Overview of NASHP's Hospital Cost Tool

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Introduction to NASHP's Hospital Cost Tool

What data can the hospital tool provide?

Multiple measures from payer mix to breakeven levels

How can it be used to inform policy?

- Offers another view of hospital and health system financial data
- Provides fuller picture, particularly when paired with APCD, hospital audited financials, tax filings, and bond reporting

What policies have states pursued so far?

 Reference-based pricing, affordability standards with insurance rate review to cap hospital reimbursement growth, tracking trends pre- and post-merger, further transparency into community benefit, etc.



NASHP's Hospital Cost Tool

- Provides multiple hospital financial measures from the Hospital Cost Calculator, using hospital reported, attested information within annual Medicare Cost Reports
- NASHP and Rice University partnership = access to a national database of Medicare Cost Report data to calculate financial metrics through the Hospital Cost Calculator for 6,000+ hospitals

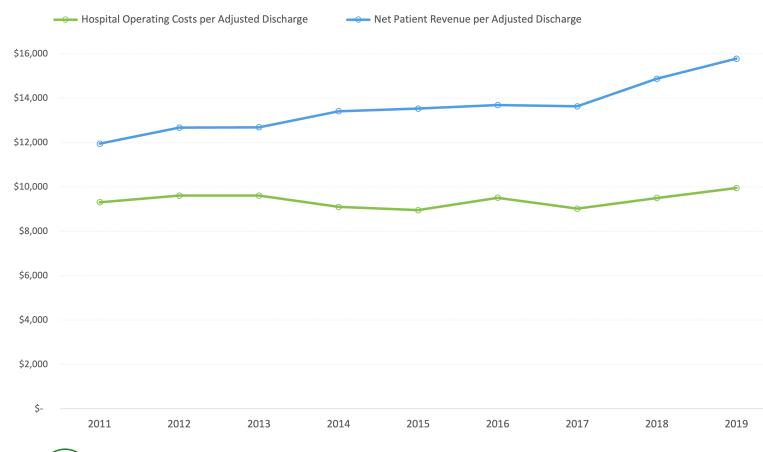


Hospital Operating Profitability

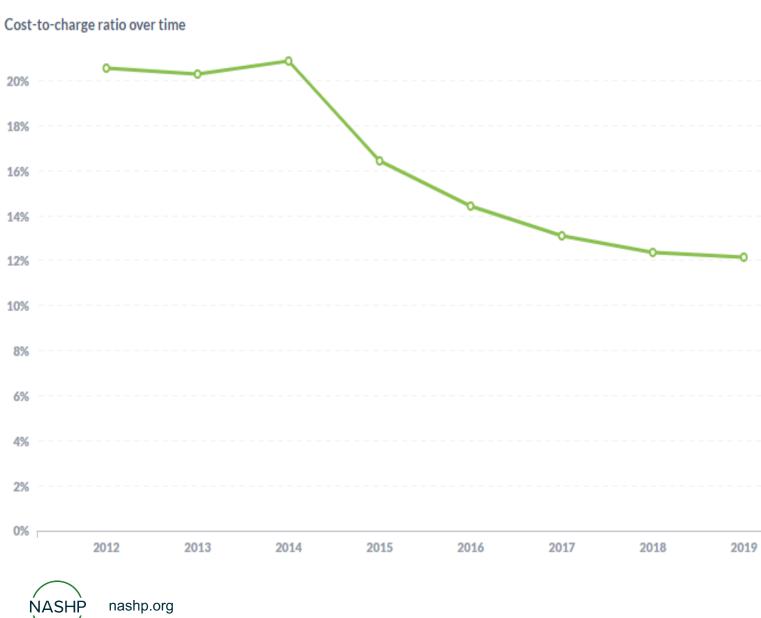
Compare net revenue and operating costs associated with patient care services over time

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- Adjusted Discharge = Calculated volume of inpatient and outpatient utilization
- Net Patient Revenue per Adjusted
 Discharge = Hospital earned revenue
 per patient
- Hospital Operating Costs per Adjusted Discharge = Costs to perform services per patient
- Operating Profit (Loss) = Difference between revenue and costs



Cost-to-Charge Ratio

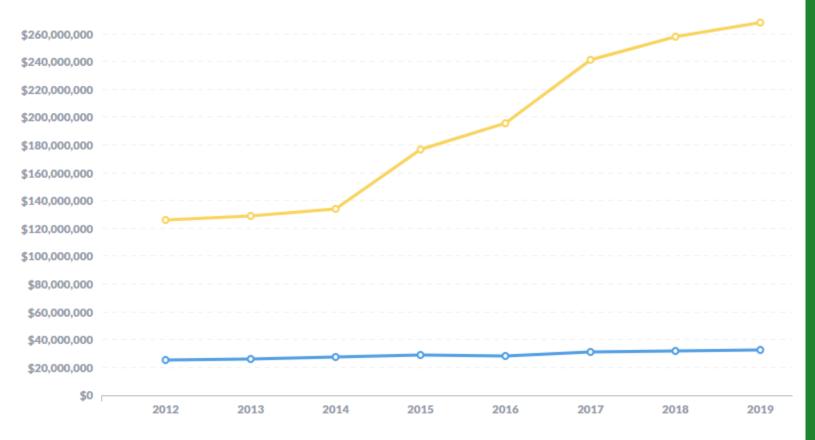
- Calculation: Total Charges divided by Hospital Operating Costs
- Charges the 'sticker price' set by the hospital for patient services
- Hospital Operating Costs: costs incurred by the hospital to provide patient services, salaries & benefits; contracted services, medical supplies, equipment and maintenance, and other operating expenses.
- The lower a hospital's Cost-to-Charge Ratio, the less its charges reflect its costs

Hospital operating costs and charges over time

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Hospital Charges Hospital Operating Costs



Cost-to-Charge Ratio Factors

- Cost-to-Charge Ratio downward trend was caused by higher charges, not lower costs
- Hospital reimbursements that are based on discounted charges will likely still trend upward, with charges

Breakeven Analysis

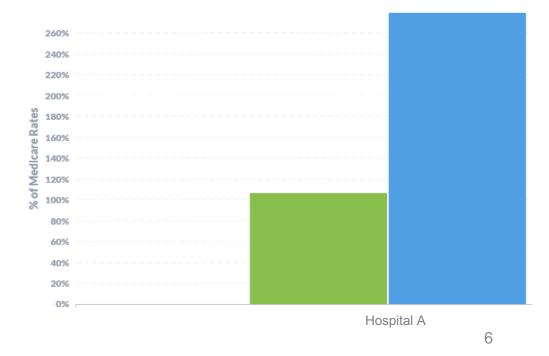
- NASHP's Hospital Cost Tool shows a hospital's breakeven point: when Revenue = Expenses
- Revenue includes all sources. Expenses include direct patient services, hospital operations and administration, ancillary services, etc.

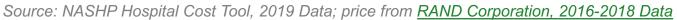
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 Breakeven point expressed as the payment required from a commercial payer (as a multiple of <u>Medicare</u>) **Example: T**his hospital could cover its expenses if reimbursed by commercial payers at **107 percent** of Medicare rates. However, it was paid **280 percent** of Medicare (in aggregate from 2016 to 2018).

Commercial breakeven for each selected hospital with RAND 3.0 price

Commercial Breakeven 😑 RAND 3.0 Price





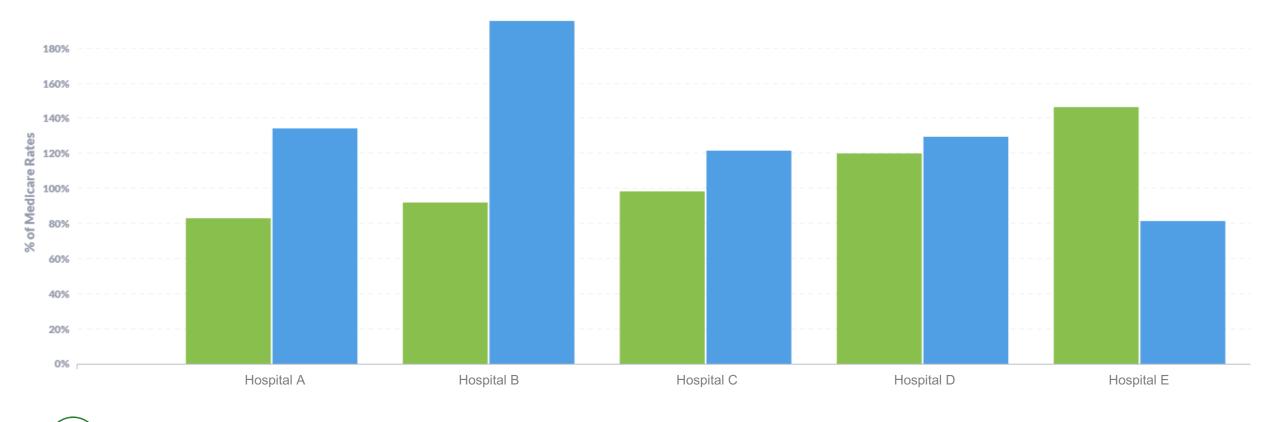
Comparing Breakeven Point to Commercial Price

Commercial breakeven for each selected hospital with RAND 3.0 price

Commercial Breakeven RAND 3.0 Price

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Source: NASHP Hospital Cost Tool, 2019 Data; price from RAND Corporation, 2016-2018 Data

Digesting Breakeven Analysis

Baseline considerations – efficiency issues, high costs, or price problems?

- Compare with other hospitals and/or state/national median breakeven points? By hospital bed size?
 - Significant differences may indicate a hospital cost issue
- What is the difference between the hospital's commercial breakeven and commercial price?
 - Significant differences may indicate opportunity for payer reimbursement negotiations

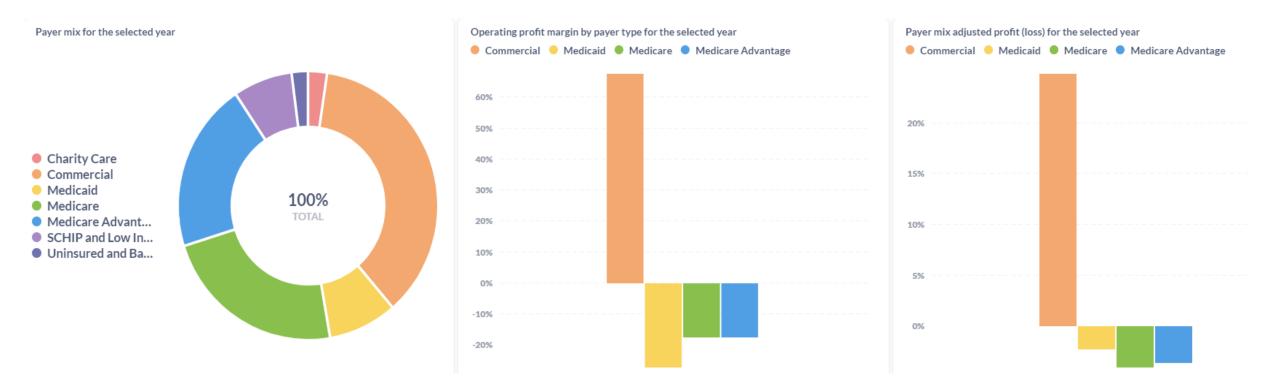
Helpful Reference

MedPAC report to Congress 2021-Medicare Rate Adequacy: Hospital Margins 2019 data

Efficient hospitals: Lose 1% Average hospitals: Lose 8.7% Average not-for-profit hospitals: Lose 10% Average for-profit hospitals: Gain 0.5%



Consider Payer Mix with Profit Margin



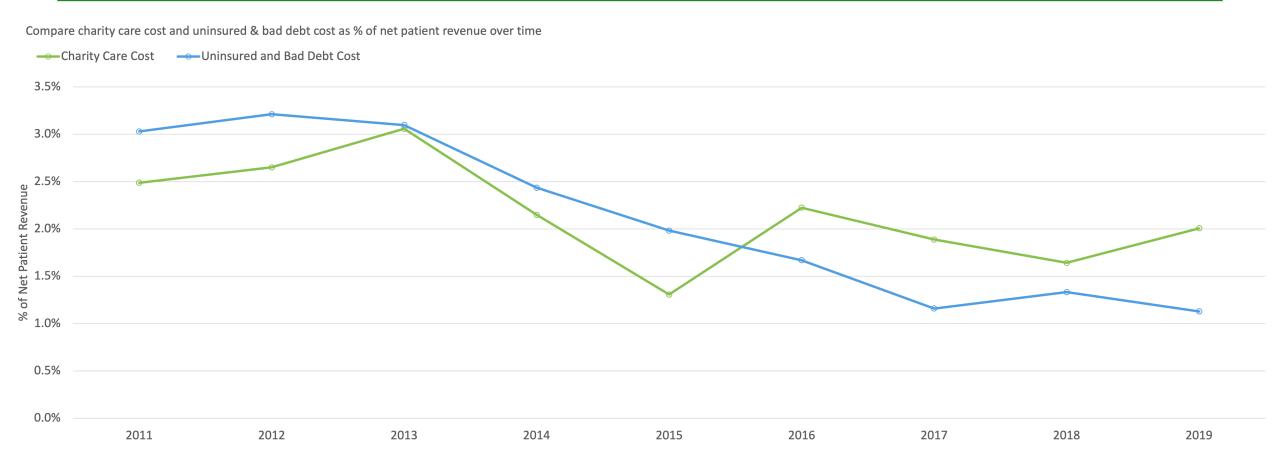
- Payer Mix adjusted profit (loss) provides a more complete picture:
 - Operating profit margin of negative 27% on Medicaid patients
 - But Medicaid was only 8% of total Payer mix

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Relative impact on operating income (Payer mix adjusted profit (loss)) of only negative 2%

What Percentage of Net Patient Revenue did the Hospital spend on Charity Care and Uninsured patient costs?

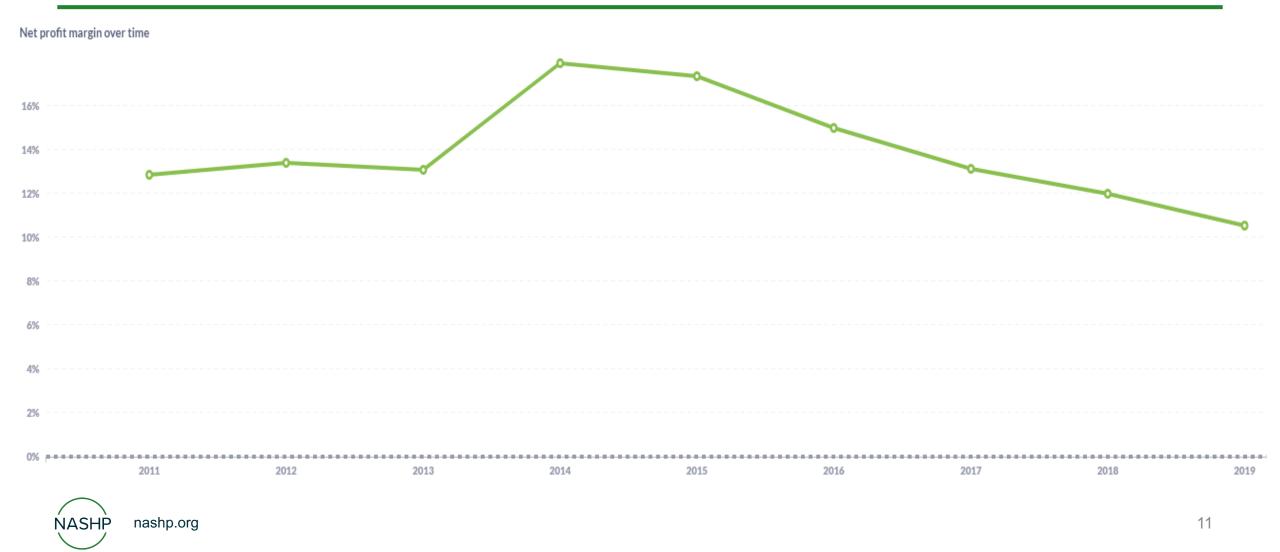


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Source: NASHP Hospital Cost Tool, 2011-2019 Data

What Percentage of Net Patient Revenue did the Hospital retain as Net Profit?



Source: NASHP Hospital Cost Tool, 2011-2019 Data

Thank you!

Explore NASHP's Interactive Hospital Cost Tool: https://www.nashp.org/hospital-cost-tool/



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