



HEALTHY MINDS
STRONG COMMUNITIES

Prospective Payment System TA Series: Financial Reporting and Management in a PPS Environment

May 27, 2025

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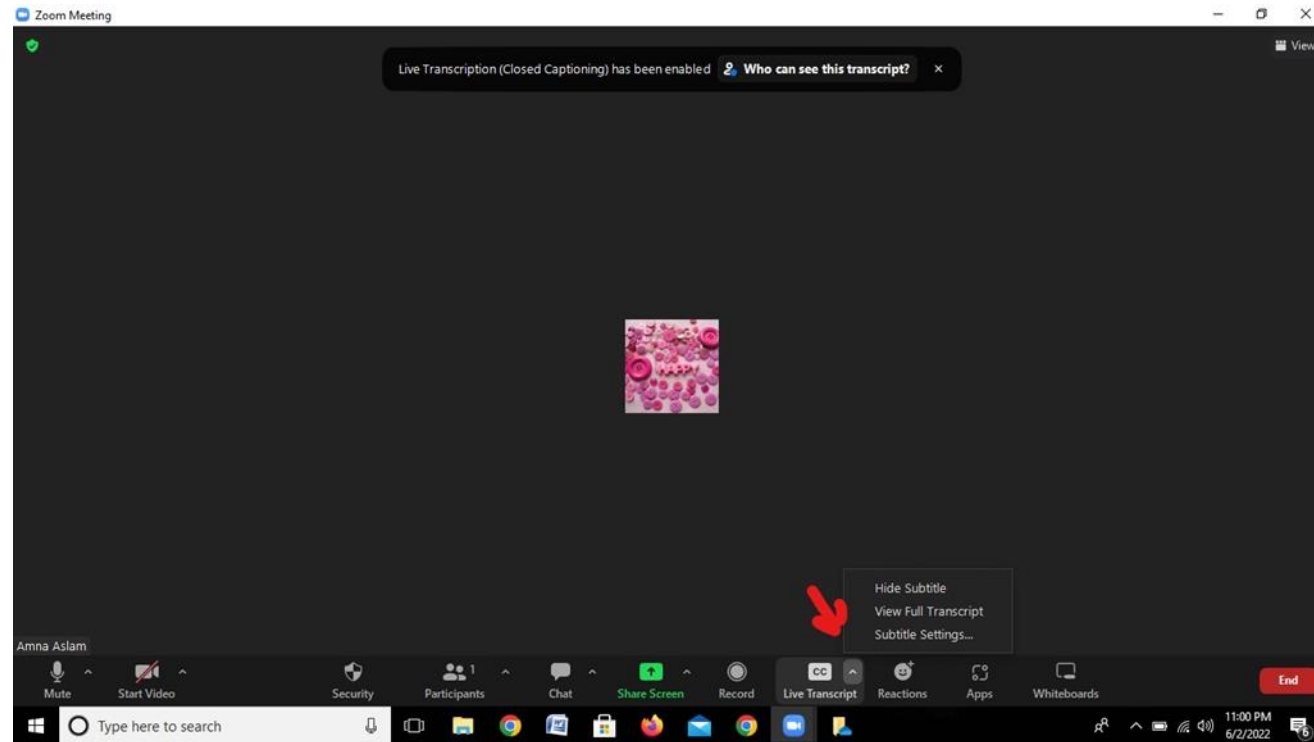
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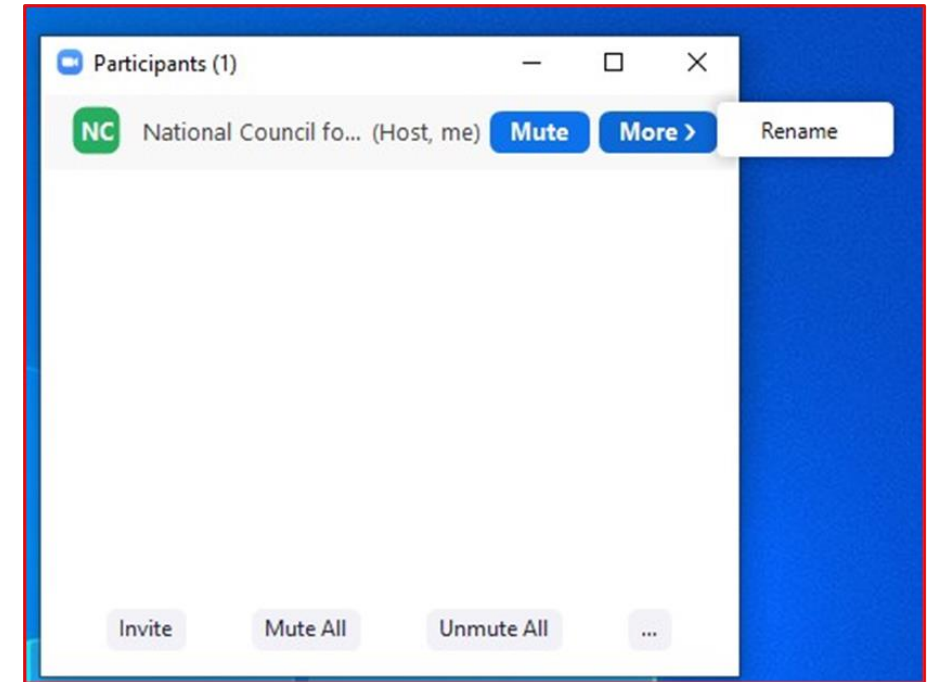
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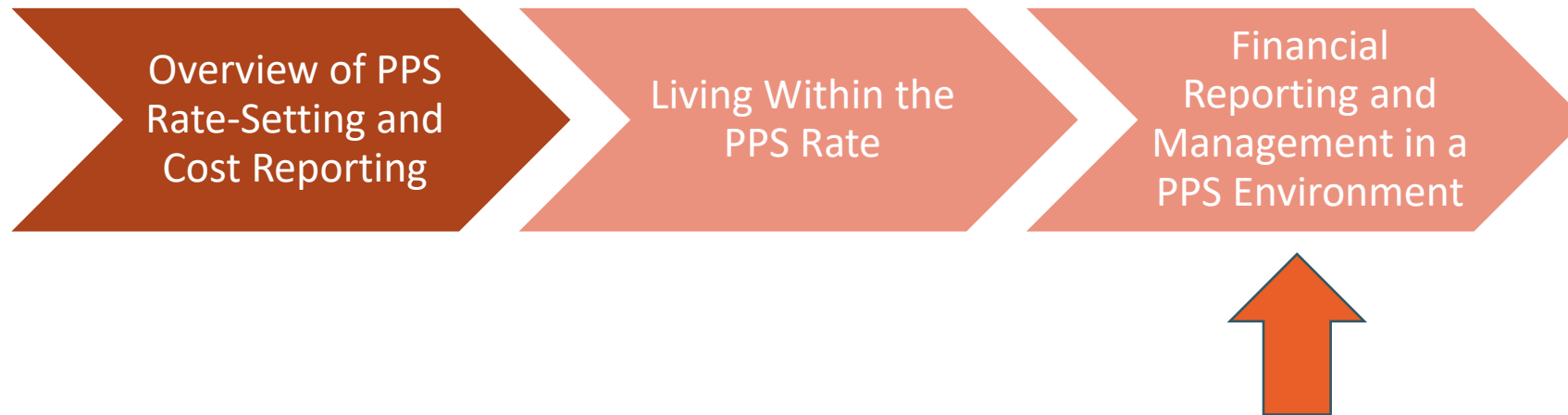
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CCBHC Prospective Payment System TA Series

- Today's webinar is the last of a 3-part series:



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Today's Learning Objectives

- Understand the financial management process for CCBHC Medicaid PPS reimbursement and a framework for managing/preserving the PPS rate
- Learn the types of financial management reports and key performance indicators (KPIs) to be monitored during the year to project impacts on future CCBHC PPS rate rebasing
- Understand the business processes and workflows that impact KPIs and manage financial performance under the CCBHC PPS rate model



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Today's Presenters



Peter R. Epp

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Poll #1

- Do you produce monthly financial management reports for the CCBHC program that project financial performance on future PPS rate rebasing?
 - Yes
 - Under development
 - No



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Overview


- Refresher - Living Within the CCBHC PPS Rate
- Budgeting/Financial Projections Under the CCBHC PPS Rate
 - Managing Financial performance
 - Preserving the CCBHC PPS Rate
- Review of Recommended Financial Management Reports
- Discussion of Operational Workflows that Impact Financial Performance Under the CCBHC PPS Rate Model
- Q&A



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Basic PPS Rate Construct

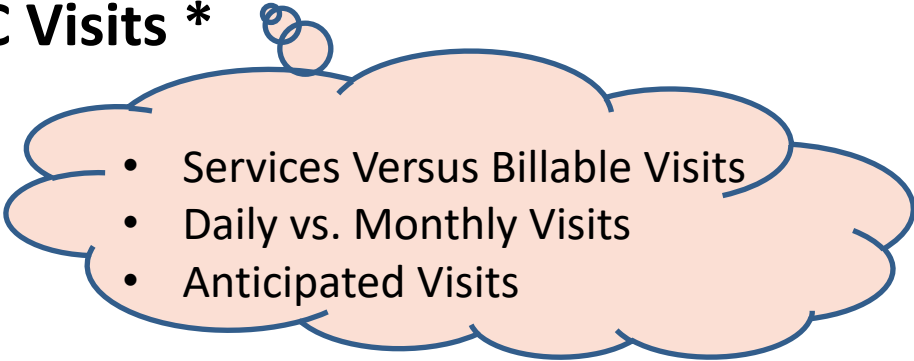
- 
- CCBHC Covered Services
 - Anticipated “Budgeted” Costs
 - Direct Costs & Allocated Overhead

Total “Allowable” CCBHC Costs *

=

CCBHC PPS Rate

Total CCBHC Visits *

- 
- Services Versus Billable Visits
 - Daily vs. Monthly Visits
 - Anticipated Visits

*** For *ALL* clients!**



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PPS Payment Model Fundamentals

All-Inclusive Rate (AIR) Equation

Total “Allowable” CCBHC Costs

Total CCBHC Visits

=

CCBHC PPS Rate

Description	Number of Visits	
	Option A	Option B
Total Allowable Costs	\$10,000,000	\$10,000,000
Threshold visits	55,000	40,000
Projected CCBHC Medicaid Rate	\$181.82	\$250.00
Medicaid Payer Mix	90%	90%
Number of Medicaid Visits	49,500	36,000
Medicaid CCBHC Revenue	\$9,000,000	\$9,000,000
% of Allowable Costs Reimbursed	90%	90%

AIR Reimbursement Fundamentals

Impact of Payer Mix



Managing CCBHC Operating Performance

- When evaluating financial performance in the CCBHC PPS model, finances should be evaluated in total as compared to fluctuations in volume
- Financial analyses should therefore be performed on a per visit and per client basis
 - Compare actual vs. budget (e.g., cost report)

Statistics:

19,000

1,250

	Totals	Per Visit	Per Client
<u>Operating Revenue:</u>			
Patient Revenue, Net	\$ 4,016,125	\$211.38	\$3,212.90
Grants and Contracts	1,000,000	\$52.63	\$800.00
TOTAL OPERATING REVENUE	5,016,125	\$264.01	\$4,012.90
<u>Operating Expenses:</u>			
CCBHC Staff Costs	3,021,000	\$159.00	\$2,416.80
Other Direct CCBHC Costs	1,007,000	\$53.00	\$805.60
Total CCBHC Direct Expenses	4,028,000	\$212.00	\$3,222.40
Indirect (Overhead) Expenses	1,007,000	\$53.00	\$805.60
TOTAL OPERATING EXPENSES	5,035,000	\$265.00	\$4,028.00
OPERATING SURPLUS/(LOSS)	\$ (18,875)	(\$0.99)	(\$15.10)



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Evaluating Medicaid Performance – Evaluation of PPS Rates

- By analyzing cost on a per visit and per client (per month), CCBHCs can compare actual performance versus current PPS-1/PPS-2 payment rates
 - For PPS-2, divide the annual cost per client by 12 months

Medicaid		14,250	938
	Totals	Per Visit	Per Client
Total Annual Patient Revenue	\$3,918,750	\$275.00	\$4,180.00
Less:			
Total Annual Operating Expense	\$3,776,250	\$265.00	\$4,028.00
Equals:			
Operating Margin	\$142,500	\$10.00	\$152.00
PPS-1/2 Rate in Excess of Current Cost		\$10.00	\$12.67



Key Drivers of the Cost per Visit

- Key drivers of the all-inclusive cost per visit, and the operational workflows that impact them:
 1. Clinician productivity (services per FTE)
 2. Service-to-visit conversion ratio
 3. Service utilization & impact of special populations
 - Needs assessment → clients to be served → services & visits → staffing requirements
 4. Staffing profile (e.g., support staff ratios)
 5. Other drivers of the cost per visit
- Related metrics reviewed and monitored by State Medicaid agencies



CCBHC Operations – Key Concepts

- Outreach efforts drive clients
- Clients and utilization patterns drive visits
- Clients/Visits drive operating revenue and expenses
- Manage client mix
- Clinical productivity levels impact clients/visits (supply versus demand)
- Reimbursement rates and payer mix drive patient revenue
- Improve revenue cycle efficiencies and minimize bad debt
- Measure uncompensated care versus grants/contracts
- Negotiate third party payer rates – Value Based Payment
- Cost per visit drive operating expenses



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It's A Wrap!

- KPIs of managing financial performance of the CCBHC program
 - Manage revenue by monitoring per visit and per client amounts
 - Manage expense by monitoring the cost per visit
 - Manage the key drivers of these client-centered KPIs
 - Forecast/Project the impact of current year performance on future rates

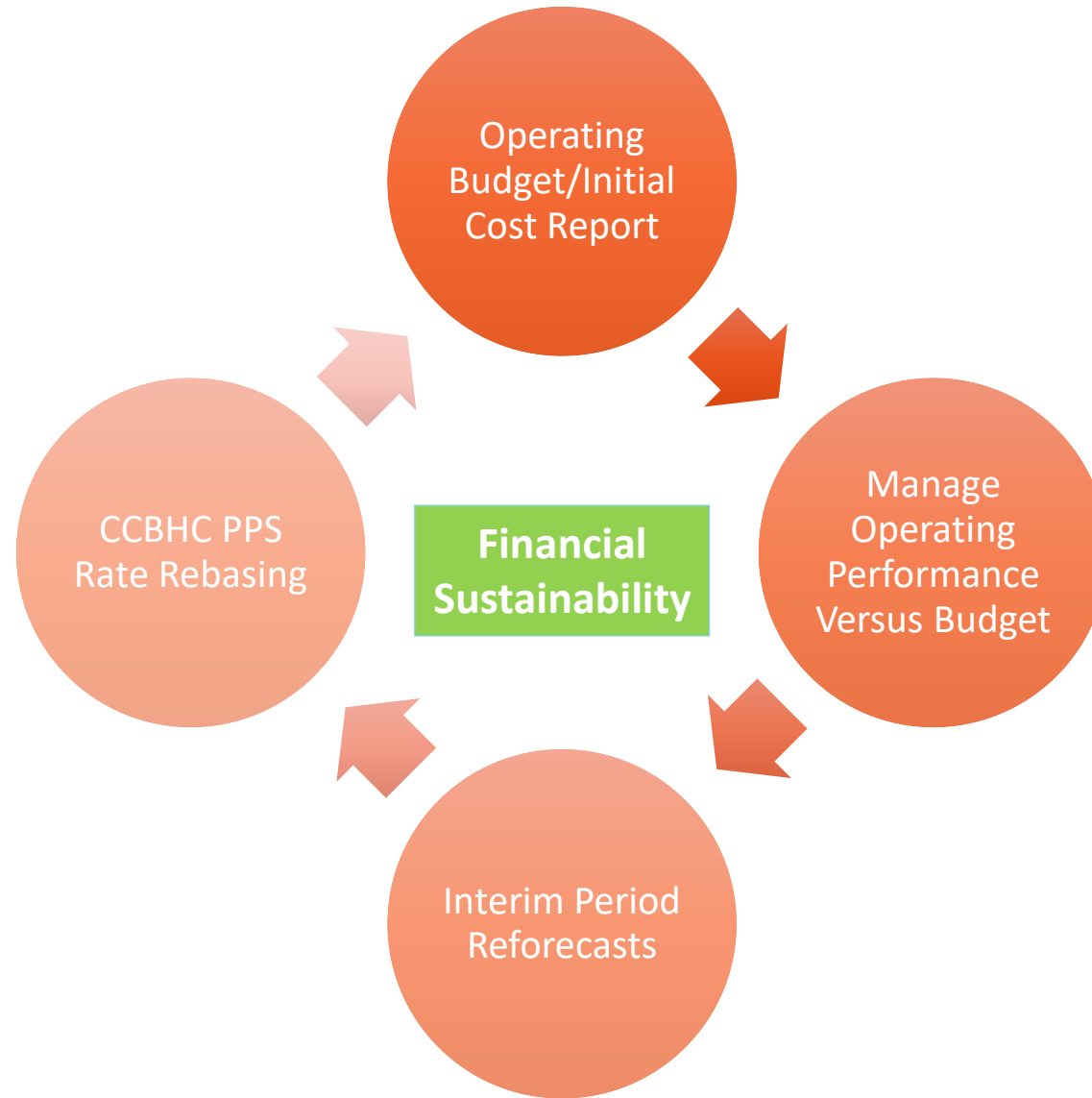
Metric:	Revenue Impact	Expense Impact
Payer Mix	√	
Bad Debt Rate	√	
Payment Rates	√	
# of Clients	√	√
# of Visits	√	√
Service Utilization	√	√
Client Mix	√	√
Productivity	√	√
S2V Ratio		√
Staff Profile		√
Other Expenses		√



CCBHC PPS Financial Management Framework

CCBHCs must manage financial performance through 2 lenses:

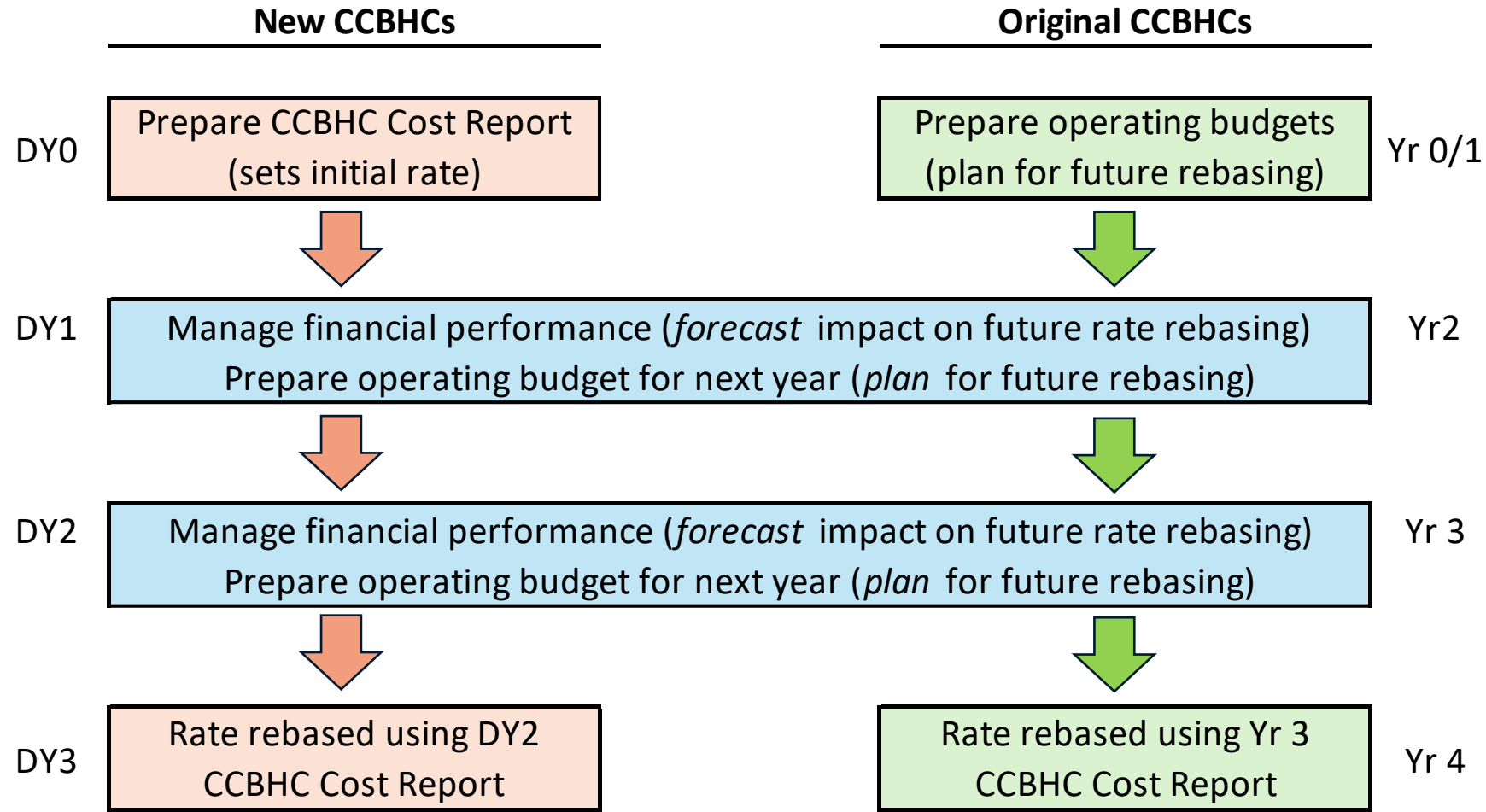
- Financial sustainability
- CCBHC PPS rate rebasing



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CCBHC PPS Financial Management Framework



The Traditional CCBHC Financial Model

- *Payer mix*
- *Payment rates*
- *Units of service*

Projected Visits

- *Productivity levels*
- *Staffing ratios*
- *Salary levels*

Patient Service
Revenue

Plus:

Other Grants/
Contracts

Equals:

**Operating
Revenue**

Staffing Profile

Plus:

Non-Personnel
Expenses

Equals:

**Operating
Expenses**



Foundational Elements of the CCBHC Financial Model

- Although visits traditionally drive CCBHC financial modeling, ***CCBHCs should first project clients to be served and the services provided before the financial model can be built***

Metrics	Fee-For-Service (PPS-1)	Capitation/Monthly (PPS-2)
Number of Clients	Increase/Decrease in clients will generate a corresponding impact on revenue	Increase/Decrease in clients will generate a corresponding impact on revenue*
Service (Visits) Utilization	Increase/Decrease in service utilization will generate a corresponding impact on revenue	Increase/Decrease in service utilization does not impact revenue unless separate rates by client subpopulation and shift in client mix
Client Mix	Shifts in client mix is a driver of overall service utilization	Shifts in client mix is a driver of overall utilization and could impact revenue if separate rates for different client subpopulation

** For capitation arrangements, assumes the % of non-utilizing members is unchanged*



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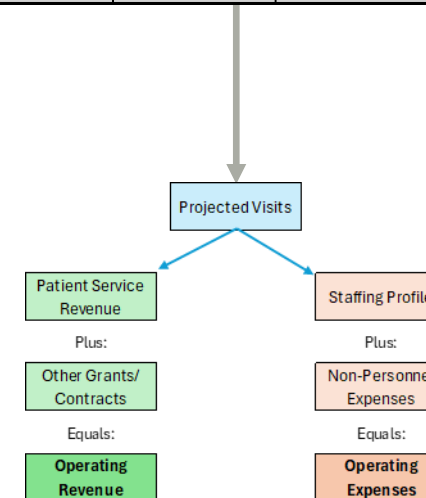
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The “New” CCBHC Financial Model

- The “new” CCBHC financial model is driven by clients
 - Projected clients should be based on community needs assessments (CNAs) and stratified by client subpopulation
 - Service utilization should also be driven by the CNA and clinical best practices
 - Service utilization (billable AND non-billable) should be distributed by service type
 - Services by type should trickle down to staffing for both billable and non-billable staff
 - *And trickle down....*

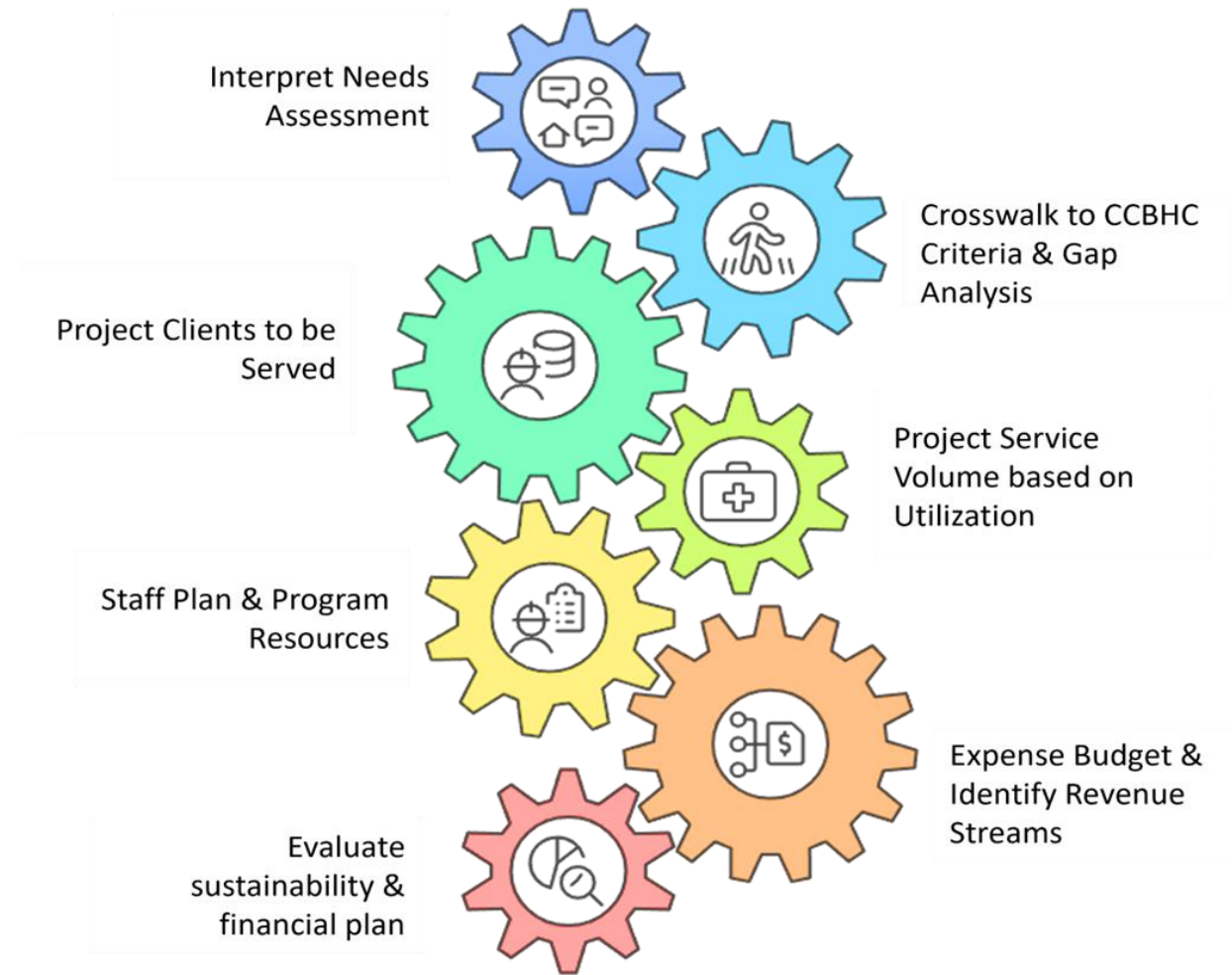
	Client Subpopulations				
	1	2	3	4	Combined
Clients					
"Service" Utilization					
Projected Services					

Projected Services:	1	2	3	4	Combined
Service Type 1					
Service Type 2					
Service Type 3					
Service Type 4					
Service Type 5					
Total Services					



Framework for Sustainability

- Conduct Community Needs Assessment (CNA) and interpret findings
- Crosswalk to CCBHC criteria and identify program gaps
- Quantify clients to be served under CCBHC
- Determine service volume based on utilization trends
- Prepare staffing plan to support volume and patient needs
- Develop operating expenses and revenues
- Prepare 3- 5-year financial projections and evaluate sustainability and key drivers of success



Sample CCBHC Annual Budget

- Foundation for building the CCBHC budget is projecting clients, services, and visits

	Annual Budget			
	General Population	High Acuity Adults	High Acuity Children	Total
Client Mix %	50%	25%	25%	100%
Number of Clients	900	450	450	1,800
Services per Client per Year	12	24	48	24
Number of Services	10,800	10,800	21,600	43,200
Service to PPS Visit Ratio	1.20	1.20	1.20	1.20
Number of PPS Visits	9,000	9,000	18,000	36,000



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Sample CCBHC Annual Budget

- Based on volume projections, staffing is projected based on productivity levels and support staff ratios

	Annual Budget		
	Services	Productivity Per FTE	FTEs
Psychiatrist	5,400	2,700	2.00
Psychiatric Nurse Practitioner	21,800	1,817	12.00
Substance Abuse Specialist	3,000	1,000	3.00
Licensed Clinical Social Worker	12,000	1,200	10.00
Licensed Mental Health Counselor	1,000	1,000	1.00
Totals	43,200	1,543	28.00

Position Title	Annual Budget		
	FTEs	Annual Salary	Salary Cost
Psychiatrist	2.00	\$250,000	\$ 500,000
Psychiatric Nurse Practitioner	12.00	\$135,000	1,620,000
Substance Abuse Specialist	3.00	\$60,000	180,000
Case Manager	20.00	\$52,000	1,040,000
Peer Specialist	4.00	\$42,000	168,000
Licensed Clinical Social Worker	10.00	\$100,000	1,000,000
Licensed Mental Health Counselor	1.00	\$60,000	60,000
General Practice (CCBHC Services)	26.00	\$45,000	1,170,000
Other Staff	11.00	\$70,000	770,000
Totals	89.00	\$73,124	\$ 6,508,000

Clinical Staff FTEs (Billable) 28.00

Total FTEs 89.00

Support Staff Ratio 2.18



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Sample CCBHC Annual Budget

- Based on volume projections, patient revenue is projected based on payment rates and payer mix

	Annual Budget			
	Payer Mix	Daily Visits	Payment Rate	Patient Revenue
Medicaid	85%	30,600	\$285.00	\$ 8,721,000
Medicare	5%	1,800	\$85.00	153,000
Commercial Insurance	5%	1,800	\$65.00	117,000
Self-pay	5%	1,800	\$25.00	45,000
Subtotal	100%	36,000	\$251.00	9,036,000
Less: Bad Debt	5%		(\$12.55)	(451,800)
Total Patient Revenue, Net			\$238.45	\$ 8,584,200



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Sample CCBHC Annual Budget

- Annual budget (or cost report) is grounded in the Community Needs Assessment and projection of clients served and services provided
- Budgeted CCBHC PPS rate projection:

Average Budgeted Cost Per Visit	\$285.67
Current CCBHC PPS Rate Per Visit	\$285.00

	Annual Budget	
	Amounts	\$ Per Visit
Billable PPS Visits	36,000	
<u>CCBHC Program Revenue:</u>		
Patient Services Revenue, Net	\$ 8,584,200	\$238.45
Grants and Contracts	1,700,000	\$47.22
Total CCBHC Program Revenue	\$ 10,284,200	\$285.67
<u>CCBHC Direct Expenses:</u>		
Salaries & Wages	\$ 6,508,000	\$180.78
Fringe Benefits (25%)	1,627,000	\$45.19
Costs Under Agreement (DCO)		\$0.00
Other Direct CCBHC Expenses	810,000	\$22.50
Total Direct CCBHC Expenses	8,945,000	\$248.47
Indirect Expenses (15%)	1,339,200	\$37.20
Total CCBHC Expenses	\$ 10,284,200	\$285.67
SURPLUS/(LOSS)	\$ -	\$0.00



Poll #2

- When you prepare annual budgets for the CCBHC program, do you include the impact the budget will have on future PPS rate rebasing?
 - Do not prepare a budget specific to the CCBHC program
 - Prepare a budget but rate rebasing is not included
 - Prepare a budget with a forecast of the impact on future rate rebasing



“Living Within the PPS Rate” - Managing CCBHC Operations

- CCBHC financial performance should be monitored on a monthly basis throughout the year
- Actual performance should be measured against budget (e.g., cost report)
 - Revenue and expense financial report
 - Revenue/cost per visit analyses
- Manage and monitor KPIs (Key Performance Indicators) against budget
- Project cost and volume for the balance of the year
- Future sustainability through analysis of current financial data
 - Assessment of future rebasing
 - Preparing for Value Based Payment and third party payer negotiations



Sample Budget Versus Actual Comparison

- Evaluating actual clients, services and visits
 - The actual number of services could impact staffing levels and clinical productivity levels

	Prorated Budget (6 months)	Actual (6 months) - Scenario A	Actual (6 months) - Scenario B
Client Mix %			
Number of Clients	1,800	1,600	2,000
Services per Client per Year	12	12	12
Number of Services	21,600	19,200	24,000
Service to PPS Visit Ratio	1.20	1.20	1.20
Number of PPS Visits	18,000	16,000	20,000



Sample Budget Versus Actual Comparison

- Actual billable clinician staffing remains consistent with the annual budget
 - In Scenario A, productivity drops driving an increase in the cost per visit
 - In Scenario B, productivity increases improving access and a decrease in the cost per visit

	Prorated Budget (6 months)			Actual (6 months) - Scenario A			Actual (6 months) - Scenario B		
	Services	Productivity Per FTE	FTEs	Services	Productivity Per FTE	FTEs	Services	Productivity Per FTE	FTEs
Psychiatrist	2,700	1,350	2.00	2,400	1,200	2.00	3,000	1,500	2.00
Psychiatric Nurse Practitioner	10,900	908	12.00	9,689	807	12.00	12,111	1,009	12.00
Substance Abuse Specialist	1,500	500	3.00	1,333	444	3.00	1,667	556	3.00
Licensed Clinical Social Worker	6,000	600	10.00	5,333	533	10.00	6,667	667	10.00
Licensed Mental Health Counselor	500	500	1.00	444	444	1.00	556	556	1.00
Totals	21,600	771	28.00	19,200	686	28.00	24,000	857	28.00



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Sample Budget Versus Actual Comparison

- While actual staffing for billable clinician FTEs is consistent with the budget, in Scenario A support staff are hired consistent with the budget whereas in Scenario B, support staff are not hired driving down the cost per visit

	Prorated Budget (6 months)		Actual (6 months) Scenario A		Actual (6 months) Scenario	
Position Title	FTEs	Salary Cost	FTEs	Salary Cost	FTEs	Salary Cost
Psychiatrist	2.00	\$ 250,000	2.00	\$ 250,000	2.00	\$ 250,000
Psychiatric Nurse Practitioner	12.00	810,000	12.00	810,000	12.00	810,000
Substance Abuse Specialist	3.00	90,000	3.00	90,000	3.00	90,000
Case Manager	20.00	520,000	20.00	520,000	20.00	520,000
Peer Specialist	4.00	84,000	4.00	84,000	2.00	42,000
Licensed Clinical Social Worker	10.00	500,000	10.00	500,000	10.00	500,000
Licensed Mental Health Counselor	1.00	30,000	1.00	30,000	1.00	30,000
General Practice (CCBHC Services)	26.00	585,000	26.00	585,000	20.00	450,000
Other Staff	11.00	385,000	11.00	385,000	8.00	280,000
Totals	89.00	\$ 3,254,000	89.00	\$ 3,254,000	78.00	\$ 2,972,000
Clinical Staff FTEs (Billable)	28.00		28.00		28.00	
Total FTES	89.00		89.00		78.00	
<i>Support Staff Ratio</i>	<i>2.18</i>		<i>2.18</i>		<i>1.79</i>	



Sample Budget Versus Actual Comparison

- In Scenario A, volume dropped and the payer mix shifted away from Medicaid and the bad debt rate increased, both resulting in a decrease in the average patient revenue per visit
- In Scenario B, volume increased, payer mix shifted to Medicaid, and the bad debt rate dropped, all contributing to an increase in the average patient revenue per visit

	Prorated Budget (6 months)			Actual (6 months) - Scenario A			Actual (6 months) - Scenario B		
	Payer Mix	Daily Visits	Patient Revenue	Payer Mix	Daily Visits	Patient Revenue	Payer Mix	Daily Visits	Patient Revenue
Medicaid	85%	15,300	\$ 4,360,500	75%	12,000	\$ 3,420,000	90%	18,000	\$ 5,130,000
Medicare	5%	900	76,500	8%	1,200	102,000	3%	500	42,500
Commercial Insurance	5%	900	58,500	8%	1,200	78,000	3%	500	32,500
Self-pay	5%	900	22,500	10%	1,600	40,000	5%	1,000	25,000
Subtotal	100%	18,000	4,518,000	100%	16,000	3,640,000	100%	20,000	5,230,000
Less: Bad Debt	5%	(\$12.55)	(225,900)	7%	(\$15.93)	(254,800)	3%	(\$7.85)	(156,900)
Total Patient Revenue, Net		\$238.45	\$ 4,292,100		\$211.58	\$ 3,385,200		\$253.66	\$ 5,073,100



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Sample Budget Versus Actual Comparison

- Fluctuations in revenue and expenses should be compared to trends in visits
- What to look for?
 - Patient revenue per visit
 - Changes in payer mix
 - Bad debt rate
 - Grants and contracts versus uncompensated care
 - Salaries and wages per visit
 - Clinician productivity levels
 - Staff ratios
 - Total cost per visit versus CCBHC PPS rate

	Prorated Budget (6 months)		Actual (6 months) Scenario A		Actual (6 months) Scenario B	
	Amounts	\$ Per Visit	Amounts	\$ Per Visit	Amounts	\$ Per Visit
Billable PPS Visits	18,000		16,000		20,000	
<u>CCBHC Program Revenue:</u>						
Patient Services Revenue, Net	\$ 4,292,100	\$238.45	\$ 3,385,200	\$211.58	\$ 5,073,100	\$253.66
Grants and Contracts	850,000	\$47.22	850,000	\$53.13	850,000	\$42.50
Total CCBHC Program Revenue	\$ 5,142,100	\$285.67	\$ 4,235,200	\$264.70	\$ 5,923,100	\$296.16
<u>CCBHC Direct Expenses:</u>						
Salaries & Wages	\$ 3,254,000	\$180.78	\$ 3,254,000	\$203.38	\$ 2,972,000	\$148.60
Fringe Benefits (25%)	813,500	\$45.19	813,500	\$50.84	743,000	\$37.15
Costs Under Agreement (DCO)	-	\$0.00	-	\$0.00	-	\$0.00
Other Direct CCBHC Expenses	405,000	\$22.50	405,000	\$25.31	305,000	\$15.25
Total Direct CCBHC Expenses	4,472,500	\$248.47	4,472,500	\$279.53	4,020,000	\$201.00
Indirect Expenses (15%)	669,600	\$37.20	670,875	\$41.93	648,325	\$32.42
Total CCBHC Expenses	\$ 5,142,100	\$285.67	\$ 5,143,375	\$321.46	\$ 4,668,325	\$233.42
SURPLUS/(LOSS)	\$ -	\$0.00	\$ (908,175)	(\$56.76)	\$ 1,254,775	\$62.74



Sample Budget Versus Actual Comparison

- When analyzing the actual cost of the CCBHC program, it is best practice to use the actual indirect costs charges to the CCBHC program and not the Federal indirect rate.
- When projecting the CCBHC PPS rate, CCBHCs are required to use the Federally negotiated indirect rate, if applicable.

	Prorated Budget (6 months)	Actual (6 months) Scenario A	Actual (6 months) Scenario B
<i>Indirect Rate (Actual)</i>	15.00%	15.00%	16.13%
<u>CCBHC PPS Rate Projection:</u>			
CCBHC Direct Cost Per Visit	\$248.47	\$279.53	\$201.00
Federal Indirect Rate	15.00%	15.00%	15.00%
CCBHC Indirect Costs	\$37.27	\$41.93	\$30.15
Projected CCBHC PPS Rate (Before MEI)	\$285.74	\$321.46	\$231.15
Current PPS Rate	\$285.00	\$285.00	\$285.00

Key Performance Indicators (KPIs)

- KPIs should be analyzed and their impact on financial performance
- What can be done to impact KPIs and improve performance?
 - Increase clients and impact utilization
 - Monitor clinical productivity (separate report) and impact on personnel costs and staffing profile
 - Monitor cost per visit versus CCBHC PPS rate
 - Manage revenue cycle and impact on payer mix and bad debt

	Annual Budget	
	KPI	Utilization
Number of Clients	1,800	
Number of Services	43,200	24.00
Number of PPS Visits	36,000	20.00
<i>Service to Visit (S2V) Ratio</i>	1.20	
Clinical Staff FTEs (Billable)	28.00	
Total FTES	89.00	
<i>Support Staff Ratio</i>	2.18	
Cost Per Visit	\$285.67	
CCBHC PPS Rate	\$285.00	
<i>Payer Mix:</i>		
Medicaid %	85.00%	
Non-Medicaid %	15.00%	
Bad Debt %	5%	



Sample Budget Versus Actual Comparison

	Prorated Budget (6 months)		Actual (6 months) Scenario A		Actual (6 months) Scenario	
	KPI	Utilization	KPI	Utilization	KPI	Utilization
Number of Clients	1,800		1,600		2,000	
Number of Services	21,600	12.00	19,200	12.00	24,000	12.00
Number of PPS Visits	18,000	10.00	16,000	10.00	20,000	10.00
<i>Service to Visit (S2V) Ratio</i>	1.20		1.20		1.20	
Clinical Staff FTEs (Billable)	28.00		28.00		28.00	
Total FTEs	89.00		89.00		78.00	
<i>Support Staff Ratio</i>	2.18		2.18		1.79	
Cost Per Visit	\$285.67		\$321.46		\$233.42	
CCBHC PPS Rate	\$285.00		\$285.00		\$285.00	
<i>Payer Mix:</i>						
Medicaid %	85.00%		75.00%		90.00%	
Non-Medicaid %	15.00%		25.00%		10.00%	
Bad Debt %	5%		7%		3%	



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Recommended Management Reporting Package

- CCBHC financial package
 - Financial statements –
 - Budget versus actual; month versus year-to-date
 - Revenue and expense per visit amounts
 - Dashboard of Key Performance Indicators (KPIs)
 - Budget versus actual; month versus year-to-date
 - Monthly trends
 - Client utilization report by population
 - Productivity report by clinician
 - Detail client/visit payer mix



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Poll #3

- Do you believe your existing financial systems have the capabilities necessary to properly report on and manage the CCBHC program's financial performance?
 - Yes
 - No
 - Unsure



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Monitoring Clients and Services/Visits

- Improving Financial Performance:
 - Changes in clients drive services/visits
 - Changes in services/visits drive revenue and expenses
 - Shifts in client mix and service utilization patterns will impact visits
- Areas to consider:
 - Targeted outreach efforts aligned with the community needs assessment designed to engage more clients
 - Cultivate relationships with other Community-Based Organizations
 - Expand hours of operation
 - Be the Provider of Choice in the community
 - Monitor client mix and utilization – measure patient demand and mix of behavioral health services



Monitoring Productivity

- Improving Financial Performance:
 - Fluctuations in clinician productivity directly impacts revenue generation as well as the cost per visit, thereby the CCBHC operating margin
- Areas to consider:
 - Evaluate the ability to improve clinicians time through the use of technology, pre-visit planning, and use of other members on the care team
 - Assess appropriate staffing/support to improve client flow
 - Evaluate mix of services provided in-person versus via telehealth
 - Service expectation set per day
 - Scheduling template
 - Double booking versus no-show
 - Pre-visit reminders



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Monitoring Cost Per Visit

- Improving Financial Performance:
 - Managing a fine line between sustainability and CCBHC PPS rate rebasing
 - Monitoring clinical productivity levels and staffing ratios will manage/improve cost efficiencies
- Areas to consider:
 - Increases in clinical productivity will reduce the cost per visit
 - Fluctuations in staffing ratios (support staff per clinical staff FTE) will impact the cost per visit
 - Staffing profile is impacted by changes in service mix
 - Changes in salary levels due to market pressures will impact cost
 - Can also create vacancies which would impact services/visits provided
 - Manage the actual indirect cost % versus the indirect rate used in PPS rate-setting



Monitoring Patient Revenue

- Improving Financial Performance:
 - Although patient revenue is driven by visit volume, the proper balance of payer mix of visits, reimbursement rates and bad debt % must be managed
- Areas to consider:
 - Monitor payer mix of visits – impacted by outreach and engagement as well as front desk and insurance verification process
 - Changes in the Service To Visit (S2V) ratio will impact patient revenue
 - Negotiate favorable third-party payment rates
 - Monitor the bad debt % - impacted by front desk and billing process
 - Increases in days in accounts receivable indicate collection problems that may lead to bad debt
 - Perform a Revenue Cycle efficiency review



Questions & Discussion



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Thank You!

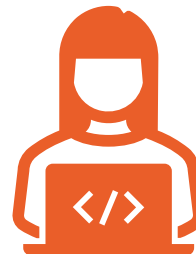
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