

WHAT'S THE COST OF NOT KNOWING YOUR COST?

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TODAY'S PRESENTERS



JEFF LAMBERT FHFMA, CMA COO & Founder, Organizational Intelligence, LLC



25+ years healthcare finance

Technology: Co-founded OI – an advanced DSS designed for decision makers across an organization – 17+ years

Consulting: Big 4 consulting on variety of decision support implementations, reimplementations, budget, performance improvement, and cost data development – 7+ years

Operations: System implementations, financial reporting, budgeting, etc – 5+ years



KEVIN BURKE, CPA

Director - Financial & Operational Performance, Microscope

Kevin brings over 9 years of experience serving healthcare organizations in a variety of financial services and accounting capacities. His experience includes serving large healthcare systems, hospitals and physician practices achieve their financial and strategic goals.



HOW TO GET THE MOST FROM COST ACCOUNTING

After this session, attendees will be able to:

IDENTIFY: Why the need for timely and credible cost accounting data

has never been more critical

• EXPLAIN: How and where cost data will add value to your

organization

DESCRIBE: The best cost accounting approach for speed and accuracy

• SUMMARIZE: How to overcome implementation and maintenance

challenges

VISUALIZE: Service Line & Financial Management Reporting



COVID-19 - THANK YOU FOR ALL OUR HEALTHCARE PROVIDERS!

COVID-19 Considerations

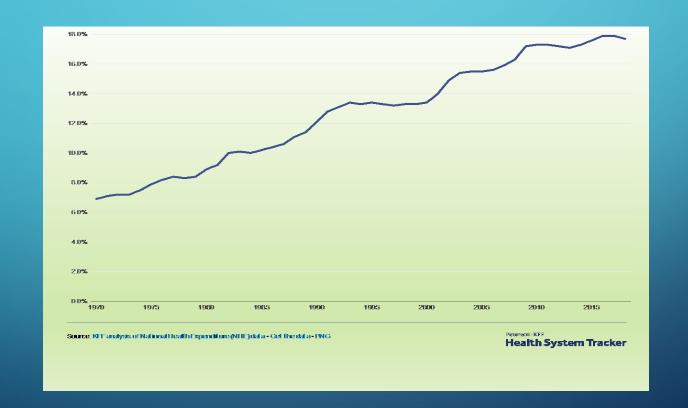
- KPI Monitoring
 - Days Cash on Hand
- Forecasting
 - Utilization Changes
- Margin Analysis
 - At Risk Contracts





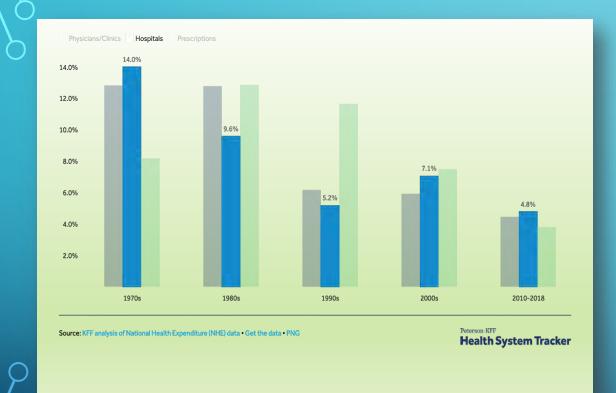


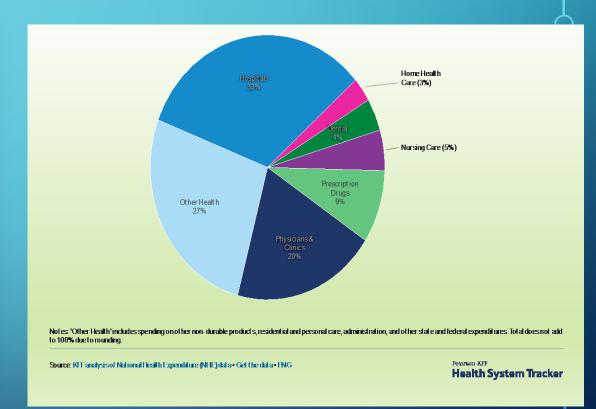
TOTAL NATIONAL EXPENDITURES AS A PERCENT OF GDP, 1970-2018





AVG ANNUAL GROWTH RATE RELATIVE CONTRIBUTIONS









COMMUNITY HOSPITAL CHANGES

INCREASING GAP BETWEEN NET REVENUE AND EXPENSES

2014 9% 2018 8%

IP > OP REVENUES 2014 16% \$206B 2018 3% \$ 55B

HFMA 2/5/2020





WHY THE NEED FOR TIMELY AND CREDIBLE COST DATA HAS NEVER BEEN MORE IMPORTANT Microscope

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Hospital C-Suite Priorities for 2020:

- Revenue Growth
- Population Health and ACO Strategy
- Cost Containment

Source: Advisory Board





Becker's 2019 CFO Roundtable:

Top priorities:

- Cost Containment
- Managing Changing Payment Models
- Improving Performance Management

Source: Becker's







Cost Accounting — Hospital's nickel-and-dime path to profitability:

"Unfortunately, hospital's intense focus on optimizing revenue has atrophied their ability to understand and manage operating costs. Today, this operating deficiency poses a serious challenge for

hospitals as the market moves toward value-based purchasing."

Source: Modern Healthcare



Cost outcome focus is essential for ACO success:

"An ACO's ability to effectively manage the risks associated with value-based payment depends on how precisely it can account for costs and whether it can apply predictive analytics to analyze clinical and financial outcomes."

Source: HFMA



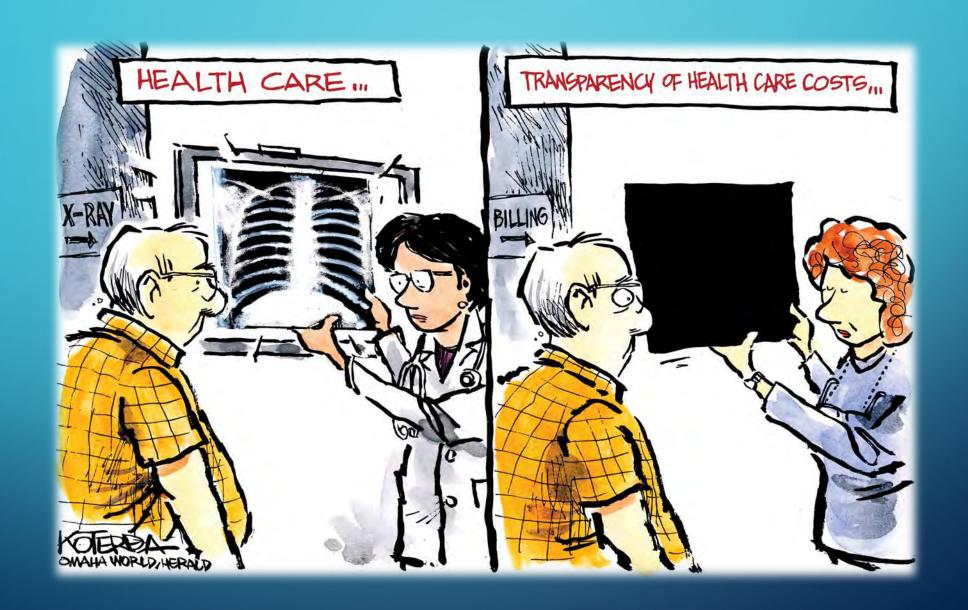


Value in Healthcare: Current State and Future Directions

- Reported that 69% of healthcare organizations are still using legacy methodologies.
- •Narrowing the definition of the cost object add granularity, but also increases the time and expense of collecting data.

Source: HFMA Study









"The remedy to the cost crisis does not require medical science breakthroughs or new government regulation. It simply requires a new way to accurately measure costs and compare them with outcomes."

Source: Robert Kaplan: Harvard Business

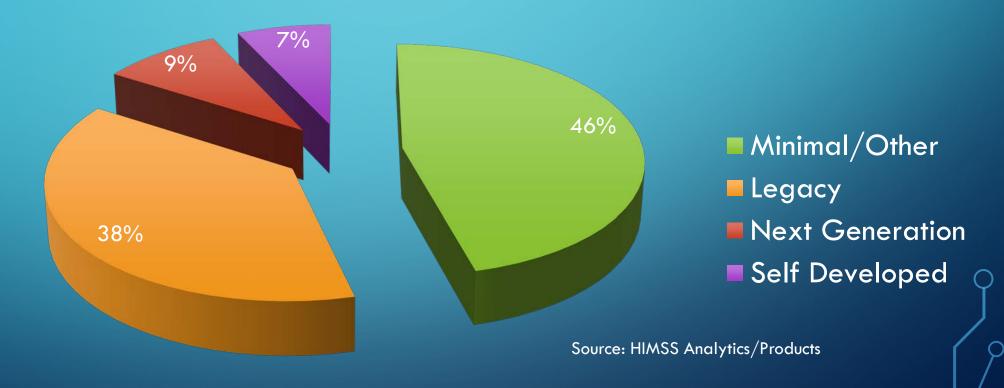
Review 9/11



COST ACCOUNTING INSTALLATIONS % of Total Market 2% 1% 27% Automated Not Automated 70% In Process 0 Microscope Organizational Intelligence, LLC

CURRENT STATE OF COST ACCOUNTING INSTALLATIONS

% of Automated





COST ACCOUNTING REPUTATION

- Complex green screen systems
- Took an army of super users to operate
- Extremely hard to maintain
- Utilized RCC's
- Ultimately it was overly simplistic, not accurate, and most importantly -- NOT TRUSTED





HOW AND WHERE COST DATA WILL ADD VALUE TO YOUR ORGANIZATION



KEY FACTORS 1. The right tone at the top—getting support for cost analytics from top executives Microscope Organizational Intelligence, LLC

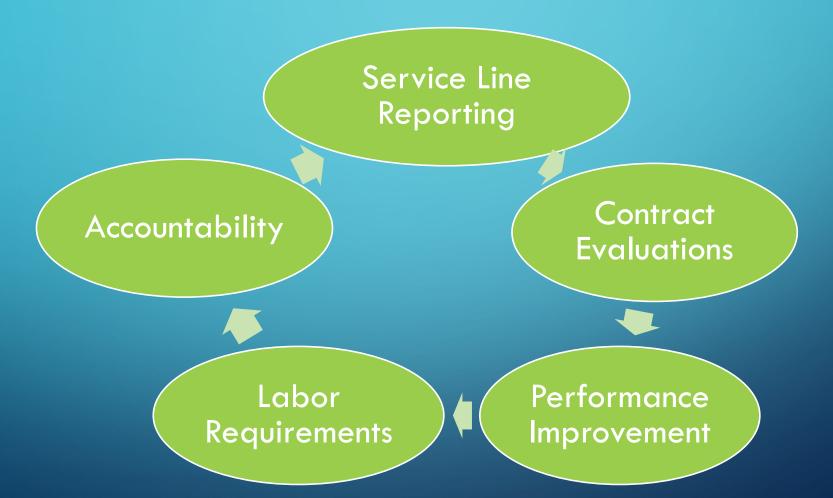
DATA-DRIVEN ORGANIZATIONS – CRUCIAL ELEMENTS

- Data savvy people
- Quality data
- State of the art tools
- Organizational Intent

R. Wegener and V. Sinha, 2013, "The Value of Big Data: How analytics differentiates winners", Bain & Company, Inc.



USES OF COST ACCOUNTING DATA





WHERE COST DATA ADDS VALUE





USES OF COST DATA

- Pinpoint cost savings opportunities
- Improves budgeting and planning capabilities
- Provides clinical financial profitability:
 - By payer, by service line, by physician, by DRG, by encounter, etc.
- Correlate cost of care with quality outcomes
- Supports performance improvement initiatives
- Critical to evolving and at-risk reimbursement models
- Instrumental to population health management / ACOs





THE BEST ACCOUNTING APPROACH FOR SPEED AND **ACCURACY** Microscope

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COST ACCOUNTING BASICS

Cost Accounting is a system for recording, analyzing, and allocating costs of services provided to patients.



Some examples include:

an x-ray, a lab test, room & board, or medications.



VARIOUS METHODS TO ESTIMATE COST

- Aggregate \$\$\$ per utilization
- Ratio of cost to charge (RCC)
- Medicare Cost Report
- Limited tools Excel/database high level only
- Cost accounting
 - Activity level cost driver based
 - Software required





METHODOLOGY IS FUNDAMENTAL

- RCC method is not accurate
- Job costing v process costing
- EMR TDABC
- Advanced cost accounting

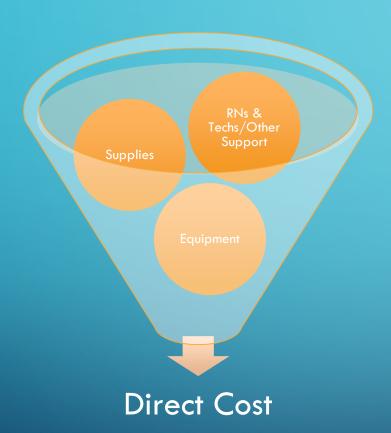


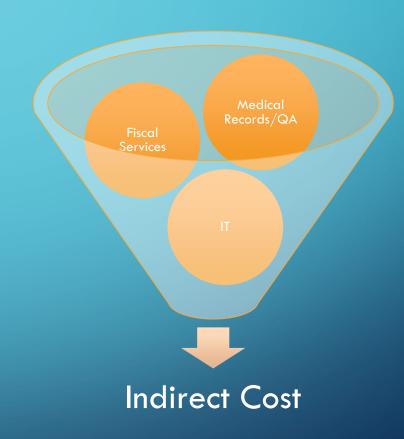
COST ACCOUNTING METHODOLOGIES





DATA INPUTS





Patient Encounters



COST OBJECTIVE

The objective is to allocate total costs of each charge item on the charge and description master (CDM).

The challenge is to create a "path" from the GL to the individual charge items.

GL Cost Activity





COST ACCOUNTING CONCEPTUALIZATION ACTIVITY UNIT COSTS

Data Inputs

- General Ledger
- Payroll
- Charge Utilization
- Non-CDM Activity

Cost Structure

- Cost Type Mapping
- Direct Expense Redirects
- Indirect Allocation
- Activity

Cost Drivers

- Scales
- Time Based
- Direct Price
- Industry RVUs





IMPLEMENTATION TIMELINE

Data Inputs – Month 1

GL

Payroll

Activity

Mapping – Month 2

Directs

Indirects

Cost Types

Redirects

Cost Drivers – Months 3-6

Training

Strategies

Development

Review/Audit

Reporting

Unit Costs

Analysis

Flex Budgets



PHASED APPROACH

Focused Cost Drivers

VDL & VDS

Cost Data

Data reviews
Introduction to management

Expanded Cost Drivers

Cost driver refinement
Other cost types

Refine & Expanded Use

Revisit 80/20 Flex budgeting What-If modeling

Ongoing maintenance

Cost driver updates





OTHER CONSIDERATIONS

- ALL DATA vs relevant data
- Historical data
- Patient populations e.g 340b Drugs
- Cost driver leverage technical estimates, industry standards, procurement lists, etc
- ICA methodologies
- Perfect data v actionable data





HOW TO OVERCOME IMPLEMENTATION AND MAINTENANCE CHALLENGES



TYPICAL CHALLENGES

Cost accounting has a bit of a reputation....

- Length of time and effort to implement
- Cost data accuracy and credibility
- Limited resources and know-how
- Other priorities / Lack of participation

- Developing cost drivers and technical estimate approach
- Amount of ongoing maintenance
- Cost v benefits



COST ACCOUNTING IS A TEAM SPORT

- Finance & Clinical departments
- Cost Drivers: Technical estimates
 - Critical phase
 - Resource intensive
 - More "art" than science
 - Potential roadblock







8 IMPLEMENTATION STRATEGIES

Speed

Accuracy

Executive Sponsorship

Activity -Charge & EMR

Reporting Package

Cost Accounting Training Matching Principle

Materiality Focus

Accountability

Cost Driver Precision



Executive Sponsorship

- Organization-Wide implications
- Free-Up/Procure resources
- Interest in Cost Data
- Presentation/Education

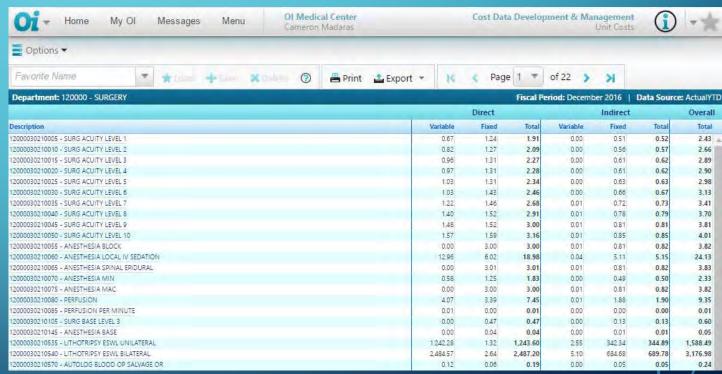






Activity & EMR

- Focus on top activities
- EMR statistics as cost objects
- Top activity v all activity







Reporting Package

- Unit cost data
- GL to Cost type/category mappings
- Activity
- Indirect cost allocations
- Service line reports







Cost Accounting Training

- Concepts Purpose Calculations Cost driver
 - development
- Cost Driver manager role
- Benefits of cost accounting
- Future training
 - Flexible budgeting
 - Price / Mix / Volume / Efficiency variances
 - Case-based Strategic budgeting





Matching Principle

- G/L limitations
- Cross department allocations
- Cost adjustments
- Pooled v allocated expenses

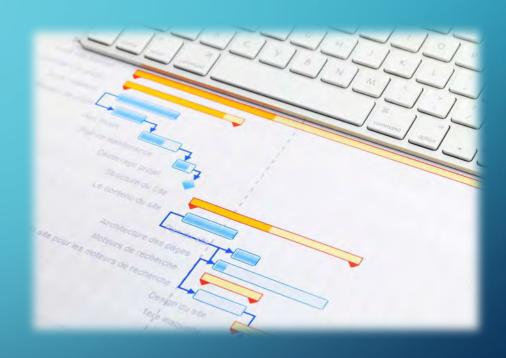






Materiality Focused

- Immediate actionable data plan
- Iterative in nature
- Most costly areas (drugs / supplies/ labor intensive)
- Two three-year plan
- Ensure full participation







Accountability

- Flexible budget
- Productivity reporting
 - Volumes expenses
- Standard tracking trending





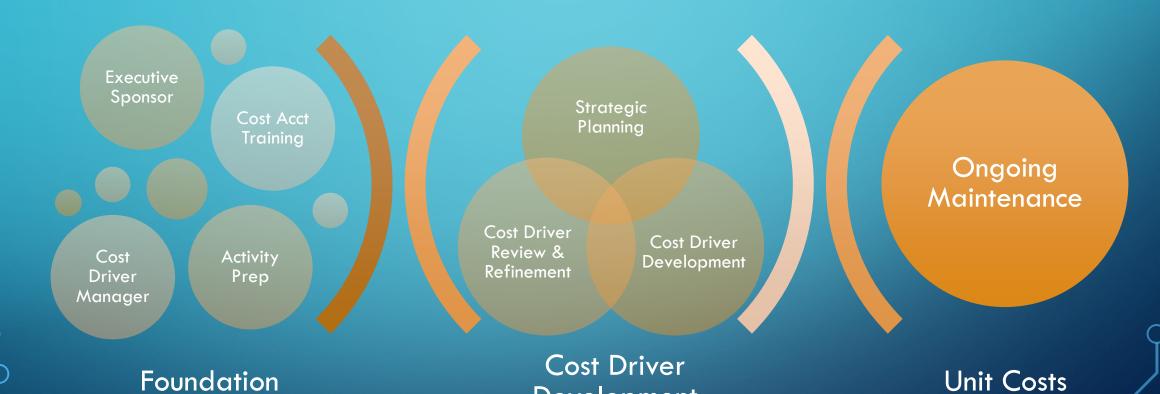
Cost Driver Precision: Ongoing Maintenance & Periodic Reviews

- Keep up with change
- Add cost drivers for new service codes
 - Become part of cost driver add process
- Perform periodic department reviews





SUMMARY





Development

"SUCCESSFUL" IMPLEMENTATION APPROACH

- Define Success
- Approach
- Design
- Educate
- Rollout





COST ACCOUNTING USES: SERVICE LINE REPORTING AND FORECASTING Microscope Organizational Intelligence, LLC

PATIENT CENTRIC REPORTING

Demographics

- Clinical
- Physician
- Payor
- Quality

Charge Detail

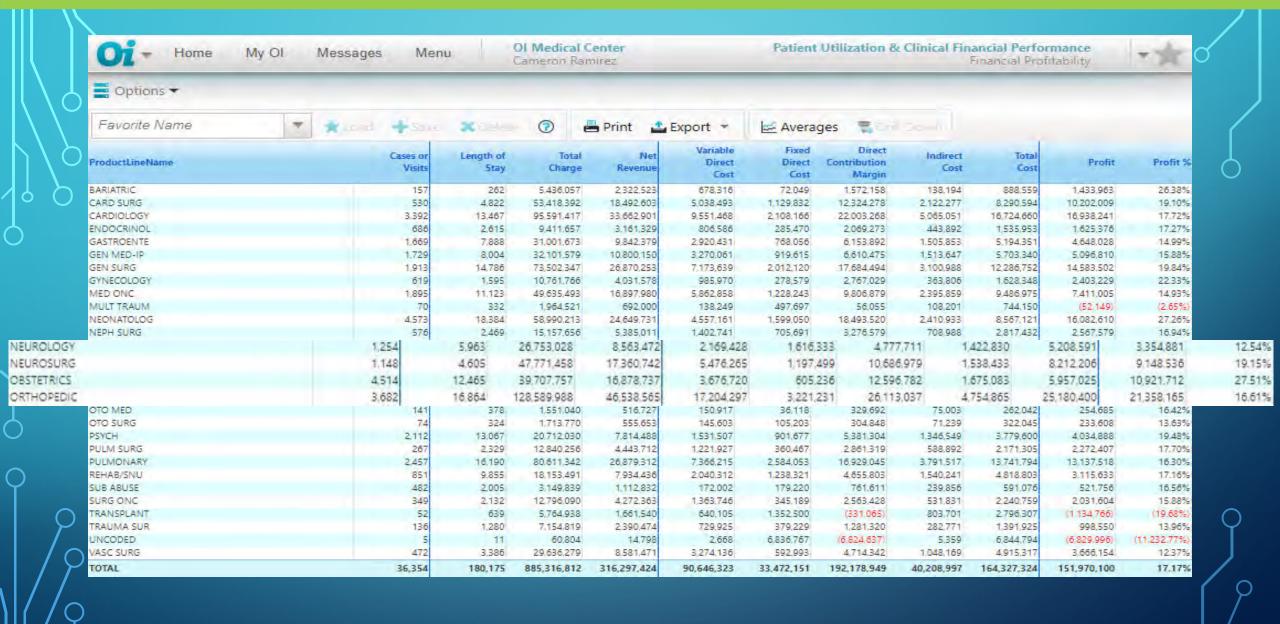
- Charges
- Utilization
- CPT4

Net Revenue

- Actual
- Expected

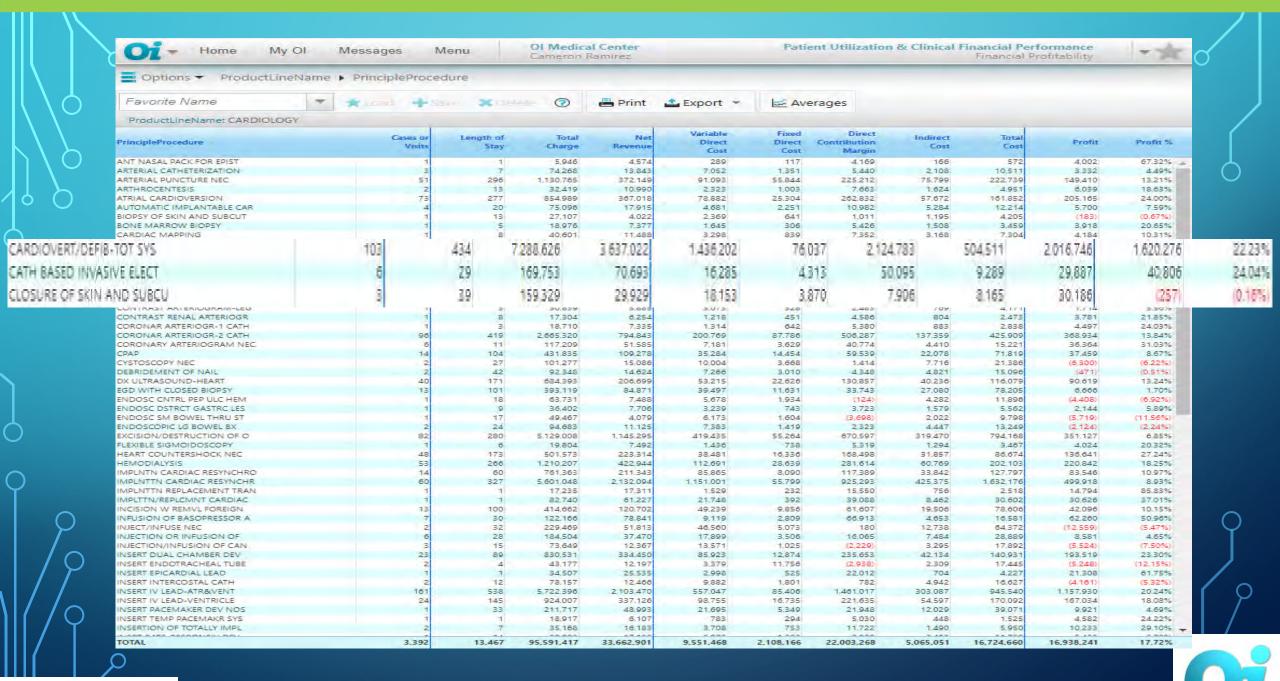




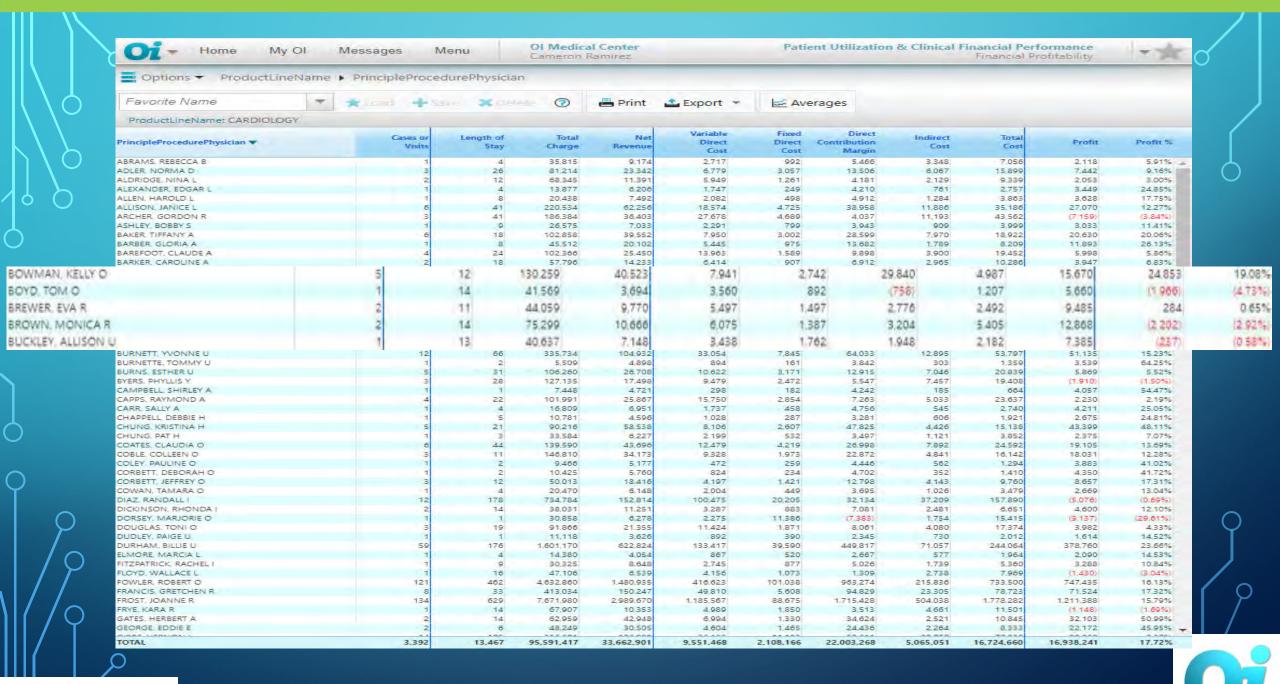




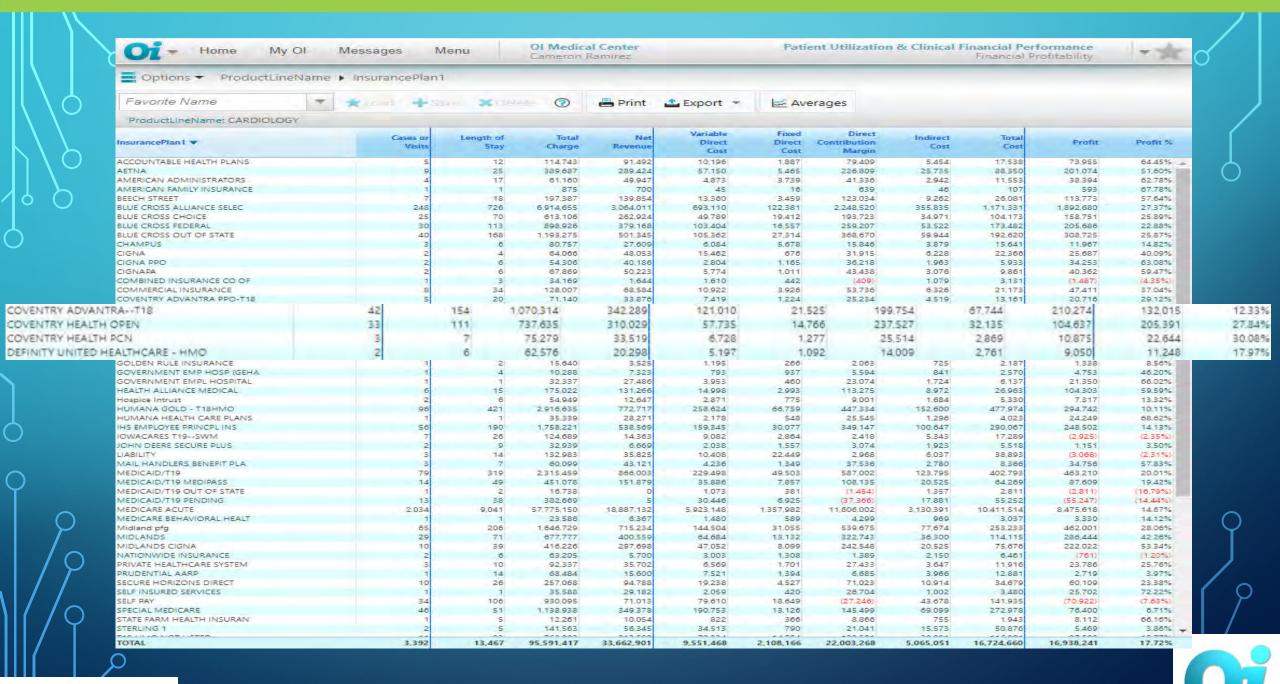




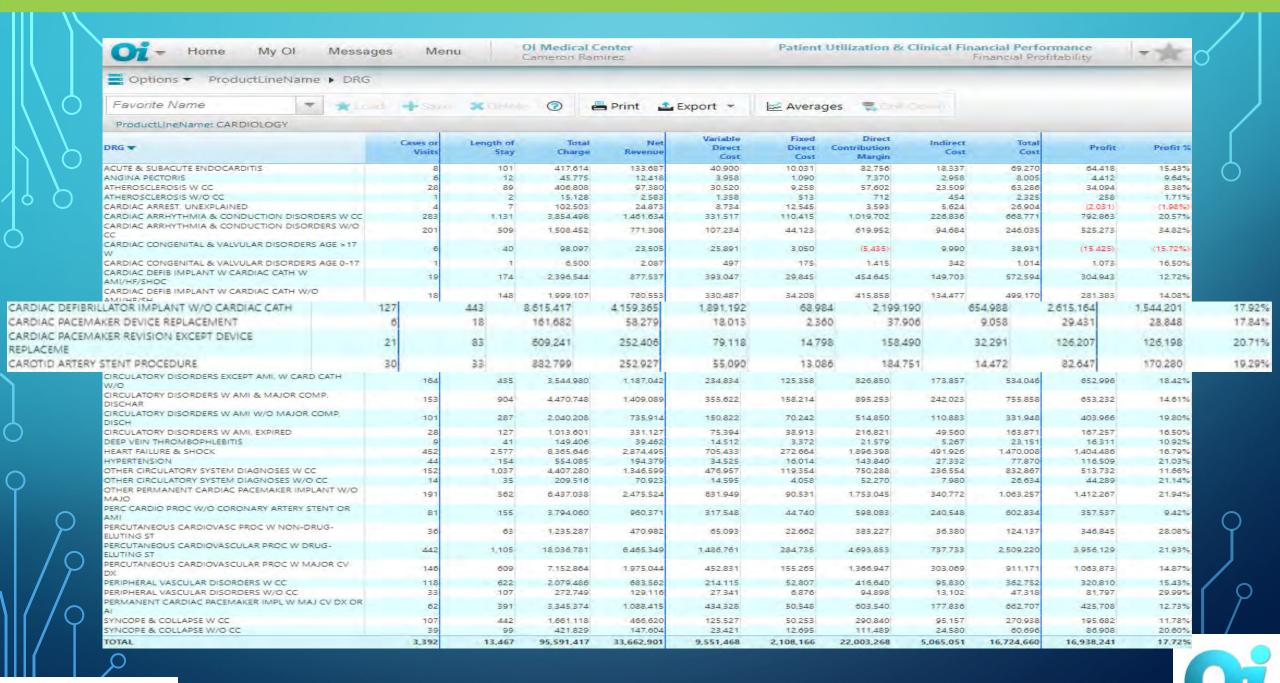




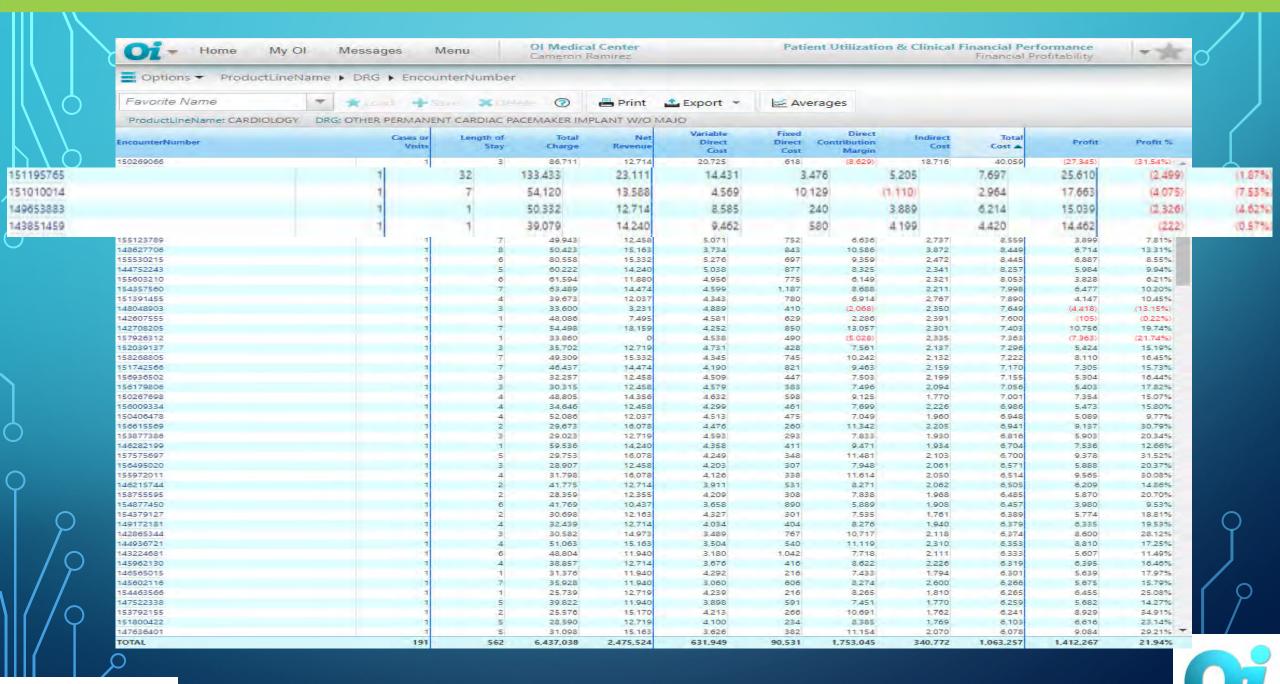




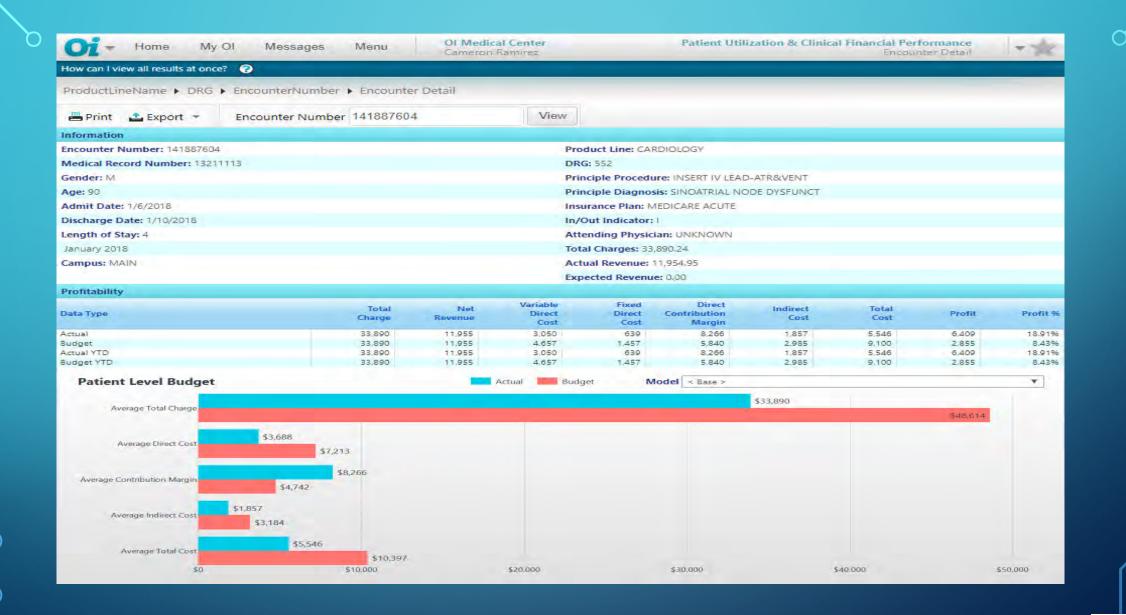




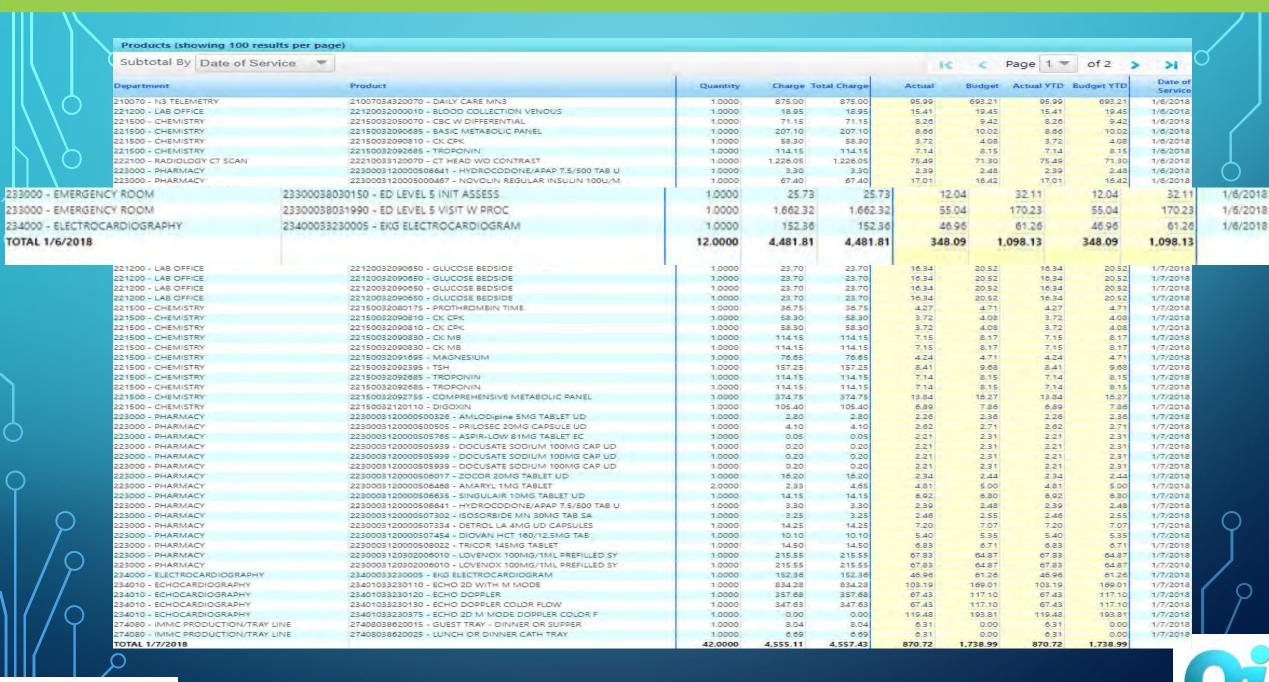




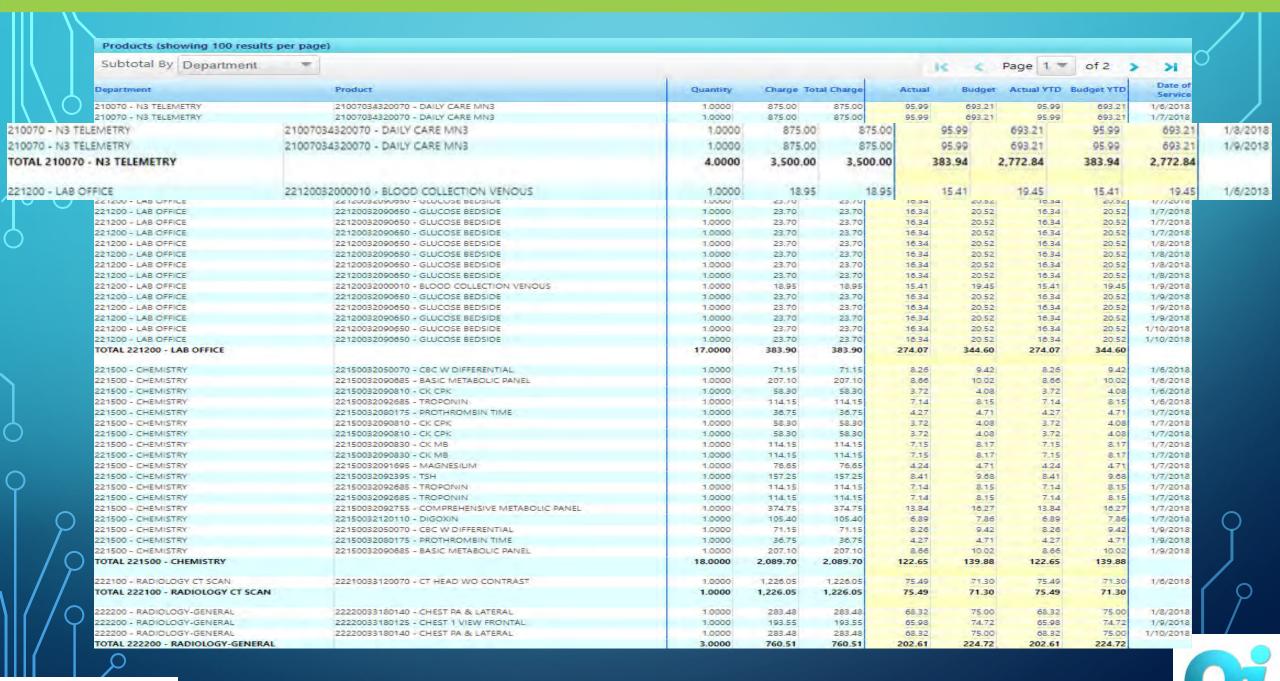




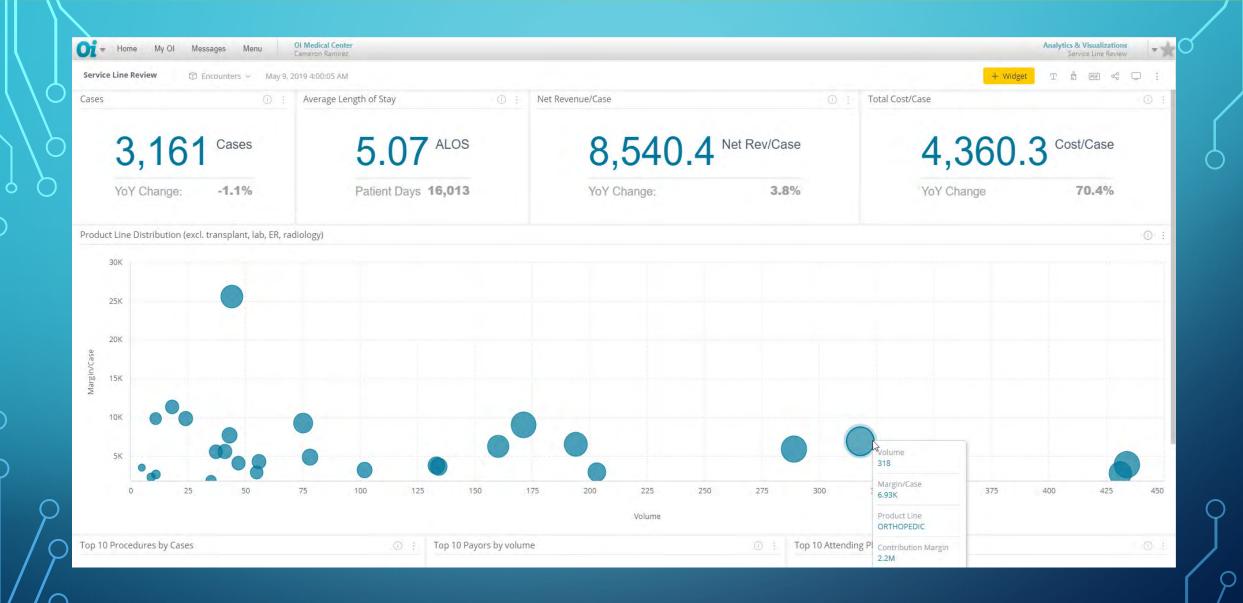
















QUALITY INDICATORS

INFECTIONS ADVERSE EVENTS

REACTIONS RE-ADMIT

SHOCK FALLS

COMPLICATIONS RESPIRATORY FAILURE







- Dashboard
- Reporting
- Analysis

PERFORMANCE MANAGEMENT

- Budgeting & Forecasting
- Profitability Analysis

ANALYTICS

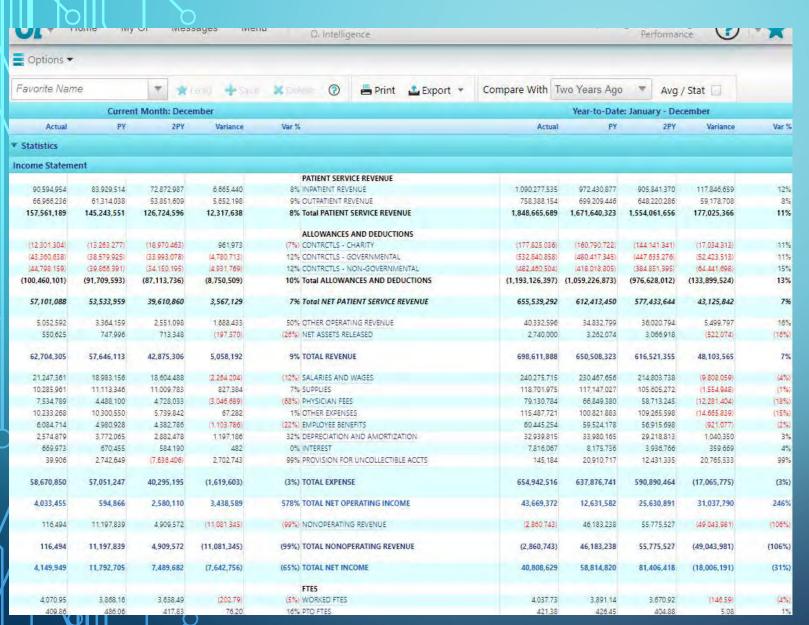
- Simulative
- Exploratory
- Clustering



HUD

Financial Performance - M	Ionthly H	UD				13th da	y of month 1	7 days rem	ainir	ng 43%	complete
Financial Ratios - Capital Structure	Last Month	Target	96	Target	Last 12 Months	Financial Ratios - Profitability continued	Last Month	Target	96	6 Target	Last 12 Months
Long Term Debt to Capitalization	0.3535	0.3548	4	100%	1	Total Margin	4.89%	3.64%	*	135%	N
Debt Service Coverage	0.9585	1.3096		73%		Cash Flow Margin	19.33%	11.17%	*	173%	V
Equity Financing	0.5321	0.5300	1	100%		Return on Equity	0.0049	0.0020	4	246%	-1
Total Debt to Total Assets	0.4679 Last	0.4700	-	100%	Last 12	Financial Ratios - Revenue	Last Month	Target	9/	a Target	Last 12 Months
Financial Ratios - Cost	Month	Target	96	Target.	Months	OP Revenue to Total Revenue	0.6625	0.7241	4	109%	And
Salaries to Total Expense	0.3761	0.3753	*	100%	Hallm	Patient Deductions	0.6469	0.6475	*	100%	thalutu
Average Age of Plant	11.46	11.60	*	101%	antilla.	Medicare IP Payor Mix	0.3867	0.3800	*	98%	M
FTEs/AOB	8.2502	6.1505	Δ	75%		Medicare OP Payor Mix	0.4290	0.4200	*	98%	M
Financial Ratios - Liquidity	Last Month	Target	%	Target	Last 12 Months	Medicare OP Cost to Charge Medicare Revenue per Day	0.5482 \$7,238	0.5666 \$6,835	-	103% 106%	1000
Days Cash on Hand	67,21	67.72	*	99%	.1111.		Last				Last 12
Days Revenue in Net AR	171.63	162.96	-	95%	lluhl	Financial Ratios - Utilization	Month	Target		Target	Months
Current Ratio	1.72	1.50	*	115%		ADC Swing SNF Beds	40	37			Marie
Financial Ratios - Profitability	Last Month	Target	96	Target	Last 12 Months	ADC Acute Beds	390	390	*	100%	-
Operating Margin	34.49%	36.71%	*	94%	m						

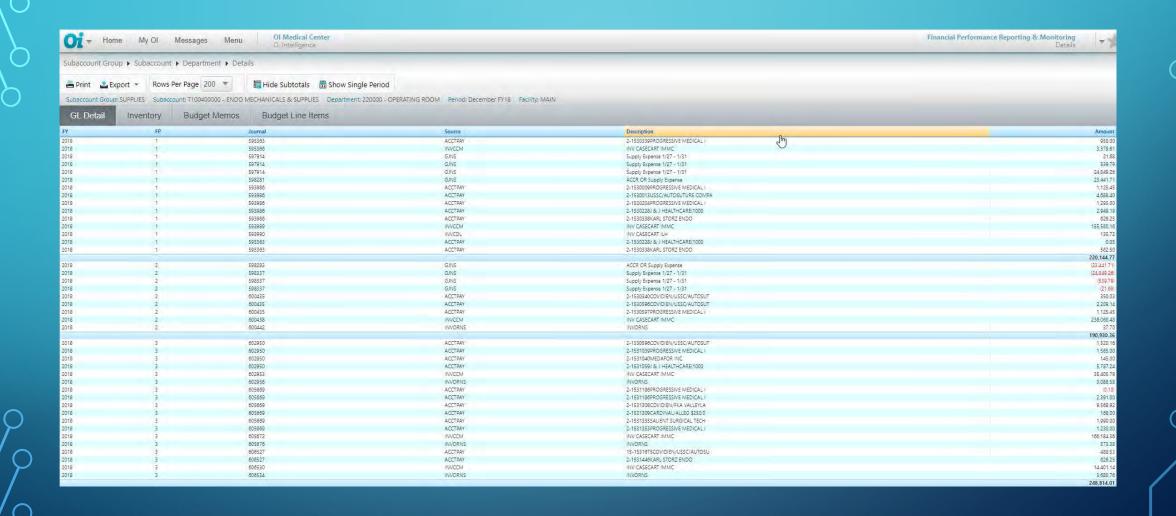




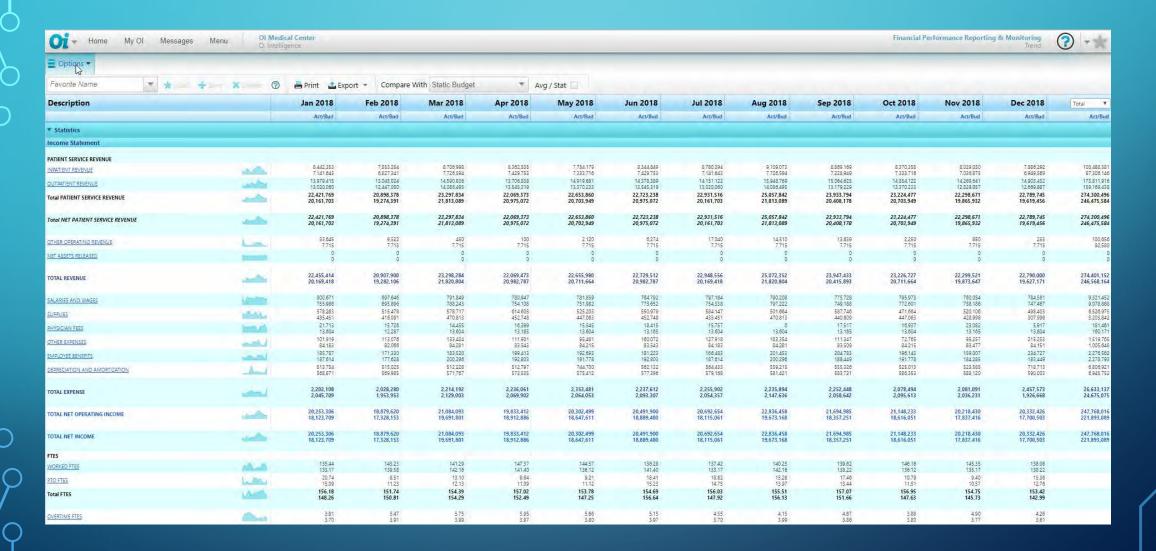
FINANCIAL REPORTING





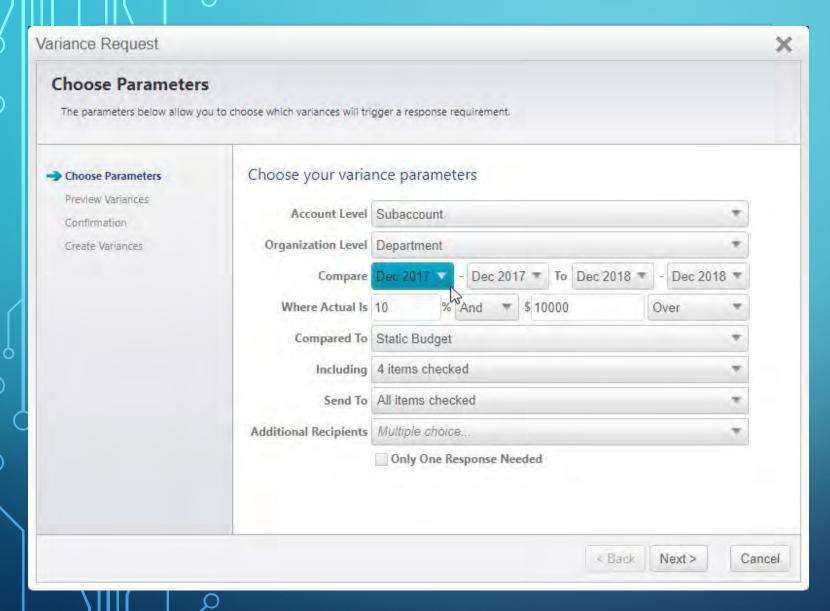












VARIANCE ANALYSIS

CLEAN UP ACCOUNTING ISSUES AS SOON AS POSSIBLE



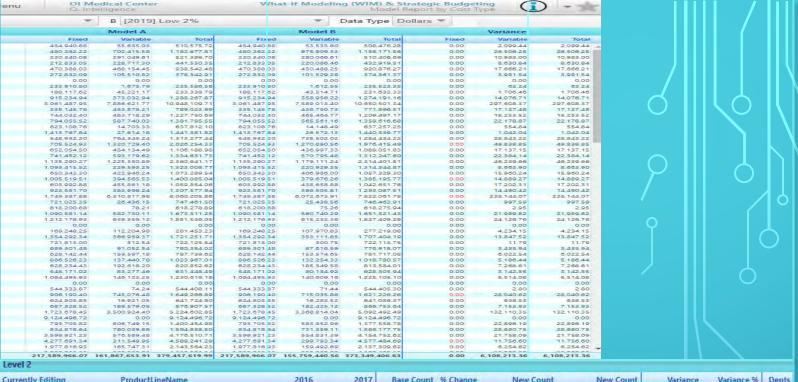


					Ltuar r + L3					rei uua		FIGA VARIABILES		
Pay Period	Actual UOS	Budget UOS	Regular	Overtime	Call Pay	Registry & Contract	Total	Overtime %	Registry & Contract %	Actual	Target	Per UOS	%	Total
1/4/2018	669	608	\$42,997 20.07	\$16 0.00	\$6,146	\$7.120 5.21	\$56,278 25,27	0.00%	20.60%	\$84 3.02	\$123 4.34	539 1.32	31.41% 30.32%	\$25,775
1/18/2018	558	562	\$61.085 28.55	5494 0.00	\$6,463	\$9,680 7.01	\$77,722 35.56	0.00%	19.72%	\$139 5.10	\$133 4.69	(\$7) (0,41)	(4.97%) (8.65%)	(\$3,681) (2,83)
2/1/2018	616	609	\$57,870 27.08	\$413 0.00	\$6,077	\$9,628 6,99	\$73,988 34,07	0.00%	20,52%	\$120 4.42	\$122 4.33	\$2 (0.09)	1.91% (2.19%)	\$1,441 (0.73)
2/15/2018	580	597	\$58,157 26.24	\$437 0.00	\$6,467	\$9,634 7.00	\$74.696 33.24	0.00%	21.07%	\$129 4.58	\$125 4.42	(54)	(3.10%)	(\$2,248) (1.22)
3/1/2018	643	582	\$55,997 25.63	\$315 0.00	\$6,238 0.00	\$9,925 7.22	\$72,475 32.85	0.00%	21.97%	S113 4.09	\$128 4.53	\$15 0.44	12.03%	\$9,913 3.57
3/15/2018	592	646	\$55,841 25.79	\$103 0.00	\$5,850	\$10,886 7.97	\$72,679 33.76	0.00%	23.61%	\$123 4.56	\$115 4.08	(S7) (0.48)	(6,35%) (11,77%)	(\$4,341) (3.56)
3/29/2018	579	602	\$54,319 24.85	\$188 0.00	\$6,274	\$10.612 7.79	\$71,393 32.64	0.00%	23.87%	\$123 4.51	\$124 4.38	(0.13)	0.46% (2.96%)	\$330 (0.94)
4/12/2018	623	616	\$54,445 25.63	\$1,074 0.00	\$7,136 0.00	\$10,943 8.01	\$73.598 33.64	0.00%	23,82%	\$118 4.32	5121 4.28	(0.04)	2.41% (0.90%)	\$1,821 (0.30)
4/26/2018	578	613	\$54,157 24.76	\$393	\$6,138	\$10,819 7.92	\$71,507 32.68	0.00%	24.24%	\$124 4.52	\$122 4.30	(S2) (0.22)	(1.70%) (5.15%)	(\$1,193) (1.60)
5/10/2018	597	558	\$56.097 26.22	\$402 0.00	\$6,211	\$11,063 8,10	\$73,772 34.32	0.00%	23.60%	\$124 4.60	\$134 4.73	\$10 0.13	7.54% 2.68%	\$6.012 0.94
5/24/2018	588	617	\$50,840 24.78	\$791 0.00	\$6,582	\$11.007 8.05	\$69,219 32.83	0.00%	24.51%	\$118 4,47	\$121 4.27	(0.19)	2.60% (4.51%)	\$1.847 (1.42)
6/7/2018	620	599	\$52,730 24,39	\$395	\$6,769	\$11,323 8.30	\$71,217 32.68	0.00%	25.38%	\$115 4.22	\$124 4.40	\$10 0.18	7.73%	\$5,969 1.43
6/21/2018	588	629	\$56,443 25,34	\$230 0.00	\$6,054	\$11,810 8.62	\$74,537 33.96	0,00%	25.37%	\$127 4.62	\$119 4.19	(58)	(6.92%) (10.20%)	(\$4,826) (3.14)
7/5/2018	584	624	\$47.704	\$140 0.00	\$6,992	\$10,822 7.95	\$65,659 29.51	0.00%	26.95%	\$112 4.04	\$120 4.23	\$7 0.18	5.92% 4.35%	\$4,133 1.34
7/19/2018	592	609	\$59,415 27.05	\$387 0.00	\$6,203	\$11,019 8,08	\$77,024 35.12	0.00%	22.99%	\$130 4.75	\$122 4.33	(58)	(6.25%) (9.61%)	(\$4,534) (3.08)
8/2/2018	622	589	\$56.734 26.05	\$542 0.00	\$6,764	\$10.963	\$75.004 34.08	0.00%	23.56%	\$121 4.38	.5127 4.48	0.09	4.76% 2.10%	\$3,746 0.73
8/16/2018	555	631	\$59,000 26.83	\$870 0.00	\$6,720 0.00	\$10,805 7.93	\$77,395 34.76	0.00%	22.80%	\$139 5.01	\$118 4.18	(521)	(18.00%) (19.88%)	(\$11,805) (5.76)
8/30/2018	588	562	\$61.534 28.02	\$1.230 0.00	\$7.245	\$11.020 8.04	\$81.028 36.06	0.00%	22.30%	5138 4.91	\$133 4.69	(\$5)	(3.85%) (4.57%)	(\$3.007) (1.58)
9/13/2018	591	590	\$56.609 26.17	\$442 0.00	\$6,793	\$11,067 8.14	\$74,911 34,30	0.00%	23.72%	\$127 4.64	\$126 4.47	(0.17)	(0.29%) (3.89%)	(\$213) (1.28)
9/27/2018	639	548	\$61,111 28.46	\$1,069	\$7,082	\$11,013 8.06	\$80,275 36.52	0.00%	22,07%	\$126 4.57	\$136 4.81	\$10 0.24	7.68% 5.00%	\$6,680
10/11/2018	614	638	\$61,256 28.02	S414 0.00	\$5,538	\$11,873 8.68	\$79,080 36.70	0,00%	23.65%	\$129 4.78	\$117 4.13	(\$12)	(10.19%)	(\$7.314) (4.98)
10/25/2018	591	589	\$61,161 28.71	\$818 0.00	\$6,832	\$12,232 8.94	\$81.043 37.65	0.00%	23.74%	\$137 5.10	\$127 4.48	(\$11) (0.62)	(8.31%) (13.83%)	(\$6,218) (4,57)
11/8/2018	579	573	\$59.691 28.54	\$983 0.00	\$7,032	\$11.095 8.14	\$78,802 36,68	0.00%	22.20%	\$136 5.07	\$130 4,60	(\$6)	(4.58%) (10.14%)	(\$3.450) (3.38)
11/22/2010	560	1.544	\$61,248	\$1,189	\$6,596	\$10,904	\$79,936	0.008/	04.608	\$140	5129	(511)	(8.70%)	(\$6,398)

LABOR PRODUCTIVITY







CASE BASED MODELING

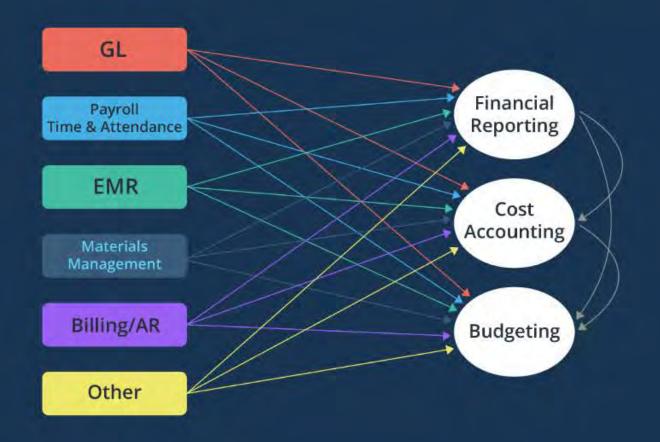
- GLB Development
- Business Development

LC	vei	-
Cu	rren	tly E

Level 2										
Currently Editing	ProductLineName	2016	2017	Base Count	% Change	New Count	New Count	Variance	Variance %	Depts
YOU	BARIATRIC	7	4	4			4			Edit
YOU	CARD SURG	348	300	300			318	18	6.00%	Edit
YOU	CARDIOLOGY	2,648	2,311	2,311			2,450	139	6.0196	Edit
YOU	DORM-RSDTL	0	0	0			0			Edit
YOU	ENDOCRINOL	374	351	351			372	21	5.98%	Edit
YOU	GASTROENTE	777	822	822			871	49	5.96%	Edit
YOU	GEN MED-IP	637	627	627			565	38	6.06%	Edit
YOU	GEN SURG	798	819	819			868	49	5.98%	Edit
YOU	GYNECOLOGY	88	99	99			105	6	6.06%	Edit
YOU	MED ONC	912	891	891			944	53	5.95%	Edit
YOU	MULT TRAUM	9	16	16			17	1	6.25%	Edit
YOU	NEPH SURG	346	300	300			318	18	6.00%	Edit
YOU	NEPH-URO	396	390	390			413	23	5.90%	Edit
YOU	NEUROLOGY	642	648	648			687	39	6.02%	Edit
YOU	NEUROSURG	629	629	629			667	38	6.04%	Edit
YOU	OBSTETRICS	8	10	10			11	1	10.00%	Edit
YOU	ORTHOPEDIC	1,943	2,032	2,032			2,154	122	6.00%	Edit
YOU	OTO MED	67	43	43			46	3	6.98%	Edit
YOU	OTO SURG	25	22	22			23	t	4.55%	Edit
_		563	427	427			453	26	6.09%	Edit
Micro	oscone	143	130	130			138	8	6.15%	Edit
THICK	3cope	1,374	1,438	1,438			1,524	86	5.98%	Edit



Is this what your current data reconciliation looks like?



It's time to simplify with Oi.





Oi Single Data Feed

Transform the way data flows through your organization with Oi.



CLIENT RELATIONSHIP EVOLUTION

Analyst

What analysis do you need?

The what does your analysis show?

Advis or

What do you think of the analysis Partner

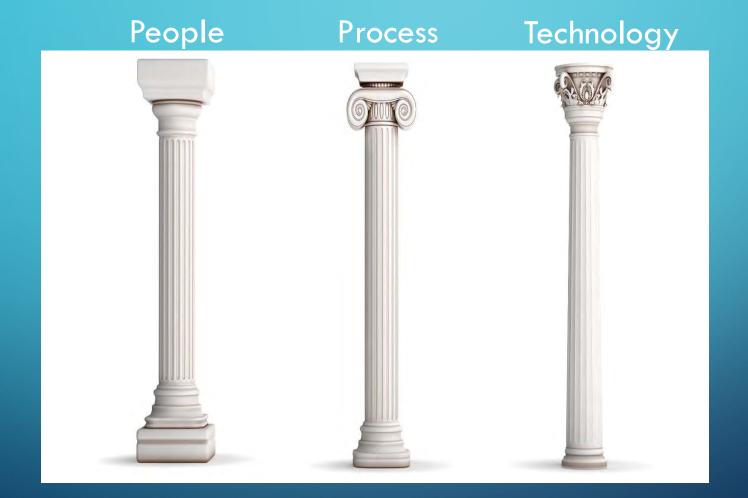
What do you think we should do?

Trust – Gain of lose share with every transaction



KEYS TO SUCCESS — THE 3 PILLARS Microscope Organizational Intelligence, LLC

KEYS TO SUCCESS







PEOPLE

- Need for hospital cost accounting experience
- Make it collaborative across organization
- Educate participants on concepts and value
- Ensure accountability
- Dedicate resources



PROCESS

- Follow the 8 implementation strategies they work
- Implementing flexible budget, especially for labor productivity, inherently improve the cost data development process
- Operationalize cost accounting reporting and analysis
- Don't let the data get stale





TECHNOLOGY

- Requires robust but user-friendly software
- Integrated within a single DSS preferred
- Functionality should include:
 - Scalable activity level cost driver/hybrid costing
 - Cost data analyzer to quickly pinpoint and resolve issues
 - Fast processing allowing real-time, not batch, re-costing of entire fiscal years
 - Automatic calculation of flexible budget values for monthly financials and bi-weekly labor productivity
 - Integrated with encounter utilization and EHR data for clinical analysis

















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