

North Carolina Community Health Center Association 2024 Annual Conference

Using Financial KPIs in Your Health Center

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- A national healthcare business consultant with 35 years of experience
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- Works on FQHC payment reform & alternative payment methodologies (APMs)
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KPIs

- All health centers should be tracking Key Performance Indicators (KPIs)
- A KPI on its own is not meaningful. KPIs need to be compared against:
 - Last time measured (week/month)
 - Last year
 - Budget
 - Internal targets
 - Managed care contractual requirements
 - Regulatory requirements
 - External reports from similar types of entities



SOME THOUGHTS ON USING KPIS FOR BENCHMARKING

- Caveats
 - It is essential to know the data source, data collection methodology, sample size, and other data issues when looking at external data comparisons
 - CHCs might not be comparable to other providers, we have different patient populations, services, and requirements. Sources like MGMA are interesting to understand the market, but probably shouldn't be used for health center performance targets
 - Need to consider data period:
 - 2019 and before – probably no longer relevant
 - 2020 & 2021 – heavy COVID years
 - Don't ever trust numbers that someone gives you off the top of their head. Also, make sure that any percentage of totals add up to 100% (or at least near to it)



FINANCIAL/OPERATIONAL KPIs



DAYS CASH ON HAND

Operating Cash

((Total expenses – noncash expenses)/365)

- Why is this this most important indicator? Because the CHC has to make payroll every two weeks
- Why else is it important? Because it represents the sum total of financial and operational activity at the health center (but does not measure mission, clinical quality, or customer service)
- Superior to current ratio or working capital because it adjusts for errors in revenue recognition
- KPI driver – Days in Accounts Receivable
- Also consider restricted cash, designated cash, excess days in payables, and unearned revenue (also correlate to current ratio)



DAYS CASH ON HAND

- HRSA generally prefers 45 – 60 days
- Below 15 makes the center very difficult to manage
- If operations are cash flow positive, the lower end maybe 30 – 35 days after capital investments
- From a balance sheet perspective may want to consider a capital replacement fund equal to monthly depreciation (but don't make it restricted)
- Capital plan is now an HRSA program element from the Compliance Manual

Average health center days cash on hand per 2023 audit: 120 days (source FORVIS audit database)



FINANCIAL RATIOS

Operating Margin – 4.8%. Profit margin with extraordinary revenue and expense items carved out. **National average – 4.8% (note 2023 data)**

Current Ratio – **4.1 to 1** Current assets to current liabilities

Net Days in Patient Accounts Receivable – **25 days**. This is not the amount of time it takes to collect. Think of it as a percentage of billings in accounts receivable ($25/365 = 7\%$). Medicaid is generally a quick payor so this figure shouldn't be too high

Days Expenses in Accounts Payable – **26 days**

Salary and Benefits to Total Expense – **62%**. May be depressed by pharmacy costs, and by the use of contractors

Debt to Equity Ratio – **8%** (the average is 20% so there are some CHCs that have a lot of debt to skew it that much)

Source: FORVIS 2023 audit database



P&L BY SITE

	MAIN	DOVE VALLEY	ALLIANCE	ADMIN	MOBILE VAN	COMM HOSPITAL	TELE- HEALTH	TOTAL
REVENUE								
GRANT REVENUE	3,317,924	687,119	92,124	47,991	22,133	159,537	1,097,713	5,424,540
PATIENT REVENUE	21,426,583	12,968,122	1,721,546	0	421,895	4,140,843	11,216,375	51,895,364
ADJUSTMENTS TO REVENUE	(10,143,732)	(5,779,021)	(653,106)	0	(166,239)	(2,801,715)	(3,372,290)	(22,916,103)
OTHER INCOME	200,128	103,225	0	807,915	0	57,104	0	1,168,372
OTHER PATIENT REVENUE	<u>2,379,729</u>	<u>471,062</u>	<u>40,862</u>	<u>76,258</u>	<u>18,769</u>	<u>28,476</u>	<u>354,034</u>	<u>3,369,191</u>
Total REVENUE	<u>17,180,633</u>	<u>8,450,507</u>	<u>1,201,425</u>	<u>932,165</u>	<u>296,558</u>	<u>1,584,244</u>	<u>9,295,831</u>	<u>48,379,093</u>
EXPENSES								
SALARIES	9,401,923	4,004,638	221,039	9,899,778	71,753	1,399,700	1,171,765	26,170,597
FRINGE BENEFIT	2,248,987	993,204	31,180	2,069,022	10,437	148,539	192,714	5,694,084
CONSULTANTS	534,251	200,739	75	889,880	28,034	85,949	464,789	2,203,717
CONSUMABLE SUPPLIES	1,048,019	589,457	31,671	195,675	2,315	0	424	1,867,561
TRAVEL	3,015	3,969	0	33,940	835	0	80	41,839
SPACE RENT	15,210	214,167	0	176,648	0	0	0	406,025
UTILITIES	115,150	12,776	0	11,840	0	0	0	139,766
TRAINING	33,060	1,335	0	58,187	7	38	919	93,546
COMMUNICATIONS	12,666	4,368	523	388,062	4,726	470	4,389	415,203
I.T. EXPENSES	41,919	14,177	2,413	513,151	494	766	7,057	579,978
REPAIRS & MAINTENANCE	45,311	32,779	1,251	73,877	1,852	0	0	155,071
DEPRECIATION	335,300	33,006	7,775	381,308	17,940	0	0	775,330
BAD DEBTS	48,325	30,540	413	0	1,107	26,762	32,692	139,840
OTHERS	228,887	65,674	6,996	573,998	2,987	4,945	11,400	894,887
ADMIN OVERHEAD ALLOC.	<u>8,860,832</u>	<u>3,893,453</u>	<u>190,463</u>	(15,265,366)	<u>89,467</u>	<u>1,046,803</u>	<u>1,184,348</u>	<u>0</u>
Total EXPENSES	<u>22,972,856</u>	<u>10,094,282</u>	<u>493,800</u>	<u>0</u>	<u>231,955</u>	<u>2,713,973</u>	<u>3,070,576</u>	<u>39,577,443</u>
NET INCOME (LOSS)	<u>(5,792,224)</u>	<u>(1,643,774)</u>	<u>707,625</u>	<u>932,165</u>	<u>64,603</u>	<u>(1,129,729)</u>	<u>6,225,255</u>	<u>(636,080)</u>



P&L BY PROGRAM

	MEDICAL	OB/GYN	VISION	DENTAL	MENTAL HEALTH	COMM SERVS	ADMIN	Total
REVENUE								
GRANT REVENUE	\$ 3,799,217	\$ 854,973	\$ 99,924	\$ 1,063,773	\$ 581,183	\$ -	\$ 51,102	\$ 6,450,171
PATIENT REVENUE	38,041,073	13,272,309	1,772,771	7,206,099	4,360,955	15,479	0	64,668,686
ADJUSTMENTS TO REVENUE	(17,473,084)	(5,553,711)	(979,296)	(2,186,719)	(1,491,195)	(817)	0	(27,684,822)
NET PATIENT REVENUE	20,567,988	7,718,598	793,476	5,019,380	2,869,760	14,662	0	36,983,864
OTHER PATIENT REVENUE	2,960,082	392,129	4,904	272,252	71,061	0	76,258	3,776,686
TOTAL NET PATIENT REVENUE	23,528,070	8,110,726	798,380	5,291,632	2,940,821	14,662	76,258	40,760,550
OTHER INCOME	(17,812)	266,500	0	0	107,965	0	811,719	1,168,372
Total REVENUE	\$ 27,309,475	\$ 9,232,199	\$ 898,304	\$ 6,355,405	\$3,629,969	\$ 14,662	\$ 939,079	\$ 48,379,093
EXPENSES								
SALARIES	12,207,615	4,097,851	505,301	2,964,829	1,696,602	660,900	10,354,601	32,487,698
FRINGE BENEFIT	2,505,298	488,774	108,981	641,322	386,480	177,228	2,683,981	6,992,063
CONSULTANTS	450,816	130,510	5,578	40,867	723,257	0	1,388,892	2,739,920
CONSUMABLE SUPPLIES	1,426,337	372,968	37,037	279,084	5,456	7,067	203,008	2,330,957
SPACE RENT	321,165	25,273	6,899	63,596	5,553	0	176,648	599,136
UTILITIES	117,016	17,096	3,958	29,348	2,071	0	11,840	181,328
COMMUNICATIONS	29,858	3,652	415	2,653	1,423	0	487,039	525,039
IT EXPENSES	40,245	6,469	803	33,449	2,170	0	611,719	694,855
REPAIRS & MAINTENANCE	88,524	12,105	3,826	51,697	2,518	1,817	72,264	232,751
DEPRECIATION	225,529	73,908	14,316	119,380	11,122	0	380,919	825,175
INTEREST	0	0	0	0	0	0	74,100	74,100
OTHERS	362,427	82,793	50,189	72,027	9,183	1,395	621,154	1,199,169
ADMIN OVERHEAD ALLOC.	6,759,713	2,262,607	263,262	1,433,164	875,424	0	(11,594,171)	0
CLINIC OPS OVERHEAD ALLOC.	2,079,554	1,102,448	172,745	977,839	276,704	0	(4,609,289)	0
Total EXPENSES	\$ 26,614,095	\$ 8,676,455	\$ 1,173,310	\$ 6,709,255	\$3,997,964	\$ 848,406	\$ 862,704	\$ 48,882,191
N.I. (LOSS)	\$ 695,380	\$ 555,744	\$ (275,006)	\$ (353,851)	\$ (367,995)	\$ (833,744)	\$ 76,375	\$ (503,098)



CFO DASHBOARD OF SITE KPIS

	Main	Main Urgent Care	Pine	West Charles	La Clinica	Rosco
Profitability						
Surplus/Deficit	\$ (1,826)	\$ (1,756)	\$ 830	\$ 1,028	\$ 1,610	\$ (704)
as a % of expenses	-18%	-52%	27%	9%	21%	-7%
Revenue Dynamics						
Total budgeted visits (Med + CAP)	30,213	9,025	10,020	30,396	18,109	26,009
% Visit Increase over prior year	21%	0%	30%	12%	6%	26%
Blended Rate (current year)	\$ 198.06	161.89	303.86	225.13	329.85	215.34
Medical Fee Revenue as % of Total Rev	78%	100%	84%	67%	75%	68%
340b Revenue \$	\$ 385	\$ 172	\$ 254	\$ 854	\$ 607	\$ 434
340b Revenue as % of Total Revenue	4%	11%	6%	7%	7%	5%
Grant Revenue						
330 Revenue\$	\$ 1,048	\$ -	\$ 488	\$ 1,228	\$ 781	\$ 1,016
330 Revenue as % of Total Rev	12%	0%	12%	10%	8%	11%
ARPA Grant Revenue \$	\$ 442	\$ -	\$ -	\$ 619	\$ 707	\$ 398
ARPA Grant Revenue as % of Total Rev	5%	0%	0%	5%	8%	4%
County Indident Care Revenue \$	\$ 162	\$ -	\$ -	\$ 2,017	\$ 207	\$ 162
County Indigent Care as % of Total Rev	2%	0%	0%	16%	2%	2%
Payor Mix						
Medi-Cal	75%	57%	73%	67%	70%	76%
Medi-Medi	6%	4%	5%	12%	17%	6%
Medicare	2%	3%	7%	5%	5%	3%
Private	2%	7%	8%	6%	5%	5%
Uninsured / Other	14%	29%	8%	10%	3%	10%

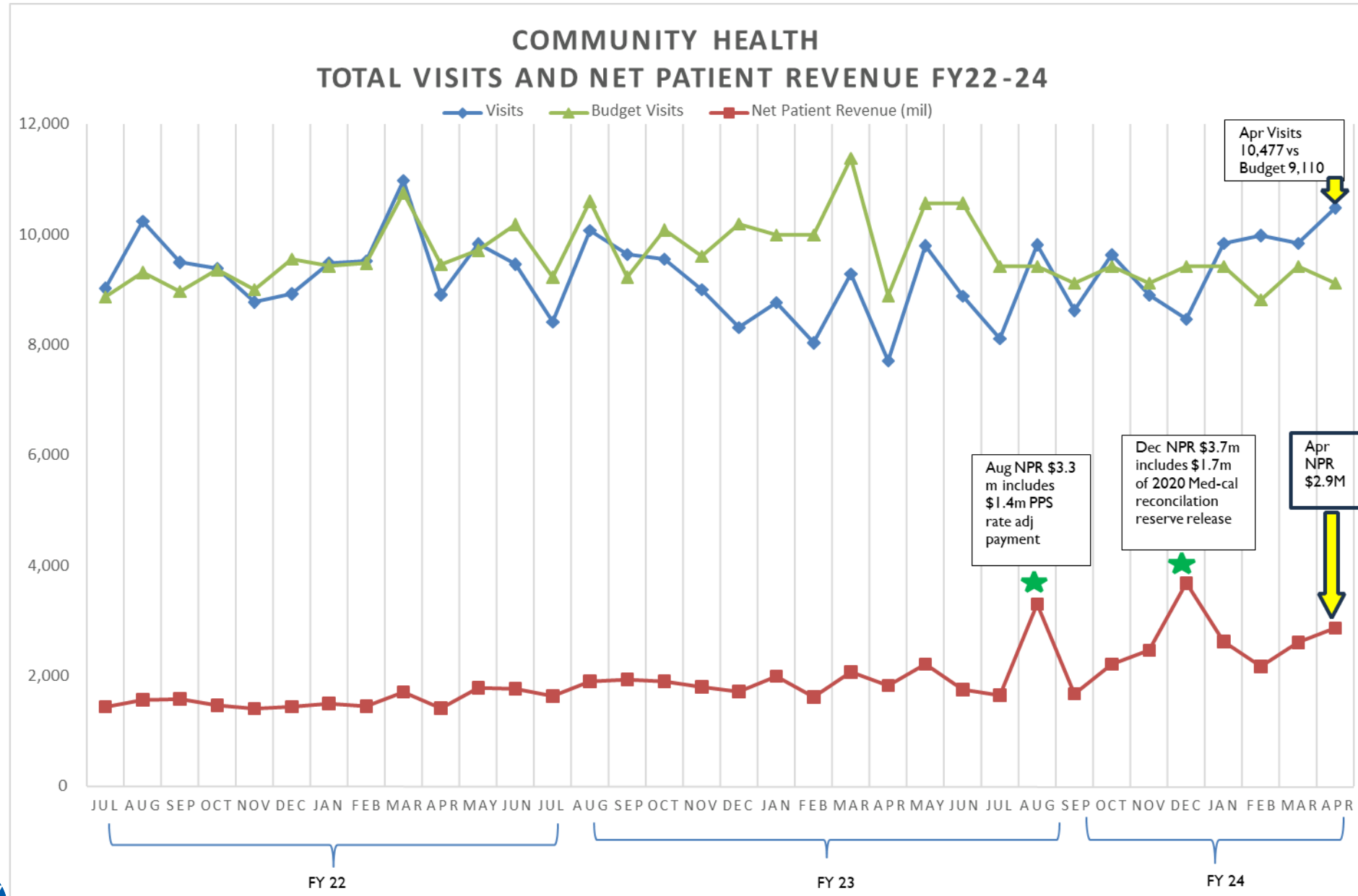


CFO DASHBOARD OF SITE KPIS

		Main	Main Urgent Care	Pine	West Charles	La Clinica	Rosco
Cost Dynamics							
	Provider Medical FTE (Paid)	13.84	5.19	4.22	14.37	7.67	11.33
	Provider Medical "Clinical Time" %	77%	94%	85%	65%	77%	91%
	Medical Productivity / yr /FTE)	3,055	2,148	3,030	3,470	3,316	2,912
Staffing Ratios							
	MA: Provider Ratio (1.5 target)	1.85	0.49	1.27	1.99	2.17	1.96
	RN: Provider Ratio	0.17	0.20	0.21	0.48	0.49	0.34
	Referrals: Provider Ratio (.25 target)	0.37	-	0.21	0.31	0.17	0.29
	Front Desk Ratio (ADV)	0.05	0.06	0.05	0.05	0.05	0.05
	Med Records (ADV)	0.03	-	-	0.02	0.03	0.02
	Med Access Coordinators (ADV)	0.01	-	0.03	0.01	0.01	0.01
	Triage Assistants: Provider Ratio	0.09	-	-	0.26	0.38	0.10
	PopHealth Specialist: Provider	0.09	-	-	0.10	0.17	0.10



VISIT & REVENUE TRACKING



REVENUE CYCLE TRACKING

Revenue Cycle KPI								
Metric	Definition	Purpose	Week End 11/05/2022	Week End 11/12/2022	Week End 11/19/2022	Week End 11/26/2022	Target	Target Source
Total AR Days	Total outstanding AR amount/Average Daily Revenue	How quickly LMC convert revenue to cash	47.5	50.5	47.8	47.5	<45	OCHIN FQHC Standard Metrics
AR>90+ Dollar	Total outstanding AR amount over 90 days	Track of delinquent accounts as collection possibility drops significantly after 90 days	\$ 866,914	\$ 873,018	\$ 870,294	\$ 891,355	<1,000,000	internal goal based on historical trend
AR>90+ %	AR amount over 90 days/Total AR amount		10.1%	9.5%	10.0%	10.5%	<20%	OCHIN FQHC Standard Metrics
Payment Posted	Payment applied to outstanding AR	Reduce outstanding AR, ensure timely posting	\$ 1,173,940	\$ 1,205,770	\$ 1,430,308	\$ 1,141,283	>1,000,000	internal goal based on historical trend
Outstanding Deposit Not Posted	Payment received in bank, not yet applied to outstanding AR	Track unposted deposit that impact open AR	\$ 58,825	\$ 62,033	\$ 151,991	\$ 200,782	<250,000	internal goal based on historical trend
Claim Edit Days	Time takes to submit a claim	How quickly we bill a claim once charge is dropped	1.7	1.8	1.9	2.2	<1.5	OCHIN FQHC Standard Metrics
Denial Rate (Denial Posted/Charge Posted)	Denial amount/Charge posted	Track denial ratio over total revenue	8.2%	5.5%	9.0%	7.1%	<5%	OCHIN FQHC Standard Metrics



VISIT & REVENUE TRACKING

Revenue Cycle Top Denials					
Type	Definition	Week End 11/05/2022	Week End 11/12/2022	Week End 11/19/2022	Week End 11/26/2022
Registration/Eligibility	Denials related to Coordination of benefits plan coverage, incorrect plan, maximum benefit exceeded, inactive coverage	\$ 42,265	\$ 27,858	\$ 41,527	\$ 20,858
Missing Claim Information	Denials due to missing vital data, such as prior payor EOB	\$ 27,234	\$ 10,764	\$ 24,338	\$ 20,326
Non-Covered	Visits/procedures aren't covered under a patient's current benefit plan	\$ 10,147	\$ 3,037	\$ 7,101	\$ 2,460
Coding	Denials Due to coding error, such as missing modifiers, diagnose code and CPT code mismatches, etc.	\$ 5,225	\$ 6,194	\$ 4,827	\$ 9,187
Timely Filing	Claims filed after payor deadline	\$ 3,744	\$ 1,284	\$ 2,143	\$ 2,319
Duplicate	More than one claim was submitted for the same service, for the same patient, for the same date of service that has been adjudicated	\$ 10,636	\$ 3,561	\$ 10,571	\$ 6,225
Provider Enrollment/Credentialing	Payer credentialing verifications that do not match what was documented and submitted on the provider application	\$ 12,130	\$ 9,043	\$ 8,953	\$ 4,053
Total Top Denials		\$ 111,380	\$ 61,741	\$ 99,459	\$ 65,428
Top 7 Denials %		95%	93%	92%	97%



PROVIDER PRODUCTIVITY FROM UDS

WHEN WILL WE HIT BOTTOM?

	2007	2009	2011	2013	2015	2017	2019	2020	2021	2022
Family Practice	3,830	3,768	3,492	3,346	3,156	2,958	2,835	2,710	2,688	2,585
Internists	3,755	3,670	3,407	3,189	2,998	2,953	2,848	2,741	2,743	2,654
OB/GYN	3,616	3,535	3,267	2,997	2,881	2,832	2,708	2,608	2,615	2,594
Pediatricians	3,937	3,952	3,681	3,448	3,320	3,192	3,147	2,676	2,870	2,943
Nurse Practitioners	2,811	2,865	2,803	2,674	2,570	2,527	2,515	2,377	2,430	2,412
Dentists	2,669	2,726	2,682	2,610	2,623	2,599	2,624	1,928	2,176	2,234



PROVIDER FTEs

- Paid FTE: Provider paid hours divided by 2,080. Should be used by the Finance Department to calculate provider productivity
- Cost report FTE: Take out hours for vacation, CME, and sick time. Usually reduces full-time provider to approximately .85 FTE
- Clinical FTE: Hours spent seeing patients. CMO could use this figure to look at visits per hour. CFO could use this figure to see what % of paid time the provider spends seeing patients

Total Paid Hours	2,080
Vacation, CME, Sick, Jury Duty, etc	312
1 Admin Session/Week	192
Other Activities	????
Hours Spent Seeing Patients	????



TRACKING DRIVERS OF PRODUCTIVITY

04.01.24-04.26.24						04.01.24-04.26.24			
Main IM	M	T	W	Th	F				
Totals for Dr. Patel	0	21	14	20	4	Mean	9.85	Total	197
	0	22	11	17	8	Median	10	High	22
	0	16	9	0	5	Mode	0	Low	0
	0	14	16	16	4				
	M	T	W	Th	F				
Totals for Dr Sheffield	12	16	10	10	14	Mean	11.55	Total	231
	20	14	7	9	17	Median	13	High	22
	14	17	6	7	14	Mode	14	Low	0
	14	22	3	5	0				
	M	T	W	Th	F				
Totals for Dr Jackson	18	21	17	15	21	Mean	19.25	Total	385
	19	20	25	20	21	Median	19.5	High	25
	19	19	18	20	18	Mode	21	Low	13
	22	17	13	21	21				
	M	T	W	Th	F				
Total Main IM	30	58	41	45	39	Mean	40.65	Total	813
	39	56	43	46	46	Median	40	High	58
	33	52	33	27	37	Mode	39	Low	25
	36	53	32	42	25				

04.29.24-05.24.24						04.29.24-05.24.24			
Main IM	M	T	W	Th	F				
Totals for Dr. Patel	0	13	13	9	7	Mean	8	Total	160
	0	16	7	13	7	Median	7	High	16
	0	15	4	16	7	Mode	0	Low	0
	0	0	15	14	4				
	M	T	W	Th	F				
Totals for Dr Sheffield	21	8	5	9	8	Mean	11.65	Total	233
	15	19	3	10	16	Median	10	High	21
	16	14	8	10	13	Mode	8	Low	3
	17	15	8	10	8				
	M	T	W	Th	F				
Totals for Dr Jackson	14	12	16	18	14	Mean	16.9	Total	338
	19	17	15	14	14	Median	17	High	24
	20	17	20	19	21	Mode	14	Low	5
	24	20	5	24	15				
	M	T	W	Th	F				
Total Main IM	35	33	34	36	29	Mean	36.55	Total	731
	34	52	25	37	37	Median	35.5	High	52
	36	46	32	45	41	Mode	35	Low	25
	41	35	28	48	27				



WHY IS BEHAVIORAL HEALTH PRODUCTIVITY LESS THAN WE EXPECT?

- Behavioral productivity is often 5 – 7 visits per day
- Face-to-face time with a patient is 45 or 50 minutes. This amount of time is clinically indicated, and consistent with the provider's training, and should not be shortened
- Behavioral health tends to have a higher no-show rate (maybe less true with telehealth). Double-booking is probably not advisable
- More time to review and write up case notes and do treatment planning than in medical
- Psychiatrist productivity for med management can be much higher



PROVIDER PRODUCTIVITY: DAILY

- Most health centers have a target of visits per provider per day. Very few health centers actually track it.
 - Our KPI needs to be:

$$\frac{\text{\# of providers meeting productivity target}}{\text{Total \# of providers}}$$

NOTE: This is a binary, event-driven (did the provider meet the standard or not) KPI rather than a cumulative measure. CHC target should be 80%. Measuring performance this way allows for improvement because:

- It allows the center to determine if policies/processes are successful
- It allows the center to identify if goals are realistic



PRODUCTIVITY vs. DAILY TARGET

Family Practice Rolling Year

Family Practice Visits per Day by Site

Year	Eagle Rock	East 3rd St	Echo Park	Hollywood
2017				
Jan	38.8	43.1	44.8	59.7
Feb	41.2	58.8	38.7	52.6
Mar	36.2	53.0	40.1	56.6
Apr	39.4	54.5	50.8	51.6
May	37.6	53.8	50.3	48.5
Jun	40.0	50.4	41.8	48.3
Jul	37.7	53.7	41.0	57.4
Aug	33.3	54.0	45.4	55.7
Sep	37.6	56.7	51.4	62.0
Oct	37.2	53.2	43.1	61.4
Nov	34.9	53.0	41.1	69.0
Dec	34.7	47.1	34.9	73.6
2018				
Jan	38.0	52.6	44.7	66.5
Total	37.3	52.8	43.6	58.1

Visits per Day by Provider (16)

Year	2017												2018	Total
Visit_Prov	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
	15.7	15.2	13.0	13.8	13.0	11.5	14.6	11.5	12.7	11.5	11.3	10.7		13.1
	12.8	14.1	15.8	12.6	13.3	13.9	14.7	14.7	14.5	12.8	13.6	10.2	14.8	13.7
	14.2	12.2	13.8	12.2	10.8	16.0	15.3	13.1	13.6	10.8	9.8	10.2	9.8	12.6
	3.6	4.4	2.9	3.1	3.0	2.7	2.2	4.0	4.0	8.3	8.8	10.6	10.6	5.9
	16.9	14.5	13.4	14.4	13.6	15.2	13.4	13.2	14.4	15.2	13.1	14.2	11.8	14.1
	13.0	13.5	13.4	14.6	13.6	15.2	15.7	15.2	15.8	14.9	15.4	15.3	16.9	14.7
	12.2	12.3	12.6	11.9	13.0	13.9	11.7	10.9	12.3	12.6	13.3	12.2	12.8	12.4
	12.5	14.4	15.5	17.3	15.0	17.4	16.5	16.9	16.4	16.6	17.3	14.5	11.5	16.0
										7.3	10.2	10.5	11.8	9.9
										8.4	9.8	11.3	11.9	10.3
	17.6	17.4	17.1	16.1	15.1	17.5	18.1	17.4	17.3	18.0	15.9	15.8	15.5	16.9
			12.8	13.1	13.9	18.1	16.5	16.4	17.2					15.5
	15.9	15.1	13.9	15.0	14.2	13.5	15.7	14.4	15.8	14.2	14.4	14.6	15.1	14.7
	16.2	11.7	11.3	9.3	15.1	17.0	17.1	15.3	13.6	14.9				13.8
	14.1	14.5	14.3	13.7	12.2	13.4	14.2	13.4	14.4	13.0	13.7	12.1	18.0	13.5
	14.9	16.3	16.4	15.6	14.9	14.9	17.2	19.2	17.5	17.3	17.6	17.4	18.0	16.6
	12.0	15.3	16.5	14.9	13.5	14.3	13.9	13.8	11.4	14.0	12.3	10.3	12.1	13.1
								4.2	10.7	13.0	12.2	12.0	12.6	11.6
	14.5	15.7	14.9	14.9	13.9	16.2	15.5	15.6	16.7	17.2	16.4	15.3	17.6	15.7
	16.9	15.9	16.1	14.7	15.9	16.1	15.7	15.8	15.8	15.4	13.5	13.2	14.5	15.4
	19.6	19.9	18.2	17.0	16.5	18.4	16.7	17.3	17.1	17.4	16.3	17.4	16.5	17.5
	16.2	15.0	15.7	13.4	13.6	15.8	14.1	15.3	16.3	15.1	15.4	14.7	15.7	15.0
	15.4	15.0	14.8	14.9	14.5	15.8	13.6	15.3	14.0	16.0	16.0	13.7	15.8	14.9
								8.0	10.0	11.6	11.3	12.4	12.5	11.3
	13.8	13.6	12.5	9.7		11.4	14.0		13.0		12.0	10.0		12.5



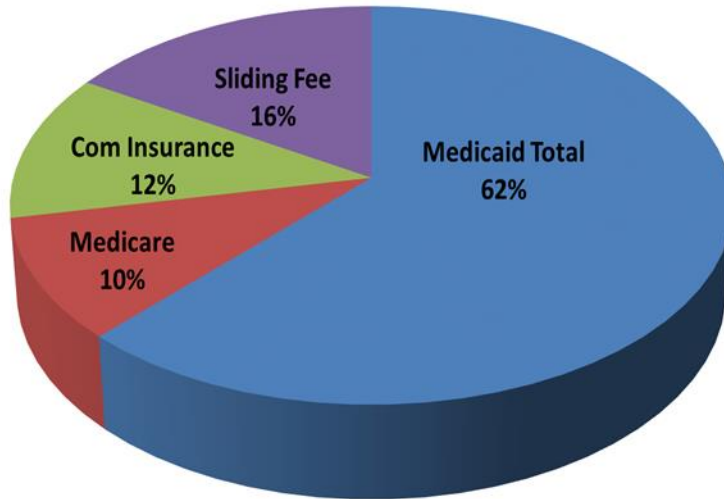
HYBRID QUALITY/PRODUCTIVITY INCENTIVE COMP

Target Measures	24	
Target Measures - 2/3	16	
Quality Measures Achieved	Percentage	Production per encounter
1	6.25%	\$ 0.38
2	12.50%	\$ 0.75
3	18.75%	\$ 1.13
4	25.00%	\$ 1.50
5	31.25%	\$ 1.88
6	37.50%	\$ 2.25
7	43.75%	\$ 2.63
8	50.00%	\$ 3.00
9	56.25%	\$ 3.38
10	62.50%	\$ 3.75
11	68.75%	\$ 4.13
12	75.00%	\$ 4.50
13	81.25%	\$ 4.88
14	87.50%	\$ 5.25
15	93.75%	\$ 5.63
16	100.00%	\$ 6.00

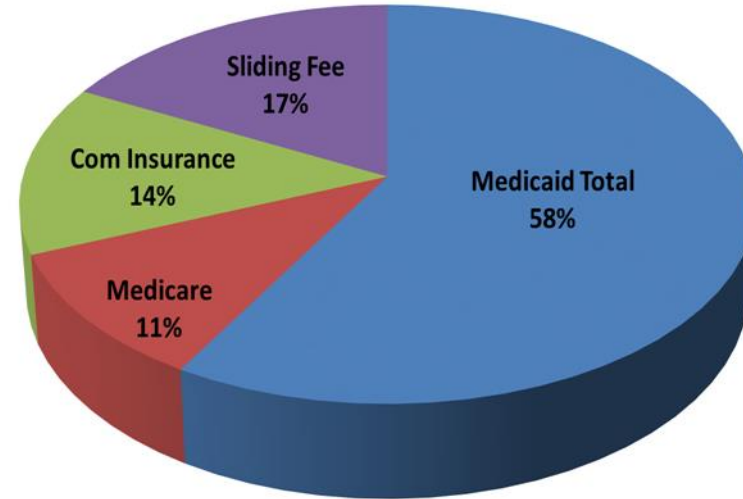


VISIT PAYOR MIX

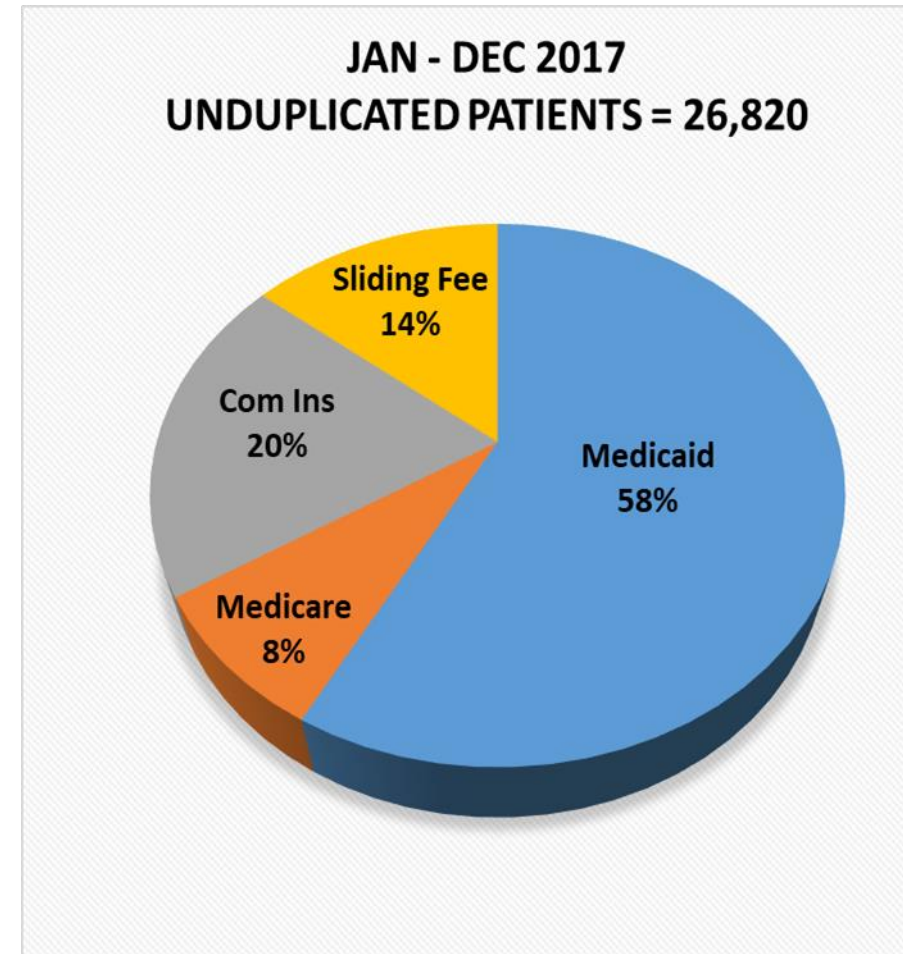
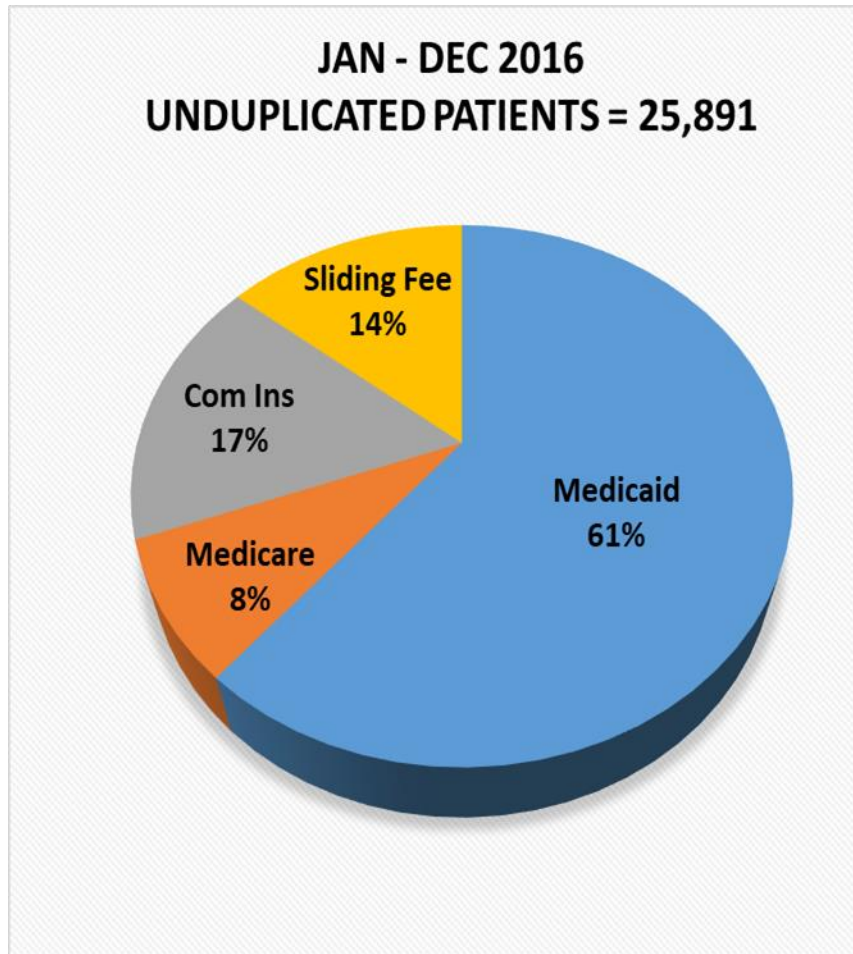
Jan - Dec 2016
Visits by Payor Mix
HEALTHLINC, INC. - ALL SITES
100,926 Visits



Jan - Dec 2017
Visits by Payor Mix
HEALTHLINC, INC. - ALL SITES
107,589 Visits



PATIENT PAYOR MIX



Can also be done for a rolling 12-month period.



THINKING ABOUT TRACKING THE MEDICAID EXPANSION

- Should have a target for new Medicaid payor mix (and new self-pay payor mix)
- Medicaid expansions often switch a portion of the payor mix quickly for a portion of the population, then the rest of the population less quickly. In North Carolina, 272,937 new members were enrolled in the first month; only 34K a month thereafter
- Be very careful in budgeting a change in payor mix in the budget. For June 30 FYE, perhaps full conversion by 6/30/25 is a good expectation. But may want to show a phase-in by month through FY 25



SAMPLE MEASURES FROM LARGE, MULTI-SITE CHCS

	Average	Median
Clinic Ops Staff to Admin Staff	1.22	1.20
Clinic Operations Staff per Provider FTE	1.65	1.63
Administrative Staff per Provider FTE	1.43	1.39
Non-Provider Staff per Provider FTE	3.09	2.95
Non-Provider Staff per Provider FTE w/UDS	4.33	3.95
Enabling Staff Per Provider	0.67	0.56

	Average	Median
Visits per Clinic Operations Staff FTE	2,381	1,990
Visits per Administrative Staff FTE	2,827	2,848
Visits per Non-Provider Staff FTE	1,262	1,257
Visits per Non-Provider Staff FTE w/UDS	782	711
Visits per Enabling Staff FTE	6,846	6,906



SAMPLE MEASURES FROM LARGE, MULTI-SITE CHCS

	Average	Median
Calls per Call Center FTE	18,091	20,000
Revenue per FTE	\$ 219,476	\$ 198,488
Revenue per FTE w/UDS	\$ 138,886	\$ 136,658

	Average	Median
Visits per Medical Provider FTE	3,541	3,766
Visits per MA & RN FTE	1,665	1,557
MAs per Provider FTE	1.89	1.77
RNs per Provider FTE	0.27	0.27
Total Direct Support per Provider FTE	2.17	2.13
MAs per RN	19.11	5.24



SAMPLE MEASURES FROM LARGE CHCS

<i>Operational Overhead Staff</i>
Call Center Operators
Call Center Administration
Referrals
Quality Improvement
Nursing
Medical Records
Credentialling
Provider Recruitment
Health Education
Community Outreach
Operations Adminsitration
Clinical Administration
<i>Total Operational Overhead</i>

<i>Administrative Overhead Staff</i>
Administration
Facilities
Finance
Billing
Purchasing
Managed Care
340B
Grants Management
Human Resources
Information Technology
Informatics/Business Intelligence
Marketing
Pharmacy
Business Development/Strategy
Foundation
<i>Total Administrative Overhead</i>



OPERATIONAL BENCHMARKS - NEW

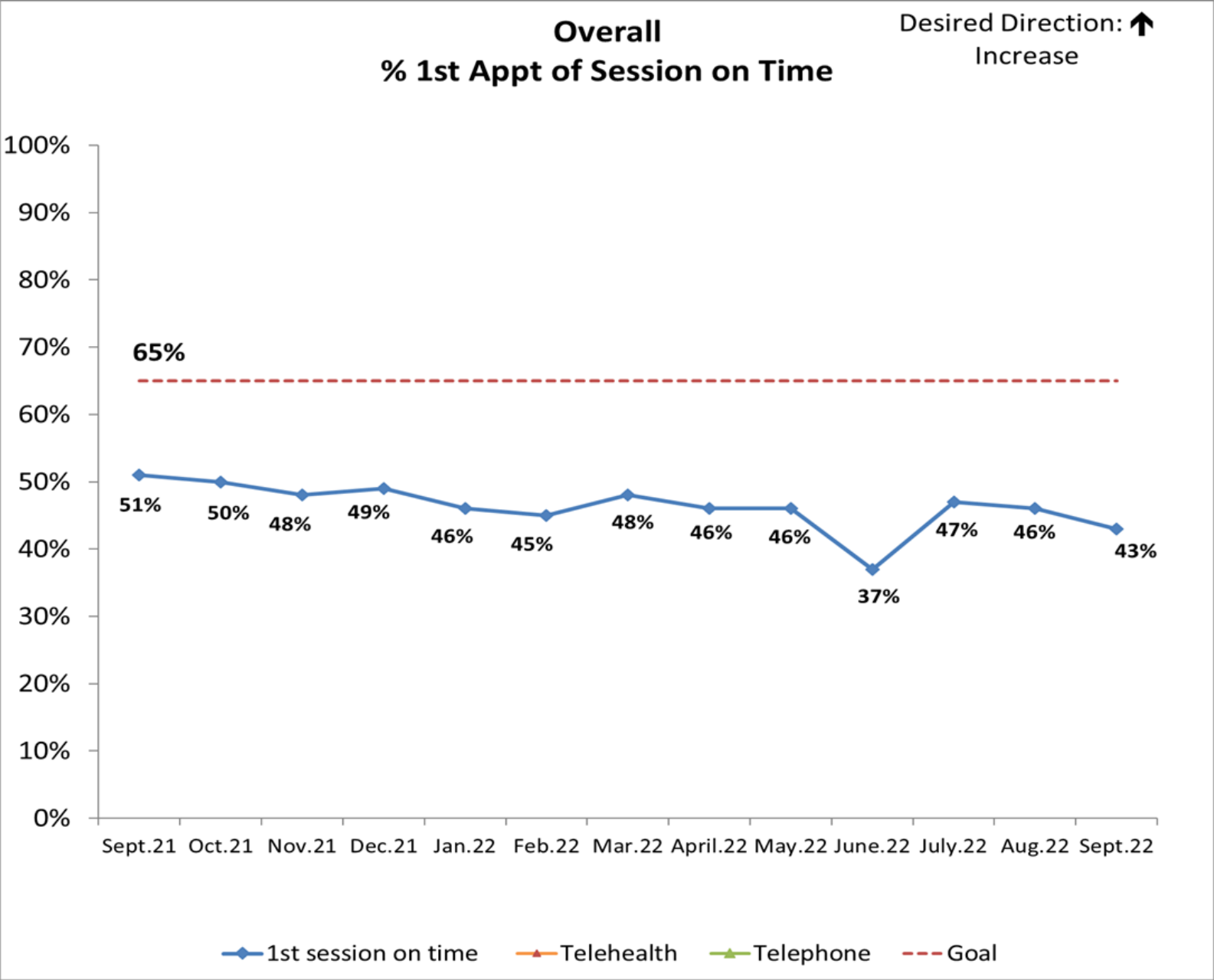


OPERATIONAL BENCHMARK – START TIME

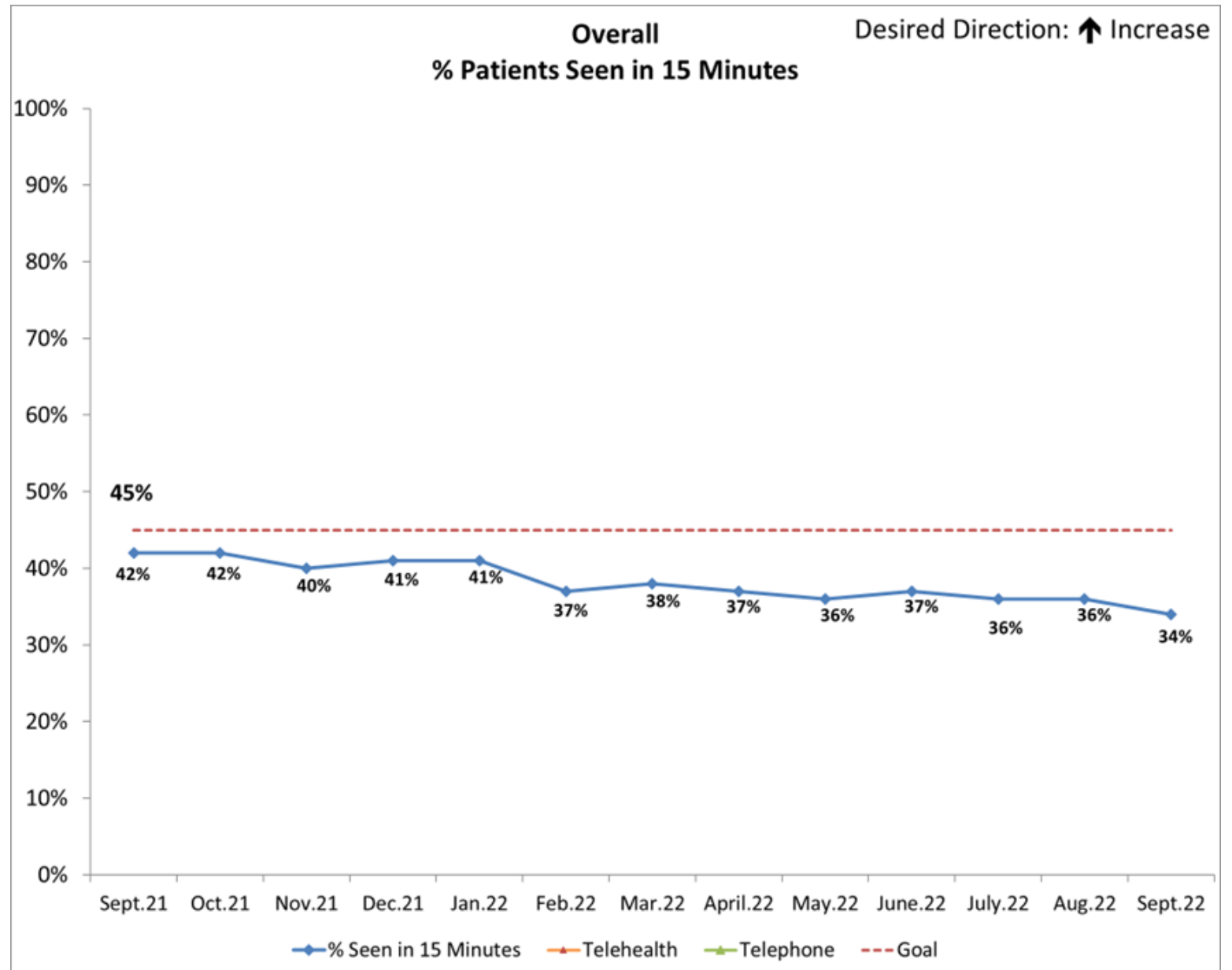
Dec-23					
Locations	Total Tracking	Valid Tracking	On-Time	Delay Time Avg	On Time Percentage
Main Site	274	247	112	20mins	45%
Women's Health	108	105	55	23mins	52%
St. Francis	466	436	190	15mins	44%
Alicanta	130	121	63	17mins	52%
St. Claire	174	161	72	15mins	45%
St. Claire Dental & Wellness	68	68	29	10mins	43%
Oldhall	245	224	99	13mins	44%
Geauga Park	144	133	59	15mins	44%
New Valley Peds	61	58	14	9mins	24%
Shade Valley	230	190	82	15mins	43%
New Valley Primary Care	173	145	75	12mins	52%
New Valley Women's Health	48	43	20	18mins	47%
Teen Center	25	25	10	17mins	40%
School Pediatric Clinic	45	44	8	40mins	18%
College Clinic	37	36	26	15mins	72%
Grand Total	2,459	2,244	999	17mins	45%



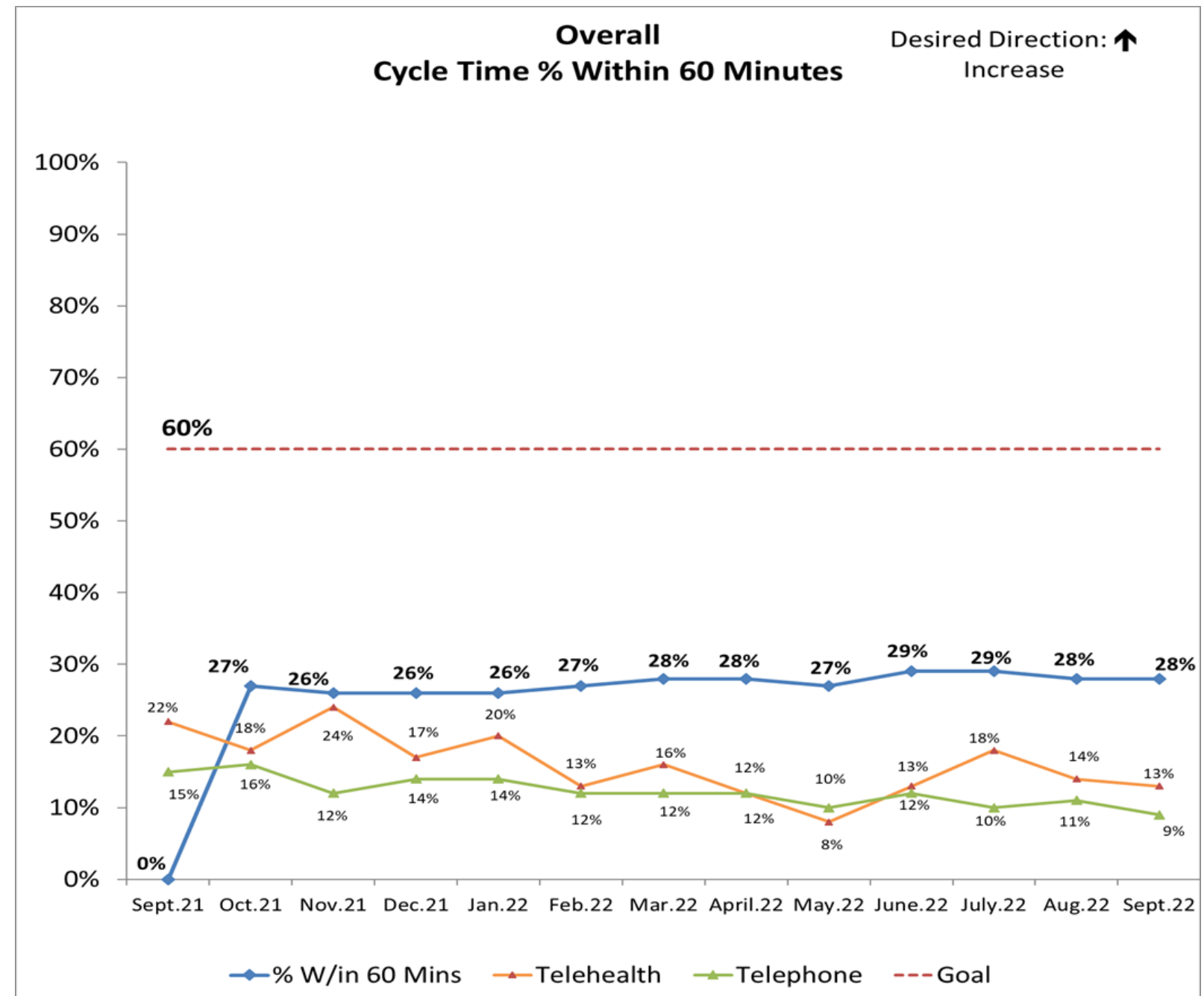
OPERATIONAL BENCHMARK: START TIME



OPERATIONAL BENCHMARK: BREAKING APART CYCLE TIME

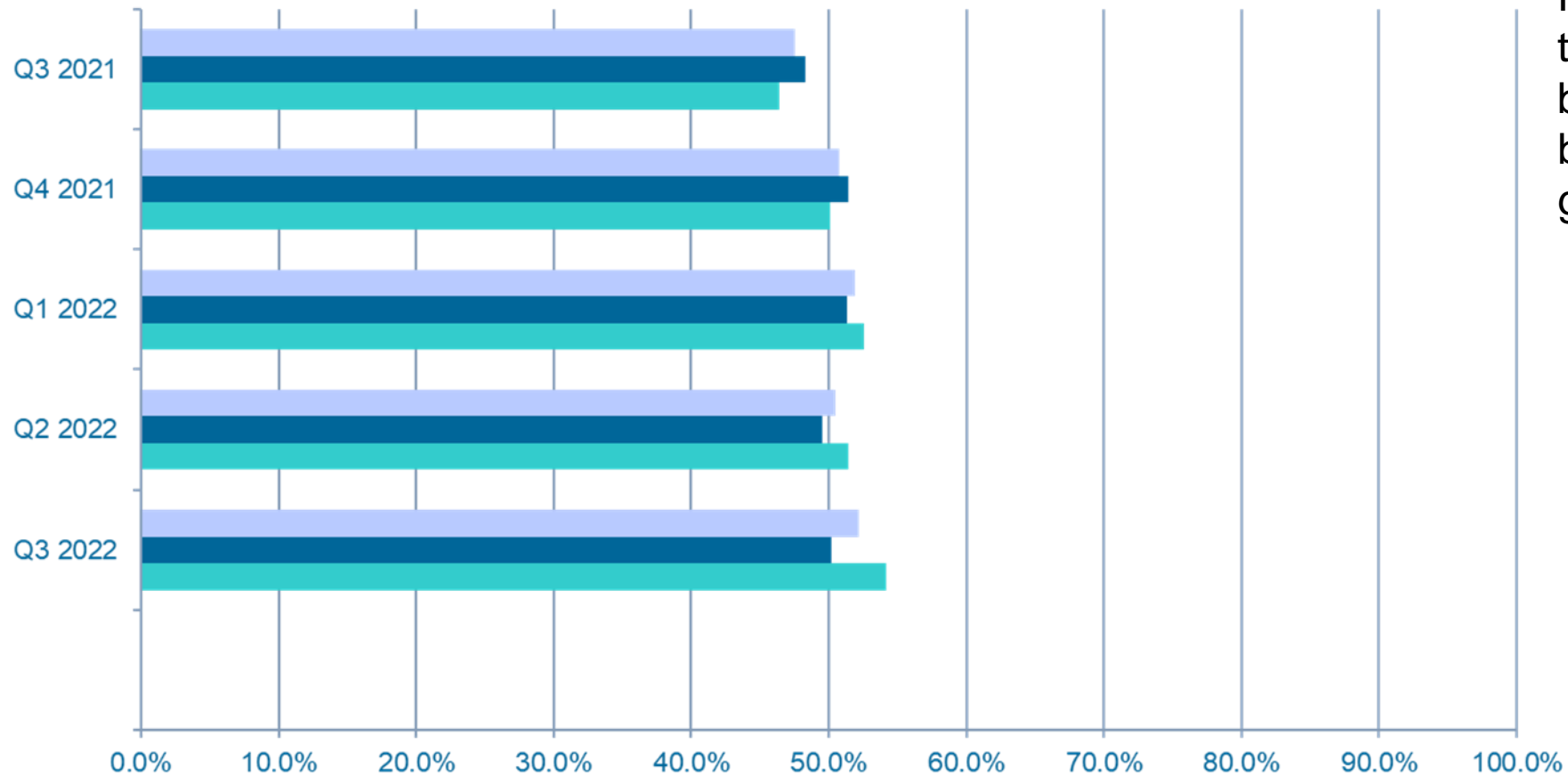


OPERATIONAL BENCHMARK: BREAKING APART CYCLE TIME



OPERATIONAL BENCHMARK – CONTINUITY

Overall Continuity of Care by Quarter



PCMH principles say that this figure should be 75-80%. Should that be the health center's goal?

■ Total:
■ Adult:
■ Peds:



OPERATIONAL BENCHMARK – WAIT TIME FOR APPOINTMENT

TYPE OF VISIT	RANGE OF WAIT TIME (Q3 2022)	AVERAGE ALL SITES (2022)	DMHC STANDARD
ADULT FOLLOW UP	4-72 days	42 days	10 DAYS
ADULT, NEW PT CPE	1-140 days	114 days	WITHIN 120 DAYS
PEDS EPISODIC or F/U CARE	0-79 days	30 days	10 DAYS
PEDS SAME DAY	0-2 days	<1 day	SAME DAY
PEDS WCE, NEW PT	0-79 days	35 days	120 days (18 months and older) 60 days <18 months
PEDS, ADOLSCENT WCE	0-79 days	31 days	120 days (18 months and older)
WOMEN'S HEALTH , NEW WWE ESTABLISHED/F/U	0-92 days	53 days	120 DAYS (60 day goal-CHC)
	0-23 days	10 days	10 DAYS
BEHAVIORAL			
Initial	24-109 days	69 days	Within 96 hours
Follow Up	0-85 days	32 days	Within 15 days





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