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

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Health Care for the Homeless
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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

Our Services Include:
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 → 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

<table>
<thead>
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<tbody>
<tr>
<td>Team 1</td>
<td>17,400</td>
<td>11,849</td>
<td>15,555</td>
<td>9,918</td>
<td>$ 208.63</td>
<td>84%</td>
<td>$ 2,689,938</td>
<td>17,280</td>
<td>14,464</td>
<td>$ 3,017,595</td>
<td>$ 65,000</td>
<td>$ 6,104</td>
<td>$ 327,657 (12.2%)</td>
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<td>$ 58,896</td>
<td>3,060</td>
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<td>$ -</td>
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<td>$ 65,000</td>
<td>$ - (10.4%)</td>
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<td>4,788</td>
<td>6,367</td>
<td>1,087</td>
<td>$ 200.05</td>
<td>23%</td>
<td>$ 284,870</td>
<td>6,660</td>
<td>1,512</td>
<td>$ 302,479</td>
<td>$ 17,609</td>
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<td>22,277</td>
<td>29,210</td>
<td>15,466</td>
<td>$ 168.69</td>
<td>69%</td>
<td>$ 3,443,842</td>
<td>30,396</td>
<td>21,103</td>
<td>$ 3,559,828</td>
<td>$ 115,986</td>
<td>$ -</td>
<td>$ - (3.4%)</td>
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<td>9,231</td>
<td>12,234</td>
<td>7,067</td>
<td>$ 198.33</td>
<td>77%</td>
<td>$ 1,822,087</td>
<td>13,487</td>
<td>10,325</td>
<td>$ 2,047,822</td>
<td>$ 225,735</td>
<td>$ -</td>
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<td>4,938</td>
<td>6,560</td>
<td>4,892</td>
<td>$ 194.99</td>
<td>99%</td>
<td>$ 1,259,144</td>
<td>6,216</td>
<td>6,158</td>
<td>$ 1,200,774</td>
<td>$ (58,370)</td>
<td>$ -</td>
<td>$ - (-4.6%)</td>
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<td>6,560</td>
<td>4,892</td>
<td>$ 194.99</td>
<td>99%</td>
<td>$ 1,259,144</td>
<td>6,216</td>
<td>6,158</td>
<td>$ 1,200,774</td>
<td>$ (58,370)</td>
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<td>Total</td>
<td>75,708</td>
<td>54,996</td>
<td>72,416</td>
<td>38,877</td>
<td>971</td>
<td>4</td>
<td>9,558,777</td>
<td>77,099</td>
<td>53,562</td>
<td>10,193,498</td>
<td>$ -</td>
<td>$ 634,721</td>
<td>$ 6.6%</td>
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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

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Individual Encounter Sessions</th>
<th>Total Individual Encounters</th>
<th>Total Group Encounters</th>
<th>Encounters per Session</th>
<th>YTD Individual Encounters</th>
<th>YTD Encounters per Session</th>
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<td>532</td>
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<td>38</td>
<td>161</td>
<td>0</td>
<td>4.2</td>
<td>363</td>
<td>4.5</td>
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<tr>
<td>Provider 4</td>
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<td>18</td>
<td>40</td>
<td>6</td>
<td>64</td>
<td>7.0</td>
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<tr>
<td>Provider 5</td>
<td>20</td>
<td>158</td>
<td>71</td>
<td>7.9</td>
<td>451</td>
<td>8.1</td>
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<td>6.1</td>
<td>263</td>
<td>5.8</td>
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<tr>
<td>Provider 7</td>
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<td>152</td>
<td>0</td>
<td>5.2</td>
<td>488</td>
<td>5.4</td>
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<tr>
<td>Provider 8</td>
<td>21</td>
<td>123</td>
<td>36</td>
<td>5.9</td>
<td>348</td>
<td>5.6</td>
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<tr>
<td>Provider 9</td>
<td>37</td>
<td>166</td>
<td>11</td>
<td>4.5</td>
<td>480</td>
<td>4.7</td>
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<td><strong>Grand Total</strong></td>
<td><strong>219</strong></td>
<td><strong>1,149</strong></td>
<td><strong>158</strong></td>
<td><strong>5.25</strong></td>
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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

![Graph showing utilization rates, no show rates, and walk-in rates for different providers.](image-url)
Let’s Discuss:

How do you use your Programmatic Data for Financial Measures?

Any questions?