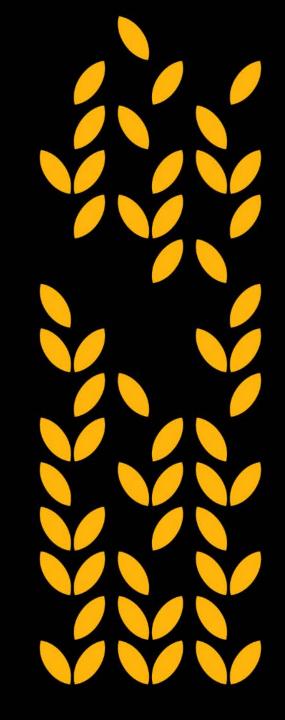
LHD Financial Planning and Management

AAron Davis, CPHI, WSU Jenifer Hugunin, Coffey County Tobias Harkins, Harvey County Edith Gaines, Shawnee County





Center for Public Health Initiatives

Healthy and thriving communities require strong state and local public health systems

Empowering Individuals **Developing Organizations** Strengthening Systems



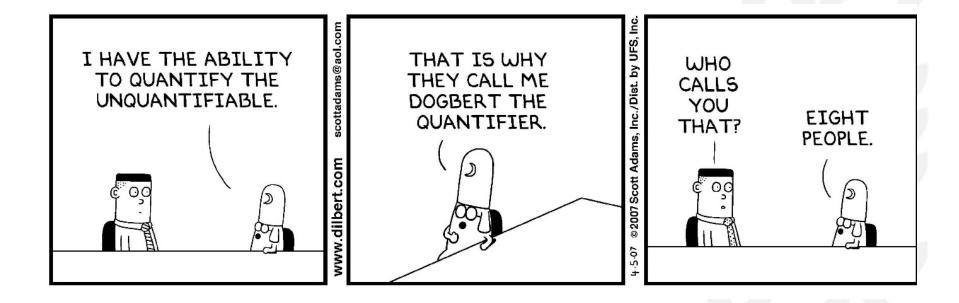
Agenda for the Day

- Introductions
- Workforce Development Survey
- Core Competencies (FP&M)
- QuickBooks in an LHD
- EHR's impact on financial management
- LHD Financial Metrics
- Q&A





Context is Always Nice





Workforce Development Survey

Domains covered

- Communication
- Cultural Competency
- Analytical/Assessment
- Policy Development/Program Planning
- Community Dimensions of Practice
- Public Health Sciences
- Financial Planning and Management
- Leadership and Systems Thinking





Core Competencies: Financial Planning and Management

- 1. PH Structures (organization, policy, funding)
- 2. Finance, Accounting & Budgets
- 3. People Management
- 4. Process Management

14 Financial Planning and Management Competencies





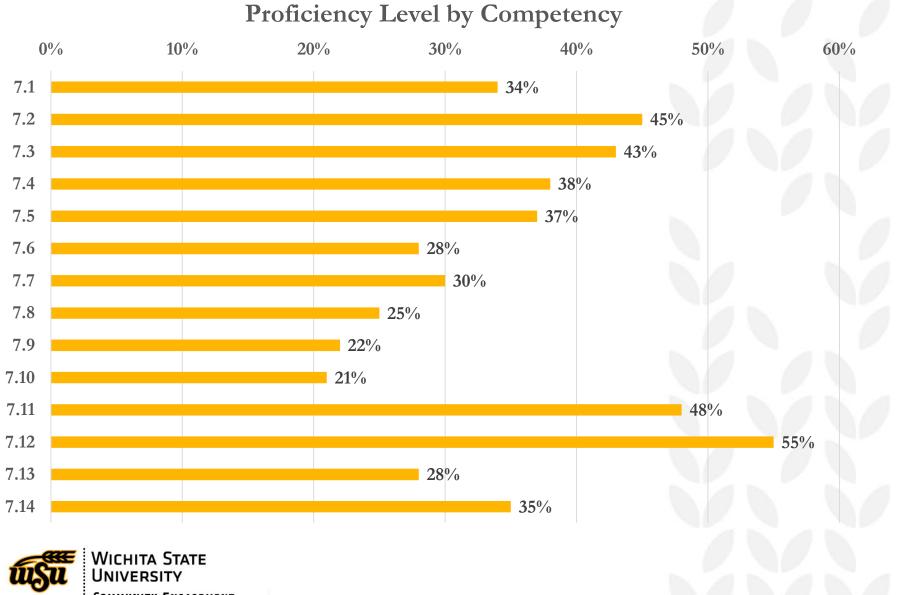
Financial Planning & Management Skills

7.1. Explain the structures, functions, and authority of government and environmental regulations

7.2. Identify government agencies with authority to address community health needs and environmental issues

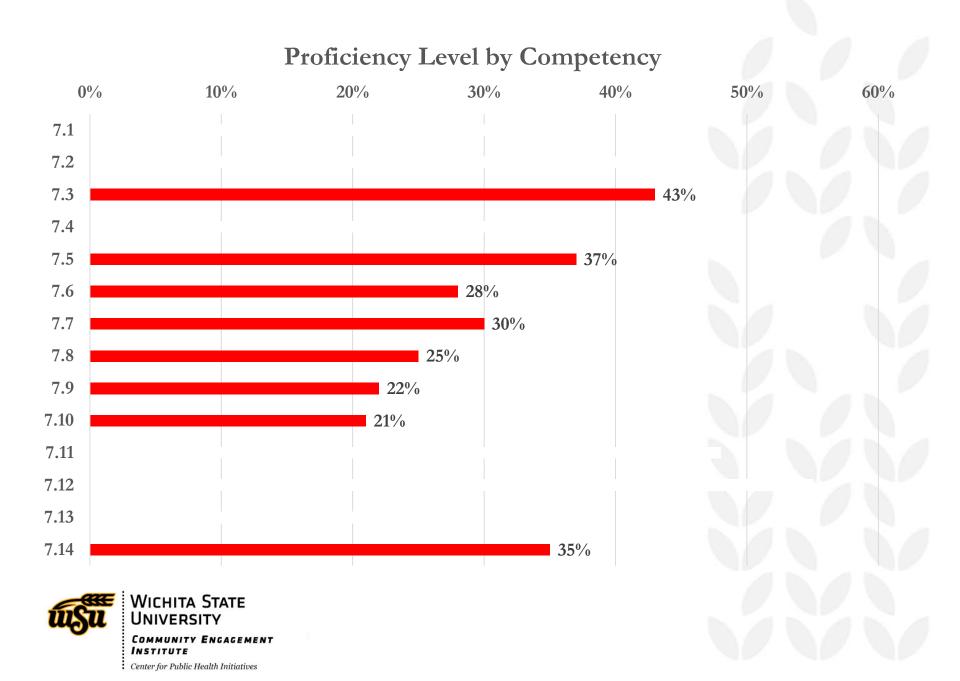
- 7.3. Implement policies and procedures of the governing body
- 7.4. Explain public health, environment and health care funding mechanisms and procedures
- 7.5. Justify programs for inclusion in budgets
- 7.6. Develop budgets
- 7.7. Defend budgets
- 7.8. Prepare funding proposals
- 7.9. Negotiate contracts and other agreements
- 7.10. Use financial analysis methods for policies, programs and services
- 7.11. Establish teams
- 7.12. Motivate personnel
- 7.13. Develop a performance management system
- 7.14. Use a performance management system

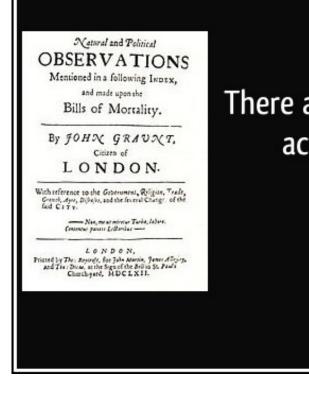




Community Engagement Institute

Center for Public Health Initiatives





There are only two things as complicated as insurance accounting and I have no idea what they are.

(Andrew Tobias)

izquotes.com



Using QuickBooks in a Local Health Department

Jenifer Hugunin, Coffey County Health Department





Historical Perspective

• Organized Mess

- Pencil & Paper ledger system
- Lack of checks & balances
- Attempts at spreadsheets
- QB in place, but minimally used
- Bill KanCare, Private insurances



Positive qualities of QuickBooks for a LHD

- Inexpensive
- Already existing
- Programmable



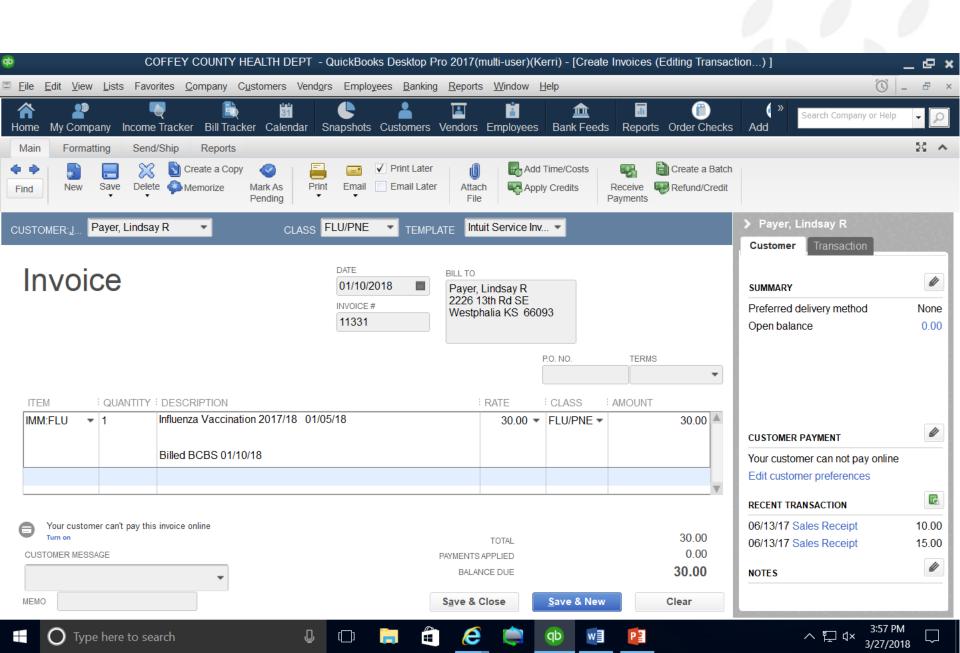


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Track Insurance Write-offs

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COFFEY COUNTY HEALTH DEPT

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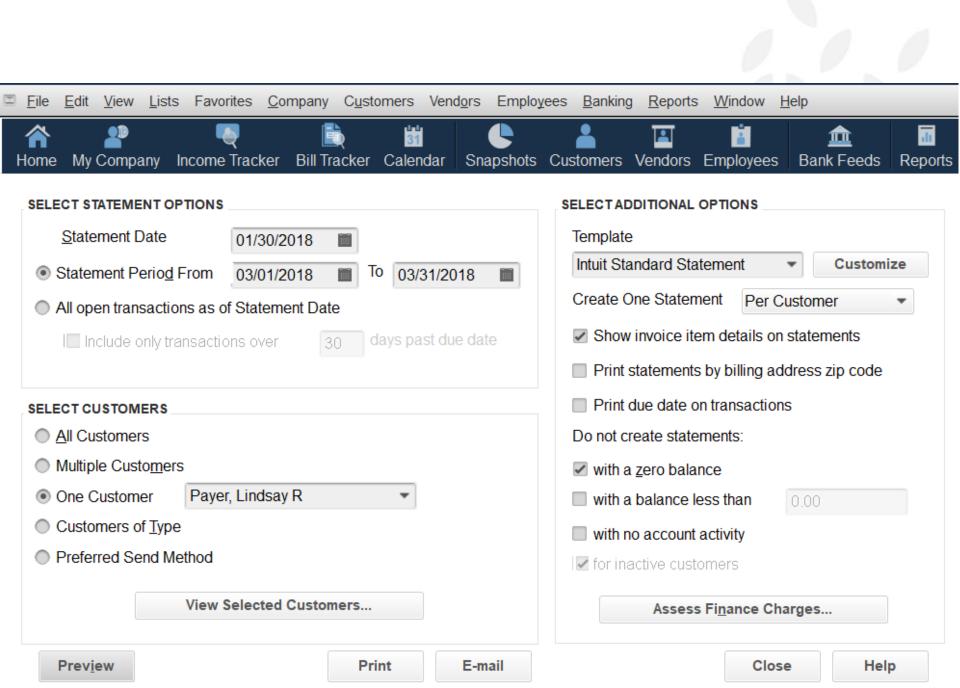
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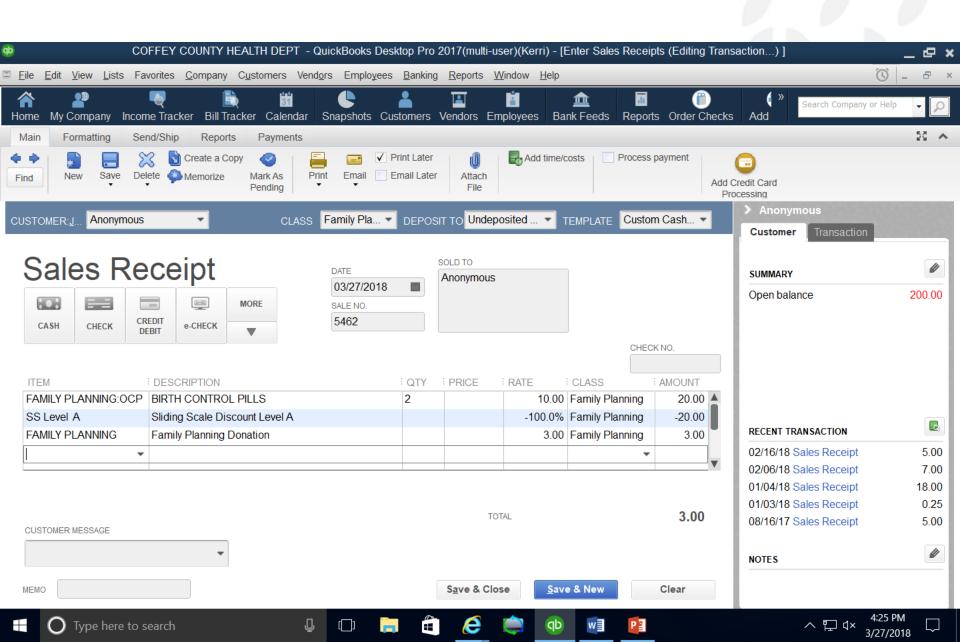
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Communication Tool

- Accepting money
- Determine account balance
- Track expenses at any time

COMMUNICATIONS



In closing...

- Useful tool to maintain financial accountability
- Inexpensive, easily accessible
- Customizable

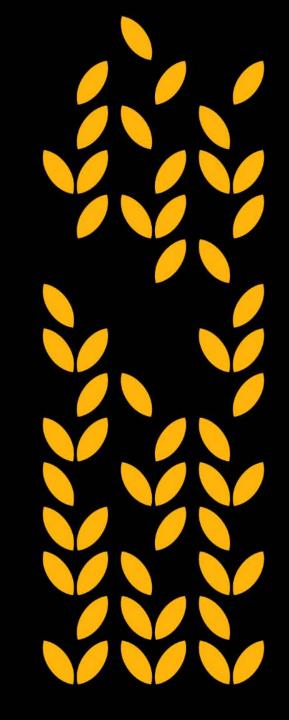




Thanks

Jenifer Hugunin jhugunin@coffeycountyks.org





Impacts of an EHR on LHD Financial Planning and Management

Tobias Harkins, RN Assistant Director/Director of Nursing







Harvey County

- Population: 34,800
- # staff in LHD: 16
- Services Provided:
 - WIC
 - MCH
 - Immunizations
 - STI testing
 - Employee\Foster care\Childcare physicals\ KanBe Healthy
 - Child Care licensing (CCL)





Quick Notes

- EHRs do not solve all of your problems: Have realistic expectations !
- Staff still need to know billing and coding details
 So do Administrators!
- Every LHD must do their own cost-benefit analysis

If you are not going to use it then it's not worth having!



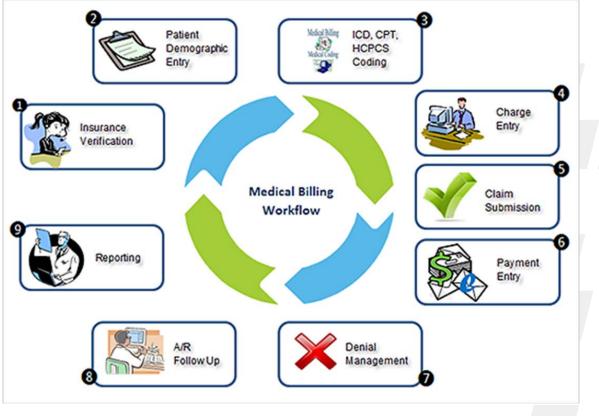


Overall Benefits HCHD has seen

- Elimination of an FTE
- Accounts Receivables rarely go over 30 days
- Speed of getting claims out the door has increased
- Can do more with reporting
- Better staff communication.

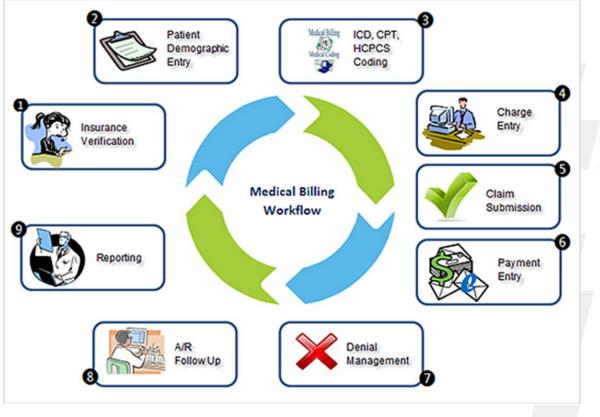


Previous Workflow





Current Workflow





Closing thoughts

- It takes a lot of work to address all of the system flaws we discovered by our EHR implementation.
- It builds confidence in your job knowledge , because you have to know what is your fault and what is the EHR failure.
- It can cost a health department more in overall budget and frustrations to have one then it saves.
- Unless you can hover over all your staff, all the time, you have to have one!



Tobias Harkins, RN Assistant Director/Director of Nursing

THarkins@harveycounty.com







Financial Metrics Tool

as used by Shawnee County Health Department

Edith Gaines Finance Officer/Manager Financial and Administrative Division Shawnee County Health Department



Leading the way to a healthier Shawnee County

Why Financial Metrics?

- Spot trends
- Create goals through **benchmarks**
- Provide early warnings of issues





Leading the way to a healthier Shawnee County

History of the Metrics Tool

- Local Support from CPHI (WSU)
- National Initiatives (PHUND\$)
- KS LHD Specific Tool Developed
- Development Pilot
- Test Pilot



Wichita State University

Community Engagement Institute

Center for Public Health Initiatives



Leading the way to a healthier Shawnee County

What Metrics?

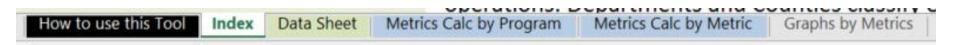
- Net Income
- Operating Profit Margin
- Collections per Encounter
- Net (adjusted) Collections Ratio
- % AR > 90 Days
- Write-off Percentage
- Claims Denial Rate (Claims)

- Denial Rate (Cash)
- Departmental Program Profit Margin
- Departmental Program Revenue per capita
- Departmental Program
 Expense per Capita
- Key Performance Indicators



How to use the tool

	A	В	С	D	E
1	Terms and Data Inputs	Definitions	LHD Aim (for Metrics)	KIPHS User Details	Common Sources of Data
2	Program				
3	Program level data				
4	Unduplicated Client Count	Unduplicated Client Count is a client who is counted only once, no matter how many direct services the client receives during a funding Period.		Client Counts by Age/Program	Practice Management Software/EHR
5	Total Encounters	Any physical contact between a patient and healthcare practitioner, during which an assessment or clinical activity is performed and		Provider Encounters - Summary	Practice Management Software/EHR
6	Total Charges Billed	The total amount of charges applied to an encounter. What a department charges for a service based on it's fee/charge schedule.		Revenue Detail Report	Practice Management Software/EHR, Billing Software, Accounting Ledgers
7	Total Adjustments/Immediate Write-offs	The amount of adjustments and write-offs on claims. These adjustments might stem from contractual write-offs or sliding fee scale discounts. This does not include any adjustments for bad debts or other write-offs solely at the discretion of the LHD.		Activity date range Revenue Detail Report	Practice Management Software/EHR, Billing Software, Accounting Ledgers





Leading the way to a healthier Shawnee County

Shawnee County Health Department

Aim for Metrics

	A	B	С	D	E
1	Terms and Data Inputs	Definitions	Aim (for Metrics)	KIPHS User Details	Common Sources of Data
35	Collections Per Encounter	Collections per encounter gives you the ability to compare reimbursements/payments over time or to compare charges across programs and departments. Collections per encounter is best calculated by program. This metric give an idea of for every XXX type of visit, you can expect to receive X amount of dollars. This should be calculated in terms of actual cash collected, after adjustments.	Varies based on goals of the LHD		
36	Net (adjusted) Collections ratio	The adjusted (or net) collection rate is a measure of a practice's effectiveness in collecting all legitimate reimbursement. That is, it shows the percentage achieved out of the reimbursement allowed based on the practice's contractual obligations. The formula for this measure is: [(Department Payments – Refunds)/ (Total Charges – Write- offs/adjustments]) X 100	>95% Monthly Or >0.95		
37					
38 [Dept. Accounts Receivables Totals				
39	% AR > 90 Days	The percentage of Accounts Receivables greater than 90 days outlines debts that are greater than 90 days. The older a debt is, the less likely it is to be paid. Monitoring this metric gives a department insight into the effectiveness of collection efforts. Your department will have to determine whether or not to include debts submitted to collections.	<15%		
40	Write-off Percentage	The write-off percentage is simply the portion of bills/charges that your department will write-off and not expect to collect. This measure can vary based on your write-off policy and how you handle Aged Receivables/collections. This measure is important because the write-off percentage indicates how good your department is at collecting the money that is owed. Many departments have a specific write-off period and date (normally twice a year, writing off everything over a year old). Some departments who utilize collections instead of write-offs can use the same strategy here for % sent to collections	<10%		
41					
42 (Claims Submissions				
43	Claims Denial Rate (Claims)	The denial rate (by claims) is the percentage of claims denied by payers. Formula is: Total # of claims denied / Total # of claims submitted	<5% is good 5-10% is average >10% needs improvement		
	Denial Rate (Cash)	The denial rate (by cash) is the percentage of charges denied by payers. Note that departments may measure the rate based on the percentage of line items denied, or only fully denied claims. Formula is: Total \$ of claims denied (fully denied & short paid) / Total \$ of claims submitted.	<5% is good 5-10% is average >10% needs improvement		
	How to use this ToolIndexData She ToolIndexData She	eet / Metrics Calc by Program / Metrics Calc by Metric / Graphs by Metric	<u>ícs /)</u> /		Count: 0



Data Entry

	А	В	С	D	E	F	G	Н
1	Shawnee County Health Department							
2	Billing Financial Metrics Tracker							
3		Program Level Data						
4	Item #	Program Level Data	January	February	March	April	May	June
5	1	Immunizations						
6	1a	Unduplicated Client Count	420	401	400	415	384	290
7	1b	Total Encounters	480	432	457	463	438	336
8	1c	Total Charges Billed	\$38,472	\$37,854	\$35,597	\$37,245	\$39,905	\$31,248
9	1d	Total Adjustments/Immediate Write-offs (enter as negative #)	(\$5,732)	(\$3,431)	(\$3,177)	(\$1,996)	(\$1,821)	(\$4,753)
10	1e	Grant Revenue	\$12,793	\$12,793	\$2,500	\$12,793	\$12,793	\$0
11	1f	Total Billing Revenue Received	\$39,482	\$32,263	\$37,209	\$30,903	\$20,831	\$40,945
12	1g	Total Program Operating Expense	\$47,690	\$65,795	\$47,254	\$42,211	\$83,114	\$60,079
13	1h	Total Program Refunds/Returns/Recoups (enter as positive #)	\$0	\$746	\$284	\$708	\$47	\$40
14								



Data Entry

Key Performance Indicators (department totals)	January	February	March	April
Dept. Accounts Receivables(AR) Totals				
0-30 Days	\$39,548	\$40,446	\$38,724	\$37,745
30-60 Days	\$10,339	\$15,558	\$14,127	\$14,292
60-90 Days	\$7,942	\$7,082	\$11,730	\$9,412
90+ Days	\$26,324	\$20,601	\$15,593	\$18,779
Total AR (autocalculated)	\$84,153	\$83,687	\$80,174	\$80,228
Total Charges (all programs/services)	\$47,740	\$45,953	\$48,029	\$44,266
Dept. Write-offs minus collection payments				
received	\$5,010	\$3,737	\$113	(\$74
Claims Submissions				
Total Number of Insurance claims submitted	774	576	598	441
Total \$ of insurance claims submitted	\$31,187	\$30,955	\$28,919	\$23,045
Total Number of Insurance claim Denials	42	40	50	38
Total \$ of denied/short paid insurance claims	\$1,563	\$2,052	\$2,588	\$2,246
Financial Statement Totals				
Total Program Operating Revenues	\$414,354	\$401,661	\$215,058	\$883,852
Total Program Operating Expenses	\$264,963	\$495,944	\$412,841	\$531,655
Total Encounters	723	672	762	713
Estimated county population	178,725	178,725	178,725	178,725



Metrics by Program

Program Level Data	January	February	March	April
	January	rebruary	Warch	Артт
Immunizations				
Net Income	\$4,585	(\$20,739)	(\$7,545)	\$1,485
Operating Profit Margin	11.6%	-64.3%	-20.3%	4.8%
Collections Per Encounter	\$82	\$73	\$81	\$65
Net (adjusted) Collections ratio	1.21	0.92	1.14	0.86
Child Health				
Net Income	\$22,484	\$24,389	(\$27,888)	\$14,514
Operating Profit Margin	1233.4%	1215.8%	-953.1%	1381.0%
Collections Per Encounter	\$23	\$25	\$15	(\$21)
Net (adjusted) Collections ratio	1.91	1.53	0.81	6.38



Metrics by Metrics

3						
4	ltem #	Program Level Data	January	February	March	April
5	1	Net Income				
6		Immunizations	\$4,585	(\$20,739)	(\$7,545)	\$1,485
8		Child Health	\$22,484	\$24,389	(\$27,888)	\$14,514
9		STD / Communicable Disease	\$8,478	(\$21,940)	(\$26,952)	\$3,779
11 12	2	Operating Profit Margin				
13		Immunizations	11.6%	-64.3%	-20.3%	4.8%
15		Child Health	1233.4%	1215.8%	-953.1%	1381.0%
16		STD / Communicable Disease	206.8%	-460.0%	-510.4%	81.1%
19	3	Collections per Encounter				
20		Immunizations	\$82.25	\$72.96	\$80.80	\$65.22
22		Child Health	\$22.79	\$25.39	\$14.74	(\$20.99)
23		STD / Communicable Disease	\$25.62	\$29.90	\$23.65	\$26.76
25		Net (editor d) Celle stiene Betie				
26	4	Net (adjusted) Collections Ratio				
27		Immunizations	1.21	0.92	1.14	0.86
29		Child Health	1.91	1.53	0.81	6.38
30		STD / Communicable Disease	0.52	0.83	0.52	0.95



Metrics

All Department Data							
Key Performance Indicators	January	February	March	April			
Dept. Accounts Receivables Totals							
% AR > 90 Days	31.3%	24.6%	19.4%	23.4%			
Write-off Percentage	10.5%	8.1%	0.2%	-0.2%			
Claims Submissions							
Claims Denial Rate (Claims)	5.4%	6.9%	8.4%	8.6%			
Denial Rate (Cash)	5.0%	6.6%	8.9%	9.7%			
Department Performance							
Departmental Program Profit Margin	36.1%	-23.5%	-92.0%	39.8%			
Departmental Program Revenue per Capita	\$2.32	\$2.25	\$1.20	\$4.95			
Departmental Program Expense per Capita	\$1.48	\$2.77	\$2.31	\$2.97			



Metrics

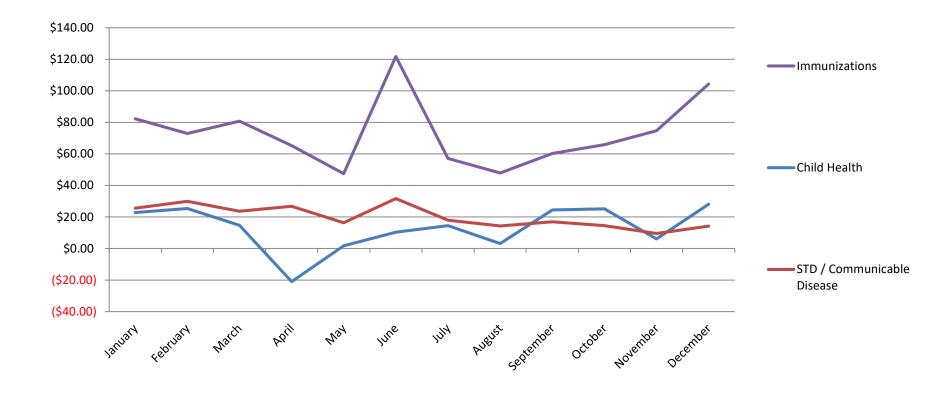
Program Level Data	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to Date
Immunizations	Immunizatio	ns			
Net Income	(\$23,699)	(\$67,139)	(\$10,884)	(\$3,770)	(\$105,492)
Operating Profit Margin	-21.8%	-72.4%	-10.0%	-3.1%	-24.3%
Collections Per Encounter	\$79	\$74	\$55	\$78	\$70
Net (adjusted) Collections ratio	1.08	0.92	0.67	1.24	0.94



Leading the way to a healthier Shawnee County

Shawnee County Health Department

Collections Per Encounter





Leading the way to a healthier Shawnee County

Shawnee County Health Department

SCHD Metrics Summary Dec 31, 2017

- Net Income
- Operating Profit Margin
- Collections per Encounter
- Net (adjusted) Collections Ratio
- % AR > 90 Days



Financial Metrics Tool Future:

- 1. KS Train
- 2. Quarterly Comparisons & Community of Practice
- 3. TA as needed





YOU'VE GOT QUESTIONS, WE'VE GOT ANSWERS!



IVERSITY COMMUNITY ENGAGEMENT

NSTITUTE

Resources for you and staff

WSU Badge (tier 1) http://webs.wichita.edu/?u=wpce&p=/wsu health professions badges/

Kansas Association of Counties: KAC Institute of Excellence http://www.kansascounties.org/4/KAC-Institute-of-Excellence

NACCHO: Fundamentals of Business Management http://ldi.naccho.org/courses/

Public Health Finance Bootcamp* http://www.publichealthfinance.org/training-and-education/2875

North Carolina Institute for Public Health https://nciph.sph.unc.edu/tws/index.php



Resources for you and staff

Getting Started with Performance Management

http://www.phf.org/focusareas/performancemanagement/toolkit/Pages/PM Toolkit Getting Started .aspx

KU Community Toolbox: Generating, Managing and sustaining Financial Resources. Chapters 42-44

http://ctb.ku.edu/en/generating-managing-and-sustaining-financial-resources

Core Competencies for Public health Professionals

http://www.phf.org/resourcestools/Documents/Core Competencies for Public Health Professional s 2014June.pdf

KS Train

- 1062321: Intro to LHD Billing & Biz Practices 1046512: Planning and Budgeting for PH: The Biz Plan
- 1012722: Public Health Financial Management



Thank you for your participation

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