

Responsible Area	Benchmark Type	Benchmark	Notes	Agency Performance
Finance/Patient Accounting	Cash on Hand	60-90 days operating cash on hand is considered appropriate	Reflects agency's ability to collect cash. Cash Flow & Management are critical to survival.	
Patient Accounting	Days in Accounts Receivable A/R	30-45 Days = Best 45-60 Days = Average 60+ Days = Poor	Reflects ability to bill and collect accurately and quickly. No more than 30% should be older than 90 days on A/R aging. Assumes 30%-40% Medicaid. Higher Medicaid should result in lower A/R as PAC/Medicaid often pays faster than other payers.	
Patient Accounting	Outpatient bill-date of service to date of claim submission	2-5 days	Longer than 5 days indicates backlogs in medical records, coding, etc. Ideally billing will be completed by the end of each week and ready for reporting on Monday.	
Patient Accounting	Claim Denials	No benchmarks available but need to stress strong follow up, tracking and trending claims denied, Best done right the first time.	Claim denials should be followed up, tracked and trended to identify opportunities to resubmit individual claims and identify opportunities for root cause analysis. This is an excellent learning/training activity as well as process improvement.	
Scheduling	Provider efficiency	Treatment rooms utilized 85% of available time	Combination of no-shows, walk-ins and overbooking should produce sufficient patient volume to keep treatment rooms utilized 80-85% of available space and time. Centralized scheduling should be considered.	
Staff Productivity	Utilization of staff resources	Billings should be 2x times salary and benefits	A system needs to be established to consistently measure how individuals, groups, and the agency are utilizing their billable resources.	
Administrative/Support Staff Costs	A measure of the cost of doing business.	28%	It is necessary to have sufficient support staff to ensure enrollement, billing and collection responsibilities are met and that clinical (billable) staff are not involved in unproductive activities.	
Overhead Costs	The non-staff costs of the program such as facility, telephone, IT, and maintenance.	15%	These costs are important and should not be short changed. They relate to the organization's ability to operate efficiently which should be a measure considered as decisions are made. To little is not necessarily better.	
Collection Rate	A measure of the Revenue/Collection vs Billings	85-95%	This rate is directly impacted by payer mix (Medicare, Medicaid, Commercial Insurance) and the accuracy and timeliness of the billing process. The success of Enrollments, Authorizations, and resolutions of denials, directly impact the collection rate.	