

# Key Performance Indicators Workbook Instructions



These instructions are meant to be referred to when completing the *Key Performance Indicators Workbook*. The workbook provides at-a-glance information relevant to particular objectives and/or business processes and can offer an easy-to-read snapshot and historical trends to help identify areas and/or processes that need to be addressed. Title X grantees providing direct services can use the workbook to identify opportunities for improvement within their settings and/or provide technical assistance to their subrecipients and/or service sites.

Users should add/delete indicators in the workbook, depending on their applicability.

## How to Use

The *Key Performance Indicators Workbook* requires data to be entered into Columns B, D, F, H, J, L, N, P, R, T, V, and X and will automatically calculate the related indicators in Columns C, E, G, I, K, M, O, Q, S, U, W, and Z.

Identify key reports and/or parameters you need to extract the necessary information to fill in all data in the workbook. Seek assistance, as needed, from your IT department, project management (PM)/electronic medical record (EMR) system vendor, or a peer who uses the same system and is proficient in data extraction. Save these instructions, so that each month you extract data consistently.

## Data Extraction

Gather the data needed for the report each month (or at a different frequency you determine) and enter it into the workbook. Select a date at least a few days into the following month to allow for claim entry/processing (example: extract data on July 5 for the month of June), as that will allow for more accurate data.

Depending on the PM/EMR used, claims may need to be processed in the month of the service for report accuracy. After inputting data for each KPI your agency is using, set benchmarks and then analyze the KPI data on a monthly basis.

## Set Benchmarks

Benchmarks are standards used as a point of reference for evaluating performance and are an important step for Title X agencies to establish, supporting their financial well-being. Approaches may draw from:

1. Industry standards (e.g., 5% is an industry benchmark for claims denial rate)
2. Best practices within your agency
3. Historical experience, state information, or peer data/experiences
4. Incremental adjustments as improvements are made

Enter benchmarks for your agency in column AA.

## Analyze the KPI Data Monthly

Once your agency has put data into the workbook and has also established benchmarks for each KPI used, it is important to analyze the data to identify opportunities for improvement and areas that the agency team is excelling in. Questions to ask/suggested strategies to help guide conversations and quality improvement efforts include:

- Is the data accurate?
- Were there any data collection challenges? How to address them? What KPIs can be improved upon? What are the biggest opportunities for improvement?
- Is there a KPI that we can affect with less effort than others?
- What other data would be helpful to review?
- Trend data, comparing data across different sites, if applicable, can help to identify best practices and/or identify data that stands out.

A few additional strategies include:

- Share data and insights with your team during a monthly (or other time frame) meeting to discuss analysis, your/their insights, actions, and follow-up items, as needed.
- Follow up monthly to assure actions had the desired outcome of improving the KPI. If not, identify new actions.
- Change or add measures as needed.

For more tools related to KPI management, refer to the RHNTC's [Financial Management Toolkit](#).

KPIs and Description (Column B)	Instructions and Why Use a KPI
<p><b>Fee Collections:</b> The percentage of client fees collected versus client fees charged</p>	<p>Enter the monthly fee charged and monthly fee collected. You may (or may not) choose to include third party payer (TPP)-related fees (copays, coinsurances, deductibles) in addition to uninsured client fees.</p> <p>This KPI can be used to measure the fee collection percent to assess time-of-collection efforts.</p>
<p><b>Payer Mix (Visits) and Total Visits:</b> The percentage of visits by payer type for each month. Total visits (utilization) reflect how busy the agency is.</p>	<p>Enter the number of visits by payer type.</p> <p>This KPI can be used to measure efforts, such as front desk insurance gathering, to increase the percentage of clients with Medicaid or private insurance.</p>
<p><b>Productivity:</b> The average number of visits per day completed by the clinical services provider (CSP) (ie., physician, nurse practitioner, physician's assistant, nurse midwife)</p>	<p>Enter the number of days in the month a full-time equivalent (FTE) works and the CSP FTE specifically for family planning. For example, a CSP worked 10 hours per work, the FTE would be calculated as <math>10/40 = .25</math> FTE. Do not include nurse visits, as it will distort the measurement.</p> <p>This KPI can be used when implementing initiatives to increase visits/day.</p>

KPIs and Description (Column B)	Instructions and Why Use a KPI
<p><b>New Visits:</b> The number of new visit CPT codes entered into the system in the month</p>	<p>Enter the total number of 99202, 99203, 99204, 99205, 99384, 99385, and 99386 CPT codes.</p> <p>This KPI can be used to measure effectiveness of various outreach and/or client recruitment initiatives.</p>
<p><b>Total Charges:</b> Measures monthly total charges and average charge/visit</p>	<p>Enter monthly total charges.</p> <p>This KPI can be used to measure the impact of coding initiatives.</p>
<p><b>Denials:</b> Measures percentage of denied claims</p>	<p>Enter the number of claims with some denied portion (those with contractual adjustment would not be counted).</p> <p>This KPI can be used to sort by denial reason, payer, and/or service type. Doing so can help to identify specific issues to address quickly. It can also be used to measure any initiatives on decreasing denials.</p>
<p><b>Rejections:</b> Measures the number of TPP claims requiring corrections prior to being accepted by TPPs for either payment or denial</p>	<p>Enter the number of rejections received in the month.</p> <p>This KPI can be used to measure efforts designed to reduce registration error issues.</p>
<p><b>TPP Net Collection Rate:</b> A retrospective measure of what % of charges you are collecting from TPPs for visit charges entered in the specific time period of the report</p>	<p>Enter data once per quarter as follows: January–April through September TPP revenue and charges, April–July through December TPP revenue and charges, July–October through March TPP revenue and charges, October–January through June TPP revenue and charges.</p> <p>Exclude revenue and charges for uninsured clients. As an agency establishes a benchmark and is adjusting charges to reflect contractual rates, this is referred to as Expected Revenue. To calculate, start with the full charge (fee), then subtract contractual adjustments as well as copays, coinsurance, and deductibles. The amount remaining will be the amount you are expecting to receive from TPPs.</p> <p>A benchmark will be a lower percentage if you don't adjust charges.</p> <p>Can be used to measure accounts receivable collection efforts. Further sorting this data by payer can help to identify specific payer issues.</p>