

Building Sustainability for family planning programs



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Agenda

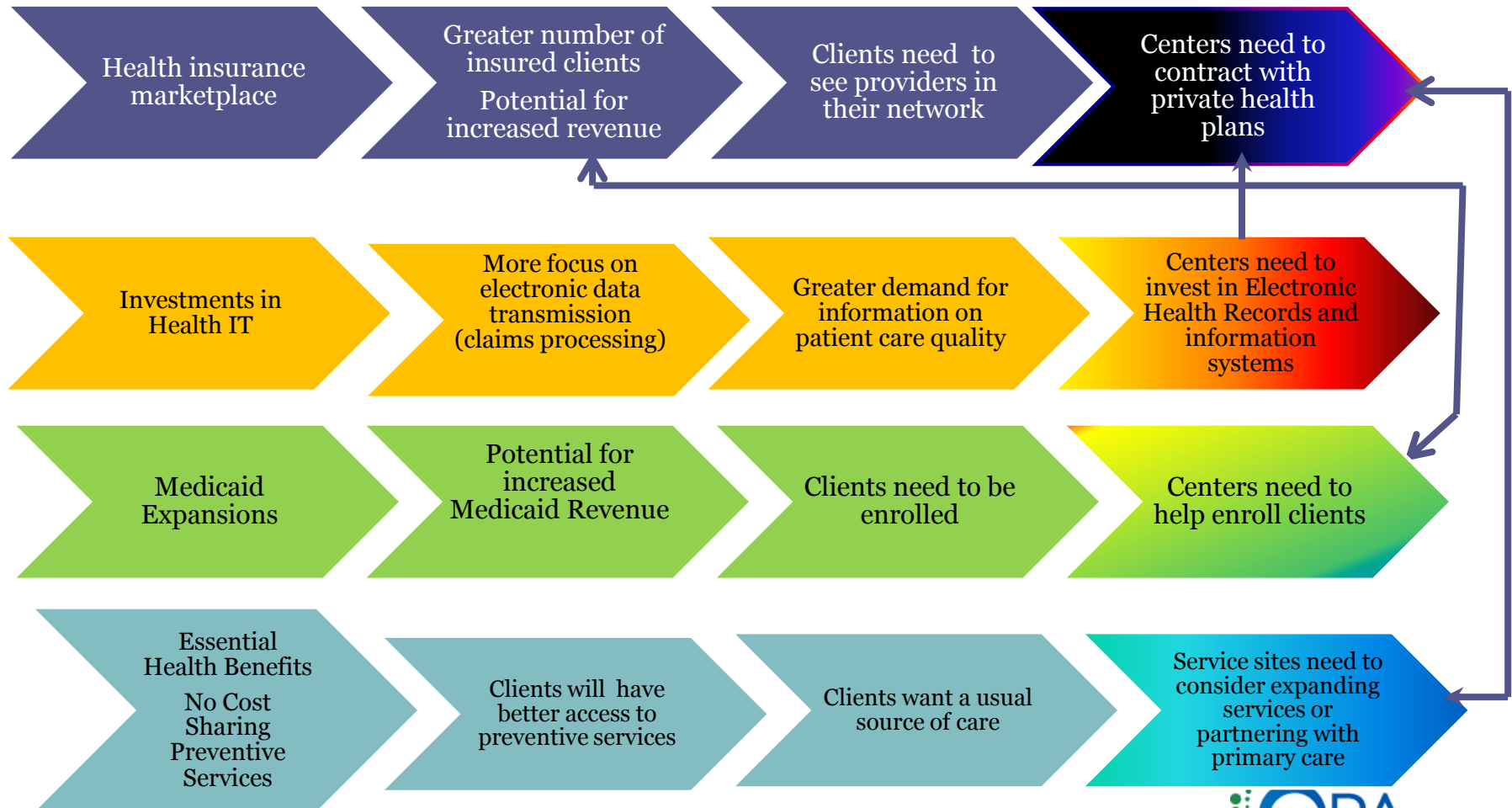
- Framework for sustainability of family planning centers
- Tools to consider sustainability





ACA:

What it means for Family Planning



Where do we need to go?

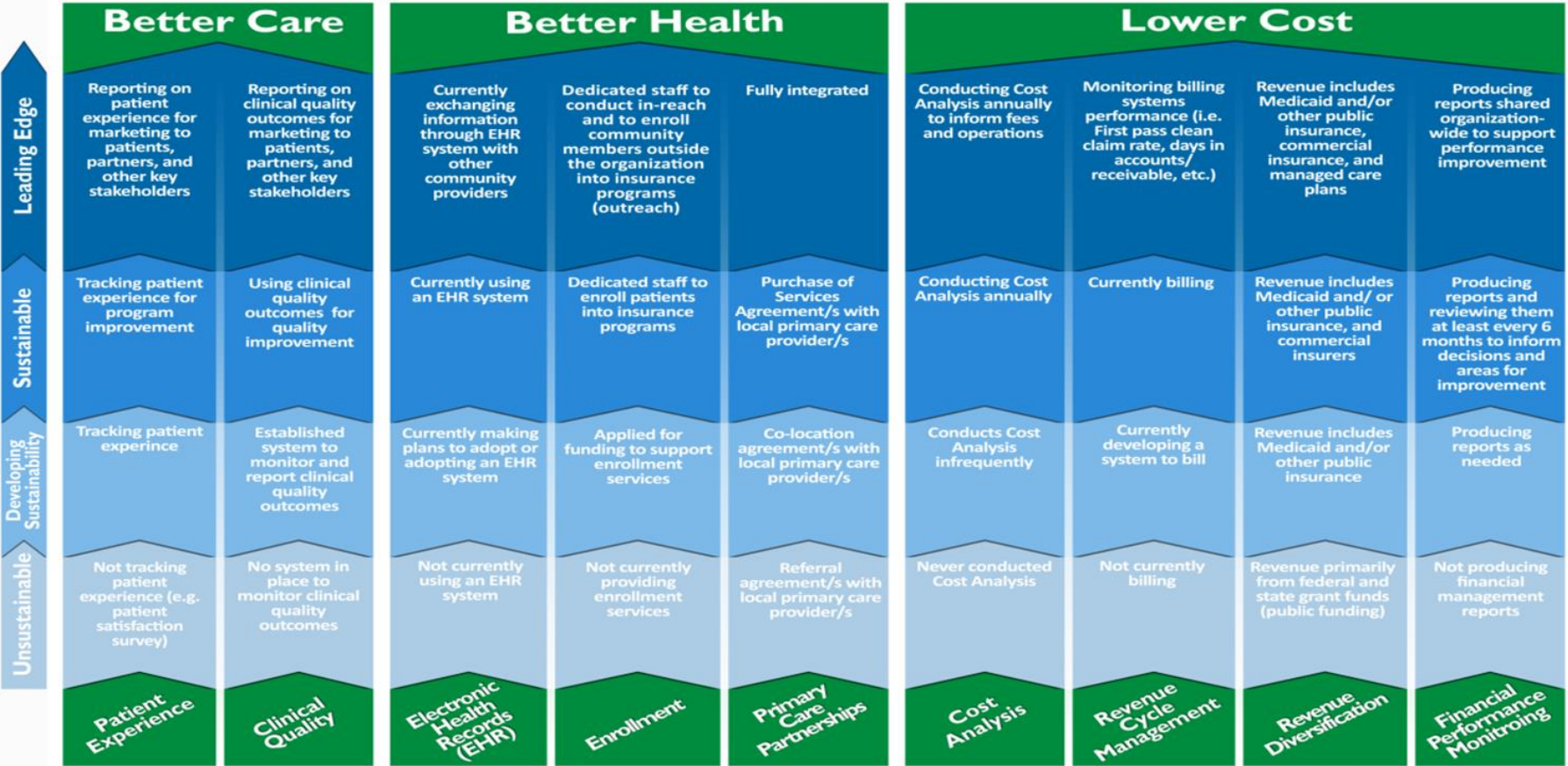


Where do we need to go?



Achieving the Triple Aim: Better Care, Better Health and Lower Cost A Guide for Family Planning Agencies

Adrienne Christy, BS, Ann Loeffler, MSPH and Reesa Webb, MSc | JSI Research and Training Institute, Inc.



Sustainability Indicators

Funding for this resource was made possible by the Office of Population Affairs (Grant #177620623-01-00). The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

¹ Berwick, D. M., T. W. Nolan, and J. Whittington. "The Triple Aim: Care, Health, And Cost." Health Affairs 27.3 (2008): 759-69. Print.

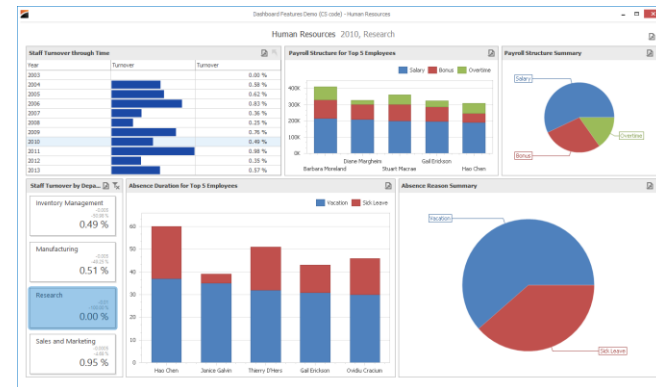
Sustainability Assessment

- Service site tool--health center level
 - Enrollment activities
 - Primary care
 - EHR system
 - Quality monitoring and Improvement
 - Revenue
 - Gross collection
 - Average days in account receivable
 - claims denial
 - Contracting with health plans
 - Cost analysis



Financial Dashboard

- Provides at a glance views of Key Performance Indicators (KPI)
 - **Benchmark**—standard or set of standards used as a point of reference for evaluating performance.
 - May be set by an organization or historical experiences
 - **KPI's**
 - **Gross collection rate**
 - **Accounts Receivable (A/R) Aging**
 - **Days in Accounts Receivable (A/R)**
 - **Utilization**
 - **Payer Mix**
 - **Net Program Revenue**
 - **Months of Cash on Hand**



1. Benchmark Source: "Benchmarking Your Practice's Performance," Presentation by Anne Dunne, RN-BC, MBA,

MSCN, of Health Care Consulting, Grassi & Co., September 25, 2012.

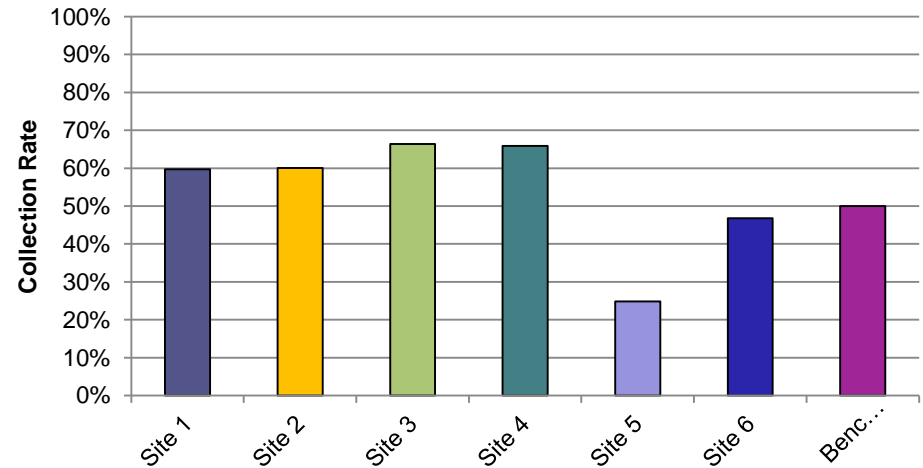
2. McBride, Carter. "How to Calculate Cash on Hand at the End of a Period in Accounting." Chron. Demand Media. Web.

6 Aug. 2014.

Financial Dashboard--KPI

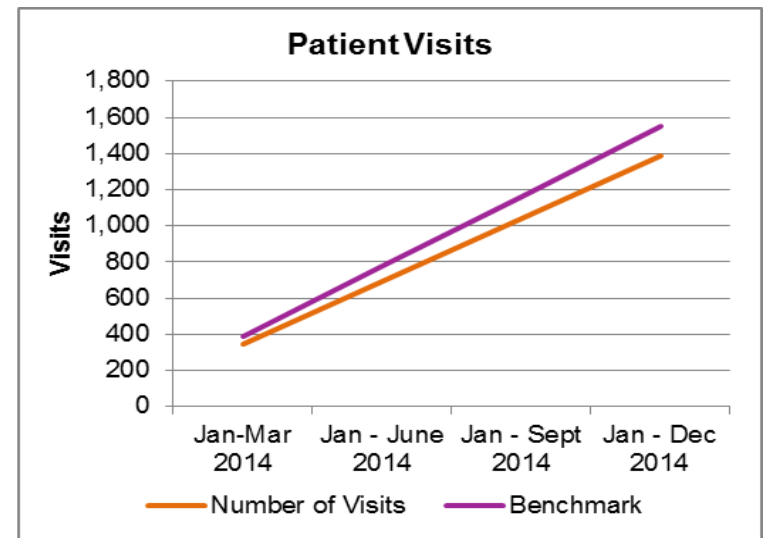
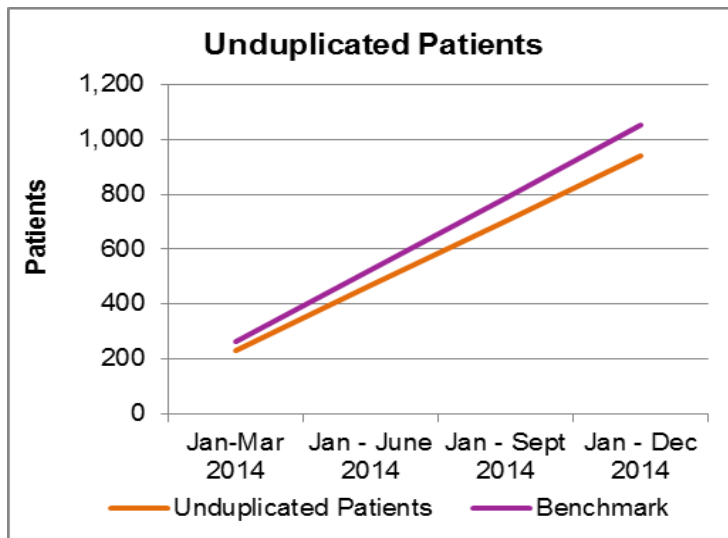
- **Gross Collection Rate**
 - Percentage of total charges is collectable with respect to insurance contracts and patient mix.
 - Over time should be between 40-60%
 - Below 40%--problem with collection process
 - Over 75%--prices too low
 - Does not account for contractual allowances (difference between what's billed and negotiated payment)

Total collections from all payer sources
Total Charges



Financial Dashboard-KPI

- Utilization
 - Reflects how busy the clinic is.
 - Number of unduplicated patients
 - Utilization should be tracked over time.
 - Benchmarks vary by site (strategic planning)



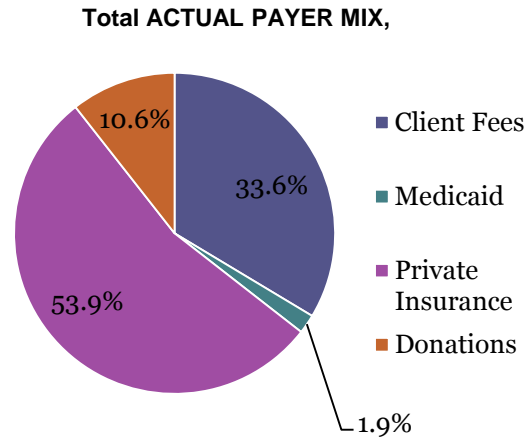
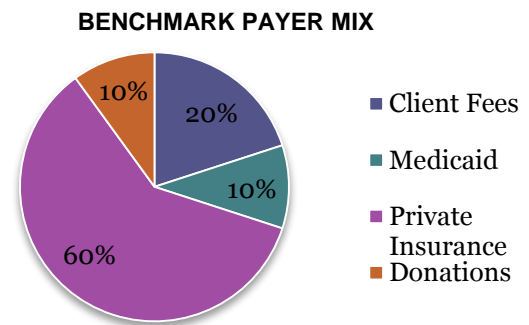
Financial Dashboard---KPI

- Payer Mix

- Can be calculated using revenue, unduplicated patient numbers, encounter numbers
- Diverse mix is desirable.
- Benchmark considerations:
 - Medicaid eligibility as determined by patient financial demographic data
 - Revenue goals necessary to meet program expenses
 - Implementation of Medicaid expansion/securing commercial insurance contracts
 - Ability/funding to subsidize sliding fee patients

Revenues generated by payer
Total program revenue

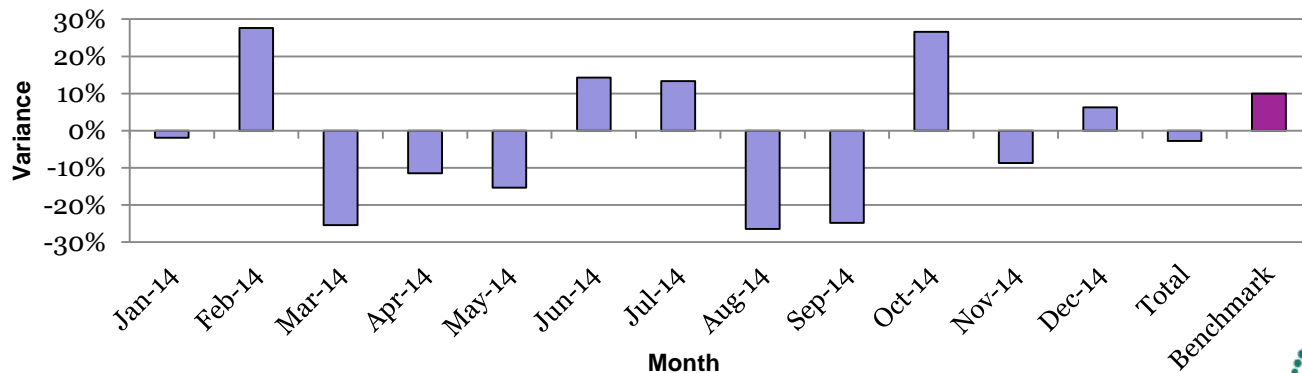
Unduplicated patients by payer
Total number of unduplicated patients



• Source: LFA Group, "Community Clinic Case Studies Financial Health." Blue of California Foundation, 2011. Web. 12 Sept. 2014.

Financial Dashboard--KPI

- Net Program Revenue (compared to budget)
 - Total revenue from program less all program specific expenses
 - Compare net program revenue to budget
 - Occasional variability expected, perpetual variance may indicate financial instability
 - Acceptable tolerance level +/- 5-10%



Title X NTC

Resources Currently Available

- **Available national training:**
 - Clinical training (including LARC specific training)
 - Cost Analysis
 - Revenue cycle management (including contracting)
 - 3-unit Coding e-learning
 - Outreach and enrollment resources
 - 5 things providers should know
 - Onsite enrollment resources
 - Podcasts
 - Print ready flyer
 - Front desk enrollment job aid
- **Coming soon:**
 - Dashboards

www.FPNTC.org



Questions?

Comments?