Diving into Key Performance Indicators (KPIs) and Making Data-Driven Decisions

Caitlin Hungate & Ann Finn | September 9, 2026

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Reminder!

- Today's session will be a conversation including best practices, sustainability, and operations.
- Discussions and scenarios are meant as educational examples only.
- Always follow NYSDOH and other program/payer guidance for compliance and billing requirements.
- Review any questions with NYSDOH.

Last Session!

- **Session 4: October 14, 2026, 12 - 1:15 pm EST**, Identifying Missed Revenue Opportunities. Register here.

Agenda

- Introductions
- Overview
- Getting Started with KPIs and Data
- Common KPIs
- Model for Improvement
- Discussion

Poll

Have you and/or your team used KPIs to track progress?

1. Yes, we monitor set KPIs and track progress
2. Somewhat, we inconsistently use KPIs
3. Not yet, we haven't started yet
4. I'm new to family planning and not sure

Creating a Data-Driven Culture

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Best Practices for Culture Change

- Leadership buy-in and vision
  - Have clear goals, model behavior

- Training Opportunities
  - KPI or Data Champion(s), make things easy to learn

Best Practices for Culture Change

- Community and Collaboration
  - Frame as improvement and not punitive, transparent, share successes (and mistakes)

- Workflows and Tools
  - Make it easy for the team, have scripts, data is accessible, understandable reports

Hear from You

What do you see in your practice (or in prior settings) that works well for creating a culture of data-driven culture?

Creating a Foundation of KPIs

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Financial Key Performance Indicators (KPIs)

- Metrics organizations use to track, measure, and analyze and optimize your clinic's financial health
  - **What gets measured gets managed…and improves!**
- Measuring particular business objectives or processes helps identify problem areas to address
- Shows trends – enables informed decisions

Resource: Title X Key Performance Indicators Workbook (RHNTC)

KPI's - Getting Started

Selecting KPIs:

- Easy to gather data and calculate
- No more than 5
- Start with "low hanging fruit"
- Can change over time what you monitor

Setting Goals / Benchmarks

Benchmarks – standards used as a point of reference for evaluating performance

- Can use industry standards
  - Example: **5% is an industry benchmark for claims denial rate**
- Can be drawn from internal best practices, historical experience, state information, or peer data/experiences
- Can be reset, incrementally adjusted as improvements are made

Poll

What elements of identifying issues and using KPIs do you struggle most with? *(select all that apply)*

1. Identifying issues to analyze and track
2. Getting accurate and consistent data
3. Creating a culture of quality improvement
4. Sharing results with my full team
5. Making change

Developing a KPI Report

- Work with vendor, identify key reports to run and frequency - what's already in your system?
- Develop one using an excel spreadsheet (example forthcoming)
- Ask colleagues if they have one to share
- Build in benchmark/goals to report for tracking
- You may choose to add/delete certain indicators over time

Hear From You

Does anyone currently use their EHR system to develop or run a KPI report?

- What EHR do you use?
- Was the report an add-on for your team?
- How often do you run the report?
- What measures do you have in your report?

Using a KPI Report

Implement and analyze KPI report data monthly

Questions to Ask:

- Is the data accurate?
- What challenges are we having collecting data? Are we / data consistent?
- What questions result from data analysis?
- What other data would be helpful to review?

Analyzing Financial Data

- Compare, analyze, interpret data and trends - what stands out?
- Compare across providers, sites, etc. to identify best practices
- Share with team:
  - Your analysis
  - Seek their insights
  - Actions to implement to affect change
  - Monthly follow up to assure actions had desired outcome
  - If not, identify new actions
  - Provide feedback
  - Change/add measures as needed

Example - KPI Report

	SITE ABC	JULY		AUGUST		SEPT		Benchmark
1	**Total Charges**	$14,607		$15,882		$16,958		**over $18,000**
	Visits	73		78		82		**over 80**
	Charge/Visit	$200.10		$203.61		$206.80		**over $225**
2	**Fee Collections Time of Visit**	$	%	$	%	$	%	
	Monthly Fee Charges	$3,554		$3,599		$3,723		
	Monthly Fee Collections	$2,296	65%	$2,825	78%	$2,904	78%	**95%**
3	**Utilization**	NEW	%	NEW	%	NEW	%	
	Medicaid	15	21%	20	26%	21	26%	**over 25%**
	PI	6	8%	10	13%	12	15%	**over 20%**
	Medicaid FP	1	1%	1	1%	3	4%	**over 15%**
	Uninsured	50	68%	45	58%	45	55%	**40% or less**
	Other	1	1%	2	3%	1	1%	
4	**SFDS**	#	%	#	%	#	%	
	100% slide	57	78%	51	65%	52	63%	**45-65%**
	75% slide	5	7%	7	9%	8	10%	**12-25%**
	50% slide	4	5%	8	10%	8	10%	**5-20%**
	25% slide	2	3%	6	8%	7	9%	**3-10%**
	Full fee	0	0%	5	6%	7	9%	**3-10%**
	Unknown	5	7%	2	3%	0	0%	**0**
5	**Denials**	**8**	**36%**	**7**	**23%**	**7**	**19%**	**less than 5%**

Ways to Categorize KPIs

- Cluster measures by the client journey (e.g., front-end, visit, after the visit)
- Clinical vs operational (e.g., clinical track quality, operational track efficiency)
- By staff roles (e.g., who "owns the measure")

Ways to Categorize KPIs

- Or don't!
  - If you're new to KPIs, or have a new team, prioritize no more than 5 measures to start and build from there

How does your team categorize KPIs?

Patient Journey

- Front End
  - Payer Mix, Denials due to Front Desk Errors, Prior Authorization not gotten, No show/Walk-in Rates
- During the Visit
  - Charges per visit, E/M level distributions, E/M visits (new vs established), clinician productivity
- Back End/After the Visit
  - Charges by payer, A/R aging, Denial Rate, Charges and Revenue per Patient

Clinical vs Operational

Clinical KPIs

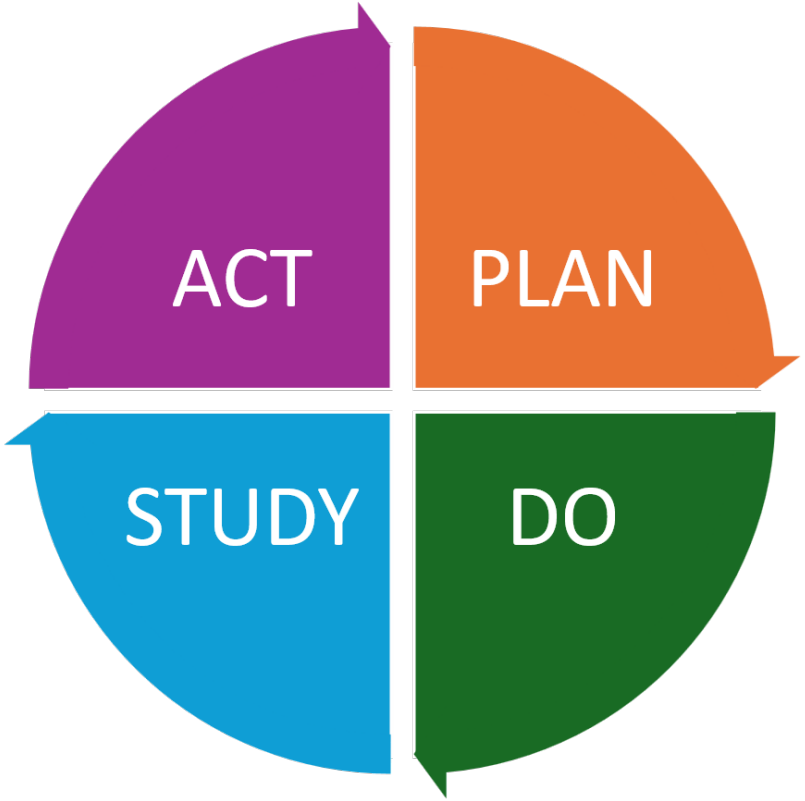
- Same-day provision of method
- Method mix (of contraception)
- Chlamydia/GT screening rates
- Patient Centered Contraceptive Counseling (PCCC)

Operational KPIs

- Number of visits per day
- Third next available appointment
- No-show rate
- Client Collection Rate
- Days in AR
- Denial Rate

Case Examples

Using PDSA Framework to Support Data-Driven Culture



Data Driven Improvements

Example 1: KPI Measure: Payer Mix
Identify Medicaid, FPBP, private insurance visit and/or unknown % below benchmarks

Identified a higher than expected level of uninsured visits (65%), along with a lower than expected # of FPBP patients.

Also noted several patients each month marked as unknown status resulting in significant loss of family planning visit revenue.

Example 1: Payer Mix (continued)

Actions taken:

- Met with front desk and observed staff intake actions including scheduling calls
- Updated intake forms, scripts and other job aids and policies
- Conducted training to review procedures for client messaging, collecting insurance and screening for FPBP - both presumptively and by full application
- Add sub-measures to help pinpoint issues such as: FPBP enrollments, denials, denials for inactive insurance on DOS etc
- Continued monitoring the KPI and providing feedback to staff

Results:

Uninsured rates dropped from 65% to 30% within 4 months due collecting accurate insurance at time of visit and enrolling eligible clients into FPBP. Management set new goal of reaching 20% uninsured and worked towards this in Phase 2. Unknowns were reduced to 0%. Significant increase FPBP revenue.

Example 1: Payer Mix (continued)

Key points/Lessons Learned:

- Important to work with relevant staff to determine where the breakdown is occurring
- Identify sub-measures as necessary to help build success
- Staff input and feedback is essential
- Continued monthly tracking needed to monitor progress

Example 2: KPI Measure: Time of Visit Fee Collections

Identify lower than expected fee collections

Identified that fee collections at time of visit were a significant issue, with a baseline of 40% collection rate vs the 95% benchmark.

Example 2: Fee Collections (continued)

Actions taken:

- Set goal of reaching 80% collection rate within 4 mos, 95% within 6 mos
- Observed staff during fee collection process as well as when they discuss fees during scheduling and registration, created a script for staff utilizing their input, trained all staff, modified policy as needed, provided monthly feedback on progress
- Continued tracking the KPI and after 2 months were not seeing expected increases
- Circled back and walked thru process and found patients were leaving after the visit without going back to the front desk to check out
- Changed process to have NP / nurse walk patient to front desk at exit
- Fee collections rose and target was met !

Results:

Significant increase in fee collection at time of visit to 75% within 4 months and 90% within 6 months resulting in increased revenue.

Ex 2: Fee Collections (continued)

Key points/Lessons Learned:

- Important to understand the process and where breakdowns may occur
- Sometimes what we think is the issue - really isn't - need to adapt plans accordingly
- Staff input and feedback is essential
- Continued monthly tracking needed to monitor progress

Example 3: KPI Measure: Clients in Each Discount Category

Identify high percentage of fully discounted clients

Identified that 90% of clients on the SFDS were receiving 100% discount in fees at time of visit resulting in lower than expected time of visit fees

Example 3: KPI Measure: Clients in Each Discount Category

Actions taken:

- Mgmt met with and observed with front desk staff intake procedures and how family size and income was gathered
- Improved policies and enhanced intake form; QA of completed intake forms
- Revised SFDS discount brackets allowing for more discount intervals
- Provided staff training and job aides
- Monitored progress and provided retraining sessions quarterly

Results:

Significant reduction in clients receiving a 100% discount in fees. More SFDS categories were established and associated revenue increased.

Ex 3: Discount Categories (continued)

Key points/Lessons Learned:

- Job-aids, scripts and training opportunities are important
- Updating the SFDS to allow for more discount categories allowed for incremental increases in revenue
- QA and follow-up help to ensure success with high levels of staff turn-over these days

Ex 4: KPI Measure: E/M Coding Accuracy

Identify providers that are likely under- or overcoding a visit

Reviewed E/M coding by provider and found certain providers were significantly undercoding visits while others where consistently over-coding visits

Example 4: E/M Coding Accuracy (continued)

Actions taken:

- Created a helpful report by coding levels for each provider compared to others in same agency. Other provider data was masked. Bar charts were created to easily identify trends
- Chart reviews were done and feedback was provided
- Templates were updated to improved documentation and coding accuracy
- Training, tools and job aides were provided;
- Reports were run and distributed each month to clinical staff
- Quarterly chart reviews were implemented as part of clinic's compliance plan

Results:

Providers were expected to have a 90% match rate to chart audit reviewers coding. Coding levels became more consistent across providers and increases in associated revenue were tracked

Example 4: E/M Coding Accuracy (continued)

Key points/Lessons Learned:

- Having a compliance plan that addresses coding accuracy is important
- When errors are found, it is important the agency corrects the claims with payers
- QA including scheduled chart reviews helps build consistency

Wrap Up

Discussion

Based on issues/opportunities in your organization, what KPI can you start monitoring immediately?

Resources - RHNTC.org

- Financial Management Toolkit
- Financial Management Change Package
- Financial Mgmt Performance Report and Improvement Plan
- Accounts Receivable Management Tool
- Title X Key Performance Indicators Workbook
- Contractual Obligations Tracking Sheet
- Integrating Title X w Primary Care: Developing & Implementing Compliant Sliding Fee Discount Schedules Job Aid
- Title X Front Desk Income Verification Workshop

Don’t Forget to Register

- **Session 4: October 14, 2026, 12 - 1:15 pm EST**, Identifying Missed Revenue Opportunities. Register here.

- **Fall Clinical Case Series: Updates on Cervical Cancer Screening**

  Wednesday, September 16 from 12 – 1pm; Register here.

Thank you!

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