

AN EARLY WARNING ASSESSMENT FOR COMMUNITY HEALTH CENTERS

(Issues that should be considered by the Board of Directors)

Is your health center currently experiencing the follow	owind	ina:	1?
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♦	Unable to make payroll or pay benefits on time within the past year?									
	☐ Yes	_	No							
♦	Net loss in at least two of the last t	hr	ee years?*							
	☐ Yes]	No							
♦	Less than 10 days cash on hand in th	ne r	nost recent year?*							
	☐ Yes]	No							
♦	Current asset/current liabilities of	les	s than 1.0 in the most recent year?*							
	☐ Yes ☐]	No							
♦	Stagnating or declining growth (reve	enu	e, patients, FTEs)?**							
	☐ Yes]	No							
♦	High Accounts Receivable?**									
	☐ Yes ☐]	No							
♦	Lower productivity than more success	ssf	ul health centers?**							
	☐ Yes	1	No							

Note: The Health Management Associates used the single asterisked to define "financially distressed health centers" in their 2009 report, *The Financial Health of New York's Comprehensive and Diagnostic Treatment Centers*. In a recent publication (*Identifying the Risks of Health Center Lending*, October 2014) prepared by Capital Link and the Community Health Center Capital Fund, those that are double asterisked were found to contribute to a health center's risk of failing.

If you have answered yes to one or more of the above, your health center is potentially in serious distress and needs to immediately address!

Whether or not your health center is currently experiencing the above, you should be able to answer the following questions.

1. What is the current financial position?

Financial Performance Indicator			Actual		Goal					
A.	Total margin – an indicator of overall		Less than 1%	1%	Minimally, a positive margin of at least 1%, ideally					
	performance (net income as a percentage		2%	3%	at least 2%					
	of net revenue)		4%	≥5%						
			Unknown							

	Financial Performance Indicator	Actual	Goal										
В.	Days cash on hand – a measure of liquidity (cash + marketable securities + unrestricted investments)/ [(Total expenses – depreciation)/365]	 □ 0-30 days □ 31-60 days □ 61-90 days □ Unknown 	30 days considered minimal; 60+ days is better to offset potential delayed reimbursement										
C.	Days in A/R (the average number of days for reimbursement)	□ 0-30 days □ 31-60 days □ 61-90 days □ Unknown	<45 days										
D.	Days in A/P (the number of days before a received bill is paid)	□ 0-30 days□ 31-60 days□ 61-90 days□ Unknown	30 - 45 days, ideally 30 to ensure not being assessed a late fee. Should also evaluate the trend - are the days increasing?										
E.	Current ratio - indicator of near-term solvency (current assets/current liabilities)	□ 0-0.5 □ 0.6-1.0 □ 1.1-1.5 □ 1.6-2.0 □ 2.1-2.5 □ ≥2.5% □ Unknown	2.0 is considered an "unofficial" standard; the BPHC used to set a goal of at least 1.5										
	2. When was your fee schedu1 year2 years3 years or more	le last reviewed and update	ed? Goal - every year										
	 Is your sliding fee schedul ☐ Yes 	e updated yearly to reflect □ No	changes in the Federal Poverty Levels?										
	4. Do you have revenue cycle unbilled encounters, days t☐ Yes		harges, payments, denials, monitored monthly by staff?										
	operating cash? If a health them a financial risk. U Yes												
		this may be a warning sign of											
	6. How many provider vacanci		3										
		a. How long has the provider position(s) been Vacant?b. How many of these position(s) are filled with locum tenums?											
	7. If there is a provider vaca	ncy, how long has that posi	tion(s) been vacant?										

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 O-3 months 4-6 months 7-9 months 9-12 months 															
□ > 12 months															
8. How long have key staff leaders been with the organization?															
CEO	□ <1 ye	ar	□ 1-3	years		4-6	year	'S		6-9	years		>10	years	
CFO	□ <1 ye	☐ <1 year ☐ 1-3			s 4 -6			years		□ 6-9 years			>10	years	
CIO	□ <1 ye	ar	□ 1-3	years		4-6	year	'S		6-9	years		> 10	years	
COO	□ <1 ye	ar	□ 1-3	years		1 4-6 years				6-9	years		>10	years	
СМО	□ <1 ye	ar	□ 1-3	years	☐ 4-6 years			ร	□ 6-9 years				>10	years	
IT DIR	□ <1 ye	ar	□ 1-3	years	□ 4-6 years			□ 6-9 years				>10	years		
Note: Frequent turnover may be an indication of underlying problems and needs to be examined.															
9. On as	9. On average, what is your annual staff turnover in the following categories:														
		, ,													
Billin	Billing Staff)-1 yr	☐ 1-3	3 yrs		□ 4-5 yr		rs		□ >5 yrs		5		
Fron	t Desk)-1 yr	☐ 1-3	3 yrs		□ 4-5 yr		rs		□ >5 yrs				
Provi	iders	s 🗆 0-1 yr 🗀 1		☐ 1-3	3 yrs 🔲 4-5 yı			4-5 yr	rs 🔲 >5 yr:			'S	S		
10. Does your health center have a strategic plan? Yes Is it reviewed at least quarterly? Yes No If you don't have a plan, you very likely are not going to get "there"!															
Note: This tool was developed by NACHC, and modified by the SCPHCA, to assist health centers in															

recognizing potential financial and operational problems. The above is a snapshot to provide an "early warning" of potential problems. Looking at trends is of equal if not greater importance. This is not meant

to be an all-inclusive list.