West Berkshire Council

Fair Cost of Care –Domiciliary Report

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1. Introduction

This report covers analysis of data collected from Home Care/Domiciliary providers for the Fair Cost of Care exercise. Whilst it may inform such, it is not a fee setting exercise as referred to in the DHSC guidance as just one factor in determining the FCOC. There are a number of reasons why a median cost of care taken from this exercise may not form an appropriate fee, or even a sustainable fee rate for some individual providers.

When agreeing prices, particular circumstances of the provider may need to be taken into account. In particular, there may be economies of scale for larger providers which are not accessible to smaller organisations, or providers may be significantly affected by differing recruitment markets or occupancy rates. Providers are very diverse, but generally smaller and may be parts of franchises. Some focus entirely on the self-funder market. Some Home Care providers may provide a level of specialist care, and hence more expensive care, which is not provided by other organisations. In addition, many authorities have a provider of short notice/last resort care, and this is, by necessity, more expensive to provide.

In order to add additional capacity and resource to facilitate the Fair Cost of Care Exercise (FCOC), West Berkshire Council commissioned C.Co to facilitate the FCOC in partnership with the Council and service providers. C.Co commenced working with the Council on 28th June 2022 and an initial mobilisation meeting was held, between West Berkshire Council and C.Co. We have continued to work in partnership with the Council, to support Providers participate in the Fair Cost of Care exercise, validation and analysis of data, and reporting.

2. Engagement

Provider engagement is important to West Berkshire, and although not part of the FCOC exercise, a self-funder data collection took place in March and April 2022. Also, West Berkshire do not operate the typical fee setting exercise, but market price with providers, which further evidences their approach to engagement and commitment to market Providers.

From the outset, the Council was very clear in its intention that the FCOC exercise was to be taken forward in a collaborative way with Providers and they were encouraged to actively participate. The Council set a deadline date of 12th August for submissions, with an extension to 19th August 2022, to allow Providers maximum time to participate in the exercise.

Prior to the appointment of C.Co, and at the early stages of the FCOC exercise, West Berkshire Council Strategic Commissioning teams engaged with care home and domiciliary care providers through its established network and early communications to introduce C.Co as a partner.

C.Co have worked in partnership with the Council to demonstrate a one team approach to aid providers and regular communications were sent from C.Co via email on a weekly basis, throughout July and August 2022 using the database supplied by West Berkshire Council. This took place right up to the West Berkshire deadline, providing the following:

- Summary of what the FCOC exercise is and its purpose
- Key dates including workshops and deadline dates
- Links to access the FCOC tool

- How C.Co can support Providers including dedicated email and contact numbers
- to set out and seek feedback on some draft shared principles about how the Council envisaged the process being taken forward collaboratively with Providers
- to give an indication of the engagement mechanisms the Council would be offering to Providers
- Source links, such as, CHIP toolkit, demos and CHIP FAQs

All Providers were repeatedly offered support and to get in touch with the Council or C.Co via a dedicated email address, where they could request and access 1:2:1 support, and book on workshops. To encourage participation, it was important that Providers had as much choice on the communication methods and types of support available to them, which was communicated to Providers in various ways. Targeted engagement was conducted jointly across West Berkshire Council and C.Co.

In parallel to mass email communications, a summary of activities is listed below:

- 6 individual 121 sessions were delivered
- C.Co FAQs were developed and sent via email
- 5 C.Co and Care England Q & A Domiciliary sessions delivered
- Targeted engagement via personalised email and telephone calls

C.Co hosted in partnership with Care England and the Care Providers Alliance, a series of practical Q&A and help sessions to further support Providers. The Care Provider Alliance actively promoted provider participation in the exercise as *'a once in a lifetime opportunity for care providers to influence how social care services are to be funded.'* The joint C.Co and Care Provider Alliance sessions aimed to help providers with the completion of the tools through a live demo of the CHIP Toolkit, and open Q & A session to address any questions and queries Providers had.

All workshops were interactive and gave providers the opportunity to further understand the process, seek technical answers regarding the toolkits and to clarify interpretation of the data requested.

Post the submission deadline, West Berkshire and C.Co provider engagement continued via telephone calls and online Teams meetings as the process of validation of their responses was crucial. Over 80% of submissions from West Berkshire Council Providers required clarification/correction of data provided. Analysis timescales were amended to give Providers sufficient time to answer queries and provide clarifications, and additional support was provided with 121s were alongside with bespoke email responses to understand the asks. There were also incidences, where extensions were granted due to extenuating circumstances.

Whereas for residential care we achieved a very high level of engagement, engagement with the domiciliary care market has proven much harder, with less than 40% of providers and packages covered. Some Providers chose not to participate, citing reasons such as, time constraints and perceived complexity of the task.

3. Data Collection

Domiciliary data collection was done using the standard Homecare Cost Toolkit (CHIP) developed by ARCC Consulting. There are 42 Domiciliary providers in the West Berkshire area within scope, as defined by DHSC, though four are not currently commissioned.

Of the 42 providers within scope, 11 completed their submissions (26% return rate), who provide services in the West Berkshire area, including returns shared across neighbouring authorities. This represents 29% of active home care providers, 38% of packages and 33% of Domiciliary spend in West Berkshire.

Providers were asked to supply cost data as at April 2022. This should therefore have included as a minimum:-

- National minimum wage at £9.50, giving a minimum carer hourly rate of at least £9.50
- Employer's National Insurance (ENI) threshold of £9,100
- Employer's National Insurance (ENI) percentage of 15.05%
- The effects of inflation as at April 2022

The figures in this report are higher than current fees paid by West Berkshire, though this was expected considering the sample and when understanding the provider representation, which was relatively low despite intense efforts to engage. West Berkshire does not fee set, they have around 600 plus packages, where fees are agreed through a negotiation process and are priced to market, with Domiciliary providers invited to bid for packages. West Berkshire Council then select the provision that meets the needs and represents value for money. The commissioning processes used allow for packages to be priced to the market on a case by case basis and this is a robust process, led my providers that will contribute to sustaining the market.

The variances could be due to a number of reasons:

- The Provider submission sample consists of:
    - mainly local and independent providers where costs are higher than a National providers.
    - some providers that have minimal packages and the sample covers only 1/3 of packages in total.
    - missing one of the largest providers with over 19% of care packages.
- West Berkshire is a rural Council therefore travel time is likely to be higher than most neighbouring authorities that are deemed urban.
- They are based on April 2022 figures, taking into account likely inflationary cost increases and pay rises.
- They incorporate the effect of increases in Employer's National Insurance (ENI) contributions
- Providers chose to bid for Council placements, and it would be assumed this is a rate that they believe is profitable or sustainable for them, though this could still mean that Providers bid lower to gain the Care package.
- They are based on current/prior year package levels, which are likely to be lower than rates incorporated in any market setting process.
- This could also be down to provider inaccuracies in identifying where to put specific costs within the costs lines, as it has been identified the variations in where costs have been input.

4. Common Errors

Each return was checked both for obvious errors inclusive of and for areas where the data seemed out of line with the other returns. There were 80% of Provider submissions that required corrections/clarifications, Providers were given the opportunity to provide corrections and/or clarifications with follow up communications in terms of phone and email. All returns were recalculated, ensuring the correct Employer's NI threshold and rates, along with the agreed calculation correction.

Common West Berkshire Council issues included, though these are reflective nationally:

- Excessively high or non-existent PPE costs
- Incorrect Employer's NI Threshold used
- Incorrect holiday on cost percentage (below the national minimum which equates to 12.07%)
- Excessive or non-existent training days per employee
- No entries for other non-contact time (e.g. no sick leave)
- Incorrect allocation of direct care hours across different grades of care staff
- Incorrect calculations of FTE for back office staff/no entries
- Blank entries where data was required for calculations
- Excessively high or non-existent figures for return on operations

Providers were given the both the opportunity and the support to make corrective action within their excel based toolkit, of which most took up further support.

In addition, the CHIP data collection Toolkit contained an error relating to the calculation of ENI contributions. A correction for this error was later agreed with Care England but had to be applied to all returns. The spreadsheet gave a negative employer's NI figure if the provider appeared to have a lot of part time staff who worked only a few hours a week each. This was not discussed with providers as it was a correction to the way the spreadsheet worked, specifically a design correction, not a change to Providers' data.

5. Corrective Action

With regard to the ENI issue, all returns were recalculated, ensuring the correct Employer's NI threshold and rates, along with the agreed calculation correction. Providers were not specifically informed about the employer's NI correction because it was related to spreadsheet design, not provider data provision, as were issues with the incorrect NI thresholds and rates as stated previously within this report. These are statutory figures, so there is no change to provider data. On other corrections, the revised data was given by the providers, so Providers were aware any changes and updates.

The rationale for inclusion of Provider clarifications/corrections data was as follows:

- Where responses had been received from providers, the corrected figures were incorporated in the recalculations.
- Where no response was received from the provider, if the correction was obvious (e.g., holiday percentage oncost) the correction was made, and the data was included in analysis.

- If the issue was plausible, it was assumed to be correct.
- Failing either of the above scenarios, the data for that element of costs only was excluded from the analysis, but other elements were included and used wherever possible.

If a Provider did not respond nor resubmit, their data was excluded from the final report analysis, however, if they have entered some underlying data which could be used to analyse underlying driver information, this was taken into account. However, responses were received from providers on all matters under query.

From the eleven returns, all contributed either fully or in part depending on the option and specific data concerns.

6. Conceptual Data Analysis

The DHSC government guidelines require the assessment of the lower quartile, median (this is the midpoint rather than the mean which is an arithmetic average) and upper quartile figures for a range of cost areas which make up the overall cost of homecare per hour care provided. The government do not require sub-totals to be the sum of the component parts, nor totals to be the sum of sub-totals.

This allows local authorities to choose their approach as totalling the median figures for each cost area will give a different total median cost than taking the median of the total cost for each individual return.

The table below shows a considerable variance in the median cost of care per hour depending on the approach taken.

Option Summary	Lower Quartile £ per care hour	Median £ per care hour	Upper Quartile £ per care hour
Option 1	25.08	26.12	30.12
Option 2	24.10	28.52	35.23
Option 3	22.35	27.19	35.81

Option descriptions:

1) Option 1 - Figures take the median from the total cost per hour from each return
2) Option 2 - Figures add together the median of the five key cost areas (care worker costs, premises costs, supplies and services costs, head office costs and return on operations/capital) from each return.
3) Option 3- Figures are the sum of the median for each cost category as defined by Annex A, Section 3 of the government guidance.
4) Option 4 – Alternative approach.

Option 4 approach to calculate the median (detailed in Appendix A), is likely to:

- Produce a more realistic cost of care
- Minimise the impact of outliers and inaccurate data issues
- Reflect the actual cost drivers
- Allow for easy updating of the results as driver data (such as Employer's NI rates and thresholds) changes
- Allow an authority to incorporate matters of principle (such as NLW, LLW) into the calculations

West Berkshire Council has chosen to progress with Option 3 for the purposes of the Cost of Care exercise as this will provide analytical comparability with neighbouring authorities, particularly Reading and Wokingham with whom we work closely. West Berkshire currently uses a variation of Option 4 to inform its understanding of the market pricing.

7. Data Quality

During the analysis on validated data, C.Co conducted some separate analysis to understand the variances on data across the Provider sample. The table below shows the sum of the minimum/maximum of each element of the costs incurred in providing care (it is not the Minimum and Maximum of fees paid):

Option 3 Summary taken from the sum of each defined cost area	**Minimum £ per Care per Hour**	**Maximum £ per Care per Hour**
Direct Care	10.40	14.37
Travel Time	0.73	5.68
Mileage	0.30	4.30
PPE	0.14	1.30
Training (staff time)	0.14	2.18
Holiday	1.49	2.90
Additional noncontact pay costs	0.00	1.10
Sickness/maternity and paternity pay	0.00	2.44
Notice/suspension pay	0.00	0.13
NI (direct care hours)	1.17	2.74
Pension (direct care hours)	0.19	1.14
Care worker Costs	**14.56**	**38.27**
Back office staff	1.90	6.79
Travel costs	0.00	1.58
Rent/rates/utilities	0.29	3.67
Recruitment/DBS	0.00	1.52
Training (third party)	0.00	1.35
IT	0.01	1.06
Telephony	0.00	1.16
Stationery/postage	0.01	1.02
Insurance	0.00	0.87
Legal/financial/professional fees	0.00	1.52
Marketing	0.00	1.27

Audit and compliance	0.00	0.24
Uniforms and other consumables	0.02	0.71
Assistive technology	0.00	0.39
Central/head office recharges	0.00	0.78
Other overheads	0.00	0.00
CQC fees	0.07	0.21
Business Costs	**2.30**	**24.14**
Return on Operations	**0.00**	**2.65**
Total Cost Per Hour	**16.85**	**65.05**

The table demonstrates that there are significant variances in Providers interpretation of data which would therefore impact the FCOC exercise and its quality.

In addition, the FCOC exercise does not include all the Providers within scope and although this may have impacted figures positively or negatively, it would have provided richer data. It is important to note that the sample consists of a high proportion of independent, local and regional providers and a low percentage of returns from National providers, as National providers have most overheads assumed within their head office rather than the individual branches. This, along with the absence of a provider with one of the largest package take up, would have no doubt impacted figures to what was expected and in line with the reality.

Taking this into consideration, local authority knowledge on its current market and the FCOC exercise being a point in time, the FCOC data is deemed higher than the actual market costs. This is due to the fact West Berkshire market price, and this is done in 'real time' with the Provider market.

8. Summary Results

Option Three – Sum of Each Defined Cost Area

In this option, the median figures from each cost area are identified, and totalled to give a total cost of care per hour. The analysis uses as much data as possible, with outliers removed only on the relevant cost lines.

Option 3 Figures taken from the sum of each defined cost area	Sample Count	Lower Quartile £ per care hour	Median £ per care hour	Upper Quartile £ per care hour
Direct Care	11	10.80	11.22	11.43
Travel Time	11	1.77	1.89	3.35
Mileage	10	0.86	1.30	2.31
PPE	11	0.50	0.57	0.83
Training (staff time)	11	0.40	0.45	0.54
Holiday	11	1.54	1.80	1.93
Additional noncontact pay costs	11	0.00	0.00	0.46
Sickness/maternity and paternity pay	11	0.16	0.27	0.57
Notice/suspension pay	11	0.00	0.00	0.03
NI (direct care hours)	11	1.25	1.43	1.58
Pension (direct care hours)	11	0.31	0.51	0.64

Care worker Costs		**17.60**	**19.43**	**23.68**
Back office staff	7	2.79	4.50	6.19
Travel costs	11	0.00	0.00	0.16
Rent/rates/utilities	11	0.69	0.83	1.58
Recruitment/DBS	11	0.04	0.04	0.23
Training (third party)	11	0.03	0.08	0.16
IT	11	0.11	0.27	0.49
Telephony	11	0.05	0.19	0.25
Stationery/postage	11	0.04	0.06	0.26
Insurance	11	0.07	0.20	0.32
Legal/financial/professional fees	11	0.01	0.16	0.40
Marketing	11	0.01	0.03	0.09
Audit and compliance	11	0.00	0.02	0.03
Uniforms and other consumables	11	0.03	0.06	0.07
Assistive technology	11	0.00	0.00	0.00
Central/head office recharges	11	0.00	0.00	0.05
Other overheads	11	0.00	0.00	0.00
CQC fees	11	0.10	0.11	0.16
Business Costs		**3.95**	**6.55**	**10.44**
Return on Operations	**7**	**0.81**	**1.21**	**1.69**
Total Cost Per Hour		**22.35**	**27.19**	**35.81**

Government returns also require some supporting or underlying data, which is shown below:

Option 3 Figures taken from the sum of each defined cost area	**Sample Count**	**Lower Quartile**	**Median**	**Upper Quartile**
Carer basic pay per hour (£)	11	10.30	10.60	11.09
Minutes of travel per contact hour (mins)	11	9.74	10.15	17.44
Mileage payment per mile (£)	10	0.36	0.40	0.44
Total direct care hours per annum (Hours)	11	8,138	18,408	56,680

9. Visit Lengths

The returns show a range of visit lengths besides the common 15/30/45/60 minute visits. The table below shows the median and quartile weekly number of each of these four visit lengths which form the majority of visits both by number (95%) and by time (86%).

This table shows that the median provider is likely to provide no 15 minute visits, 297 half hour visits, 85 45 minute visits, and 58 hour long visits per week, along with a small number of visits of other lengths.

Visit Lengths	**Sample Count**	**Lower Quartile**	**Median**	**Upper Quartile**
		Visit Numbers	**Visit Numbers**	**Visit Numbers**
15 minutes	11	0	0	27

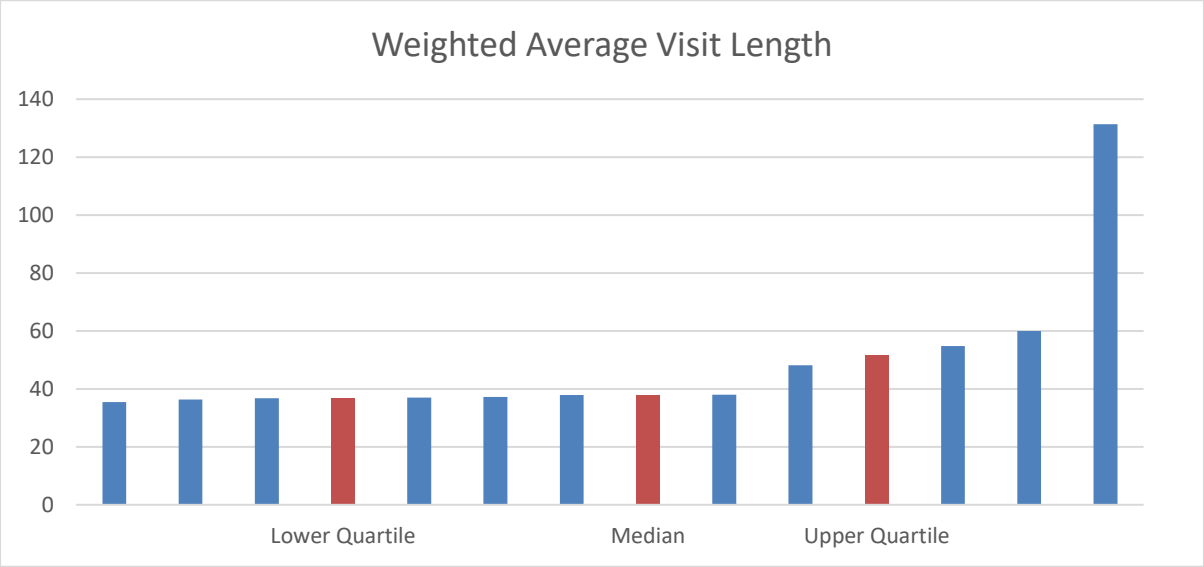
30 minutes	11	109	297	748
45 minutes	11	45	85	400
60 minutes	11	44	58	122

The table below shows the total number of visits and care hours by length across the sample returns.

Visit Lengths	Total Number of Visits	Total Care Hours
15 minutes	384	96
30 minutes	5,946	2,973
45 minutes	2,797	2,098
60 minutes	1,658	1,658
Other Visit Lengths	520	1,098
Totals	11,304	7,922

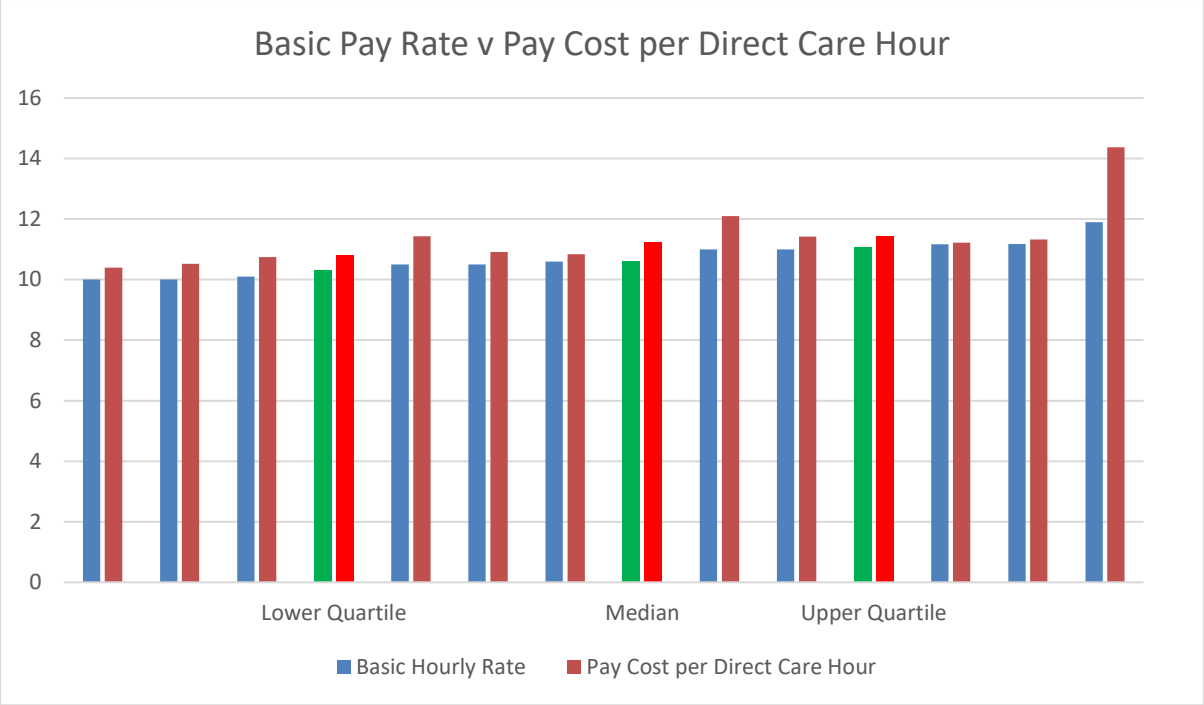
This shows clearly that the vast majority of visits are 30 minutes long (53%). The next most common length is 45 minutes (25% by call number), with a further 15% by call numbers which are 60 minutes long. This means that 92% of visits are in the 30-60 minute length bracket.

The weighted average visit length is calculated by the data collection tool, and gives a median weighted average visit length of 37.9 minutes, which supports the total data shown above. This is not the overall average visit length but the median of the average visit length for each provider. The graph below, which shows the range of weighted average visit length also shows that, with a small number of exceptions, this pattern of delivery is likely common to most providers.



10. Care worker Costs

Care worker costs are significantly impacted by the basic hourly rate paid to care workers. From the returns, all providers pay a minimum of £10.00 as a basic hourly rate rising to a maximum of £11.90 with a median figure of £10.60. There will be providers who pay a higher rate but do not pay for travel time. The pay cost per hour of direct care will be higher than the basic hourly rate as this will encompass some care provided by more senior staff at higher rates.



The graph shows that most care is provided by care workers rather than more senior staff. The median ratio between basic hourly pay and the pay cost per direct care hour is that the pay cost per direct care hour is 5.9% higher than basic hourly pay. The lower quartile, median and upper quartile are shown in bright red and green within the graph.

11. Business Costs

Business costs are again treated differently in each option. Many providers will define these costs differently. They will also experience different levels of expenditure on each cost area within business costs depending on their particular circumstances. For example, a member of a larger group may have group/head office costs, while an independent provider may have higher back office or professional support costs.

West Berkshire Council does have a high back office costs, but this could be explained by the high proportion of independent, local and regional providers vs the low percentage of returns from National providers. This sample mix would inevitably produce higher Back office costs as national organisations would assume some overheads within their head office.

12. Return on Operations

The returns asked for a percentage Return on Operations, which is normally calculated as a percentage of the total of Care worker and Business Costs. These range from 0% to 15% with a median figure of 5%.

13. Costs per visit type

It is not possible, given the data collected by this data collection tool, to fully separate out the costs for visits of different lengths. Logically, shorter visits will cost more per care hour. For example, travel distances, time and hence costs are not necessarily shorter for shorter visits, and so proportionately are more per care hour for shorter visits. Similarly, PPE costs will be greater per hour for shorter visits. These are the only two costs that can be separated out per visit rather than per hour to identify separate cost rates for shorter visits.

Once these have been identified per visit, the median (and lower and upper quartile) figures can be applied to the calculation of a fair cost of care to identify the separate median costs for 15, 30, 45 and 60 minute length calls as required.

	15 minute calls	30 minute calls	45 minute calls	60 minute calls	Per Direct Care Hour
	Cost per call	Cost per call	Cost per call	Cost per call	
Results	8.17	14.03	19.89	25.75	27.19

Cost Per Call Length	Lower Quartile	Median	Upper Quartile
15 Minute Calls	7.09	8.17	11.32
30 Minute Calls	11.90	14.03	18.65
45 Minute Calls	16.70	19.89	25.98
60 Minute Calls	21.51	25.75	33.31
Per Care Hour	22.35	27.19	35.81

14. Annex A Section 3 Table

The Annex A Section 3 Table is based on current figures and current Government guidance for Option 3, and should provide sufficient information to fulfil the government return requirements. It is important to note, that the sub totals are not the mathematical total of each line, which is acceptable within government guidelines.

This is shown below based on Option 3 and the latest government format.

Cost of care exercise results - all cells should be £ per contact hour, MEDIANS.	18+ domiciliary care
Total Care worker Costs	**£19.43**
Direct care	£11.22
Travel time	£1.89
Mileage	£1.30
PPE	£0.57
Training (staff time)	£0.45
Holiday	£1.80
Additional noncontact pay costs	£0.00
Sickness/maternity and paternity pay	£0.27
Notice/suspension pay	£0.00
NI (direct care hours)	£1.43
Pension (direct care hours)	£0.51
Total Business Costs	**£6.55**
Back office staff	£4.50
Travel costs (parking/vehicle lease et cetera)	£0.00
Rent/rates/utilities	£0.83
Recruitment/DBS	£0.04

Training (third party)	£0.08
IT (hardware, software CRM, ECM)	£0.27
Telephony	£0.19
Stationery/postage	£0.06
Insurance	£0.20
Legal/finance/professional fees	£0.16
Marketing	£0.03
Audit and compliance	£0.02
Uniforms and other consumables	£0.06
Assistive technology	£0.00
Central/head office recharges	£0.00
Other overheads	£0.00
CQC fees	£0.11
Total Return on Operations	**£1.21**
TOTAL	£27.19

Supporting information on important cost drivers used in the calculations:	**18+ domiciliary care**
Number of location level survey responses received	11
Number of locations eligible to fill in the survey (excluding those found to be ineligible)	
Carer basic pay per hour	£10.60
Minutes of travel per contact hour	10.2
Mileage payment per mile	£0.40
Total direct care hours per annum	18,408

15. Future Uplifts

For assessing the hourly cost of domiciliary care in future years it is either necessary to repeat this exercise or agree the way in which the median value can be uplifted. The following are recommendations for uplift:

A. All Care worker costs with the exception of those detailed below: increase annually by the same percentage increase as the national living wage (6.6%)

B. Mileage: Increase by April CPI figure for category 07, Transport (13.5%)

C. PPE: Increase by April CPI figure for category 03, Clothing and Footwear (8.3%) (alternatively CPI figure for category 06.1, Medical Products, Appliances, and Equipment)

D. National Insurance : Increase by the same percentage increase as the national living wage and also by the percentage change in employer's NI contribution rate

E. Pension : Increase by the same percentage increase as the national living wage and also by any percentage change in the minimum required employer's pension contribution

F. All Business costs with the exception of those detailed below: increase annually by the increase in CPI (9.0%)

G. Travel: Increase by April CPI figure for category 07, Transport (13.5%)

H. Rents, Rates and Utilities: Increase by April CPI figure for category 04.5, Electricity, Gas and Other Fuels (69.6%)

I. Insurance: Increase by April CPI figure for category 12.5, Insurance (11.3%)

J. Return on Operations: Weighted average based on the above figures.

Using the proportions of each cost line from the median cost figures allows a specific care home price index basket to be developed in the same way as the CPI is prepared. A spreadsheet model can be provided which could then be populated with the relevant data from the CPI breakdown when available.

Appendix A – Alternative approach (Option 4)

This approach to establishing a fair cost of care is as follows (for median also read lower and upper quartiles):

Care worker Costs

a. Direct Care: This is a combination of the hourly rate paid to carers/senior carers/nurses etc. and the proportion of hourly care provided by each grade of staff. A number of other care worker costs are derived from this figure. The recommendation is to use the median cost of direct care as taken from the data provided in the returns. This will incorporate both pay levels and the seniority level of care delivery.

b. Travel Time: Whilst some providers do not pay travel time, the majority in this data collection exercise do pay for travel time. The recommendation is that the median travel time (in minutes) is used to calculate the cost of travel time from the hourly pay rate.

c. Mileage: Use the median distance given by the returns multiplied by the median mileage rate from the returns.

d. PPE: Use the median figures as given by the returns, with outliers and zeros removed.

e. All non-contact time: Use the median percentage on cost/statutory minimum percentage oncost multiplied by direct care/travel time costs as defined in the data collection tool. For training time, base this on the median days per full time employee, again as defined in the data collection tool. Where a provider has given figures for some of these categories but not all, it is assumed that the entry for the other categories is zero. Where a provider has not completed any categories, the provider has been removed from this element of the analysis.

f. National Insurance: Calculate from first principles, assuming full time staff and April 2022 contribution rates and thresholds. This gives a higher figure than is likely, but gives a sufficient cost of care that providers are not constrained in employment options.

g. Pension: Calculate from first principles, assuming a contribution rate of 3% and 100% take up. This gives a higher figure than is likely but again ensures that providers are not constrained in employment options.

Business Costs

It is recommended that the median figure for each element of the business costs is identified, with outliers removed, and all blanks treated as zeros. However, the median used for the Fair Cost of Care should be the median of the totals from each return. This should minimise the impact of any differences in definition and how costs are treated by individual providers.

Return on Operations

Return on Operations is in fact defined as a percentage of the sum of care worker and business costs.