



# UMC Status Update



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May Status Meeting to  
the OCFO & DHCF

7/27/17

# Agenda

- Review of Budget Gap Initiatives
  - Hospital-wide initiatives
  - Revenue Cycle initiatives
- APPENDIX A: Budget Gap Initiatives Detail
- APPENDIX B: Review FY18 Capital Plans
- APPENDIX C: May Financial and Performance Data

# Budget Gap Summary

<b>Hospital Operations</b>	<u>Expected Amount</u>	<u>Realized</u>	<u>Not Realized</u>
Medical Necessity	\$ 5,000,000	\$ 462,000	\$ 4,538,000
Supply Chain	\$ 1,000,000	\$ -	\$ 1,000,000
Managed Care Contracts	\$ 2,500,000	\$ 456,000	\$ 2,044,000
Contract Management & Review	\$ 500,000	\$ 154,000	\$ 346,000
	<b>\$ 9,000,000</b>	<b>\$ 1,072,000</b>	<b>\$ 7,928,000</b>
	<u>Expected Amount</u>	<u>Realized</u>	<u>Not Realized</u>
<b>Revenue Cycle</b>	\$ 2,000,000	\$ 6,000,000	\$ -
Patient Access/ Patient Accounts			
HIM/CDI			
Revenue Integrity			
Utilization Review			
	<b>\$ 2,000,000</b>	<b>\$ 6,000,000</b>	<b>\$ -</b>

# Hospital Initiatives: Medical Necessity

<u>Expected Amount</u>	<u>Realized</u>	<u>Not Realized</u>
\$ 5,000,000	\$ 462,000	\$ 4,538,000

	<b>Initiative</b>	<b>Original Date</b>	<b>Target Date</b>	<b>Completion Date</b>	<b>Action Owner</b>	<b>Status</b>
1	Implement InterQual Guidelines	4/30/17	10/1/31		VP Clinical Svcs	InterQual has been deployed, initial training occurred (5/24/17); however user acceptance did not occur. New management re-training and ensuring usage
2	Physician training on - InterQual, - Observation, - Admission Certification, - two midnight rule , - medical necessity, and - Meditech deployment	5/26/17	6/15/17	May 10,17,31; 6/20	VP Clinical Svcs/HIM/IT	Completed. Physician training complete. Refresher training occurring on an as-needed basis. - 2-midnight rule and Observation: online informational training module & Chief of Staff mandatory clinical documentation training Meditech admission logic redesigned and deployed to address 2-midnight concerns.
3	Hire scribe for immediate need for physician documentation	4/17/17	N/A	N/A	CEO / CMO	Discontinued: Physicians implemented 75+ new Meditech templates instead
4	Implement voice recognition for physician documentation (Upon implementation, this will eliminate/significantly reduce scribes)	9/30/17	N/A	N/A	IT/CMO	Discontinued: Physicians determine not necessary

# Hospital Initiatives: Medical Necessity

<u>Expected Amount</u>	<u>Realized</u>	<u>Not Realized</u>
\$ 5,000,000	\$ 462,000	\$ 4,538,000

	<b>Initiative</b>	<b>Original Date</b>	<b>Target Date</b>	<b>Completion Date</b>	<b>Action Owner</b>	<b>Status</b>
5	Accountability and monitoring of physician contracts	Continuous	On-Going	On-going / continuous monitoring	Veritas/ CMO/ VP Clinical Svcs	<ul style="list-style-type: none"> <li>- Current contracts for the Hospitalists and ED Services are being updated with additional quality &amp; performance metrics – target date of 8/29/17</li> <li>- New Anesthesia contract being finalized – target date of 8/29/17</li> <li>- Developing RFPs for Hospitalists &amp; ED Services, BHU Services, and Physical Therapy – target release date of 9/1/17</li> </ul>
6	Placing patients in the correct level of care	Immediate	On-Going	On-going / continuous monitoring	Case Mgmt	<p>Completed.</p> <ul style="list-style-type: none"> <li>- Expanded morning rounds between Hospitalist and Case Mgmt to focus of appropriate level of care for patients</li> <li>- Permanent solution expected by 10/1 once Case Mgmt is 24/7 with staffing agency resources</li> </ul>
7	Reduce Length of Stay	Continuous	On-Going	On-going / continuous monitoring	VP Clinical Svcs	The number of extended stay patients continues to decrease. See data in Appendix A
8	Case Management assigned to direct admission and surgery department	4/17/17	10/1/17		VP Clinical Svcs	Being completed in conjunction with #9 – 24/7 ED staffing

# Hospital Initiatives: Medical Necessity

<u>Expected Amount</u>	<u>Realized</u>	<u>Not Realized</u>
\$ 5,000,000	\$ 462,000	\$ 4,538,000

	<b>Initiative</b>	<b>Original Date</b>	<b>Target Date</b>	<b>Completion Date</b>	<b>Action Owner</b>	<b>Status</b>
9	Implement Case Management in the Emergency Room 24/7	Immediate	10/1/17		VP Clinical Svcs	Hired Case Management expert; on-boarding additional resources; adjusting schedules to cover ED during peak hours and the weekend. Full staff complement and coverage expected by 10/1/17
10	Training of Case Managers and Social Workers	5/12/17	10/1/17		VP Clinical Svcs	Training of existing staff and new hires is on-going and will continue as the case management function is redesigned
11	Create Emergency Room triage and workflow process	4/18/17		4/18/17	CNO	Completed. Implemented best practices & streamlined processes to decrease overall ED LOS and improve patient experience. EMS off-loading reduced from ~29 mins in Jan-Apr to 17 mins in May (MTD). Need to continuously track effectiveness
12	Institute disposition nurse in Emergency Room – Rename to Throughput Coordinator	5/15/17	10/1/17		CNO	Revising ED nurse duties and assignments to include a disposition RN on busiest days
13	Training of RN/Providers on Observation Criteria	5/12/17	6/30/17	On-going / continuous monitoring	VP Clinical Svcs / CNO	Completed - Physicians training on-going - ED Nurses will be trained via annual competency modules

# Hospital Initiatives: MCO Contracts

<u>Expected Amount</u>	<u>Realized</u>	<u>Not Realized</u>
\$ 2,500,000	\$ 456,000	\$ 2,044,000

	<b>Initiative</b>	<b>Original Date</b>	<b>Target Date</b>	<b>Completion Date</b>	<b>Action Owner</b>	<b>Status</b>
14	Initiate communication with Payors to re-negotiate all Master Agreements	4/17/17	10/1/17		VP Clinical Svcs	Prioritized current agreements, developed outreach strategy / timeline
15	Provide AmeriHealth Master Agreement(s) to Legal for review & red line	5/31/17		6/23/17	Veritas	Completed.
16	Make business decision to enter into new and/or revised Payor Master Agreement(s)	4/30/17	10/1/17		CEO	See #14

# Hospital Initiatives: Contract Mgmt. & Supply Chain

<u>Expected Amount</u>	<u>Realized</u>	<u>Not Realized</u>
\$ 1,500,000	\$ 154,000	\$ 1,346,000

	<b>Initiative</b>	<b>Original Date</b>	<b>Target Date</b>	<b>Completion Date</b>	<b>Action Owner</b>	<b>Status</b>
17	Evaluate all outsourced vendor contracts to quantify savings	8/31/17	10/1/17		Veritas	<u>Completed:</u> <ul style="list-style-type: none"> <li>- Talen Energy Retail, 2-May-2017, \$40,000.00</li> <li>- Ortho Clinical (Lab supplies), 30-Apr-2017, \$228,006.00</li> <li>- Remedi Care, 16-July-2017, \$50,000</li> </ul> <u>In-Process:</u> <ul style="list-style-type: none"> <li>- Cardinal: \$32K retro; \$550,000</li> <li>- Anesthesia - ~\$40,000</li> <li>- Tenant Leases - ~\$140,000</li> </ul>
18	Evaluate supply chain department and develop hospital-wide supply monitoring program	5/31/17	10/1/17		Veritas	<ul style="list-style-type: none"> <li>- Working with vendor to transition GPO services</li> </ul>
19	Evaluate physical therapy contract	4/24/17	10/1/17		VP Clinical Svcs	Initial meetings conducted with the vendor. Developing RFP to competitively bid the services.

# Hospital Initiatives: Revenue Enhancement

	Initiative	Original Date	Target Date	Completion Date	Action Owner	Status
20	Improve skill mix in SNF	7/31/17	On-Going	On-Going	CNO	On plan. Currently 17 Medicare patients; 115 census (14.8%)
21	Prepare Service Line Proforma (OCFO) by 4/30/2017 & Develop corrective strategies for underperforming programs	5/31/17	12/31/17		CEO/David	Initial proformas analysis performed by the CFO identified problems with system data.
22	Service Line growth plan(s)	7/28/17	10/1/17		CEO/VP Clinical Svcs	See #30 Service Line Proformas
23	Develop/revise charge ticket & define charge capture process for Clinic Visits	5/31/17	10/1/17		VP Clinical Svcs / PFS Finance	PFS finalizing charge tickets. Training and roll out will occur upon completion
24	Purchase and Implement phone system to increase Outpatient appointments	4/30/17	9/1/17		IT/PAS Finance	Implementation of an ACD (automatic call distributor) is being deployed to distribute incoming calls to agents. Agreement negotiated with vendor. System s/W planned to be configured by 8/1; agent training first week of Aug.
25	Purchase and implement HIM 3M revenue cycle software	6/30/17	10/1/17		CEO/CFO/IT	Contract finalized; CIO developing an implementation timeline
26	Collaborate to implement hospital clinic visit billing	7/31/17	10/1/17		VP Clinical Svcs	CFO has billing concerns and wants to wait for the implementation of eClinical Works
27	Implement hospital based clinic visit billing	7/31/17	10/1/17		VP Clinical Svcs	CFO has billing concerns and wants to wait for the implementation of eClinical Works

# Hospital Initiatives: General

	<b>Initiative</b>	<b>Original Date</b>	<b>Target Date</b>	<b>Completion Date</b>	<b>Action Owner</b>	<b>Status</b>
28	Identify and document CEO's strategy to increase/maintain sustainable volumes	6/30/17	10/1/17		CEO	Working with department stakeholders and will be incorporated into FY18 budget
29	Evaluate the need for Gastroenterology orders	4/17/17	6/16/17	6/16/17	CMO	Completed. Initial conversations with physicians indicated this is not an issue
30	Evaluate the need for all physical therapy orders	4/24/17	10/1/17	6/16/17	CMO	Completed. Initial conversations with physicians indicated this is not an issue

# Revenue Cycle Initiatives

<u>Expected Amount</u>	<u>Realized</u>	<u>Not Realized</u>
\$ 2,000,000	\$ 6,000,000	\$ -

	Initiative	Original Date	Target Date	Completion Date	Action Owner	Status
1	Implement Relay Health Clearance/AhiQa	6/30/2017	8/31/2017	Go-Live Date 9/19/2017	Patient Access/Patient Accounts	Training to begin in August; Go-live date established.
2	Hire Coding Manager and 5 additional coders	6/30/2017	10/1/2017		HIM/CDI	7/24: Candidates selected, awaiting offers
3	Transition outsourced coding vendor to in-house coding	6/30/2017	8/1/2017		HIM/CDI	New vendor selected for coding stabilization, kick-off meeting with vendor on 7/31
4	Accomplish coding review to identify areas of opportunity	6/30/2017	10/1/2017		HIM/CDI	New vendor to assess & evaluate
5	Implement Quality Assurance Team between coding and clinical documentation (CDI)	6/30/2017	9/1/2017		HIM/CDI	In process, go-live date of 9/1 established
6	Hire Documentation and Quality Assurance Audit Manager and 1 additional Clinical Documentation Liaison	6/30/2017	10/1/2017		HIM/CDI	Positions still under review
7	Full assessment of CDI needs	6/30/2017	10/1/2017		HIM/CDI	On target to meet completion date
8	Accomplish 100% CDI review of Medicare and DC Medicaid records	6/30/2017	10/1/2017		HIM/CDI	On hold until fully staffed. In process of hiring.
9	Expand CDI review to include DC Medicaid Managed Care	6/30/2017	10/1/2017		HIM/CDI	On hold until fully staffed. In process of hiring.

# Revenue Cycle Initiatives cont.

<u>Expected Amount</u>	<u>Realized</u>	<u>Not Realized</u>
\$ 2,000,000	\$ 6,000,000	\$ -

	<b>Initiative</b>	<b>Original Date</b>	<b>Target Date</b>	<b>Completion Date</b>	<b>Action Owner</b>	<b>Status</b>
10	Establish quality assurance billing audit process team	6/30/2017	10/1/2017		HIM/CDI	On target
11	Recruit Revenue Integrity Team (charge capture)	6/30/2017	10/1/2017			Positions posted on 7/5, awaiting resumes
12	Implement charge capture process for all revenue generating departments	6/30/2017	10/1/2017			Contracted with vendor to review charge master coding & charging opportunities, work to begin 7/31
13	Develop workplan to implement hospital clinic visit billing	4/30/2017	4/30/2017	4/26/2017		Draft completed & circulated to stakeholders for comment
14	Set-up Clinic Visit charge in CDM ensuring coding & pricing is accurate	7/31/2017	10/1/2017			Clinic visit charge set-up in CDM; need to vet charging options with IT due to implementation of eCW.
15	Ensure necessary information is captured on bill for hospital-based clinic billing	7/31/2017	10/1/2017			Meeting with physicians to review/update fee tickets with all clinic areas, on target.
16	Ensure proper language exists in Managed Care contracts for reimbursable services provided by hospital	4/30/2017	On-going	On-going		On-going, as needed
17	Provide/review reimbursement rates to Payors & Hospital Administration for Managed Care contracting	4/30/2017	On-going	On-going		On-going, as needed

# Appendix A: Detailed Status

# Medical Necessity

Savings Target: \$5M

# of Initiatives: 13

- Initiatives are progressing; completion date for all initiatives extended to 10/1/2017; savings will be measured after completion of all initiatives
- Physician education completed: Observations, 2-midnight rule, and medical necessity
- Facility-wide clarification on Medicare two midnight rule and observation management and corresponding revision of order process and system changes completed
- More than 75 new templates have been designed and deployed by physicians and HIM to improve clinical documentation and standardize observation care
- Case Management expert engaged and is redesigning case management processes, staffing, and training
- Increased case management coverage in ED on high volume days

# Medical Necessity

- Improvements to date include:
  - Decrease in the quantity and the average length of stay for patients with a stay in excess of 10 days
  - Decrease in the quantity of short stay patients and increase in the documentation of the reason for the short stay
  - Decrease in the average number of hours for observation patients (target <24hrs.)

<b>LOS ≥ 10 DAYS (LONG STAY)</b> (less is better)		
<b>Month</b>	<b>#</b>	<b>ALOS</b>
March	101	16.5
April	74	18.5
May	55	18.8
June	62	15.3

<b>Inpatient short stay accounts to home, hospice, nursing home or SNF</b> (Generally classified as inappropriate; less is better)		
<b>Month</b>	<b>#</b>	<b>ALOS (days)</b>
March	28	0.82
April	38	0.79
May	20	0.90
June	17	0.71

<b>Observation stays by LOS In hours (total)</b> (Less average hours in observation is better)		
<b>Month</b>	<b>#</b>	<b>Average of Hours</b>
March	143	78.2
April	153	23.5
May	181	30.3
June	177	26.9

# Supply Chain & Contract Mgmt

Savings Target: \$1.5M

# of Initiatives: 3

- Continue to work with new Group Purchasing Organization to migrate supply spend to discount suppliers. Go-Live target date: 10/1
- Reviewing purchases in order to standardize / reduce specialty items
- Cardinal Health
  - Mark-up increased from 7.75% to 13.25% on April 1, 2016
  - Mark-up increase should have been 12.75% (overstated by 0.5%— resulting in an overbill of \$32K for the past 15 months)
  - 2% of the mark-up increase was due to DSO of 56.37 days v NET30 increasing costs by \$130K)
- Negotiating a new distribution agreement with Cardinal to lower mark-up percent

12-Month Spend per 12.75% Mark-up						
Spend Category	Total Spend	Old Markup	Cost of Markup	New Markup	New Cost of Markup	Savings Opportunity
Cardinal Brand	\$ 1,137,829.44	12.75%	\$ 145,073.25	0.00%	\$ -	\$ (145,073.25)
National Brand	\$ 4,034,122.56	12.75%	\$ 514,350.63	2.75%	\$ 110,938.37	\$ (403,412.26)
	\$ 5,171,952.00		\$ 659,423.88		\$ 110,938.37	\$ (548,485.51)

Source: 7/10/17 Cardinal Health negotiations

# Supply Chain & Contract Mgmt cont.

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- Completed Reviews – Annually: \$356K, FY17: \$154K
  - Talen Energy, 5/2/17, \$40K annually, \$16.7K FY17
  - Ortho Clinical, 4/30/17, \$228K annually, \$95K FY17
  - Remedi Senior Car, 7/15/17, \$50K annually, \$10.4K FY17
  - New MBO Tenant: Medical Home, 5/15/17, \$6.2K annually, \$2.3K in FY17
  - Cardinal Health overbill refund: \$32K in FY17
- Other vendor agreements are in review

# Managed Care Contracts

Savings Target: \$1M

# of Initiatives: 3

- Negotiated agreement with AmeriHealth
  - Effective 6/26/17
  - Estimated increase in annual revenue: \$2M
  - Retroactive payment not agreed upon
- Negotiating agreement with Amerigroup
  - Target effective date of 10/1/17
- Working with legal to identify a firm that negotiates MCO agreements on behalf of hospitals

# Additional Initiatives

- Ensure UMC bills for all clinic physicians by ensuring clinicians are appropriately credentialed with MCOs
- Begin billing for injectable drugs
  - Significant opportunity to capture non-billed for administration of intravenous and injectable drugs (not billed for today). Requires slight IT modification to capture IV start and stop times, for which Meditech has developed solutions and instructions
- Denials Visibility
  - Develop with Finance a weekly denials management process by physician for both hospital and clinic denials to ensure that administration and physicians have the necessary information to correct operational processes that impact billing and collections

# Appendix B: FY18 Capital

# FY18 Capital Allocation

- Original Capital budget reduced from \$19M to \$10M
- Defined critical projects; however, several important projects are being deferred and additional funding will be requested for FY19
- Critical Projects include:
  - Electrical System: \$2.9M (\$2.6M funded in FY17)
  - Pharmacy Renovations: \$1.29M
  - Telecommunications: \$0.25M
  - Facility Infrastructure: \$0.7M
  - Equipment Replacement: \$1.2M
  - Enterprise System: \$3.4M (\$1.5M funded in FY17)
  - IT Infrastructure and equip: \$0.3M

# Capital Projects Not Funded in FY18

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- Pharmacy Security: \$0.2M
- Facility Infrastructure: \$2.0M
- Critical Care Renovations: \$1.2M
- Telecommunications: \$0.5M
- Equipment Replacement: \$1.8M
  - Refrigerators, food prep equipment, beds
- Enterprise System: \$7.2M.
  - NOTE: A total of \$7.2M is unfunded and will need to be funded in FY19. ( $\$12.1M_{[total]} - 1.5M_{[FY17]} - 3.4M_{[FY18]} = \$7.2M_{[FY19]}$ )
  - \$1.0M of the \$12.1M price is to cover indemnification
  - \$1.2M of the \$12.1M price – contingency allowance



# Appendix C: Monthly Financials and Metrics

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# May Financials



## Income Statement For eight months ending May 31, 2017

	Month of May			Variance				2017 Year To Date			Variance			
	Actual	Budget	Prior	Actual/Budget	Actual/Prior			Actual	Budget	Prior	Actual/Budget	Actual/Prior		
<b>Statistics</b>														
Admission	547	594	599	(47)	-8%	(52)	-8.7%	4,720	4,935	4,906	(215)	-4%	(186)	-3.8%
Patient Days	3,023	6,931	6,734	(3,908)	-56%	(3,711)	-55.1%	48,887	54,996	55,273	(6,109)	-11%	(6,386)	-11.6%
Emergency Room Visits	5,160	5,286	5,112	(126)	-2%	48	0.9%	39,357	36,647	39,616	2,710	7%	(259)	-0.7%
Clinic Visits	1,709	1,640	1,842	69	4%	(133)	-7.2%	13,565	12,803	13,887	762	6%	(322)	-2.3%
IP Surgical Procedures	114	83	91	31	37%	23	25.3%	813	651	769	162	25%	44	5.7%
OP Surgeries	97	79	73	18	23%	24	32.9%	902	658	614	244	37%	288	46.9%
Radiology Procedures	4,603	5,015	4,891	(412)	-8%	(288)	-5.9%	34,010	37,503	36,566	(3,493)	-9%	(2,556)	-7.0%
<b>Revenues</b>														
Net Patient Service														
Revenue	11,546	8,538	10,713	3,008	35%	833	8%	67,799	70,242	70,345	(2,443)	-3%	(2,546)	-3.6%
DSH	320	-	1,388	320	0%	(1,068)	0%	3,353	-	2,400	3,353	0%	953	39.7%
CNMC Revenue	270	198	214	72	36%	56	26%	1,816	1,508	1,714	308	20%	102	6.0%
Other Revenue	877	1,161	996	(284)	-24%	(119)	-12%	6,573	9,289	3,176	(2,716)	-29%	3,397	107.0%
<b>Total Operating Revenue</b>	<b>13,013</b>	<b>9,897</b>	<b>13,311</b>	<b>3,116</b>	<b>31.5%</b>	<b>(298)</b>	<b>-2.2%</b>	<b>79,541</b>	<b>81,039</b>	<b>77,635</b>	<b>(1,498)</b>	<b>-1.8%</b>	<b>1,906</b>	<b>2.5%</b>
<b>Expenses</b>														
Salaries and Wages	4,695	4,491	4,491	204	5%	204	5%	37,272	38,062	38,349	(790)	-2%	(1,077)	-3%
Employee benefits	1,147	1,201	1,118	(54)	-4%	29	3%	9,864	10,180	9,740	(316)	-3%	124	1%
Contract labor	532	79	151	453	573%	381	252%	3,626	635	2,550	2,991	471%	1,076	42%
Professional fees	628	781	916	(153)	-20%	(288)	-31%	5,949	6,249	5,683	(300)	-5%	266	5%
Supplies	881	941	893	(60)	-6%	(12)	-1%	7,191	6,885	7,625	306	4%	(434)	-6%
Pharmaceuticals	267	252	277	15	6%	(10)	-4%	2,453	2,128	2,695	325	15%	(242)	-9%
Purchased services	1,254	1,379	1,342	(125)	-9%	(88)	-7%	9,281	11,030	8,442	(1,749)	-16%	839	10%
Other	564	662	755	(98)	-15%	(191)	-25%	5,483	5,172	5,187	311	6%	296	6%
<b>Total Operating Expenses</b>	<b>9,968</b>	<b>9,786</b>	<b>9,943</b>	<b>182</b>	<b>2%</b>	<b>25</b>	<b>0%</b>	<b>81,119</b>	<b>80,341</b>	<b>80,271</b>	<b>778</b>	<b>1.0%</b>	<b>847</b>	<b>1.1%</b>
<b>Operating Gain /(Loss)</b>	<b>3,045</b>	<b>111</b>	<b>3,368</b>	<b>2,934</b>	<b>2643%</b>	<b>(323)</b>	<b>10%</b>	<b>(1,578)</b>	<b>698</b>	<b>(2,636)</b>	<b>(2,276)</b>	<b>326%</b>	<b>1,059</b>	<b>40%</b>

# May Key Performance Indicators

Metric	FY2017 (May)					FY2017 YTD				
	Budget	Actual	Variance		Fav/ Neut/ Unfav	Budget	Actual	Variance		Fav/ Neut/ Unfav
<b>Emergency Department</b>										
Number of visits	5,285	5,160	-125	-2.4%	U	36,647	39,357	2,710	7.4%	F
Number of visits by ambulance	1,427	1,468	41	2.9%	F	9,895	10,666	771	7.8%	F
Patients in Observation	297	324	27	9.1%	U	1,361	1,769	408	30.0%	U
Median length of stay in observation status	< 48 hr.	38 hrs. 70% <48 hrs	10	21%	F	< 48 hr.	38 hrs. 65% <48 hrs	10	21%	F
<b>Hospital</b>										
Total admissions (hospital+SNF)	594	554	-40	-6.7%	U	4,935	4,727	-208	-4.2%	U
Patient Days - Hospital	3,287	3,023	-264.0	-8.0%	F	27,322	26,485	-837	-3%	F
Resident Days - SNF	3,644	3,514	-130.0	-3.6%	U	27,674	25,916	-1,758	-6%	U
Average length of stay	5.6 days	5.5	-0.1 days	-1.8%	N	5.6 days	5.7	0.1 days	1.8%	N
Number of deliveries	33	28	-5	-15%	U	244	248	4	1.6%	N
HCAHPS "recommend hospital"	50%	31.60%	-18.4%	-36.8%	U	50%	31.60%	-18.4%	-36.8%	U
Average daily census - Psychiatry	18 (before April: 18) 26 (May – July: 26)	N/A 15.5	N/A -10.5	N/A -58.3%	N/A U	18 (before April: 18) 26 (May – July: 26)	N/A 17	N/A -1	N/A -5.6%	N/A U
Medicare CMI	1.59	1.79	0.20	12.8%	F	1.59	1.59	0.00	-0.1%	N
Medicaid CMI	0.93	1.19	0.26	28.2%	F	0.93	1.01	0.08	8.2%	F
<b>Ambulatory Care</b>										
Total number of ambulatory visits	1,640	1,709	69	4.2%	F	12,803	13,565	762	6.0%	F
Number of radiology visits	1,269	1,117	-152	-12.0%	U	9,403	8,860	-543	-5.8%	U
Number of laboratory visits	275	161	-114	-41.5%	U	2,341	1,628	-713	-30.5%	U
Same Day Surgeries	79	107	28	35.4%	F	658	837	179	27.2%	F
<b>Financial</b>										
Days in AR	48 days		-48	-100.0%		48 days	51.6	3.6	7.5%	U
Days cash on hand - Operating	45 days		-45	-100.0%		45 days	48.0	3	6.7%	F
Current Ratio	1.5		-1.5	-100.0%		1.5	2.6	1.1	73.3%	F
Average Payment Period	60 days		-60	-100.0%		60 days	59.1	-0.9	-1.5%	N
Deductible Ratio	66.50%		-66.50%	-100.0%		66.50%	65.30%	-1.20%	-1.8%	N
Operating Margin	1.00%		-1.00%	n/a		1.00%	-2.00%	-3.00%	n/a	U
Total Margin	7.90%		-7.90%	n/a		7.90%	-9.00%	-16.90%	n/a	U
<b>Productivity</b>										
FTEs per average daily census (acute)	3.1	3.5	0.4	12.9%	U	3.4	3.4	0.0	0.0%	N
Salary and benefits expense per FTE (\$)	\$78,971	\$81,065	\$2,094	2.7%	U	\$82,437	\$84,387	\$1,950	2.4%	U
% of salary and benefits expense	54.4%	54.4%	0.0%	0.0%	N	56.2%	54.1%	-2.1%	-3.7%	F