Fundamentals of Leading a Health Center Oral Health Program

2013 National Primary Oral Health Conference
Denver, CO
HEALTH CENTER BASICS:
The Essentials for Effective Adaptation
to FQHC-based Practice

Bob Russell, DDS, MPH
Learning Objectives

- Understand the regulations that govern Health Centers
- Understand the structure of Health Centers
- Understand common terms used to reference Health Center dental programs
- Understand the relationship between Health Centers and Public Health Dentistry
History of Health Centers

• Economic Opportunity Act (1964)
  ▪ Established Community Health Centers (CHCs)

• Health Center Consolidation Act (1996)
  ▪ Combined authority for various Health Center-based clinics under Section 330 of the Public Health Service Act (PHSA).
  ▪ Established Health Center programs as an extension of public health practice administered by the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC). The Bureau of Primary Health Care was called the Bureau of Health Care Delivery and Assistance (BHCDA) until 1996 when the Health Care Consolidation Act took effect.
What is a Health Center?

• Health Centers are public or private not-for-profit organizations that provide primary health services to populations with limited access to health care.
What is a Health Center?

• The Five Program Fundamentals dictate that all Health Centers must be:

  1. **Located in or serve a high need community** (designated Medically Underserved Area or Population).

  2. **Governed by a community board** composed of a majority (51% or more) of Health Center patients who represent the population served.

  3. **Provide comprehensive primary health care** services as well as supportive services (education, translation and transportation, etc.) that promote access to health care.

  4. **Provide services available to all** with fees adjusted based on ability to pay.

  5. **Meet other performance and accountability requirements** regarding administrative, clinical, and financial operations.
Other Types of Health Centers

In addition to Grant-Supported Health Centers receiving funding under the Section 330, BPHC identifies two other types of Health Centers:

- **Federally Qualified Health Center Look-Alikes** are Health Centers that have been identified by HRSA and certified by the Centers for Medicare and Medicaid Services as meeting the definition of “Health Center” under Section 330 of the PHS Act, although they do not receive grant funding under Section 330.

- **Outpatient health programs/facilities operated by tribal organizations** (under the Indian Self-Determination Act, P.L. 96-638) or urban Indian organizations (under the Indian Health Care Improvement Act, P.L. 94-437).
Relevant Regulations

- Authorizing Legislation - Section 330 of the Public Health Service Act
- Policy Information Notice 98-23: Health Center Program Expectations
- Migrant Health Program Regulations
- [http://bphc.hrsa.gov/about/requirements/index.html](http://bphc.hrsa.gov/about/requirements/index.html)
Licensure

Professional staff must maintain necessary, professional certification, licensure and credentialing. Dental providers at Health Centers are no different from private practitioners in that they must abide by the same licensing requirements dictated by each state.

### Administration

- **Board of Directors**
  - Duties include holding monthly meetings, approval of the Health Center’s grant application and budget, selection of services to be provided and the Health Center’s hours of operations, and establishment of general policies for the Health Center

- **Volunteer Board**
  - Between 9 and 25 members, including patients

- **Executive Director**
  - Manages the daily functions of the clinic, or clinics if there are multiple sites, and oversees the performance of health care given to the patients with medical and dental directors
The Federal Tort Claims Act (FTCA) is the federal legislation that provides coverage for all Health Center employees against parties claiming to have been injured by negligent actions. FTCA considers Health Center employees and contracted providers to be employees of the United States, and subsequently any claims would be brought against the federal government.

http://www.bphc.hrsa.gov/policiesregulations/policies/pal201202.html
http://www.bphc.hrsa.gov/ftca/index.html
FTCA Coverage


- For the purpose of FTCA deeming, PAL 2010-06 requires that the health center’s credentialing list include all the independent licensed or certified health care personnel employed (full or part-time) and or contracted directly by the health center.
FTCA Coverage

• PIN 2011-01
  – Even sub contracted health provider agencies proving specified health services for clients of an FQHC that contract with a covered Health Center is eligible for FTCA coverage!
FTCA Coverage


- According to PIN 2011-01, a sub-recipient is defined as “an entity (not an individual contractor) that receives a grant or a contract from a deemed health center to provide the full range of health services on behalf of the deemed health center and only for those services under the scope of the project. Sub-recipients can be eligible for FTCA coverage.
FTCA Coverage

• **Scope of Project and FTCA Coverage**
  – FTCA coverage is limited to staff and services that are documented as being within the approved scope of project and included in provider employment agreements or contracts.

Credentialing for FTCA


- **Primary Requirements**
  - Current licensure;
  - Relevant education, training, or experience;
  - Current competence; and
  - Health fitness, or the ability to perform the requested privileges, can be determined by a statement from the individual that is confirmed either by the director of a training program, chief of staff/services at a hospital where privileges exist, or a licensed physician designated by the organization.
Credentialing for FTCA

- **Secondary Requirements**
  - Government issued picture identification;
  - Drug Enforcement Administration registration (as applicable);
  - Hospital admitting privileges (as applicable);
  - Immunization and PPD status; and
  - Life support training (as applicable).

- **Re-credentialing done every two years!**
Funding

• Traditional reimbursement sources
  ▪ Third-party payer revenues from insurance plans
  ▪ Patient fees

• Section 330 of the Public Health Service Act (from 22 – 28% of total operational support!)

• Private grants and donations
340B Drug Program

• Assists with provision of low-cost medications to HC patients.
• Requires drug manufacturers to provide covered outpatient drugs to certain federal grantees, including HCs, at reduced prices.
• 340B price defined in statute as a ceiling-highest price a covered entity pays for a given outpatient drug.
• 340B prices- roughly 50% of average wholesale price.
Community Health Needs Assessment

1. Estimated of number of users.
2. Description of existing providers and resources in the community as well as an assessment of unmet need.
3. Predominant characteristics of service population
4. Oral health status, prevention, and treatment needs of the population.
5. Barriers to access/availability to comprehensive oral health care services.
6. Description of needs and treatment of special populations.
Patient Care: Scope of Service

• REQUIRED
  ▪ Pediatric Dental Screenings
  ▪ Preventive Dental Care & Diagnosis
  ▪ Emergency Services

• EXPECTED
  ▪ Treatment of Dental Disease \ Early Intervention Services
  ▪ Basic Restorations Services
  ▪ Services for Special Needs Patients
  ▪ Additional primary oral health care services identified in a needs assessment of the population & the availability of resources to meet those needs.
  ▪ Comprehensive primary oral health care as an integral component of primary health care services

• RECOMMENDED
  ▪ Rehabilitative Services
Sliding Fee Discounts

- Sliding Fee Discounts:
  - Health centers must have a system in place to determine eligibility for patient discounts adjusted on the basis of the patient’s ability to pay.
SFS Verification Process

• Verification will typically include tax returns and current pay stubs. In addition to annualized income verification, eligibility may be based on current participation in certain federal/state public assistance programs, examples of which include the following:
  • Social Security income (Disability);
  • Temporary assistance for needy families;
  • Free or reduced School lunch program;
  • Other public assistance programs.
Sliding Fee Scale

- This system must provide a full discount to individuals and families with annual incomes at or below 100% of the Federal poverty guidelines (only nominal fees may be charged) and for those with incomes between 100% and 200% of poverty, fees must be charged in accordance with a sliding discount policy based on family size and income.

- No discounts may be provided to patients with incomes over 200% of the Federal poverty guidelines.*

(Section 330(k)(3)(G) of the PHS Act and 42 CFR Part 51c.303(f))
Nominal Fees

• Federal requirements prescribe that a locally determined discounted/sliding fee schedule be used, and that services be provided either at no fee or a nominal fee, as determined by the provider.

• For patients whose household income and family size place them at or below poverty, a typical, nominal fee is often between $7 and $15.
Nominal Fees

• The reasonableness of fees, and the percent of a full fee that is assessed, may be subject to review or challenge by federal reviewers during routine reviews by duly authorized federal staff or their state counterparts.
Sliding Fee Scale and Nominal Fees

Patient Population

Populations that Health Centers Serve

• Medically underserved and low income people
• Migrant and seasonal agricultural workers and their families
• Homeless adults, families, and children
• Residents of public housing
• Regardless of ability to pay!
Quality Assurance

- Goals of the Quality Management System:
  - Assure and improve the quality of oral health care delivery
  - Improve oral health care status of the community
  - Integrate quality into the long term operational planning and management of the center

- Periodic Chart Audit System
- Peer-Review Process
- Patient Satisfaction Survey
- *Tomorrow* - Treatment completions, recare disease reoccurrence rates, *Quality Outcome Indicators?*
Nation’s Health Objectives
Healthy People 2020 And Beyond

• The objectives should assist in the formation of the scope of practice for oral health care delivery in your Health Center and will guide your day to day practice.

• Healthy People 2020 measures:
  http://www.healthypeople.gov
Health Centers – Key Components of Dental Public Health

“Dental public health is the science and art of preventing and controlling dental disease and promoting dental health through organized community effort. It is that form of dental practice which serves the community as a patient rather than the individual: It is concerned with dental education of the public, applied dental research, and administration of group dental care programs, as well as the prevention and control of dental disease in the community.”

--- Definition developed by the American Board of Public Health Dentists, and accepted by the American Dental Association, Dental Health Section of the American Public Health Association, and the American Association of Public Health Dentists
Basic Dental Public Health Concepts

• The Essential Principles:
  1. Public health is “people health”
  2. Public health’s focus is on the collective health status of a group of people
Basic Dental Public Health Concepts

• Concepts a provider must consider in the practice of Health Center dentistry
  - Services based on the disease pattern of the target population
  - The target population’s demand & the resources available to address that demand
  - Continuous surveillance of the target population
  - Graduated patient payment structure & public or private funding
  - Individual patient treatment planning & surveillance of total population needs as part of a Health Center dental program
  - Service and treatment option priorities based on availability of resources, size of the target population, disease pattern and demand of the population, and a reasonable definition of dental health verses ideal restoration
Developing Cultural Competency
- An Ongoing Journey

- Cultural competency is developed by acquiring and integrating knowledge, awareness, and skills about cultures and their differences.
  - Participation in community stakeholder coalitions to obtain community survey data.
  - Conducting regular target population surveys.
The Health Center Primary Care Advantage

- Benefits of Collaboration:
  - Educating medical staff provides the dental program an important ally and bridge to patients and the community medical network
  - Medical department resources become more accessible to the dental clinic
  - The dental program gains an effective advocate to support the need for increasing oral health resources
Basic Contact Information

• National Association of Community Health Centers
• Health Resources and Services Administration (HRSA)
• Bureau of Primary Health Care (BPHC)
• State Primary Care Offices
• American Dental Association
Selecting and Supporting an Effective Dental Clinic Team

Tena Springer, DH, MA
National Primary Oral Health Conference
November 10, 2013
Objectives

• Determine the positions and size of a team needed to operate efficiently and effectively

• Develop interviewing techniques that support the selection of candidates to enhance the dental team.

• Gain an awareness of strategies for motivating and supporting the dental team.
National Primary Oral Health Conference

The National Primary Oral Health Conference is the largest gathering of safety-net oral health professionals. Conference sessions cover important clinical, policy, and program management topics with the objective of strengthening both individual oral health programs and the safety net as a whole.

Conference attendees include:

- Safety net dental directors and dental program managers,
- Dentists,
- Dental hygienists,
- Leadership,
- Others.

Serving Our Mission in Challenging Times
November 10–13
Hyatt Regency Hotel
Denver, CO

Register Now
Hotel Reservations
2013 Agenda
HRSA Guidelines

• “If you’ve seen one community health center, …”

• Consider:
  – Mission
  – Scope of service
  – Service area
  – Expectations for growth
  – Efficient productivity
  – State practice regulations
Staffing Requirements

- 1.0 FTE dentist/1800 patients
- 2.5-3.0 operatories per FTE Dentists
  - Hygienist chairs separate
- 2.5-3.0 dental assistants per FTE Dentist
- 3.0 guideline if EFDA’s used
- Support staff: receptionist, billing clerk, site/office manager/patient care coordinator, interpreter.

_NNOHA, Operations Manual for Health Center Oral Health Programs, Chapter Five: Workforce and Staffing_
What are we looking for?

• What will the person do each day?
• What kind of person will enjoy this work?
• What kind of previous experience will improve job success?

MOST IMPORTANT: find the person that understands and is committed to the MISSION of serving the underserved.
Hiring

• “I am convinced that nothing we do is more important than hiring and developing people. At the end of the day, you bet on people, not on strategies.”
  
  -Larry Bossidy, Former CEO of General Electric
What else should we consider?

- What is our culture?
- Are we offering a competitive salary?
- What benefits do we offer?
- What are the available career options in our organization?
Screening Applicants

• Minimum requirements
• Relevance of experience
• Red flags
• Presentation
The Interview Process

• Should always be a careful process
• Know what you are looking for
  – Excellent communication skills
  – Punctual, energetic
  – Takes initiative
  – Works harmoniously with others
  – Dedication to quality work and the mission
• Develop the interview to identify these skills
Interview Preparation

• Know the job
• Know the candidate
• Develop your questions
  – Are they legal?
  – Ask relevant questions. Will they get you what you need to know?
  – Keep the interviews consistent
  – Give applicants details of terms and conditions of employment
  – Tell applicants when they can expect to hear about the results of the interview
Interview Questions

• EEOC (Equal Employment Opportunity Commission) prohibits employment discrimination based on race, color, religion, sex, and national origin.

• Relevant questions:
  – Why are you applying to join our team?
  – Ask for examples of:
    • How they work
    • Organizational skills
    • Coping with different demands and tasks
    • Working under pressure
    • Working with difficult people
Interview Questions Cont’d

• Introduce the process
• Create a structured and relaxed environment for the interview
• Art of following up and then listening
• Do not rescue
• Contrary Evidence
Candidate Evaluation

• Reviewing the interview
  – Cultural fit
  – Job responsibilities
  – Concerns
  – Strengths
  – Overall rating (from 1-10, 10=ideal candidate)
Now to support and motivate the team!

Primary Health Care, Inc. staff
Support and Motivate the Team

• Be the leader they want and need
• Lead with presence: build trust and confidence in the team
• Lead with purpose and direction: provide stability for your team
• Lead with confidence, support, discipline and encouragement to staff: promote collaboration among the team
• Lead with integrity and consistency: cultivate their trust in you
Effective Communication

- Short, concise in written and verbal formats
- Assure clear guidelines
- Provide the training and evaluation for the skills they need
- Provide a clear chain of authority and reporting
- Provide written protocols and procedures
- Listen, observe and demonstrate
- Delegate responsibility with authority
Providing Support

- Clear mission of the organization
- Clear job descriptions
- Clear organizational charts
- Open and clear lines of communication
- Make sure each team member feels valued
- Create a positive work environment
Motivating Your Team

• Communicate with staff clearly and regularly

• Give more positive feedback than negative (constructive)
  – 3:1 or 4:1 ratio
  – Give in a timely fashion: as soon as you can after the event

• Celebrate successes
Performance

• Good performers need to be consistently recognized and rewarded
• Mediocre performers need to be coached, motivated and supported to do better
• Poor performers need to be given the opportunity to step up, and if that doesn’t happen, they need to step out

– Bingham, Dori, “The Front Desk: Dream Team or Worst Nightmare?” 2010 NPOHC
Motivational Tools

- Personal thanks
- Written thanks
  - John Studer Group
- Promotion
- Public praise
- Morale Building Meetings
Maslow’s Hierarchy of Need

- Physiological: Food, clothing, shelter-desk, office, phone
- Safety: Security and a paycheck
- Love and Belonging: Positive relationship with others
- Self-esteem: Job recognition, praise
- Self-actualization: Having purposeful work
The Five Dysfunctions of a Team
Patrick Lencioni

1. Absence of Trust
2. Fear of Conflict
3. Lack of Commitment
4. Avoidance of Accountability
5. Inattention to Results
Team Building

1. **Communicate**: builds trust. Where there is a void in communication, negativity fills it.

2. **Connect**: creates the bond of trust. Being vulnerable, sharing experiences and challenges together.

3. **Commitment**: to do great work and to each other. Serve and sacrifice for the benefit of the team.

4. **Care**: about your work, each other and mission of the team.

5. **Contagious Energy**: choose to be positively contagious.

-Jon Gordon Companies
Thank you!

• Tena Springer, DH, MA
• Dental Program Director, Primary Health Care, Inc., Des Moines, IA
• tspringer@phcinc.net
FQHC Oral Health Finance
Financial Fundamentals...

Mark Doherty DMD
Nov.10,2013
Where to Start

• Review the NNOHA Operations Manual Chapter on Financials
• Discover “Outsight”
• Demand financial reports
• Be part of the dental budget process
• Meet regularly with your CFO or most meaningful report
Be Prepared!
Vision

Creation of a high-quality, accessible, affordable, oral health program that documents the improvement of the oral health status of the patients we treat while being financially responsible.
Financial Philosophy

Knowing who you are and being able to define that with data; defining who you want to be and what success looks like for you; creating a simple and clear plan to achieve that success and then communicating that plan to the team and thus creating a culture of accountability is the road to accomplishing financial success.
What Does Success Look Like?

Before starting to develop a financial strategy for a program, determine the goals. Ask “What will success look like” and then back map to a financial plan utilizing financial tools to achieve that success.

Understand that the only way to evaluate success is by measuring and that is exactly what financial reports and data accomplishes.
Understanding Capacity

- Understand the concept of capacity
- Learn how to use an understanding of capacity to establish clarity and strategy around productivity guidelines

Health Center dental programs cannot be everything for every patient.
What Does Financial Success Look Like?

- Zero Variance?
- Sustainability?
- Viability?
- Profit?
The Approach

- Keeping it simple
- Standardized tools and planning
- Standardization leads to predictability
- Recognize and eliminate variables
- Make it a shared journey
- Communicate with clarity and regularity
- Accurate, meaningful and timely data
Establish Clarity

• Our Program Goals are_________
• My Goals are_________
• My Role is_________
• My Responsibilities are __________
• Your Goals, Roles, and Responsibilities are __________
• We need to get this done by_________
• This is how I am evaluated
Evaluating Dental Program Financial Performance

Tools that provide you with the meaningful, accurate and timely data with which to evaluate your success.

• Budget- *an estimate or prediction*

• *Profit and Loss Statement*- *an actual report of finances as they are today*

• Variance Report- *the difference between budget and actual*

• Reforecast- *a new budget prediction based upon evaluation of the variance report*
Key Data to Evaluate Program Performance

- Number of visits
- Gross charges
- Total expenses (direct and indirect)
- Net revenue (including all sources of revenue)
- Expense/visit
- Revenue/visit
- Transactions (procedures by ADA code)
- Transactions/visit
- Aging report past 90 days
- Payer and patient mix
- No-show rate
- Emergency rate
- Number of unduplicated patients
- Number of new patients
- Percentage of completed treatments
- Percentage of children needing sealants who received sealants
- Number of FTE providers (dentists and dental hygienists)
The Business Plan

What the dental practice needs to accomplish to be financially sustainable, maximize patient access and provide meaningful quality outcomes

• Numbers and types of patients to be seen
• Numbers, types and lengths of appointments
• Scope of service for the practice
• Staffing model
The Business Plan (cont.)

• Service delivery model
• Hours of operation
• Financial, productivity and quality goals to be met
• Optimal payer mix
• Evaluation plan
Section 330 Grant Funding

- Understanding the 330 grant and the dental allocation
- Nominal fees- What are they?
- Sliding fees as an art and science
- Setting our HC fee schedule
- Fees for patients above 200% FPL
- Income verification
- HRSA expects us to collect fees
A three page budget or dental business plan pro forma

<table>
<thead>
<tr>
<th>Financial Projections</th>
<th>Projected Visits</th>
<th>Actual Visits</th>
<th>Difference</th>
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<tbody>
<tr>
<td></td>
<td></td>
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<td>0</td>
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**Patient/Insurance mix:**

<table>
<thead>
<tr>
<th></th>
<th>Yearly visits</th>
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<tbody>
<tr>
<td>Percent Medicaid</td>
<td>-</td>
</tr>
<tr>
<td>Percent Self Pay</td>
<td>-</td>
</tr>
<tr>
<td>Percent Commercial Insurance</td>
<td>-</td>
</tr>
<tr>
<td>Percent Other</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>0%</td>
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**Reimbursement Rate (per visit):**

<table>
<thead>
<tr>
<th></th>
<th>Yearly Revenue</th>
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<tr>
<td>Medicaid</td>
<td>$ -</td>
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<tr>
<td>Self Pay</td>
<td>$ -</td>
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<tr>
<td>Commercial Insurance</td>
<td>$ -</td>
</tr>
<tr>
<td>Other</td>
<td>$ -</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td><strong>$ -</strong></td>
</tr>
<tr>
<td>Gross Charges</td>
<td>Projections</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Section 330 Revenue/Grants</td>
<td></td>
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<tr>
<td>Commercial</td>
<td></td>
</tr>
<tr>
<td>Self Pay</td>
<td></td>
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<tr>
<td>Medicaid</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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<tr>
<td><strong>Total Gross Charges</strong></td>
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<tr>
<td>Contractual Allowances</td>
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<td>Commercial</td>
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<td>Self Pay</td>
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<td>Medicaid</td>
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<td>Other</td>
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<td><strong>Total Contractual Adjustments</strong></td>
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<td><strong>Total Net Revenue</strong></td>
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## EXPENSES

### Direct Expenses:

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<th>Amount</th>
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<tbody>
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<td>Salaries</td>
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<tr>
<td>Fringe Benefits</td>
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<tr>
<td><strong>Total Salaries</strong></td>
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### Support Costs:

<table>
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<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/Building Lease</td>
<td>$ -</td>
</tr>
<tr>
<td>Dental Supplies</td>
<td>$ -</td>
</tr>
<tr>
<td>Malpractice Insurance</td>
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<tr>
<td>Lab Fees</td>
<td>$ -</td>
</tr>
<tr>
<td>Education, Training, Conferences</td>
<td>$ -</td>
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<tr>
<td>Maintenance and repair</td>
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<tr>
<td>Dues</td>
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<td>Bad Debt</td>
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<td>Office Supplies</td>
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<td>Depreciation</td>
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<td>Printing, Postage</td>
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<td>Software License and Fees</td>
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<tr>
<td>Utilities</td>
<td>$ -</td>
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<tr>
<td>Telephone</td>
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<tr>
<td>Laundry</td>
<td>$ -</td>
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<tr>
<td><strong>Total Support Costs</strong></td>
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### Total Direct Expenses: $ -

### Indirect Expenses:

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<th>Item</th>
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<tr>
<td>Administrative Allocation</td>
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<tr>
<td><strong>Total Direct and Indirect Expenses:</strong></td>
<td>$ -</td>
</tr>
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</table>

### Total Expenses Year Two: $ -

### Net Income (Loss): $ -
# Actual P&L Statement

## REVENUE:

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<tr>
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<th>Jan-12 ACTUAL</th>
<th>Feb-12 ACTUAL</th>
<th>Mar-12 ACTUAL</th>
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<tbody>
<tr>
<td>GROSS CHARGES</td>
<td>496,121</td>
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<td>INSURANCE ADJUSTMENTS</td>
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<tr>
<td>GRANT REVENUE</td>
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<td>22,917</td>
<td>22,916</td>
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<td>CAPITATION PAYMENTS</td>
<td>4,330</td>
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<td>4,783</td>
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<tr>
<td>INTEREST/OTHER REVENUE</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td><strong>363,918</strong></td>
<td><strong>291,173</strong></td>
<td><strong>335,896</strong></td>
</tr>
</tbody>
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## EXPENSES:

<table>
<thead>
<tr>
<th></th>
<th>Jan-12</th>
<th>Feb-12</th>
<th>Mar-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>SALARIES &amp; BENEFITS</td>
<td>254,205</td>
<td>249,129</td>
<td>256,607</td>
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<td>COMMISSIONS</td>
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<tr>
<td>RENT, BUILDING EXPENSE, OFFI</td>
<td>13,593</td>
<td>14,025</td>
<td>15,989</td>
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<tr>
<td>PRINTING &amp; ADVERTISING</td>
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<td>1,548</td>
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<tr>
<td>POSTAGE &amp; SUPPLIES</td>
<td>43,958</td>
<td>26,000</td>
<td>27,871</td>
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<tr>
<td>OPERATIONAL EXPENSE</td>
<td>-(389)</td>
<td>-(150)</td>
<td>3,184</td>
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<tr>
<td>PROFESSIONAL SERVICES &amp; CO</td>
<td>17,566</td>
<td>23,301</td>
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<td>INITIATIVES</td>
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<tr>
<td>COMPANY INSURANCE</td>
<td>397</td>
<td>508</td>
<td>-</td>
</tr>
<tr>
<td>TRAVEL</td>
<td>10</td>
<td>-</td>
<td>131</td>
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<tr>
<td>MISCELLANEOUS</td>
<td>919</td>
<td>4,098</td>
<td>-</td>
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<tr>
<td>DEPRECIATION</td>
<td>30,507</td>
<td>32,890</td>
<td>30,722</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>361,875</strong></td>
<td><strong>351,882</strong></td>
<td><strong>350,736</strong></td>
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</tbody>
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## NET INCOME

<table>
<thead>
<tr>
<th></th>
<th>Jan-12</th>
<th>Feb-12</th>
<th>Mar-12</th>
</tr>
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<tbody>
<tr>
<td><strong>NET INCOME</strong></td>
<td><strong>2,043</strong></td>
<td><strong>(60,709)</strong></td>
<td><strong>(14,840)</strong></td>
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# Variance Report

<table>
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<tr>
<th></th>
<th>Month - To - Date</th>
<th>Year - To - Date</th>
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<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
</tr>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
</tr>
<tr>
<td>JUNE</td>
<td></td>
<td></td>
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<tr>
<td>Revenues:</td>
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<tr>
<td>Gross Charges</td>
<td>410,093</td>
<td>487,190</td>
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<tr>
<td>Insurance adjustments</td>
<td>(145,552)</td>
<td>(183,671)</td>
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<td>Grant Revenue</td>
<td>22,917</td>
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<td>Capitation payments</td>
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<td>5,198</td>
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<td>Interest/Other Income</td>
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<td>Total Revenues</td>
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<td>331,634</td>
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<td>Expenses:</td>
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<td></td>
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<tr>
<td>SALARIES &amp; BENEFITS</td>
<td>232,954</td>
<td>238,549</td>
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<td>COMMISSIONS</td>
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<td>-</td>
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<td>13,542</td>
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<td>TELEPHONE</td>
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<tr>
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<td>1,542</td>
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<td>18,417</td>
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<td>INITIATIVES</td>
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<td>-</td>
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<tr>
<td>COMPANY INSURANCE</td>
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<td>2,900</td>
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<td>TRAVEL</td>
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<tr>
<td>MISCELLANEOUS</td>
<td>2,721</td>
<td>3,193</td>
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<tr>
<td>DEPRECIATION</td>
<td>30,722</td>
<td>32,223</td>
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<tr>
<td>Total Expenses</td>
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<td>348,198</td>
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<td>Change in Net Assets</td>
<td>(27,160)</td>
<td>(16,563)</td>
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<td></td>
<td>(160,594)</td>
<td>(33,634)</td>
</tr>
</tbody>
</table>
Fundamentals Review

- Review the Basics and find a Mentor
- Get Meaningful Data and reports- \((P \text{ and } L)\)
- Define Success
- Understand your Capacity then Define Productivity
- Create The Business Plan
- Share with Clarity to Create Accountability
- Be part of your Budget Process
- Measure-Measure-Measure
- Share your results-Dashboards
- Reward Success
Partnering to Strengthen and Preserve the Oral Health Safety Net