

MAXIMIZE RURAL HEALTH CLINIC PERFORMANCE:

June 11, 2025

A DATA-DRIVEN APPROACH

PROJECT OVERVIEW

Colorado Rural Health Center, the State Office of Rural Health, engaged Stroudwater to complete the following:

- Develop a Rural Health Clinic Dashboard using publicly available Cost Report Data
- Establish Benchmark Data for future trending
- Provide training on the dashboard

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MEASURES TARGETED FOR INCLUSION

- RHC All-Inclusive Rate amount (AIR): To track the all-inclusive payment rate clinics are receiving, to ensure payments are at least the National Statutory Payment limit
- Cost per Visit: Track costs to control profit margin erosion
- **Physician Productivity:** Track hours worked against the 4,200 minimum productivity requirement. Failing to meet this minimum productivity may result in reduced payments to the clinic.
- Admin (Overhead) costs as a % of Total Costs: Track admin costs to monitor the impacts on profit margin, leverage use of "home office" administrative costs, and understand how overall cost structure impacts RHC financial performance
- Other key metrics as determined through collaboration between Stroudwater, Colorado Rural Health Center, and participating Hospitals and RHCs

OUTPUT AND METHODOLOGY

OUTPUT

- Track Rural Health Clinics' cost report metrics
- Trend over 3-year period
- Compare your metrics to the 25th, 50th and 75th percentile
- Assist RHCs with best practices for their cost report
- Assist RHCs with improving cost report performance

TRACKING METHODOLOGY

- Utilizing cost reports, Stroudwater developed metrics relevant to RHCs
- Developed report for the RHC
- Developed system report for the hospital (PB-RHCs)
- Development benchmark report for the state level

RURAL HEALTH CLINIC DASHBOARD

SAMPLE HOSPITAL Cost Report Fiscal Year: 2023 Clinic's Results Benchmark for PB RHCs Facility 2021 2022 2023* 25th Median 75th Adjusted Cost Per Visit \$146 \$118 \$147 \$195 \$249 \$314 Admin (overhead) Costs as a % of Total Costs 6.92% 15.37% 17.28% 20.49% 8.72% 26.86% Average Charge per Medicare Visit \$96 \$105 \$115 \$174 \$216 \$270 Healthcare Staff Cost per Visit \$39 \$35 \$53 \$91 \$123 \$165 Other Cost per Visit \$5 \$6 \$5 \$20 \$4 \$11 Total Allowable Rad Debts \$858 \$3.044 \$9,267 Total Allowable Dual-Eligible Bad Debts \$354 \$1,606 \$7,414 Clinic's Results Benchmark for PB RHCs Cost per FTE 2021 2022 2023* 25th Median 75th Clinical Psychologist Cost per Provider FTE \$147,065 \$255,290 \$383,088 Clinical Social Worker Cost per Provider FTE \$112,546 \$170,880 \$81,632 Provider Cost per FTE for Nurse Practitioner \$62,112 \$69,444 \$103,651 \$131,191 \$166,008 \$228,987 Provider Cost per FTE for Physician \$611,051 \$308,180 \$433,597 Provider Cost per FTE for Physician Assistant \$70,200 \$143,989 \$187.059 \$264,689 Report Generated: April 14, 2025 *The Clinic's most recent results are in comparison to the National Median For each metric, the benchmark is calculated using all PB RHCs reporting for the selected Cost Report Fiscal Year **STROUDWATER** Cost Report Fiscal Year: 2023 contact: pknowlton@stroudwater.com Page 1 of 3

Individual RHC Dashboard

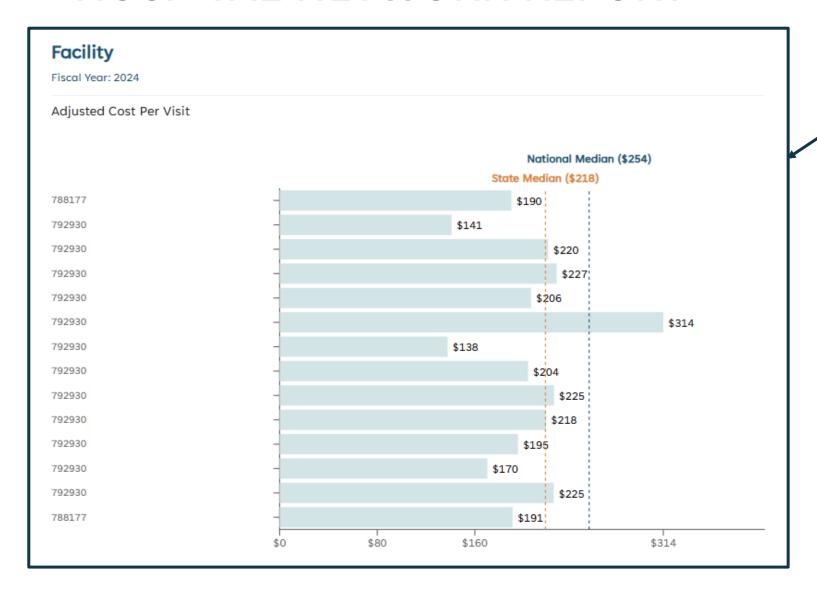
Three-year trending

Benchmark to like RHCs

Benchmark to the 25th, 50th, and 75th percentiles

Updated quarterly

HOSPITAL NETWORK REPORT

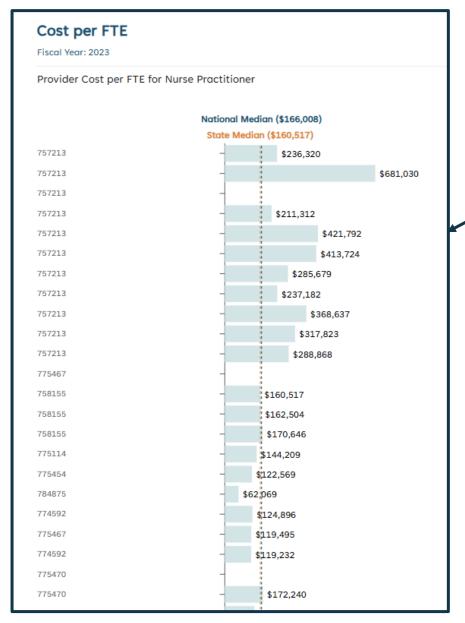




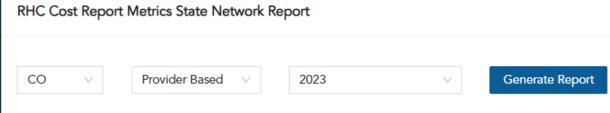
- Choose the Fiscal Year and then Generate Report
- Results for all your hospital's RHCs in one report. Your report will not be blinded.
- Comparison to State and National median



STATE NETWORK REPORT







- Choose the State, type of RHC (Provider Based), and Fiscal Year, then Generate Report
- Results for all RHCs in the state in one report blinded except for your RHC
- Comparison to the state and national medians

RHC KEY LEARNINGS

Provider productivity
information will allow us to
staff our clinics and facilitate
provider workload
appropriately

One system identified an opportunity where several of their system RHCs have not captured bad debt expenses on their cost reports

By reviewing 3 years' worth of data, AIR rates were reported for grandfathered facilities, highlighting unusual rate trends not meeting expectations

By focusing on trend data, RHCs shift their focus from day-to-day blocking and tackling to a more proactive, strategic approach towards addressing cost reporting and rate payments



COMMITTED TO INCREASING THE IMPACT OF RURAL AND COMMUNITY HEALTHCARE.

Our team of rural and community healthcare experts support the leadership of hospitals, health systems with a rural footprint, and the groups and clinics that form an essential care network across the 97% of the US that is defined as rural.

Thank you!



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