How a hospital can put territory research behind its marketing decisions

Use provider research and Medicare market data to set a hospital's business development priorities and explain the reason behind each territory choice.

Hospitals

Published October 21, 2026 · Updated November 26, 2026

A practical example workflow for evaluating CareMetric Intel. Benefits described are potential benefits, not measured customer results.

Why does a hospital need a shared market view?

A shared market view lets a hospital's teams judge their outreach proposals against the same territory facts. A community hospital preparing a marketing plan needs a common understanding of the surrounding territory. Different teams may bring different lists of organizations to contact. Before deciding which professional relationships deserve further research and outreach, business development leaders can use the shared view to compare the context behind those proposals.

Assemble the relevant market context

The hospital research view brings together available county information, hospitals serving the area, and context on home health, hospice, and nursing-home utilization. Provider and facility research helps the team understand the organizations operating around the hospital. The files are useful starting points for a market discussion, subject to source dates and local coverage.

The team must interpret the measures carefully. Hospital service-area information describes where residents receiving inpatient care live. A post-discharge spending mix provides context about care settings; it is not a count of individual transfers or confirmed referrals. Neither measure is a live hospital patient feed.

Where do the county's residents go for inpatient care?

CMS's Hospital Service Area File answers that question: it counts Traditional Medicare inpatient cases by the patient's ZIP code and the hospital that treated them. CareMetric Intel adds those ZIP codes up to the county and shows each hospital's share of the county residents' Medicare inpatient cases. The figure is a share of residents' cases, not market share. It leaves out Medicare Advantage stays and patients with other insurance.

A few rules change how the figure reads. A ZIP code counts for the county that holds most of its land, so a hospital near a county line can look stronger or weaker than staff expect. CMS withholds small counts, so a hospital that treated only a few residents may not appear at all. Two hospitals with the same total share a rank rather than being ordered by an identifier.

Which post-acute partners matter for discharge planning?

Discharge partners are the nursing homes, home health agencies and hospices that serve patients in the hospital's counties. CareMetric Intel lists them with their Medicare volume and their Care Compare star ratings where CMS publishes one. A hospital's own swing beds appear in CMS's nursing home files under the hospital's number, and CareMetric Intel labels them so they are not mistaken for a separate nursing home.

Two federal programs give those conversations a concrete subject. CMS's Transforming Episode Accountability Model (TEAM), which began on January 1, 2026, holds participating hospitals accountable for spending and quality from certain surgeries through 30 days after discharge. When the hospital takes part in a Medicare Shared Savings Program ACO, its page shows that ACO's spending per assigned beneficiary on home health, skilled nursing and hospice beside the median ACO.

Translate the analysis into marketing questions

The team compares the locations and organizations relevant to its actual service area. Rather than treating a large provider list as a campaign, it asks which accounts fit a defined relationship objective and which deserve additional verification. A physician practice, a neighboring hospital, and a post-acute organization may each require a different conversation.

For each proposed outreach priority, the analyst prepares a short rationale grounded in the available research: location, type of organization, relevant market context, and what remains unknown. The hospital can then take that rationale into its established relationship-management and approval processes. CareMetric's research is not presented as a replacement for clinical referral routing or admissions systems.

What should the leadership review include?

A leadership review should start with the question behind the analysis, then the territory considered, the sources used, and the accounts proposed for further research. Leadership can then challenge an assumption before staff time or marketing budget is committed.

The discussion should separate what the data describes from what the hospital has independently confirmed. If an internal result is discussed, it should retain its own definition and source. Market patterns alone cannot establish the hospital's marketing effectiveness, patient leakage, or a causal relationship between an outreach activity and patient volume.

What can market data not tell a hospital?

Market data cannot show a hospital its live census, a patient's discharge plan or the reason a physician chose another hospital. Medicare utilization files describe care from a year or more before their release, and each file has its own reporting period. Treat a change between two releases as a question for the next conversation, not as proof that a relationship was won or lost.

Where the value could be practical

A shared research frame could reduce time spent gathering the same provider and territory context for separate presentations. The shared frame could also help marketing and business development explain why an account belongs in the plan. The benefit would depend on local coverage, the questions asked, and how the hospital uses the information.

Evaluate the fit with a real planning question

Choose a bounded territory question that the team can assess without bringing patient information into the research workspace.

- Are the available source periods appropriate for the decision?
- Do the provider and facility profiles cover the organizations you need to research?
- Can leadership follow the rationale for proposed targets?
- Are market research, internal hospital results, and clinical workflows kept distinct?

Sources and further reading

CareMetric Intel data sources and use
https://caremetricintel.com/data-use

CMS Hospital Service Area File
https://data.cms.gov/provider-summary-by-type-of-service/medicare-inpatient-hospitals/hospital-service-area

CMS Transforming Episode Accountability Model (TEAM)
https://www.cms.gov/priorities/innovation/innovation-models/team-model

Medicare Care Compare
https://www.medicare.gov/care-compare/