The Other Side of the Coin: Financial Measures from Programmatic Data



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Health Care for the Homeless Baltimore, MD

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Key Takeaways

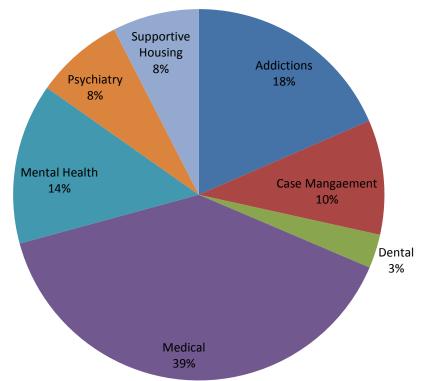
This presentation will discuss how to:

- 1. Use historical programmatic data for financial planning.
- 2. Improve collection and analysis of clinical encounter data.
- 3. Develop informed agency budgets from programmatic data.
- 4. Utilize workflow data to evaluate staffing needs.



Our Organization: Health Care for the Homeless – Maryland

- 2015: 9,830 unique patients had 101,588 visits
- **2016 Projection:** 104,000+ visits
- 8,008 patients are insured under Medicare, Medicaid, and Private insurance







History: Where We've Been

- Third Party Hosted EMR
 - CHIP Community Health Integrated Partnership
 - No direct access to encounter or billing data
- Accounts Receivable Management
 - Made difficult by hosted data
 - Manual process of cleaning and processing old tickets



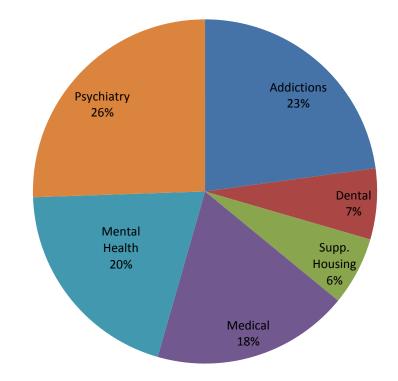
Where We Are Now: How Our Data Differs

- Direct access to PM/EHR database to collect and process data
- Centricity CPS12 database managed on-site through SQL Server
 - Create custom queries
 - Utilize programmatic data for Financial and Programmatic Analysis
 - Patient Billings
 - Agency Budgets
 - Encounters Metrics



Patient Billings

- Differentiate visits between:
 - Billable vs. Unbillable
 - Insured vs. Uninsured
- Centricity \rightarrow Not accounting software
 - How can we manipulate PM data for agency financial planning and reporting?
 - Receivables for visits that are billed but uninsured are adjusted off
 - Verify unbilled visits





Patient Billings (cont.)

- Budgeting factors create inputs for budgeting and forecasting
 - Billable percentage on visit type, team, and provider levels
 - Project staffing needs based on volume trends
 - Management defines per team expectations based on historical data (over / under utilized)
 - Unbillable services leverage funding through fundraising and grant opportunities

	# Encounters					% Billable				2016							
	2015 Budget	2015 YTD Actual	2015 Projected	2015 YTD Billable (Sept)	Bil	015 lable late	2015 YTD Actual)15 Projected	Budgeted Enctrs	Billable Enctrs		20	16 Revenue		Increase over 2015 Projected	
Team 1	17,400	11,849	15,555	9,918	\$	208.63	84%	\$	2,689,938	17,280	14,464		\$	3,017,595	\$ 3	327,657	12.2%
Team 2	2,232	1,913	2,490	447	\$	-		\$	58,896	3,060	-		\$	65,000	\$	6,104	10.4%
Team 3	6,576	4,788	6,367	1,087	\$	200.05	23%	\$	284,870	6,660	1,512		\$	302,479	\$	17,609	6.2%
Team 4	29,100	22,277	29,210	15,466	\$	168.69	69%	\$	3,443,842	30,396	21,103		\$	3,559,828	\$ 1	115,986	3.4%
Team 5	14,400	9,231	12,234	7,067	\$	198.33	77%	\$	1,822,087	13,487	10,325		\$	2,047,822	\$ 2	225,735	12.4%
Team 6	6,000	4,938	6,560	4,892	\$	194.99	99%	\$	1,259,144	6,216	6,158		\$	1,200,774	\$ ((58,370)	-4.6%
Total	75,708	54,996	72,416	38,877		971	4		9,558,777	77,099	53,562	-		10,193,498	(634,721	6.6%

Programmatic Metrics

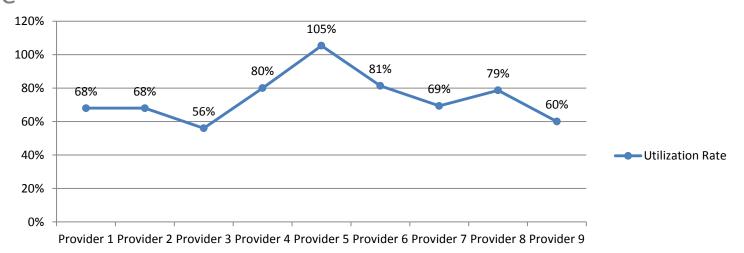
Determine Capacity and implement efficient operations

- Monthly report of encounter volume
 - Provider and Team levels
- Team encounter reports allow administrators to monitor volume

- ··· ··	Individual Encounter	Total Individual	•	Encounters	YTD Indi
Provider Name	Sessions	Encounters		•	Encour
Provider 1	20	102	0	5.1	
ovider 2	41	208	0	5.1	5
rovider 3	38	161	0	4.2	36
ovider 4	3	18	40	6	6
rovider 5	20	158	71	7.9	45
rovider 6	10	61	0	6.1	26
rovider 7	29	152	0	5.2	48
rovider 8	21	123	36	5.9	34
Provider 9	37	166	11	4.5	48
Grand Total	219	1,149	158	5.25	

Programmatic Metrics

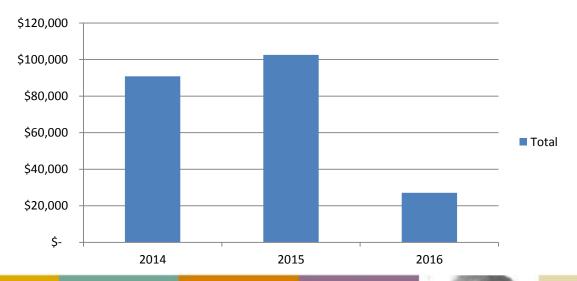
- Provider utilization rates
 - Determine capacity \rightarrow how close to capacity are we operating?
 - Administrators evaluate staffing needs
- Address scheduling gaps that create barriers to accessing care





EVS Process

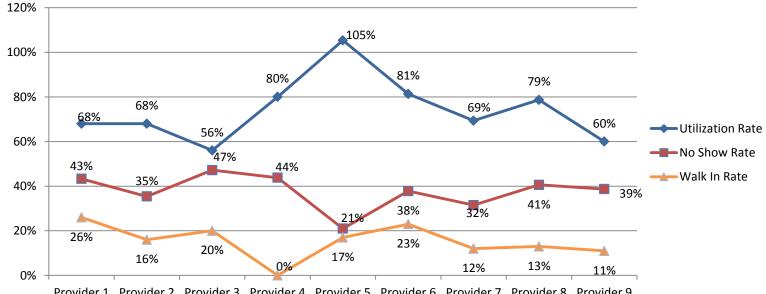
- Insurance coverage frequently changes due to unique client population
- EVS process allows us to retro-bill for previously non-billable visits
- Allows for the potential collection of previously lost revenue



Moving Forward: Where We Are Going

Advanced querying of schedule data

- Better understand factors affecting client utilization of services
- Improve efficiency of clinical operations



Provider 1 Provider 2 Provider 3 Provider 4 Provider 5 Provider 6 Provider 7 Provider 8 Provider 9



How do you use your Programmatic Data for Financial Measures?

Any questions?

