CAH Financial Indicators Report: Summary of Indicator Medians by State

October 2009 (corrected)



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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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 heath 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.

Introduction

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).

This Briefing Paper presents state and national median values of the twenty financial indicators included in the CAH Financial Indicators Report, a report that is distributed to each CAH administrator annually. As part of ongoing work of the Flex Monitoring Team, these indicators were specifically designed to capture the financial performance of CAHs. In order to identify the indicators that were most relevant to the financial performance of CAHs, a Technical Advisory Group (TAG) of four individuals knowledgeable in CAH financial and operational issues, data, and reporting practices was selected to provide advice to a research team from the University of North Carolina at Chapel Hill. The TAG evaluated frequently used indicators of hospital financial performance for their applicability to CAHs. Their evaluation relied on three criteria: feasibility (whether the indicator can be accurately calculated from Medicare cost report data²), importance (whether the indicator is an important measure of the financial management of CAHs), and usefulness (whether the indicator is useful to CAH administrators). The TAG retained 13 of the most frequently used indicators from the review. In addition, 7 other financial ratios were added that are not commonly used in the financial assessment of larger hospitals, but that group members believed capture important attributes of CAH financial management.

The resulting 20 indicators fall under six domains: profitability, liquidity, capital structure, revenue, cost, and utilization. In the pages that follow, a brief description of the domains and the indicators within them is provided, along with a table that allows comparison across states. The Appendix to this report includes the median values for each indicator by state, enabling the values for all indicators for one state to be viewed on a single page. More detailed information about the definition and interpretation of the indicators can be found in the document "Briefing Paper No. 7. Financial Indicators for Critical Access Hospitals May 2005" which can be downloaded from the Flex Monitoring Team website:

¹ The list of potential indicators resulted from a review of financial ratios in articles, peer-reviewed journals, and other industry and scientific publications.

² Medicare cost reports were selected as the data source for calculating indicator values because they are the only national data that use standard definitions, have sufficient detail, and will eventually include data for all CAHs.

http://www.flexmonitoring.org/documents/BriefingPaper7_FinancialIndicators.pdf

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 data for one or more CAHs in the state.

State	2007 Number of CAHs	State	2007 Number of CAHs
AK	8	NC	19
AL	3	ND	31
AR	26	NE	64
AZ	9	NH	13
CA	21	NM	6
CO	25	NV	10
FL	11	NY	13
GA	33	ОН	34
HI	9	OK	32
IA	82	OR	25
ID	26	PA	12
IL	51	SC	5
IN	35	SD	37
KS	80	TN	16
KY	27	TX	73
LA	27	UT	9
MA	3	VA	7
ME	15	VT	8
MI	34	WA	37
MN	78	WI	58
MO	35	WV	17
MS	26	WY	14
MT	43		

^{*}Median values calculated ONLY for states with post-conversion Medicare Cost Report data for at least 2 critical access hospitals in 2007

Profitability Indicators

Profitability is the net result of a large number of reimbursement and managerial policies and 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 measures the control of expenses relative to revenues.

Total margin formula: Net income

Total revenue

Cash Flow Margin measures the ability to generate cash flow from providing patient care services.

Cash flow margin formula:

Net income – (Contributions, investments, and appropriations +

<u>Depreciation expense + Interest expense)</u>

Net patient revenue + Other income –

Contributions, investments, and appropriations

Return on Equity measures the net income generated by equity investment (net assets).

Return on equity formula: Net income
Net assets

State	Total Margin		Return on
State	Margin	Margin	Equity
TIC	%	%	%
US	3.64	5.98	7.96
AK	1.47	2.98	9.19
AL	-3.52	-1.70	2.34
AR	0.34	4.12	0.96
AZ	7.40	7.31	16.65
CA	1.74	0.22	11.69
CO	4.50	4.46	7.13
FL	3.35	0.86	20.41
GA	-1.30	-1.40	4.12
HI	-16.15	-19.15	-18.74
IA	5.31	7.94	7.40
ID	5.62	8.86	11.67
IL	6.30	9.24	10.85
IN	4.05	10.09	8.15
KS	0.42	-2.16	1.82
KY	2.09	5.73	7.85
LA	2.65	3.52	6.15
MA	4.14	5.02	11.63
ME	4.96	7.12	11.64
MI	2.64	6.07	8.37
MN	5.13	9.14	9.37
MO	4.82	8.42	9.81
MS	-1.34	1.58	-4.11
MT	2.99	4.06	7.90
NC	-0.28	2.30	1.54
ND	-1.54	2.04	-3.65
NE	5.75	9.86	8.96
NH	1.83	6.30	4.22
NM	6.47	7.26	14.55
NV	6.43	10.41	14.64
NY	0.87	4.23	3.39
ОН	2.76	6.29	6.11
OK	4.15	3.47	11.10
OR	4.30	4.81	8.97
PA	1.00	4.92	5.32
SC	2.25	9.78	5.41
SD	3.54	7.83	7.71
TN	2.33	6.55	13.79
TX	3.64	3.34	5.14
UT	10.89	13.10	25.60
VA	2.00	-2.40	6.38
VT	4.39	6.73	7.78
WA	3.25	4.66	8.26
WI	5.67	10.37	10.33
WV	2.89	5.85	12.15
WY	7.35	8.32	10.87
· · · -	,.55	0.52	10.07

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 measures the number of times short-term obligations can be paid using short-term assets.

Current ratio formula: Current assets

Current liabilities

Days Cash on Hand measures the number of days an organization could operate if no cash was collected or received.

Days cash on hand formula:

<u>Cash + Marketable securities + Unrestricted</u> investments

(Total expenses – Depreciation) / Days in period

Days Revenue in Accounts Receivable measures the number of days that it takes an organization to collect its receivables.

Days revenue in accounts receivable formula:

Net patient accounts receivable
(Net patient service revenue) / Days in period

		Ъ	Days		
	Current	Days Cash on	Revenue in Accounts		
State	Ratio	Hand	Receivable		
State	Times	Days	Days		
US	2.25	58.65	59.08		
AK	2.29	54.93	69.52		
AL	0.80	9.87	47.88		
AR	2.56	20.77	58.46		
AZ	2.89	59.67	69.82		
CA	1.98	25.90	54.81		
CO	2.44	85.88	60.00		
FL	1.30	12.00	51.34		
GA	1.80	16.95	60.97		
HI	0.53	16.85	59.29		
IA	2.28	10.83	59.59		
ID	2.72	58.87	65.57		
IL	2.72	74.29	57.84		
IN	2.47	48.63	61.04		
KS	2.44	45.52	58.09		
KY	2.24	43.50	57.71		
LA	3.26	81.94	59.57		
MA	1.45	67.36	39.97		
ME	1.43	73.62	35.39		
MI	1.93	51.27	46.22		
MN	2.06	96.14	57.84		
MO	2.79	81.90	52.13		
MS	1.75	10.27	69.34		
MT	2.61	63.58	61.53		
NC	1.42	38.42	74.38		
ND	1.67	36.00	61.31		
NE	3.03	100.88	57.42		
NH	1.97	163.70	54.37		
NM	2.05	8.59	58.22		
NV	4.49	57.42	74.93		
NY	1.29	47.73	52.75		
ОН	2.47	41.98	54.07		
OK	2.16	29.88	58.14		
OR	1.87	81.79	61.82		
PA	1.23	20.34	49.28		
SC	2.01	31.74	80.12		
SD	1.64	38.50	63.70		
TN	1.06	8.29	50.57		
TX	2.55	46.03	70.65		
UT	4.95	5.78	44.41		
VA	1.92	70.59	63.61		
VT	2.17	124.54	54.52		
WA	2.36	41.88	53.99		
WI	2.41	110.64	59.43		
WV	1.26	12.53	50.19		
WY	4.18	62.96	63.85		

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 measures the percentage of total assets financed by equity.

Equity financing formula: <u>Net assets</u>

Total assets

Debt Service Coverage measures the ability to pay obligations related to long-term debt, principal payments and interest expense.

Debt service coverage formula:

Net income + Depreciation exp. + Interest exp.

Current portion of long-term debt *

(Days in period / 365) +

Interest expense

Long-Term Debt to Capitalization measures the percentage of total capital that is debt.

Long-term debt to capitalization formula:

<u>Long-term debt</u> Long-term debt + Net assets

		Debt	Long-term
g	Equity	Service	Debt to
State	Financing	Coverage	Capitalization
	%	Times	%
US	61.44	3.25	26.23
AK	69.67	2.32	9.74
AL	39.74	0.97	11.64
AR	66.64	2.73	24.60
AZ	55.72	5.89	26.40
CA	38.39	3.25	54.78
CO	53.00	3.46	35.54
FL	32.85	0.05	38.79
GA	50.21	0.57	26.40
HI	84.33	N/A	5.83
IA	65.64	4.42	23.43
ID	61.22	4.54	21.19
IL	60.05	5.76	31.47
IN	59.78	3.33	28.55
KS	68.00	1.42	16.03
KY	55.98	2.18	30.40
LA	65.84	0.86	18.14
MA	63.76	9.05	7.94
ME	59.25	4.38	32.86
MI	56.40	2.19	34.49
MN	56.59	3.58	34.34
MO	58.29	3.73	28.67
MS	39.53	0.33	31.27
MT	64.33	6.08	22.99
NC	58.30	2.60	27.02
ND	56.17	1.36	33.06
NE	71.31	4.45	20.66
NH	55.88	3.81	38.07
NM	63.33	11.57	29.94
NV	70.99	3.19	19.72
NY	45.18	1.92	44.74
ОН	62.16	2.23	24.73
OK	62.36	2.82	11.05
OR	54.12	4.50	30.82
PA	33.59	1.27	51.65
SC	51.70	3.81	41.61
SD	62.55	3.57	17.84
TN	29.16	0.98	46.92
TX	75.04	2.74	10.24
UT	86.49	9.10	0.00
VA	68.33	-0.24	17.77
VT	57.04	6.58	34.78
WA	48.82	2.83	40.39
WI	56.35	4.60	35.39
WV	39.92	3.32	39.67
WY	77.66	7.24	10.07
L			

Revenue Indicators

Most organizations receive revenues from many sources and relative profitability often varies among sources. A substantial proportion of revenue from commercial and private payers reduces reliance on the fixed margins of Medicare and Medicaid. *Revenue indicators* measure the amount and mix of different sources of revenue.

Outpatient Revenues to Total Revenues measures the percentage of total revenues that are for outpatient revenues (including, for example, Rural Health Clinics, free-standing clinics, and home health clinics).

Outpatient revenues to total revenues formula: <u>Total outpatient revenue</u>

Total patient revenue

Patient Deductions measures the allowances and discounts per dollar of total patient revenues.

Patient deductions formula: <u>Contractual allowances and discounts</u>
Gross total patient revenue

Medicare Inpatient Payer Mix measures the percentage of total inpatient days that are provided to Medicare patients.

Medicare inpatient payer mix formula:

Medicare inpatient days

Total inpatient days – Nursery bed days – NF Swing bed days

Medicare Outpatient Payer Mix measures the percentage of total outpatient charges that are for Medicare patients.

Medicare outpatient payer mix formula: Outpatient Medicare charges

Total outpatient charges

Medicare Outpatient Cost to Charge measures outpatient Medicare costs per dollar of outpatient Medicare charges.

Medicare outpatient cost to charge formula:

Outpatient Medicare costs
Outpatient Medicare charges

Medicare Revenue per Day measures the amount of Medicare revenue earned per Medicare day.

Medicare revenue per day formula: Medicare revenue

Medicare days – SNF Swing bed days

	Outpatient		Medicare	Medicare	Medicare	
C4040	Revenues to	Patient		Outpatient		Medicare
State	Total Revenues		T T	T T		
***	%	%	%	%	%	\$
US	67.99	34.04	74.52	34.63	0.49	1545
AK	51.06	16.36	62.57	19.65	0.86	2698
AL	64.19	51.87	82.18	37.94	0.45	1073
AR	64.27	40.95	76.69	39.32	0.42	1160
AZ	77.22	45.84	50.54	22.32	0.39	1994
CA	60.35	47.34	61.10	32.77	0.37	2352
CO	68.90	33.62	83.95	35.33	0.55	1665
FL	71.91	53.08	68.36	29.75	0.37	1468
GA	63.53	43.88	75.67	32.37	0.44	1130
HI	15.28	22.67	27.99	15.52	0.74	1621
IA	73.90	28.39	79.36	39.35	0.53	1462
ID	65.42	27.21	68.64	29.09	0.57	1792
IL	72.03	41.35	80.74	39.14	0.39	1388
IN	76.21	44.82	67.73	33.13	0.37	1603
KS	63.90	24.47	84.90	42.75	0.55	1296
KY	71.99	50.56	71.93	30.70	0.34	1121
LA	63.31	46.36	70.99	31.00	0.53	1473
MA	79.04	51.21	67.02	30.25	0.34	2413
ME	72.07	33.94	72.96	38.64	0.46	1644
MI	76.83	33.00	66.28	34.32	0.45	1857
MN	64.11	27.77	60.75	33.18	0.49	1801
MO	73.15	37.31	76.96	36.08	0.43	1446
MS	50.29	36.62	81.26	32.59	0.45	1010
MT	55.38	16.19	78.05	31.14	0.68	1373
NC	69.86	43.45	76.32	36.82	0.46	1513
ND	61.24	18.19	88.20	37.31	0.59	1037
NE	65.92	21.82	78.96	42.38	0.56	1507
NH	75.26	36.43	68.27	34.36	0.42	1954
NM	78.12	38.31	55.46	31.52	0.44	1855
NV	68.16	37.03	58.54	28.91	0.42	2094
NY	65.26	41.82	72.02	27.89	0.44	1403
ОН	76.05	41.81	70.36	31.58	0.40	1747
OK	57.35	44.10	82.91	35.55	0.48	1306
OR	68.23	33.06	59.83	34.85	0.54	2289
PA	66.41	52.61	72.92	32.19	0.34	1188
SC	72.15	43.19	62.66	30.32	0.43	1495
SD	61.96	24.31	84.92	40.72	0.50	1260
TN	70.00	48.92	76.79	29.45	0.34	1334
TX	69.07	46.27	76.26	32.58	0.49	1615
UT	67.49	26.35	56.27	20.65	0.50	1689
VA	68.42	49.59	76.88	36.94	0.43	1614
VT	73.68	35.99	65.13	29.33	0.52	1985
WA	68.09	35.66	58.33	25.00	0.56	2374
WI	70.52	34.05	65.28	30.10	0.46	1816
WV	68.32	41.76	77.42	32.46	0.50	1207
WY	59.71	25.09	70.49	33.93	0.53	2072

Cost Indicators

Most organizations incur labor, supply, and capital costs. Cost management reduces the likelihood of financial problems due to low productivity, poor inventory management, and excessive asset acquisition costs. *Cost indicators* measure the amount and mix of different types of costs.

Salaries to Total Expenses measures the percentage of total expenses that are labor costs.

Salaries to total expenses formula:

Salary expenses
Total expenses

Average Age of Plant measures the average age in years of the fixed assets of an organization.

Average age of plant formula:

Accumulated depreciation
Depreciation expense *
(Days in period / 365)

FTEs per Adjusted Occupied Bed measures the number of full-time employees

per each occupied bed.

FTEs per adjusted occupied bed formula:

Number of FTEs Adjusted occupied beds¹

¹. (Inpatient days – NF Swing days – Nursery days) * (Total patient revenue / (Total inpatient revenue – Inpatient NF revenue – Other LTC Revenue)) / Days in period

	Salaries to	Average	FTEs per
	Total	Age of	Adjusted
State	Expenses	Plant	Occupied Bed
	%	Years	FTEs
US	44.35	10.33	5.62
AK	43.78	13.03	12.07
AL	43.46	8.55	5.25
AR	42.75	11.44	4.96
AZ	40.64	9.92	4.94
CA	42.44	12.06	8.91
CO	45.61	9.22	6.89
FL	44.64	8.70	4.61
GA	45.72	11.95	4.87
HI	43.76	16.81	10.81
IA	42.21	9.59	5.17
ID	44.97	9.55	8.61
IL	41.15	10.75	5.40
IN	44.46	7.75	5.09
KS	47.92	14.80	5.38
KY	42.85	9.28	4.07
LA	41.06	11.37	4.69
MA	44.61	10.80	4.18
ME	44.56	11.30	6.57
MI	44.60	11.75	6.24
MN	43.24	9.32	9.00
MO	44.35	9.57	4.63
MS	44.75	11.01	4.56
MT	47.30	14.45	10.58
NC	43.11	9.44	5.62
ND	50.17	12.35	6.67
NE	46.56	9.28	5.89
NH	45.98	8.68	5.51
NM	41.64	8.10	5.15
NV	40.11	9.48	7.99
NY	52.52	13.96	5.83
OH	41.31	9.61	5.13
OK	47.70	9.81	4.69
OR	45.19	9.46	6.66
PA	39.74	12.42	4.55
SC	42.08	10.33	5.86
SD	48.42	11.43	5.90
TN	40.96	12.51	3.90
TX	41.36	11.43	4.58
UT	40.16	12.39	5.74
VA	40.65	11.85	5.18
VT	44.65	8.17	5.36
WA	48.01	10.09	8.20
WI	43.01	9.62	5.96
WV	42.11	14.12	6.02
WY	44.93	9.46	10.12

Utilization Indicators

Overhead costs are incurred on all assets, whether used or not. More patient activity generates higher revenues and reduces unit costs by spreading fixed costs over more patients. *Utilization indicators* measure the extent to which fixed assets (beds) are fully occupied.

Average Daily Census Swing-SNF Beds measures the average number of swing-SNF beds occupied per day.

Average daily census swing-SNF beds formula:

Inpatient swing bed SNF days
Days in period

Average Daily Census Acute Beds measures the average number of acute care beds occupied per day.

Average daily census acute beds formula:

Inpatient acute care bed days

Days in period

State	Swing-SNF Beds	Acute Beds
	Days	Days
US	1.64	4.43
AK	1.49	1.21
AL	3.52	4.24
AR	1.14	7.13
AZ	0.28	2.88
CA	0.62	3.83
CO	1.29	2.81
FL	0.88	5.27
GA	1.72	5.02
HI	0.66	0.15
IA	2.23	4.33
ID	0.66	3.61
IL	1.90	6.73
IN	1.70	8.71
KS	2.23	2.61
KY	1.81	7.75
LA	1.48	4.48
MA	3.42	8.70
ME	2.92	8.76
MI	0.22	5.68
MN	1.19	4.06
MO	2.11	5.48
MS	5.02	6.29
MT	1.42	1.96
NC	1.85	6.61
ND	1.82	1.76
NE	1.59	2.89
NH	2.19	10.35
NM	0.48	4.35
NV	0.44	4.35
NY	2.90	3.10
ОН	1.94	8.62
OK	1.81	3.24
OR	0.70	7.94
PA	2.22	8.79
SC	1.52	6.33
SD	1.54	1.74
TN	1.65	4.28
TX	1.23	3.04
UT	1.01	3.83
VA	2.67	6.57
VT	1.85	12.30
WA	0.87	4.20
WI	1.32	6.84
WV	1.53	5.42
WY	1.67	3.88

2007 Median Indicator Values for New York and the United States

CAH Financial Indicators Report

Issue 6				
Indicator	NY	US		
Total Margin	0.87	3.64		
Cash Flow Margin	4.23	5.98		
Return on Equity	3.39	7.96		
Current Ratio	1.29	2.25		
Days Cash on Hand	47.73	58.65		
Net Days Revenue in Accounts Receivable	52.75	59.08		
Equity Financing	45.18	61.44		
Debt Service Coverage	1.92	3.25		
Long-Term Debt to Capitalization	44.74	26.23		
Outpatient Revenues to Total Revenues	65.26	67.99		
Patient Deductions	41.82	34.04		
Medicare Inpatient Payer Mix	72.02	74.52		
Medicare Outpatient Payer Mix	27.89	34.63		
Medicare Outpatient Cost to Charge	0.44	0.49		
Medicare Revenue per Day	1403	1545		
Salaries to Total Expenses	52.52	44.35		
Average Age of Plant	13.96	10.33		
FTEs per Adjusted Occupied Bed	5.83	5.62		
Average Daily Census Swing-SNF Beds	2.90	1.64		
Average Daily Census Acute Beds	3.10	4.43		
Number of Included CAHs	13	1247		

Number of Included CAHs is the Number of CAHs with a Medicare Cost Report for at least 360 days (used in analysis). *N/A* denotes medians that could not be calculated since there were no valid values for this indicator for 2007. See complete report for discussion.

