

Complex care budget instructions: The estimator tool allows you to demonstrate the cost of running a complex care program. In this section, you will assemble a complex care team in the Planning Tool (tab 1). This part of the tool contains the majority of the tool’s logic design.

Project Name:	" Input Name"	
Start Date:	January 1, 2021	← 1
End Date:	December 31, 2021	
Grant Length (in Months):	12.0	
Fringe Rate	32.00%	← 2
Cost of Living Adjustment (COLA):	3.50%	← 3
Indirect Rate:	20.00%	

1. In this cell, input the date ie 5/1/2021. The start and end date factor the Cost of Living Adjustments and weights it based on each year.
2. Enter the Annual Fringe Rate (applied to annual base salary to cover the cost of Health, Dental, 401K, tuition reimbursement). Fringe adjustments begin in year 2. It is assumed to be ?%.
3. Enter the COLA rate in this cell. This is applied to the *next* calendar year.

Staffing categories

In this section, you will compose your complex care team and enter Full-Time Equivalent units for each staff for a few years. This allows you to predict and demonstrate the estimated staffing costs over a period of time.

		↓ 3	↓ 4
		Year 1	Year 2
↓ 1	↓ 2	Project FTE %	Project FTE %
Staffing	Title		
CHW	Community Health Worker	10%	10%
MD	Medical Doctor	10%	10%
SW	Social Worker	20%	20%
Medical Assistant	Sr Program	10%	10%
		20%	20%
MD	Medical Doctor	5%	5%
		10%	10%
Total		0.85	0.85

1- Enter the staffing categories ie: Nurse Practitioner, Community Health Workers

2- Enter staff titles

All yellow fields on the tool are cells that can be edited

3,4 - Enter staff FTE for each role, from year 1 onwards. This can be reduced down eg 1, .5. Staff salary can be entered in \$5,000 increments

Direct and indirect program costs

Mgmt & Contracted Services:	Web Development Services	-	-	-	-	-	-	-	-
	IT Consulting Services	-	-	-	-	-	-	-	-
	Contracted Clinical Specialist Services	-	-	-	-	-	-	-	-
	Contracted Community Services	-	-	-	-	-	-	-	-
	Enhanced Provider Payments	-	-	-	-	-	-	-	-
	Other Consulting & Management Fees	-	-	-	-	-	-	-	-
	Legal Services	-	-	-	-	-	-	-	-
	Total Mgmt & Contracted Services:	-	-	-	-	-	-	-	-
Patient Expense:	Patient Costs	-	-	-	-	-	-	-	-
	Patient Rent	-	-	-	-	-	-	-	-
	Total Patient Expense:	-	-	-	-	-	-	-	-
Staff Development:	Staff Training	-	-	-	-	-	-	-	-
	Dues, Books & Subscriptions	-	-	-	-	-	-	-	-
	Licenses and Certifications	-	-	-	-	-	-	-	-
	Accreditation Licensing Fees	-	-	-	-	-	-	-	-
	Total Staff Development:	-	-	-	-	-	-	-	-
Travel & Meeting:	Travel - Lodging	-	-	-	-	-	-	-	-
	Travel - Mileage	-	-	-	-	-	-	-	-
	Travel - Transportation/Parking	-	-	-	-	-	-	-	-
	Travel - Meals	-	-	-	-	-	-	-	-
	Food & Catering	-	-	-	-	-	-	-	-
	Meetings Expense	-	-	-	-	-	-	-	-
	Honorarium	-	-	-	-	-	-	-	-
	Total Travel & Meeting:	-	-	-	-	-	-	-	-
Office Expense:	Office Expense	-	-	-	-	-	-	-	-
	Office Supplies	-	-	-	-	-	-	-	-
	Postage & Shipping	-	-	-	-	-	-	-	-
	Printing & Copying	-	-	-	-	-	-	-	-
	Furniture Expense	-	-	-	-	-	-	-	-
	Total Office Expense:	-	-	-	-	-	-	-	-
Other Direct Expense:	Media/Public Relations	-	-	-	-	-	-	-	-
	Temporary Help	-	-	-	-	-	-	-	-
	Uniforms	-	-	-	-	-	-	-	-
	Other Direct Expenses	-	-	-	-	-	-	-	-
	Telephone/Internet Charges	-	-	-	-	-	-	-	-
	Video/Photo/Audio	-	-	-	-	-	-	-	-
	Total Other Direct Expense:	-	-	-	-	-	-	-	-
Other Expenses	Registration Fees	-	-	-	-	-	-	-	-
	Speaking Event Reimbursement	-	-	-	-	-	-	-	-
	Total Other Expenses:	-	-	-	-	-	-	-	-
Software/Equip/Maint:	Software Costs & Maintenance	-	-	-	-	-	-	-	-
	Equipment Maintenance	-	-	-	-	-	-	-	-
	Equipment Expense	-	-	-	-	-	-	-	-
	Equipment Rental	-	-	-	-	-	-	-	-
	Total Software/Equip/Maint:	-	-	-	-	-	-	-	-
Total Direct Cost		85,075.98	-	-	-	-	-	-	85,075.98
Indirect Cost	20.00%	17,015.20	-	-	-	-	-	-	17,015.20
Total Cost		102,091.17	-	-	-	-	-	-	102,091.17
Net Profit									

Enter all other indirect program costs needed to sustain the program for each year - eg travel, medical supplies, etc.

Together with employee salary, these costs will be calculated and included in the total annual project year budget. These figures are tabulated and recorded as an annual project year budget for operating a Complex Care program. If data was provided beyond year 1, the annual project year budget for subsequent years will also be calculated.

	Annual Project Year Budget					Total
	Year 1	Year 2	Year 3	Year 4	Year 5	
Compensation: Salary Expense	\$ 64,451.50	\$ -	\$ -	\$ -	\$ -	\$ 64,451.50
Fringe	\$ 20,624.48	\$ -	\$ -	\$ -	\$ -	\$ 20,624.48
Total Compensation	\$ 85,075.98	\$ -	\$ -	\$ -	\$ -	\$ 85,075.98

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Payment Estimator:

This tool estimates the patient costs of high utilizing individuals and demonstrates savings that could be made by reducing their utilization by working with the Complex Care team.

Begin by entering the state and hospital system type in cell C4 and C5. These two data points will generate the costs of inpatient and outpatient hospital visits.

ESTIMATOR		
State:	Kentucky	← 1
Health System Type	For-profit hospitals —	← 2

- 1 - Select the **State** your program operates in from the drop-down list.
- 2 - Select the **Health System Types** the program operates in from the drop-down list. The types included are - State/local government hospitals, Nonprofit hospitals, and For-profit hospitals.

For demonstration purposes, we have selected a For-profit hospital in Kentucky.

		Inpatient	
A	*Avg IP \$ per day (Link)	\$ 1,720.00	← 1
B	Total IP Visits (PP/PY) - HCHU	200	← 2
C	Avg IP LOS (days)	4.6	← 3
D=BxC	Total IP days	920	← 4
E	Patients Touched	30	← 5
F=CxE	IP Days	138	← 6
G	Reduction % Assumption	30.0%	← 7
H	IP Reduction (in days)	41	← 8
I=AxH	Savings	\$ 71,208.00	← 9

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1. The average hospital expense for inpatient across 50 states are sourced from [Becker Hospital Review](#). By selecting your state, the average inpatient dollars per day for that state are entered in cell D7.
2. Total high cost high needs inpatient visits (per person, per year): Refer to your site's data to identify this.
3. The average length of stay for a high cost high needs patient (per person, per year): Refer to your site's data to identify this.
4. To get the Total inpatient days, multiply the average LOS by the total inpatient visits.

Assumptions

5. This is the number of high cost high needs Patients you anticipate your complex care team will touch
 - a. Patients *touched* – this is the total number of everyone your program **attempted** to enroll
 - b. Patients *retained* – this is the total number of everyone who **completes** the program. For new programs, this skews at 65-80% of patients touched. For established programs, this skews at 80% of total patients touched.
6. To get the inpatient Days for all high cost high needs patients touched by this program, multiply the total number of inpatient days by the number of high cost high needs patients.
7. This is the assumed reduction of inpatient stays by high cost high needs patients. If you assume there will be a 30% reduction in utilization by following the processes of a complex care program.
 - a. Use 30% as a starting point benchmark – anecdotally, regression to the mean will count for at least 30%
8. Inpatient reduction in days is the assumed reduction multiplied by the total number of high cost high needs inpatient days.
9. This is the amount that could be saved by enrolling high cost high needs patients into a complex care program

ED utilization

		Emergency Visits		
A	Avg ED Cost PP/PY	\$	946.00	← 1
B	Total IP Visits (PP/PY) - HCHU		200	← 2
C	**Avg ED Visits PP/PY		5.4	← 3
D=BxC	Total ED Visits		1,080	← 4
E	Patients Touched		30	← 5
F=CxE	ED Visits		162	← 6
G	Reduction % Assumption		-20.0%	← 7
H	IP Reduction (in days)		(32)	← 8
I=AxH	Savings	\$	(30,650.40)	← 9

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1. The average hospital expense for emergency departments across 50 states are sourced from [Becker Hospital Review](#). By selecting your state, the average emergency department dollars per day for that state are entered in cell H12.
2. Total high cost high needs emergency department visits (per person, per year): Refer to your site's data to identify this.
3. The average length of stay for a high cost high needs patient (per person, per year): Refer to your site's data to identify this.
4. To get the total emergency department days, multiply the average LOS by the total inpatient visits.

Assumptions

5. This is the number of high cost high needs Patients you anticipate your complex care team will touch
 - a. Patients *touched* – this is the total number of everyone your program **attempted** to enroll
 - b. Patients *retained* – this is the total number of everyone who **completes** the program. For new programs, this skews at 65-80% of patients touched. For established programs, this skews at 80% of total patients touched.
6. To get the emergency department days for all high cost high needs patients touched by this program, multiply the total number of inpatient days by the number of high cost high needs patients.
7. This is the assumed reduction of inpatient stays by high cost high needs patients. I.e. you assume there will be a 30% reduction in utilization by following the processes of a complex care program.
 - a. Use 30% as a starting point benchmark – anecdotally, regression to the mean will count for at least 30%
8. Emergency department reduction in days is the assumed reduction multiplied by the total number of high cost high needs inpatient days.
9. This is the amount that could be saved by enrolling high cost high needs patients into a complex care program

Note:

- Do not double-count patient admissions in this section. If a patient has 5 in-patient admissions and 15 emergency department visits, you should only count the 15 emergency department visits in the Emergency Visits section. For this tool, emergency department visits have no hospital admissions.
- For patients that have inpatient admissions while in an emergency visit, their stay should be counted as an inpatient admission.