Indicator Definitions - Acute Care Hospitals

	Indicator	Elements of the Indicator	Element Definitions	Historical Filing Data Elements	Indicator Description
1.	Gross Patient Revenue / Adjusted Admission	a.) Gross Patient Revenue / b.) Adjusted Admissions (adjusted for outpatient services and case-mix)	a.) Total Gross Patient Revenue b.) The sum of inpatient admissions and equivalent admissions attributed to outpatient services, all then adjusted for case-mix Outpatient adjusted admissions is the sum of admissions and equivalent admissions attributed to outpatient services. The number of equivalent admissions attributed to outpatient services is derived by multiplying admissions by the ratio of total gross patient revenue to gross inpatient revenue. Outpatient Adj. Admissions = Admissions * (Total Gr. Patient Rev. / Gr. Inpatient Rev.) Case-mix adjustment is made by applying the Medicare case-mix formula to all inpatients, computing an index for all patients, and then multiplying it by outpatient adjusted admissions. Adj. Admissions (adjusted for case-mix and outpatients) = Outpatient Adj. Admissions x Case-Mix.	1.3 / [5.2f admissions * (1.3/1.1e)] * 5.4e	Average full charge per admission
2.	Net Patient Revenue / Adjusted Admission	a.) Net Patient Revenue / b.) Adjusted Admissions (adjusted for outpatient services and case-mix)	a.) Total Net Patient Revenue b.) See 1b	1.8 / [5.2f admissions * (1.3/1.1e)] * 5.4e	Average net charge per admission

Indicator Definitions - Acute Care Hospitals

	Indicator	Elements of the Indicator	Element Definitions	Historical Filing Data Elements	Indicator Description
3.	Cost / Adjusted Admission	a.) Cost / b.) Adjusted Admissions (adjusted for outpatient services and case-mix)	a.) Total Operating Expenses b.) See 1b.	1.15 / [5.2f admissions * (1.3/1.1e)] * 5.4e	Overall cost per admission
4.	Labor Cost / Adjusted Admission	a.) Labor Cost / b.) Adjusted Admissions (adjusted for outpatient services and case-mix)	a.) Total Labor Costs b.) See 1b.	1.10f / [5.2f admissions * (1.3/1.1e)] * 5.4e	Labor cost per admission
5.	Non-Labor Cost / Adjusted Admission	a.) Non-Labor Cost / b.) Adjusted Admissions (adjusted for outpatient services and case-mix)	a.) Total Non-Labor Non-Capital Costs b.) See 1b.	1.11f / [5.2f admissions * (1.3/1.1e)] * 5.4e	Non-labor cost per admission
6.	Capital Cost / Adjusted Admission	a.) Capital Cost / b.) Adjusted Admissions (adjusted for outpatient services and case-mix)	a.) Total Capital Costs as defined by Medicare b.) See 1b.	(1.12f + 1.13c + 1.13d + 1.13e - 1.23) / [5.2f admissions * (1.3/1.1e)] * 5.4e	Capital cost per admission

Indicator Definitions - Acute Care Hospitals

	Indicator	Elements of the Indicator	Element Definitions	Historical Filing Data Elements	Indicator Description
7.	Full Time Equivalents / Adjusted Occupied Bed	a.) Full Time Equivalents / b.) Adjusted Occupied Bed (adjusted for outpatient services and case-mix)	a.) Full Time Equivalents / b.) The sum of occupied beds and equivalent occupied beds attributed to outpatient services, all then adjusted for case-mix. Outpatient adjusted occupied bed is the sum of inpatient occupied beds and equivalent outpatient occupied beds attributed to outpatient services. The number of equivalent occupied beds attributed to outpatient services is derived by multiplying inpatient days by the ratio of total gross patient revenue to gross inpatient revenue, all divided by days in fiscal year. Outpatient Adj. Occupied Bed = [Inpatient Days * (Total Gr. Patient Rev. / Gr. Inpatient Rev.)] / days in fiscal year. Case-mix adjustment is made by applying the Medicare case-mix system to all patients, computing an index for all patients, and then multiplying it by outpatient adjusted patient days. Adj. Occupied Bed (adjusted for case-mix and outpatients) = Outpatient Adj. Occupied Bed x Case-Mix.	5.5c / [(5.2f patient days * (1.3/1.1e) * 5.4e) / days in fiscal year]	Number of full-time staff for each occupied bed

Indicator Definitions - Acute Care Hospitals

	Indicator	Elements of the Indicator	Element Definitions	Historical Filing Data Elements	Indicator Description
8.	Paid Hours / Adjusted Admission	a.) Paid Hours / b.) Adjusted Admissions (adjusted for outpatient services and case-mix)	a.) Total hours paid b.) See 1b. One FTE equals 2080 hours per year. Hours per year divided by days in fiscal year = 5.69863014.	(5.5c * 5.69863014 * days in fiscal year) / [5.2f admissions * (1.3/1.1e)] * 5.4e	Paid hours per admission
9.	Staffed Beds Occupancy	a.) Total Inpatient Days / b.) Staffed Bed Days	a.) Total Inpatient Days b.) Staffed Beds multiplied by days in fiscal year	5.2f patient days * 100 / (5.1i staffed beds * days in fiscal year)	Occupancy of staffed beds
10.	Licensed Beds Occupancy	a.) Total Inpatient Days / b.) Licensed Bed Days	a.) Total Inpatient Days b.) Licensed Beds multiplied by days in fiscal year	5.2f patient days * 100 / (5.1i licensed beds * days in fiscal year)	Occupancy of licensed beds
11.	Special Services Utilization	a.) Special Services b.) Utilization	Special Services Utilization is an average score of utilization for all special services. For each hospital, a special service that is provided is measured for percentage utilization against the CON standard. All of the percentages are totaled. This total is then divided by the number of special services provided. a.) Special Services are those patient care procedures, treatments, and cases that are now subject to CON. This includes services provided by a subsidiary that is at least 25% owned by the hospital. b.) Utilization for each special service is the actual number of units of service divided by the available staffed beds or the Medical Facilities Plan CON standard service utilization.	Data elements from 5.1b, 5.1d, 5.1j(2), and 6.0	Average percentage utilization of high capital-cost services

Indicator Definitions - Acute Care Hospitals

	Indicator	Elements of the Indicator	Element Definitions	Historical Filing Data Elements	Indicator Description
12.	Case-Mix Adjusted Average Length of Stay	a) Average Length of Stay/ b) Overall Case-mix	a) Average Length of Stay is equal to the total patient days divided by the number of admissions. b) Overall Case-Mix is the case-mix for the entire facility.	(5.2f patient days / 5.2f admissions) / 5.4e	Average length of stay adjusted for case-mix
13.	Total Margin	a.) Revenue and Gains in Excess of Expenses and Losses / b.) Total Net Operating Revenue + c.) Net Non-operating Gains	a.) Revenue and Gains in Excess of Expenses and Losses b.) Total Net Operating Revenue c.) Net Non-operating Gains	1.20 * 100 / (1.8 + 1.9 + 1.17)	Operating and non-operating profit
14.	Return on Assets (cash)	a.) Cash Flow from Operations / b.) Total Unrestricted Assets less Patient Personal Funds Accounts	a.) Cash Flow from Operations b.) Total Unrestricted Assets	4.1 * 100 / (2.4 - 2.8)	Financial return from investment in assets in cash terms
15.	Cash Debt Coverage	a.) Cash Flow from Operations + Interest Paid / b.) Current Debt Service	a.) Cash Flow from Operations + Interest Paid b.) Current Debt Service	(4.1 + 4.7) / (4.7 + 4.8)	Ability to repay long-term debt
16.	Fixed Asset Financing Ratio	a.) Long Term Liabilities / b.) Net Fixed Assets	a.) Long Term Liabilities b.) Fixed Assets Net of Accumulated Straight Line Depreciation	2.6g / 2.2	Amount of long-term debt

Indicator Definitions - Acute Care Hospitals

	Indicator	Elements of the Indicator	Element Definitions	Historical Filing Data Elements	Indicator Description
17.	Charity Care, Bad Debt and Taxes	a.) Uncompensated Care as a Proportion of Total Expenses + b.) Taxes Paid as a Proportion of Total Expenses	a.) [(Expenses required to provide charity care to people with incomes <= 100% of the federal poverty level) + (Expenses required to provide charity care to people with incomes > 100% and <= 200% of the federal poverty level) + (bad debt expenses) + (payments to the Indigent Care Trust Fund)] all divided by Total Expenses b.) Taxes Paid divided by Total Expenses	[(1.5 + 1.6) * (1.15 / (1.3 + 1.9)) + 1.14 + 1.7 + 1.13i] * 100 / 1.15	Charity care, bad debts and taxes paid
18.	Medicaid Participation	a.) Medicaid Patient Days Adjusted for Outpatients / b.) Total Patient Days Adjusted for Outpatients	a.) Medicaid patient days adjusted for outpatients x 100 / b.) Total patient days adjusted for outpatients	[5.2b patient days + (5.2b patient days) * (1.2b/1.1b)] * 100 / [5.2f patient days * (1.2/1.1e)]	Medicaid participa-tion