



2014 | ANNUAL HEALTHCARE INDICATORS REPORT

NDHA
North Dakota Hospital Association

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NDHA

North Dakota Hospital Association

Vision

The North Dakota Hospital Association will take an active leadership role in major healthcare issues.

Mission

The North Dakota Hospital Association exists to advance the health status of persons served by the membership.

The Annual Healthcare Indicators Report is compiled by the North Dakota Hospital Association (NDHA) as a means of providing valuable and useful information relating to hospital and health system trends.

The Indicators Report is intended to be used by health care executives, government officials, and business leaders for planning and decision making purposes. Trends identified within the report reflect the ever changing nature of the environment affecting the health care profession and delivery system.

Data contained within the report is obtained from a variety of private and public sources including, but not limited to, the following entities:

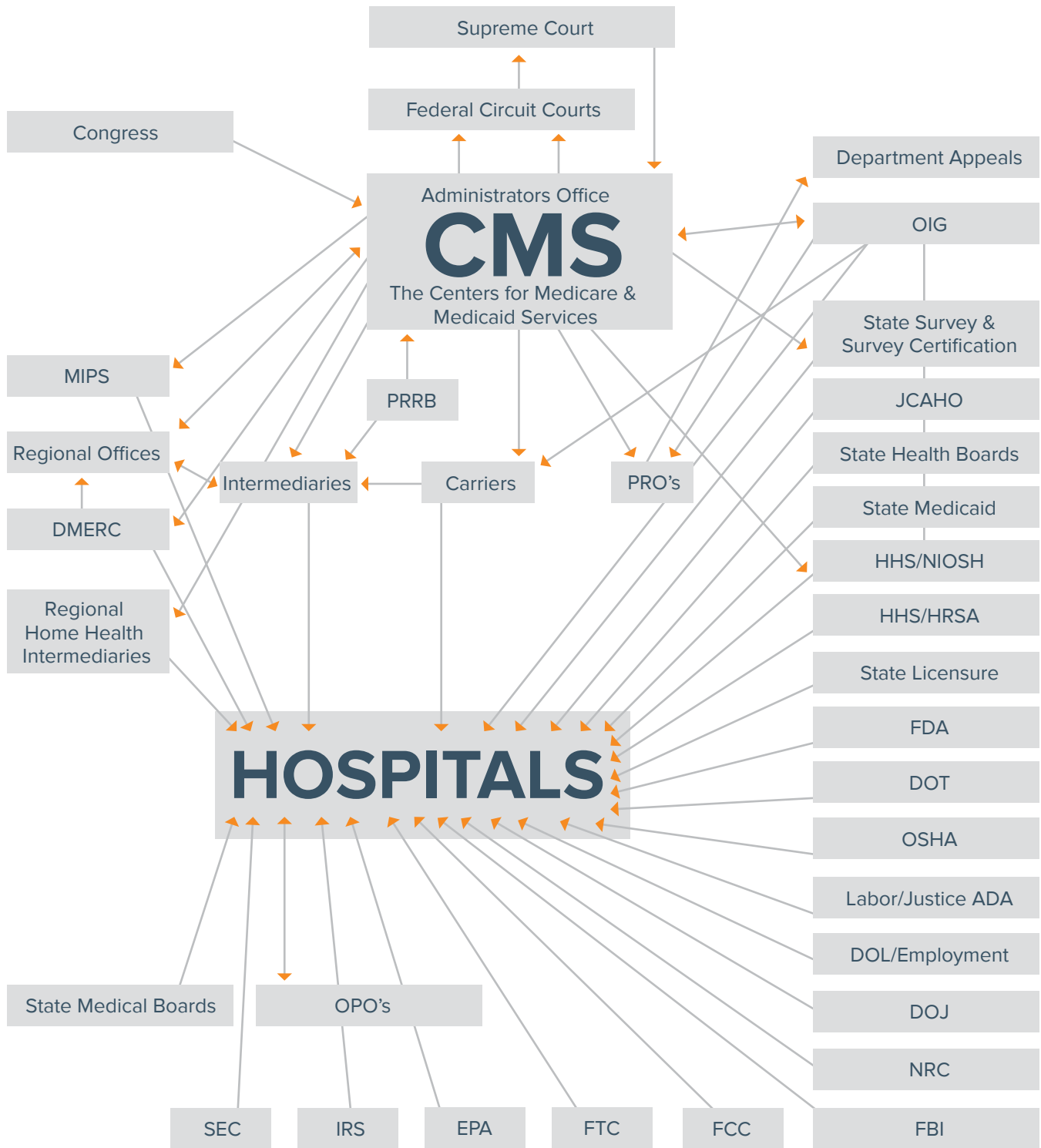
- American Hospital Association (AHA) Hospital Statistics
- U.S. Census Bureau
- U.S. Bureau of Labor Statistics
- U.S. Bureau of Economic Analysis
- U.S. National Center for Health Ratings and Statistics
- U.S. National Highway Safety Traffic Administration
- U.S. Department of Health and Human Services
- National Association of State Budget Officers
- United Health Foundation
- Centers for Medicare and Medicaid Services (CMS)
- Almanac of Hospital Financial and Operating Indicators
- State Health Facts: Henry J. Kaiser Family Foundation
- North Dakota Medical Association
- North Dakota Board of Nursing
- North Dakota Board of Pharmacy

The Indicators Report is supported and funded by the North Dakota Hospital Foundation and the UND Center for Rural Health. For more information or to order additional copies of the report, please contact the NDHA at (701) 224-9732.

Sincerely,



Jerry Jurena
President, NDHA



Who Regulates Hospitals

Hospitals, nursing facilities and home health agencies face a number of federal and state regulatory bodies. Reimbursement, reporting, quality of care, professional licensure, wage and hour and taxation are among the regulatory areas health care providers are confronted with on a daily basis. Certainly, North Dakota hospitals' overall regulatory structure is necessary, but overly burdensome regulations divert limited resources from direct patient care to administrative procedures on an increasing basis.



SECTION ONE

HOSPITAL AND HEALTH SYSTEM UTILIZATION

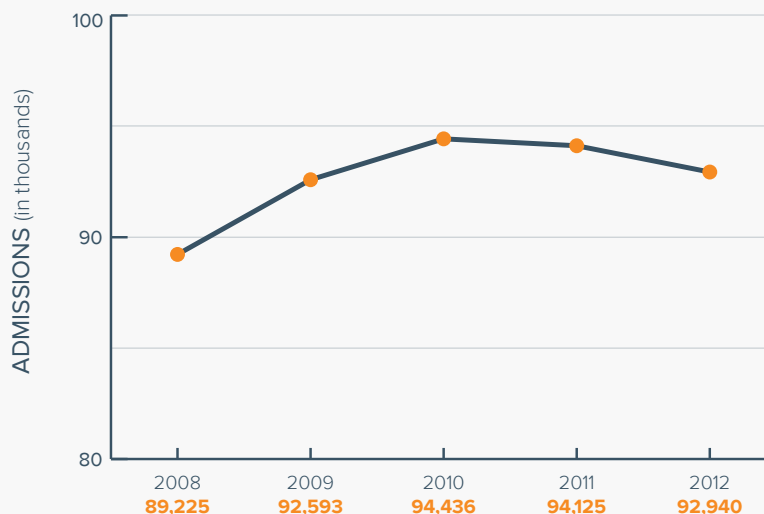


North Dakota Admissions (Total Facility)

Admissions to North Dakota's community hospitals have risen since 2008, with a slight decrease recently. There were 92,940 admissions to North Dakota hospitals in 2012 compared to 89,225 in 2008, approximately a **4.16 percent increase**.

N.D. Hospital Admissions, 2008-2012

Source: AHA Hospital Statistics



Admissions - North Dakota, West North Central* and U.S. (Total Facility)

The percent changes in hospital admissions varied from 2008-2012. Overall, hospital admissions dropped for both West North Central states and the United States. At the same time, North Dakota hospital admissions increased.

2008-2012 Trends

North Dakota:

■ **4.16% increase**

West North Central:

■ **6.49% decrease**

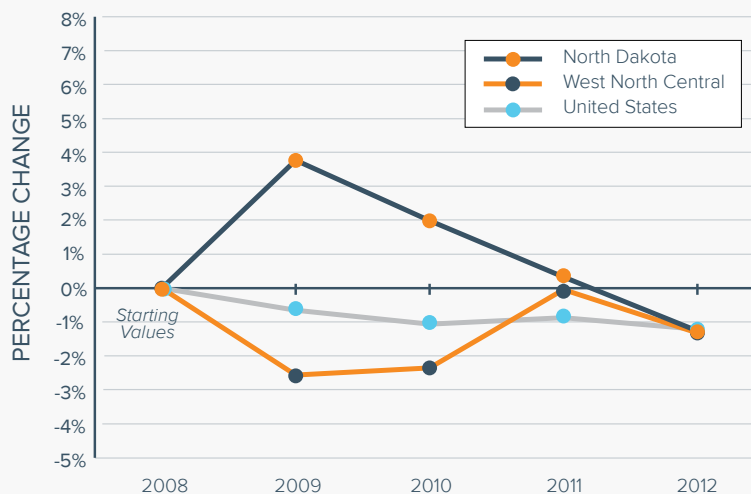
United States:

■ **3.74% decrease**

* Includes ND, SD, NE, KS, MO, IA, and MN.

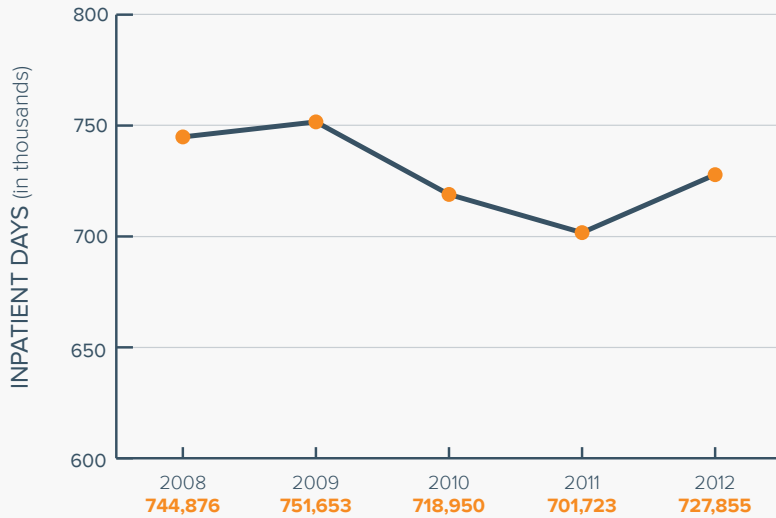
Hospital Admissions N.D., West North Central and U.S. Treadline of Percent Changes, 2008-2012

Source: AHA Hospital Statistics



N.D. Hospital Inpatient Days, 2008-2012

Source: AHA Hospital Statistics

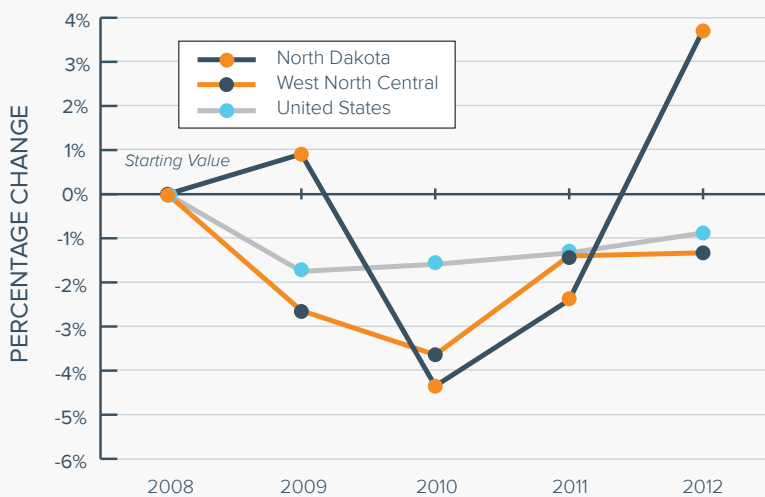


North Dakota Inpatient Days (Total Facility)

Overall, North Dakota inpatient days declined from 2008 to 2012. There were 744,876 inpatient days in 2008 compared to 727,855 in 2012, a decline of approximately **2.28 percent**.

Inpatient Days N.D., West North Central and U.S. Treadline of Percent Changes, 2008-2012

Source: AHA Hospital Statistics



Inpatient Days - North Dakota, West North Central and U.S. (Total Facility)

Comparing the percent changes in inpatient days between North Dakota, West North Central and the United States shows that there was an overall decrease in inpatient days. With a decrease of approximately 2.29 percent, North Dakota had the smallest decline of inpatient days.

2008-2012 Trends

North Dakota:

■ **2.29% decrease**

West North Central:

■ **8.01% decrease**

United States:

■ **5.43% decrease**

Total Facility Admissions Per 1000 Population

Comparing the total facility admissions per 1000 population between North Dakota, West North Central and the United States shows an overall decrease in facility admissions from 2008 to 2012. With a decrease of approximately **4.53 percent**, North Dakota had the smallest decline.

2008-2012 Trends

North Dakota:

■ **4.53% decrease**

West North Central:

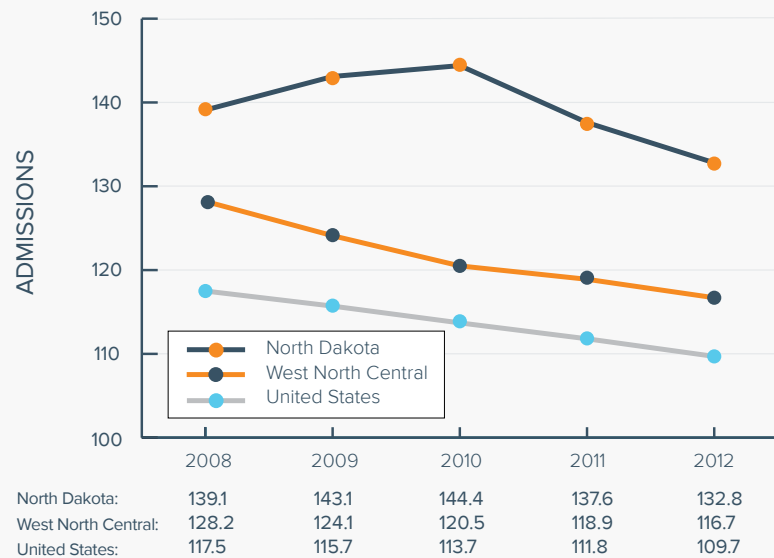
■ **8.97% decrease**

United States:

■ **6.64% decrease**

Total Facility Admissions Per 1000 Population 2008-2012

Source: AHA Hospital Statistics



Total Inpatient Days Per 1000 Population

North Dakota's total inpatient days per 1000 population was higher than West North Central states and the United States. From 2008 to 2012, all three locations have had similar declines in total inpatient days.

2008-2012 Trends

North Dakota:

■ **10.42% decrease**

West North Central:

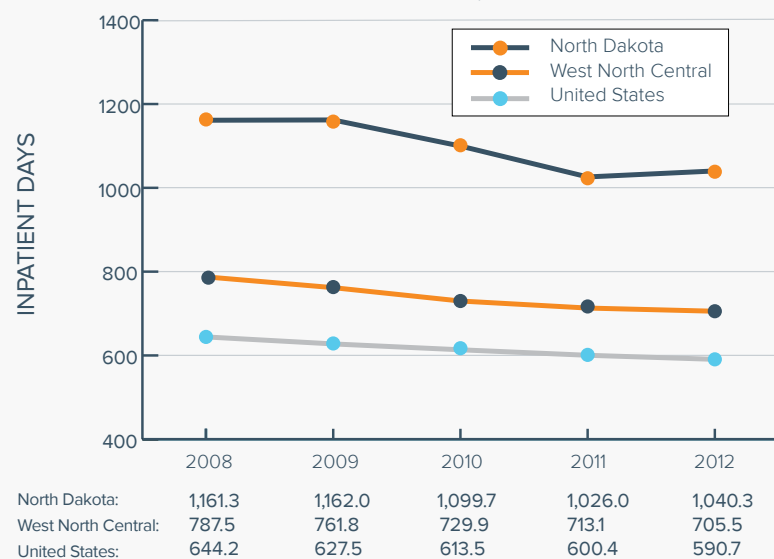
■ **10.41% decrease**

United States:

■ **8.30% decrease**

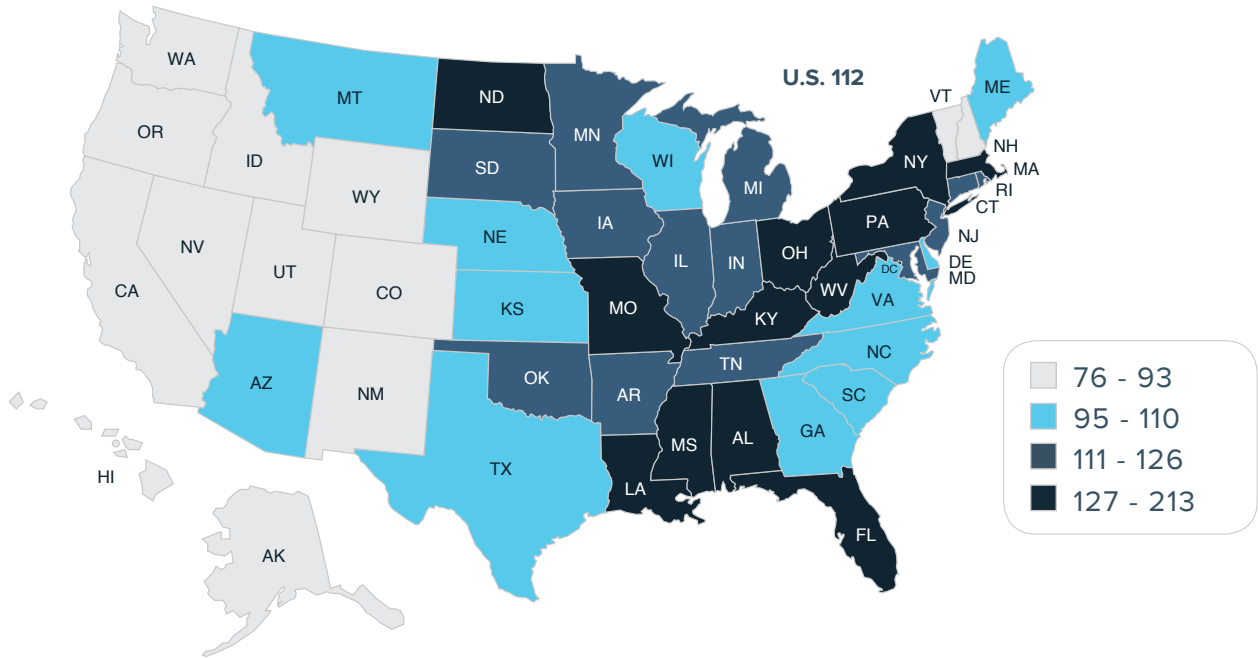
Total Inpatient Days Per 1000 Population 2008-2012

Source: AHA Hospital Statistics



Hospital Admissions Per 1000 Population by State, 2011

The North Dakota hospital admissions per 1000 population rate of 137 ranked the state 5th highest in the United States. The U.S. average per 1000 population was 112.



Source: Kaiser Family Foundation State Health Facts (statehealthfacts.org)

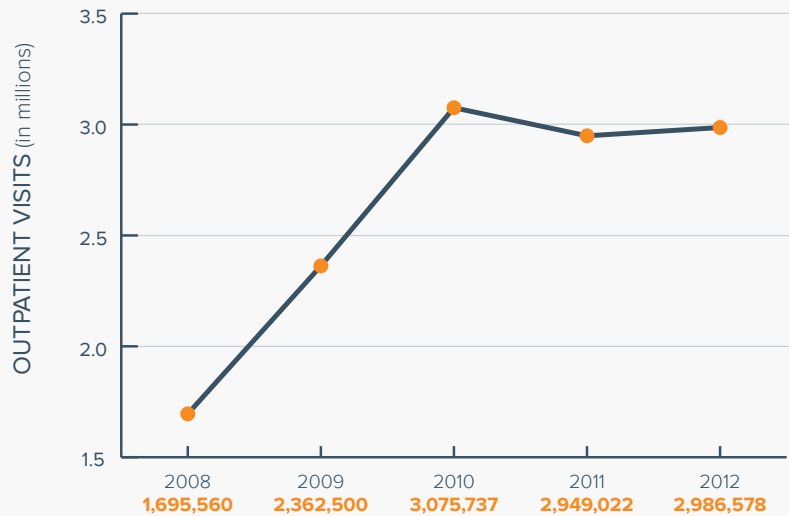
Rank	State	Admissions Per 1000	Rank	State	Admissions Per 1000
	U.S. Average	112	26	Minnesota	111
1	District of Columbia	213	28	Delaware	110
2	West Virginia	152	28	Nebraska	110
3	Pennsylvania	139	30	Maine	109
5	Kentucky	137	30	South Carolina	109
5	North Dakota	137	31	Arizona	108
6	Missouri	136	32	North Carolina	107
7	Louisiana	133	33	Kansas	105
8	Mississippi	132	34	Wisconsin	100
9	Florida	131	35	Texas	99
11	Alabama	130	37	Georgia	97
11	Ohio	130	37	Virginia	97
12	New York	128	38	Montana	95
13	Massachusetts	127	39	New Hampshire	93
14	Tennessee	126	40	Nevada	92
16	Arkansas	124	41	California	90
16	South Dakota	124	42	Oregon	89
17	Michigan	121	43	Colorado	85
18	New Jersey	119	46	New Mexico	84
19	Illinois	118	46	Utah	84
20	Maryland	117	46	Washington	84
21	Rhode Island	115	48	Idaho	81
22	Indiana	113	48	Wyoming	81
24	Connecticut	112	49	Vermont	78
24	Oklahoma	112	51	Alaska	76
26	Iowa	111	51	Hawaii	76

Outpatient Visits

From 2008 to 2012, North Dakota hospital outpatient visits have dramatically increased from 1,695,560 in 2008 to 2,986,578 in 2012, an increase of **76.14 percent**.

N.D. Hospital Outpatient Visits, 2008-2012

Source: AHA Hospital Statistics

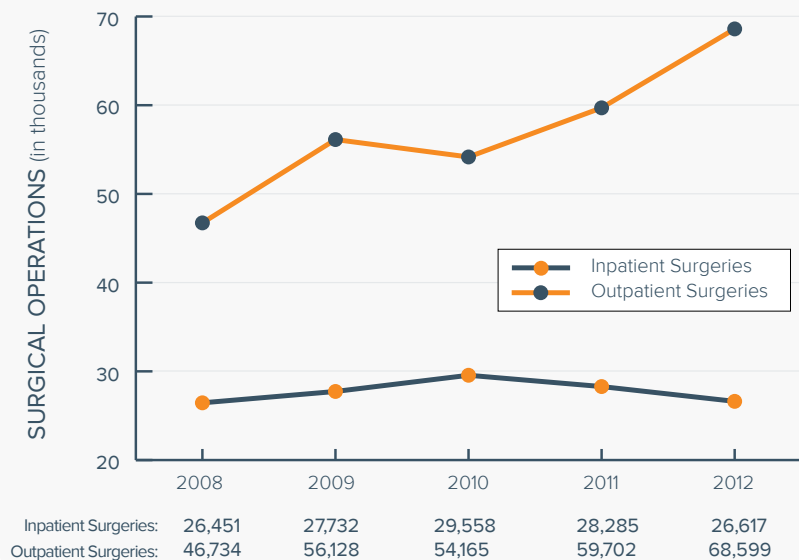


Surgical Operations

From 2008 to 2012, the number of outpatient surgeries increased by 21,865 or **46.79 percent**. The number of inpatient surgeries increased by 166 or **0.63 percent**. Outpatient surgeries accounted for **72.05 percent** of all surgeries performed in North Dakota hospitals in 2012.

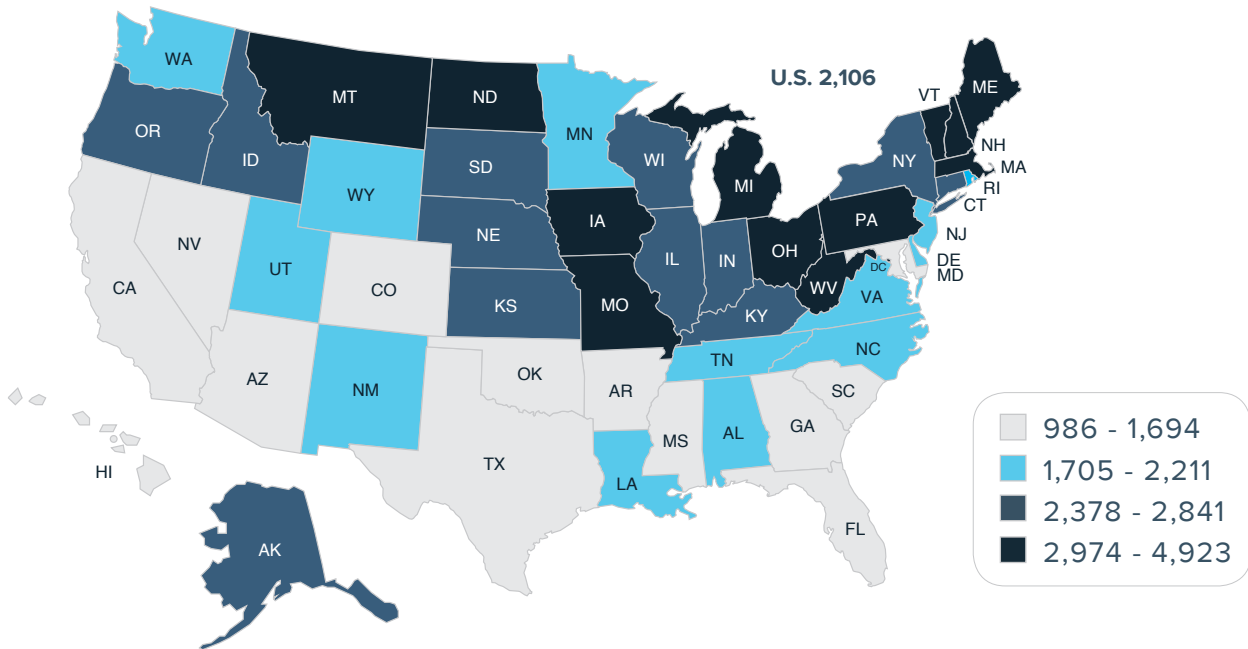
N.D. Hospital Surgical Operations, 2008-2012

Source: AHA Hospital Statistics



Outpatient Visits Per 1000 Population by State, 2011

The North Dakota outpatient visits per 1000 population rate of 4,307 ranked the state 3rd highest in the nation. The U.S. average per 1000 population was 2,106.



Source: Kaiser Family Foundation State Health Facts (statehealthfacts.org)

Rank	State	Outpatient Visits per 1000	Rank	State	Outpatient Visits per 1000
	U.S. Average	2,106	26	New Mexico	2,211
1	Vermont	4,923	27	Rhode Island	2,134
2	Maine	4,632	28	Louisiana	2,086
3	North Dakota	4,307	29	Utah	2,080
4	District of Columbia	3,958	30	Delaware	2,038
5	New Hampshire	3,791	31	Minnesota	2,018
6	West Virginia	3,645	32	Wyoming	1,972
7	Montana	3,551	33	North Carolina	1,930
8	Massachusetts	3,375	34	Washington	1,826
9	Iowa	3,370	35	Alabama	1,817
10	Missouri	3,362	36	New Jersey	1,791
11	Michigan	3,137	37	Virginia	1,742
12	Ohio	3,110	38	Tennessee	1,705
13	Pennsylvania	2,974	39	Colorado	1,694
14	Indiana	2,841	40	Arkansas	1,637
15	New York	2,770	41	Mississippi	1,604
16	Wisconsin	2,716	42	Oklahoma	1,592
17	Nebraska	2,690	43	Texas	1,532
18	South Dakota	2,567	44	Georgia	1,506
19	Idaho	2,547	45	Maryland	1,502
20	Illinois	2,464	46	Hawaii	1,456
21	Alaska	2,439	47	California	1,398
22	Kansas	2,437	48	South Carolina	1,374
23	Oregon	2,423	49	Arizona	1,322
24	Kentucky	2,412	50	Florida	1,279
25	Connecticut	2,378	51	Nevada	986

Total Facility Outpatient Visits, Inpatient and Outpatient Surgeries Per 1000 Population, 2008-2012

Source: AHA Hospital Statistics

	2008	2009	2010	2011	2012
Outpatient Visits Per 1000					
North Dakota	2,643.4	3,652.3	4,704.6	4,311.9	4,268.8
West North Central	2,668.6	2,785.1	2,848.9	2,826.6	2,934.1
United States	2,050.4	2,091.0	2,107.8	2,105.6	2,150.2
Inpatient Surgeries Per 1000					
North Dakota	41.2	42.9	45.2	41.4	38.0
West North Central	35.8	34.7	33.4	32.7	32.2
United States	33.2	32.9	32.2	30.9	30.3
Outpatient Surgeries Per 1000					
North Dakota	72.9	86.8	82.8	87.3	98.1
West North Central	70.3	67.2	64.7	65.5	66.6
United States	57.0	56.5	56.2	55.4	55.1

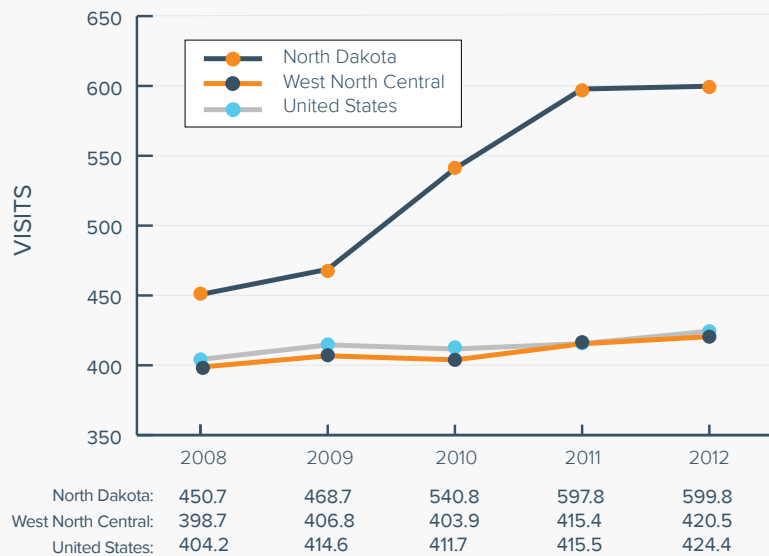
Emergency Room Visits Per 1000 Population

(map on page 12)

Emergency room visits in North Dakota hospitals peaked in 2012 at 599.8 visits per 1000 population, a **33.08 percent increase**. West North Central states had a **5.47 percent increase** in emergency room visits per 1000 and the United States had a **5.00 percent increase**.

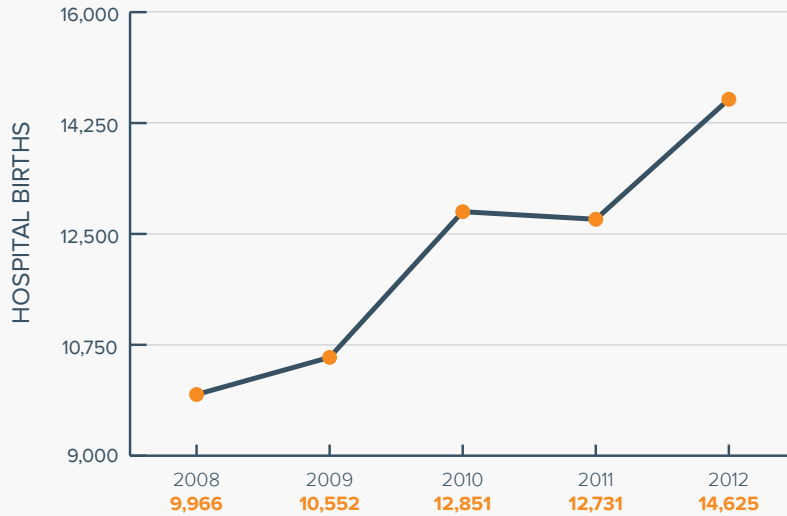
Emergency Room Visits Per 1000 Population 2008-2012

Source: AHA Hospital Statistics



N.D. Hospital Births, 2008-2012

Source: AHA Hospital Statistics

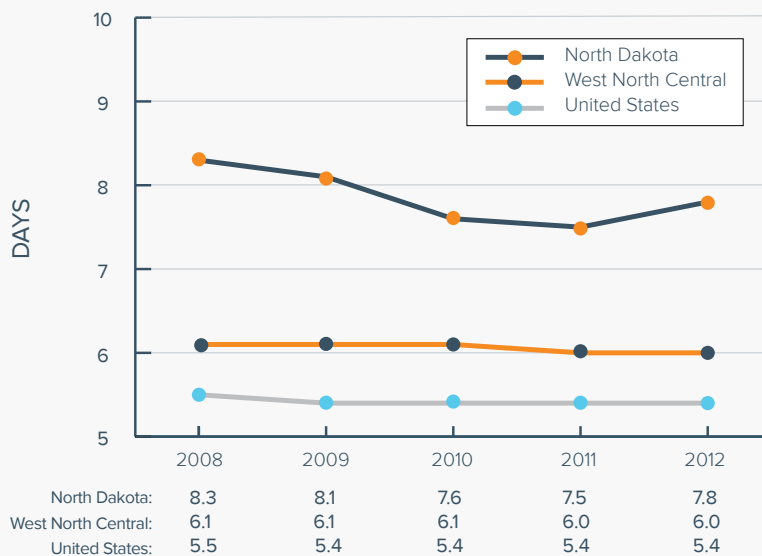


Births

Births in North Dakota hospitals increased from **9,966** to **14,625** from 2008 to 2012, a **46.75 percent increase**.

Average Length of Stay in Days 2008-2012

Source: AHA Hospital Statistics



Average Length of Stay in Days

(map on page 14)

Average length of stay in North Dakota hospitals is higher than both West North Central states and the United States. The average length of stay for North Dakota over the five-year period was **7.9 days** versus **6.1 days** for West North Central states and **5.4 days** for the United States.

2008-2012 Trends

North Dakota:

■ **6.02% decrease**

West North Central:

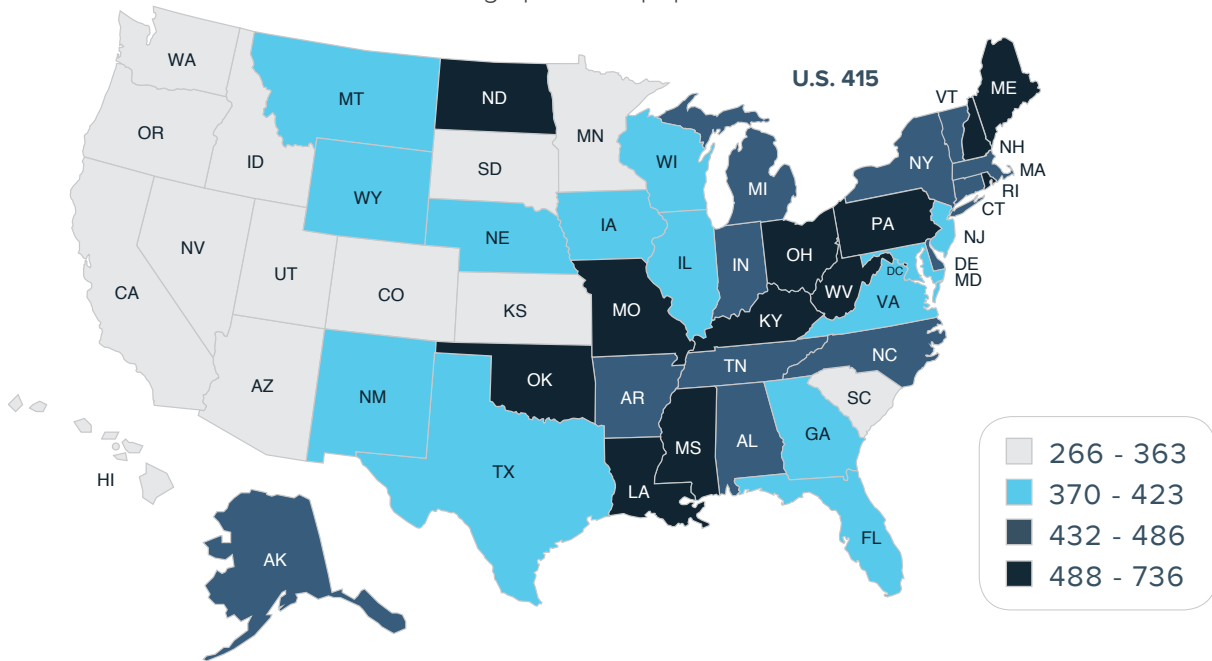
■ **1.64% decrease**

United States:

■ **1.82% decrease**

Emergency Room Visits Per 1000 Population by State, 2011

The North Dakota emergency room visits per 1000 population rate of 597 ranked North Dakota 3rd highest.
The U.S. average per 1000 population was 415.

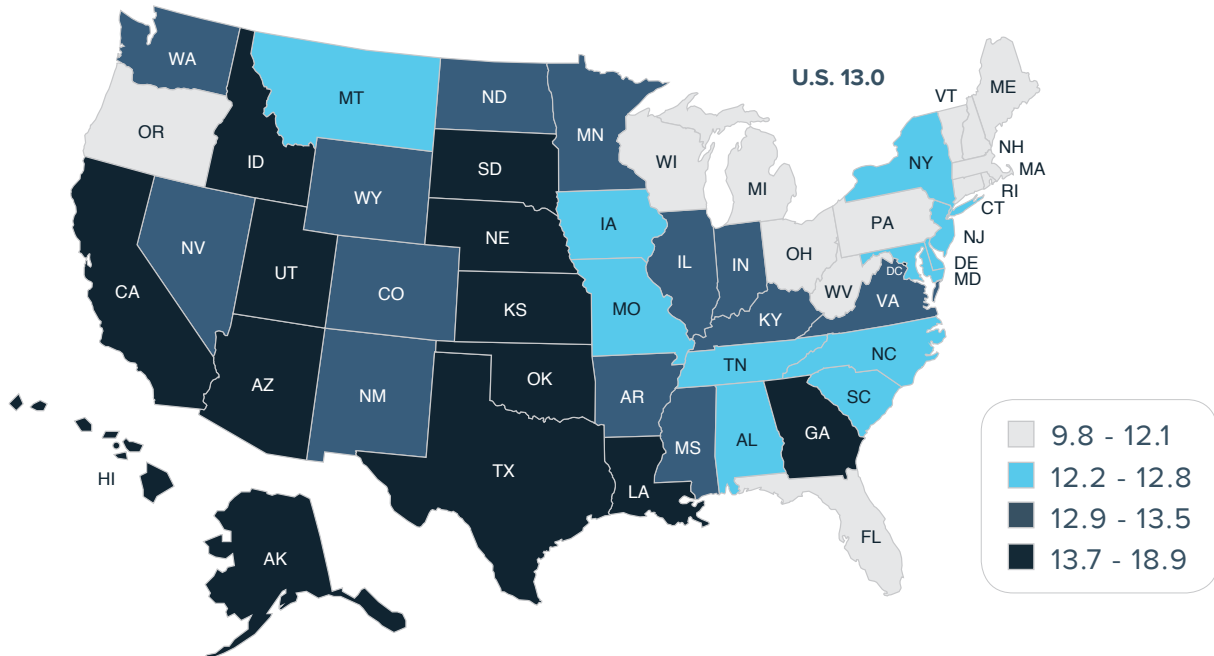


Source: Kaiser Family Foundation State Health Facts (statehealthfacts.org)

Rank	State	E.R. Visits per 1000	Rank	State	E.R. Visits per 1000
	U.S. Average	411.3	26	Maryland	423
1	District of Columbia	736	27	Illinois	421
2	West Virginia	656	28	Virginia	420
3	North Dakota	597	29	Iowa	416
4	Mississippi	592	31	Georgia	411
5	Maine	576	31	New Mexico	411
6	Ohio	564	32	Wyoming	402
7	Kentucky	538	33	Florida	397
8	Louisiana	535	34	New Jersey	393
9	Rhode Island	516	35	Nebraska	389
10	New Hampshire	514	36	Texas	386
11	Missouri	491	37	Wisconsin	373
13	Oklahoma	488	38	Montana	370
13	Pennsylvania	488	40	Kansas	363
14	Tennessee	486	40	Oregon	363
15	Indiana	483	42	Minnesota	361
16	Alabama	479	42	South Carolina	361
17	Arkansas	474	43	Washington	340
19	Michigan	473	44	Arizona	339
19	Vermont	473	45	Colorado	338
20	Massachusetts	468	46	Idaho	327
21	North Carolina	461	47	South Dakota	306
22	Delaware	460	48	Utah	304
23	Connecticut	458	49	Nevada	302
24	Alaska	435	50	California	294
25	New York	432	51	Hawaii	266

Number of Births Per 1000 Population by State, 2010

The North Dakota births per 1000 population rate of 13.5 ranked North Dakota 17th in the United States.
The U.S. average per 1000 population was 13.0.

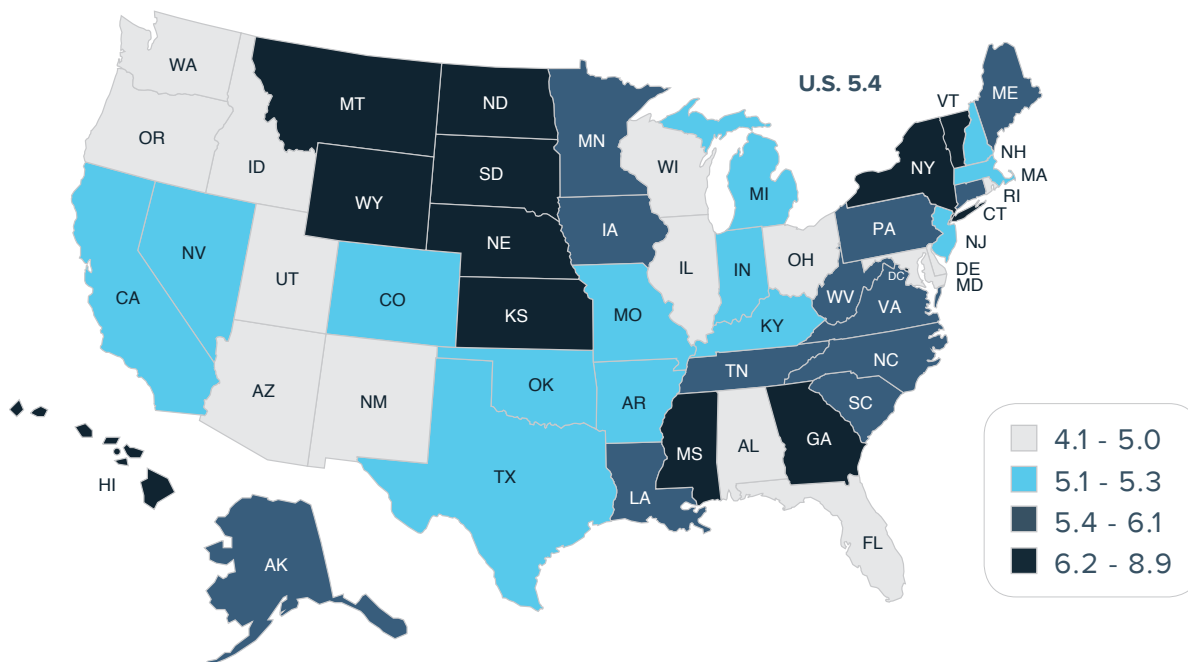


Source: Kaiser Family Foundation State Health Facts (statehealthfacts.org)

Rank	State	Births per 1000	Rank	State	Births per 1000
	U.S. Average	13.0	27	Virginia	12.9
1	Utah	18.9	27	Washington	12.9
2	Alaska	16.2	30	Maryland	12.8
3	Texas	15.4	30	Missouri	12.8
4	District of Columbia	15.2	30	North Carolina	12.8
5	Idaho	14.8	32	Delaware	12.7
6	South Dakota	14.5	32	Iowa	12.7
9	Kansas	14.2	35	Alabama	12.6
9	Nebraska	14.2	35	New York	12.6
9	Oklahoma	14.2	35	South Carolina	12.6
10	Hawaii	14	36	Tennessee	12.5
12	Georgia	13.8	38	Montana	12.2
12	Louisiana	13.8	38	New Jersey	12.2
14	Arizona	13.7	39	Ohio	12.1
14	California	13.7	40	Wisconsin	12
17	Mississippi	13.5	41	Oregon	11.9
17	New Mexico	13.5	42	Michigan	11.6
17	North Dakota	13.5	43	Florida	11.4
18	Wyoming	13.4	44	Pennsylvania	11.3
19	Nevada	13.3	45	Massachusetts	11.1
21	Arkansas	13.2	46	West Virginia	11
21	Colorado	13.2	48	Connecticut	10.6
27	Illinois	12.9	48	Rhode Island	10.6
27	Indiana	12.9	49	Vermont	9.9
27	Kentucky	12.9	51	Maine	9.8
27	Minnesota	12.9	51	New Hampshire	9.8

Average Length of Stay by State, 2012

The North Dakota average length of stay of 7.8 days ranked North Dakota 4th highest in the United States in 2012. The U.S. average was 5.4 days.



Source: AHA Hospital Statistics

Rank	State	Average Length of Stay in Days	Rank	State	Average Length of Stay in Days
	U.S. Average	5.4	30	Arkansas	5.2
1	South Dakota	8.9	30	Missouri	5.2
2	Montana	8.7	30	Nevada	5.2
3	Wyoming	8.5	30	New Hampshire	5.2
4	North Dakota	7.8	30	Texas	5.2
5	District of Columbia	7.0	37	California	5.1
7	Nebraska	6.9	37	Colorado	5.1
7	New York	6.9	37	Indiana	5.1
8	Hawaii	6.8	37	Kentucky	5.1
10	Kansas	6.5	37	Massachusetts	5.1
10	Mississippi	6.5	37	Michigan	5.1
12	Georgia	6.3	37	New Jersey	5.1
12	Vermont	6.3	41	Alabama	5.0
13	Alaska	6.1	41	Delaware	5.0
15	Iowa	6.0	41	Florida	5.0
15	Minnesota	6.0	41	Rhode Island	5.0
18	South Carolina	5.7	45	Idaho	4.9
18	Virginia	5.7	45	Maryland	4.9
18	West Virginia	5.7	45	Ohio	4.9
19	North Carolina	5.6	45	Wisconsin	4.9
22	Maine	5.5	47	Illinois	4.8
22	Pennsylvania	5.5	47	New Mexico	4.8
22	Tennessee	5.5	48	Washington	4.6
24	Connecticut	5.4	49	Arizona	4.4
24	Louisiana	5.4	50	Oregon	4.2
25	Oklahoma	5.3	51	Utah	4.1



SECTION TWO

PERSONNEL



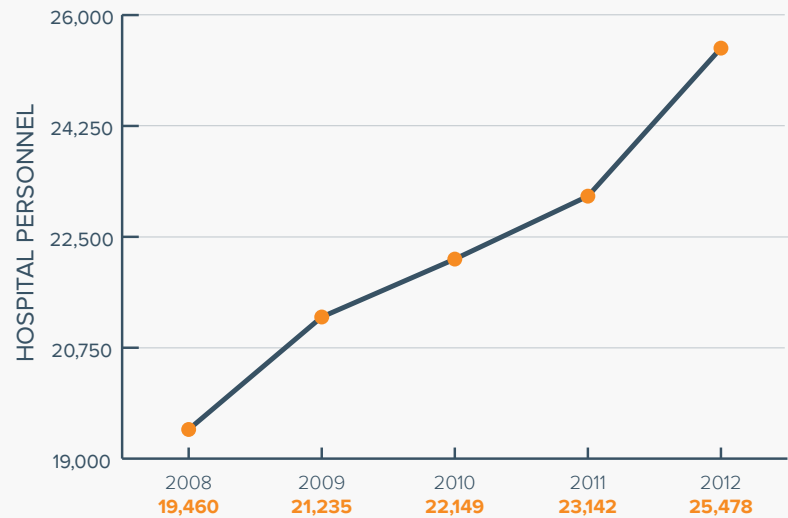
Total Personnel

(Total Facility)

From 2008 to 2012, the number of personnel employed by North Dakota hospitals increased by **30.92 percent**, peaking in 2012 at 25,478.

N.D. Hospital Total Personnel, 2008-2012

Source: AHA Hospital Statistics



Total Personnel - Percent Changes

The graph to the right compares the percent changes in hospital personnel between North Dakota, South Dakota, Minnesota and Montana. The following are overall percent changes in personnel from 2008 to 2012:

2008-2012 Trends

North Dakota:

■ **30.92% increase**

South Dakota:

■ **3.52% increase**

Minnesota:

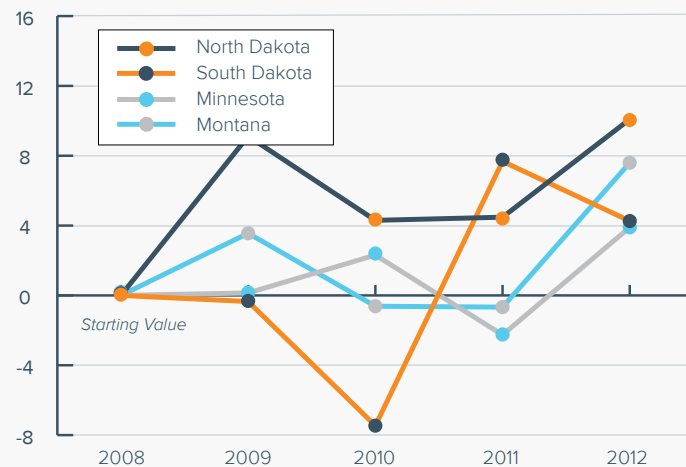
■ **4.05% increase**

Montana:

■ **9.99% increase**

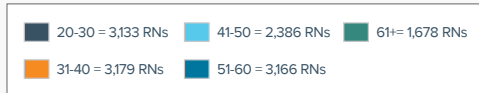
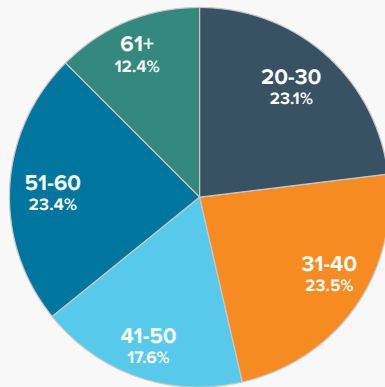
Four-State Comparison of Total Hospital Personnel Percent Changes, 2008-2012

Source: AHA Hospital Statistics



Total N.D. Registered RNs by Age, 2014

Source: N.D. Board of Nursing



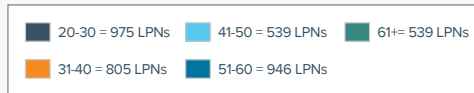
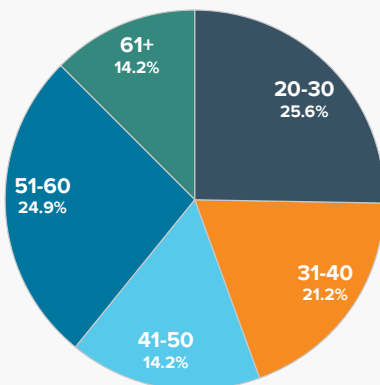
Total includes all who are registered, not just those who are active.

Total N.D. Registered Nurses (RNs) by Age

In 2014, the total number of registered North Dakota RNs was 13,542. This total reflects all registered RNs in North Dakota, not just those who are active. Of that total, **46.6 percent** are from 20-40 years of age.

Total N.D. Registered LPNs by Age, 2014

Source: N.D. Board of Nursing



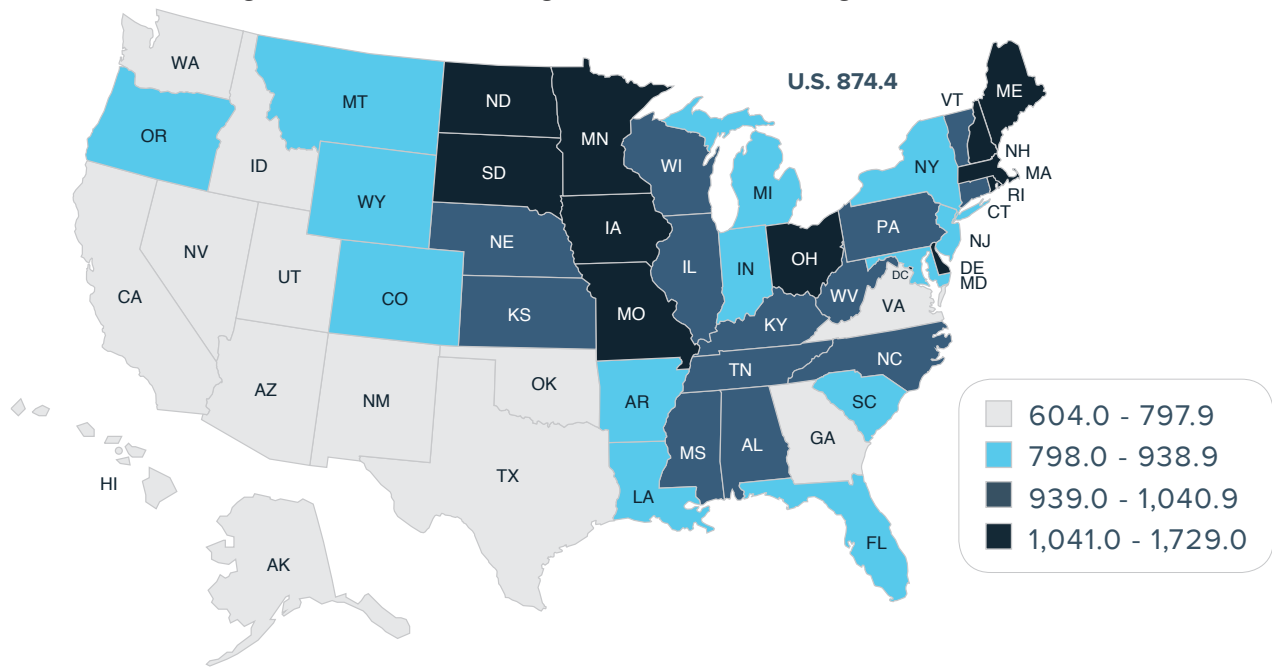
Total includes all who are registered, not just those who are active.

Total N.D. Licensed Practical Nurses (LPNs) by Age

In 2014, the total number of registered North Dakota LPNs was 3,804. This total reflects all registered LPNs in North Dakota, not just those who are active. Of that total, **46.8 percent** are from 20-40 years of age.

Hospital-Based Registered Nurses (RN) Per 100,000 Population by State, 2011

The rate of registered nurses employed in hospitals per 100,000 population by state is shown below. The North Dakota registered nurse FTEs per 100,000 population rate of 1,310.1 ranked North Dakota 4th highest in 2011, which is higher than the U.S. average of 874.4.

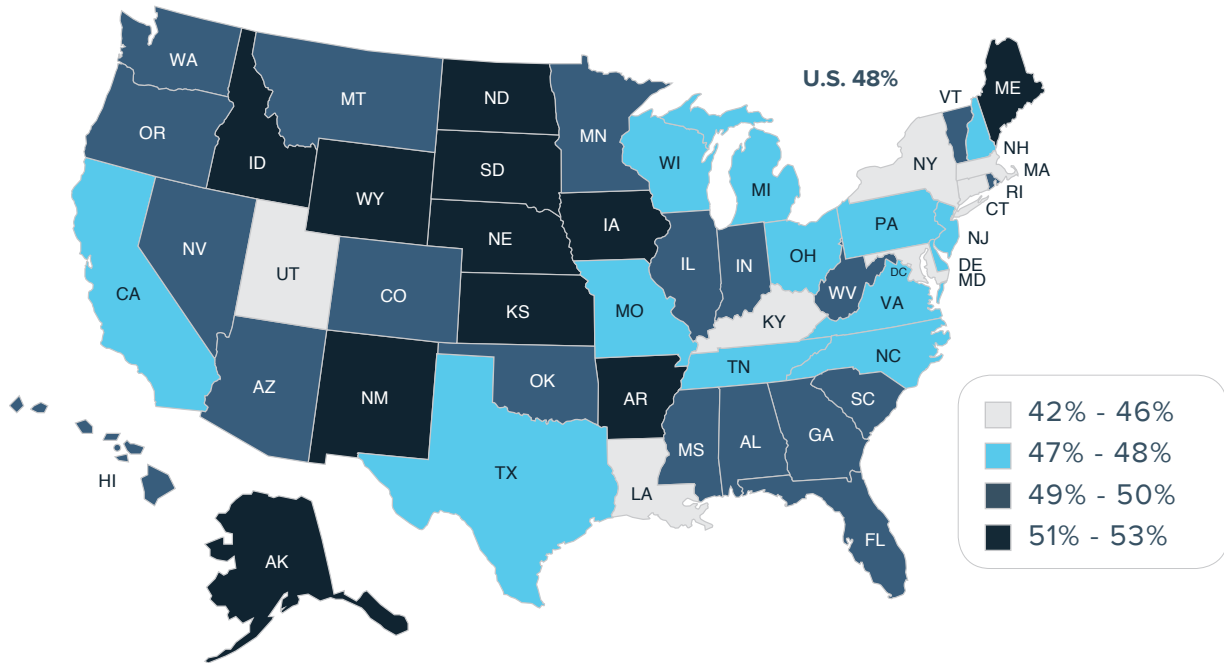


Source: Kaiser Family Foundation State Health Facts (statehealthfacts.org)

Rank	State	RNs per 100,000	Rank	State	RNs per 100,000
	U.S. Average	874.4	26	Indiana	938.3
1	District of Columbia	1,728.2	27	South Carolina	911.5
2	South Dakota	1,349.4	28	Michigan	907.9
3	Massachusetts	1,321.3	29	New York	905.1
4	North Dakota	1,310.1	29	Louisiana	892.7
5	Rhode Island	1,173.8	31	New Jersey	886.3
6	Delaware	1,158.6	32	Montana	871.6
7	Missouri	1,125.2	33	Florida	864.7
8	Maine	1,115.1	34	Maryland	851.4
9	Iowa	1,085.1	35	Wyoming	844.8
10	Ohio	1,080.9	36	Colorado	830.8
11	Minnesota	1,060.1	37	Arkansas	801.6
12	New Hampshire	1,050.7	38	Oregon	799.6
13	Nebraska	1,040.4	39	Washington	797.8
14	Pennsylvania	1,026.0	40	Virginia	768.3
15	Kentucky	1,025.6	40	Alaska	755.5
16	Vermont	1,016.9	42	Oklahoma	746.1
17	Connecticut	1,014.3	43	Hawaii	742.6
18	Mississippi	995.1	44	New Mexico	739.6
19	Wisconsin	988.0	45	Idaho	735.7
20	West Virginia	985.3	46	Texas	720.1
21	Kansas	981.5	47	Arizona	689.7
22	Illinois	961.7	48	Utah	678.0
23	Tennessee	945.9	49	Georgia	664.7
24	North Carolina	945.5	50	California	663.9
25	Alabama	945.3	51	Nevada	604.8

Non-Federal Primary Care Physicians as a Percent of Total Physicians, 2012

The 2012 rate of non-federal physicians as a percent of total physicians is shown below. 53 percent of physicians in North Dakota are in primary care, which is 5 percent higher than the U.S. average of 48 percent. North Dakota is tied with Alaska for the highest percent of primary care physicians as a percent of total physicians.

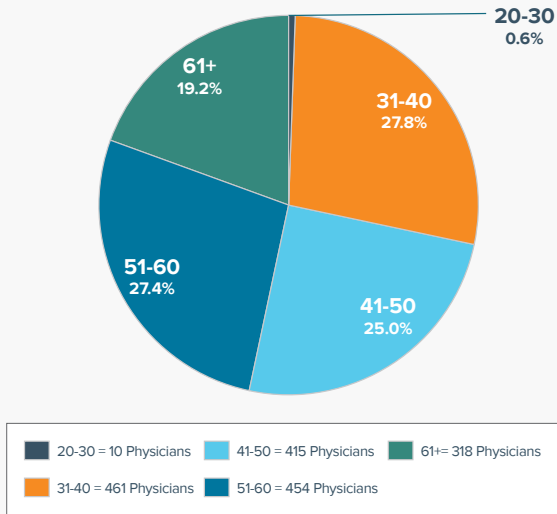


Source: Kaiser Family Foundation State Health Facts (statehealthfacts.org)

Rank	State	% of Total	Rank	State	% of Total
	U.S. Average	48%	20	Alabama	49%
1	Alaska	53%	20	Vermont	49%
1	North Dakota	53%	20	Florida	49%
3	Iowa	52%	20	Arizona	49%
3	Wyoming	52%	20	Montana	49%
3	Kansas	52%	31	Michigan	48%
3	South Dakota	52%	31	California	48%
7	Maine	51%	31	North Carolina	48%
7	Arkansas	51%	31	Virginia	48%
7	Idaho	51%	31	Texas	48%
7	New Mexico	51%	31	Wisconsin	48%
7	Nebraska	51%	31	New Hampshire	48%
12	Oklahoma	50%	31	New Jersey	48%
12	Hawaii	50%	31	Delaware	48%
12	Illinois	50%	40	Missouri	47%
12	West Virginia	50%	40	Ohio	47%
12	Mississippi	50%	40	Pennsylvania	47%
12	Georgia	50%	40	Tennessee	47%
12	Nevada	50%	44	Kentucky	46%
12	South Carolina	50%	44	Louisiana	46%
20	Colorado	49%	46	Connecticut	45%
20	Minnesota	49%	46	Maryland	45%
20	Washington	49%	46	Utah	45%
20	Oregon	49%	46	Massachusetts	45%
20	Rhode Island	49%	50	New York	44%
20	Indiana	49%	51	District of Columbia	42%

Total N.D. Active Physicians by Age, 2014

Source: N.D. Medical Association

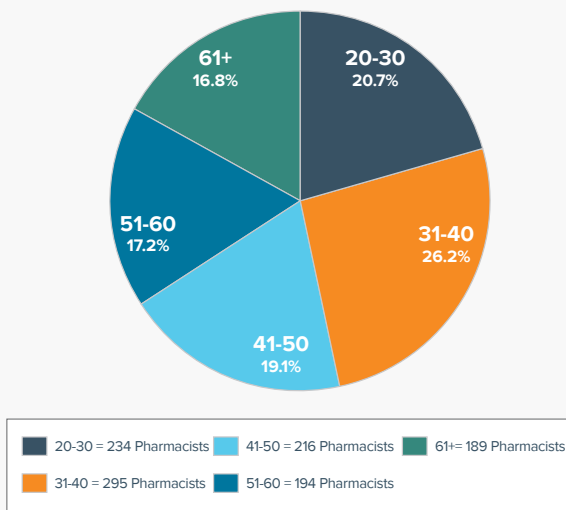


Total N.D. Active Physicians by Age

In 2014, the total number of active North Dakota physicians was 1,658. Of that total, **27.8 percent** are from 31-40 years of age.

Total N.D. Licensed Pharmacists by Age, 2014

Source: N.D. Board of Pharmacy



Total N.D. Licensed Pharmacists by Age

In 2014, the total number of licensed pharmacists in North Dakota was 1,128. This total reflects all licensed pharmacists in North Dakota, not just those who are active. Of that total, **26.2 percent** are from 31-40 years of age.

Total includes all who are licensed, not just those who are active.



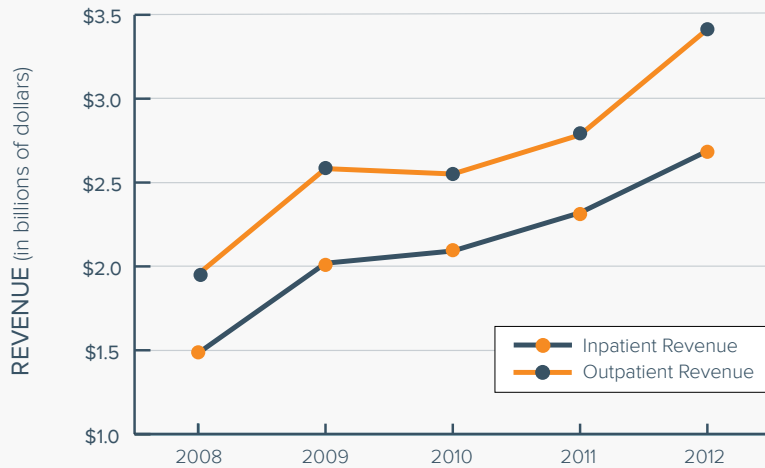
SECTION THREE

HOSPITAL AND HEALTH SYSTEM FINANCES



N.D. Hospital Revenue 2008-2012

Source: AHA Hospital Statistics



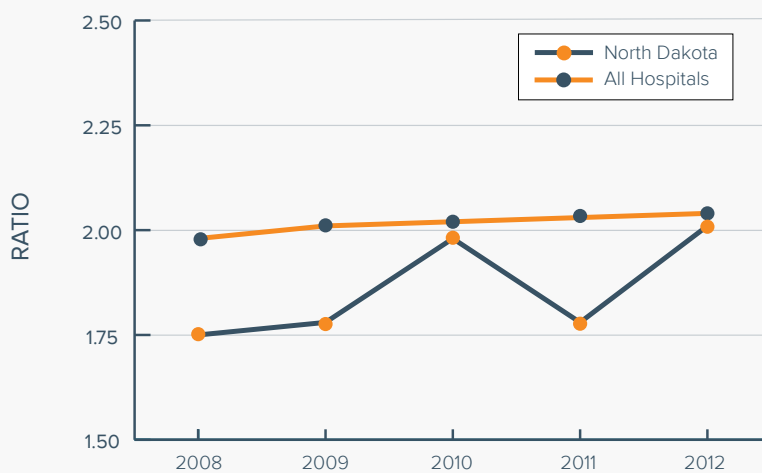
Inpatient:	\$1,483,180,662	\$2,019,340,609	\$2,092,135,268	\$2,320,300,120	\$2,688,456,061
Outpatient:	\$1,953,610,192	\$2,583,127,227	\$2,551,094,052	\$2,783,603,262	\$3,413,782,975

Trends In Revenue

Inpatient revenue increased by more than \$1.2 billion or **81.26 percent** between 2008 and 2012. There has also been a tremendous growth in outpatient revenue. From 2008 to 2012, outpatient revenue has increased over \$1.4 billion or **74.74 percent** in North Dakota hospitals. In 2012, outpatient revenue accounted for **55.94 percent** of total hospital revenues.

Current Ratio, 2008-2012

Source: Almanac of Hospital Financial and Operating Indicators



North Dakota:	1.75	1.78	1.98	1.78	2.01
All Hospitals:	1.98	2.01	2.02	2.03	2.04

Current Ratio

Current ratio is defined as the number of dollars held in current assets per dollar of current liabilities. It is perhaps the most widely used measure of liquidity.

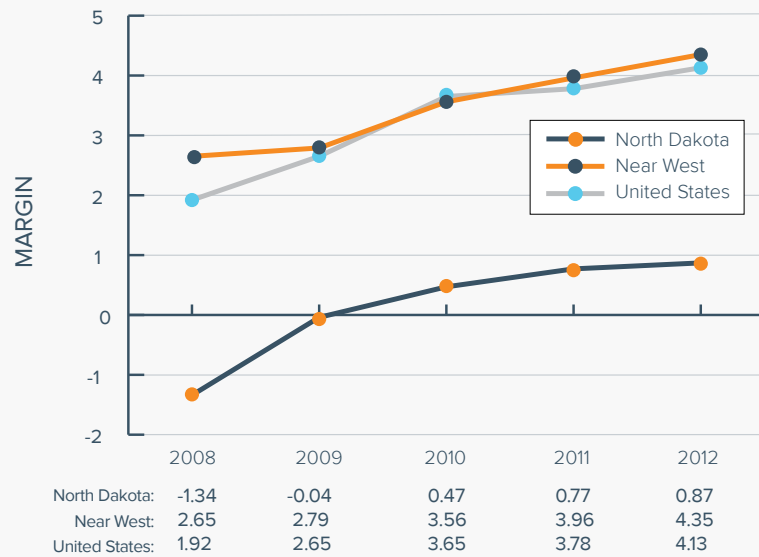
The current ratio of North Dakota hospitals has been less than the national average. During the most recent five-year reporting period, North Dakota hospitals averaged a current ratio of **1.86**, whereas the average of all hospitals was **2.02**.

Total Margin

On average, North Dakota hospitals experience lower margins than Near West hospitals and total U.S. hospitals. From 2008 through 2012, North Dakota hospitals averaged a margin of **positive 0.15**, whereas U.S. hospitals overall averaged a positive margin of 3.23 during the same time period. Hospitals in Near West states* averaged a **positive margin of 3.46**.

Total Margin, 2008-2012

Source: Almanac of Hospital Financial and Operating Indicators

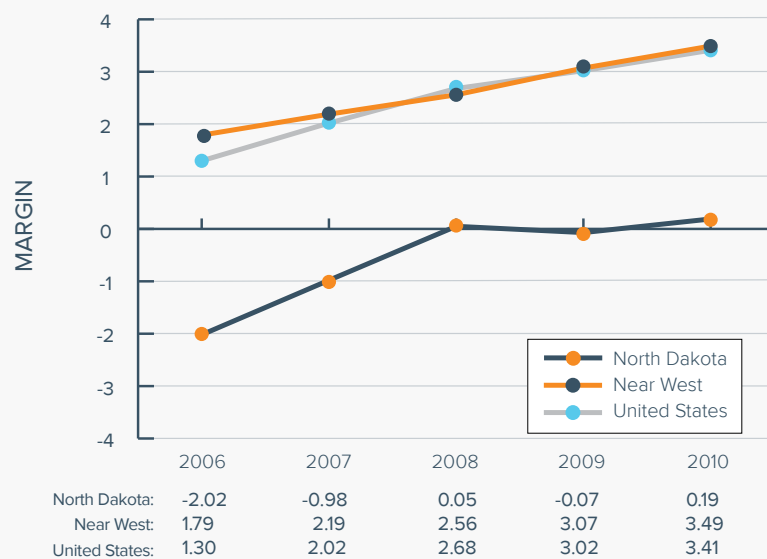


Operating Margin

On average, North Dakota hospitals experience a lower operating margin than Near West hospitals and total U.S. hospitals. From 2008 through 2012, North Dakota hospitals averaged a margin of **negative 0.57**, whereas U.S. hospitals overall averaged a **positive margin of 2.49** during the same time period. Hospitals in Near West states* averaged a **positive margin of 2.62**.

Operating Margin, 2008-2012

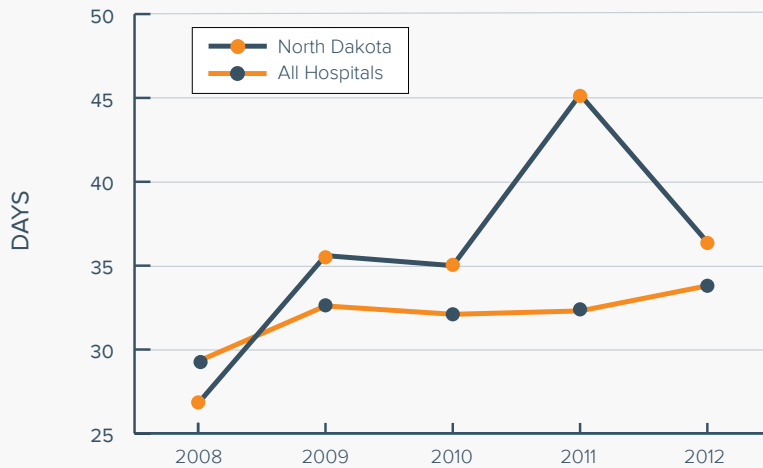
Source: Almanac of Hospital Financial and Operating Indicators



* Includes ND, SD, NE, KS, OK, TX, LA, AK, MO, IA, MN

Days Cash on Hand, All Sources 2008-2012

Source: Almanac of Hospital Financial and Operating Indicators



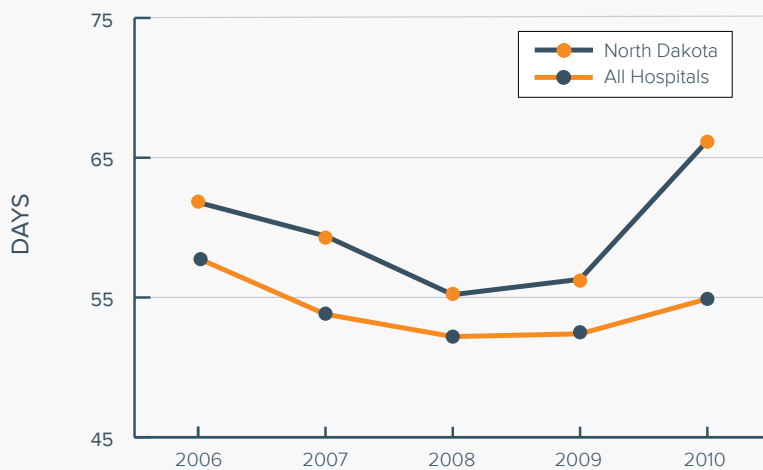
North Dakota:	26.8	35.6	35.0	45.2	36.4
All Hospitals:	29.3	32.6	32.1	32.3	33.8

Days Cash on Hand

North Dakota hospitals averaged a slightly higher days cash on hand when compared to all other U.S. hospitals. Although levels varied from 2008 to 2012, North Dakota hospitals tended to have an average of **35.8 days** cash on hand. The average cash on hand for all hospitals was **32.0 days**.

Days in Accounts Receivable 2008-2012

Source: Almanac of Hospital Financial and Operating Indicators



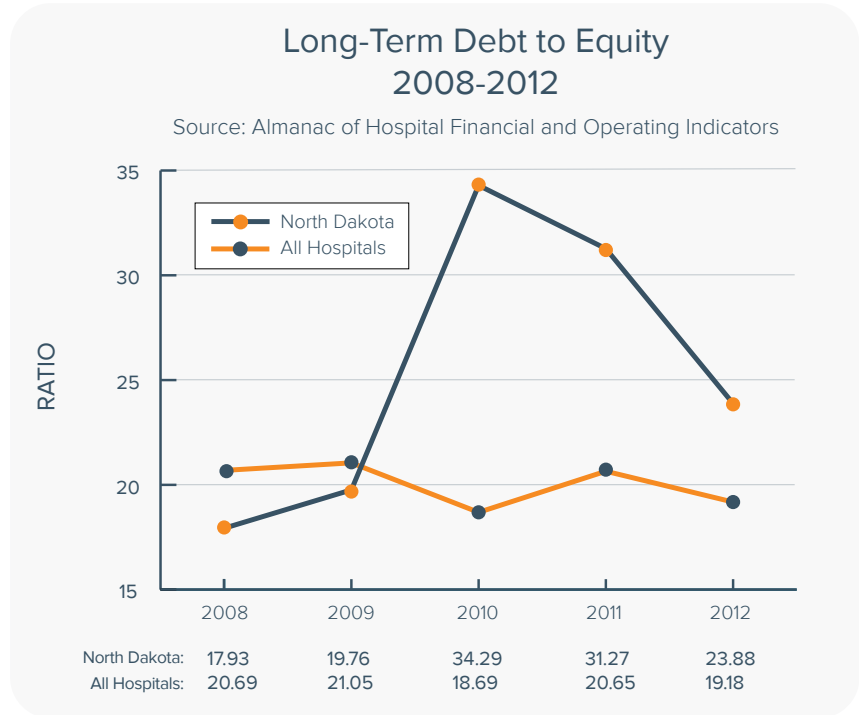
North Dakota:	61.8	59.4	55.2	56.3	66.2
All Hospitals:	57.8	53.8	52.2	52.4	54.9

Days in Accounts Receivable

From 2008 to 2012, North Dakota hospitals averaged **59.8 days** in accounts receivable and U.S. hospitals averaged **54.2 days** in accounts receivable. Over the five-year period, days in accounts receivable for U.S. hospitals decreased by **5.02 percent**, while North Dakota hospitals increased their days in accounts receivable by **7.12 percent**.

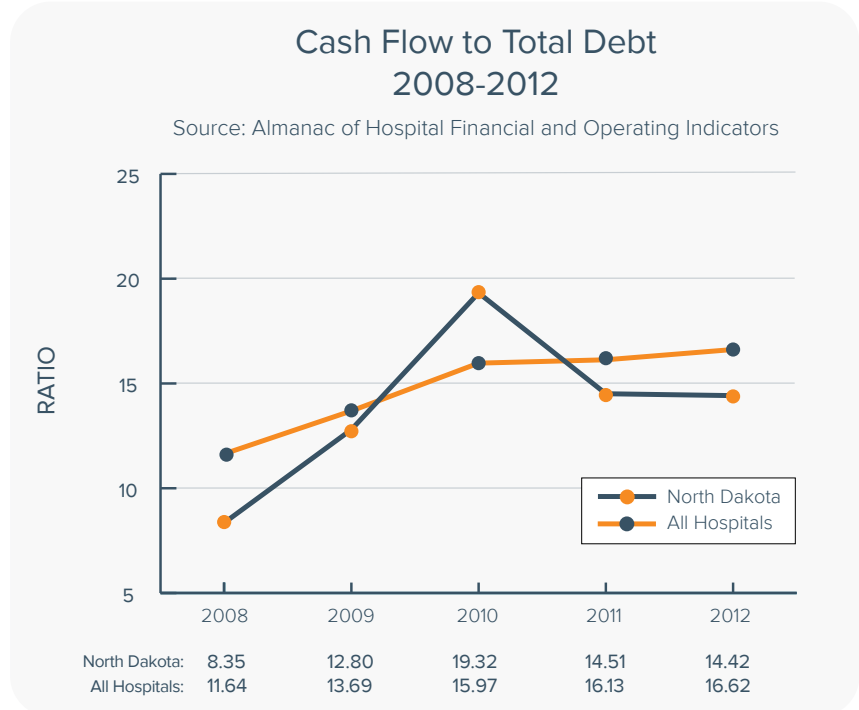
Long-Term Debt to Equity

Long-term debt to equity is defined as long term debt divided by the fund balance. From 2008 to 2012, the long-term debt to equity ratio of North Dakota increased from 17.93 to 23.48, an increase of **30.95 percent**. The long-term debt to equity ratio of all hospitals decreased from 20.69 to 19.18, a decrease of **7.30 percent**.



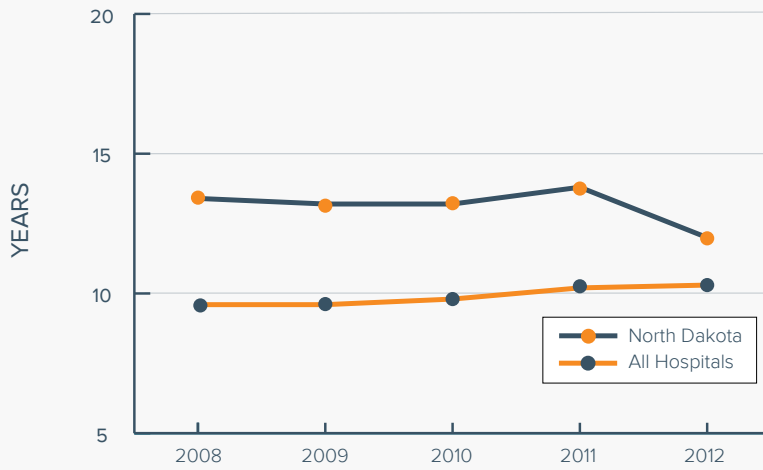
Cash Flow to Total Debt

The cash flow to total debt ratio has fluctuated among North Dakota and U.S. hospitals from 2008 to 2012. The ND ratio averaged **13.88** during the five-year period, lower than the national average of **14.81** during the same reporting period.



Average Age of Plant 2008-2012

Source: Almanac of Hospital Financial and Operating Indicators



North Dakota:	13.4	13.2	13.2	13.8	12.0
All Hospitals:	9.6	9.6	9.8	10.2	10.3

Average Age of Plant

The average age of plant for North Dakota hospitals runs about 3.2 years higher than that of all other hospitals in the nation. From 2008 to 2012, U.S. hospitals had an average age of plant of **9.9 years**, whereas North Dakota hospitals had an average age of plant of **13.1 years** during the same time period.

Payroll and Benefits Expense as a Percent of Total Expenses, 2012

Source: AHA Hospital Statistics

North Dakota	48.4%
West North Central	51.7%
U.S. Total	49.9%

Payroll and Benefits Expense as a Percent of Total Expense

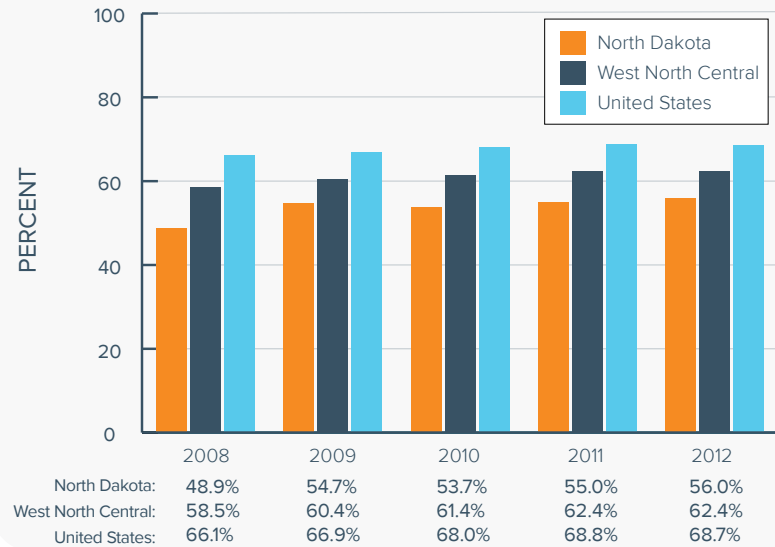
In North Dakota, payroll and benefits account for **48.4 percent** of total hospital expenses. This is higher than in West North Central states and the total U.S., where payroll and benefits are **51.7 percent** and **49.9 percent** of total expenses, respectively.

Deductions From Revenue

Deductions from revenue include contractual allowances and charity care. In North Dakota, these deductions accounted for **48.9 percent** of gross patient revenue in 2008 and increased to **56.0 percent** of hospital revenues in 2012. The average deductions from revenue as a percentage of gross patient revenue over the 5-year period is **53.7 percent** for North Dakota as opposed to a **61.0 percent** average for West North Central and **67.7 percent** average for the U.S.

Deductions from Revenue as a Percentage of Gross Revenue, 2008-2012

Source: AHA Hospital Statistics

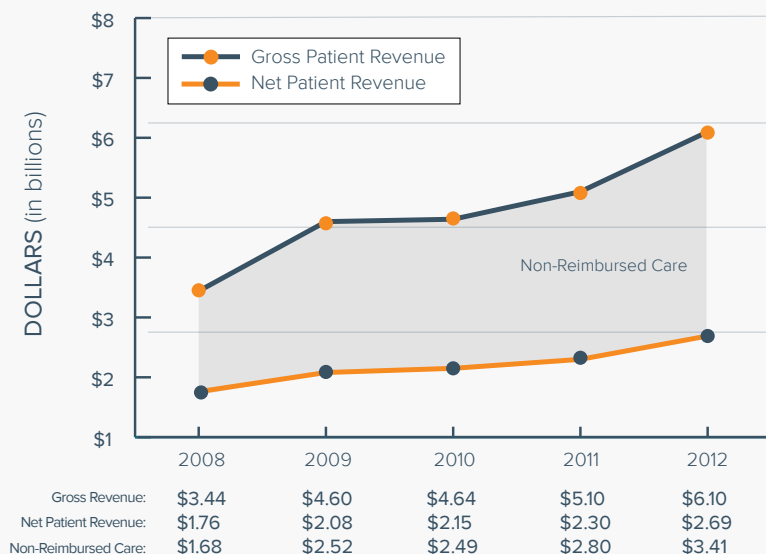


Non-Reimbursed Care

The gap between charges for services rendered and actual payments received has widened over the last five years. In North Dakota, gross patient revenue rose from approximately \$3.44 billion to \$6.10 billion, an increase of **77.33 percent**. Net patient revenue rose from approximately \$1.76 billion to \$2.69 billion, an increase of **52.84 percent**. The result is a **102.98 percent** increase from 2008-2012 in non-reimbursed care.

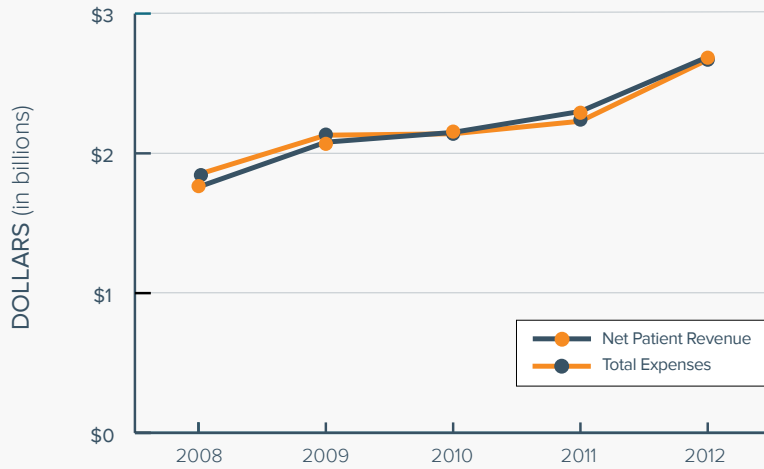
N.D. Non-Reimbursed Care, 2008-2012

Source: AHA Hospital Statistics



N.D. Net Patient Revenue & Expenses 2008-2012

Source: AHA Hospital Statistics



Net Patient Revenue:	\$1.76	\$2.08	\$2.15	\$2.30	\$2.69
Total Expenses:	\$1.85	\$2.13	\$2.14	\$2.23	\$2.67

Net Patient Revenue and Total Expenses

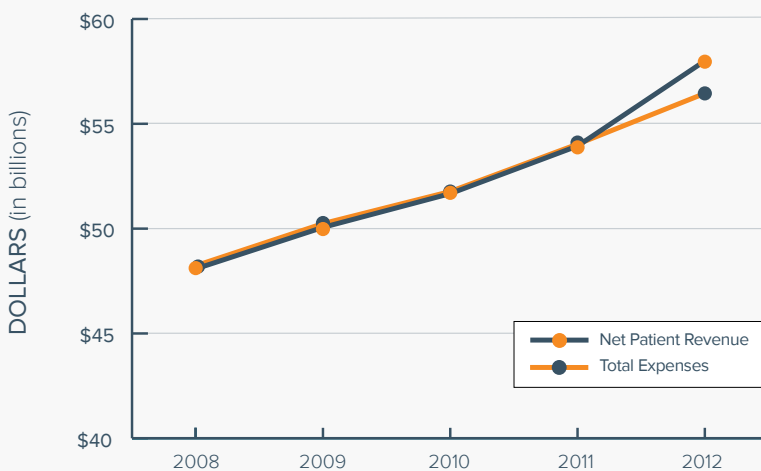
In North Dakota, West North Central states and the U.S., the amount of total patient expenses often exceeds that of net patient revenue. This indicates that hospitals are increasingly unable to rely on reimbursement from providing patient care to pay for the expenses associated with providing that care.

North Dakota

In North Dakota, the percent increase of total expenses from 2008 to 2012 was **43.83 percent**. The percent increase of net patient revenue was **53.01 percent**.

West North Central Net Patient Revenue & Expenses 2008-2012

Source: AHA Hospital Statistics



Net Patient Revenue:	\$48.08	\$50.06	\$51.67	\$53.94	\$58.00
Total Expenses:	\$48.23	\$50.24	\$51.77	\$54.03	\$56.45

West North Central

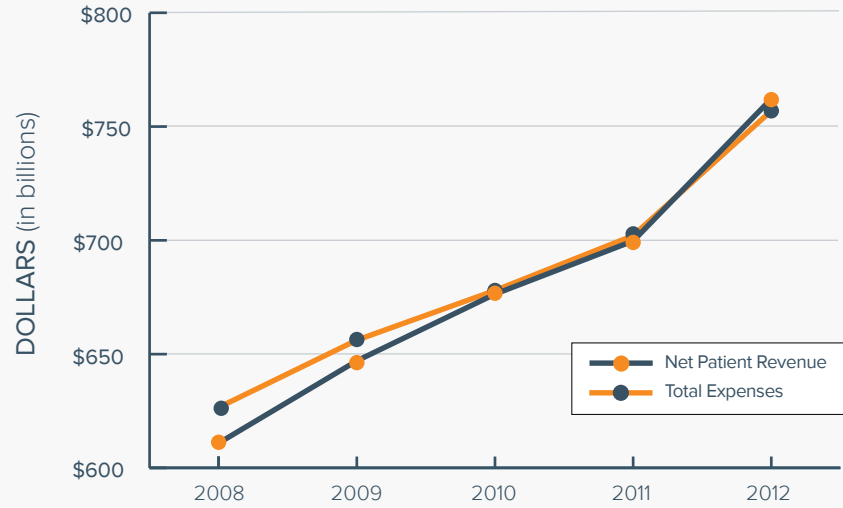
In the West North Central zone, the increase in total expenses from 2008 to 2012 was **17.05 percent**. The increase in net patient revenue was **20.64 percent**.

United States

In the United States, the increase in total expenses from 2008 to 2012 was **20.80 percent**. The increase of net patient revenue was **24.77 percent**.

U.S. Net Patient Revenue & Expenses 2008-2012

Source: AHA Hospital Statistics



Net Patient Revenue:	\$610.90	\$647.06	\$676.38	\$699.72	\$762.21
Total Expenses:	\$626.58	\$656.16	\$677.97	\$702.09	\$756.92

Why is income important?

THE NEED FOR A MARGIN

- Hospitals need a positive total income (total margin) to stay in business. Those that have a negative total margin (deficit) are not receiving sufficient revenue to pay all their expenses. Hospitals operating at a deficit must use other sources of funds, such as cash reserves, investment income, or the sale of assets to pay their expenses. Unless these hospitals can alleviate the deficit by increasing revenues and/or cutting expenses, they may be forced to shut down operations.
- Earning a positive total margin alone may not be enough to remain viable. Hospitals need to earn sufficient income to improve the caliber of health care that they provide to their local communities. Excess revenues over costs are necessary to hire well-trained staff, replace worn out or obsolete buildings and equipment, conduct medical research, keep pace with advances in medical technology, and help cover the cost of care for patients who cannot pay.
- Hospitals finance improvements to facilities and equipment by issuing bonds or entering into other debt financing. However, financial institutions and potential bondholders must be convinced that a hospital is capable of repaying its debt, thus making it difficult for hospitals with low or negative income to borrow money.
- It is very important to closely monitor hospital income levels because relatively small changes in revenues or expenses can make a large difference in the financial health of a hospital. For example, a hospital with a four percent operating margin one year can have an operating deficit the next year if revenues fall by two percent and expenses rise at the rate of inflation, two to three percent.

What is an “appropriate” income level?

- The “appropriate” level of income needed to keep a hospital financially viable will differ for each individual hospital or health system. The exact amount of income a hospital needs depends on multiple factors, including, but not limited to: the condition of its plant and equipment, amount of debt, assets available for capital improvements, the mix of services provided, dependence of government payers (Medicare and Medicaid) for income, and the current and future needs of the market a hospital serves.
- For example, a hospital that has experienced low or negative income levels for a number of years may need to realize an above average income level if it is to make overdue capital improvements, reduce outstanding debt or replenish its capital reserves. Alternatively, a hospital with a history of moderate income levels can likely remain viable with a lower income level if it has kept pace with needed improvements and has not depleted its capital reserves or acquired debt in order to meet expenses

Operating Margin vs. Total Margin

- Hospital income is usually expressed as either operating margin or total margin. Operating margin reflects the percent of operating revenue left after all operating expenses are paid. A hospital's operations include functions directly related to patient care as well as other related functions such as medical education, cafeterias, office space, and parking. A positive operating margin indicates a hospital is receiving more revenue for its operations than its costs to run them. Alternatively, a negative operating margin indicates that revenues are not covering costs.
- The calculation of total margin includes both operating income and income from other sources. Examples of non-operating income include investments, trust income, contributions, and county tax appropriations. Total margin reveals the composite financial health of a facility over the course of a given period, for example, one year. If total margin is negative, the hospital is losing money after all sources of revenue and income have been considered.
- Some hospitals have endowments that enable them to continue to provide services beyond the level of operating income they receive. For those hospitals, a negative operating margin may not be that critical as long as their total margin is positive. But income from sources other than hospitals' primary business is not always readily available and is insufficient to ensure survival indefinitely. Other hospitals may not have large endowments or sources of other income. As a result, their operating margin and total margin will be similar. In these situations, a low or negative operating margin and total margin may reveal the hospital is under financial stress.

Why do hospitals need an operating margin?

- Positive operating margins are needed to maintain the high quality of patient care people deserve. Hospitals have accepted responsibility for the care provided to the medically indigent and uninsured which is largely uncompensated.
- In addition to expenses incurred in providing patient care (medicine, labor, room and board, for instance), hospitals face a constant demand for funds to keep pace with rapid advances in medical care and to replace outdated or worn-out facilities and equipment. Patients expect to be treated with the best technology available at the time. Such equipment gives better diagnostic information and permits less invasive procedures to be performed, leading to more rapid patient recovery. Attendant costs are high, ranging from several thousand dollars for a new drug to millions of dollars for one piece of equipment.
- Maintain and update physical structures.
- Provide new programs and services to meet the community's health care needs.
- Hire and retain highly trained health professionals who are in short supply in North Dakota and across the United States.
- Funds are needed to support hospital-related research and education. In addition to the direct costs incurred in training medical residents, teaching hospitals incur additional costs related to more extensive testing and more complex cases. The indirect costs often exceed federal and private payments provided for these activities.



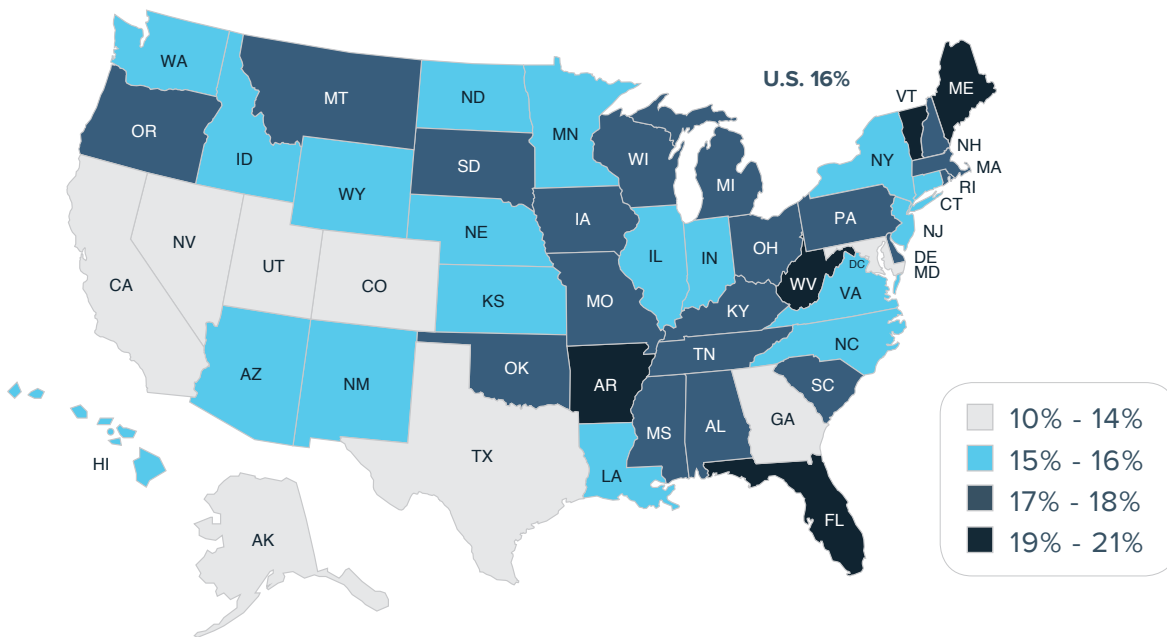
SECTION FOUR

PAYMENT FOR HOSPITAL AND HEALTH SYSTEM CARE



Medicare Enrollment as a Percent of Total Population, 2012

The map and information below highlights Medicare beneficiaries as a percent of total population in 2012. North Dakota Medicare beneficiaries account for 16% of the total population, equal to the national average. Medicare payment equities place an increasing burden on North Dakota hospitals and health systems.

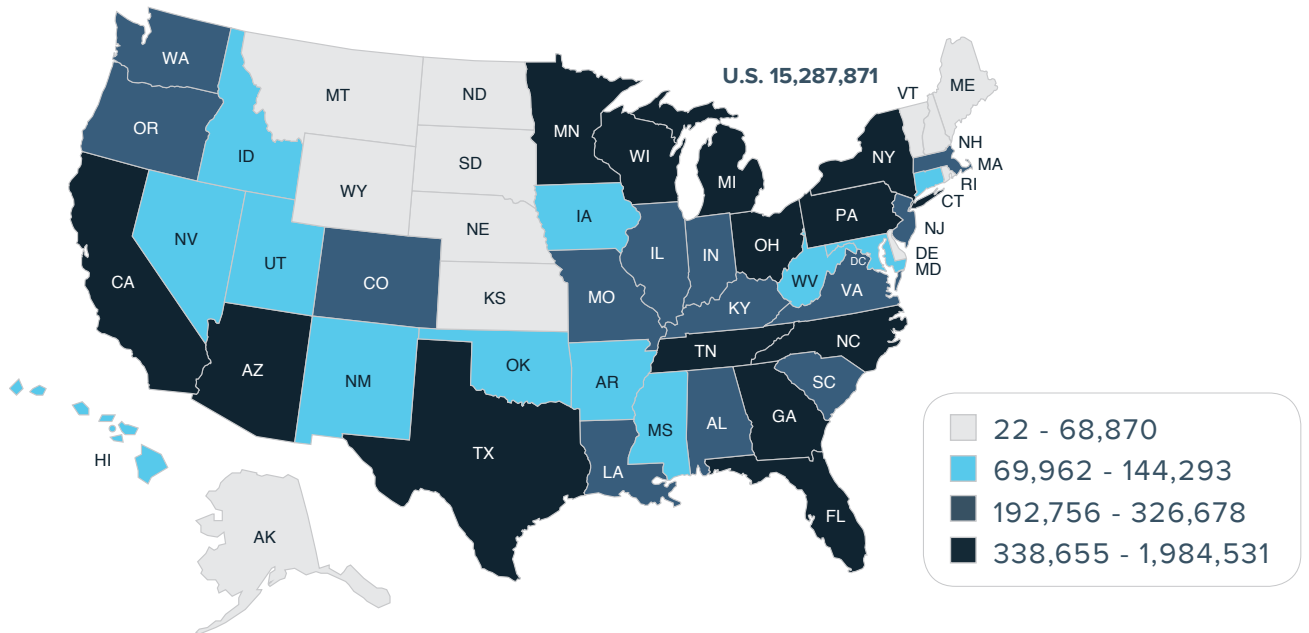


Source: Kaiser Family Foundation State Health Facts (statehealthfacts.org)

Rank	State	Medicare Enrollment	Rank	State	Medicare Enrollment
	U.S. Average	16.0%	35	Hawaii	16%
2	Maine	21%	35	Indiana	16%
2	West Virginia	21%	35	Kansas	16%
5	Arkansas	19%	35	Louisiana	16%
5	Florida	19%	35	Nebraska	16%
5	Vermont	19%	35	New Jersey	16%
13	Alabama	18%	35	New Mexico	16%
13	Kentucky	18%	35	New York	16%
13	Michigan	18%	35	North Carolina	16%
13	Montana	18%	35	North Dakota	16%
13	New Hampshire	18%	42	Arizona	15%
13	Pennsylvania	18%	42	Idaho	15%
13	Rhode Island	18%	42	Illinois	15%
13	South Carolina	18%	42	Minnesota	15%
24	Delaware	17%	42	Virginia	15%
24	Iowa	17%	42	Washington	15%
24	Massachusetts	17%	42	Wyoming	15%
24	Mississippi	17%	44	Maryland	14%
24	Missouri	17%	44	Nevada	14%
24	Ohio	17%	48	California	13%
24	Oklahoma	17%	48	Colorado	13%
24	Oregon	17%	48	District of Columbia	13%
24	South Dakota	17%	48	Georgia	13%
24	Tennessee	17%	49	Texas	12%
24	Wisconsin	17%	50	Utah	11%
35	Connecticut	16%	51	Alaska	10%

Total Medicare Advantage (MA) Enrollment, 2014

The map and information below highlight Medicare Advantage Enrollment in 2014. North Dakota's Medicare Advantage Enrollment for 2014 is 15,128, which ranks 46th in the United States.



Source: Kaiser Family Foundation State Health Facts (statehealthfacts.org)

Rank	State	Medicare Advantage Enrollment	Rank	State	Medicare Advantage Enrollment
	United States	15,287,871	26	South Carolina	192,756
1	California	1,984,531	27	Connecticut	144,293
2	Florida	1,430,417	28	Nevada	135,587
3	New York	1,131,269	29	Arkansas	107,617
4	Texas	982,861	30	Oklahoma	106,500
5	Pennsylvania	904,456	31	Hawaii	105,169
6	Ohio	787,168	32	New Mexico	103,759
7	Michigan	529,090	33	Utah	99,101
8	North Carolina	474,611	34	West Virginia	96,604
9	Minnesota	419,964	35	Iowa	81,440
10	Georgia	398,983	36	Idaho	76,859
11	Wisconsin	342,489	37	Maryland	74,298
12	Tennessee	339,145	38	Mississippi	69,962
13	Arizona	338,655	39	Rhode Island	68,870
14	Illinois	326,678	40	Kansas	58,544
15	Washington	315,374	41	Maine	58,234
16	Oregon	299,805	42	Nebraska	33,453
17	Missouri	284,891	43	Montana	31,125
18	Colorado	256,376	44	South Dakota	22,242
19	Indiana	244,970	45	New Hampshire	15,887
20	Alabama	220,442	46	North Dakota	15,128
21	Louisiana	212,999	47	Delaware	12,113
22	New Jersey	207,936	48	Vermont	8,368
23	Massachusetts	201,041	49	Dist. of Columbia	8,092
24	Kentucky	198,052	50	Wyoming	1,954
25	Virginia	196,009	51	Alaska	22

Federal Government Poverty Guidelines, 2014

Source: Federal Register, January 22, 2014,
U.S. Department of Health & Human Services

<u>Size of Family Unit</u>	<u>48 Contiguous States and D.C.</u>	<u>Alaska</u>	<u>Hawaii</u>
1	\$11,670	\$14,580	\$13,420
2	\$15,730	\$19,660	\$18,090
3	\$19,790	\$24,740	\$22,760
4	\$23,850	\$29,820	\$27,430
5	\$27,910	\$34,900	\$32,100
6	\$31,970	\$39,980	\$36,770
7	\$36,030	\$45,060	\$41,440
8	\$40,090	\$50,140	\$46,110
For each additional person add	\$4,060	\$5,080	\$4,670

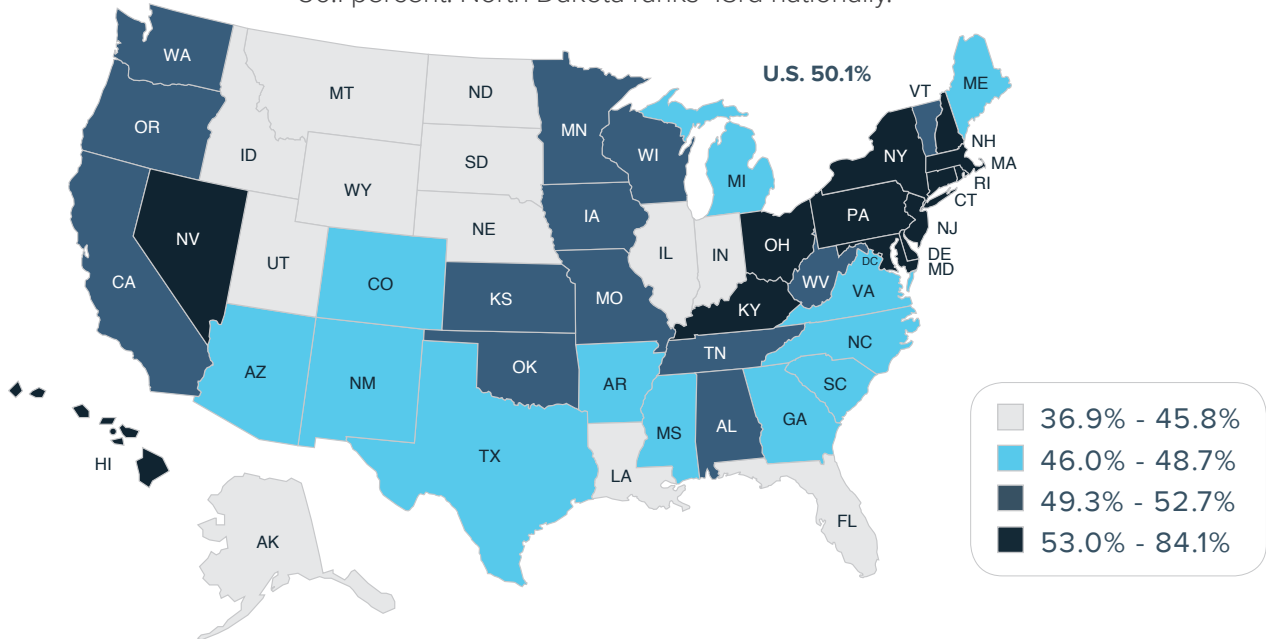
Total Medicaid Expenditures as a Percent of Total State Expenditures, FY 2013

Source: National Association of State Budget Officers,
"2011-2013 State Expenditure Report"

Missouri	35.8%	A national analysis of Medicaid expenditures by State Budget Officers shows North Dakota's Medicaid expenditures were 13.0 percent of North Dakota's total state expenditures in fiscal year 2013. This was lower than the U.S. average of 24.4 percent. The ten states with the highest percent of Medicaid expenditures are also listed, with Missouri being the highest at 35.8 percent.
Pennsylvania	34.0%	
Maine	32.2%	
Arizona	31.9%	
Indiana	31.7%	
Florida	30.3%	
Texas	29.6%	
Tennessee	29.5%	
New York	29.1%	
Vermont	28.0%	
ALL STATES	24.4%	
North Dakota	13.0%	

Private Sector Employer Sponsored Health Insurance, 2012

The percent of employers that offer health insurance to employees by state is shown below. 44.8 percent of North Dakota private sector employers offer health insurance, which is 5.3 percent below the U.S. average of 50.1 percent. North Dakota ranks 43rd nationally.

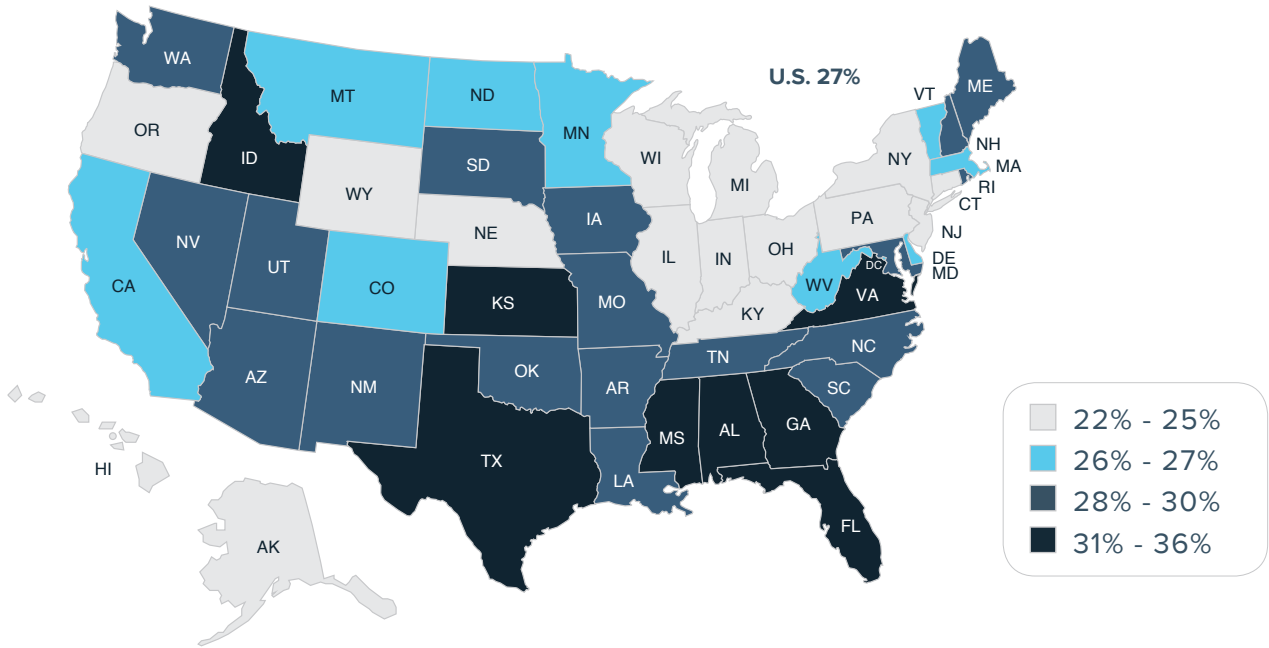


Source: Kaiser Family Foundation State Health Facts (statehealthfacts.org)

Rank	State	% Employer Sponsored Health Insurance	Rank	State	% Employer Sponsored Health Insurance
	United States	50.1%	26	Wisconsin	49.6%
1	Hawaii	84.1%	27	Washington	49.3%
2	District of Columbia	66.0%	28	Virginia	48.7%
3	Massachusetts	58.6%	29	Mississippi	48.3%
4	New Jersey	57.9%	30	Michigan	48.2%
5	Pennsylvania	57.7%	31	Georgia	47.7%
6	Maryland	56.8%	32	Arkansas	47.5%
7	Ohio	56.4%	33	Maine	47.4%
8	Nevada	56.2%	34	Colorado	47.2%
9	Connecticut	55.8%	35	North Carolina	46.5%
10	Delaware	54.5%	36	South Carolina	46.5%
11	Kentucky	54.4%	37	Texas	46.5%
12	New Hampshire	54.1%	38	New Mexico	46.2%
13	Rhode Island	53.4%	39	Arizona	46.0%
14	New York	53.0%	40	Illinois	45.8%
15	Missouri	52.7%	41	South Dakota	45.0%
16	Kansas	52.6%	42	Indiana	44.9%
17	Alabama	52.4%	43	North Dakota	44.8%
18	California	51.3%	44	Florida	44.7%
19	Vermont	50.8%	45	Louisiana	44.2%
20	Iowa	50.7%	46	Utah	43.3%
21	Oklahoma	50.7%	47	Wyoming	41.2%
22	Minnesota	50.1%	48	Alaska	40.3%
23	West Virginia	50.0%	49	Idaho	39.1%
24	Oregon	49.9%	50	Montana	39.0%
25	Tennessee	49.8%	51	Nebraska	36.9%

Employee Contribution to Employer Sponsored Health Insurance (Family Coverage) by State, 2012

The percent of employee and employer contribution to employment-based family health insurance by state is shown below. Employees contribute 26 percent in North Dakota, which is 1 percent below the U.S. average.

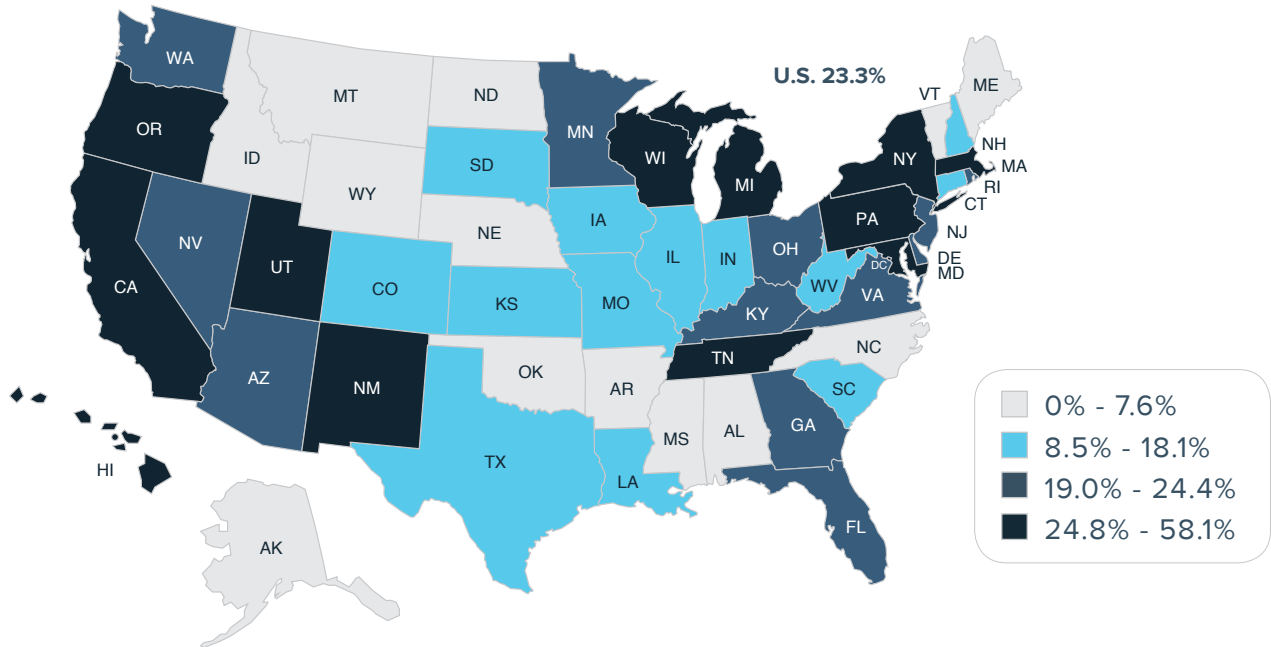


Source: Kaiser Family Foundation State Health Facts (statehealthfacts.org)

Rank	State	Employee Contribution	Employer Contribution	Rank	State	Employee Contribution	Employer Contribution
	United States	27%	73%	26	Washington	28%	72%
1	Florida	36%	65%	30	Colorado	27%	73%
3	Alabama	33%	67%	30	Massachusetts	27%	74%
3	Mississippi	33%	67%	30	Minnesota	27%	73%
5	Kansas	32%	68%	30	Vermont	27%	73%
5	Virginia	32%	68%	36	California	26%	74%
8	Georgia	31%	70%	36	Delaware	26%	74%
8	Idaho	31%	69%	36	District of Columbia	26%	74%
8	Texas	31%	69%	36	Montana	26%	74%
15	Arizona	30%	70%	36	North Dakota	26%	74%
15	Arkansas	30%	70%	36	West Virginia	26%	74%
15	Louisiana	30%	70%	43	Hawaii	25%	76%
15	Oklahoma	30%	70%	43	Nebraska	25%	75%
15	Rhode Island	30%	70%	43	New Jersey	25%	75%
15	South Carolina	30%	70%	43	New York	25%	75%
15	South Dakota	30%	70%	43	Ohio	25%	75%
19	Missouri	29%	71%	43	Oregon	25%	75%
19	North Carolina	29%	71%	43	Wyoming	25%	75%
19	Tennessee	29%	71%	48	Connecticut	24%	76%
19	Utah	29%	71%	48	Illinois	24%	76%
26	Iowa	28%	73%	48	Kentucky	24%	76%
26	Maine	28%	72%	48	Michigan	24%	76%
26	Maryland	28%	72%	48	Wisconsin	24%	76%
26	Nevada	28%	72%	50	Indiana	23%	77%
26	New Hampshire	28%	72%	50	Pennsylvania	23%	77%
26	New Mexico	28%	72%	51	Alaska	22%	78%

State HMO Penetration Rate, 2012

The map and information below highlights the percentage of persons enrolled in HMOs by state in 2012. North Dakotans had only 2.9 percent of total persons enrolled in HMOs, compared to the national 23.3 percent. North Dakota has the third least amount of people enrolled in HMOs in the United States.

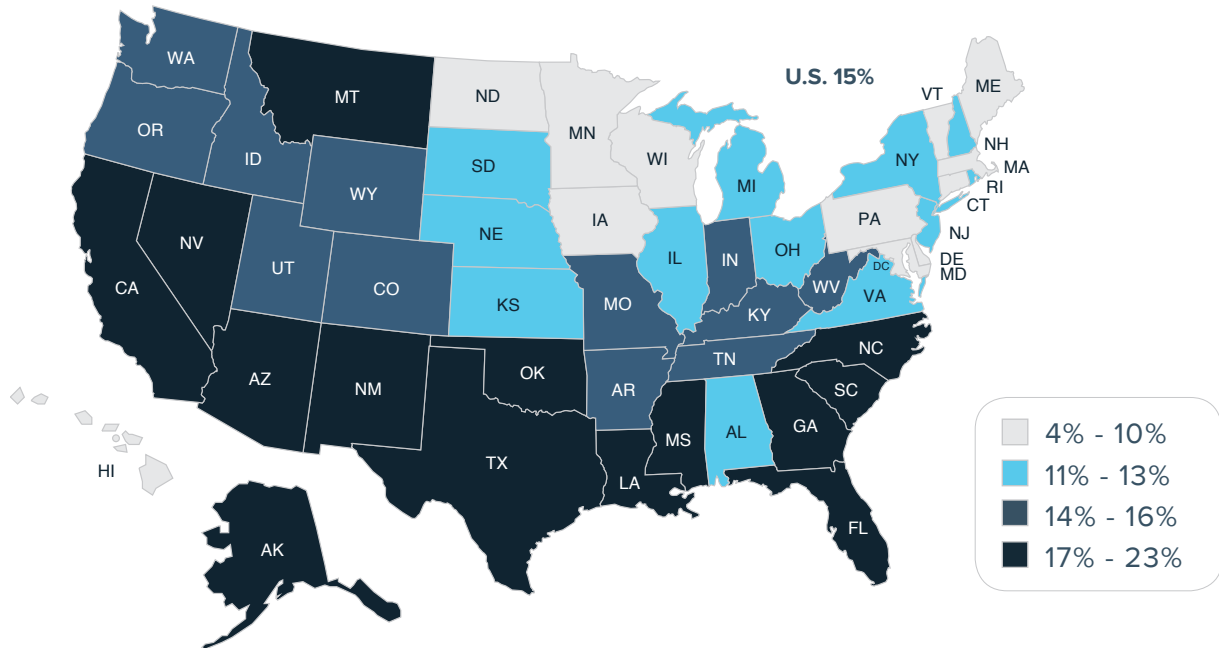


Source: Kaiser Family Foundation State Health Facts (statehealthfacts.org)

Rank	State	HMO Enrollment	Rank	State	HMO Enrollment
	United States	23.3%	26	Texas	18.1%
1	Hawaii	58.1%	27	Louisiana	17.1%
2	California	43.5%	28	Indiana	17.0%
3	District of Columbia	41.8%	29	West Virginia	16.0%
4	Massachusetts	33.8%	30	Colorado	15.6%
5	New York	32.5%	31	South Carolina	14.1%
6	Oregon	31.9%	32	Missouri	12.9%
7	Michigan	30.7%	33	Kansas	12.0%
8	Maryland	30.1%	34	New Hampshire	10.8%
9	Wisconsin	29.9%	35	Connecticut	10.1%
10	New Mexico	27.7%	36	Illinois	9.6%
11	Pennsylvania	26.1%	37	South Dakota	9.0%
12	Utah	25.1%	38	Iowa	8.5%
13	Tennessee	24.8%	39	Nebraska	7.6%
14	Delaware	24.4%	40	Vermont	7.6%
15	Arizona	24.1%	41	Maine	7.5%
16	New Jersey	23.6%	42	Oklahoma	6.7%
17	Ohio	22.5%	43	Idaho	5.6%
18	Nevada	22.2%	44	Alabama	4.8%
19	Florida	21.5%	45	North Carolina	3.9%
20	Kentucky	20.6%	46	Mississippi	3.9%
21	Washington	20.4%	47	Arkansas	3.6%
22	Minnesota	19.7%	48	Montana	3.2%
23	Georgia	19.5%	49	North Dakota	2.9%
24	Rhode Island	19.4%	50	Wyoming	1.0%
25	Virginia	19.0%	51	Alaska	0.1%

Health Insurance Coverage, Uninsured, 2012

In 2012, 10 percent of North Dakota's population was not covered by health insurance. This is lower than the U.S. average of 15 percent of uninsured.



Source: Kaiser Family Foundation State Health Facts (statehealthfacts.org)

Rank	State	Uninsured	Rank	State	Uninsured
	United States	15%	26	Missouri	14%
1	Texas	23%	31	Alabama	13%
2	Nevada	22%	31	Illinois	13%
4	Alaska	20%	31	New Jersey	13%
4	Florida	20%	31	Kansas	13%
10	Georgia	18%	31	Virginia	13%
10	New Mexico	18%	32	South Dakota	12%
10	Oklahoma	18%	38	Ohio	11%
10	Montana	18%	38	Michigan	11%
10	California	18%	38	Nebraska	11%
10	Arizona	18%	38	Rhode Island	11%
14	Mississippi	17%	38	New York	11%
14	Louisiana	17%	38	New Hampshire	11%
14	South Carolina	17%	42	Maryland	10%
14	North Carolina	17%	42	Maine	10%
16	Arkansas	16%	42	North Dakota	10%
16	Idaho	16%	42	Pennsylvania	10%
19	Wyoming	15%	45	Connecticut	9%
19	Oregon	15%	45	Wisconsin	9%
19	Colorado	15%	45	Delaware	9%
26	Utah	14%	47	Iowa	8%
26	West Virginia	14%	47	Minnesota	8%
26	Indiana	14%	48	Hawaii	7%
26	Washington	14%	50	Vermont	6%
26	Tennessee	14%	50	District of Columbia	6%
26	Kentucky	14%	51	Massachusetts	4%



SECTION FIVE

ECONOMIC TRENDS



National Health and Hospital Expenditures as a percent of Gross Domestic Product (GDP)

During 2012, \$2,655.1 billion was spent on health care in the United States, up **2.15 percent** from 2010. This spending on national health expenditures accounts for **17.2 percent** of the Gross Domestic Product (GDP). Of this, \$882.3 billion was projected to be spent on hospital care, which amounts to **5.4 percent** of GDP. All other health care expenditures were projected to amount to 10.9 percent of GDP in 2012.

National Health Expenditures as a Percent of Gross Domestic Product (GDP)

Source: Centers for Medicare & Medicaid Services (CMS)

	National Health Expenditures % of GDP	Hospital Expenditures % of GDP	All Other Health Care Expenditures % of GDP*
2000	13.4%	4.04%	9.34%
2001	14.1%	4.23%	9.83%
2002	14.9%	4.43%	10.49%
2003	15.4%	4.57%	10.87%
2004	15.5%	4.61%	10.91%
2005	15.5%	4.65%	10.89%
2006	15.6%	4.70%	10.93%
2007	15.9%	4.78%	11.12%
2008	16.4%	4.95%	11.43%
2009	17.4%	5.39%	11.98%
2010	17.4%	5.43%	11.94%
2011	17.3%	5.41%	11.92%
2012	17.2%	5.43%	10.91%

GDP—2000-2012

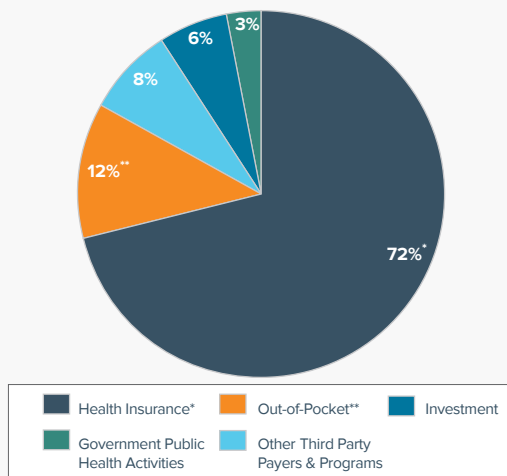
* All other = physicians, dentists, home health care, drugs, medical nondurables, vision products, medical durables, nursing home, other personal health care, research and construction, public health activities, and administrative costs of private health insurance.

Distribution of the Nation's Health Dollar

A summary of where the nation's health care providers' health dollar came from in 2012 is detailed in the figure below. 72 percent of each dollar came from health insurance payments. Out-of-pocket payments to health care providers by patients accounted for 12 percent of every dollar received. The nation's hospitals received approximately 32 percent of the health care dollar expended in 2012. Physicians and clinics received 20 percent of each dollar.

The Nation's Health Dollar – Where It Came From, 2012

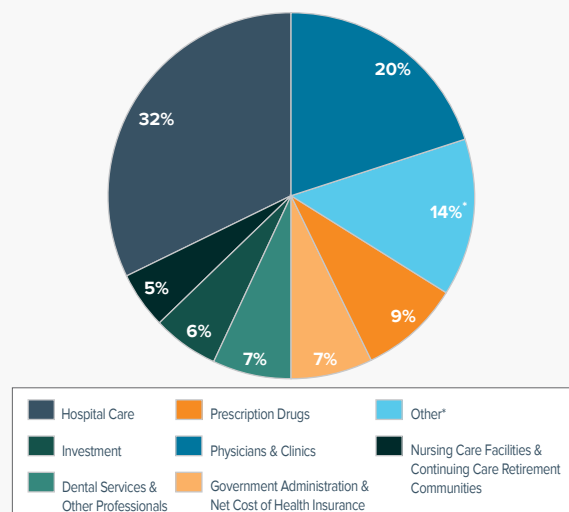
Source: Centers for Medicare & Medicaid Services (CMS)



* Includes: Private Health Insurance (33%); Medicare (20%); Medicaid—Title XIX Federal (9%); Medicaid—Title XIX State & Local (7%); VA, DOD and CHIP—Titles XIX & Title XXI (4%).
 ** Includes co-payments, deductibles, and any amounts not covered by health insurance.
 Note: sum of pieces may not equal 100% due to rounding.

The Nation's Health Dollar – Where It Went, 2012

Source: Centers for Medicare & Medicaid Services (CMS)



* Includes: Other Health, Residential & Personal Care (5%); Other Medical Products (3%); Home Health Care (3%); Government Public Health Activities (5%).

Consumer Price Index

The most common indicator of inflationary pressure on consumers is the Consumer Price Index (CPI).

CPI Percent Changes

The graph to the left shows the trend of annual percent changes in CPI from 2008 to 2013. The following are the percent changes for each year from the previous year:

2008 = **3.8% increase**

2009 = **0.4% decrease**

2010 = **1.6% increase**

2011 = **3.2% increase**

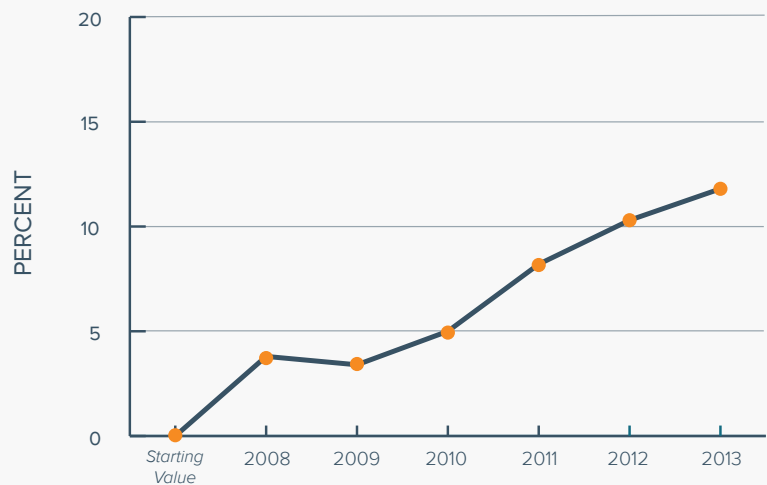
2012 = **2.1% increase**

2013 = **1.5% increase**

The total percent increase from 2008 to 2013 is **11.8 percent** (does not include compounding effect of annual changes).

United States Consumer Price Index (CPI) Percent Changes, 2008-2013

Source: U.S. Department of Labor, Bureau of Labor Statistics



Medical Care CPI Percent Changes

The graph to the left illustrates the trend of annual medical care CPI changes from 2008 to 2013. The following are percent changes for each year from the previous year:

2008 = **3.7% increase**

2009 = **3.2% increase**

2010 = **3.4% increase**

2011 = **3.0% increase**

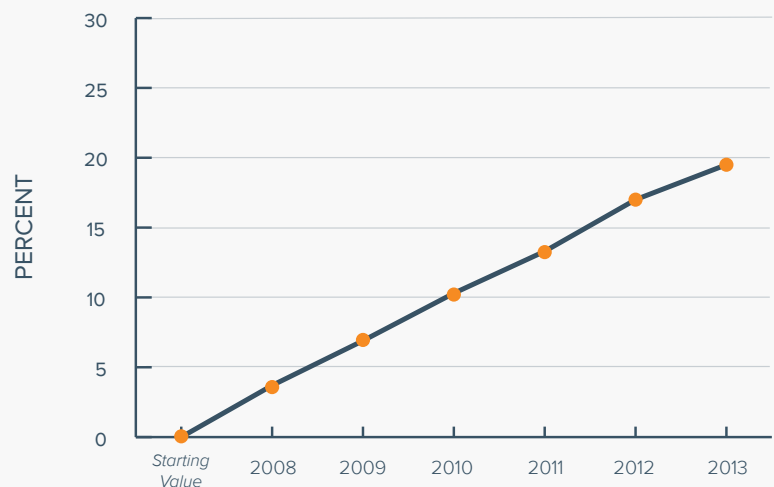
2012 = **3.7% increase**

2013 = **2.5% increase**

The total percent increase from 2008 to 2013 is **19.5 percent** (does not include compounding effect of annual changes).

United States Medical Care Consumer Price Index (CPI) Percent Changes, 2008-2013

Source: U.S. Department of Labor, Bureau of Labor Statistics

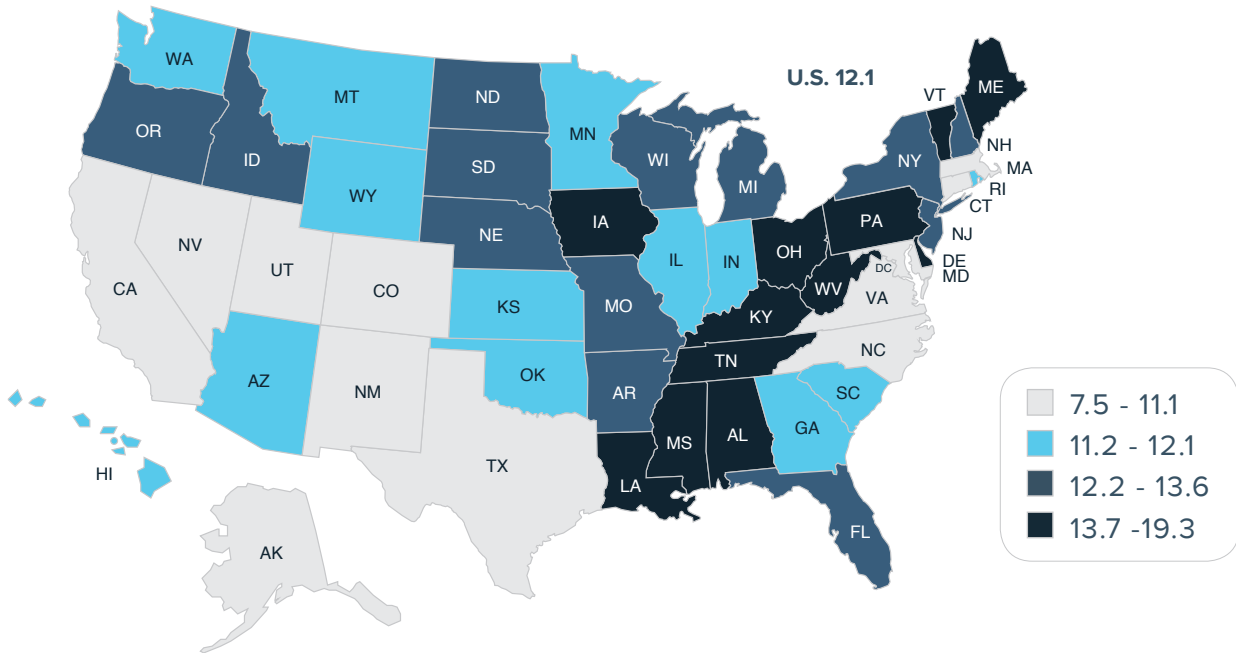


Other Price Changes from 2012 to 2013

- The hospital services price component of medical care increased **4.2 percent**.
- Outpatient hospital services increased **3.8 percent**.
- Inpatient hospital services increased **4.4 percent increase**.

Retail Prescription Drugs Filled (Per Capita) by State, 2011

Increases in prescription drugs are a key contributor to rises in medical inflation in the United States. The chart and table below highlights retail prescription drugs filled at pharmacies (per capita) in 2011. North Dakota is 15th nationally, at 13.5 percent, 1.4 percent above the U.S. average of 12.1 percent.



Source: Kaiser Family Foundation State Health Facts (statehealthfacts.org)

Rank	State	Retail Rx Drugs per Capita	Rank	State	Retail Rx Drugs per Capita
	U.S. Average	12.1	26	Hawaii	12.1
1	Kentucky	19.3	27	Illinois	12.0
1	West Virginia	19.3	27	Kansas	12.0
3	Tennessee	17.6	29	Georgia	11.9
4	Vermont	17.4	30	Minnesota	11.8
5	Alabama	16.5	31	Rhode Island	11.6
6	Mississippi	16.2	31	Montana	11.6
7	Iowa	16.0	33	South Carolina	11.5
8	Maine	15.5	34	Wyoming	11.4
9	Delaware	14.9	34	Washington	11.4
10	Ohio	14.7	36	Arizona	11.3
11	Louisiana	14.1	37	Oklahoma	11.2
12	Pennsylvania	13.8	37	Indiana	11.2
13	Arkansas	13.6	39	Virginia	11.0
13	Nebraska	13.6	39	Connecticut	11.0
15	North Dakota	13.5	41	Massachusetts	10.9
15	New Hampshire	13.5	42	Nevada	10.5
17	Oregon	13.3	42	California	10.5
18	New York	13.0	44	Maryland	10.3
19	Wisconsin	12.9	45	New Mexico	9.9
20	Missouri	12.7	46	Utah	9.8
20	South Dakota	12.7	46	North Carolina	9.8
22	Florida	12.3	48	Colorado	9.7
22	New Jersey	12.3	49	Texas	9.1
22	Idaho	12.3	50	District of Columbia	8.1
25	Michigan	12.2	51	Alaska	7.5

Healthiest States Rankings, 2012-2013

Source: United Health Foundation State Health Ratings, 2013

State	2013 Rank	2012 Rank	State	2013 Rank	2012 Rank
Hawaii	1	1	Virginia	26	22
Vermont	2	2	Kansas	27	27
Minnesota	3	3	Arizona	28	26
Massachusetts	4	4	Pennsylvania	29	29
New Hampshire	5	5	Illinois	30	30
Utah	6	6	Delaware	31	32
Connecticut	7	7	New Mexico	32	36
Colorado	8	9	Florida	33	31
North Dakota	9	8	Michigan	34	33
New Jersey	10	10	North Carolina	35	34
Nebraska	11	11	Texas	36	35
Idaho	12	19	Nevada	37	37
Oregon	13	14	Georgia	38	39
Washington	14	12	Missouri	39	40
New York	15	18	Ohio	40	38
Maine	16	15	Indiana	41	41
Wyoming	17	25	Tennessee	42	42
Iowa	18	17	South Carolina	43	44
Rhode Island	19	16	Oklahoma	44	46
Wisconsin	20	13	Kentucky	45	43
California	21	21	West Virginia	46	47
South Dakota	22	23	Alabama	47	45
Montana	23	28	Louisiana	48	49
Maryland	24	20	Arkansas	49	48
Alaska	25	24	Mississippi	50	50

The 22 measures that comprise America's Health Ranking are of two types - health determinants and health outcomes. Health determinants represent those actions that can affect the future health of the population, whereas health outcomes represent the result of what has already occurred, either through death or missed days due to illness.

For a state to improve the health of its population, efforts must focus on changing the determinants of health. If a state is significantly better in its ranking for health determinants than its ranking for health outcomes, it will be more likely to improve its overall health ranking in the future. Conversely, if a state is worse in its ranking for health determinants than its ranking for health outcomes, its overall health ranking will be more likely to decline over time.

Table 2 presents the overall rankings for the health determinants, health outcomes and implications for the future. If the current trend is positive, the future overall ranking is more likely to increase; if it is neutral, the future overall ranking will probably stay the same; or if it is negative, the future overall ranking is more likely to decline.



SECTION SIX

POPULATION, DEMOGRAPHICS AND ELDERLY SERVICES



**Profile of General Demographic Characteristics
North Dakota, 2010**

	Number	Percent
Total Population	672,591	100.0%
Sex and age		
Male	339,864	50.5%
Female	332,727	49.5%
Under 5 years	44,595	6.6%
5 to 9 years	40,076	6.0%
10 to 14 years	39,790	5.9%
15 to 19 years	47,474	7.1%
20 to 24 years	58,956	8.8%
25 to 34 years	90,485	13.5%
35 to 44 years	75,262	11.2%
45 to 54 years	96,657	14.4%
55 to 59 years	45,946	6.8%
60 to 64 years	35,873	5.3%
65 to 74 years	46,873	7.0%
75 to 84 years	33,916	5.0%
85 years and over	16,688	2.5%
Median age (years)	37.0	(X)
18 years and over	522,720	77.7%
Male	263,076	39.1%
Female	259,644	38.6%
65 years and over	97,477	14.5%
Male	42,427	6.3%
Female	55,050	8.2%

Source: U.S. Census Bureau, 2010 Census.

**Population by North Dakota County
Annual Estimates of Population
July 1, 2009 to July 1, 2013**

County	Population Estimates					Census 2010
	1-Jul-13	1-Jul-12	1-Jul-11	1-Jul-10	1-Jul-09	1-Apr-10
North Dakota	723,393	701,345	684,867	674,344	646,844	672,591
Adams County	2,360	2,309	2,300	2,344	2,236	2,343
Barnes County	11,190	11,036	11,106	11,063	10,753	11,066
Benson County	6,877	6,765	6,690	6,666	6,910	6,660
Billings County	874	904	830	771	827	783
Bottineau County	6,736	6,591	6,503	6,426	6,352	6,429
Bowman County	3,214	3,214	3,135	3,139	3,028	3,151
Burke County	2,306	2,178	2,060	1,965	1,839	1,968
Burleigh County	88,457	85,852	83,411	81,687	79,822	81,308
Cass County	162,829	156,672	152,760	150,268	143,339	149,778
Cavalier County	3,896	3,950	3,957	3,982	3,699	3,993
Dickey County	5,248	5,259	5,263	5,280	5,217	5,289
Divide County	2,314	2,234	2,135	2,073	1,961	2,071
Dunn County	4,162	3,972	3,743	3,540	3,365	3,536
Eddy County	2,404	2,374	2,356	2,383	2,288	2,385
Emmons County	3,486	3,487	3,523	3,543	3,398	3,550
Foster County	3,366	3,396	3,352	3,343	3,259	3,343
Golden Valley County	1,823	1,802	1,745	1,679	1,621	1,680
Grand Forks County	69,179	67,552	66,589	66,949	66,414	66,861
Grant County	2,377	2,343	2,353	2,388	2,337	2,394
Griggs County	2,296	2,357	2,370	2,407	2,346	2,420
Hettinger County	2,660	2,559	2,525	2,472	2,343	2,477
Kidder County	2,428	2,432	2,448	2,439	2,201	2,435
LaMoure County	4,166	4,126	4,118	4,129	3,908	4,139
Logan County	1,946	1,940	1,973	1,999	1,886	1,990
McHenry County	5,922	5,798	5,478	5,395	5,173	5,395
McIntosh County	2,754	2,765	2,782	2,816	2,582	2,809

**Population by North Dakota County
Annual Estimates of Population
July 1, 2009 to July 1, 2013**

County	Population Estimates					Census 2010
	1-Jul-13	1-Jul-12	1-Jul-11	1-Jul-10	1-Jul-09	1-Apr-10
McKenzie County	9,314	7,994	7,020	6,397	5,799	6,360
McLean County	9,517	9,368	9,078	8,990	8,310	8,962
Mercer County	8,592	8,475	8,412	8,411	7,873	8,424
Morton County	28,990	28,067	27,706	27,566	26,464	27,471
Mountrail County	9,376	8,755	8,107	7,725	6,791	7,673
Nelson County	3,095	3,091	3,071	3,119	3,129	3,126
Oliver County	1,874	1,835	1,844	1,834	1,643	1,846
Pembina County	7,181	7,269	7,382	7,395	7,392	7,413
Pierce County	4,451	4,467	4,386	4,361	3,990	4,357
Ramsey County	11,554	11,544	11,497	11,444	11,240	11,451
Ransom County	5,516	5,470	5,424	5,431	5,500	5,457
Renville County	2,608	2,557	2,489	2,476	2,227	2,470
Richland County	16,339	16,208	16,250	16,317	16,067	16,321
Rolette County	14,582	14,347	14,153	13,998	13,797	13,937
Sargent County	3,890	3,897	3,801	3,805	3,951	3,829
Sheridan County	1,304	1,263	1,308	1,311	1,228	1,321
Sioux County	4,430	4,331	4,247	4,146	4,203	4,153
Slope County	761	756	719	727	649	727
Stark County	28,212	26,856	25,133	24,344	22,847	24,199
Steele County	1,960	1,993	2,025	1,974	1,747	1,975
Stutsman County	21,120	20,986	21,000	21,114	20,463	21,100
Towner County	2,317	2,331	2,300	2,241	2,209	2,246
Traill County	8,245	8,084	8,055	8,117	7,868	8,121
Walsh County	11,104	11,075	11,044	11,092	10,798	11,119
Ward County	67,990	65,441	64,302	62,092	57,012	61,675
Wells County	4,206	4,274	4,221	4,197	4,092	4,207
Williams County	29,595	26,744	24,388	22,574	20,451	22,398

Source: Population Division, U.S. Census Bureau

North Dakota QuickFacts

People QuickFacts	North Dakota	USA
Population, 2013 estimate	723,393	316,128,839
Population, percent change, April 1, 2010 to July 1, 2013	7.6%	2.4%
Population, 2010	672,591	308,745,538
Persons under 5 years old, percent, 2013	6.7%	6.3%
Persons under 18 years old, percent, 2013	22.5%	23.3%
Persons 65 years old and over, percent, 2013	14.2%	14.1%
Female persons, percent, 2013	48.9%	50.8%
White persons, percent, 2013 (a)	89.6%	77.7%
Black or African American persons, percent, 2013 (a)	1.8%	13.2%
American Indian and Alaska Native persons, percent, 2013 (a)	5.4%	1.2%
Asian persons, percent, 2013 (a)	1.2%	5.3%
Native Hawaiian and Other Pacific Islander, percent, 2013 (a)	0.1%	0.2%
Persons reporting two or more races, percent, 2013	1.9%	2.4%
White persons, not of Hispanic/Latino origin, percent, 2013	87.3%	62.6%
Persons of Hispanic or Latino origin, percent, 2013 (b)	2.9%	17.1%
Living in same house in the same house 1 year & over, 2008-2012	82.9%	84.8%
Foreign born persons, percent, 2008-2012	2.5%	12.9%
Language other than English spoken at home, pct age 5+, 2008-2012	5.2%	20.5%
High school graduates, percent of persons age 25+, 2008-2012	90.5%	85.7%
Bachelor's degree or higher, pct of persons age 25+, 2008-2012	27.1%	28.5%
Mean travel time to work (minutes), workers age 16+, 2008-2012	16.5	25.4
Housing units, 2013	339,313	132,802,859
Homeownership rate, 2008-2012	66.4%	65.5%
Housing units in multi-unit structures, percent, 2008-2012	25.6%	25.9%
Median value of owner-occupied housing units, 2008-2012	\$123,900	\$181,400
Households, 2008-2012	282,667	115,226,802
Persons per household, 2008-2012	2.3	2.61
Median household income, 2008-2012	\$51,641	\$53,046
Per capita money income in past 12 months, (2012 dollars) 2008-2012	\$28,700	\$28,051
Persons below poverty level, percent, 2008-2012	12.1%	14.9%

North Dakota QuickFacts (continued)

Business QuickFacts	North Dakota	USA
Private nonfarm establishments, 2012	23,551	7,431,808
Private nonfarm employment, 2012	331,278	115,938,468
Private nonfarm employment, percent change 2011-2012	8.2%	2.2%
Nonemployer establishments, 2012	50,952	22,735,915
Manufacturers shipments, 2007 (\$1000)	11,349,799	5,319,456,312
Merchant wholesaler sales, 2007 (\$1000)	13,099,348	4,174,286,516
Retail sales, 2007 (\$1000)	10,527,300	3,917,663,456
Retail sales per capita, 2007	\$16,495	\$12,990
Minority-owned firms, percent of total, 2007	3.1%	22.1%
Women-owned firms, percent of total, 2007	24.8%	28.8%
Building permits, 2012	10,340	829,658
	North Dakota	USA
Geography QuickFacts		
Land area, 2010 (square miles)	69,000.80	3,531,905.43
Persons per square mile, 2010	9.7	87.4
FIPS Code	38	--

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

FN: Footnote on this item for this area in place of data

NA: Not available

D: Suppressed to avoid disclosure of confidential information

X: Not applicable

S: Suppressed; does not meet publication standards

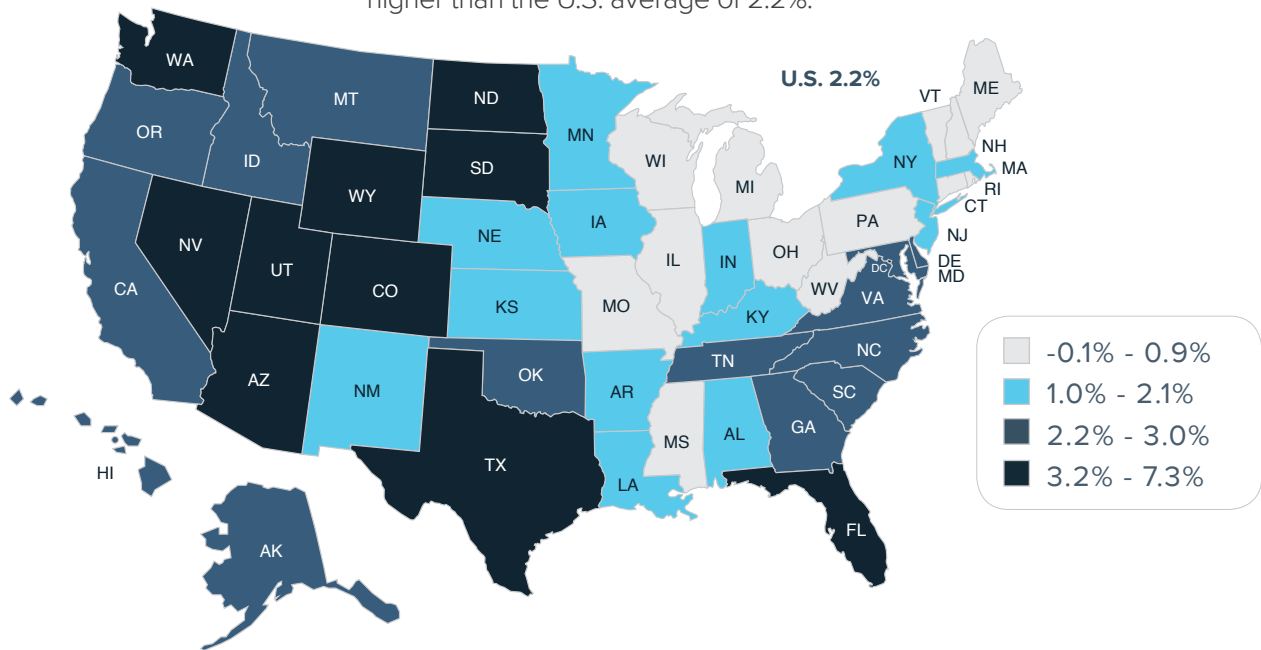
Z: Value greater than zero but less than half unit of measure shown

F: Fewer than 100 firms

Source U.S. Census Bureau: State and County QuickFacts.

Population Change by State, 2010-2013

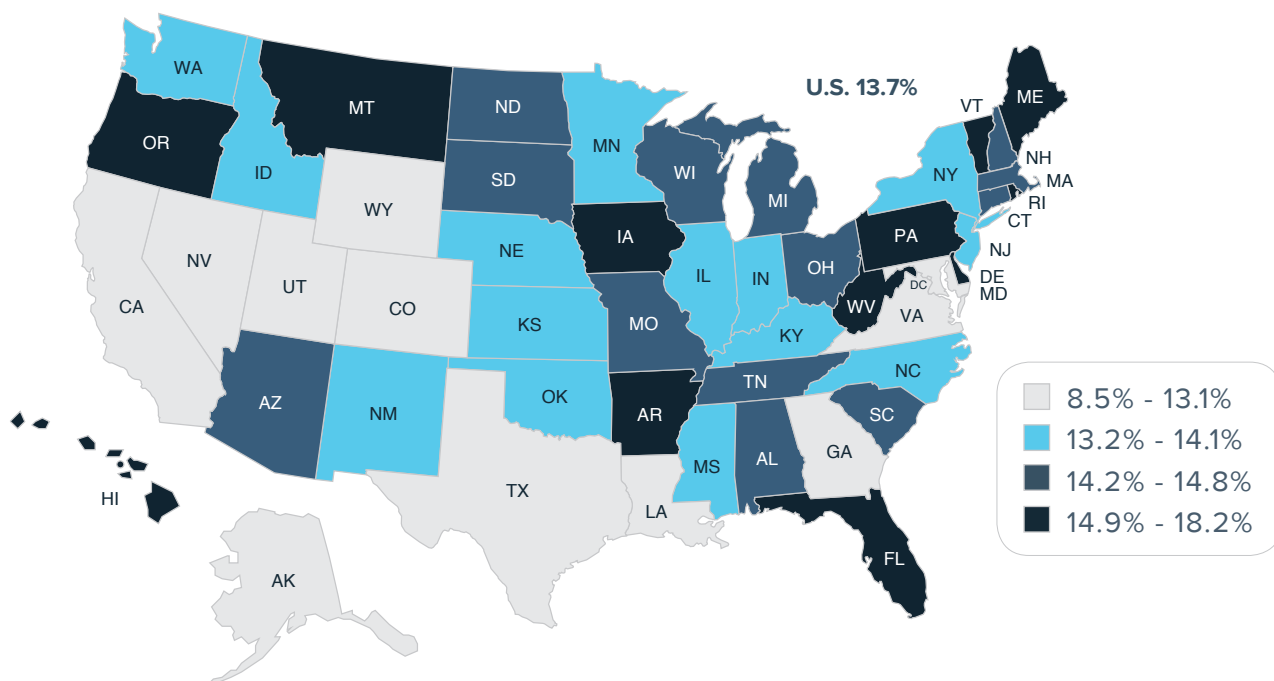
The map and information below highlight the percent in population change for the U.S. and individual states from 2010 to 2013. North Dakota ranked 1st with a population change of 7.3%, which is significantly higher than the U.S. average of 2.2%.



Source: U.S. Census Bureau, Population Division

Rank	State	% Population Change	Rank	State	% Population Change
	U.S. Average	2.2%	27	Nebraska	2.1%
1	North Dakota	7.3%	27	Minnesota	2.1%
2	District of Columbia	6.8%	28	Massachusetts	2.0%
3	Texas	4.8%	29	Louisiana	1.8%
4	Utah	4.6%	32	Iowa	1.3%
5	Colorado	4.4%	32	New York	1.3%
6	Florida	3.8%	32	Arkansas	1.3%
7	South Dakota	3.5%	34	Indiana	1.2%
9	Arizona	3.4%	34	Kansas	1.2%
9	Washington	3.4%	36	New Jersey	1.1%
10	Wyoming	3.3%	36	Kentucky	1.1%
11	Nevada	3.2%	38	Alabama	1.0%
15	North Carolina	3.0%	38	New Mexico	1.0%
15	South Carolina	3.0%	39	Wisconsin	0.9%
15	Alaska	3.0%	40	Missouri	0.8%
15	Hawaii	3.0%	41	Mississippi	0.7%
18	Virginia	2.9%	44	New Hampshire	0.5%
18	Delaware	2.9%	44	Pennsylvania	0.5%
18	Georgia	2.9%	44	Connecticut	0.5%
19	California	2.7%	45	Illinois	0.3%
20	Idaho	2.6%	46	Ohio	0.2%
21	Montana	2.5%	47	Michigan	0.2%
24	Maryland	2.4%	49	Vermont	0.1%
24	Oklahoma	2.4%	49	Maine	0.1%
24	Oregon	2.4%	50	West Virginia	0.0%
25	Tennessee	2.2%	51	Rhode Island	-0.1%

Resident Population 65 Years and Over, 2012

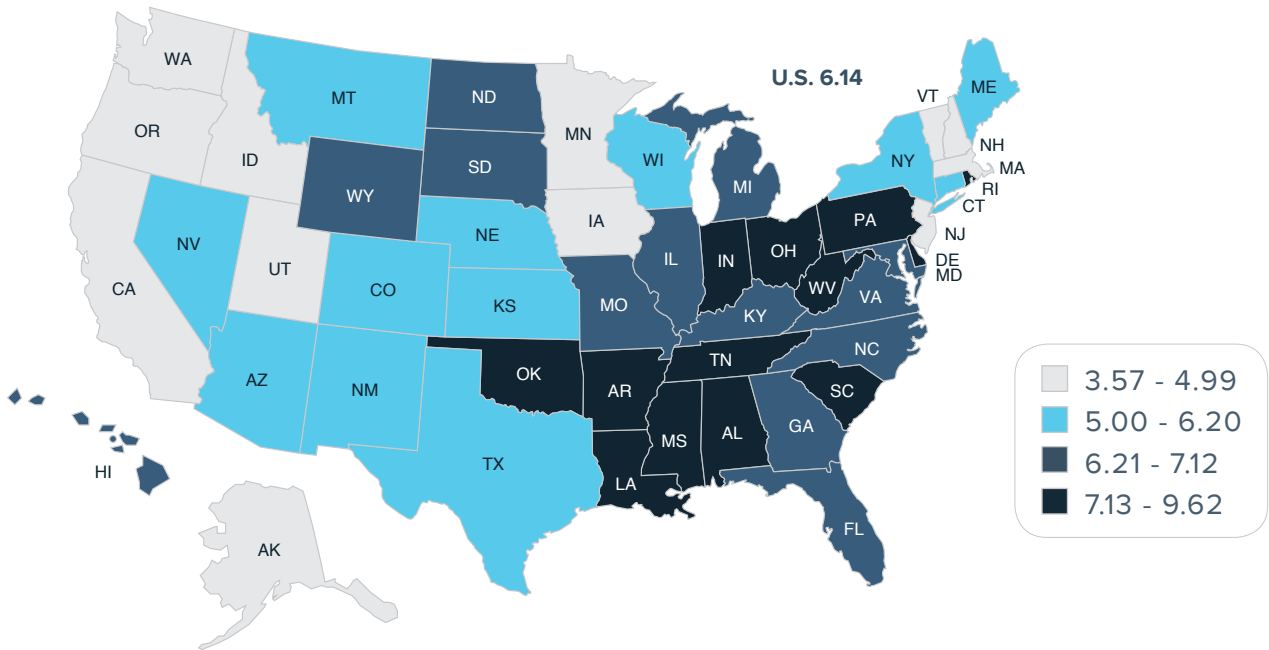


Source: U.S. Census Bureau, Population Estimates

Rank	State	Rate	Rank	State	Rate
	U.S. Average	13.7%	26	New Jersey	14.1%
1	Florida	18.2%	27	New Mexico	14.1%
2	Maine	17.0%	28	New York	14.1%
3	West Virginia	16.8%	29	Kentucky	14.0%
4	Pennsylvania	16.0%	30	Oklahoma	14.0%
5	Montana	15.7%	31	Nebraska	13.9%
6	Vermont	15.7%	32	North Carolina	13.8%
7	Delaware	15.3%	33	Kansas	13.7%
8	Iowa	15.3%	34	Indiana	13.6%
9	Hawaii	15.1%	35	Minnesota	13.6%
10	Rhode Island	15.1%	36	Mississippi	13.5%
11	Arkansas	15.0%	37	Idaho	13.3%
12	Oregon	14.9%	38	Illinois	13.2%
13	Arizona	14.8%	39	Washington	13.2%
14	Connecticut	14.8%	40	Nevada	13.1%
15	Ohio	14.8%	41	Wyoming	13.1%
16	Missouri	14.7%	42	Maryland	13.0%
17	New Hampshire	14.7%	43	Virginia	13.0%
18	South Carolina	14.7%	44	Louisiana	12.9%
19	South Dakota	14.7%	45	California	12.1%
20	Michigan	14.6%	46	Colorado	11.8%
21	Alabama	14.5%	47	Georgia	11.5%
22	Massachusetts	14.4%	48	District of Columbia	11.4%
23	North Dakota	14.4%	49	Texas	10.9%
24	Wisconsin	14.4%	50	Utah	9.5%
25	Tennessee	14.2%	51	Alaska	8.5%

Infant Mortality Rate Per 1000 Births, 2010

Represents deaths of infants under 1 year old per 1,000 live births, by place of residence. Excludes fetal deaths.

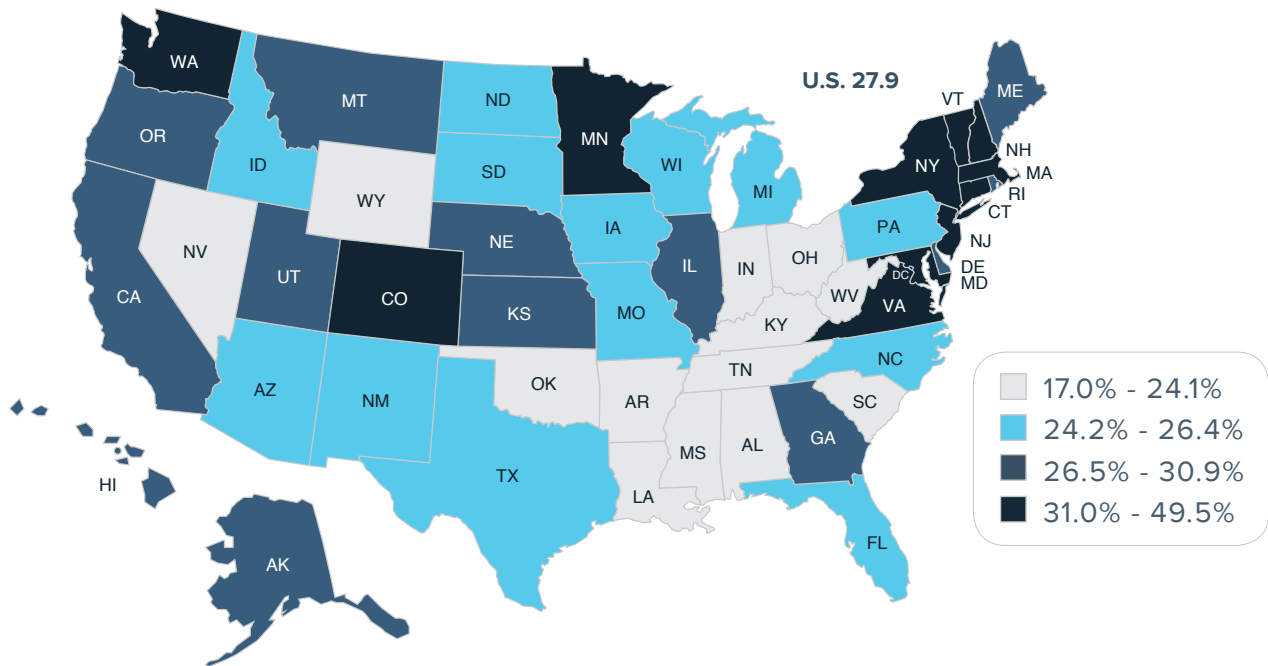


Source: Centers for Disease Control and Prevention, National Center for Health Statistics

Rank	State	Rate	Rank	State	Rate
	U.S. Average	6.14	26	Hawaii	6.21
1	Mississippi	9.62	27	Kansas	6.20
2	Alabama	8.73	28	Texas	6.15
3	Tennessee	7.87	29	Montana	5.97
4	Ohio	7.72	30	Arizona	5.94
5	Indiana	7.62	31	Colorado	5.91
6	Louisiana	7.55	32	Wisconsin	5.84
7	Oklahoma	7.49	33	New Mexico	5.60
8	Delaware	7.48	34	Nevada	5.51
9	South Carolina	7.34	35	Maine	5.40
10	West Virginia	7.33	36	Connecticut	5.30
11	Arkansas	7.24	37	Nebraska	5.25
12	Pennsylvania	7.23	38	New York	5.08
13	Rhode Island	7.16	39	Oregon	4.96
14	Michigan	7.12	40	Utah	4.86
15	South Dakota	7.11	40	Iowa	4.86
16	North Carolina	7.09	42	New Jersey	4.80
17	Wyoming	6.88	43	Idaho	4.78
18	Illinois	6.84	44	California	4.74
19	Maryland	6.83	45	Minnesota	4.55
19	Virginia	6.83	46	Washington	4.48
21	Kentucky	6.81	47	Massachusetts	4.39
21	North Dakota	6.81	48	Vermont	4.18
23	Missouri	6.58	49	New Hampshire	3.88
24	Florida	6.51	50	Alaska	3.57
25	Georgia	6.34			

Note: U.S. Average Includes data from the District of Columbia and U.S. Territories

Percent of Persons 25 Years Old and Over with a Bachelor's Degree, 2006-2010

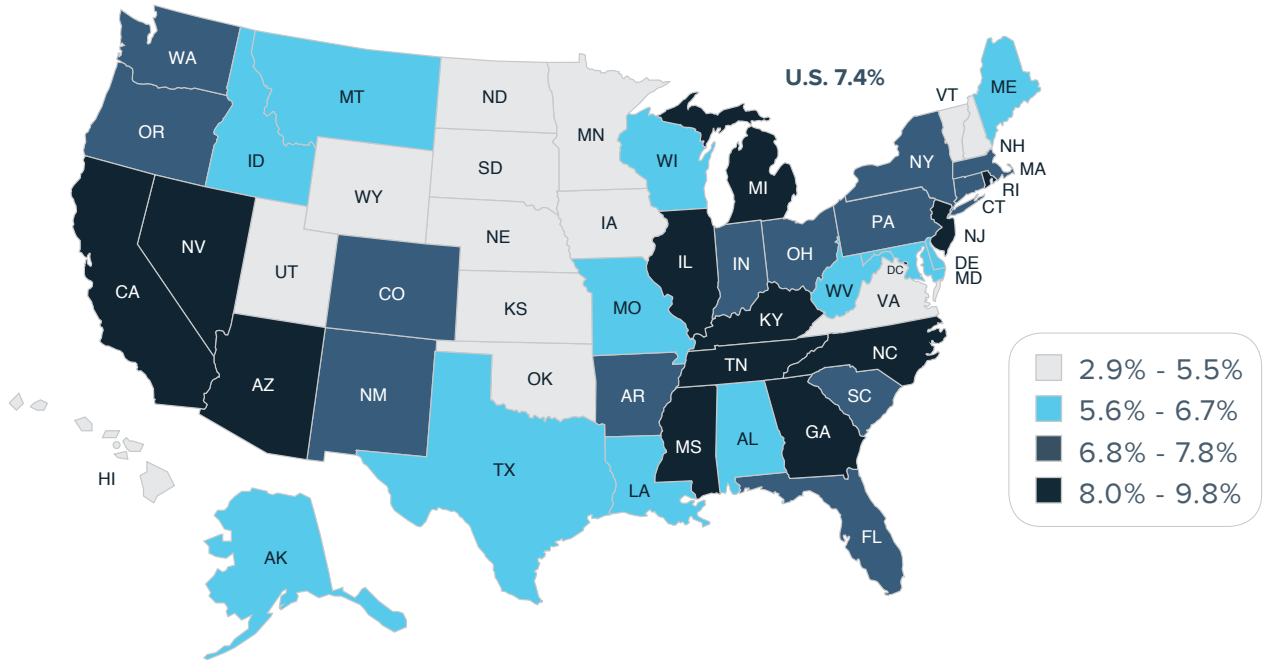


Source: U.S. Census Bureau, 2010 Census Data

Rank	State	Rate	Rank	State	Rate
	U.S. Average	27.9%	26	Pennsylvania	26.4%
1	District of Columbia	49.2%	27	Arizona	26.3%
2	Massachusetts	38.3%	27	North Dakota	26.3%
3	Colorado	35.9%	29	North Carolina	26.1%
4	Maryland	35.7%	30	Florida	25.9%
5	Connecticut	35.2%	31	Texas	25.8%
6	New Jersey	34.6%	31	Wisconsin	25.8%
7	Virginia	33.8%	33	New Mexico	25.5%
8	Vermont	33.3%	34	South Dakota	25.3%
9	New Hampshire	32.9%	35	Michigan	25.0%
10	New York	32.1%	35	Missouri	25.0%
11	Minnesota	31.4%	37	Iowa	24.5%
12	Washington	31.0%	38	Idaho	24.3%
13	Illinois	30.3%	39	Ohio	24.1%
13	Rhode Island	30.3%	40	South Carolina	24.0%
15	California	30.1%	41	Wyoming	23.6%
16	Hawaii	29.4%	42	Tennessee	22.7%
16	Utah	29.4%	43	Oklahoma	22.6%
18	Kansas	29.3%	44	Indiana	22.4%
19	Oregon	28.6%	45	Nevada	21.8%
20	Montana	27.9%	46	Alabama	21.7%
21	Delaware	27.7%	47	Louisiana	20.9%
21	Nebraska	27.7%	48	Kentucky	20.3%
23	Georgia	27.2%	49	Mississippi	19.5%
24	Alaska	27.0%	50	Arkansas	19.1%
25	Maine	26.5%	51	West Virginia	17.3%

Unemployment Rate, 2013

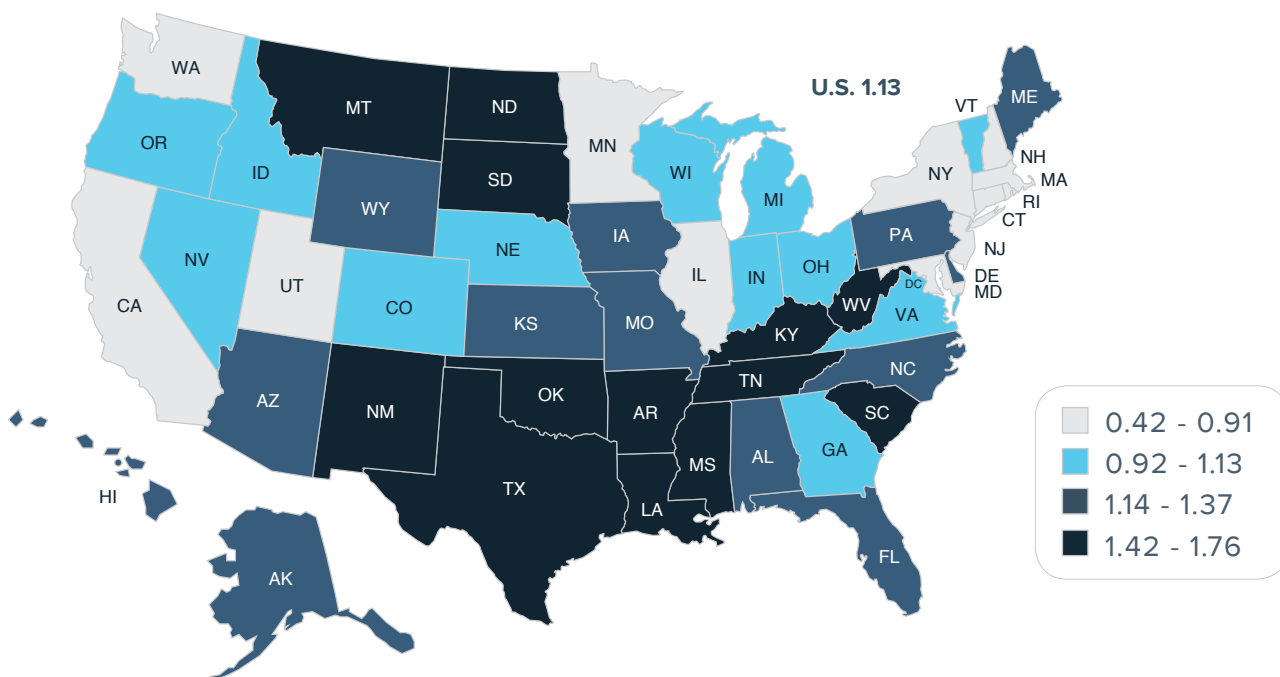
The map below highlights the nation's unemployment rates. With 2.9%, North Dakota has the lowest unemployment rate. North Dakota's unemployment rate is less than half the nation's average of 7.4%.



Source: U.S. Bureau of Labor Statistics

Rank	State	Rate	Rank	State	Rate
	U.S. Average	7.4%	26	Colorado	6.8%
1	Nevada	9.8%	27	Maine	6.7%
2	Rhode Island	9.5%	28	Wisconsin	6.7%
3	Illinois	9.2%	29	Delaware	6.7%
4	California	8.9%	30	Maryland	6.6%
5	Michigan	8.8%	31	Missouri	6.5%
6	Mississippi	8.6%	32	West Virginia	6.5%
7	District of Columbia	8.3%	33	Alabama	6.5%
8	Kentucky	8.3%	34	Alaska	6.5%
9	New Jersey	8.2%	35	Texas	6.3%
10	Georgia	8.2%	36	Louisiana	6.2%
11	Tennessee	8.2%	37	Idaho	6.2%
12	North Carolina	8.0%	38	Montana	5.6%
13	Arizona	8.0%	39	Virginia	5.5%
14	Connecticut	7.8%	40	Kansas	5.4%
15	New York	7.7%	41	Oklahoma	5.4%
16	Oregon	7.7%	42	New Hampshire	5.3%
17	South Carolina	7.6%	43	Minnesota	5.1%
18	Indiana	7.5%	44	Hawaii	4.8%
19	Arkansas	7.5%	45	Iowa	4.6%
20	Pennsylvania	7.4%	46	Wyoming	4.6%
21	Ohio	7.4%	47	Vermont	4.4%
22	Florida	7.2%	48	Utah	4.4%
23	Massachusetts	7.1%	49	Nebraska	3.9%
24	Washington	7.0%	50	South Dakota	3.8%
25	New Mexico	6.9%	51	North Dakota	2.9%

Traffic Fatalities Per 100 Million Vehicle Miles, 2012



Source: U.S. National Highway Safety Traffic Administration

Rank	State	Rate	Rank	State	Rate
	U.S. Average	1.13	26	Maine	1.16
1	South Carolina	1.76	27	Idaho	1.13
2	West Virginia	1.76	28	Georgia	1.11
3	Montana	1.72	29	Nebraska	1.10
4	North Dakota	1.69	30	Nevada	1.07
5	Arkansas	1.65	31	Vermont	1.07
6	Kentucky	1.58	32	Wisconsin	1.04
7	Louisiana	1.54	33	Colorado	1.01
8	Mississippi	1.51	34	Oregon	1.01
9	Oklahoma	1.48	35	Ohio	1.00
10	South Dakota	1.46	36	Indiana	0.99
11	New Mexico	1.43	37	Michigan	0.99
12	Texas	1.43	38	Virginia	0.96
13	Tennessee	1.42	39	Illinois	0.91
14	Arizona	1.37	40	New York	0.91
15	Alabama	1.33	41	Maryland	0.89
16	Wyoming	1.33	42	California	0.88
17	Kansas	1.32	43	New Hampshire	0.84
18	Pennsylvania	1.32	44	Rhode Island	0.82
19	Florida	1.27	45	Utah	0.82
20	Hawaii	1.25	46	New Jersey	0.79
21	Delaware	1.24	47	Washington	0.78
22	Alaska	1.23	48	Connecticut	0.75
23	North Carolina	1.23	49	Minnesota	0.69
24	Missouri	1.21	50	Massachusetts	0.62
25	Iowa	1.16	51	District of Columbia	0.42



SECTION SEVEN

DEFINITION OF HOSPITAL AND HEALTH SYSTEM DATA ITEMS



DEFINITION OF HOSPITAL AND HEALTH SYSTEM DATA ITEMS

The following pages define the hospital and health system-specific data items reported in this publication.

Accounts Receivable: Money owed to an organization on an open account for goods furnished or services provided.

Acute Length of Stay: Average stay of acute inpatients during the reporting period. Derived by dividing the number of acute inpatient days by the number of acute admissions.

Admissions: Number of patients, excluding newborns, and including swing bed and nursing home-type unit/facility, accepted for inpatient service during the reporting period.

All Other Operating Revenue: Revenue from services other than health care provided to patients, as well as sales and services to nonpatients. Revenue which arises from the normal day-to-day operations from services other than health care provided to patients. Includes sales and services to nonpatients, and revenue from miscellaneous sources (rental of hospital space, sales of cafeteria meals, gift shop sales). Also includes operating gains.

Bad Debt: Care for which charges are not collected. Does not include charity or contractual allowances.

Births: Total number of infants born in the hospital during the reporting period.

Charity Care: Care given without compensation because the patient does not have the ability to pay.

City/Hospital/Health System Name: Hospitals/Health Systems are listed in alphabetical order by city, hospital and health system name within the Medicare classification of the hospital.

Community Hospital: Nonfederal, short-term hospitals whose facilities and diagnostic, therapeutic, medical and surgical services are available to the public.

• **For-Profit Hospital (Also Proprietary or Privately-Owned):** A hospital which pays taxes to the federal and state governments on the income earned.

• **Not-For-Profit Hospital (Also Voluntary):** A hospital that is organized on a not-for-profit basis under the ownership and control of a private, tax-exempt corporation.

• **Public Hospital:** A not-for-profit hospital operated and supported by a city, county, special district or state government.

Contractual Allowance: Difference between charges and amounts received or due from third party payers under contractual agreements. Sometimes called payment shortfalls.

Consumer Price Index: An inflationary measure encompassing the cost of all consumer goods and services.

Control: Type of organization that is responsible for establishing policy for overall operation of the hospital.

Critical Access (CAH): A special Medicare provision that provides cost reimbursement under the Balanced Budget Act of 1997 for facilities meeting defined criteria.

Current Ratio: The number of dollars held in current assets per dollar of current liabilities. It is perhaps the most widely used measure of liquidity.

Deductions from Revenue: Contractual adjustments and charity care that result in reduction of gross revenue (charges) billed by the hospital.

Inpatient: An individual who has been admitted to a hospital as a registered bed patient and is receiving services under the direction of a physician for at least 24 hours.

Integrated Health Network: An integrated health network is a system or network of organizations and individuals that provides or arranges to provide a coordinated continuum of services to a defined population and is willing and able to be held clinically and fiscally accountable for the outcomes and health status of populations served.

Long Term Debt to Equity: Long term debt divided by the fund balance.

Managed Care (Coordinated Care): Community or regional health plans designed to integrate health services for a defined population.

Margin: Income (or loss)

- **Operating Revenue Margin:** Direct income or loss from the provision of patient services, and revenue from other operating sources such as sales and services to nonpatients and revenue from miscellaneous sources, i.e., rental of hospital space, sale of cafeteria meals, gift shop sales (total operating revenue).
- **Total Revenue Margin:** Includes the total operative revenue component plus revenue from nonoperating sources. These nonoperating revenue include investment income, contributions and other nonoperating gains or losses.

Medicaid: A federally-established, state-administered program designed to pay for the care provided to specifically defined categories of the poor. Medicaid is funded jointly by federal and state government.

Medicare: A federally-established, federally funded program administered by the Centers for Medicare and Medicaid Services (CMS) to pay for the health care provided to most people 65 and over, and some qualified people under 65.

Medicare Classifications: The federally administered Medicare program classifies hospitals into four major categories which we follow for this report.

Medicare Managed Care Plan: These are health care choices in some areas of the country. In most plans, you can only go to doctors, specialists or hospitals on the plan's list. Plans must cover all Medicare Part A and Part B health care. Some plans cover extras, like prescription drugs. Your costs may be lower than in the Original Medicare Plan.

Near West: Includes North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Louisiana, Arkansas, Missouri, Iowa and Minnesota.

Net Nonoperating Revenue: Net revenue (revenue less losses) from transactions that are peripheral or incidental to the provision of health care services and from other events stemming from the environment that may be largely beyond the control of the entity and its management. Includes investment income, contributions, and other nonoperating gains or losses.

Net Operating Revenue: Net patient revenue plus other operating revenue.

Net Patient Revenue: Gross patient revenue less deductions for payment shortfalls and charity.

Net Total Revenue: Net patient revenue plus other net operating revenue plus net nonoperating revenue.

Nonoperating Revenue: Revenue received by a health care provider from tax appropriations, investment income, contributions and other nonoperating gains.

Nonreimbursed Care: Patient care provided for which payment is not received including contractual adjustments, bad debt and charity care.

Operating Revenue Margin: Net patient revenue plus tax appropriations and all other operating revenue less total expenses.

Operating Revenue Margin—Percent: Operating revenue margin divided by net operating revenue expressed as a percent.

Outpatient: A patient who receives care at the hospital but does not stay in the hospital overnight for that care.

Outpatient—Percent of Patient Revenue: Percent of total gross patient revenue attributable to services rendered to outpatients.

Outpatient Surgical Operations—Percent: Percent of total surgical operations performed on patients who do not remain in the hospital overnight. Includes all operations whether performed in the inpatient operating rooms or in procedure rooms located in an outpatient facility.

Outpatient Visits: Total number of patients seen in an emergency unit and the number of scheduled or unscheduled visits to outpatient service areas other than the emergency room. Includes physician referrals and outpatient surgeries.

Patient Days: Number of adult and pediatric days of care, excluding newborn days of care, and including swing bed and nursing home-type unit/facility, rendered during the entire reporting period.

Payment Shortfall: The difference between what the hospital charges and what it collects.

Rural: All locations in the state not located within a standard metropolitan area (SMA) or classified as rural referral.

Rural Referral: Hospitals not located within a standard metropolitan area (SMA) meeting specified requirements for discharges, case mix and physician specialists.

Swing Beds: Acute care hospital beds that can also be used for long-term care, depending on the needs of the patient and the community. Only those hospitals with fewer than 100 beds and located in a rural community are eligible to have swing beds.

Tax Appropriations: Tax revenue is nonoperating revenue that is ongoing and central to the operations of the hospital.

Third-Party Payer: An agency of a governmental unit or an organization which pays for health care provided to one of its beneficiaries, subscribers or enrollees.

Total Expenses: Total of payroll and nonpayroll expenses (including bad debt expense).

Total Facility Personnel: Number of people on the hospital payroll, both on a part-time or full-time basis.

Total Gross Patient Revenue: Revenue from services rendered to outpatients and inpatients.

Total Margin: Revenue less specified expenses

Total Revenue Margin: Net patient revenue plus all other revenue less total expenses and losses. Same as net income (loss).

Total Revenue Margin—Percent: Total revenue margin divided by net total revenue, expressed as a percent.

Total Surgical Operations: Number of surgical operations performed on an inpatient or outpatient basis.

Uncompensated Care: Services provided by hospitals for patients who are uninsured, are unable to pay, or fail to pay the costs of their care.

Urban: Hospitals located within a standard metropolitan area (SMA) and located in metropolitan counties of less than one million people.

West North Central: Includes North Dakota, South Dakota, Nebraska, Kansas, Missouri, Iowa and Minnesota.