

A close-up photograph of a person's hands holding a white tablet. The person is wearing a dark blue suit jacket. The tablet screen displays several financial charts, including a large blue area chart with a black jagged line overlay, and several smaller pie charts. The background is blurred, showing what appears to be an office setting with a window and some architectural elements.

Getting Your Financial House in Order

Forvis Mazars CHC Team

August 25, 2024

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Key Operational Challenges



Key Operational Challenges

Culture of Data-Driven Decision Making

- Utilizing reporting tools to provide KPI reports applicable to all levels of the organization.
- Developing accountability pathways that utilize data to drive strategic achievement.

Provider Productivity

- Aligning provider compensation to provider productivity.
- Encouraging provider performance driving compensation at or above market median, increasing recruitment & retention.

Patient Access

- Maintaining provider patient facing hours to industry norms.
- Implementing standardized provider templates.
- Optimizing support staff to provider ratios.

Revenue Realization

- Ensuring revenue realization in areas such as:
 - ✓ Managed Care Contracting
 - ✓ Revenue Process Accountability
 - ✓ Grant Processing

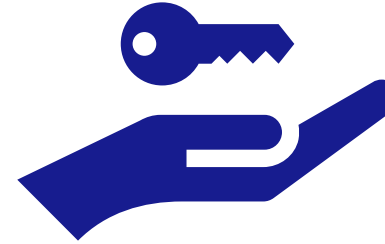
Key Operational Challenges



Culture of Data-Driven Decision Making



Provider Productivity



Patient Access



Revenue Realization

ASSESS & OPTIMIZE

- Data-Led vs. Mission-Led (Room for Both)
- Data Utilization to Develop KPI Reporting
- Data Implementation to Develop a High Performing Organization

- Provider Productivity
- Provider Compensation
- Panel Size
- Patient Facing Hours
- Staffing Support

- Standardized Visit Types
- Strategy to Realize 85% or Greater Slot Utilization (Double Book, No-Shows)
- Walk-In Strategy

- Collections
- Demographics
- Managed Care Contracting
- Denial Management

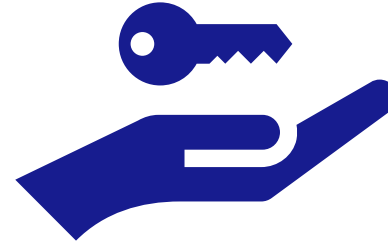
Key Operational Challenges



Culture of Data-Driven Decision Making



Provider Productivity



Patient Access



Revenue Realization

CHC/FQHC OPERATIONAL ASSESSMENT RESULTS

- Develop a High Performing Organization that Emphasizes Organizational Performance & Sustainability that Complements the Mission
- Compensation Plan Design Focused on Alignment
- Improves Recruitment, Culture & Productivity.
- Typical Outcome ~15% Productivity Increase in the First Year
- Community Needs Focused, Creating a Culture of Patient Centered Care & Financial Sustainability
- Standardize Processes & Expectations.
- Typical Outcome – Improvement in Net Margin

Assessment & Implementation Deliverables



Key Drivers of Alignment



Financial

- Expense management including provider compensation
- Reimbursement optimization including MCO contracting
- Productivity



Cultural

- Provider engagement with organizational vision & goals
- Selective recruitment to sustain culture
- Transparency through strong communication processes



Quality

- Organizational KPIs that emphasize quality expectations
- Measurable patient outcomes
- Reporting platforms that support communication of quality outcomes

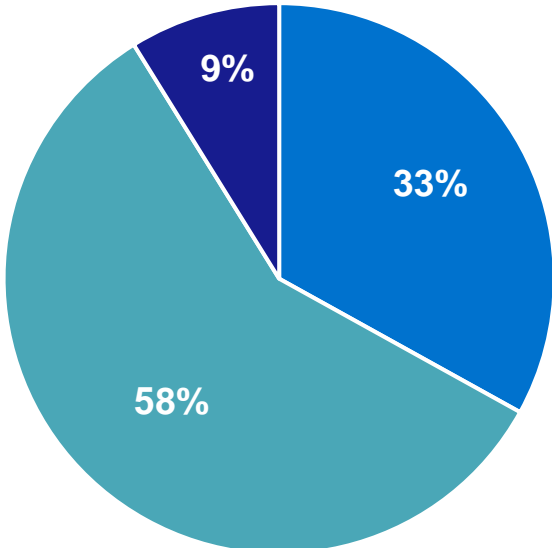


Service

- Integrated, patient-centered organizational expectations
- Strong internal recognition program
- Developing reporting platforms that support the communication of service outcomes

Clinic Staffing Benchmarking

Clinical Staffing



- Registered Nurses
- Licensed Practicing Nurses
- Medical Assistants

Findings

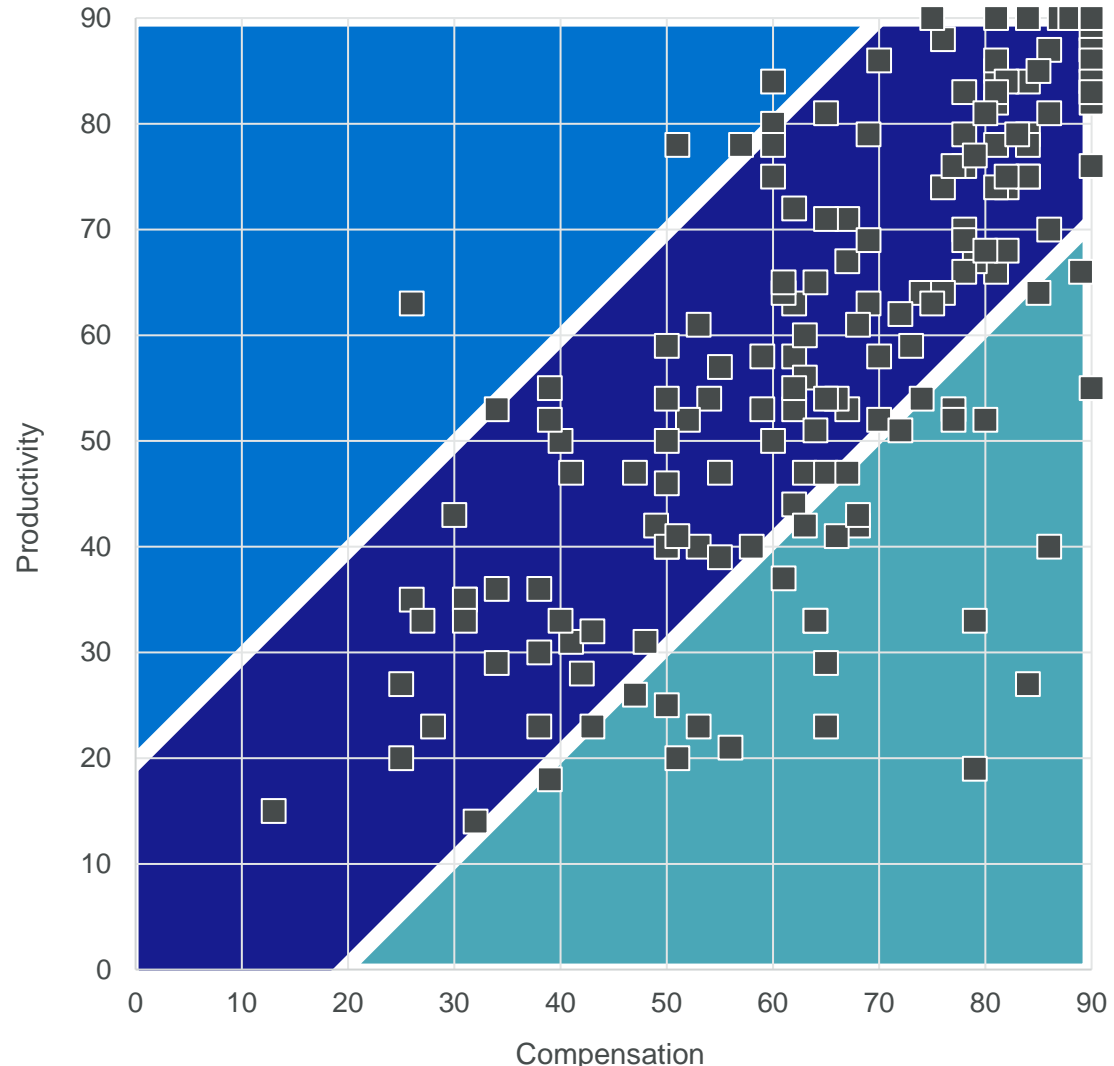
- 65% of the clinics benchmark over median in overall clinical & front desk staff.
- RNs make up a significant portion of the clinical staffing team.
- Solo practitioner clinics create staffing inefficiencies due to lack of economies of scale.

Recommendations

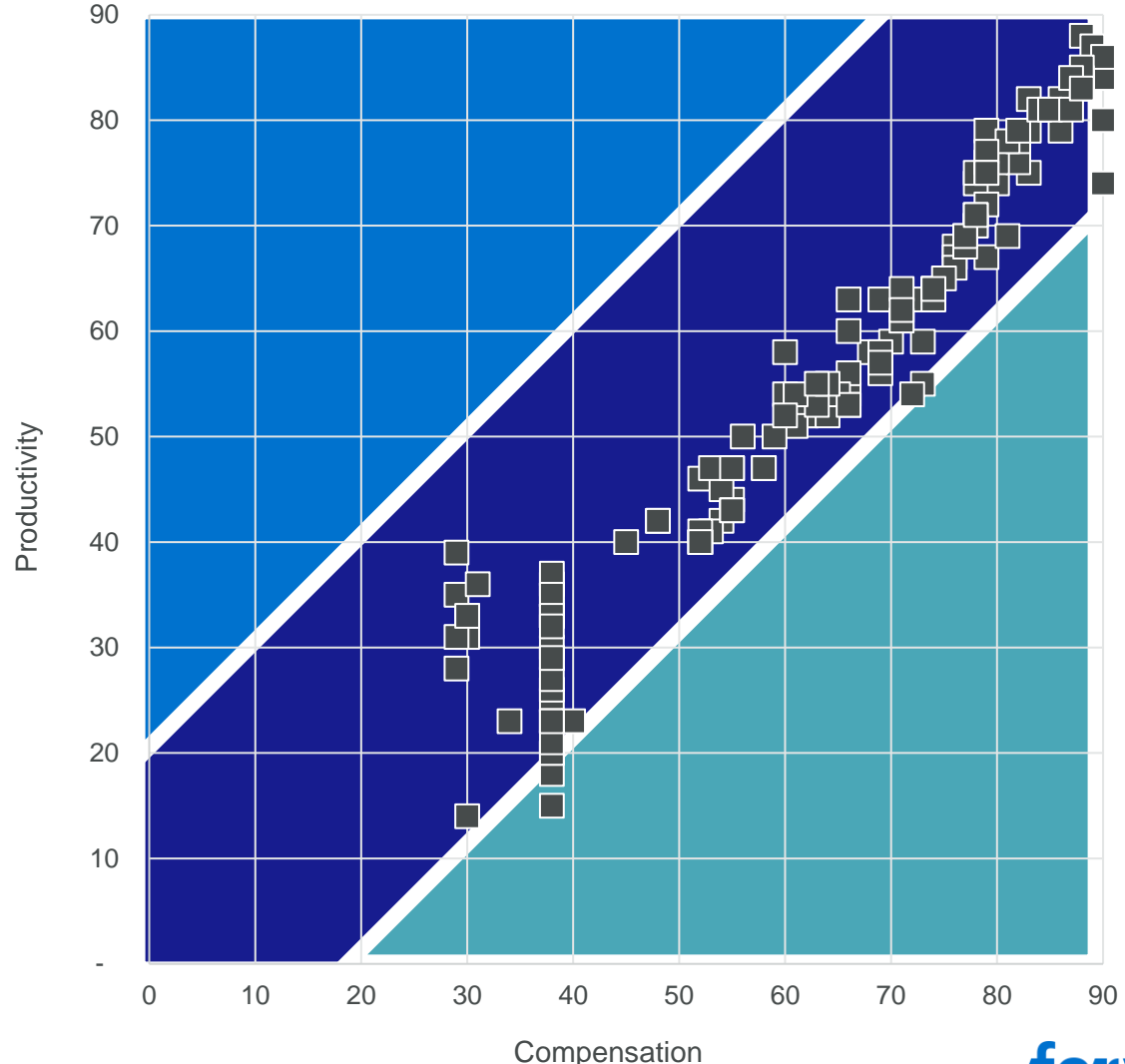
- Typically, clinical staffing is comprised of LPNs & MAs. Recommend reviewing the roles & responsibilities of RNs & ensure all clinical team members are practicing at the top of their license.
- Recommend aligning staffing ratios to the median. For single provider clinics at minimum staffing ratios, maintain staffing at the minimum level to safely respond & care for patients until volume grows.
- Develop staffing flex plan to deploy or flex out staff as provider availability varies.

Compensation Plan Development

Initial Analysis



New Compensation Model



Compensation Plan Development

Engagement Incentive
 Encourage provider engagement in the culture, change, & ownership of the CHC/FQHC

Quality Incentive
 Align with CHC/FQHC KPI quality metric performance to ensure operational alignment

Incentives Examples

Quality Metrics	Service Metrics	Citizenship Metrics
Family Medicine <ul style="list-style-type: none"> Annual Wellness Visits Pediatrics <ul style="list-style-type: none"> Childhood immunizations Behavioral Health <ul style="list-style-type: none"> Medication reconciliation 	Overall Patient Satisfaction “Quality of Care” at 80th Percentile or Higher	Attend 3 of 4 medical staff meetings per fiscal year Actively participate in one committee

Percent of Groups Using Non-Productivity Incentives	
AMGA Compensation & Productivity Survey 2022	
Process, Quality, Outcome Measures	78%
Patient Experience	71%
Citizenship	55%
Patient Access	45%
Group/Department Financial Performance	32%

Revenue Cycle Opportunities



Revenue Cycle Opportunities

Workflow/Staffing

- Automated vs. Manual
- Skillset/Training & Education
- Communication
- Proactive vs. Reactive
- Employed vs. Outsourced

Tools

- Practice Management System
- Credentialing Software
- Patient Portal
- Access

Compliance

- Policies
- Payor contract language
- Credit Balances
- Sliding Fee Discount Program
- Billing & Collections

Revenue Cycle Opportunities

Fee Schedule

- CPT/HCPC charges
- Active/Deleted CPT/HCPC codes
- Local Prevailing Rate
- Cost
- Maximum Allowed Payor Amount
- Medicare G Code
- FQHC vs. Non-FQHC services billing

Medicare Advantage

- Payment methodology
- Wrap Around Rate
- Contract language

Payor Contract

- Review frequency
- Payment methodology
- Payment amounts
- Timely filing days
- Credentialing / Enrollment guidelines / requirements

Sliding Fee Discount Program

- Flat, Percent, Hybrid
- Utilization

Other Low Hanging Fruit



340B

Are you “all in” on the 340B Program?

- If not, re-evaluate the reasons why
- Contract vs In-house
 - Should I use a contract pharmacy or have an in-house pharmacy?
- Who is the Champion for the organization?
 - Policy & procedure development
 - Tracking of data
 - Internal audits

Fully Utilizing 340B

- Are you receiving the full benefit of participating in the 340B program?
- Have you reviewed all contract closely for reasonableness?
- Devote the resources necessary to fully participate in the program
 - In-house champion
 - External help
- Compliance is a must & now part of the site visit

Medicare Strategy



Planning for the Aging Population

- Medicare will become a much more significant payer to CHCs as the population ages – what is your strategy to capitalize on this opportunity?



Fee Schedule & G Codes

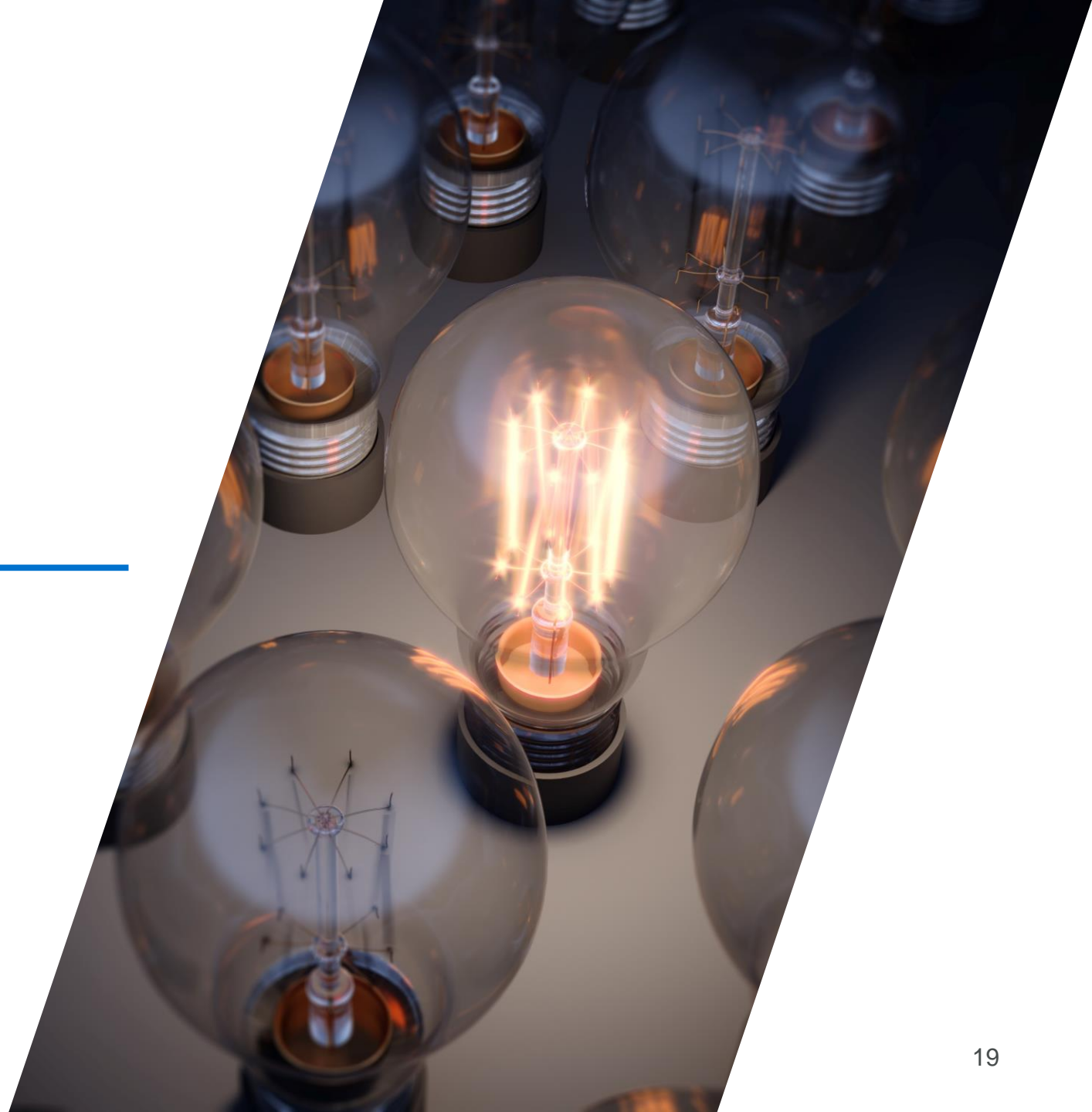
- Important to remember to update your fee schedule & G codes at least annually remembering compliance issues in setting your charges



Consider Needs of Aging Patients

- Consideration should be made for a separate clinic or at least a separate waiting area for Medicare patients

Lessons Learned



Lessons Learned

Organization Culture is Key

- Great communication is critically important
- Strong IT game?
- Does your CHC have a “can’t” or a “let’s figure it out” attitude?

Be Strategic

- Avoid the “checklist” mentality
- Make decisions with the financial consequences in mind
- Make time for efficiency improvements

Know your history so you can change your future

- Financial benchmarking is very important
 - ✓ Internal
 - ✓ External
- Financial difficulties should not “sneak up” on any health center

Balance Risk & Opportunities

- Manage/Mitigate Organizational risks
 - ✓ Billing/Coding
 - ✓ Grant Compliance
 - ✓ Fraud
- Consolidation?

Wrap-Up, Q&A



Thank you!

