



Fiscal Year 2021 Budget Overview

Department	Best Case	Realistic Case	Worst Case
General Dental Services	\$ (258,514.67)	\$ (398,057.27)	\$ (297,892.02)
Medical Services	\$ 614,701.35	\$ 198,441.56	\$ (11,252.75)
Reproductive Health Services	\$ 358,487.55	\$ 248,658.27	\$ 250,133.99
Pediatric Dental Services	\$ (16,249.28)	\$ (16,249.28)	\$ (16,249.28)
Pharmacy Services	\$ (78,164.66)	\$ (77,109.13)	\$ (21,154.13)
Outreach Services	\$ (236.60)	\$ (95,142.76)	\$ (131,059.08)
Chiropractic Services	\$ 396,823.80	\$ 206,878.03	\$ 208,905.64
Behavioral Health Services	\$ (70,939.38)	\$ (66,077.44)	\$ (96,826.32)
Total Center	\$ 945,908.11	\$ 1,341.98	\$ (115,393.95)
Year-End Days Cash on Hand	6.09	0.99	0.21
	Does not insert any of 782K	Would insert 600K of 782K to cover salaries	Would insert 500K of 782K to cover salaries

FY21 “Best Case” Budget Notes

General Allocations

- Allocations throughout the budget were developed using 4 separate methodologies
 - Method 1 – Allocation Based on Head Count
 - Percentage determined by taking total number of direct staff allocated to each service line divided by the total number of direct service line staff
 - 4 separate allocation percentages were created
 - One that includes all 7 direct service lines
 - One that excludes Outreach Services
 - One that excludes Outreach & Pharmacy Services
 - One that includes only Medical & General Dental Services
 - Method 2 – Billing Staff Allocation
 - This method was developed to allocate the Billing Staff costs based on the budgeted number of visits for each service line divided by the total number of visits for the Center
 - Method 3 – Support Staff Allocation
 - This method was developed similar to the Billing Staff mode; however, excludes Outreach Services as the Support Staff do not aid in this area
 - Method 4 – 330 Base Grant Allocation
 - Utilized the 2019 SAC application budget to determine the split and broke into 4 categories
 - Direct Medical & Dental salaries charged
 - Support Staff salaries split using the Support Staff Allocation
 - Billing Staff salaries split using the Billing Staff Allocation
 - Admin salaries split using Head Count #1 (HC1) Allocation

Revenues

- Patient Mix was determined by using the 9-month actuals from Fiscal Year 2020 for each individual service line
- Explicit price concessions were calculated as follows:
 - Medicare, Medicaid, and Medicaid Managed Care
 - PPS rate – Gross Charges per visit/Gross Charges per visit
 - Commercial & Self Pay
 - October – February actual collections pulled from eCW
- Implicit price concessions were calculated using 2020 contractual percentages

- Pharmacy revenues were budgeted flat at current FY2020 dollars. Significant opportunity exists for increased revenues but did not feel comfortable estimating at higher amounts due to lack of data available for such estimates
- 340b Revenue was calculated by averaging current Wegmans/Rite-Aid at \$42,500 per month and adding a conservative \$2,100 additional revenue per month for the launch of Walmart contract pharmacy on July 1, 2020
 - 340b Revenue was split 40% to General Dental Services and 60% to Medical Services to offset a portion of Dental losses
- Maintained Incentive Revenue at \$112,700 due to lack of better data to justify increase. This area represents an opportunity to grow dollars
- Federal – Ongoing SUD-MH revenue was budgeted at the full amount of \$151,000 however it is noted that this may not all be spent. It is determined on the premise of increases in SUD programming that would allow the charge of physician time to the program.
- State – Family Planning Funding shows an increase of \$50,000 in revenue due to increases in grant funding
- Local – United Way Funding shows an increase of \$7,500 in revenue to reflect the increased grant application ask
- Removed EATW fundraiser revenue due to possible suspension of the event and factored \$4,000 in revenue for Raise the Region
- There will likely be revenues carried over from the IBHS, Dental OHI, and COVID-19 funding awards that cannot be spent prior to FY2020 year-end due to COVID-19. These revenues would be added into FY2021, however due to the need for prior approval they were not factored into these calculations. For all but the COVID-19 funds there would definitely be additional expenses to offset the revenue therefore they do not have a material effect on the outcome of the budget
- There will likely be an increase in PPS rate due to the FY2020 cost report submission for a scope change. Although we cannot estimate at this point, we are assuming a slight increase in PPS rate for both Medical and Dental services due to increased costs associated with COVID-19 as well as clarification on the physical visit counts for Dental. These changes, if an increase to visit rate, will have a positive impact and is estimated to show the effect to cash flow beginning January 2021

Productivity

- Outreach
 - Factored 1.0 FTE dedicated Hygienist
 - Factored 1.0 FTE dedicated Dentist beginning January 2021 that will be split between 2 Dentists
- Reproductive Health
 - Visits factored at 1.75
 - Discontinuation of STD clinic folding services into current portfolio

- Discontinuation of Healthy Woman Program folding services into current portfolio
- Chiropractic
 - Visits factored at 25 per day
- Behavioral Health
 - Telepsychiatry visits were factored at 24 hours of clinic time per week with 36 visits per week or 12 per day.
 - LCSW visits were factored at 22 visits per week
- Medical
 - Visits factored at 2.0 for Physicians
 - Visits factored at 1.75 for APPs
 - CMO visits were factored at a 50% production rate, assuming that 50% of their time will be spent on CMO duties and 50% spent on patient care
- General Dental
 - Visits factored at 2.0 for Dentists
 - Visits factored at 1.2 for Hygienists
 - Did not factor a separate column for Emergency/New Patients nor was a factor taken into consideration for the Dental Navigator room. It is assumed that these visits would be folded into the general productivity of the individual providers
 - Dentist productivity for 2 vacant positions was left at 0 until January 2021
 - Dentist productivity was taken into account for those providers working the Outreach program

Staffing

- Medical Support Staff
 - Addition of 1.0 FTE Call Center position
 - Addition of 1.0 FTE Medical Records position
- Dental Support Staff
 - Transfer 1.0 FTE to Dental Call Center position
 - Addition of 1.0 FTE Dental Call Center position
 - Requested 1.0 FTE Team Leader Check-Out position was not added
- Billing Staff
 - Addition of 1.0 FTE Patient Financial Services Associate
- Administration Staff
 - Addition of 1.0 FTE Marketing/HR Specialist
- Outreach Staff
 - Dedicated 1.0 FTE Hygienist (filled from current mix of Hygienists)
- Pharmacy Staff
 - Addition of 0.5 FTE Pharmacy Technician
- Medical Staff
 - Addition of 2.0 FTE Unit Clerk (OA Level) positions

- Addition of 2.0 FTE Medical Assistant positions (request was to hire 2.0 FTE LPN for Team Nurses; however, there are current LPN's rooming patients. Factored budget based on repositioning those LPNs to the Team Nurse role and hiring MAs for rooming)
- Addition of 1.0 FTE Patient Transport Driver position
- Addition of 1.0 FTE Patient Navigator position
- Requested addition of 0.5 FTE RN Care Coordinator position was not added
- General Dental Staff
 - Requested addition of 1.0 FTE Sterilization Assistant position was not added
 - 2 Dentist vacancies until January 2021

Salaries/Benefits

- Rolls in a 3% annual increase for all staff, effective July 1st and calculates a merit increase based on hire date of 2% per employee. The merit increase would be based on satisfactory performance in the employee's annual review
- PTO/Med Leave calculated as a percentage of wages using FY2020 actuals as the baseline for calculations
- Health Insurance costs were factored at 19% of total wages due to estimated increase in use of HRA. This also factors a 6% increase in total costs beginning January 1, 2021

Clinical Supplies

- Calculated 2020 Fiscal year-to-date actual costs through February 2020 and divided by year-to-date actual visits through February 2020 for general clinical supplies, immunizations, and Linens
- Inflation assumption of 5% was applied to each general supplies' category, except for Dental supplies which was factored at 6%.
- Inflation assumption of 3% was applied for immunizations and linens
- Outreach services actuals from FY2020 appeared overstated due to start-up supply costs associated with the mobile unit. Utilized General Dental Services as the basis for supplies costs with Outreach Services
- Pharmaceutical costs for the Pharmacy were calculated using actual costs divided by actual revenues

Other Supplies

- Increased Recruitment/Retention fees by \$15,000 to account for recruitment of 2 Dentists and ongoing Medical providers

Services Purchased

- Total Software costs increased by approximately \$32,000 due to increased costs associated with adding providers into eCW as well as increased costs associated with additional staff for the Microsoft Office Suite licensing and Paylocity increases
- Contract staff costs (Chiropractic, Telepsychiatry, Behavioral Health, and Pharmacy) were calculated using average of actuals from FY2020
- Advertising costs were increased by \$26,400 to \$78,000 to account for large increase in direct marketing of services offered. This does not include costs associated with developing a new website

FY21 “Realistic Case” Budget Notes

Notes Represent Changes From “Best Case”

Salaries/Benefits

- Rolls in a 2% annual increase for all staff, effective July 1st

Staffing:

- Medical Support Staff
 - Delay of new Medical Records position until November 2020
- Dental Support Staff
 - Delay of 1.0 FTE Call Center position until January 2021
- Billing Staff
 - Delay of 1.0 FTE Patient Financial Services Associate (Center) until January 2021
- Pharmacy Staff
 - Elimination of 0.5 FTE Pharmacy Technician
- Medical Staff
 - Requested addition of 1.0 FTE Unit Clerk (OA Level) position not added
 - Requested addition of 1.0 FTE MA position delayed until November 2020
- General Dental Staff
 - Furlough of 3 current Dental Assistant positions through September
 - Furlough of all Hygiene positions through July and 4 through September
 - Elimination of Per Diem Hygiene position
- Outreach Staff
 - Furlough of 1.0 FTE Hygienist through September

Productivity:

- Outreach
 - Removed all visits July - September
- Reproductive Health
 - Visits factored at 1.2 July – September
 - Visits factored at 1.4 October – June
- Chiropractic
 - Visits factored at 70% of “Best Case” budget for July – September
- Medical
 - Visits factored at 1.4 for July – September for Physicians (70% of “Best Case”)
 - Visits factored at 1.225 for July – September for APP’s (70% of “Best Case”)
- General Dental
 - All Hygienists furloughed through July with a phased approach thereafter having 4 Hygienists furloughed through September
 - Dentist productivity at 50% July – September, 60% in October, and 80% in November of the projected “Best Case” budget numbers

FY21 “Worst Case” Budget Notes

Notes Represent Changes From “Best Case”

Revenues:

- Assumes 340b revenues for contract pharmacy at 70% of “Best Case” for July – September

Salaries/Benefits:

- Rolls in a 2% merit increase on each employee’s hire date

Staffing:

- Medical Support Staff
 - Elimination of 1.0 FTE requested Medical Records position
- Dental Support Staff
 - Elimination of 1.0 requested FTE Call Center position
 - Elimination of 1.0 FTE current Check-Out position
- Billing Staff
 - Elimination of 1.0 FTE requested Patient Financial Services Associate (Center)
- Outreach Staff
 - Elimination of all outreach positions except for School Program Coordinator
- Pharmacy Staff
 - Elimination of 0.5 FTE Pharmacy Technician
- Medical Staff
 - Elimination of 2.0 FTE requested Unit Clerk positions
- General Dental Staff
 - Elimination of 2.0 FTE current Dental Assistant positions
 - Elimination of 2.0 FTE current Dentist positions
 - Elimination of 3.0 FTE current Hygiene positions

Productivity:

- Outreach
 - Removed all productivity assuming that the school program will not occur using the mobile unit at all and would be folded back into General Dental.
- Reproductive Health
 - Visits factored at 1.2 for July – September
 - Visits factored at 1.4 for October – June
- Chiropractic
 - Visits factored at 70% of “Best Case” budget for July – September
- Medical
 - Visits factored at 1.4 for July – September for Physicians (70% of “Best Case”)
 - Visits factored at 1.225 for July – September for APP’s (70% of “Best Case”)
- General Dental
 - Removed visits for 3 hygiene positions that were eliminated
 - Removed visits for 2 dentist positions that were eliminated