

HPCON - received - 8/04/2017 CliftonLarsonAllen LLP 3801 Barrett Drive Raleigh, NC 27609 919-781-3581 | fax 919-881-0611 CLAconnect.com

August 3, 2017

Ms. Elizabeth K. Brown, Planner Healthcare Planning and CON Section Division of Health Service Regulation State Health Coordinating Council NC Department of Health and Human Services 809 Ruggles Drive 2701 Mail Service Center Raleigh, NC 27699-2701

RE: Continuum Care Hospice – California Petitioner Requesting Adjusted Need Determination Proposed 2018 SMFP

Submitted VIA email - DHSR.SMFP.Petitions-Comments@dhhs.nc.gov

Dear Ms. Brown,

Hospice and Palliative Care – Charlotte Region has engaged CliftonLarsonAllen (CLA) to review the 2015 Hospice Medicare Cost Report that was filed by the Petitioner. To develop this review CLA accesses a database of Hospice Medicare Cost Reports that have been provided in the public domain by Center for Medicare and Medicaid Services (CMS). For 2015 the database has a population of 3,362 cost reports from which individual providers can be identified. As a part of our review of the Petitioner's cost report we selected all of the California providers (461) from the database and computed a median value of a selection of data elements. We would like to highlight some observations about how the Petitioner's report compared with fellow Californian providers:

- We noted that for 2015 the Petitioner had operating cost 182% greater than the median Californian provider had reported.
- We noted that for 2015 the Petitioner had an operating loss of \$73.18 per patient day compared to the profit of \$35.57 per patient day that median Californian provider reported.
- We noted that for 2015 the Petitioner had nursing care cost 249% greater than the median Californian provider had reported.
- We noted that for 2015 the Petitioner had medical social service cost 376% greater than the median Californian provider had reported.
- We noted that for 2015 the Petitioner had home care aide cost 141% greater than the median Californian provider had reported.



- We noted that for 2015 the Petitioner did not report bereavement care cost, a critical benefit for the families grieving for the loss of a love one and a required service under the Hospice Conditions of Participation (COPs) in the Medicare Program.
- We noted that for 2015 the Petitioner had a small volume of days of care, 4,683 compared to the median in CA of 8,960 (52% the size) or if we compared to the median across the US of 15,429 (30% the size). In an era of health care reform where Medicare organization are being challenged to do more with less, CLA sees fewer small organization being able to survive. The challenge of meeting all the COPs by every Medicare organization is costly, more and more organizations are consolidating their resources in order to sustain themselves.
- Finally, we noted that for 2015 the Petitioner did not report days of care in serving Medicaid or MediCal as it is called in California, beneficiaries. Based on the petition the Petitioner indicates they "...serve double the number of African Americans than the state (CA) average or other hospices in the area... " Thus, we would expect that the target population of African Americans would include some Medicaid beneficiaries.

In the petition submitted by the Petitioner they reference the importance of their ability to be cost effective and have a lower cost structure. We do not think their Medicare cost report for 2015 supports their assumptions. We would further conclude that the Petitioner might have some challenges in finding success in North Carolina base on what appears to be there performance in California.

Please advise if we can be of further assistance.

Sincerely,

Gary R. Massey, CPA Principal



Provider # 75-1626

Hospice Benchmark Report

12/31/15



Analysis has been prepared for Hospice and Palliative Care - Charlotte Region

	F	lospice Med	dicar	e Cost Repor	t "Scorecard	1"				
		with	' "Hig	h Level" Observ	ations					
Analysis has been prepared by CliftonLa	rsor	Allen for	Hosp	oice and Pal	liative Care	e - Charlo	tte Reg	ion		
Continuum Care Hospice - Oakland CA						1				
•		Provider	# 75-	1626						
		Comp	ared 1	Го:						
Performance Indicator From		CA 2015	R	Reg IX 2015						
HH Executive Summary Report		Median		Median						
Net Revenue per Day		110%		114%						
Continuum Care Hospice - Oakland CA	\$	209.90	•	209.90						
Benchmark medians	\$	191.50	\$	184.00						
Total Expense per Day										
Provider #75-1626 Compared To: Compared										
Benchmark medians	\$	155.92	\$	147.71						
	^		•							
		· /		(/						
Benchmark medians	\$	35.57	\$	36.29						
								-		
Disect Cost Bhusisse Comisse		2200/		2629/						
-	¢		¢							
•			•							
Benchmark medians	φ	4.41	φ	3.00						
Direct Cost Nursing Services		249%		239%						
-	\$		\$							
•	•		•							
	Ť	_0.10	–							
Direct Cost Medical Social Svs		376%		308%						
	\$		\$							
•			·							
	Ľ									
Direct Cost Home Care Aides		141%		137%						
Continuum Care Hospice - Oakland CA	\$	11.10	\$	11.10						
Benchmark medians	\$	7.86	\$	8.07						
Direct Cost DME										
•	•		•							
Benchmark medians	\$	6.33	\$	6.28						
						_				
Direct Cost Pharmacy	Ļ		•							
•	•		·							
Benchmark medians	\$	8.03	\$	8.87						
	1									

	Hospice Me	dicare Cost Repo	rt "Scorecard"		
	with	n "High Level" Observ	ations		
Analysis has been prepared by CliftonLa	arsonAllen for	Hospice and Pa	Illative Care - C	harlotte Region	n
Continuum Care Hospice - Oakland CA					
		r # 75-1626			
Performance Indicator From	Comp CA 2015	ared To:			
HH Executive Summary Report	CA 2015 Median	Reg IX 2015 Median			
	wedian	median			
Total Drug cost per day	95%	98%			
Continuum Care Hospice - Oakland CA	\$ 15.60	\$ 15.60			
Benchmark medians	\$ 16.41	\$ 15.90			
Mix on Days Non-Routine Care	28.48%	28.48%			
Continuum Care Hospice - Oakland CA	0.34%	0.34%			
Benchmark medians	1.20%	1.20%			
Routine Care Days - Total	53%	45%			
Continuum Care Hospice - Oakland CA	4,667	4,667			
Benchmark medians	8,852	10,461			
Deviation of 20%+	Much Worse Th	an Normativo			
		e Than Normative			
	Normative		-		
		er Than Normative			
	Much Better Tha				
NOTE: Based on the data element, "worse: could be					
higher or lower than normative and "better"					
could be higher or lower than normative					

Continuum Care Hospice - Oakland CA Medicare Hospice Benchmark Report

	Executive Summary			•	·
I.		Agency Statistics	Comparison		
	Total Billed Days	2015 - CA	Provider	Reg IX	Natl
	Continuous Home Care	30	3	26	22
	Routine Home Care	8,852	4,667	10,461	15,264
	Inpatient Respite Care	32	3	43	58
	General Inpatient Care	47	10	58	86
	Total Hospice Days	8,960	4,683	10,588	15,429

Direct Cost per Day Computations:

П		Leve	el of Care	Servic	es			
	Direct Cost Per Day	20	15 - CA	P	rovider	F	Reg I X	 Natl
	Continuous Home Care	\$	180.75	\$	483.33	\$	186.02	\$ 137.84
	Routine Home Care	\$	54.81	\$	111.09	\$	55.44	\$ 51.57
	Inpatient Respite Care	\$	152.38	\$	230.00	\$	175.88	\$ 142.80
	General Inpatient Care	\$	296.77	\$	847.00	\$	293.59	\$ 285.21

111	Vi	siting	Services (Cost	Per Day			
	Direct Cost Per Day	20	015 - CA		Provider	R	eg IX	 Natl
	Physician Services	\$	4.41	\$	10.10	\$	3.86	\$ 2.41
	Nurse Practitioner	\$	-	\$	-	\$	-	\$ -
	Registered Nurse	\$	25.26	\$	63.00	\$	26.33	\$ 26.01
	LPN/LVN	\$	-	\$	-	\$	-	\$ -
	Physical Therapy	\$	1.58	\$	-	\$	1.39	\$ 1.35
	Occupational Therapy	\$	0.07	\$	-	\$	0.06	\$ 0.04
	Speech / Language Pathology	\$	0.03	\$	-	\$	0.03	\$ 0.03
	Medical Social Services - Direct	\$	2.97	\$	11.19	\$	3.63	\$ 4.38
	Spiritual Counseling	\$	2.43	\$	9.86	\$	2.73	\$ 3.21
	Dietary Counseling	\$	0.18	\$	0.02	\$	0.10	\$ 0.07
	Counseling - Other	\$	2.08	\$	-	\$	1.23	\$ 1.29
	Home Health Aides & Homemakers	\$	7.86	\$	11.10	\$	8.07	\$ 8.65
	Other-Patient and Family Support	\$	-	\$	-	\$	-	\$ -
	Visiting Services Cost	\$	46.88	\$	105.27	\$	47.42	\$ 47.42

Direct Cost Per Day	2015 - CA		Provider		Reg IX		Natl	
Drugs Biologicals and Infusion	\$	8.03	\$	8.16	\$	8.87	\$	8.46
Durable Medical Equip and Oxygen	.⊅ \$	6.33	φ \$	5.92	\$	6.28	\$	6.06
Patient Transportation	\$	0.35	\$	-	\$	0.20	\$	0.40
Imaging Services	\$	0.10	\$	-	\$	0.12	\$	0.12
Labs and Diagnostics	\$	0.34	\$	0.04	\$	0.38	\$	0.42
Medical Supplies	\$	4.11	\$	-	\$	3.37	\$	1.75
Outpatient Services	\$	0.53	\$	-	\$	0.37	\$	0.32
Radiation Therapy	\$	0.12	\$	-	\$	0.19	\$	0.19
Chemotherapy	\$	0.33	\$	-	\$	0.22	\$	0.48
Other	\$	21.17	\$	10.57	\$	17.11	\$	22.40
Bereavement Programs Costs	\$	1.27	\$	-	\$	1.43	\$	1.31
Volunteer Program Costs	\$	0.18	\$	-	\$	0.18	\$	0.13
Fundraising	\$	6.09	\$	-	\$	11.68	\$	4.06
Other Services Cost	\$	48.95	\$	24.69	\$	50.64	\$	46.11

Note: Median values are utilized throughout the report; therefore, some elements will not be the expected sum of the individual data.

Executive Summary	(Continued)
Total Cost per Day Comr	utations

	Total cost per Day computation	<u>s:</u>						
V	Lev	vel of C	are Servic	es al	nd Drugs			
	Total Cost Per Day	20	15 - CA	- F	Provider	F	Reg I X	Natl
	Continuous Home Care	\$	496.07	\$	1,086.33	\$	496.25	\$ 338.32
	Routine Home Care	\$	151.60	\$	279.43	\$	142.76	\$ 121.47
	Inpatient Respite Care	\$	431.70	\$	490.67	\$	399.44	\$ 300.90
	General Inpatient Care	\$	575.98	\$	1,680.20	\$	697.21	\$ 544.26
	Drugs Biologicals and Infusion	\$	16.41	\$	15.60	\$	15.90	\$ 12.92

VI	Summary - All Payers Per Day									
	All Payers Per Day	20)15 - CA	Р	rovider	F	Reg I X		Natl	
		_								
	Total Net Patient Revenue	\$	191.50	\$	209.90	\$	184.00	\$	170.73	
	Total Cost (Per Cost Report)	\$	155.92	\$	283.07	\$	147.71	\$	124.80	
	Margin		\$35.57		(\$73.18)	\$	36.29	\$	45.93	
	Percent Margin		18.58%		-34.86%		19.72%		26.90%	

V

VII	Payer Mix -	Days		
Payer	2015 - CA	Provider	Reg I X	Natl
Medicare	88.30%	91.80%	89.51%	91.47%
Medicaid	6.69%	0.00%	5.63%	3.98%
Other	5.01%	8.20%	4.86%	4.55%

VIII		Level of Care - 9	% Days		
	Payer	2015 - CA	Provider	Reg IX	Natl
	Continuous Home Care	0.33%	0.06%	0.25%	0.14%
	Routine Home Care	98.80%	99.66%	98.80%	98.93%
	Inpatient Respite Care	0.35%	0.06%	0.41%	0.37%
	General Inpatient Care	0.52%	0.21%	0.55%	0.56%

015 Non- Profits						uum Care Medicare		ice Benchm		
D	irect	Cost Per D	ay Be	nchmarks	: Trend	ds - Group 1				
# of Providers						55		79		845
Direct Cost Per Day: Level 1	20	15 - CA	P	rovider		СА	F	Reg I X		Natl
Physician Services	\$	1.58	\$	-	\$	0.51	\$	0.47	\$	1.3
Nurse Practitioner	\$	0.07	\$	-	\$	0.44	\$	0.01	\$	0.0
Registered Nurse	\$	0.03	\$	-	\$	0.01	\$	0.01	\$	0.0
LPN/LVN	\$	2.97	\$	11.19	\$	8.80	\$	8.14	\$	6.4
Physical Therapy	\$	2.43	\$	9.86	\$	4.36	\$	3.84	\$	3.
Occupational Therapy	↓ \$	0.18	↓ \$	0.02	\$	0.16	\$	0.12	\$	0.0
Speech / Language Pathology	φ \$	2.08	\$	-	\$	0.71	\$	1.77	\$	0.
Medical Social Services - Direct	↓ \$	7.86	.⊅ \$	11.10	\$	11.03	\$	11.82	\$	10.
Spiritual Counseling	₽ \$	-	₽ \$	-	գ \$	-	\$	-	Ф \$	- 10.
	⊅ \$	-	⊅ \$	-	ֆ \$	-	ֆ \$	-	ֆ \$	-
Dietary Counseling										
Counseling - Other	\$	8.03	\$	8.16	\$	6.21	\$	6.41	\$	10.
Home Health Aides & Homemakers	\$	6.33	\$	5.92	\$	7.41	\$	6.97	\$	6.
Other-Patient and Family Support	\$	0.35	\$	-	\$	0.59	\$	0.59	\$	0.
Visiting Services Cost	\$	31.91	\$	46.25	\$	40.24	\$	40.15	\$	39.
Drugs Biologicals and Infusion	\$	0.34	\$	0.04	¢	0.50	\$	0.47	\$	0.
		4.11	э \$		\$	1.29		1.15		
Durable Medical Equip and Oxygen	\$ \$		⊅ \$	-	\$		\$		\$	1.
Patient Transportation		0.53		-	\$	0.08	\$	0.22	\$	0.
Imaging Services	\$	0.12	\$	-	\$	0.00	\$	0.36	\$	0.
Labs and Diagnostics	\$	0.33	\$	-	\$	6.54	\$	0.12	\$	0.
Medical Supplies	\$	21.17	\$	10.57	\$	13.30	\$	14.85	\$	21.
Outpatient Services	\$	1.27	\$	-	\$	3.64	\$	3.34	\$	2.
Radiation Therapy	\$	0.18	\$	-	\$	0.02	\$	0.17	\$	0.
Chemotherapy	\$	6.09	\$	-	\$	6.52	\$	4.57	\$	2.
Other										
Bereavement Programs Costs	\$	56.82	\$	112.98	\$	95.25	\$	79.91	\$	68.
Volunteer Program Costs	\$	155.92	\$	283.07	\$	173.73	\$	162.00	\$	146.
Fundraising	\$	-	\$	-	\$	-	\$	-	\$	-
Other Services Cost	\$	246.88	\$	406.66	\$	300.87	\$	267.15	\$	245.
f Days										
Medicare		7,911		4,299		38,424		34,101		23,2
Medicaid		530		-		1,242		1,242		9
Other		519		384		1,823		1,813		1,8
Total Days		8,960		4,683		41,488		37,155		25,9
Total Days		0,700		4,003		41,400		57,100		23,7
<u>ayer Mix - Days</u>										
Medicare		88.30%		91.80%		92.61%		91.78%		89.4
Medicaid		6.69%		0.00%		3.23%		3.64%		4.0
Other		5.01%		8.20%		4.15%		4.58%		6.5
otal Billed Days										
Continuous Home Care		30		3		18		16		
Routine Home Care		8,852		4,667		41,223		36,873		25,2
Inpatient Respite Care		32		4,007		41,223		84		25,2
General Inpatient Care		32 47		3 10		173		04 183		6
Total Hospice Days		8,960		4,683		41,488		37,155		25,9
evel of Care - Days										
Continuous Home Care		0.33%		0.06%		0.04%		0.04%		0.1
Routine Home Care		98.80%		99.66%		99.36%		99.24%		97.1
Inpatient Respite Care		0.35%		0.06%		0.18%		0.23%		0.4
General Inpatient Care		0.52%		0.21%		0.42%		0.49%		2.3

Medicare	Hospice	e Benchmark	Repo

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2015 Non- Profits Medicare Hospice Benchmark Report											
Total Cost Per Day Benchmarks: Trends - Group 1											
# of Providers	55 79									845	
Total Cost Per Day: Level 1	2015 - CA Provide					СА	-	Reg I X	Natl		
Continuous Home Care	\$	496.07	\$	1,086.33	\$	694.44	\$	400.00	\$	363.40	
Routine Home Care	\$	151.60	\$	279.43	\$	171.03	\$	158.17	\$	134.15	
Inpatient Respite Care	\$	431.70	\$	490.67	\$	401.78	\$	399.88	\$	346.43	
General Inpatient Care	\$	575.98	\$	1,680.20	\$	666.46	\$	804.24	\$	606.59	
Drugs Biologicals and Infusion	\$	16.41	\$	15.60	\$	7.95	\$	8.86	\$	13.53	
Total Net Revenue per Day	\$	191.50	\$	209.90	\$	181.71	\$	188.94	\$	167.62	
Total Expenses per Day	\$	155.92	\$	283.07	\$	173.73	\$	162.00	\$	146.49	
Margin (Per Day)	\$	35.57	\$	(73.18)	\$	7.98	\$	26.94	\$	21.12	
Percent Margin		18.58%		-34.86%		4.39%		14.26%		12.60%	

2015 For - Profits							Hospic	ce Benchma	irk Re	port 📃	
Dir	ect Co	ost Per Day	/ Bend	hmarks: 1	rend	s - Group 2					
# of Providers						405		513	2,424		
Direct Cost Per Day: Level 2	20	15 - CA	Provider		СА		F	Reg I X	Natl		
Physician Services	\$	1.58	\$	-	\$	1.72	\$	1.46	\$	1.3	
Nurse Practitioner	\$	0.07	\$	-	\$	0.06	\$	0.07	\$	0.0	
Registered Nurse	\$	0.03	\$	-	\$	0.03	\$	0.03	\$	0.0	
LPN/LVN	\$	2.97	\$	11.19	\$	2.98	\$	3.30	\$	4.1	
Physical Therapy	\$	2.43	\$	9.86	\$	2.37	\$	2.48	\$	3.2	
Occupational Therapy	\$	0.18	\$	0.02	\$	0.12	\$	0.08	\$	0.0	
Speech / Language Pathology	\$	2.08	\$	-	\$	2.00	\$	0.78	\$	1.6	
Medical Social Services - Direct	\$	7.86	\$	11.10	\$	8.20	\$	7.87	\$	8.6	
Spiritual Counseling	\$	-	\$	-	\$	-	\$	-	\$	-	
Dietary Counseling	\$	-	\$	-	\$	-	\$	-	\$	-	
Counseling - Other	\$	8.03	\$	8.16	\$	8.54	\$	8.65	\$	8.3	
Home Health Aides & Homemakers	\$	6.33	\$	5.92	\$	6.34	\$	6.03	\$	6.0	
Other-Patient and Family Support	\$	0.35	\$	-	\$	0.35	\$	0.36	\$	0.3	
Visiting Services Cost	\$	31.91	\$	46.25	\$	32.73	\$	31.10	\$	33.9	
Drugs Biologicals and Infusion	\$	0.34	\$	0.04	\$	0.37	\$	0.37	\$	0.3	
Durable Medical Equip and Oxygen	\$	4.11	\$	-	\$	4.38	\$	3.67	\$	1.7	
Patient Transportation	\$	0.53	\$	-	\$	0.60	\$	0.31	\$	0.2	
Imaging Services	\$	0.12	\$	-	\$	0.15	\$	0.16	\$	0.1	
Labs and Diagnostics	\$	0.33	\$	-	\$	0.22	\$	0.18	\$	0.2	
Medical Supplies	\$	21.17	\$	10.57	\$	22.76	\$	17.18	\$	21.9	
Outpatient Services	\$	1.27	\$	-	\$	1.00	\$	1.02	\$	0.9	
Radiation Therapy	\$	0.18	\$	-	\$	0.21	\$	0.19	\$	0.1	
Chemotherapy	\$	6.09	\$	-	\$	0.19	\$	0.25	\$	0.3	
Other											
Bereavement Programs Costs	\$	56.82	\$	112.98	\$	57.23	\$	57.96	\$	52.0	
Volunteer Program Costs	\$	155.92	\$	283.07	\$	165.30	\$	149.44	\$	122.7	
Fundraising	\$	-	\$	-	\$	-	\$	-	\$	-	
Other Services Cost	\$	246.88	\$	406.66	\$	252.42	\$	230.71	\$	200.8	
f of Days		7 011		4 000		(0.11		0 (74		10.00	
Medicare		7,911		4,299		6,941		8,674		12,93	
Medicaid		530		-		496		496		50	
Other		519		384		473		521		63	
Total Days		8,960		4,683		7,910		9,691		14,07	
<u>ayer Mix - Days</u>		00.000/		01 000/		07 7 (0 (01.01	
Medicare		88.30%		91.80%		87.76%		89.51%		91.91	
Medicaid		6.69%		0.00%		7.15%		5.71%		3.94	
Other		5.01%		8.20%		5.10%		4.78%		4.16	
otal Billed Days											
Continuous Home Care		30		3		31		30		2	
Routine Home Care		8,852		4,667		7,806		9,568		13,94	
Inpatient Respite Care		32		4,007		31		44		4	
General Inpatient Care		32 47				42		44		5	
Total Hospice Days		8,960		4,683		7,910		9,691		14,07	
evel of Care - Days											
Continuous Home Care		0.33%		0.06%		0.39%		0.31%		0.14	
Routine Home Care		0.33% 98.80%		0.06% 99.66%		0.39% 98.69%		98.73%		0.14 99.10	
Inpatient Respite Care		98.80% 0.35%		99.66% 0.06%		98.69% 0.39%		98.73% 0.45%		0.34	
		0.3370		0.0070		0.3770		0.4070		0.54	

2015 For - Profits Medicare Hospice Benchmark Report											
Total Cost Per Day Benchmarks: Trends - Group 2											
# of Providers						405		513		2,424	
Total Cost Per Day: Level 2	20)15 - CA	F	Provider	СА		Reg IX			Natl	
Continuous Home Care	\$	496.07	\$	1,086.33	\$	480.27	\$	436.38	\$	358.58	
Routine Home Care	\$	151.60	\$	279.43	\$	160.98	\$	144.99	\$	119.97	
Inpatient Respite Care	\$	431.70	\$	490.67	\$	382.56	\$	340.11	\$	312.23	
General Inpatient Care	\$	575.98	\$	1,680.20	\$	575.46	\$	671.76	\$	554.23	
Drugs Biologicals and Infusion	\$	16.41	\$	15.60	\$	16.82	\$	16.23	\$	12.96	
Total Net Revenue per Day	\$	191.50	\$	209.90	\$	194.02	\$	175.31	\$	174.44	
Total Expenses per Day	\$	155.92	\$	283.07	\$	165.30	\$	149.44	\$	122.75	
Margin (Per Day)	\$	35.57	\$	(73.18)	\$	28.72	\$	25.87	\$	51.69	
Percent Margin		18.58%		-34.86%		14.80%		14.76%		29.63%	

elected Groupings 2015		-				m Care H Medicare I		ce Benchma		
Dire	ect Co	ost Per Day	Ben	chmarks: 1	rends	s - Group 3				
# of Providers					1		461		593	
Direct Cost Per Day: Level 3	20)15 - CA	Ρ	Provider		Provider		СА	Reg IX	
Physician Services	\$	1.58	\$	-	\$	-	\$	1.58	\$	1.3
Nurse Practitioner	\$	0.07	\$	-	\$	-	\$	0.07	\$	0.0
Registered Nurse	\$	0.03	\$	-	\$	-	\$	0.03	\$	0.0
LPN/LVN	\$	2.97	\$	11.19	\$	11.19	\$	2.97	\$	3.6
Physical Therapy	\$	2.43	\$	9.86	\$	9.86	\$	2.43	\$	2.7
Occupational Therapy	\$	0.18	\$	0.02	\$	0.02	\$	0.18	\$	0.1
Speech / Language Pathology	\$	2.08	\$	-	\$	-	\$	2.08	\$	1.2
Medical Social Services - Direct	\$	7.86	\$	11.10	\$	11.10	\$	7.86	\$	8.0
Spiritual Counseling	\$	-	\$	-	\$	-	\$	-	\$	-
Dietary Counseling	\$	-	\$	-	\$	-	\$	-	\$	-
Counseling - Other	\$	8.03	\$	8.16	\$	8.16	\$	8.03	\$	8.8
Home Health Aides & Homemakers	\$	6.33	\$	5.92	\$	5.92	\$	6.33	\$	6.2
Other-Patient and Family Support	\$	0.35	\$	-	\$	-	\$	0.35	\$	0.4
Visiting Services Cost	\$	31.91	\$	46.25	\$	46.25	\$	31.91	\$	32.8
Drugs Biologicals and Infusion	\$	0.34	\$	0.04	\$	0.04	\$	0.34	\$	0.3
Durable Medical Equip and Oxygen	\$	4.11	\$	-	\$	-	\$	4.11	\$	3.3
Patient Transportation	\$	0.53	\$	-	\$	-	\$	0.53	\$	0.3
Imaging Services	\$	0.12	\$	-	\$	-	\$	0.12	\$	0.
Labs and Diagnostics	\$	0.33	\$	-	\$	-	\$	0.33	\$	0.2
Medical Supplies	\$	21.17	\$	10.57	\$	10.57	\$	21.17	\$	17.
Outpatient Services	\$	1.27	\$	-	\$	-	\$	1.27	\$	1.4
Radiation Therapy	\$	0.18	\$	-	\$	-	\$	0.18	\$	0.1
Chemotherapy	\$	6.09	\$	-	\$	-	\$	6.09	\$	11.0
Other	¢	E4 00	¢	112.00	¢	112.00	¢	E (00	¢	571
Bereavement Programs Costs Volunteer Program Costs	\$ \$	56.82 155.92	\$ \$	112.98 283.07	\$ \$	112.98 283.07	\$ \$	56.82 155.92	\$ \$	57.! 147.
Fundraising	⊅ \$	-	۰ \$	203.07	۹ \$	203.07	۰ \$	-	⊅ \$	- 147
Other Services Cost	↓ \$	246.88	\$	406.66	\$	406.66	\$	246.88	\$	240.2
Other Services Cost	φ	240.00	φ	400.00	φ	400.00	φ	240.00	φ	240.2
of Days										
Medicare		7,911		4,299		4,299		7,911		9,4
Medicaid		530		-		-		530		53
Other		519		384		384		519		5
Total Days		8,960		4,683		4,683		8,960		10,58
¥										
<u>ayer Mix - Days</u>		00.000/		01.000/		01.000/		00.000/		(1.0)
Medicare		88.30%		91.80%		91.80%		88.30%		61.00
Medicaid		6.69%		0.00%		0.00%		6.69%		5.63
Other		5.01%		8.20%		8.20%		5.01%		4.86
otal Billed Days										
Continuous Home Care		30		3		3		30		
Routine Home Care		8,852		4,667		4,667		8,852		10,40
Inpatient Respite Care		32		3		3		32		
		47		10		10		47		Ę
General Inpatient Care				4,683		4,683		8,960		10,58
General Inpatient Care		8,960		1,000		1,000		0,700		10,00
		8,960								
General Inpatient Care Total Hospice Days evel of Care - Days										
General Inpatient Care Total Hospice Days evel of Care - Days Continuous Home Care		0.33%		0.06%		0.06%		0.33%		
General Inpatient Care Total Hospice Days evel of Care - Days Continuous Home Care Routine Home Care		0.33% 98.80%		0.06% 99.66%		99.66%		98.80%		98.80
General Inpatient Care Total Hospice Days evel of Care - Days Continuous Home Care		0.33%		0.06%						0.25 98.80 0.4 0.55

Selected Groupings 2015 Medicare Hospice Benchmark Report												
Tc	Total Cost Per Day Benchmarks: Trends - Group 3											
# of Providers						1		461		593		
Total Cost Per Day: Level 3	20	2015 - CA		Provider	Provider		СА		F	Reg I X		
Continuous Home Care	\$	496.07	\$	1,086.33	\$	1,086.33	\$	496.07	\$	496.25		
Routine Home Care	\$	151.60	\$	279.43	\$	279.43	\$	151.60	\$	142.76		
Inpatient Respite Care	\$	431.70	\$	490.67	\$	490.67	\$	431.70	\$	399.44		
General Inpatient Care	\$	575.98	\$	1,680.20	\$	1,680.20	\$	575.98	\$	697.21		
Drugs Biologicals and Infusion	\$	16.41	\$	15.60	\$	15.60	\$	16.41	\$	15.90		
Total Net Revenue per Day	\$	191.50	\$	209.90	\$	209.90	\$	191.50	\$	184.00		
Total Expenses per Day	\$	155.92	\$	283.07	\$	283.07	\$	155.92	\$	147.71		
Margin (Per Day)	\$	35.57	\$	(73.18)	\$	(73.18)	\$	35.57	\$	36.29		
Percent Margin		18.58%		-34.86%		-34.86%		18.58%		19.72%		

II Natl							lospic	ce Benchma	irk Re	port
Dire	ect Co	ost Per Day	Ben	chmarks: 1	rend	s - Group 4				
# of Providers						10		3,362		926
Direct Cost Per Day: Level 4	20)15 - CA	Ρ	rovider		2014		2015		2016
Physician Services	\$	1.58	\$	-	\$	16.06	\$	1.35	\$	2.7
Nurse Practitioner	\$	0.07	\$	-	\$	0.06	\$	0.04	\$	0.0
Registered Nurse	\$	0.03	\$	-	\$	0.05	\$	0.03	\$	0.0
LPN/LVN	\$	2.97	\$	11.19	\$	2.10	\$	4.38	\$	5.8
Physical Therapy	\$	2.43	\$	9.86	\$	1.38	\$	3.21	\$	3.7
Occupational Therapy	\$	0.18	\$	0.02	\$	-	\$	0.07	\$	0.1
Speech / Language Pathology	\$	2.08	\$	-	\$	10.72	\$	1.29	\$	1.5
Medical Social Services - Direct	\$	7.86	\$	11.10	\$	1.17	\$	8.65	\$	8.6
Spiritual Counseling	\$	-	\$	-	\$	-	\$	-	\$	-
Dietary Counseling	\$	-	\$	-	\$	-	\$	-	\$	-
Counseling - Other	\$	8.03	\$	8.16	\$	5.69	\$	8.46	\$	8.9
Home Health Aides & Homemakers	\$	6.33	\$	5.92	\$	1.95	\$	6.06	\$	5.8
Other-Patient and Family Support	\$	0.35	\$	-	\$	0.26	\$	0.40	\$	0.6
Visiting Services Cost	\$	31.91	\$	46.25	\$	39.45	\$	33.93	\$	38.1
	•									
Drugs Biologicals and Infusion	\$	0.34	\$	0.04	\$	0.07	\$	0.42	\$	0.6
Durable Medical Equip and Oxygen	\$	4.11	\$	-	\$	0.10	\$	1.75	\$	1.0
Patient Transportation	\$	0.53	\$	-	\$	-	\$	0.32	\$	0.6
Imaging Services	\$	0.12	\$	-	\$	4.04	\$	0.19	\$	0.6
Labs and Diagnostics	\$	0.33	\$	-	\$	0.70	\$	0.48	\$	0.4
Medical Supplies	\$	21.17	\$	10.57	\$	34.58	\$	22.40	\$	23.5
Outpatient Services	\$	1.27	\$	-	\$	0.10	\$	1.31	\$	2.4
Radiation Therapy	\$	0.18	\$	-	\$	0.30	\$	0.13	\$	0.1
Chemotherapy	\$	6.09	\$	-	\$	-	\$	4.06	\$	3.0
Other										
Bereavement Programs Costs	\$	56.82	\$	112.98	\$	78.51	\$	53.33	\$	64.1
Volunteer Program Costs	\$	155.92	\$	283.07	\$	172.20	\$	124.80	\$	141.2
Fundraising	\$	-	\$	-	\$	-	\$	-	\$	-
Other Services Cost	\$	246.88	\$	406.66	\$	290.60	\$	209.20	\$	238.0
f <u>of Days</u> Medicare		7,911		4,299		7,486		14,114		12,96
Medicaid		530		4,277		467		562		53
Other		530		- 384		407		754		70
	_		_		_		_		_	
Total Days		8,960		4,683		8,406		15,429		14,20
<u>ayer Mix - Days</u>										
Medicare		88.30%		91.80%		89.05%		91.47%		91.30
Medicaid		6.69%		0.00%		6.24%		3.98%		4.10
Other		5.01%		8.20%		4.71%		4.55%		4.6
otal Billed Days										
Continuous Home Care		30		3		1,198		22		-
Routine Home Care		8,852		3 4,667		6,950		15,264		13,97
Inpatient Respite Care		0,052 32		4,007		0,950 51		15,264 58		13,9
General Inpatient Care		32 47		-		51 207				14
· · · · · · · · · · · · · · · · · · ·				10				86		
Total Hospice Days		8,960		4,683		8,406		15,429		14,20
<u>evel of Care - Days</u>										
Continuous Home Care		0.33%		0.06%		14.25%		0.14%		0.10
Routine Home Care		98.80%		99.66%		82.68%		98.93%		98.4
Inpatient Respite Care		0.35%		0.06%		0.61%		0.37%		0.44
General Inpatient Care		0.52%		0.21%		2.46%		0.56%		1.05
		len for Hos								1.00

All Natl Medicare Hospice Benchmark Report											
Total Cost Per Day Benchmarks: Trends - Group 4											
# of Providers					10		3,362			926	
Total Cost Per Day: Level 4	20	2015 - CA		Provider		2014		2015		2016	
Continuous Home Care	\$	496.07	\$	1,086.33	\$	636.97	\$	338.32	\$	288.28	
Routine Home Care	\$	151.60	\$	279.43	\$	82.35	\$	121.47	\$	135.64	
Inpatient Respite Care	\$	431.70	\$	490.67	\$	458.96	\$	300.90	\$	284.13	
General Inpatient Care	\$	575.98	\$	1,680.20	\$	429.09	\$	544.26	\$	594.19	
Drugs Biologicals and Infusion	\$	16.41	\$	15.60	\$	9.33	\$	12.92	\$	14.37	
Total Net Revenue per Day	\$	191.50	\$	209.90	\$	58.21	\$	170.73	\$	167.85	
Total Expenses per Day	\$	155.92	\$	283.07	\$	172.20	\$	124.80	\$	141.26	
Margin (Per Day)	\$	35.57	\$	(73.18)	\$	(113.99)	\$	45.93	\$	26.59	
Percent Margin		18.58%		-34.86%		-195.82%		26.90%		15.84%	