (%)	-15.32	5.24	24.86	8.66	13.07
	1-Year Change in Operating Expenses (%)	-0.82	4.52	12.50	6.40	6.33
	3-Year Change in Operating Expenses (%)	3.82	17.06	28.49	23.94	21.61
Other						
	Average Age of Plant (Years)	5.03	10.86	17.99	12.02	12.59
	Patient Deductions (%)	29.67	45.46	57.26	36.98	48
	Medicaid Payer Mix (%)	3.08	6.02	20.06	10.66	13.42
	Uncompensated Care (%)	1.20	3.19	8.46	3.05	3.07
	Number of Included CAHs (#)	39	39	39	186	1338

Note(s):

¹ HRSA Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 46. Tennessee 2024 Indicator Median Values

Indicator	TN 10th Percentile	TN Median	TN 90th Percentile	HRSA Region 4 Median	US Median
Profitability					
Total Margin (%)	-21.93	-2.37	21.63	5.46	5.08
Cash Flow Margin (%)	-15.79	8.48	28.31	6.36	6.76
Return on Equity (%)	-22.05	17.84	46.78	15.80	8.25
Operating Margin (%)	-21.88	-3.33	21.63	3.62	1.99
Net Patient Revenue (\$M)	10.65	13.48	32.37	24.95	29.12
Liquidity					
Current Ratio (Times)	0.23	1.16	3.80	2.12	2.88
Days Cash on Hand (Days)	0.06	2.24	127.93	37.11	99.19
Days in Net Accounts Receivable (Days)	35.17	45.44	73.39	44.78	50.18
Days in Gross Account Receivable (Days)	10.50	55.16	80.23	52.51	50.89
Capital Structure					
Equity Financing (%)	7.74	47.08	67.45	58.93	66.3
Debt Service Coverage (Times)	-0.16	10.84	64.96	3.53	4.38
Long-term Debt to Capitalization (%)	0.00	3.20	47.24	10.93	17.14
Inpatient					
Medicare Inpatient Payer Mix (%)	33.84	53.10	77.16	48.90	55.72
Medicare Acute Inpatient Cost Per Day (\$)	1866	2410	4273	2536	3663
Average Daily Census Acute (Patients)	0.33	1.12	6.08	1.81	2.05
Average Daily Census Swing – SNF (Patients)	0.36	2.48	5.16	3.89	1.58
Outpatient					
Outpatient Revenue to Total Revenue (%)	72.65	87.52	95.54	81.82	85.05
Hospital Medicare Outpatient Payer Mix (%)	11.48	16.07	21.53	17.74	28.36
Hospital Medicare Outpatient Cost to Charge	16.94	27.29	52.78	31.16	41.54
Labor					
FTEs per Adjusted Occupied Bed (#)	1.73	3.47	5.59	3.69	4.76
Average Salary per FTE (\$)	53902	73503	96510	72290	80395
Salaries to Net Patient Revenue (%)	33.81	43.45	49.85	42.81	43.67
Growth					
1-Year Change in Operating Revenue (%)	-13.70	4.83	38.12	7.96	7.38
3-Year Change in Operating Revenue (%)	-9.48	25.79	50.47	19.43	13.07
1-Year Change in Operating Expenses (%)	-1.44	7.84	15.63	7.01	6.33
3-Year Change in Operating Expenses (%)	5.82	20.13	41.11	19.15	21.61
Other					
Average Age of Plant (Years)	1.64	10.14	20.15	11.88	12.59
Patient Deductions (%)	51.33	67.11	79.39	56.89	48
Medicaid Payer Mix (%)	11.06	17.20	21.42	12.26	13.42
Uncompensated Care (%)	4.41	6.59	11.44	6.55	3.07
Number of Included CAHs (#)	15	15	15	138	1338

Note(s):

¹ HRSA Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 47. Texas 2024 Indicator Median Values

	Indicator	TX 10th Per- centile	TX Median	TX 90th Per- centile	HRSA Region 6 Median	US Median
Profitability						
	Total Margin (%)	-12.07	3.28	24.52	3.27	5.08
	Cash Flow Margin (%)	-17.13	5.58	23.31	5.74	6.76
	Return on Equity (%)	-13.94	4.39	22.56	6.92	8.25
	Operating Margin (%)	-22.46	0.15	24.92	1.31	1.99
	Net Patient Revenue (\$M)	6.43	15.00	40.86	18.39	29.12
Liquidity						
	Current Ratio (Times)	0.53	2.60	8.28	2.78	2.88
	Days Cash on Hand (Days)	1.37	80.43	527.70	53.84	99.19
	Days in Net Accounts Receivable (Days)	24.85	52.37	98.60	50.88	50.18
	Days in Gross Account Receivable (Days)	30.71	74.66	133.04	59.81	50.89
Capital Structure						
	Equity Financing (%)	33.79	70.03	92.12	70.16	66.3
	Debt Service Coverage (Times)	-0.28	2.92	150.94	4.65	4.38
	Long-term Debt to Capitalization (%)	0.00	11.17	45.99	6.89	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	33.77	58.78	91.46	55.74	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	2469	3996	8239	3507	3663
	Average Daily Census Acute (Patients)	0.25	1.17	5.27	1.46	2.05
	Average Daily Census Swing – SNF (Patients)	0.46	1.45	4.44	2.03	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	77.94	86.19	94.07	83.86	85.05
	Hospital Medicare Outpatient Payer Mix (%)	13.19	20.56	35.06	21.83	28.36
	Hospital Medicare Outpatient Cost to Charge	18.56	43.41	81.58	42.07	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	2.16	5.16	11.17	4.58	4.76
	Average Salary per FTE (\$)	49000	67635	85676	72091	80395
	Salaries to Net Patient Revenue (%)	29.54	55.93	77.54	52.78	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-15.35	1.82	18.44	4.68	7.38
	3-Year Change in Operating Revenue (%)	-20.15	8.12	43.76	11.46	13.07
	1-Year Change in Operating Expenses (%)	-3.62	5.39	17.09	5.67	6.33
	3-Year Change in Operating Expenses (%)	-0.65	16.93	46.07	18.45	21.61
Other						
	Average Age of Plant (Years)	3.05	11.02	20.67	11.20	12.59
	Patient Deductions (%)	18.62	56.36	76.66	52.60	48
	Medicaid Payer Mix (%)	3.44	8.36	13.61	11.50	13.42
	Uncompensated Care (%)	6.67	12.27	24.90	7.30	3.07
	Number of Included CAHs (#)	88	88	88	194	1338

Note(s):

¹ HRSA Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 48. Utah 2024 Indicator Median Values

	Indicator	UT 10th Per- centile	UT Median	UT 90th Per- centile	HRSA Region 8 Median	US Median
Profitability						
	Total Margin (%)	-5.90	10.67	15.10	4.43	5.08
	Cash Flow Margin (%)	-4.31	11.38	18.48	6.48	6.76
	Return on Equity (%)	-5.68	10.91	32.67	6.00	8.25
	Operating Margin (%)	-7.37	6.67	13.48	0.79	1.99
	Net Patient Revenue (\$M)	9.26	23.35	71.08	18.33	29.12
Liquidity						
	Current Ratio (Times)	2.70	6.99	29.56	3.39	2.88
	Days Cash on Hand (Days)	0.00	160.70	617.86	139.43	99.19
	Days in Net Accounts Receivable (Days)	39.87	56.30	85.66	53.62	50.18
	Days in Gross Account Receivable (Days)	46.40	61.07	81.84	61.29	50.89
Capital Structure						
	Equity Financing (%)	52.80	74.17	98.59	69.12	66.3
	Debt Service Coverage (Times)	-4.16	5.82	21.66	4.77	4.38
	Long-term Debt to Capitalization (%)	0.02	15.58	43.73	16.01	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	34.41	44.66	67.46	70.39	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	2893	5285	10400	4088	3663
	Average Daily Census Acute (Patients)	0.95	1.86	3.99	1.23	2.05
	Average Daily Census Swing – SNF (Patients)	0.19	0.57	2.37	1.26	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	80.71	85.95	90.83	81.39	85.05
	Hospital Medicare Outpatient Payer Mix (%)	16.53	23.83	31.14	37.98	28.36
	Hospital Medicare Outpatient Cost to Charge	30.88	46.90	70.34	48.47	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	1.90	5.73	14.30	6.71	4.76
	Average Salary per FTE (\$)	68281	85415	106532	81757	80395
	Salaries to Net Patient Revenue (%)	27.48	35.34	61.36	44.37	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-1.35	5.65	22.64	6.44	7.38
	3-Year Change in Operating Revenue (%)	8.18	29.42	41.59	8.66	13.07
	1-Year Change in Operating Expenses (%)	-0.94	5.10	10.91	6.40	6.33
	3-Year Change in Operating Expenses (%)	17.41	31.33	44.55	23.94	21.61
Other						
	Average Age of Plant (Years)	9.31	14.19	23.84	12.02	12.59
	Patient Deductions (%)	23.34	39.02	52.68	36.98	48
	Medicaid Payer Mix (%)	7.31	11.92	23.93	10.66	13.42
	Uncompensated Care (%)	1.93	3.97	7.83	3.05	3.07
	Number of Included CAHs (#)	13	13	13	186	1338

Note(s):

¹ HRSA Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 49. Virginia 2024 Indicator Median Values

	Indicator	VA 10th Percentile	VA Median	VA 90th Percentile	HRSA Region 3 Median	US Median
Profitability						
	Total Margin (%)	-3.79	-1.86	16.85	2.86	5.08
	Cash Flow Margin (%)	-2.73	1.96	18.70	5.09	6.76
	Return on Equity (%)	-3.40	3.22	19.27	7.54	8.25
	Operating Margin (%)	-4.84	-2.64	12.23	1.39	1.99
	Net Patient Revenue (\$M)	12.62	49.18	86.51	39.75	29.12
Liquidity						
	Current Ratio (Times)	0.61	2.60	10.99	1.81	2.88
	Days Cash on Hand (Days)	0.28	31.38	280.12	33.15	99.19
	Days in Net Accounts Receivable (Days)	32.82	50.73	65.45	48.32	50.18
	Days in Gross Account Receivable (Days)	30.62	46.87	63.40	46.08	50.89
Capital Structure						
	Equity Financing (%)	48.66	88.25	92.56	46.95	66.3
	Debt Service Coverage (Times)	0.41	6.07	14.95	5.84	4.38
	Long-term Debt to Capitalization (%)	0.62	3.80	36.31	35.66	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	35.43	47.54	67.98	38.68	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	2106	2457	3282	2554	3663
	Average Daily Census Acute (Patients)	0.70	5.80	12.41	4.02	2.05
	Average Daily Census Swing – SNF (Patients)	1.28	3.93	5.75	2.25	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	82.56	85.53	91.29	86.20	85.05
	Hospital Medicare Outpatient Payer Mix (%)	12.28	27.05	33.26	20.89	28.36
	Hospital Medicare Outpatient Cost to Charge	17.79	29.18	42.34	30.65	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	1.34	2.77	5.68	3.31	4.76
	Average Salary per FTE (\$)	83015	87011	91760	77519	80395
	Salaries to Net Patient Revenue (%)	30.96	34.20	56.70	39.82	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-0.56	3.30	17.78	3.84	7.38
	3-Year Change in Operating Revenue (%)	-21.78	21.37	37.23	15.56	13.07
	1-Year Change in Operating Expenses (%)	1.63	10.32	13.22	5.98	6.33
	3-Year Change in Operating Expenses (%)	19.25	25.12	32.21	24.86	21.61
Other						
	Average Age of Plant (Years)	6.94	14.80	21.56	15.02	12.59
	Patient Deductions (%)	46.12	61.90	70.19	57.52	48
	Medicaid Payer Mix (%)	9.62	13.81	29.99	16.54	13.42
	Uncompensated Care (%)	1.88	3.05	3.49	2.84	3.07
	Number of Included CAHs (#)	8	8	8	45	1338

Note(s):

¹ HRSA Region 3: Pennsylvania, Virginia, and West Virginia

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 50. Vermont 2024 Indicator Median Values

	Indicator	VT 10th Per- centile	VT Median	VT 90th Per- centile	HRSA Region 1 Median	US Median
Profitability						
	Total Margin (%)	-4.61	3.23	5.72	5.77	5.08
	Cash Flow Margin (%)	-2.34	4.49	6.64	6.19	6.76
	Return on Equity (%)	-10.27	5.78	10.57	9.16	8.25
	Operating Margin (%)	-7.41	-0.23	2.76	3.21	1.99
	Net Patient Revenue (\$M)	45.38	78.97	108.85	72.50	29.12
Liquidity						
	Current Ratio (Times)	0.72	1.57	2.10	1.87	2.88
	Days Cash on Hand (Days)	30.47	104.74	240.75	119.22	99.19
	Days in Net Accounts Receivable (Days)	38.11	48.38	74.20	44.24	50.18
	Days in Gross Account Receivable (Days)	17.26	25.34	73.17	25.27	50.89
Capital Structure						
	Equity Financing (%)	46.16	62.36	68.81	67.36	66.3
	Debt Service Coverage (Times)	-1.10	1.71	11.93	7.95	4.38
	Long-term Debt to Capitalization (%)	9.96	21.92	37.31	20.06	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	43.67	50.03	67.90	44.02	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	2883	3583	4352	3684	3663
	Average Daily Census Acute (Patients)	2.81	7.86	12.24	6.76	2.05
	Average Daily Census Swing – SNF (Patients)	0.91	1.37	8.74	1.43	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	75.78	86.45	89.96	86.82	85.05
	Hospital Medicare Outpatient Payer Mix (%)	27.04	28.68	37.14	27.23	28.36
	Hospital Medicare Outpatient Cost to Charge	28.89	37.09	45.24	40.37	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	2.74	4.44	6.37	4.26	4.76
	Average Salary per FTE (\$)	90457	102697	108506	92173	80395
	Salaries to Net Patient Revenue (%)	43.42	49.80	60.91	40.97	43.67
Growth						
	1-Year Change in Operating Revenue (%)	2.88	6.92	9.12	5.89	7.38
	3-Year Change in Operating Revenue (%)	-2.37	10.66	21.70	12.63	13.07
	1-Year Change in Operating Expenses (%)	3.47	6.54	11.09	4.21	6.33
	3-Year Change in Operating Expenses (%)	17.85	22.89	40.37	23.54	21.61
Other						
	Average Age of Plant (Years)	7.77	13.83	19.27	14.31	12.59
	Patient Deductions (%)	45.35	55.43	62.44	49.32	48
	Medicaid Payer Mix (%)	11.11	13.65	20.59	14.83	13.42
	Uncompensated Care (%)	0.95	2.18	3.52	2.69	3.07
	Number of Included CAHs (#)	8	8	8	40	1338

Note(s):

¹ HRSA Region 1: Maine, Massachusetts, New Hampshire, and Vermont

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 51. Washington 2024 Indicator Median Values

Indicator	WA 10th Percentile	WA Median	WA 90th Percentile	HRSA Region 10 Median	US Median
Profitability					
Total Margin (%)	-7.42	3.53	9.63	3.81	5.08
Cash Flow Margin (%)	-6.02	6.04	12.67	5.41	6.76
Return on Equity (%)	-10.44	10.52	16.87	6.65	8.25
Operating Margin (%)	-14.31	-0.49	7.60	0.40	1.99
Net Patient Revenue (\$M)	16.72	40.09	129.79	40.12	29.12
Liquidity					
Current Ratio (Times)	1.14	3.57	7.65	3.56	2.88
Days Cash on Hand (Days)	15.03	121.64	259.51	116.66	99.19
Days in Net Accounts Receivable (Days)	44.83	63.85	77.87	58.12	50.18
Days in Gross Account Receivable (Days)	28.84	60.81	105.87	60.71	50.89
Capital Structure					
Equity Financing (%)	24.10	58.36	81.31	67.05	66.3
Debt Service Coverage (Times)	-0.48	2.29	29.29	3.48	4.38
Long-term Debt to Capitalization (%)	7.72	32.20	69.68	20.56	17.14
Inpatient					
Medicare Inpatient Payer Mix (%)	33.82	56.77	73.68	54.17	55.72
Medicare Acute Inpatient Cost Per Day (\$)	3654	5592	8294	5182	3663
Average Daily Census Acute (Patients)	0.51	2.57	11.68	2.78	2.05
Average Daily Census Swing – SNF (Patients)	0.31	1.42	4.15	1.29	1.58
Outpatient					
Outpatient Revenue to Total Revenue (%)	73.50	85.29	90.82	84.77	85.05
Hospital Medicare Outpatient Payer Mix (%)	19.90	30.12	41.57	31.49	28.36
Hospital Medicare Outpatient Cost to Charge	27.86	46.28	65.35	46.47	41.54
Labor					
FTEs per Adjusted Occupied Bed (#)	3.01	5.30	10.24	5.81	4.76
Average Salary per FTE (\$)	81537	95465	106746	97373	80395
Salaries to Net Patient Revenue (%)	37.38	47.77	55.75	45.88	43.67
Growth					
1-Year Change in Operating Revenue (%)	5.08	12.61	27.83	9.96	7.38
3-Year Change in Operating Revenue (%)	-6.10	18.55	35.86	15.74	13.07
1-Year Change in Operating Expenses (%)	1.72	8.33	17.10	8.33	6.33
3-Year Change in Operating Expenses (%)	15.54	29.25	63.17	24.64	21.61
Other					
Average Age of Plant (Years)	8.45	13.01	26.37	12.47	12.59
Patient Deductions (%)	30.97	45.24	62.35	43.72	48
Medicaid Payer Mix (%)	9.69	20.06	30.91	18.88	13.42
Uncompensated Care (%)	1.53	2.98	5.44	2.99	3.07
Number of Included CAHs (#)	39	39	39	103	1338

Note(s):

¹ HRSA Region 10: Alaska, Idaho, Oregon, and Washington

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 52. Wisconsin 2024 Indicator Median Values

Indicator	WI 10th Percentile	WI Median	WI 90th Percentile	HRSA Region 5 Median	US Median
Profitability					
Total Margin (%)	2.45	9.25	20.70	8.04	5.08
Cash Flow Margin (%)	3.80	11.57	19.13	10.19	6.76
Return on Equity (%)	3.47	11.85	32.39	10.53	8.25
Operating Margin (%)	0.71	8.76	19.13	6.86	1.99
Net Patient Revenue (\$M)	25.61	63.04	109.09	43.41	29.12
Liquidity					
Current Ratio (Times)	1.30	3.66	8.07	2.91	2.88
Days Cash on Hand (Days)	0.02	209.69	387.05	111.61	99.19
Days in Net Accounts Receivable (Days)	39.59	50.44	67.96	49.92	50.18
Days in Gross Account Receivable (Days)	23.93	43.79	70.97	43.84	50.89
Capital Structure					
Equity Financing (%)	31.75	76.72	91.92	69.32	66.3
Debt Service Coverage (Times)	0.99	8.46	58.91	5.96	4.38
Long-term Debt to Capitalization (%)	0.00	11.86	66.69	16.81	17.14
Inpatient					
Medicare Inpatient Payer Mix (%)	28.46	48.13	59.47	47.48	55.72
Medicare Acute Inpatient Cost Per Day (\$)	2409	3381	5488	3456	3663
Average Daily Census Acute (Patients)	1.18	3.78	8.78	2.90	2.05
Average Daily Census Swing – SNF (Patients)	0.32	1.54	6.72	1.49	1.58
Outpatient					
Outpatient Revenue to Total Revenue (%)	82.12	88.10	92.63	88.62	85.05
Hospital Medicare Outpatient Payer Mix (%)	15.80	29.70	37.22	26.38	28.36
Hospital Medicare Outpatient Cost to Charge	26.63	35.24	45.21	34.20	41.54
Labor					
FTEs per Adjusted Occupied Bed (#)	1.81	3.65	7.08	4.06	4.76
Average Salary per FTE (\$)	77538	97716	110257	84858	80395
Salaries to Net Patient Revenue (%)	30.27	37.58	46.76	38.34	43.67
Growth					
1-Year Change in Operating Revenue (%)	-5.79	6.42	17.05	7.09	7.38
3-Year Change in Operating Revenue (%)	-3.63	16.77	33.08	13.33	13.07
1-Year Change in Operating Expenses (%)	-8.06	6.51	13.20	5.63	6.33
3-Year Change in Operating Expenses (%)	2.64	19.88	37.06	19.52	21.61
Other					
Average Age of Plant (Years)	4.12	9.54	16.71	12.58	12.59
Patient Deductions (%)	44.66	52.83	61.46	53.66	48
Medicaid Payer Mix (%)	8.12	12.59	18.97	15.14	13.42
Uncompensated Care (%)	1.11	2.19	3.74	2.46	3.07
Number of Included CAHs (#)	53	53	53	281	1338

Note(s):

¹ HRSA Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 53. West Virginia 2024 Indicator Median Values

	Indicator	WV 10th Per- centile	WV Median	WV 90th Per- centile	HRSA Region 3 Median	US Median
Profitability						
	Total Margin (%)	-1.05	4.73	13.50	2.86	5.08
	Cash Flow Margin (%)	-2.74	6.03	13.18	5.09	6.76
	Return on Equity (%)	-3.10	10.95	29.63	7.54	8.25
	Operating Margin (%)	-6.84	4.43	12.63	1.39	1.99
	Net Patient Revenue (\$M)	17.37	39.75	86.21	39.75	29.12
Liquidity						
	Current Ratio (Times)	1.06	1.77	3.44	1.81	2.88
	Days Cash on Hand (Days)	2.15	43.49	143.68	33.15	99.19
	Days in Net Accounts Receivable (Days)	36.05	48.32	86.81	48.32	50.18
	Days in Gross Account Receivable (Days)	33.27	46.39	116.86	46.08	50.89
Capital Structure						
	Equity Financing (%)	15.62	42.69	80.77	46.95	66.3
	Debt Service Coverage (Times)	-0.16	7.28	21.54	5.84	4.38
	Long-term Debt to Capitalization (%)	1.12	37.87	76.46	35.66	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	29.23	37.16	50.26	38.68	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	1902	2872	4387	2554	3663
	Average Daily Census Acute (Patients)	0.55	3.34	10.00	4.02	2.05
	Average Daily Census Swing – SNF (Patients)	1.00	2.07	6.02	2.25	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	74.81	88.71	93.03	86.20	85.05
	Hospital Medicare Outpatient Payer Mix (%)	16.01	17.91	25.22	20.89	28.36
	Hospital Medicare Outpatient Cost to Charge	27.29	36.08	67.53	30.65	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	2.22	3.51	10.27	3.31	4.76
	Average Salary per FTE (\$)	66978	76644	88902	77519	80395
	Salaries to Net Patient Revenue (%)	28.40	40.47	55.95	39.82	43.67
Growth						
	1-Year Change in Operating Revenue (%)	0.40	8.69	33.82	3.84	7.38
	3-Year Change in Operating Revenue (%)	-0.75	28.50	47.33	15.56	13.07
	1-Year Change in Operating Expenses (%)	-0.89	10.51	21.08	5.98	6.33
	3-Year Change in Operating Expenses (%)	13.37	33.54	80.85	24.86	21.61
Other						
	Average Age of Plant (Years)	3.77	12.20	39.78	15.02	12.59
	Patient Deductions (%)	29.42	53.91	64.90	57.52	48
	Medicaid Payer Mix (%)	13.27	19.98	24.98	16.54	13.42
	Uncompensated Care (%)	1.10	2.84	5.68	2.84	3.07
	Number of Included CAHs (#)	21	21	21	45	1338

Note(s):

¹ HRSA Region 3: Pennsylvania, Virginia, and West Virginia

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Table 54. Wyoming 2024 Indicator Median Values

	Indicator	WY 10th Per- centile	WY Median	WY 90th Per- centile	HRSA Region 8 Median	US Median
Profitability						
	Total Margin (%)	-13.24	-2.32	8.62	4.43	5.08
	Cash Flow Margin (%)	-14.24	-0.66	9.17	6.48	6.76
	Return on Equity (%)	-41.11	-3.91	7.94	6.00	8.25
	Operating Margin (%)	-17.42	-7.10	2.31	0.79	1.99
	Net Patient Revenue (\$M)	11.14	29.77	83.65	18.33	29.12
Liquidity						
	Current Ratio (Times)	1.08	3.30	6.04	3.39	2.88
	Days Cash on Hand (Days)	0.10	56.51	282.10	139.43	99.19
	Days in Net Accounts Receivable (Days)	44.33	59.25	116.08	53.62	50.18
	Days in Gross Account Receivable (Days)	50.98	64.44	134.19	61.29	50.89
Capital Structure						
	Equity Financing (%)	37.54	67.16	82.41	69.12	66.3
	Debt Service Coverage (Times)	-5.14	1.62	20.87	4.77	4.38
	Long-term Debt to Capitalization (%)	8.94	19.45	59.10	16.01	17.14
Inpatient						
	Medicare Inpatient Payer Mix (%)	48.84	65.97	86.88	70.39	55.72
	Medicare Acute Inpatient Cost Per Day (\$)	3179	5011	7160	4088	3663
	Average Daily Census Acute (Patients)	0.73	2.52	5.17	1.23	2.05
	Average Daily Census Swing – SNF (Patients)	0.81	1.38	2.55	1.26	1.58
Outpatient						
	Outpatient Revenue to Total Revenue (%)	67.64	80.04	85.78	81.39	85.05
	Hospital Medicare Outpatient Payer Mix (%)	34.03	42.60	48.52	37.98	28.36
	Hospital Medicare Outpatient Cost to Charge	44.45	55.51	72.78	48.47	41.54
Labor						
	FTEs per Adjusted Occupied Bed (#)	4.23	9.24	17.47	6.71	4.76
	Average Salary per FTE (\$)	58946	83557	93891	81757	80395
	Salaries to Net Patient Revenue (%)	34.64	46.12	56.56	44.37	43.67
Growth						
	1-Year Change in Operating Revenue (%)	-4.83	2.49	10.41	6.44	7.38
	3-Year Change in Operating Revenue (%)	-18.71	0.77	21.97	8.66	13.07
	1-Year Change in Operating Expenses (%)	-4.23	4.70	13.68	6.40	6.33
	3-Year Change in Operating Expenses (%)	1.94	19.08	34.09	23.94	21.61
Other						
	Average Age of Plant (Years)	6.54	11.34	16.10	12.02	12.59
	Patient Deductions (%)	22.16	39.95	45.55	36.98	48
	Medicaid Payer Mix (%)	5.91	8.34	13.27	10.66	13.42
	Uncompensated Care (%)	2.54	4.18	6.59	3.05	3.07
	Number of Included CAHs (#)	16	16	16	186	1338

Note(s):

¹ HRSA Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

² Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days.

³ For information about the ordinality of an indicator, please see the Appendix.

Appendix: Indicator Definitions

Profitability Indicators

Profitability is the net result of a large number of strategic and operational decisions, and it reflects the combined effects of liquidity, asset management, and debt on operating results. Profitability indicators measure the ability to generate the financial return required to replace assets, meet increases in service demands, and compensate investors (in the case of a for-profit organization).

Total margin

Definition

$$\frac{\text{Net Income}}{\text{Total Revenue}}$$

Medicare Cost Report

$$\frac{\text{Worksheet G - 3, line 29}}{\text{Worksheet G - 3, line 3 + 25}}$$

Interpretation

Total Margin measures the control of expenses relative to revenues. A positive value indicates total expenses are less than total revenues (a profit). Very high positive values may indicate higher patient volumes, which drive down the cost per unit of service. A negative value indicates total expenses are greater than total revenues (a loss). Very high negative values may indicate financial difficulty.

Data Quality Issues

None

Data Exclusion

Numerator: None. Denominator: >\$1. Minimum value: -100%. Maximum value: +100%.

Benchmark

> 4%

Ordinality

Higher is better

Cash flow margin

Definition

$$\frac{\text{Net income} - \text{Contributions, investments, and appropriations} + \text{Depreciation expense} + \text{Interest expense}}{\text{Net patient revenue} + \text{Other income} - \text{Contributions, investments, and appropriations}}$$

Medicare Cost Report

$$\frac{\text{Worksheet G} - 3, \text{ Line } 29 - (6 + 7 + 23) + \text{Worksheet A, col.3, line } 1 + 2 + 113}{\text{Worksheet G} - 3, \text{ Line } 3 + 25 - (6 + 7 + 23)}$$

Interpretation

Cash Flow Margin measures the cash inflow per dollar of revenue from providing patient care services. A positive value indicates cash outflows are less than cash inflows. A negative value indicates cash outflows are greater than cash inflows.

Data Quality Issues

There may be variations in non-cash items included in net income.

Data Exclusion

Numerator: None. Denominator: >\$1. Minimum value: -100%. Maximum value: +100%.

Benchmark

> 7%

Ordinality

Higher is better

Return on equity

Definition

$$\frac{\text{Net income}}{\text{Net assets}}$$

Medicare Cost Report

$$\frac{\text{Worksheet G - 3, line 29}}{\text{Worksheet G, col.1 - 4, line 59}}$$

Interpretation

Return on Equity measures the net income generated by equity investment (net assets). In a not-for-profit entity, the equity represents the sum of federal, state, and local grants, contributions, and the accumulated earnings of the hospital. A positive value indicates net income was generated by equity investment. Very high positive values may indicate an opportunity for debt financing. A negative value indicates a net loss was generated by equity investment. Very high negative values may indicate financial difficulty.

Data Quality Issues

The real equity of a hospital may not be reflected in its net assets if it is part of a larger system.

Data Exclusion

Numerator: None. Denominator: >\$1. Minimum value: -100%. Maximum value: +100%.

Benchmark

> 5.5%

Ordinality

Higher is better

Operating margin

Definition

$$\frac{\text{Net patient revenue} + \text{Other revenue} - \text{Total operating expenses}}{\text{Net patient revenue} + \text{Other revenue}}$$

Medicare Cost Report

$$\frac{\text{Worksheet G - 3, (line 3 + lines 8 to 22 + line 24 - line 4)}}{\text{Worksheet G - 3, (line 3 + (lines 8 to 22) + line 24)}}$$

Interpretation

Operating Margin measures the control of operating expenses relative to operating revenue (net patient and other revenue). A positive value indicates operating expenses are less than operating revenue (an operating profit). Very high positive values may indicate higher patient volumes, which drive down the cost per unit of service. A negative value indicates operating expenses are greater than operating revenues (an operating loss). Very high negative values may indicate financial difficulty.

Data Quality Issues

Operating margin can be calculated in different ways. Given the data constraints of the Medicare Cost Report, the definition used in this report is the best match between operating revenues and operating expenses. For a full explanation, see [Flex Monitoring Team Briefing Paper 17: Differences in Measurement of Operating Margin \(March 2008\)](#).

Data Exclusion

Numerator: None. Denominator: >\$1. Minimum value: -100%. Maximum value: +100%.

Benchmark

> 3%

Ordinality

Higher is better

Net patient revenue

Definition

Total patient revenue – Deductions

Medicare Cost Report

Worksheet G – 3, line 3

Interpretation

Net patient revenue (NPR) is the payments received for patient services after contractual allowances and discounts. NPR helps managers determine if the hospital is generating enough revenue to cover operating expenses. It allows for comparison of financial performance against other hospitals of similar size and historical facility data to ensure long-term stability and capacity for growth.

Data Quality Issues

For hospitals with net patient revenue less than or equal to one, indicator values were set to missing.

Data Exclusion

Indicator: >\$1. Minimum value: >\$1. Maximum value: None.

Benchmark

None.

Ordinality

Higher is better

Liquidity Indicators

A liquid asset is one that trades in an active market and hence can be quickly converted to cash at the going market price. An analysis of liquidity asks the question “will the organization be able to pay off its debts as they come due over the next year or so?” Liquidity indicators measure the ability to meet cash obligations in a timely manner.

Current ratio

Definition

$$\frac{\text{Current assets}}{\text{Current liabilities}}$$

Medicare Cost Report

$$\frac{\text{Worksheet G, col.1 – 4, line 11}}{\text{Worksheet G, col.1 – 4, line 45}}$$

Interpretation

Current Ratio measures the number of times short-term obligations can be paid using short-term assets. A value greater than 1.0 indicates current assets are greater than current liabilities. Very high values may indicate underinvestment in longer-term assets that usually yield higher returns. A value less than 1.0 indicates current assets are less than current liabilities. Very low values may indicate difficulty in payment of short-term obligations.

Data Quality Issues

There may be variations in the classification of investments as either current or long-term.

Data Exclusion

Numerator: > \$1. Denominator: > \$1. Minimum value: None. Maximum value: 1000.

Benchmark

None.

Ordinality

Higher is better

Days cash on hand

Definition

$$\frac{\text{Cash} + \text{Temporary investments} + \text{Investments}}{(\text{Total expenses} - \text{Depreciation}) / \text{Days in period}}$$

Medicare Cost Report

$$\frac{\text{Worksheet G, col.1} - 4, \text{ line } 1 + 2 + 31}{(\text{Worksheet A, col.3, line } 200 - 1 - 2) / \text{Days in period}}$$

Interpretation

Days Cash on Hand measures the number of days an organization could operate if no cash was collected or received. A low value indicates only a few days of cash on hand. Very low values may indicate financial difficulty. A high value indicates many days of cash on hand. Very high values may indicate underinvestment in longer-term assets that usually yield higher returns. Days Cash on Hand is calculated at fiscal year end, which does not reflect uneven cash flows throughout the year.

Data Quality Issues

Unrestricted investments may erroneously include restricted investments, leading to an overestimate of Days Cash on Hand. Days cash on hand may be inaccurate if a hospital is part of a larger system and cash is swept by the system.

Data Exclusion

Numerator: > \$1. Denominator: > \$1. Minimum value: None. Maximum value: 1000.

Benchmark

> 80 days

Ordinality

Higher is better

Days in net accounts receivable

Definition

$$\frac{\text{Net patient accounts receivable}}{(\text{Net patient revenue} / \text{Days in period})}$$

Medicare Cost Report

$$\frac{\text{Worksheet G, col.1, line 4} - | \text{Worksheet G, col.1, line 6} |}{\text{Worksheet G} - 3, \text{ line 3} / \text{Days in period}}$$

Interpretation

Days Net Revenue in Accounts Receivable measures the number of days that it takes an organization, on average, to collect its receivables. A high value indicates many days to collect receivables. Very high values may indicate a need to review collection policies and procedures. A low value indicates only a few days to collect receivables and may indicate a more efficient system for processing accounts receivable, higher Medicare and Medicaid payer mix, offering of long-term care services, or some combination.

Data Quality Issues

None.

Data Exclusion

Numerator: > \$1. Denominator: > \$1. Minimum value: None. Maximum value: 365.

Benchmark

< 48 days

Ordinality

Lower is better

Days in gross accounts receivable

Definition

$$\frac{\text{Gross patient accounts receivable}}{(\text{Gross patient revenues} / \text{Days in Period})}$$

Medicare Cost Report

$$\frac{\text{Worksheet G, col.1, line 4}}{\text{Worksheet G - 3, line 1} / \text{Days in period}}$$

Interpretation

Days Gross Revenue in Accounts Receivable compared to Days Net Revenue in Accounts Receivable measures revenue cycle performance. Days gross and net revenues in accounts receivable that are close in value indicate good revenue cycle performance. Days gross revenue in accounts receivable greater than days net revenue in accounts receivable may indicate that allowances for doubtful accounts (implicit price concessions) require analysis and possible adjustment.

Data Quality Issues

None.

Data Exclusion

Numerator: > \$1. Denominator: > \$1. Minimum value: None. Maximum value: 365.

Benchmark

<50 days.

Ordinality

Lower is better

Capital Structure Indicators

The extent to which an organization uses debt financing, or financial leverage, has three important implications. First, debt allows not-for-profit organizations to provide more services than it could if it were financed only by contributed capital and retained earnings. Second, creditors look to the equity to provide a margin of safety, so the higher the proportion of total capital provided by the owners, the less the risk faced by creditors. Third, if the organization earns more on investments financed with borrowed funds than it pays in interest, the return on owner's capital is magnified, or leveraged up. Capital structure indicators measure the extent of debt and equity financing.

Equity financing

Definition

$$\frac{\text{Net assets}}{\text{Total assets}}$$

Medicare Cost Report

$$\frac{\text{Worksheet G, col.1 - 4, line 59}}{\text{Worksheet G, col.1 - 4, line 36}}$$

Interpretation

Equity Financing measures the percentage of total assets financed by equity. In a not-for-profit entity, equity represents the sum of federal, state and local grants, contributions, and the accumulated earnings of the hospital. A value greater than 50 percent indicates that more of the assets are financed by equity than by debt. Very high values may indicate opportunities for debt financing. A value less than 50 percent indicates that more of the assets are financed by debt than by equity. Very low values may indicate exposure to financial risk because debt service is a fixed charge.

Data Quality Issues

The real equity of a hospital may not be reflected in its net assets if it is part of a larger system.

Data Exclusion

Numerator: None. Denominator: >\$1. Minimum value: 0%. Maximum value: +100%.

Benchmark

> 60%

Ordinality

Higher is better

Debt service coverage

Definition

$$\frac{\text{Net income} + \text{Depreciation} + \text{Interest expense}}{\text{Notes and loans payable (short term)} * (365 / \text{Days in period}) + \text{Interest expense}}$$

Medicare Cost Report

$$\frac{\text{Worksheet G} - 3, \text{ line } 29 + \text{Worksheet A, col.3, line } 1 + 2 + 113}{\text{Worksheet G, col.1} - 4, \text{ line } 40 * (365 / \text{Days in period}) + \text{Worksheet A, col.3, line } 113}$$

Interpretation

Debt Service Coverage measures the cash inflow per dollar of principal payments and interest expense. A positive value greater than 1.0 indicates cash flow greater than current fixed charge payments. Very high positive values may indicate an opportunity for debt financing. A positive value less than 1.0 or a negative value indicates cash flow less than current fixed charge payments. Very low values may signal a need to reassess debt policies. Refinancing may be an option if interest rates are lower in the current period than when the original debt financing occurred.

Data Quality Issues

Debt service coverage cannot be calculated for hospitals with no notes and loans payable (short term).

Data Exclusion

Numerator: None. Denominator: >\$1. Minimum value: -1000. Maximum value: +1000.

Benchmark

> 3

Ordinality

Higher is better

Long-term debt to capitalization

Definition

$$\frac{\text{Long - term debt}}{\text{Long - term debt} + \text{Net assets}}$$

Medicare Cost Report

$$\frac{\text{Worksheet G, col.1 - 4, line 40 + 50}}{\text{Worksheet G, col.1 - 4, line 40 + 50 + 59}}$$

Interpretation

Long-Term Debt to Capitalization measures the percentage of total capital that is debt. A value greater than 50 percent indicates that a majority of capital is debt. Very high values may indicate exposure to financial risk because debt service is a fixed charge. A value less than 50 percent indicates that the majority of capital is equity. Very low values may indicate opportunities for debt financing.

Data Quality Issues

Other long-term liabilities may include some items that do not relate to debt, such as deferred compensation. The real equity of a hospital may not be reflected in its net assets if it is part of a larger system.

Data Exclusion

Numerator: \geq \$0. Denominator: $>$ \$1. Minimum value: None. Maximum value: +100%.

Benchmark

$<$ 25%

Ordinality

Lower is better

Inpatient Indicators

CAHs service lines can be classified as inpatient and outpatient. Inpatient indicators measure the importance of Medicare as a payer of inpatient services, the cost per inpatient day, and the patient volume of inpatient services.

Medicare inpatient payer mix

Definition

$$\frac{\text{Medicare inpatient days}}{\text{Total inpatient days} - \text{Nursery bed days} - \text{NF swing bed days}}$$

Medicare Cost Report

$$\frac{\text{Worksheet S - 3, col.6, line 14}}{\text{Worksheet S - 3, col.8, line 14} - 6 - 13}$$

Interpretation

Medicare Inpatient Payer Mix measures the percentage of total inpatient days that is provided to Medicare patients. A value greater than 50 percent indicates that the majority of inpatient days is for Medicare patients. Very high values may indicate lack of financial diversification due to high dependence on Medicare reimbursement. A value less than 50 percent indicates that the majority of inpatient days is for Medicaid, privately insured, and other patients.

Data Quality Issues

None.

Data Exclusion

Numerator: >1. Denominator: >1. Minimum value: None. Maximum value: +100%.

Benchmark

None

Ordinality

Context-specific

Medicare acute inpatient cost per day

Definition

$$\frac{\text{Medicare acute inpatient cost}}{\text{Medicare inpatient days (excluding HMO)}}$$

Medicare Cost Report

$$\frac{\text{Worksheet D – 1 part 2, line 49}}{\text{Worksheet S – 3, col.6, line 1}}$$

Interpretation

Medicare Acute Inpatient Cost per Day measures the average daily cost of a Medicare acute inpatient. Skilled nursing facility (SNF) days are excluded. A high value indicates a high acute inpatient cost per day for Medicare patients. A low value indicates a low acute inpatient cost per day for Medicare patients. Medicare Acute Inpatient Cost per Day is influenced by facility occupancy rates, utilization of services, and the ability to manage costs.

Data Quality Issues

Pre-conversion data were suppressed because PPS revenue is not comparable to cost-based revenue.

Data Exclusion

Numerator: > 1. Denominator: > 1. Minimum value: \$1,000. Maximum value: \$20,000.

Benchmark

None

Ordinality

Context-specific

Average daily census acute

Definition

$$\frac{\text{Inpatient acute care days}}{\text{Days in period}}$$

Medicare Cost Report

$$\frac{\text{Worksheet S - 3, col.8, line 14 - 5 - 6 - 13}}{\text{Days in period}}$$

Interpretation

Average Daily Census - Acute measures the average number of acute care patients per day. A high value indicates a high average number of acute care patients. A low value indicates a low average number of acute care patients. Average Daily Census Acute is influenced by the number of acute care beds available.

Data Quality Issues

None.

Data Exclusion

Numerator: >0. Denominator: >360. Minimum value: None. Maximum value: 25.

Benchmark

None.

Ordinality

Context-specific

Average daily census swing - SNF

Definition

$$\frac{\text{Inpatient swing SNF days}}{\text{Days in period}}$$

Medicare Cost Report

$$\frac{\text{Worksheet S - 3, col.8, line 5}}{\text{Days in period}}$$

Interpretation

Average Daily Census Swing-SNF measures the average number of swing-SNF patients per day. A high value indicates a high average number of swing-SNF patients. A low value indicates a low average number of swing-SNF patients. Average Daily Census swing-SNF is influenced by the number of acute care beds available.

Data Quality Issues

None.

Data Exclusion

Numerator: ≥ 0 . Denominator: >360 . Minimum value: None. Maximum value: 25.

Benchmark

None.

Ordinality

Context-specific

Outpatient Indicators

Most CAHs receive a substantial majority of their revenue from outpatient services. Effective management of outpatient volume, revenue, and costs reduces the likelihood of financial problems. Outpatient indicators measure the proportion of total revenue provided by outpatient services, the importance of Medicare as a payer of outpatient services, and cost relative to charges for outpatient services provided to Medicare patients.

Outpatient revenue to total revenue

Definition

$$\frac{\text{Total outpatient revenue}}{\text{Total patient revenue}}$$

Medicare Cost Report

$$\frac{\text{Worksheet G - 2, col.2, line 28}}{\text{Worksheet G - 2, col.3, line 28}}$$

Interpretation

Outpatient Revenues to Total Revenues measures the percentage of total revenues that is for outpatient services (including, for example, Rural Health Clinics, free-standing clinics, and home health clinics). A value greater than 50 percent indicates that the majority of total patient revenues is for outpatient services. A value less than 50 percent indicates that the majority of total patient revenues is for inpatient services.

Data Quality Issues

None.

Data Exclusion

Numerator: > \$1. Denominator: > \$1. Minimum value: None. Maximum value: +100%.

Benchmark

None.

Ordinality

Context-specific

Hospital Medicare outpatient payer mix

Definition

$$\frac{\text{Hospital outpatient Medicare charges}}{\text{Hospital total outpatient charges}}$$

Medicare Cost Report

Worksheet D, Part V, Title XVIII, (Hospital), col.2 – 4, line 202
Worksheet C, Part I, col.7, line 200 – (88 + 89 + 94 to 117)

Interpretation

Hospital Medicare Outpatient Payer Mix measures the percentage of total outpatient charges that is for Medicare patients. A value greater than 50 percent indicates that the majority of outpatient charges is for Medicare patients. Very high values may indicate lack of financial diversification due to high dependence on Medicare reimbursement. A value less than 50 percent indicates that the majority of outpatient charges is for Medicaid, privately insured, and other patients.

Data Quality Issues

Pre-conversion data were suppressed because PPS revenue is not comparable to cost-based revenue. The numerator for this indicator excludes Medicare Provider-Based Rural Health Clinic (PBRHC) charges. Since a PBRHC has a separate provider number(s), PBRHC charges are removed from the denominator.

Data Exclusion

Numerator: > \$1. Denominator: > \$1. Minimum value: None. Maximum value: +100%.

Benchmark

None.

Ordinality

Context-specific

Hospital Medicare outpatient cost to charge

Definition

$$\frac{\text{Hospital Medicare outpatient costs} * 100}{\text{Hospital Medicare outpatient charges}}$$

Medicare Cost Report

$$\frac{\text{Worksheet D, Part V, Title XVIII, (Hospital), col.5 - 7, line 202} * 100}{\text{Worksheet D, Part V, Title XVIII, (Hospital), col.2 - 4, line 202}}$$

Interpretation

Hospital Medicare Outpatient Cost to Charge measures the outpatient Medicare costs per dollar of Medicare outpatient charges. A value less than 50 indicates that Medicare outpatient costs are less than one half of Medicare outpatient charges. Very low values may indicate patient volume is relatively high, gross charges are relatively high, costs are relatively low, or some combination of these factors. A value greater than 50 indicates that Medicare outpatient costs are greater than one half of Medicare outpatient charges. Very high values may indicate low volume, an inadequate rate structure, an opportunity to review operating costs, or some combination.

Data Quality Issues

Hospitals in states with rate regulation may have higher values than those hospitals in non-rate regulated states. Pre-conversion data are suppressed because PPS revenue is not comparable to cost-based revenue. For CAHs with rural health clinics, the denominator is accurate but the numerator excludes RHC Medicare costs for outpatients. Therefore, the indicator is underestimated for CAHs with RHCs.

Data Exclusion

Numerator: > \$1. Denominator: > \$1. Minimum value: None. Maximum value: 2.

Benchmark

< 0.5

Ordinality

Lower is better.

Labor Indicators

Labor is the largest single type of expense for most hospitals. Effective management of labor reduces the likelihood of financial problems due to productivity, number, or mix of staffing. Labor indicators measure the amount and cost of labor.

FTEs per adjusted occupied bed

Definition

$$\frac{\text{Number of FTEs}}{\text{Adjusted occupied beds}}$$

Where adjusted occupied beds =

$$\frac{(\text{Inpatient days} - \text{NF swing days} - \text{Nursery days}) * \frac{\text{Total patient revenue}}{\text{Total inpatient revenue} - \text{inpatient NF revenue} - \text{Other LTC revenue}}}{\text{Days in period}}$$

Medicare Cost Report

$$\frac{\text{Worksheet S} - 3, \text{ col.10, line 27}}{\text{Adjusted occupied beds}}$$

Where adjusted occupied beds =

$$\frac{\text{Worksheet S} - 3, \text{ col.8, line } (14 + 16 + 17 - 6 - 13) * \frac{\text{Worksheet G} - 2, \text{ col.3, line 28}}{\text{Worksheet G} - 2, \text{ col.1, line } (28 - 6 - 8 - 9)}}{\text{Days in period}}$$

Interpretation

FTEs per Adjusted Occupied Bed measures the number of full-time employees per each occupied acute care bed. A high value indicates many employees per bed. Very high values may indicate low volume and a potential opportunity to evaluate staff productivity. A low value indicates a few employees per bed. Very low values may indicate high volume or a high level of staff productivity.

Data Quality Issues

Indicator values for CAHs that provide long-term care may be influenced by the size of the long-term care facility relative to the overall hospital operation.

Data Exclusion

Numerator: >1. Denominator: >1. Minimum value: None. Maximum value: 30.

Benchmark

None

Ordinality

Lower is better

Average salary per FTE

Definition

$$\frac{\text{Salary expense}}{\text{Number of FTEs}}$$

Medicare Cost Report

$$\frac{\text{Worksheet A, col.1, line 200}}{\text{Worksheet S - 3, col.10, line 27}}$$

Interpretation

Average Salary per FTE measures the price and mix of labor. A high value indicates that a hospital pays above average wages / salaries and/or employs relatively more high-skill occupations and/or experienced staff. A low value indicates that a hospital pays below average wages / salaries and / or employs relatively fewer high skill occupations and/or experienced staff.

Data Quality Issues

None.

Data Exclusion

Numerator: > \$1. Denominator: > 1. Minimum value: \$20,000. Maximum value: \$120,000.

Benchmark

None

Ordinality

Context-specific

Salaries to net patient revenue

Definition

$$\frac{\text{Salary expense}}{\text{Net patient revenue}}$$

Medicare Cost Report

$$\frac{\text{Worksheet A, col.1, line 200}}{\text{Worksheet G - 3, line 3}}$$

Interpretation

Salaries to Net Patient Revenue measures the percentage of net patient revenue that is labor costs. A value greater than 50 percent indicates that the majority of net patient revenue is for salaries. Very high values may indicate labor intensive organizations, employment of medical staff, or old plant and equipment. A value less than 50 percent indicates that the majority of net patient revenue is for supplies, equipment, and other expenses. Very low values may indicate capital-intensive organizations or new plant and equipment.

Data Quality Issues

None.

Data Exclusion

Numerator: > \$1. Denominator: > \$1. Minimum value: None. Maximum value: +100%.

Benchmark

None

Ordinality

Lower is better

Growth Indicators

Long-term financial viability of a CAH is strongly influenced by the rate of growth in operating revenue compared to the rate of growth in operating expenses. Growth in operating revenue greater than operating expenses results in greater operating profitability, while growth in revenue less than expenses results in lower profitability. Growth indicators measure the short-term (1-year) and medium-term (3-year) changes in operating revenue and expenses.

1-Year change in operating expenses

Definition

$$\frac{[\text{Operating expenses (year t)} - \text{Operating expenses (year t - 1)}]}{\text{Operating expenses (year t - 1)}}$$

Medicare Cost Report

$$\frac{[\text{Worksheet G - 3, line 4 (year t)}] - [\text{Worksheet G - 3, line 4 (year t - 1)}]}{[\text{Worksheet G - 3, line 4 (year t - 1)}]}$$

Interpretation

1-year Change in Operating Expenses measures the 1-year percentage change in operating expenses. Positive values indicate increases in operating expenses over a 1-year time period. Growth in operating expenses less than growth in operating revenues results in greater profitability as measured by operating margin. Growth in operating expenses greater than growth in operating revenues results in lower profitability.

Data Quality Issues

None.

Data Exclusion

Numerator: None. Denominator: > \$1. Minimum value: None. Maximum value: None.

Benchmark

None

Ordinality

Lower is better

1-Year change in operating revenue

Definition

$$\frac{[\text{Operating revenue (year t)} - \text{Operating revenue (year t - 1)}]}{\text{Operating revenue (year t - 1)}}$$

Medicare Cost Report

$$\frac{[\text{Worksheet G - 3, line 3 + (8 to 22) + 24 (year t)}] - [\text{Worksheet G - 3, line 3 + (8 to 22) + 24 (year t - 1)}]}{[\text{Worksheet G - 3, line 3 + (8 to 22) + 24 (year t - 1)}]}$$

Interpretation

1-year Change in Operating Revenue measures the 1-year percentage change in operating revenue. Positive values indicate increases in operating revenue over a 1-year time period. Growth in operating revenue greater than growth in operating expenses results in higher profitability as measured by operating margin. Growth in operating revenue less than growth in operating expenses results in lower profitability.

Data Quality Issues

None.

Data Exclusion

Numerator: None. Denominator: > \$1. Minimum value: None. Maximum value: None.

Benchmark

None.

Ordinality

Higher is better

3-Year change in operating expenses

Definition

$$\frac{[\text{Operating expenses (year t)} - \text{Operating expenses (year t - 3)}]}{\text{Operating expenses (year t - 3)}}$$

Medicare Cost Report

$$\frac{[\text{Worksheet G - 3, line 4 (year t)}] - [\text{Worksheet G - 3, line 4 (year t - 3)}]}{[\text{Worksheet G - 3, line 4 (year t - 3)}]}$$

Interpretation

3-year Change in Operating Expenses measures the 3-year percentage change in operating expenses. Positive values indicate increases in operating expenses over a 3-year time period. Growth in operating expenses less than growth in operating revenues results in greater profitability as measured by operating margin. Growth in operating expenses greater than growth in operating revenues results in lower profitability.

Data Quality Issues

None.

Data Exclusion

Numerator: None. Denominator: > \$1. Minimum value: None. Maximum value: None.

Benchmark

None.

Ordinality

Lower is better

3-Year change in operating revenue

Definition

$$\frac{[\text{Operating revenue (year t)} - \text{Operating revenue (year t - 3)}]}{\text{Operating revenue (year t - 3)}}$$

Medicare Cost Report

$$\frac{[\text{Worksheet G - 3, line 3 + (8 to 22) + 24 (year t)}] - [\text{Worksheet G - 3, line 3 + (8 to 22) + 24 (year t - 3)}]}{[\text{Worksheet G - 3, line 3 + (8 to 22) + 24 (year t - 3)}]}$$

Interpretation

3-year Change in Operating Revenue measures the 3-year percentage change in operating revenue. Positive values indicate increases in operating revenue over a 3-year time period. Growth in operating revenue greater than growth in operating expenses results in higher profitability as measured by operating margin. Growth in operating revenue less than growth in operating expenses results in lower profitability.

Data Quality Issues

None.

Data Exclusion

Numerator: None. Denominator: > \$1. Minimum value: None. Maximum value: None.

Benchmark

None.

Ordinality

Higher is better

Other Indicators

CAHs use many financial and operational indicators to manage their organizations. Other indicators include a variety of commonly used indicators related to physical plant, patient deductions, Medicaid, and uncompensated care.

Average age of plant

Definition

$$\frac{\text{Accumulated depreciation}}{\text{Depreciation expense} * (365/\text{Days in period})}$$

Medicare Cost Report

$$\frac{\text{Worksheet G, col.1 - 4, line 14 + 16 + 18 + 20 + 22 + 24 + 26 + 28}}{\text{Worksheet A, col.3, line (1 + 2) * (365 / Days in period)}}$$

Interpretation

Average Age of Plant measures the average accounting age in years of the fixed assets of an organization. It may differ from the average chronological age because of depreciation practices. Higher values indicate greater amounts of older assets. Very high values may indicate a need for fixed asset replacement. Lower values indicate greater amounts of newer assets. Very low values may indicate a new building or recent replacement of fixed assets.

Data Quality Issues

High average age of plant can happen if annual depreciation expense for assets continue to be charged (and added to accumulated depreciation) long after assets are fully depreciated.

Data Exclusion

Numerator: > \$1. Denominator: > \$1. Minimum value: None. Maximum value: 50.

Benchmark

< 13 years

Ordinality

Lower is better

Patient deductions

Definition

$$\frac{\text{Contractual allowances + Discounts}}{\text{Gross total patient revenue}}$$

Medicare Cost Report

$$\frac{\text{Worksheet G – 3, line 2}}{\text{Worksheet G – 3, line 1}}$$

Interpretation

Patient Deductions measures the allowances and discounts per dollar of total patient revenue. A high value indicates higher average discounts and/or allowances. Higher values may result from higher volume of services provided, higher rate structures, or higher penetration of managed care contracts. A low value indicates lower average discounts and/or allowances. Lower values may result from lower volume of services provided, lower rate structures, or less penetration of managed care contracts.

Data Quality Issues

None.

Data Exclusion

Numerator: > \$1. Denominator: > \$1. Minimum value: None. Maximum value: +100%.

Benchmark

None.

Ordinality

Lower is better

Medicaid payer mix

Definition

$$\frac{\text{Medicaid charges}}{\text{Total patient charges}}$$

Medicare Cost Report

$$\frac{\text{Worksheet S – 10, line 6}}{\text{Worksheet C, Part 1, line 200, column 8}}$$

Interpretation

Medicaid payer mix measures the percentage of total patient charges for Medicaid patients. A value greater than 50 percent indicates that the majority of total patient charges is for Medicaid patients. Very high values may indicate lack of financial diversification due to high dependence on Medicaid reimbursement. A value less than 50 percent indicates that the majority of patient charges is not from Medicaid beneficiaries, but from patients with other forms of health insurance. It is important to note that total charges vary by payer and actual payments are not always the same percent of charges for all payers.

Data Quality Issues

None.

Data Exclusion

Numerator: > \$1. Denominator: > \$1. Minimum value: None. Maximum value: +100%.

Benchmark

None.

Ordinality

Context-specific.

Uncompensated care

Definition

$$\frac{\text{Charity care + bad debt}}{\text{Total operating expenses}}$$

Medicare Cost Report

$$\frac{\text{Worksheet S – 10, line 23 + 29}}{\text{Worksheet G – 3, line 4}}$$

Interpretation

Uncompensated care measures charity care and bad debt as a percentage of total operating expenses. A high value indicates a greater percentage of total operating expenses for which no patient or third party payment was received. Higher values may result from higher rates of un-insured and under-insured patients, prevalence of high deductible health plans among patients, and other payment factors. A low value indicates a lower percentage of total operating expenses for which no payment was received.

Data Quality Issues

There is substantial variation in reporting of hospital charity care and bad debt.

Data Exclusion

Numerator: > \$1. Denominator: > \$1. Minimum value: None. Maximum value: +100%.

Benchmark

None.

Ordinality

Lower is better.

The Flex Monitoring Team is a consortium of the Rural Health Research Centers located at the Universities of Minnesota, North Carolina at Chapel Hill, and Southern Maine. Under contract with the Federal Office of Rural Health Policy (PHS Grant No. U27RH01080), the Flex Monitoring Team is cooperatively conducting a performance monitoring project for the Medicare Rural Hospital Flexibility Program (Flex Program). The monitoring project is assessing the impact of the Flex Program on rural hospitals and communities and the role of states in achieving overall program objectives, including improving access to and the quality of health care services; improving the financial performance of Critical Access Hospitals; and engaging rural communities in health care system development.

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