How a nursing home can research its market before directing outreach

Compare local market context, investigate relevant hospital accounts, and give a nursing-home business development team a more focused outreach plan.

Nursing homes

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

Why look past the hospitals you already know?

The nearest hospitals are not always the accounts with the most patients a nursing home can serve. A nursing-home organization reassessing its business development priorities may know several nearby hospitals well while lacking a clear view of the wider territory. Leadership can review that context before repeating an existing outreach pattern. The aim is to direct research and relationship-building deliberately, rather than assume that proximity alone identifies the best account.

Review the nursing-home context

The nursing-home research view emphasizes counties, nursing-home supply, and the hospitals serving the area. Available Medicare utilization measures and facility profiles can help the team understand the local landscape. Competitor information provides another perspective on the organizations operating in the territory, with the detail depending on the files loaded.

The analyst checks geography, source vintage, and measure definitions before comparing locations. A county-level utilization measure does not show current bed availability, a facility's current census, or an individual patient waiting for placement. Market information supports research; it is not a live admissions queue.

Which hospitals do the county's residents use?

The hospitals that treat the most county residents make the starting list, because nearly every skilled nursing stay follows a hospital stay. CareMetric Intel ranks those hospitals by the county residents' Traditional Medicare inpatient cases, from CMS's Hospital Service Area File. Beside each hospital it shows where Medicare spending after discharge goes, by setting, next to the state's pattern.

A post-discharge spending share is a proxy, not a count of transfers. The share says how a hospital's Medicare patients used post-acute care on average; it does not say which nursing home they went to. Use it to choose which discharge planners to meet first, then learn the real pattern from the conversation.

How does the home compare on CMS ratings?

Hospital case managers can check Care Compare before they call, so the home's own ratings shape the conversation. CMS's Five-Star Quality Rating System gives each nursing home an overall rating and three component ratings: health inspections, staffing and quality measures. Staffing comes from the Payroll Based Journal hours each home submits every quarter.

The health inspection rating is set against the home's own state. A home's weighted inspection score, where lower is better, is compared with its state's cut points. CareMetric Intel shows the next star's threshold and how many points fewer the home would need. When CMS's published rating differs from that band, CMS's rating is the one that counts.

For a partner conversation, CareMetric Intel can also estimate how a hospital might rank the home against the county's largest nursing homes on published measures. The estimate is CareMetric's, built from CMS data; it is not a score any hospital has given.

Build a reasoned list of accounts to investigate

The team identifies hospitals and other relevant organizations within its practical market area. It reviews facility information and available market context, then writes a concise reason for each proposed relationship priority. Existing local knowledge helps test whether the research fits the organization's capabilities and service area.

A reasoned plan can distinguish an account needing introductory research from one needing a follow-up business conversation. Staff can use the findings to prepare more relevant questions and explain the organization's services accurately. Clinical acceptance decisions, patient details, and admissions processing remain in the appropriate operational systems; the research view does not perform those functions.

What should the manager ask?

The manager should ask why each organization appears in the plan, what its profile actually shows, and which facts need confirmation before outreach. A useful leadership discussion compares the proposed account list with the team's existing territory coverage and relationship knowledge.

When hospital or post-acute patterns enter the conversation, the team should describe the underlying measure rather than label every connection a confirmed referral. If the nursing home reviews its own admissions outcomes elsewhere, those internal facts should not be confused with the market research. Use the nursing home service line to manage contacts, visits, follow-ups, and recorded referrals in the CRM, within the selected plan's allowance.

What can market data not tell a nursing home?

Market data cannot tell a nursing home how many beds are open today, which patients are waiting for placement, or what a hospital's discharge planners think of the home. Traditional Medicare figures also leave out Medicare Advantage stays, which can be a large share of short-stay admissions in some counties. Those gaps are why the plan ends in conversations, not in a ranking.

What a more focused process could improve

A focused process could reduce repeated background research and visits made without a clear business purpose. The process could also give managers a more consistent basis for discussing territory coverage and assigning further investigation. A focused process does not establish an increase in admissions or occupancy, and its value should be assessed against the organization's own work and results.

What to test before making it part of the routine

Begin with a territory the team already knows, so it can assess both the useful context and the limits of the information.

- Do facility profiles and local supply measures support the planning question?
- Are the source periods and definitions clear to the people using them?
- Does each target have a practical reason for further research?
- Can the team explain what the software shows without implying live bed, patient, or

admissions data?

Sources and further reading

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

CMS Five-Star Quality Rating System for nursing homes
https://www.cms.gov/medicare/health-safety-standards/certification-compliance/five-star-quality-rating-system

CMS Payroll Based Journal staffing data submission
https://www.cms.gov/medicare/quality/nursing-home-improvement/staffing-data-submission

Medicare Care Compare: nursing homes
https://www.medicare.gov/care-compare/?providerType=NursingHome

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