# Overview of NASHP's Hospital Cost Tool

*April* 2022

Supported by Arnold Ventures





# 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 pared 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

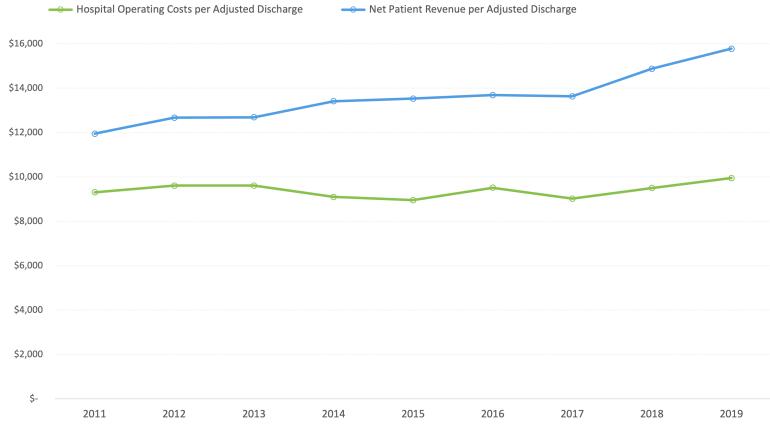
- Provides multiple hospital financial measures from the Hospital Cost Calculator, using hospital reported, attested information within annual Medicare Cost Reports
- NASHP and Rice University
   partnership = access to a national
   database of Medicare Cost Report
   data to calculate financial metrics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



nashp.org

## **Hospital Operating Profitability**





- 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 over time





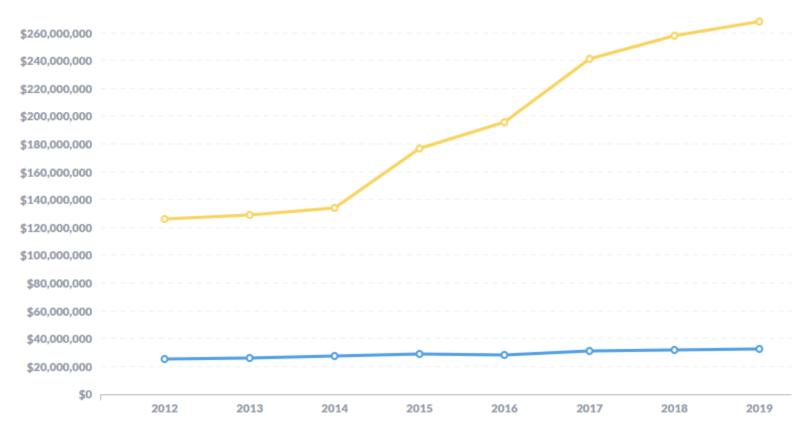
Source: NASHP Hospital Cost Tool, 2012-2019

### **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





# 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

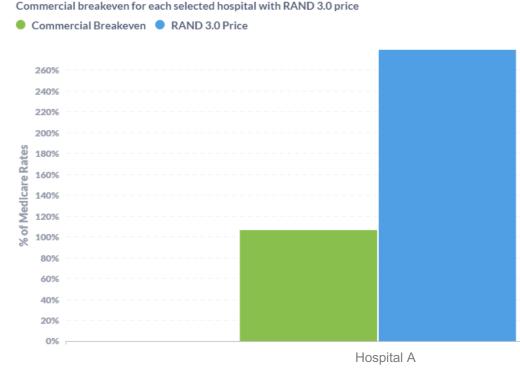


Source: NASHP Hospital Cost Tool, 2012-2019

## **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.
- Breakeven point expressed as the payment required from a commercial payer (as a multiple of <u>Medicare</u>)

**Example:** This 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).

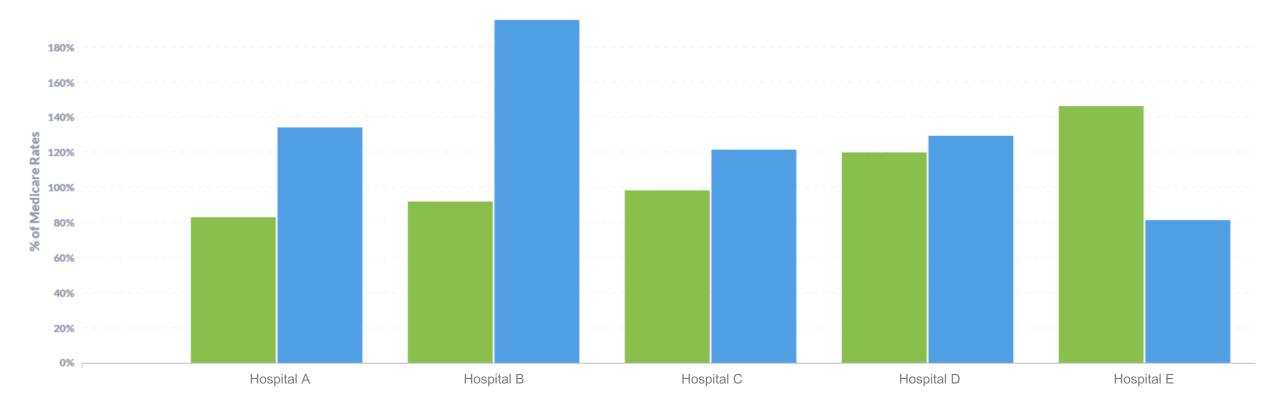




### **Comparing Breakeven Point to Commercial Price**

Commercial breakeven for each selected hospital with RAND 3.0 price







# **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

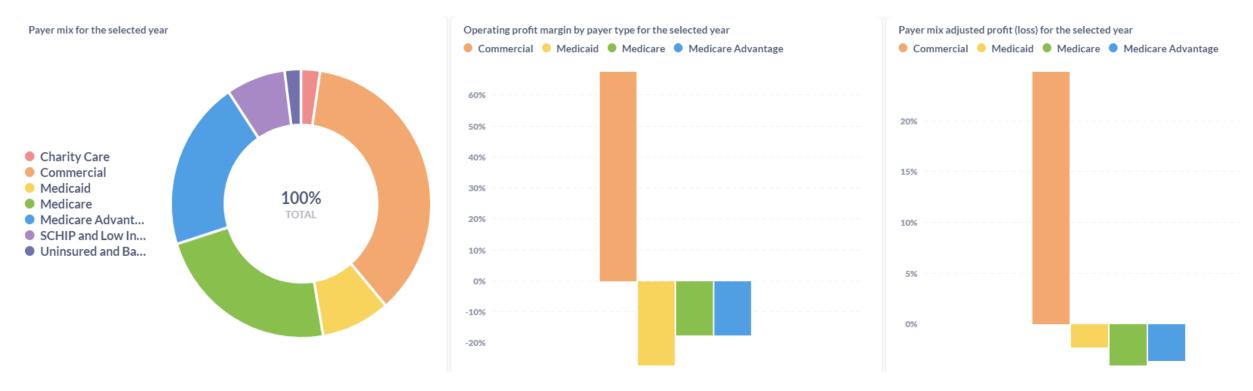
MedPAC report to Congress 2021-Medicare Rate Adequacy: Hospital Margins 2019 data

Efficient hospitals: Lose 1% Average hospitals: Lose 8.7%

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



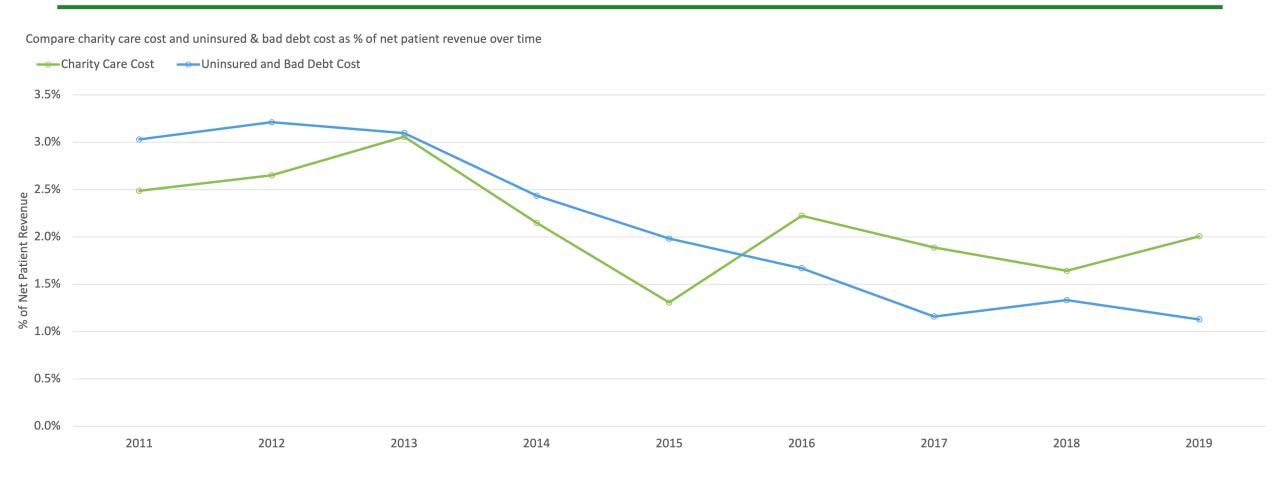
### **Consider Payer Mix with Profit Margin**



- 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
  - 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?





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





# Thank you!

**Explore NASHP's Interactive Hospital Cost Tool:** 

https://www.nashp.org/hospital-cost-tool/





