Unified Home Care Operational Scorecard

Comparative Departmental KPI Framework & Metric Dictionary: Private Pay vs. Medicaid HCBS

Strategic Model Decoupling

While foundational workforce and operational mechanics overlap, **Private Pay** and **Medicaid HCBS** diverge sharply in customer acquisition and revenue cycles. Private Duty relies on B2C relationship marketing, outbound referral reciprocity, and price realization. Medicaid HCBS relies on MCO contract standing, authorization pipeline velocity (Authorized → Scheduled → Delivered), EVV compliance, and clean claim adjudication.

1. Unified Scorecard Matrix

DEPARTMENT	OPERATIONAL METRIC	PRIVATE	MEDICAID	METRIC FOCUS & OPERATIONAL OBJECTIVE
Sales & Business Development	Growth Over Growth (Billable Hours)	✓	✓	MoM, QoQ, and YoY billable volume scaling across active client base.
	Face-to-Face Referral Visits	✓	—	In-person networking with rehabs, elder law, hospices, and assisted living.
	Outbound Referrals Given	✓	—	Leads sent to partners (hospice, fiduciaries) to maintain two-way referral equity.
	Direct Inquiries & Conversions	✓	—	B2C inquiry call volume, consultation conversion rate, and contract close rate.
	MCO / Waiver Referral Acceptance Rate	—	✓	Percentage of state/MCO portal referrals accepted vs. rejected.
	Payer / Waiver Program Mix Margin	—	✓	Census breakdown across MCO contracts and state waiver reimbursement tiers.
Intake & Care Management	Net Client Gain	✓	✓	Net active census change (admissions minus discharges and deaths).
	Supervisory / Care Management Visits	✓	✓	Routine in-person client visits for plan oversight and supervisory compliance.
	Client Satisfaction Score	✓	✓	Measured feedback via check-in surveys, review requests, or NPS tracking.
	Authorization Burn Rate & Expirations	—	✓	Unit consumption vs. expiration dates to trigger timely re-authorizations.
	Speed to Care (Referral to First Shift)	—	✓	Elapsed turnaround from payer authorization to first delivered shift.
Scheduling & Operations	Weekly Billable Hours	✓	✓	Total authorized or private billable hours delivered across all active cases.

DEPARTMENT	OPERATIONAL METRIC	PRIVATE	MEDICAID	METRIC FOCUS & OPERATIONAL OBJECTIVE
	Caregiver Utilization Score	✓	✓	Actual hours scheduled divided by caregiver requested target hours.
	Overtime Percentage	✓	✓	Overtime hours as a percentage of total billable hours.
	Average Hours per Caregiver	✓	✓	Mean shift distribution per caregiver (benchmark: 25–27 hrs/wk).
	Authorization Match (Authorized vs. Scheduled)	—	✓	Percentage of approved payer units booked on the schedule (target: 100%).
	Delivery Realization (Scheduled vs. Delivered)	—	✓	Delivered hours divided by scheduled hours, reflecting call-out impacts.
EVV & Compliance	Clean Capture Rate (Mobile/IVR vs. Manual)	—	✓	Percentage of punches validated by GPS/ telephony without manual office edits.
	Exception & Reason Code Volume	—	✓	Categorized counts of EVV exceptions requiring formal manual overrides.
	State Aggregator Acceptance Rate	—	✓	Percentage of visit records successfully transmitted to the state aggregator.
	Credential & Registry Compliance	✓	✓	Percentage of active staff with compliant background checks, CPR, and TB.
Recruiting & HR	Applicant Volume & Completed Interviews	✓	✓	Top-of-funnel caregiver job applications and completed candidate screenings.
	Orientation Completions / Hires	✓	✓	Candidates cleared through orientation and onboarded into field readiness.
	Speed to Hire	✓	✓	Elapsed days from initial application submission to orientation completion.
	Caregiver-to-Patient Proximity Density	✓	✓	Geographic alignment between caregiver residence and client caseloads.
	Milestone Retention (7, 30, 60, 90 Day)	✓	✓	Caregiver retention rates tracked at milestone tenure intervals to stop churn.
	Net Caregiver Gain	✓	✓	Net increase in active caregiver workforce (new hires minus departures).
Billing & Finance	Accounts Receivable (AR) Aging	✓	✓	Distribution of open receivables across 30, 60, 90+ day aging buckets.
	Clean Claim Rate (First-Pass Acceptance)	—	✓	Percentage of 837 claims adjudicated without clearinghouse rejections.
	Days Sales Outstanding (DSO) by Payer	—	✓	Collection latency in days measured individually per MCO and state payer.
		—	✓	

DEPARTMENT	OPERATIONAL METRIC	PRIVATE	MEDICAID	METRIC FOCUS & OPERATIONAL OBJECTIVE
	Timely Filing Risk & Unbilled Shifts			Value of unbilled delivered care nearing payer filing deadlines (e.g., 90 days).
	Payroll & Billing Error Rate	✓	✓	Percentage of time cards requiring manual corrections before payroll export.

2. Deep-Dive Metric Definitions & Operational Purpose

Sales & Business Development

Face-to-Face Referral Visits [PRIVATE PAY ONLY]

Tracks weekly in-person networking touchpoints with rehab facilities, hospital discharge planners, elder law attorneys, and community fiduciaries (Target: ~25 visits/week). Establishes brand equity and top-of-mind awareness for private retail referrals.

Outbound Referrals Given [PRIVATE PAY ONLY]

Counts referrals routed out from the agency to ancillary partners (hospices, home health agencies, placement fiduciaries, DME suppliers). Tracks reciprocal relationship equity to ensure two-way referral pipelines remain active.

MCO / Waiver Referral Acceptance Rate [MEDICAID ONLY]

The percentage of electronic or phone referrals from MCO case managers accepted by the agency. High acceptance rates maintain top-tier provider status, while high rejection rates cause case managers to divert volume elsewhere.

Intake & Service Coordination

Authorization Burn Rate & Expiration Pipeline [MEDICAID ONLY]

Monitors remaining authorized units against active service end dates. Alerts care managers 30–45 days prior to authorization lapses, prompting timely re-assessments and preventing unpaid care or sudden service cessations.

Speed to Care (Referral-to-First-Shift) [MEDICAID ONLY]

Elapsed hours/days between receiving an MCO authorization and placing a caregiver on the first shift. Rapid response secures caseload allocations and fulfills state network adequacy standards.

Scheduling & Field Operations

Authorization Utilization (Authorized vs. Scheduled) [MEDICAID ONLY]

The ratio of hours scheduled against the maximum hours authorized by the payer (Target: 100%). In Medicaid, unbooked authorized hours cannot be banked or billed, representing permanent unrealized revenue.

Caregiver Utilization Score [SHARED]

Alignment between a caregiver's stated desired weekly hours (e.g., 30 hrs) and their actual assigned schedule. Keeping caregivers within ±10% of their target hours directly reduces early churn and staff dissatisfaction.

Overtime Percentage [SHARED]

Total overtime hours divided by total billable hours. In Medicaid's fixed-rate environment, excessive overtime directly destroys gross margins. In Private Pay, it indicates scheduling imbalances.

EVV & Compliance

Clean EVV Capture Rate [MEDICAID ONLY]

Percentage of shifts validated via GPS mobile app or Interactive Voice Response (IVR) without manual supervisor edits (Target: >90–95%). High manual overrides trigger payer audit scrutiny and claim holds.

State Aggregator Acceptance Rate [MEDICAID ONLY]

Percentage of EVV records accepted by state clearinghouses (e.g., Sandata, HHAeXchange, Tellus) on initial transmission without missing mandatory Cures Act data elements.

Billing & Revenue Cycle Management

Clean Claim Rate (First-Pass Acceptance) [MEDICAID ONLY]

The proportion of EDI 837 claims accepted and paid without initial denials or rejection loops caused by EVV mismatches, authorization number errors, or overlapping shift records.

Days Sales Outstanding (DSO) by Payer [MEDICAID ONLY]

Tracks the cash collection cycle per MCO/payer. Identifies slow-paying managed care contracts, enabling proactive dispute resolution before cash flow constraints occur.