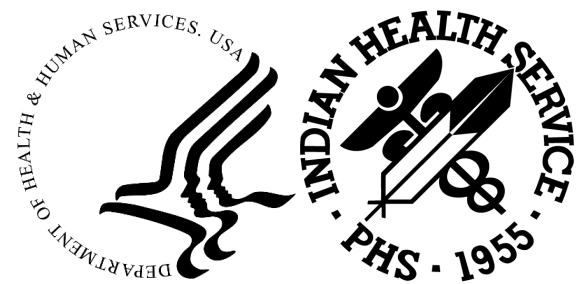


# PRC Metric Tool and PRC Referral Dashboard

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CAPT JOE BRYANT  
DANIEL HIBBERT  
SAM BREWSTER



# IHS Improvement Initiative

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- **Operations:**
  - Medical Priorities & Review Committee Functions
  - PRCDA Expansions
  - Fiscal Intermediary
  - HR and Staffing
- **Financial:**
  - PRC Balances/Carryover (see other work plan)
  - Funds Management/Signature Authority



# IHS Improvement Initiative

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- **Data:**
  - Referral Processing Metrics & Workflow
  - PRC Teams Metrics Analysis
- **Policy Management:**
  - Policy Revision
- **Communication:**
  - Focused efforts to facilitate change
  - Patient engagement & listening sessions



# Data Overview - History

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- Few data management systems available
  - Phoenix Qlik
  - Oklahoma City HealthPic & Toolbox
  - Excel based macro/pivot table options
  - No universal all “IHS” platform
- Need for data as Agency Priorities were identified & implemented
  - Referral processing
  - Timeliness
  - Need for real-time & specific data sets to make informed decision-making
- Plan of Action: PRC Metrics & Dashboard development



# PRC Metrics (Teams)

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- ORAP developed Team's Data PRC Metrics Reporting Tool
- Includes status of allowances, obligation of funds, priority levels of funding, spend rates, # of referrals processed, CHEF cases, UDOs, FI pending claims, # of denials, frequency of medical review & vacancy rates
- Data elements to assist facilities with management and oversight
- Oklahoma City and Phoenix served as initial alpha & beta tests
- Released to all Areas in February 2024 via Microsoft Teams platform
- Data has guided operational and funding decision-making



## PRC Data Metric Reporting Guide

Version 6.0 – April 2024

### PRC Data Metric Reporting Guide

Office of Resource Access and Partnership (ORAP) at the guidance of the IHS Director is collecting key Purchase/Referred Care (PRC) Operations metrics necessary for analyzing the health of PRC operations at our federally operated Service Units (SUs). ORAP, in collaboration with the Office of Information Technology, has created a Teams Site for gathering these essential metrics.

We aim to find a solution that will automate the delivery of this data in the future. However, until that time, we request each SU to complete a data request form by the 10th of each month. Information collected will be imported into a business analytics tool for analysis that will be shared with Areas and Service Units. Furthermore, this will provide each service unit with key data element to begin monitoring and striving for improvements if necessary. ORAP is invested to partner with our federal facilities to collaboratively generate improvement that benefits our IHS staff and our patients.

#### Data Request:

- A. **Assignment of Responsible Individuals:** Area Purchased/Referred Care Officers are requested to collaborate with ORAP and Service Unit Leadership to designate and maintain the list of individual(s) responsible for inputting data into the Monthly PRC Report Teams Site. Please contact Sam Brewster at [Samuel.Brewster@ihs.gov](mailto:Samuel.Brewster@ihs.gov) for access or questions regarding the PRC Data Metric Team's site. The direct link to the Team's site is: [https://teams.microsoft.com/l/channel/19%3aOWbUVsEU7F\\_i1f4uBZug6Tobt01SWdAgv9m00Umbpo1%40thread.tacv2/General?groupId=dbe306e6-fe77-41ab-a318-5f3229c20d50&tenantId=505de575-5ef9-45ef-b09d-1b1037c2db1b](https://teams.microsoft.com/l/channel/19%3aOWbUVsEU7F_i1f4uBZug6Tobt01SWdAgv9m00Umbpo1%40thread.tacv2/General?groupId=dbe306e6-fe77-41ab-a318-5f3229c20d50&tenantId=505de575-5ef9-45ef-b09d-1b1037c2db1b)
- B. **Data Entry Requirements:** The designated individual(s) are requested to use this step-by-step guide and enter data for the previous month by the 10<sup>th</sup> day of the following month. Please contact Joe Bryant at [joe.bryant@ihs.gov](mailto:joe.bryant@ihs.gov) or John Rael at [john.rael@ihs.gov](mailto:john.rael@ihs.gov) if you have questions regarding a specific metric element.
  1. **Note:** Some metrics require FBIS access. We strongly encourage your PRC supervisor or reporting delegate to gain access to FBIS. Access is granted through Service Now with guidance at <https://ofspo.hhs.gov/fbis/resources/requesting-fbis-access-servicenow>.
- C. **Strategic Spend Plan:** In addition to the data metrics, we are requesting each facility to complete a strategic spend plan. It vital for each service unit to budget and monitor spending to provide for an end of year carryover between 10-25% of their annual recurring base. Once established, the Service Unit will maintain and update as necessary. Please see associated excel template/example and guide below for details. Also, below are important references:
  1. Use of PRC Funds for Staff Administering the PRC Program: <https://www.ihs.gov/ihm/pc/part-2/chapter-3-purchased-referred-care/#2-3.12B>
  2. Use of PRC Funds in Support of Direct Care: <https://www.ihs.gov/ihm/pc/part-2/p2c3-ex-d/>

# PRC Metrics - Human Resources

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- **Overall Vacancy Rates for PRC:**
  - March 2024 – 36%, April and May 2024 – 34%,
  - June 2024 – 140 vacancies/446 budgeted positions = 32%
- **Vacancy Data by Area: June 2024 PRC Metrics**

• Albuquerque: 49%	Bemidji: 50%
• Billings: 68%	Great Plains: 34%
• Nashville: 39%	Navajo: 25%
• Oklahoma City: 6%	Phoenix: 25%
• Portland: 33%	



# PRC Metrics - Human Resources

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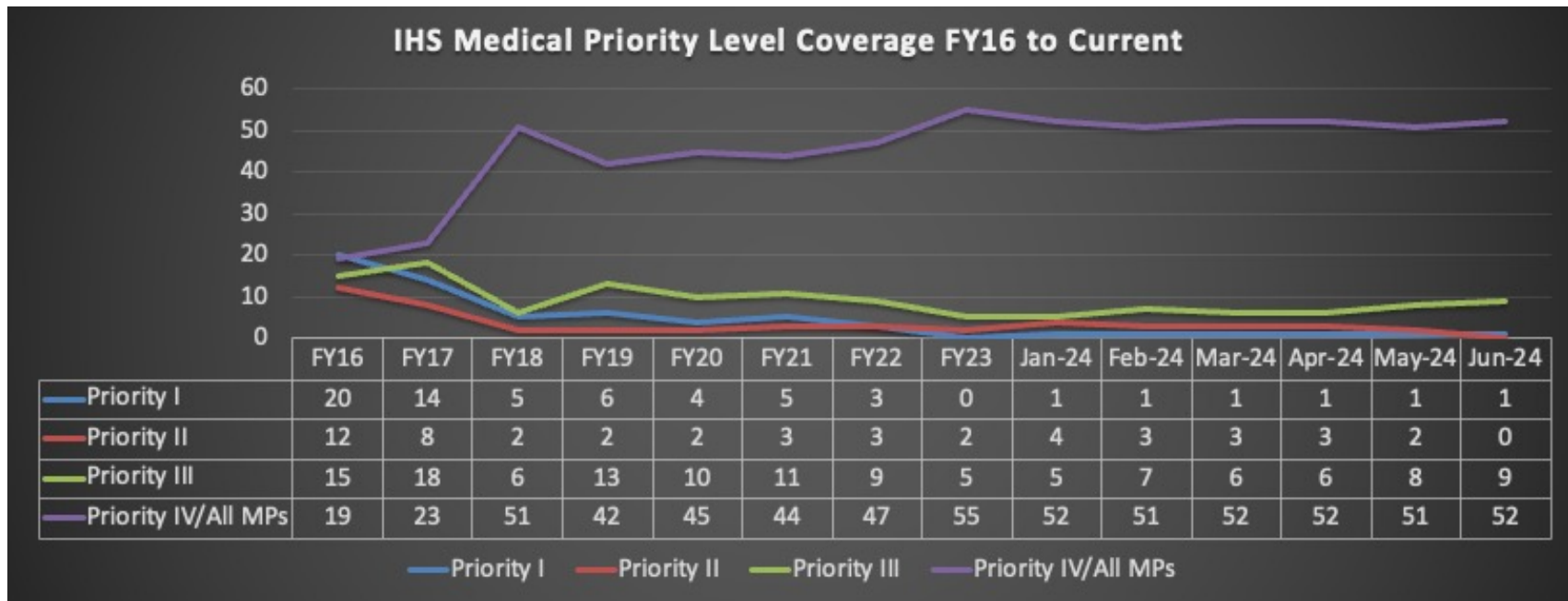
- ***RN Case Management: June 2024 Data***
  - Vacancy rate: 21 vacancies/54 budgeted positions = 39%
  - 31/62 sites do not have case management position budgeted
  - 15/31 sites with budgeted positions do not have at least 1 position filled
- Area of focus for sites to consider adding position(s) and recruiting
- Serves a focal point for expediting referral review





# PRC Metrics – Medical Priority Coverage

- Focused efforts with current funding levels to elevate coverage



# PRC Metrics – Pended Claims

- Focused efforts to reduce the number of FI pended claims



# Data – Referral Processing Dashboard

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- In development by Oklahoma City Area/Clinton Service Unit
- Task-man “job” extraction to track referral from initiation to payment
- Designed for insight into each step of referral life cycle & identify delays
- Designed to tell leadership “how long it is taking”
- Identification of referral status & workflow for PRC department
- Visualization via Microsoft Power BI to allow all IHS access to platform and no additional license or cost
- Provides graphical view and extraction into excel file for further analysis



# Data – Referral Processing Dashboard

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- **Timeliness:**
  - Average Days – Referral Initiation Date to Approval Date
    - Benchmark: Average of 1-2 days for urgent priority 1s; 3-5 days for routine referrals
  - Average Days – Referral Initiation Date to Patient’s Appointment Date
    - Benchmark: Average of ~30 days; varies based upon specialty and wait times
  - Average Days – Referral Approved Date to Patient’s Appointment Date
    - Benchmark: Average of ~30 days; varies based upon specialty and wait times
  - Average Days – Referral Purchase Order Date Issued to Payment Date by FI
    - Benchmark: Use IHS GPRA benchmark of 60 days
  - Average Days – Patient’s Appointment Date to Records Review (loop closure)
    - Benchmark: TBD; likely ~60 days
- **Note:** benchmarks are tentative and not final



# Data – Referral Processing Dashboard

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- **Pending Referrals:**
  - Listing of all pending referrals that are not approved
  - Available for provider referrals, ER/notifications, Medicaid and IHS to IHS
- **Referral Scheduling:**
  - Listing of all approved referrals without a date in date of service field
- **Referrals without PO:**
  - Listing of all approved referrals with a date of service but no PO issued
- **Vendor Scheduling:**
  - Identification of all vendor referrals with calculation of # of referrals & average time to scheduling



# PRC Metrics Data Collection


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SAM BREWSTER, ORAP



# PRC Metrics Data Collection Initiative

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<b>Problem Identified:</b> <ul style="list-style-type: none"><li>- Trend of increasing unobligated balances from 2013-2022</li><li>- In FY 2022, federal programs carried-over unobligated balances amounting to approximately 125% of their recurring funding base.</li></ul>
<b>Why High Unobligated PRC Balances Are Problematic:</b> <ul style="list-style-type: none"><li>- Operational Challenges</li><li>- Policy Constraints</li><li>- Stakeholder Perception</li><li>- IHS Mission</li></ul>
<b>Team Objectives:</b> <ul style="list-style-type: none"><li>- Investigate the cause</li><li>- Develop a Solution(s)</li></ul>







## Understanding the Problem

1. **Reporting Requirement:** All 62 federally operated PRC programs must submit reports.
  2. **Data Points:** We identified 33 critical data points for collection.
  3. **Data Collection:** A dedicated Teams site was established to streamline the collection of these data points.
  4. **Strategic Spend Plans:** Each Service Unit is responsible for submitting a strategic spend plan.
  5. **Monthly Stakeholder Meetings:** Regular meetings are conducted to review data, obtain feedback, and monitor progress.
- ❖ This information is being used to develop solutions to our problem

Data Points Collected Via Teams		
1. Area	12. Number of PRC referrals received	23. Denials: Patient not Eligible
2. Service Unit	13. Number of pending referrals	24. Denials: Emergency Notification not Provided within 72 hours
3. Month	14. Number of referrals authorized	25. Denials: Non-Emergency Care with No Prior Authorization
4. Prior Year Allowance Balance	15. Number of CHEF cases submitted	26. Denials: Patient Resides Outside PRC Service Delivery Area
5. Current Year Allowance Balance	16. Number of Potential CHEF cases	27. Denials: IHS Facility was Accessible & Available
6. PY Obligation	17. Number of Undelivered Orders (UDO's)	28. Denials: Other
7. CY Obligation	18. Dollar amount of Undelivered Orders (UDO's)	29. Vacancy Rate: Total Number PRC Staff Vacancies
8. Weekly Spend Rate	19. Number of SU Fiscal Intermediary (FI) Pending Documents	30. Vacancy Rate: Total Number PRC Staff Budgeted
9. Recurring Base	20. Dollar Amount of SU Fiscal Intermediary (FI) Pending Documents	31. Vacancy Rate: Total Number of PRC Case Managers Vacancies
10. Projected Year End Balance - Derived from Strategic Plan	21. Denials: Eligible but Care not Within Medical Priority	32. Vacancy Rate: Total Number of PRC Case Managers Budgeted
11. Current Medical Priority being authorized	22. Denials: Eligible but Alternate Resource was Available	33. What is the frequency of your PRC Review Committee?

# Data Collection Tool

## PRC METRICS DATA CAPTURE FORM

## STRATEGIC SPEND PLAN

**Monthly PRC Report**

**1. Area**  
Description: Select your Service Unit

**2. Month**  
Description: Select the month in which you are reporting data for (i.e. January 2024 data submission will be submitted by February 10, 2024)

**3. Prior Year Allowance Balance**  
Description: From FBS Status of Allowance Report, provide summation of end of month balance of all prior year (PY) funds.

**4. Current Year Allowance Balance**  
Description: From FBS Status of Allowance Report, provide end of month balance for current year (CY) funds.

**5. PY Obligation**  
Description: From FBS Obligations Liquidation Status Report, provide the total obligations made using PY funds after 9/30/2023 for the month reporting. Sort data by budget year or BAP to obtain the PY funds only.

**6. CY Obligation**  
Description: From FBS Obligations Liquidation Status Report, provide the total obligations made using CY funds after 9/30/2023 for the month reporting. Sort data by budget year or BAP to obtain the CY funds only.

**7. Weekly Spend Rate**  
Description: This represents the average weekly spend rate for the month. Enter the prior year and current year figures in #3 (Prior Year Obligations) and #5 (Current Year Obligations) divided by the number of weeks per month.  $W = \frac{CY - PY}{CY - PY} \times \text{CY} \div \text{PY}$

**8a. Recurring Base**  
Description: Enter your facility/service unit's annual recurring base. This will be the same figure (#1) from your strategic spend plan

A	B	C	D
Item	Service Unit Name:	Amount	Notes
1	Annual Appropriations - Recurring Base:	\$ 17,842,899	Enter your recurring annual base appropriation from FBS Status of Allowance
2a	Carryover Percentage Goal:	20%	Enter Carryover Goal. Recommended goal is 10-25% of recurring base
2b	Goal Carryover Amount:	\$ 3,568,580	Automatic calculation from item 1 & 2a. This should include enough funding to operate through the 1st quarter of coming FY + funding to cover additional bills that will come in + Additional plans for coverage in FY2024.
3	Current PY Funding Available:	\$ 776,971	Actual prior year funding remaining from FBS Status of Allowance
4	Current CY Funding Available:	\$ 4,257,597	Actual current year funding remaining from FBS Status of Allowance
5	Amount of CY funds remaining to be allowed by end of FY24:	\$ -	would reflect the remaining three quarters from recurring base. Would be \$0 once 4th quarter funds are provided.
6	Amount of PY deobligations expected to be recycled by end of FY24:	\$ 1,000,000	Enter an estimated amount of funds expected to be deobligated from UDO report. Include any POs > 365 days confirmed not needed or funds remaining on expired UFMIS contracts. Do NOT over-estimate: be conservative. This will be \$0 however for sites that use 3rd party to extend referral priority coverage please enter an estimated amount.
7	Amount of H&C or 3rd party funds expected to be supplemented by end of FY24:	\$ -	Automatic calculation from #3, #4, #5, #6, #7 above
8	Total Funding Available:	\$ 6,034,568	
9	PRC expected spending through FY24 end:	\$ 6,691,092	Based upon current spending, enter the average monthly PRC medical referral obligations amount multiplied by 12 (months). See PRC Expected Spending Detail Tab for example of tracking expenditures. <b>Replace calculated monthly average of "0" in C12 with estimated monthly spending average (value * X*12)</b>
10	Predicted PRC Carryover Funding:	\$ (56,524)	Automatic calculation of Total PRC Funding available (e.g.) - PRC Expected Spending Through FY24 (#9)
11	Amount left to spend to get to Goal Carryover	\$ (4,225,104)	Automatic calculation of Predicted PRC Carryover Funding (#10) - Goal carryover amount (#2b)
12	Additional PRC Spending Efforts not related to PRC medical referrals by Year End:	Annual Estimated Amount	Additional spending to further reduce carryover balance, not included in row 10 above
12a	PRC Administrative staff	\$ 1,150,727	include salaries, travel, training, all or partial % of salary, etc.
12b	PRC Nurse/Case Management ( I.e. Nurse Case Managers)	\$ 138,806	include salaries, travel, training, all or partial % of salary, etc.
12c	PRC Contracts in support of Direct Care	\$ -	include any contracted services purchased for direct operations (prenatal, podiatry, orthopedics, etc.) List services in additional rows below
20		\$ -	
21		\$ -	
22		\$ -	
23		\$ -	
24		\$ -	
25		\$ -	

## How the team is using the data

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1. **Weekly PRC Operational Report:** Compiled for the Director, IHS, using data from various sources.
2. **PRC Status of Funds Workbook:** Developed to monitor and track financial health.
3. **Power BI Dashboard:** Currently in development to provide visual insights and data analysis.
4. **Monthly Stakeholder Calls:** Data is reviewed monthly in collaboration with the Areas



# Utilization of Collected Data Continued

Examples of data points that are routinely presented to the Director each week

- Projected Carryover balances
- PRC priority levels trended by month
- Vacancy data
- FI undelivered order balances
- Denial trends
- Etc.

	MP Level Authorized - May 2024	PRC 24 Allowance	8/6/2024 PY Funds	% Recurring Base	8/6/2024 CY Funds	% Recurring Base	8/6/2024 Funds Available	May 2024 SU Spend Plan - Est. Carryover	May 2024 SU Spend Plan - Est.	8/6/2024 ORAP Proj. Carryover Balance	8/6/2024 ORAP Dashboard - Est. Percentage	H&C Funds 8/6/2024	
1	8/6/2024												
2	<b>Albuquerque Area</b>												
3	Albuquerque Service Unit	All MP	\$ 4,753,585	\$ 687,802	14%	\$ 1,339,329	28%	\$ 2,027,132	\$ 2,203,348	48%	\$ 1,027,496	22%	3,535,172
4	Jicarilla Service Unit	All MP	\$ 2,181,622	\$ 3,250,828	149%	\$ 1,202,048	55%	\$ 4,452,876	\$ 3,631,029	166%	\$ 4,064,813	186%	(40,620)
5	Mescalero Service Unit	All MP	\$ 3,334,550	\$ 1,689,535	51%	\$ 2,625,897	79%	\$ 4,315,432	\$ 940,511	28%	\$ 3,549,122	106%	535,758
6	Santa Fe Indian Health Center	All MP	\$ 6,139,876	\$ 8,395,746	137%	\$ 4,441,845	72%	\$ 12,837,591	\$ 1,956,458	32%	\$ 11,794,695	192%	2,681,862
7	Taos/Picuris Service Unit	All MP	\$ 1,622,020	\$ 1,465,471	90%	\$ 454,720	28%	\$ 1,920,191	\$ 1,675,032	103%	\$ 1,757,628	108%	546,427
8	Ute Mountain Ute Health Center	All MP	\$ 1,725,915	\$ 1,791,014	104%	\$ 1,336,483	77%	\$ 3,127,497	\$ 1,217,126	71%	\$ 2,698,628	156%	679,462
9	Zuni Health Center	All MP	\$ 4,629,995	\$ 2,126,893	46%	\$ 2,692,633	58%	\$ 4,819,527	\$ 4,505,441	97%	\$ 3,830,301	83%	2,247,382
10	Acoma-Canoncito-Laguna Service Unit	All MP	\$ 2,272,385	\$ 676,820	30%	\$ 1,824,589	80%	\$ 2,501,409	\$ 1,075,215	47%	\$ 1,831,749	81%	171,260
11	Area Office Reserved Funds		\$ -	\$ -		\$ -		\$ -	\$ -				
12	<b>Albuquerque Total</b>		<b>\$ 26,659,948</b>	<b>\$ 20,084,109</b>	<b>75%</b>	<b>\$ 15,917,544</b>	<b>60%</b>	<b>\$ 36,001,654</b>	<b>\$ 17,266,160</b>	<b>65%</b>	<b>\$ 30,554,433</b>	<b>115%</b>	<b>10,356,703</b>
13	<b>Bemidji Area</b>												
14	White Earth Service Unit	All MP	\$ 5,661,919	\$ 1,911,406	34%	\$ 245,582	4%	\$ 2,156,988	\$ 3,881,044	69%	\$ 1,023,932	18%	372,907
15	Cass Lake Service Unit (Greater Leech La	All MP	\$ 5,212,302	\$ 5,115,160	98%	\$ 1,024,537	20%	\$ 6,139,696	\$ 521,230	10%	\$ 5,036,537	97%	(1,227,593)
16	Red Lake Service Unit	All MP	\$ 3,715,743	\$ 3,664,254	99%	\$ 867,299	23%	\$ 4,531,553	\$ 371,574	10%	\$ 3,837,716	103%	(526,495)
17	Area Office Reserved Funds		\$ -	\$ 171,317		\$ 98,375		\$ 269,692	\$ 171,317		\$ 270,727		
18	<b>Bemidji Total</b>		<b>\$ 14,589,964</b>	<b>\$ 10,862,137</b>	<b>74%</b>	<b>\$ 2,235,792</b>	<b>15%</b>	<b>\$ 13,097,929</b>	<b>\$ 4,945,165</b>	<b>34%</b>	<b>\$ 10,168,912</b>	<b>70%</b>	<b>(1,381,181)</b>
19	<b>Billings Area</b>												
20	Browning Hospital (Blackfeet)	All MP	\$ 9,061,392	\$ 2,992,215	33%	\$ 5,178,756	57%	\$ 8,170,971	\$ 485,042	5%	\$ 6,218,150	69%	(145,600)
21	Crow Hospital	MP-2 Intermediat	\$ 9,838,868	\$ 4,479,267	46%	\$ 3,064,775	31%	\$ 7,544,043	\$ 1,873,900	19%	\$ 6,736,529	68%	(193,935)
22	Harlem Hospital (Ft. Belknap)	All MP	\$ 4,179,784	\$ 874,080	21%	\$ 3,828,419	92%	\$ 4,702,499	\$ 1,576,603	38%	\$ 3,823,887	91%	18,942
23	Fort Washakie Health Center	All MP	\$ 9,778,981	\$ 6,453,393	66%	\$ 3,621,633	37%	\$ 10,075,026	\$ 3,914,216	40%	\$ 10,120,729	103%	(29,725)
24	Lame Deer Health Center (Northern Chev	MP-3 Elective	\$ 3,452,143	\$ 1,859,205	54%	\$ 1,200,192	35%	\$ 3,059,397	\$ 655,889	19%	\$ 2,132,522	62%	352,112
25	Poplar Health Center (Ft. Peck)	MP-3 Elective	\$ 4,436,820	\$ 8,282,798	187%	\$ 4,710,171	106%	\$ 12,992,969	\$ 6,532,709	147%	\$ 13,456,456	303%	(556,912)
26	Little Shell Health Center	MP-2 Intermediat	\$ 5,477,078	\$ 2,984,704	54%	\$ 3,970,731	72%	\$ 6,955,434	\$ 6,459,992	118%	\$ 6,146,247	112%	(10,977)
27	Area Office Reserved Funds		\$ -	\$ 1		\$ 1,436,696		\$ 1,436,697	\$ -		\$ (2,548,490)		
28	<b>Billings Total</b>		<b>\$ 46,225,066</b>	<b>\$ 27,925,663</b>	<b>60%</b>	<b>\$ 27,011,373</b>	<b>58%</b>	<b>\$ 54,937,036</b>	<b>\$ 21,498,351</b>	<b>47%</b>	<b>\$ 46,086,029</b>	<b>100%</b>	<b>(566,096)</b>
29	<b>Great Plains Area</b>												
30	Belcourt	All MP	\$ 8,856,610	\$ 3,986,006	45%	\$ 295,869	3%	\$ 4,281,875	\$ 821,240	9%	\$ 2,506,085	28%	(789,053)
31	Eagle Butte	All MP	\$ 6,164,349	\$ 624,219	10%	\$ 1,114,912	18%	\$ 1,739,131	\$ 988,660	16%	\$ 3,511,991	57%	4,118,253
32	Ft. Thompson	MP-3 Elective	\$ 3,505,568	\$ 939,586	27%	\$ 2,734,009	78%	\$ 3,673,595	\$ 1,861,503	53%	\$ 3,175,851	91%	1,846,877
33	Ft. Yates	All MP	\$ 6,592,268	\$ 2,485,966	38%	\$ 2,079,704	32%	\$ 4,565,670	\$ 4,114,136	62%	\$ 6,393,740	97%	(279,656)
34	Lower Brule	All MP	\$ 1,928,979	\$ 522,277	27%	\$ 1,773,071	92%	\$ 2,295,348	\$ 1,405,025	73%	\$ 1,630,203	85%	5,860
35	Pine Ridge	MP-3 Elective	\$ 14,956,868	\$ 1,281,899	9%	\$ 6,169,138	41%	\$ 7,451,037	\$ 1,861,503	12%	\$ 1,141,497	8%	716,242
36	Rosebud	MP-1 Core	\$ 8,403,220	\$ 1,733,442	21%	\$ 1,873,753	22%	\$ 3,607,195	\$ (446,003)	-5%	\$ 617,675	7%	2,087,230
37	Sisseton	All MP	\$ 8,776,011	\$ 379,795	4%	\$ 5,284,606	60%	\$ 5,664,400	\$ 5,088,691	58%	\$ 5,342,037	61%	3,007,760
38	Wagner	All MP	\$ 3,657,341	\$ 886,899	24%	\$ 2,162,428	59%	\$ 3,049,327	\$ 2,119,473	58%	\$ 2,569,830	70%	508,477
39	Area Office Reserved Funds		\$ -	\$ 977,601		\$ 102,849		\$ 1,080,450	\$ 977,601		\$ 759,336		
40	<b>Great Plains TOTAL</b>		<b>\$ 62,841,214</b>	<b>\$ 13,817,689</b>	<b>22%</b>	<b>\$ 23,590,340</b>	<b>38%</b>	<b>\$ 37,408,029</b>	<b>\$ 18,791,829</b>	<b>30%</b>	<b>\$ 27,648,245</b>	<b>44%</b>	<b>11,221,990</b>
41	<b>Nashville Area</b>												
42	Catawba Service Unit	All MP	\$ 483,194	\$ 958,024	198%	\$ 491,543	102%	\$ 1,449,567	\$ 1,564,821	324%	\$ 1,195,518	247%	515,517
43	Lockport Service Unit	All MP	\$ 939,549	\$ 7,228,043	769%	\$ 949,405	101%	\$ 8,177,448	\$ 9,089,789	967%	\$ 7,893,008	840%	1,330,748
44	Shinnecock	All MP	\$ 1,915,186	\$ 13,406,224	700%	\$ 1,906,328	100%	\$ 15,312,552	\$ 12,819,402	669%	\$ 14,884,394	777%	1,084,884
45	Onondaga	All MP	\$ 1,197,085	\$ 95,368	8%	\$ 437,570	37%	\$ 532,938	\$ 481,504	40%	\$ 391,544	33%	384,276
46	Marathon Service Unit	MP-3 Elective	\$ 812,700	\$ 74,101	9%	\$ 807,141	98%	\$ 881,423	\$ 150,038	10%	\$ 800,513	90%	360,267

# Referral Processing Dashboard

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DANIEL HIBBERT, CLINTON SERVICE UNIT



# Referral Processing Dashboard

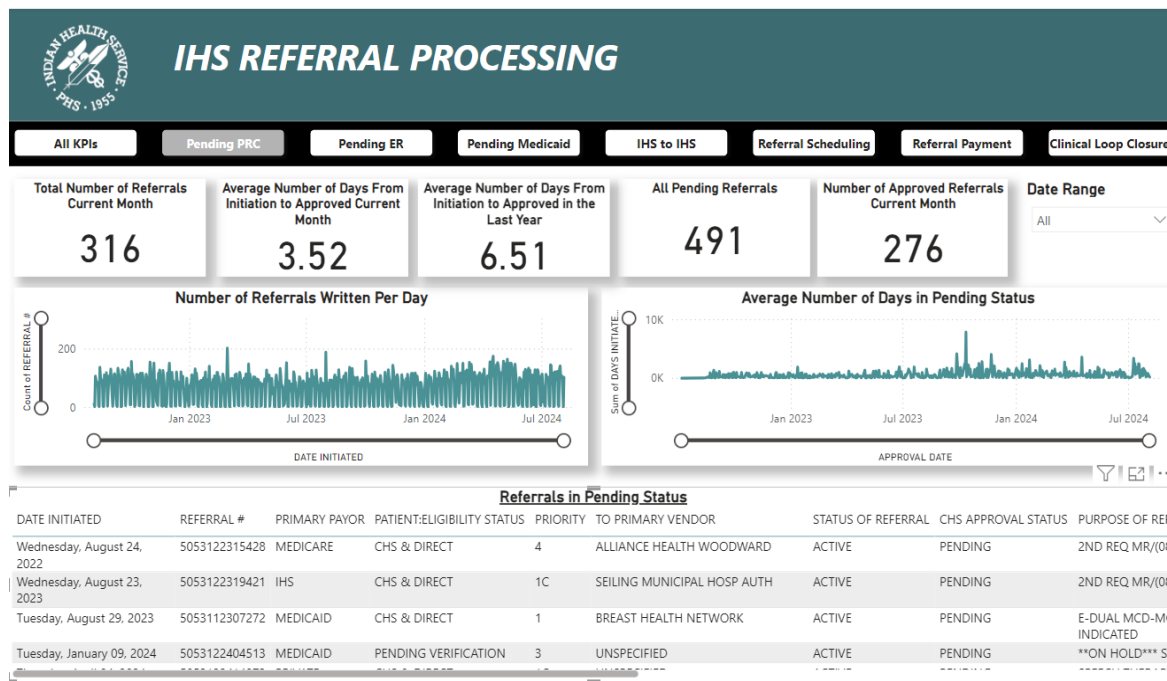
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Daniel – please provide a screenshots of the pending dashboard (the pending referral is not populating), ERs and Scheduling (all three graphs with days to appointment, vendor chart and graph showing date of pending scheduling). We can show the static view from the PP slides then go into a brief live demo.

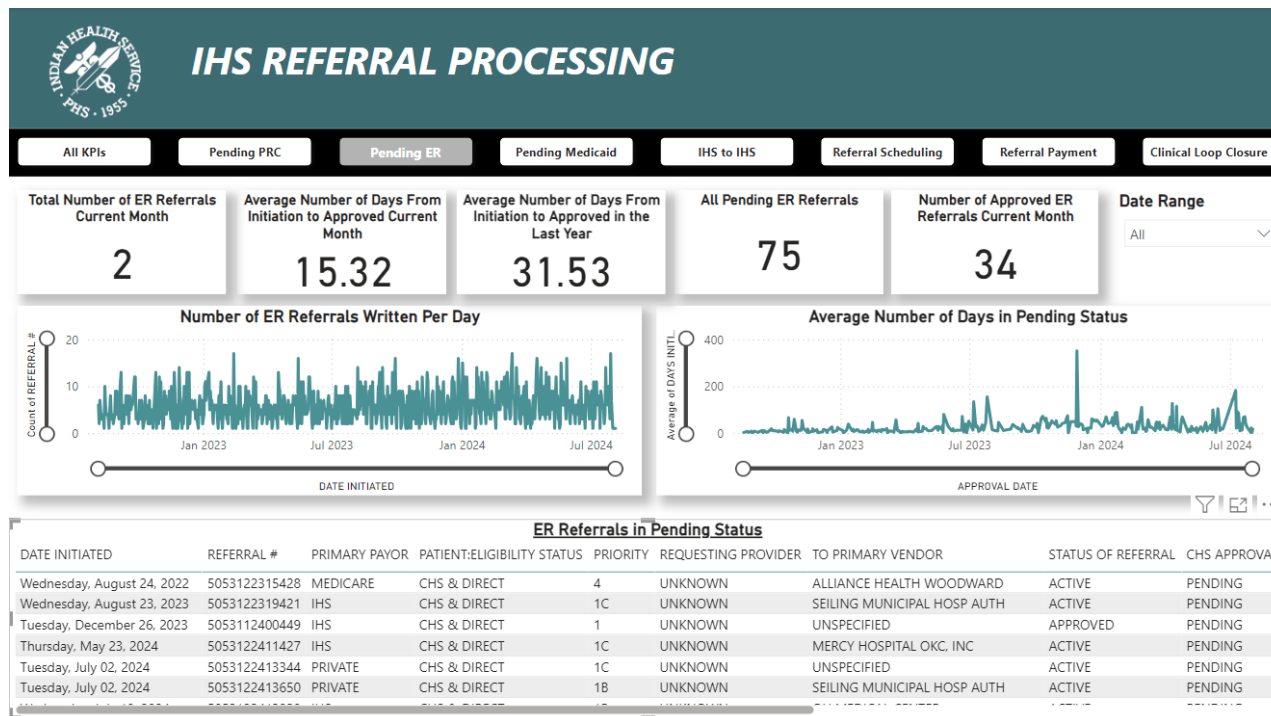
NOTE: I left the next slide in there from the original formatting. I actually like that format 😊 We can discuss more, but left it only for your awareness. You can delete once you insert the screenshots above.



# Referral Processing Dashboard

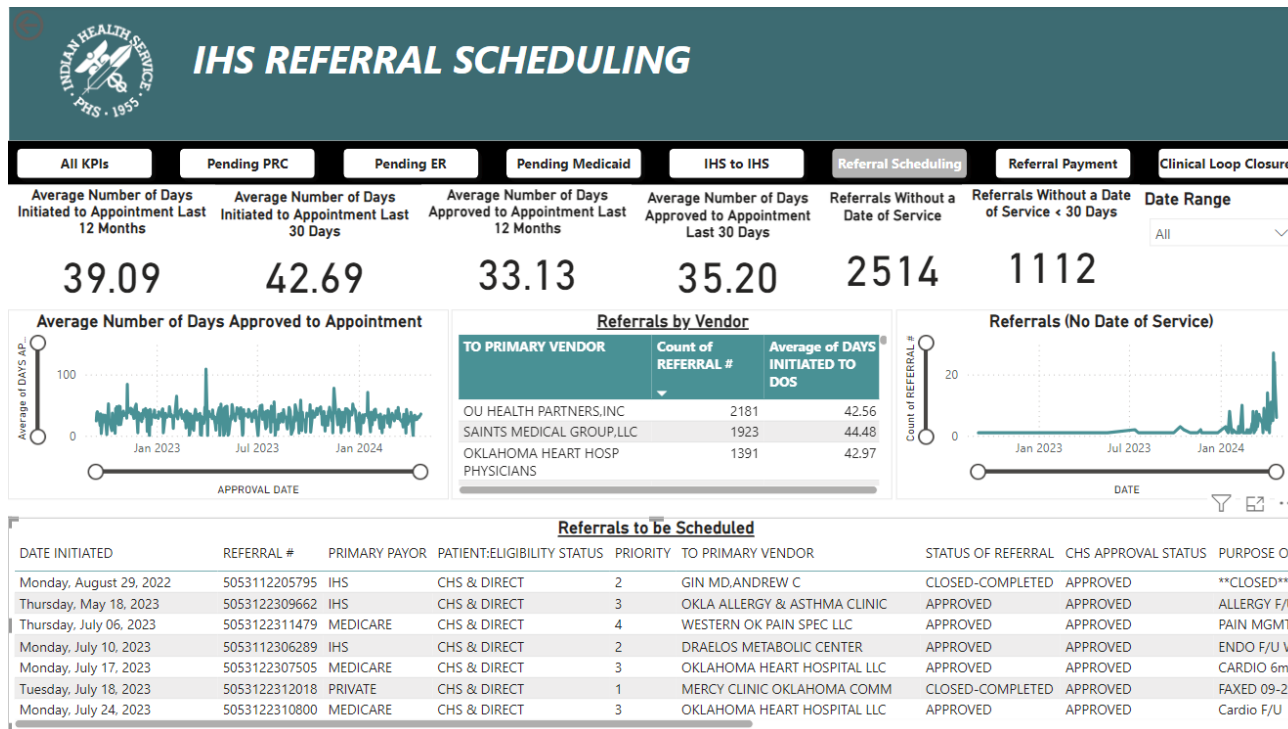


# ER Referral Processing Dashboard

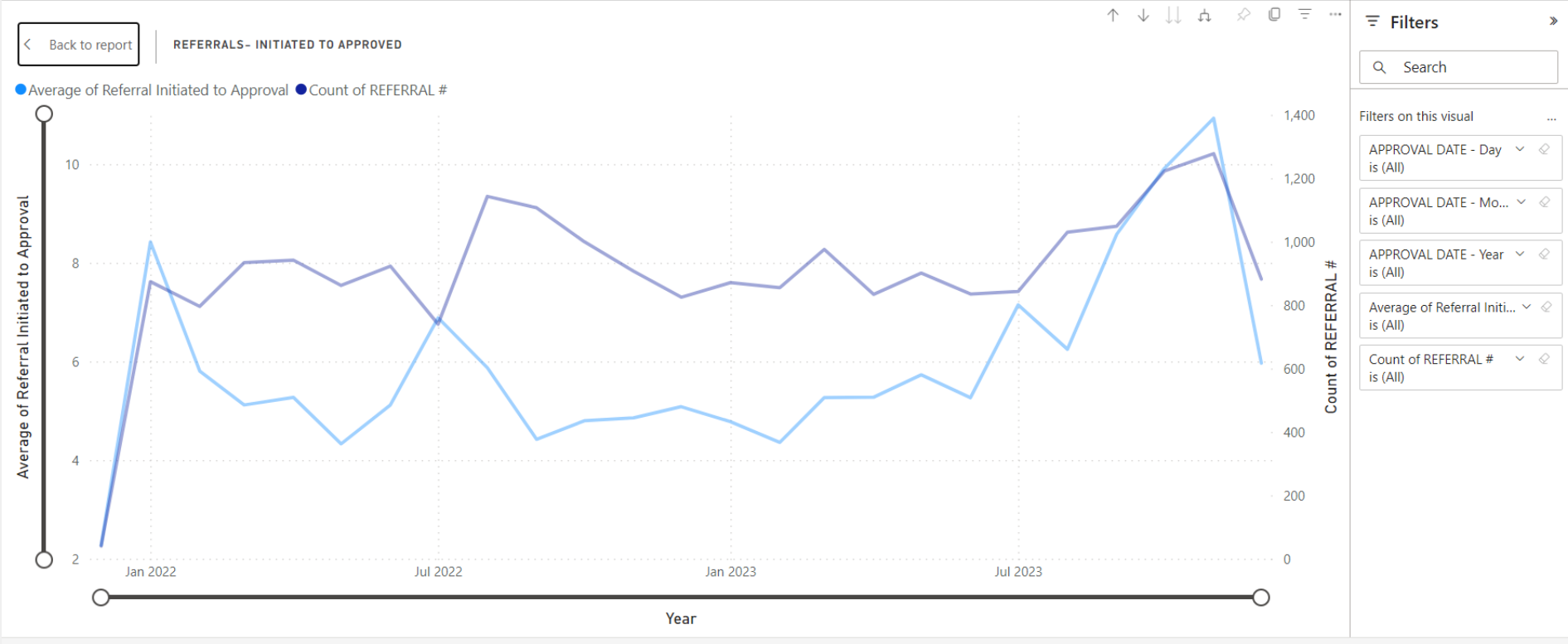




# Referral Scheduling Dashboard



We updated the look of reports Take a tour, and we'll show you how to get around. [Start tour](#)



#### Filters

Search

Filters on this visual

- APPROVAL DATE - Day is (All)
- APPROVAL DATE - Mo... is (All)
- APPROVAL DATE - Year is (All)
- Average of Referral Initi... is (All)
- Count of REFERRAL # is (All)

# Looking to the Future:

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- Combine both PRC Metrics data and PRC Referral Dashboard
- Combine all elements for “ONE” solution to gauge health of program
- Add other UFMS reports automatically into dashboard such as obligation data, undelivered orders, etc.
- Minimize facility data submission and facilitate automated dashboard
- Release:
  - Finalize & release within the OCA for beta testing
  - Release to all federal sites by end of calendar year

