

**56<sup>th</sup> Annual Meeting** Wednesday, August 27, 2025 2:45pm-3:45pm

# 3d. The Bottom Line of Better Care: Budgeting Strategies for Financial and Operational Success

Presented by:

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# The Bottom Line of Better Care:

**Budgeting Strategies for Financial** & Operational Success

Texas Association for Home Care & Hospice Annual Conference

Michael Simione, MBA
VP Post Acute Data Analytics

August 27th, 2025







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# **Objectives**

- 1. Define budgeting identify key elements, and realize common issues and challenges
- 2. Classify various budget stakeholders and distinguish two different types of budgets
- 3. Understand forecasting and the role it plays in the budgeting process
- 4. Recognize the value of a multi-variable budget model in the current landscape
- 5. Utilize industry data to set strategic organizational targets

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# What is a budget?

"An estimate of income and expenditures over a specified period of time and is usually compiled and re-evaluated on a periodic basis. Budgets can be made for a person, a group of people, a business, a government, or just about anything else that makes and spends money."



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**Budget Elements** Determine the key stakeholders: Three Volume • Who sets organizational goals? Key • Who drives revenue and expenses? **Elements** Who are your decision makers? Who holds employees accountable? Revenue What information is required: Historical trends Strategic goals/targets Expenses Current volumes/staffing Industry benchmarks/best practice **SimiTree** 

# **Common Issues & Challenges**

- I. Static budget
- "If a branch is too rigid, it will break.
- Resist, and you will perish.
- Know how to yield, and you will survive."
- - Liezi, <u>Lieh-tzu: A Taoist Guide to</u><u>Practical Living</u>



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# **Common Issues & Challenges**

- 2. TOO simple
- 3. TOO complex
- 4. GL // EMR // budget details not matching

Lacking important granularity, like not differentiating visits by RNs vs. LPNs  RNs vs. LPNs  Partial values (for example, shared payor but not visits makes it hard to achieve objectives or conduct root-cause analysis or the whole process more error-prone	Too Simple	Too Complex	Mismatching
· · · · · · · · · · · · · · · · · · ·	granularity, like not differentiating visits by	example, shared employees) or complicated math may make the roll-up wonky	payor but not visits makes it hard to achieve objectives or conduct

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# **Common Issues & Challenges**

- 5. Budgeting by branch/location building something for all locations and then changing the approach
  - Pro tip: Perfect one before you replicate
- 6. Making the budget fit "the number"

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# **Common Issues & Challenges**

- 7. Using weighted productivity
- 8. Assuming 100% of staff time as available for visits



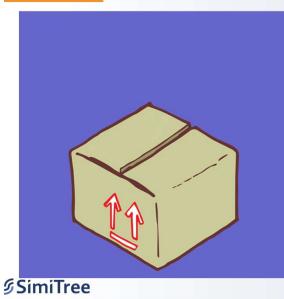
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**Budget Stakeholders Executive Management Business Development** · Revenue: market share growth, • Revenue: referrals, admissions, referral strategic partnerships, payor contracts, partners, market share, payer mix, hospice level of care & location of care payor mix • Expenses: staffing, incentive • Expenses: strategic goals, project management investment, staffing compensation, sales training **Budget Stakeholders** Finance/Revenue Cycle Clinical Operations • Revenue: CMW, LOS, recertifications, Revenue: payer contracts, billing & Hospice LOC, VBP collections, contractual allowances, • Expenses: staffing, productivity, visit non-operating revenue utilization, contractors, ancillary usage · Expenses: staffing, vendor contracts, cost containment **SimiTree** 



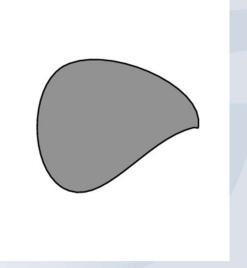
Static vs. Flexible Budgeting



- Static Budgeting
- Easy to implement and follow
- Gross and net margin forecasts
- Siloed budgeting process
- Budgeting in a vacuum
- Excludes industry and market changes
- Lacks flexibility to account for change
- Target KPIs are not revisited
- Does not allow for accountability

# Static vs. Flexible Budgeting

- Flexible Budgeting
- Challenging to build
- Dynamic approach for revenue and expenses
- Diverse budget team
- Multi-variable model
- Adaptable for industry and market shifts
- Flexible to account for internal changes
- Monitoring of targets and KPIs
- Tool for staff accountability



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# Forecasting

Understand forecasting and the role it plays in the budgeting process

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## **Forecasting**

Reality = there is a moving target

Today's reality = trying to hit a moving target while behind a brick wall

- Final rule annual changes
  - Hospice reimbursement
  - Hospice CAP
  - PDGM changes & behavioral adjustments
- Value-based purchasing
- Payer-mix changes (Medicare-Advantage)
- What is the solution?



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# **Forecasting**

- How far back do you look?
  - Maximum- 36 months
  - Minimum- 18 months
  - More emphasis on last 3 months
- Historical trends versus what is happening in right now?
- Seasonal fluctuations validate with more data?
- Long-term shifts vs. short-term variability
- Look at multiple variables and KPIs

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# Actual Monthly Values for 18 Months Actual Monthly Values for 36 Months

# **Forecasting**

- Identify critical variables
- Determine which will be fixed and which will change in your forecast
- Balance complexity and thoroughness with practicality – this is a best guess to be able to objectively evaluate decisions and have some planning in place
- "Forecasting is a technique that uses historical data as inputs to make informed estimates that are predictive in determining the direction of future trends."



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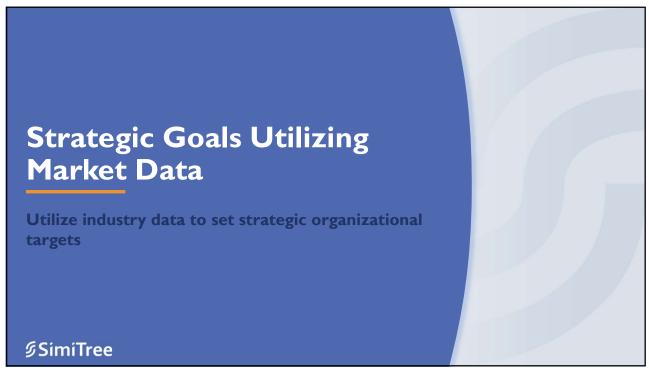
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# Multi-Variable Budget Model Recognize the value of a multi-variable budget model in the current landscape SSimiTree









ıre	ended Market	Share							
	Provider	202	1	202	22	202	23	2024 Q	1 - Q4
	Provider	Position	Share	Position	Share	Position	Share	Position	Share
CHRISTUS V	na homecare san antonio - 457777	3	8%	<b>2</b> 1	7 11%	1	10%	1	<u></u> 8
PRIME HOM	E HEALTH, LLC - 453194	15	2%	<b>1</b> 0	3%	<b>1</b> 3	₹ 5%	2	<b>=</b> 6
ENCOMPASS	HOME HEALTH OF CENTRAL TEXAS - 679044	1	8%	2	7%	2	<u></u> 6%	3	5
ACCENTCAR	E HOME HEALTH OF TEXAS - 679174	7	4%	8	3%	₹ 6	4%	7.4	5
BROOKDALE	HOME HEALTH SAN ANTONIO - 679424	6	4%	5	4%	5	4%	5	4
CAPITOL HO	ME HEALTH - 747928	5	4%	6	3%	₹ 4	7 4%	<u>⊯</u> 6	4
BEYONDFAIT	TH HOMECARE & REHAB OF SAN ANTONIO - 747518	107	0%	<b>1</b> 39	1%	<b>1</b> 5	₹ 2%	<b>1</b> 7	3
HOME NUR	SING AND THERAPY SERVICES - 457251	13	2%	12	2%	11	3%	<b>1</b> 8	3
KINDRED AT	HOME - 679074	2	8%	3	<b>%</b> 5%	<b>♣</b> 7	<b>34</b> 4%	<b>1</b> 9	3
THERACARE	HOME HEALTH - 677248	14	2%	13	2%	12	3%	<b>7</b> 10	3

Hospital Ro	eierrai	3			
%	1. METHODIST HOSPITAL - 450388	2. BAPTIST MEDICAL CENTER - 450058	3. METHODIST HOSPITAL STONE OAK - 670055	4. CHRISTUS SANTA ROSA MEDICAL CENTER - 450237	5. UNIVERSITY HEALT SYSTEM - 450213
Hospice Name ↑=					
1. VITAS HEALTHCARE OF TEXAS LP - 451591	11%	9%	11%	9%	16
2. GENTIVA - 451682	8%	1%	22%	1%	
3. TRINITY HOSPICE - 741591	2%	10%	11%	3%	
4. FOUR SEASONS HEALTHCARE OF TEXAS - 741631	2%	12%	4%	1%	
5. HOLY SAVIOR HOSPICE - 741552	2%	2%	3%	4%	1
6. EMBRACE HOSPICE - 671676	2%	3%	1%	1%	2
7. OPUSCARE OF TEXAS - 741589	2%	6%	1%	%	

<b>Hospital Referra</b>	ai ir	<u>'en</u>	ds					
Providers	'21 Q1 -	'21 Q4	'22 Q1 -	'22 Q4	'23 Q1 -	'23 Q4	'24 Q1 -	'24 Q4
нна	Admit %	Count	Admit %	Count	Admit %	Count	Admit % ↓=	Count
▼ Hospital: 1. METHODIST HOSPITAL - 450388								
1. BROOKDALE HOME HEALTH SAN ANTONIO - 679424	5%	61	16%	227	21%	305	24%	257
11. KINDRED AT HOME - 679074	8%	99	4%	51	4%	59	7%	77
3. ACCENTCARE HOME HEALTH OF TEXAS - 679174	8%	104	6%	87	6%	93	7%	70
9. CAPITOL HOME HEALTH - 747928	7%	89	7%	102	7%	96	6%	64
2. CHRISTUS VNA HOMECARE SAN ANTONIO - 457777	5%	60	6%	89	8%	118	6%	61
4. ENCOMPASS HOME HEALTH OF CENTRAL TEXAS - 679044	8%	105	6%	82	7%	101	5%	50
6. AMEDISYS HOME HEALTH - 679002	8%	104	6%	87	9%	127	5%	49
5. PRIME HOME HEALTH, LLC - 453194	196	13	2%	30	2%	36	4%	47
12. CHRISTUS HOMECARE - 747361	4%	52	4%	55	3%	42	4%	40
10. BEYONDFAITH HOMECARE & REHAB OF SAN ANTONIO - 747518	96		0%	<11	1%	17	3%	31

	Hospital Refer	rrali	Tr	end	de				
ľ	rospical Refer	·	•		15				
	Providers	'21 Q1 - '	21 04	'22 Q1 -	'22 04	'23 Q1 -	'23 04	'24 Q1 -	'24 04
	Hospice	Admit %	Count	Admit %	Count	Admit %	Count	Admit % ↓ =	Count
		Admit 78	Count	Admit 76	Count	Admit 70	Count	Admit A U	Count
	▼ Hospital: 1. METHODIST HOSPITAL - 450388	2007	400	4500		400/	69	11%	
	1. VITAS HEALTHCARE OF TEXAS LP - 451591	20%	129	16%	98	12%			52
	2. GENTIVA - 451682	5%	35	9%	56	8%	44	8%	38
	8. HEART TO HEART HOSPICE OF SAN ANTONIO LLC - 671533	17%	111	11%	68	9%	49	7%	32
	14. CHANGING SEASONS HOSPICE - 741740	0%	<11	2%	13	2%	12	4%	20
	12. METHODIST HOSPICE AND FAMILY CARE - 671700	1%	<11	3%	19	6%	31	3%	16
	17. ELEGANT HOSPICE - 971573	1%	<11	0%	<11	2%	<11	3%	15
	7. OPUSCARE OF TEXAS - 741589	2%	<11	1%	<11	196	<11	3%	14
	4. FOUR SEASONS HEALTHCARE OF TEXAS - 741631	4%	25	1%	<11	2%	<11	3%	14
	15. GENTIVA HOSPICE - 451563	3%	17	4%	24	4%	20	3%	14 —
	19. ALTUS HOSPICE OF SAN ANTONIO LP - 741642	196	<11	4%	22	3%	16	3%	14

