
COMMUNITY BASED ORGANIZATION (CBO) CLINICAL SERVICES EXPANSION PLAYBOOK

August 2024



This resource was made possible with funding from the Illinois Department of Public Health in collaboration with Illinois Public Health Association.

Copyright © 2024 Medical Revenue Cycle Specialists. All Rights Reserved

July 2024 Community Based Organization (CBO)

Clinical Services Expansion Playbook Narrative

In collaboration with the Illinois Public Health Association (IPHA) with funding provided by the Illinois Department of Public Health (IDPH), Medical Revenue Cycle Specialists (MRCS) has created a New Practice Start-up Playbook to assist CBOs with their endeavors to expand clinical services for the communities in which they serve.

The purpose of the Playbook is to assist CBOs with establishing third-party billing operations that enable them to bill for healthcare services, including, but not limited to sexually transmitted infections (STI) and HIV services. The Playbook has been formatted to include checklists and high-level overviews addressing the following Sections:

Sections:

- 1. New third-party billing practice implementation or expansion to include:
 - a. General, HR, compliance, liability coverage and licensing****
- 2. Billing, coding, and collections**
- 3. Credentialing, payer contracting and fee schedules**
- 4. Technology optimization**

To assist with providing high-level overviews to CBOs on the above practice domains, MRCS Clinical Expansion team leaders met with leadership from three Illinois based CBOs to conduct Readiness Assessments. The findings and data collected during the Readiness Assessments have been used to curate focus areas for CBOs in their internal infrastructure development. The Playbook is intended as a high-level checklist for implementation.

The information in the Playbook is not legal advice and should not be used that way. It is for informational purposes only. This document is not an exhaustive list of every aspect of practice start up and medical billing. Each CBO should use the Playbook to customize and create a strategic infrastructure plan that is specific to the unique needs and regulations that govern their organization. CBOs are advised to have internal leadership or an external professional, identify, implement, and manage all infrastructure components contained and not contained within this document that might be required for clinical expansion and medical billing services.

All CBOs that participated in the Readiness Assessment process were providing grant-funded community services to clients/patients prior to this process. Each CBO has an interest in expanding clinical services that would be billed to insurance by a rendering provider. The internal practice infrastructure required for grant-funded services is uniquely different from the internal clinical infrastructure required to bill insurance companies.

CBO Readiness Assessment Approach

The Playbook is a how-to guide for the addition of billable services for CBOs. Steve Long, Sr. Director of Practice Management Services leveraged the MRCS Readiness Assessment template and conducted multiple, virtual discovery meetings with key personnel from each of the organizations. These discovery meetings were held with each individual agency due to varying degree of readiness for implementing billable clinical services.

Information obtained during these discovery meetings enabled MRCS to address the primary concerns of each of the CBOs while also providing a high-level overview of third-party billing, coding, collections, credentialing, HR, regulatory compliance, and technology implementation and optimization. We inquired about the scope of service each CBO currently provided and would like to provide in an effort to gauge the varying services provided in the region, as well as, the type of providers rendering the services.

The discussions with each CBO demonstrated a wide variety of readiness and provided us with invaluable insight to assist with creating the Playbook. The process of interviewing key personnel within each organization was particularly rewarding, knowing that our guidance will help them create sustainable models to continue providing health and wellness resources to the generally underserved members of our communities.

Central Illinois Friends: <https://www.friendsofcentralillinois.org/>

MRCS led several virtual meetings with Deric Kimler, Executive Director, and Becca Mathis, Clinical Director. Central Illinois Friends is a non-profit organization working in HIV prevention, care, and sexual health. Central Illinois Friends supports people living with HIV and vulnerable community members in need of comprehensive clinical and supportive services through compassionate and personalized care. All of their services are currently grant funded, they do not turn anyone away for inability to pay.

They are currently using Veracity/Allegiance EMR but are exploring other options for EHR and billing services.

Proactive Community Services <https://pcsil.org/>

MRCs led several virtual meetings with Proactive Community Services leadership to include Eula Burge, Chief Executive Officer, Gloria Harden Chief Operations Officer, Andrea Darling Chief Fiscal Officer, and Patricia Burge Nurse Practitioner. They are a 501(C)(3) CBO founded in 2005 serving disadvantaged, under resourced communities. Among other services, Proactive Community Services provides HIV/AIDS prevention programs, education, and promotes chronic disease prevention and healthy lifestyles.

While the organization has been active for some time, several infrastructure development priorities were identified and suggested to prepare for implementing a billing process. These primary infrastructure items include, but are not limited to, selection and implementation of EMR and Practice Management software and service code selection. Using MRCs guidance to set up charge master files and to begin the credentialing process will assist Proactive Community Services with initiating infrastructure development.

Rainbow Café <https://www.rainbowcafe.org/>

MRCs led several virtual meetings with Carrie Vine, Executive Director, and Alex Socorro, Clinical Director. Rainbow Cafe provides non-judgmental support and access to personal, community, spiritual, and health resources to LGBTQIA+ people in Southern Illinois. Rainbow Café is currently in the process of implementing an EHR and billing program. Again, one of the primary concerns CBOs have when implementing billing processes is ensuring compliance with grant-funded services while integrating billing practices and services.

Section 1: New Third-Party Billing Implementation or Expansion

1. General Infrastructure Checklist of Key Considerations

The items listed below are tasks that should be completed to ensure the proper business infrastructure is in place to prepare for clinical service delivery and billing. These tasks should be completed at the organization’s earliest convenience, once the decision has been made to initiate services.

Organizations can utilize the checklists in this Playbook to document progress, note who in the organization is responsible for completing the task, include additional resources, or acknowledge the task is complete.

New Third-Party Billing Implementation or Expansion: General Infrastructure	Additional Resources	Status
Work with accountant to setup chart of accounts and financial reporting mechanisms		
Create bank account to be used for ACH insurance payment deposits		
Create Articles of Incorporation	https://apps.ilsos.gov/businessentitysearch/	
Provider Compensation Structure (Salary, Productivity, Relative Value Units (RVU), Bonus)	https://www.mgma.com/datadive/provider-compensation	
Determine if it’s advantageous to use the same Tax ID number for all service lines (grants and insurance)		
Consider setting up lockbox for payments received via outsourced billing vendor		
Create grant funded services matrix	See Fee Schedule document	

2. Human Resources Checklist of Key Considerations

All CBOs should already have a Human Resources (HR) infrastructure in place. The items listed below are to be considered when ensuring compliance in preparation for billing.

New Third-Party Billing Implementation or Expansion: Human Resources Infrastructure	Additional Resource	Status
Create job vacancy announcements and job applications for intake, billing and CHW positions	(1) Billing Specialist.doc (2) Job Description - Med Recept1.doc (3) https://www.bls.gov/ooh/community-and-social-service/community-health-workers.htm#tab-2	
CLIA certification for Phlebotomist	https://dph.illinois.gov/topics-services/health-care-regulation/clia/faqs.html#:~:text=Phlebotomists%20are%20not%20required%20to,patient%20care%20in%20blood%20drawing.	
Create employee manual	Employee Manual Customization Questionnaire.docx	
Create performance evaluation template	Evaluation Template.docx	
Gather employment onboarding forms		
Create HIPAA Privacy & Security Manuals	HIPAA Compliance Checklist 2024_What you need to know.pdf	
Add employees to State New Hire Registry	https://newhire.hfs.illinois.gov/NewHireWeb/NewHireReporting.jsp	
Create organizational chart		
Set up regular staff meetings		
Conduct OIG Exclusion Screening	https://exclusions.oig.hhs.gov/	
Conduct background checks	https://www.goodhire.com	
Create Standard Operating Procedures		

3. **Compliance Checklist**

The list below should be used to ensure compliance with all key regulations. **This is not** an exhaustive list. Please check with your compliance manager for additional guidance.

New Third-Party Billing Implementation or Expansion: Compliance Infrastructure	Additional Resource	Status
Create and make Notice of Privacy Practices available to patients in the waiting room and online	https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/npp_layered_hc_provider.pdf	
Create and distribute HIPAA Business Associate Agreement (BAA) to vendors with access to Protected Health Information	https://www.hhs.gov/sites/default/files/model-business-associate-agreement.pdf	
Distribute No Surprises Act (NSA) and Good Faith Estimate (GFE) policy to impacted patients	https://www.ama-assn.org/system/files/ama-nsa-toolkit.pdf	
Create Organizational Compliance Plan	https://oig.hhs.gov/documents/compliance-guidance/801/physician.pdf	
Identify Compliance Officer	https://compliancecosmos.org/sample-compliance-officer-job-description	
Conduct annual HIPAA Security Risk Assessment (SRA) and address vulnerabilities	https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool	
Create Red Flags Rule Policy and training for staff for client / patient identify theft precautions	https://www.ftc.gov/business-guidance/resources/fighting-identity-theft-red-flags-rule-how-guide-business#how	
Create policy for paper and electronic PHI destruction	https://www.hhs.gov/sites/default/files/disposalfaqs.pdf	

Identify shredding and equipment vendors and obtain certificates of destruction	https://www.shredit.com	
Create Information Blocking Policy	https://www.healthit.gov/topic/information-blocking	
Establish Training for: 1. Harassment 2. HIPAA 3. OSHA	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/HIPAA_PrivacyandSecurity.pdf https://www.osha.gov/training/library/	
Create Disaster Recovery Plan	https://www.aafp.org/pubs/fpm/issues/2008/0600/pa3.html	

4. **Liability Coverage and Licensing Checklist**

These items should be reviewed and implemented to ensure the organization has the necessary coverage, along with policies, to mitigate risks. **Please note that this is not an exhaustive list but a high-level overview of liability coverage and licensing that is necessary to expand clinical services and bill insurance.**

New Third-Party Billing Practice Start-Up: Liability Coverage and Licensing Infrastructure	Additional Resource	Status
Secure the following insurance: <ul style="list-style-type: none"> Malpractice General Liability Worker's Compensation Errors and Omissions Health and Disability Cybersecurity 	<ul style="list-style-type: none"> https://content.naic.org/insurance-topics/medical-malpractice-insurance https://www2.illinois.gov/sites/iwcc/Documents/handbook.pdf https://www.forbes.com/advisor/business/employee-benefits/ https://nabip.org/looking-for-an-agent/helpful-guides/consumer-guide-to-group-health-insurance https://www.ama-assn.org/practice-management/career- 	



	<p>development/insuring-your-physician-practice</p> <ul style="list-style-type: none">• https://www.ama-assn.org/topics/cybersecurity.	
Name the CBO and each rendering provider on the Certificates of Insurance for malpractice policies		
Obtain CLIA certificate	<p>https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS116.pdf</p>	
Contact IDPH for state-specific CLIA criteria	<p>https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/CLIASA.pdf</p>	
Ensure applicable providers have Controlled Dangerous Substance (CDS) licensure	<p>https://idfpr.illinois.gov/content/dam/soi/en/web/idfpr/renewals/apply/forms/cs-instructions.pdf</p>	
Determine eligibility for the Illinois ePrescribing Mandate for prescribing controlled substances electronically	<p>https://www.isms.org/ISMS.org/media/ISMSMediaLibrary/documents/IDFPReprescription.pdf</p>	
Ensure applicable providers have Drug Enforcement Administration (DEA) licensure	<p>https://deادiversion.usdoj.gov/online_forms_apps.html</p>	
Ensure appropriate state board licensure or certifications required for all billing providers		

Section 2: Billing, Coding, and Collections

Due to the community-based nature of services provided to clients/patients who seek care from CBOs, there could be multiple types of funding sources:

1. **Grants** – Requiring specific qualifications determined by the funder for the population being treated.
2. **Self-Pay** – Typically inclusive of a sliding fee scale based on the client/patient’s ability to pay using Federal Poverty Level criteria.
3. **Insurance Billing** – Utilizing payer participation with proper billing, coding and collections guidelines as determined by each insurance company.

Insurance Billing Checklist

The checklists will focus on providing a high-level necessary for payments resulting from insurance billing, #3 above.

Billing, Coding, and Collections: Insurance Billing Infrastructure	Additional Resource	Status
Vet reputable medical billing vendors or hire qualified internal medical billing staff	Billing Transition.docx	
Negotiate terms, conditions and rates with Electronic Medical Record (EMR), Practice Management (PM) Software and Clearinghouse	https://edhub.ama-assn.org/steps-forward/module/2820544	
Secure Integrated Electronic Medical Record (EMR), Practice Management (PM) Software and Clearinghouse	vendor_evaluation_matrix_tool_v1.0_0.xlsx	
Set up Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) for PM Software and Clearinghouse	https://www.cms.gov/files/document/electronic-funds-transfer-and-electronic-remittance-advice-transactions.pdf	

Create payer deposit to bank reconciliation process	(see EMR/PM software forms)	
Secure Collections Agency for Bad Debt Accounts	https://www.cms.gov/regulations-and-guidance/guidance/transmittals/downloads/r5p211.pdf	
Identify services that require prior-auth Upload CBO and provider's demographic information within EMR & PM Software to display on claims		
Program funding sources and grant criteria in PM Software		
Create Financial Classes for third-party payer grouping in PM Software		
Create Self-Pay/Sliding Fee scale based on Federal Poverty Levels	https://aspe.hhs.gov/sites/default/files/documents/7240229f28375f54435c5b83a3764cd1/detailed-guidelines-2024.pdf	
Customize Financial policy to distribute to clients / patients	Financial Policy.AMA.docx	
Develop end of day reconciliation process	(see EMR/PM software forms)	
Customize and upload Charge Description Master (CDM) to PM software	See Attached	
Upload Payer Fee Schedules to PM Software	See Attached	
Customize Patient Statements and create dunning cycles	(see EMR/PM software forms)	
Develop Accounts Receivable Aging Buckets & Work Queues	Denials Management PPT.pdf	
Develop KPIs & Benchmarks	Key Performance Indicators.pdf	
Value Based Payment Model Participation	https://qpp.cms.gov/participation-lookup	
End of Month Report package for review	EOM Report Package.pdf	



Upload all patient facing forms to Patient Portal for electronic completion	https://www.healthit.gov/topic/information-blocking	
Identify phone numbers for all payers to verify insurance and check claim status		
Register for all payer portals to verify insurance and check claim status	https://www.availity.com/ and https://www.changehealthcare.com/	
Customize Providers EMR progress note templates	https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/eval-mgmt-serv-guide-icn006764.pdf	
Review clearinghouse claim scrubbing edits	(see EMR/PM software forms)	
Create payment posting and refund process	https://www.linkedin.com/pulse/what-payment-posting-process-medical-billing-caresolutionmbs-6xmge/	
Guidelines for Billing Medicare	https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c30.pdf	
Interpret Claim Adjustment Reason Codes	https://x12.org/codes/claim-adjustment-reason-codes	
Interpret Remittance Advice Remark Codes	https://x12.org/codes/remittance-advice-remark-codes	

Section 3: Credentialing, Payer Contracting and Fee Schedules

1. Credentialing & Payer Contracting Checklist

This is a list of resources when preparing to credential providers and groups with insurance. Each payer has unique credentialing processes. Please check with commercial payers to confirm their credentialing requirements.

Credentialing Resource	Credentialing Purpose	Credentialing Links
Identity & Access Management System (I & A)	Access to Medicare and NPI Database for Medicare	https://nppes.cms.hhs.gov/IAWeb/login.do
Provider Enrollment, Chain & Ownership System (PECOS)	Medicare Enrollment	https://pecos.cms.hhs.gov/pecos/login.do#headingLv1
National Plan & Provider Enumeration System (NPPES)	NPI Number management	https://nppes.cms.hhs.gov/#/
X12 – Specialty Codes for NPI Taxonomy Alignment	Look Up Specialty Taxonomy codes	https://taxonomy.nucc.org/

For individuals:

- Each contracting provider should complete the Provider Credentialing Questionnaire.
- Provide PECOS, CAQH and NPPES login and password for appropriate reviews.
- Provide requested document updates, including attestations. This could include Board Certifications, Licenses, DEA (in the state in which you intend to practice), CDS, and current professional liability insurance face sheet, etc.

For new organizations:

- Provide copy of Form CP-575, the letter sent from the IRS indicating your assigned organizational TIN.
- Provide proof of formation and registration with appropriate jurisdictions.
- Provide current general AND professional liability insurance face sheets for the organization.

- If you intend to enroll in Medicare and/or Medicaid, you will be asked to provide detailed information (e.g., home address, phone, social security number) for all practice owners, along with the percentage of ownership and any adverse legal findings related to prohibitions from being a Medicare and/or Medicaid provider.
- Provide items listed for any non-physician managers providers.
- Provide or confirm group NPI, including assurance of the correct taxonomy codes.
- Use X12 website, <https://taxonomy.nucc.org/>, to confirm correct taxonomy codes.
- Designate your primary and secondary practice addresses, phone numbers and fax numbers.
- Designate any billing "pay to" address, if different from the practice address.
- Provide voided check or bank letter for the account which you wish to have deposits made by EFT (Electronic Funds Transfer).
- If you intend to provide CLIA waived lab services, please be
 - Provided to provide a copy of your current CLIA certificates to requesting payers
 - Create a list of targeted payers.
 - Submit applications to payers or use the payers’ portals to request participation.
 - Follow up regularly to get the status of the applications.

****Determine which Medicare jurisdiction the clinic is in to ensure the appropriate Medicare fee schedule is used.**

2. Fee Schedule Information

Located in Addendum A, there is a copy of the NGS Medicare and Illinois Medicaid rates for CPT/HCPCS codes relevant to the services performed by each CBO.

Fee Schedule Titles	Fee Schedule Links
Illinois Medicaid Fee Schedule 7/9/24	7.9.24 Medicaid FS Effect 4.1.24.xlsx
NGS Medicare Fee Schedule (Locality #16)	Area 16_IL_MPFSP_FEES.xlsx
NGS Medicare Fee Schedule (Locality #99)	Area 99_IL_MPFSP_FEES.xlsx
BCBS of Illinois Fee Schedule Request Form	https://www.bcbsil.com/provider/claims/claims-eligibility/fee-schedule

United Healthcare Fee Schedule Look Up	https://www.uhcprovider.com/content/dam/provider/docs/public/claims/fee-schedule-lookup-qsg.pdf
Cigna Healthplan Fee Schedule Look Up	https://www.cigna.com/health-care-providers/
Aetna Fee Schedule Look Up	https://www.availity.com/

Section 4: Technology Optimization

1. Technology Optimization Check List

Technology Optimization: Technology Infrastructure	Additional Resource	Status
Website security for the “Contact Us” page		
Customize Patient Portal		
Interface with labs, radiology and ancillary services		
Add referring providers & organizations contact info to EMR/PM software		
Create diagnosis code favorites list		
Access Clinical Decision Support in EMR		
Implement access controls		
Review EMR inbox		
After hours tele-communications		
Integrate merchant services to PM		
Set up digital fax to save docs in EMR		

SAMPLE Profit & Loss Statement

<u>Operating Income</u>	SAMPLE	
Gross Charges	177,408.00	<i>Total Charges</i>
Adjustments		<i>Total Adjustments</i>
Ancillary Services		<i>Breakdown by: DME, Pharma, Surg, etc.</i>
Patient Refunds		<i>These should be limited</i>
Write-Offs	_____	<i>These should be limited</i>
Net Income	_____	
<u>Operating Expenses</u>		
Accounting	(1,200.00)	<i>Fees for bookkeeper/accountant</i>
Cleaning Fees	(600.00)	<i>Facility cleaning fees</i>
Collection Fees		<i>Cost of collections services</i>
Employee Benefits		<i>Breakout by: disability, health ins, etc.</i>
Facility Maintenance	(1,000.00)	<i>Cost of repairs</i>
Insurance - GL	(1,000.00)	<i>General Liability</i>
Insurance - Med Mal	(5,000.00)	<i>Medical Malpractice</i>
Insurance - WC	(1,000.00)	<i>Workers Compensation</i>
License Fees	(500.00)	<i>Provider and staff license fees</i>
Marketing	(1,500.00)	<i>Marketing support</i>
Medical Supplies	(2,500.00)	<i>Consider breakout by department</i>
Office Supplies	(1,200.00)	<i>General office supplies</i>
Payroll Fees	(250.00)	<i>Fees for payroll preparation services</i>
Provider Expense		<i>Provider payroll</i>

Software Upgrades	(2,000.00)	<i>Costs of updated software</i>
Space Rent		<i>Mortgage or lease expenses</i>
Staff Expense		<i>Staff payroll</i>
Technology Purchases	(3,500.00)	<i>Cost of computers/copiers/etc.</i>
Telephone	(2,000.00)	<i>Telephone fees</i>
Training & Education	(750.00)	<i>Costs of training classes and CME</i>
Utilities	<u>(3,600.00)</u>	<i>Consider breakout by type</i>
Total Expenses	<u>(32,175.00)</u>	
Net Revenue	<u><u>(32,175.00)</u></u>	

Financial Sustainability

Each CBO's approach to financial sustainability is multi-faceted and unique. The goal is to diversify revenue streams and replicate global and U.S. based health care models that have shown success in lowering costs and demonstrate quality outcomes by balancing supply and demand and aligning health education with outreach, grant funding and health insurance billing. Below is a high-level framework that CBOs may leverage for optimizing revenue:

1. Fee-For-Service Billing – Includes selection, enrollment and billing to key Medicaid Managed Care Organizations (MCOs) and commercial payers. Developing an infrastructure for service expansion by identifying billable CPT/HCPCS codes leveraging the fee schedules for participating insurance plans promotes the sustainability of the health care delivery model.

Outlined below are the priority avenues recommended to be used to sustain the CBOs capability of serving underserved communities:

- a. Medicare - While Medicare primarily provides health insurance for Americans aged 65 and older, it also covers some younger people with disability status as determined by the Social Security Administration.
 - b. Medicaid – The CBO patient populations are overwhelmingly beneficiaries of Medical MCO plans.
 - c. Commercial Health Insurance – Inclusion of commercially insured patients helps with meeting care delivery needs for all populations and diversifies reimbursement options.
2. Value Based Payment Models – An inclusive, financial sustainability model will be based on evidence-based care and the ability to track, trend and report improved outcomes of the CBO patient population. One way this can be achieved is through participation in value-based models and avoiding hospital admissions. Having an ability to improve medical record documentation and coding to better describe the complexity of the conditions being treated within a CBO patient population, can be achieved through customized medical record templates and regular internal coding and documentation training and reviews.

Basic Formula for Insurance Billing Revenue Projections

CPT/HCPCS Code Allowable Amount (Medicare) _____

CPT/HCPCS Code Allowable Amount (Medicaid) _____

Monthly Volume of Unduplicated Visits for above Codes _____

Monthly Volume of Unduplicated Visits for above Codes _____

Total Monthly Expenses for Clinical Services _____

Monthly Net Revenue Projections _____

EXAMPLE

99204 (Medicare - Locality 99) = \$163.76 x 75 visits = \$13,919.60

99213 (IL Medicaid) = \$44.67 x 85 unduplicated visits = \$3,803.75

Total Monthly Insurance Billing Income = \$17,723.35

Total Monthly Clinical Expenses = \$8,000.00

Total Insurance Income - Monthly clinical expenses = \$9,723.35 (Net Revenue)

Billing & Revenue Cycle

Key Performance Indicators

Total revenue after operating expenses	Social determinants of health
Gross charges	Patient Zip code
Net fee-for-service (FFS) or other net revenues	Aging accounts receivable (A/R) beginning at 14 days
Collection ratios/average reimbursement rate	Denial trends
Claims denial rates	Weekly/monthly reconciliation variances
Denial right offs	Site productivity
Bad debt ratio	CPT/HCPCS productivity
Payer mix	Provider productivity
A/R Days and A/R aging comparisons by bucket	Days to bill
Charge posting lag time	Days to post
Claim submission lag time	Clean claim rate
Copay collections	Charges on hold / unbilled charges
Patient Due collections	Expected vs. received
CMS bell curve analysis	Expected vs. allowed amounts
Provider productivity	% of A/R in over 90 days
Net collections ratio	Resolution rate
Bad debt contingency fees	Adjustment reason code utilization
Cost to collect	Referring provider productivity
Revenue velocity	Patient age
Closed note timelines	Patient gender
Average days to payment	Illness and injury code utilization

Clinic Operations

Key Performance Indicators

Provider total encounters

Provider panel size

Provider FTE status

FT/hours 1.0/40 hours

PT .50/20 hours

FTE staffing ratios for clinical/non-clinical staff by

By location

By provider

Provider and non-provider ratios

Patient Portal Use

Wait times / throughput

Appointment turnaround

Same day, week, month

Appointment type openings

No Show rates

Cancellation rates

Turnover / retention rates

Staff, providers, patients

Phone call stats

Volume, length by reason, abandonment rate

Patient satisfaction scores