VIRGINIA ASSOCIATION FOR HOME CARE AND HOSPICE
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COUNCIL of STATE HOME CARE ASSOCIATIONS

BKD CPAs & Advisors

National Hospice Operations Dashboard September 2017

Key Performance Indicator	State of Virginia Lower Quartile	State of Virginia Median	State of Virginia Upper Quartile	Nation Lower Quartile	Nation Median	Nation Upper Quartile
Average net patient revenue per day	$ 145	$ 150	$ 156	$ 137	$ 152	$ 172
Average Medicare payment per day	$ 143	$ 151	$ 158	$ 140	$ 153	$ 172
Average total cost per day	$ 124	$ 143	$ 175	$ 122	$ 147	$ 182
Overall net profit (loss) margin	-3.3%	5.3%	16.2%	-7.2%	5.0%	16.0%
Number of agencies in database	Total agencies: 42			Total agencies: 2,660		

The above indicators are from the National Hospice Operations Dashboard Report compiled by BKD, LLP using Medicare cost report data from freestanding agencies with fiscal years ended between September 30, 2015 and December 31, 2015.

Average net patient revenue per day is the average net patient revenue per hospice patient day for all payers, and excludes nursing facility room and board revenue, contributions and other sources of revenue.

Average Medicare payment per day is the average of Medicare payment per Medicare hospice patient day, including all levels of care.

Average total cost per day is the average total cost per hospice patient day, including all hospice costs and all levels of care.

Overall net profit (loss) margin is the net profit or loss as a percent of the net patient revenue.

Frequently Asked Questions

Question: Are these benchmarks from the new Medicare hospice cost report forms?
Answer: Yes. The new Medicare hospice cost report forms were effective for freestanding agencies with fiscal years ended on September 30, 2015 and after. These benchmarks are for freestanding hospice agencies only. Therefore, the above data are obtained from the new cost report forms.

Question: Why are there only 2,660 total hospice agencies for the national benchmarks when there are over 4,000 hospice agencies nationwide?
Answer: These hospice benchmarks are for freestanding agencies only and exclude all provider-based hospice agencies filed with hospital, home health and nursing facility cost reports. Additionally, these benchmarks exclude 2015 fiscal year ends before September 30, since those fiscal years were filed using the old hospice cost report forms.

Question: Does the above average Medicare payment per day factor in the routine high and low rates and the service intensity add-on?
Answer: No. The Medicare hospice payment changes splitting routine payments into two different rates based on length of stay and adding the service intensity add-on payment were not effective until dates of service of January 1, 2016 and after.

Question: Does the above average total cost per day include adjustments for non-allowable costs?
Answer: No. The average total cost per day presented is before any Medicare required cost reporting adjustments in costs such as removal of unallowable costs or adjustments to related party costs.

Other questions? Contact a BKD advisor by phone at 417.865.8701 or e-mail at:
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