

CAH Analytics | Transforming Healthcare Through Data-Driven Decisions

Helping your teams spend less time pulling data together by bringing financial, operational, and revenue cycle data into one consistent platform, so you can more quickly and confidently understand performance and take action.

Transforming Healthcare Through Data-Driven Decisions

Unlock Insights Across Six Pillars of Hospital Excellence.

Start Exploring



Organizational
Performance



Performance
Signals



Department
Performance



Cost
Efficiency



Planning and
Forecasting



Clinic
Optimization



Revenue
Cycle



Financial
Health

Organizational Performance

Where leadership starts

Organizational Performance

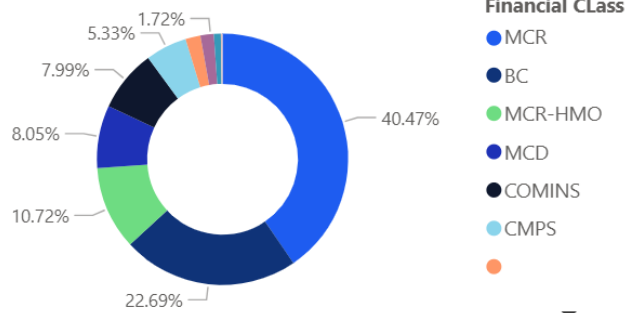
Executive Summary – January FY2026

FY2026 (Fiscal Year) + January (Month Name) ▾



Payor Mix

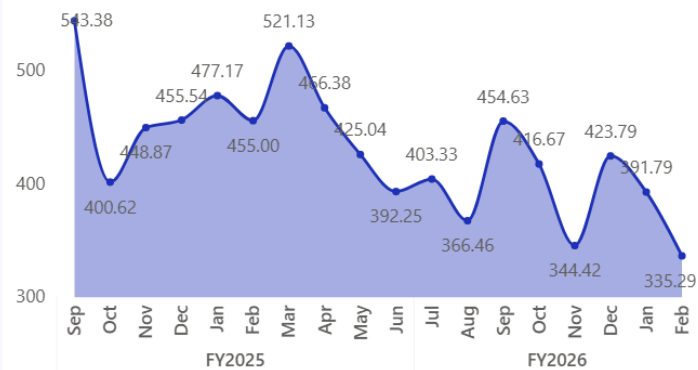
for selected period



Performance Over the Last 18 Months

for selected metric

Acute Patient Days ▾



Monthly Summary

MoM = month over month; YoY = year over year; Operating Margin MoM & YoY displayed as Δ (pp)

Metric Name	Current Month	Prior Month	MoM	Prior Year	YoY	YoY Status
Operating Margin %	3.2%	0.8%	2.5%	-3.8%	7.05%	■
Salaries to Net Patient Revenue	44.5%	43.1%	3.3%	48.2%	-7.52%	■
Net Patient Revenue	\$10,235,087	\$9,132,296	12.1%	\$9,487,364	7.88%	■
Gross Days AR	47.19	40.71	15.9%	46.73	0.98%	■
% of Insurance AR outstanding > 120 days	15.5%	16.1%	-3.7%	15.4%	0.84%	■
Unbilled AR Amount	\$8,895,400	\$8,025,899	10.8%	\$9,551,083	-6.87%	■
ER Visits	674	636	6.0%	603	11.77%	■
Surgical Cases	363	267	36.0%	276	31.52%	■
Clinic Missed Appointment Rate	19.4%	19.3%	0.3%	18.9%	2.82%	■
Acute Patient Days	392	424	-7.6%	477	-17.89%	■
Hospital Average Daily Census	12.64	13.67	-7.6%	15.39	-17.89%	■

- Combines finance, volume, and revenue cycle into one monthly view
- Highlights what's improving—and where pressure is building
- Provides a quick, directional read on performance


Performance Signals

Where to focus

Performance Signals

Fiscal Year, Month Name

Benchmark Department Description



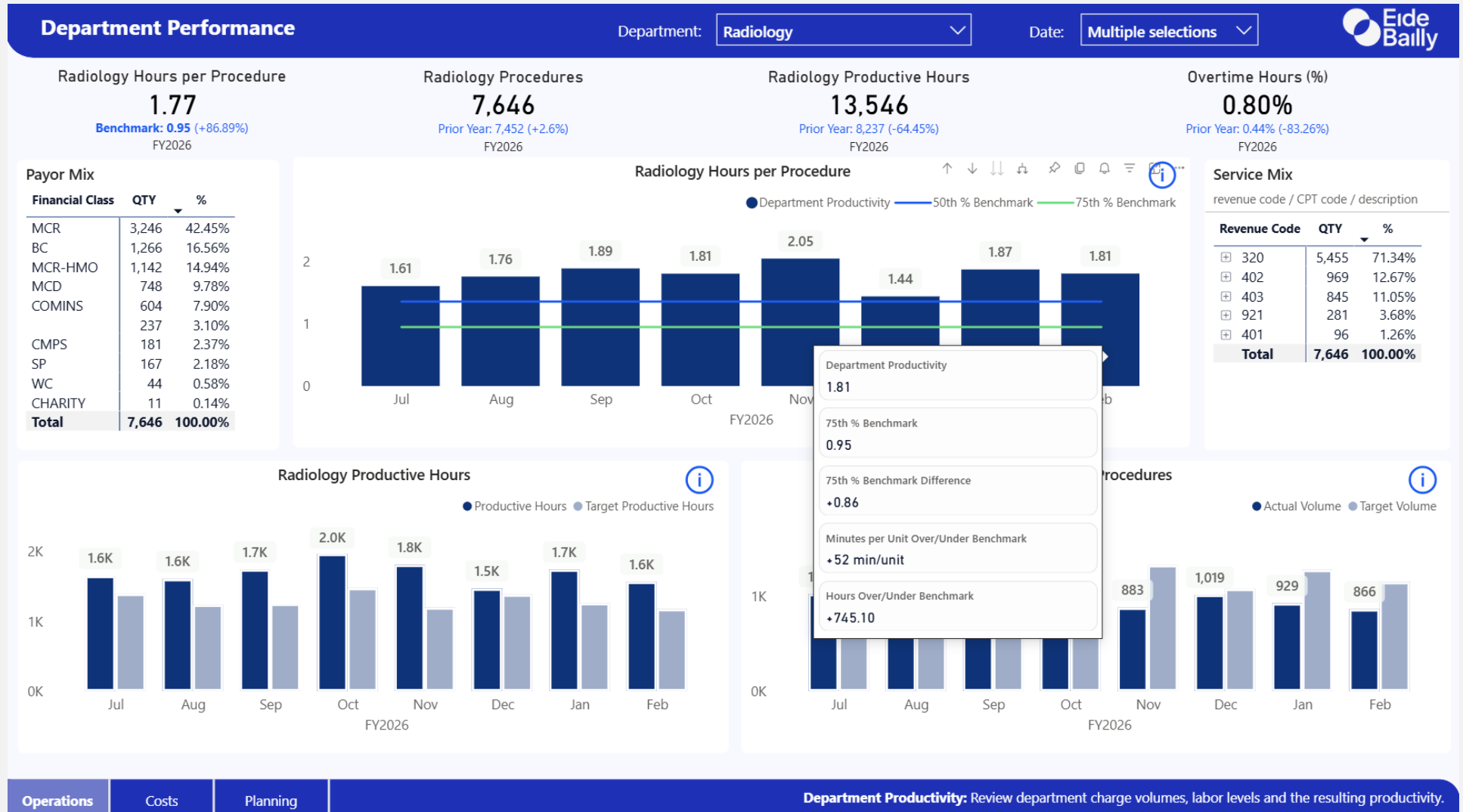
Detail
Focused

Fiscal Year	FY2025												FY2026			
	Fiscal Quarter		FQ3 2025			FQ4 2025			FQ1 2026			FQ2 2026			FQ3 2026	
	Benchmark Department Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
Clinic 1																
Volume (Units of Service)	105	112	158	336	327	335	343	344	416	335	320	530	120	278		
Productive Hours	38	103	445	503	658	601	386	458	535	640	598	514	599	623		
Overtime Hours % of Total		3.19%	6.62%	5.41%	4.43%	3.97%	4.42%	5.84%	3.36%	3.12%	3.30%	0.72%	3.16%	3.80%		
Department Productivity	0.36	0.92	2.82	1.50	2.01	1.79	1.13	1.33	1.29	1.91	1.87	0.97	4.99	2.24		
75th % Productivity Benchmark	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87		
Minutes per Unit Over/Under Benchmark	-91	-58	+57	-23	+8	-5	-45	-33	-35	+2	-0	-54	+187	+22		
Hours Over/Under Benchmark	-159.12	-107.44	+148.85	-126.52	+45.00	-27.00	-256.99	-186.50	-244.78	+11.93	-1.88	-479.17	+373.68	+102.19		
Labor Cost Impact	\$0	\$0	\$16,767	\$0	\$3,563	\$0	\$0	\$0	\$0	\$945	\$0	\$0	\$31,604	\$8,178		
Patient Revenue	\$18,261	\$111,448	\$218,083	\$154,006	\$168,460	\$145,596	\$126,997	\$153,614	\$221,880	\$136,544	\$162,778	\$148,793	\$198,658			
Total Operating Expense	\$6,380	\$123,045	\$95,402	\$174,977	\$90,800	\$395,700	\$74,814	\$77,116	\$149,121	\$181,751	\$172,476	\$100,452	\$181,248			
Operating Efficiency Ratio	0.35	1.10	0.44	1.14	0.54	2.72	0.59	0.50	0.67	1.33	1.06	0.68	0.91			
CT																
Volume (Units of Service)	579	477	571	596	581	633	641	634	584	647	585	705	572	531		
Productive Hours	907	613	712	733	618	383	407	587	653	632	568	550	504	534		
Overtime Hours % of Total	1.95%	1.91%	0.24%	0.34%	0.36%		5.17%	0.83%	0.10%	0.27%	0.07%	0.57%	0.19%	1.48%		
Department Productivity	1.57	1.28	1.25	1.23	1.06	0.60	0.63	0.93	1.12	0.98	0.97	0.78	0.88	1.01		
75th % Productivity Benchmark	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50		
Minutes per Unit Over/Under Benchmark	+64	+47	+45	+44	+34	+6	+8	+25	+37	+28	+28	+17	+23	+30		
Hours Over/Under Benchmark	+615.10	+372.30	+424.07	+432.67	+324.82	+63.56	+83.67	+267.56	+358.62	+305.77	+272.45	+193.90	+215.14	+265.87		
Labor Cost Impact	\$36,632	\$14,346	\$15,460	\$14,736	\$9,252	\$1,522	\$2,005	\$6,243	\$8,236	\$7,062	\$6,207	\$4,524	\$5,208	\$6,795		
Patient Revenue	\$1,990,148	\$1,563,578	\$1,857,533	\$2,010,703	\$1,906,479	\$2,045,592	\$2,329,834	\$2,220,793	\$2,097,803	\$2,356,227	\$2,130,188	\$2,468,731	\$2,037,040			
Total Operating Expense	\$62,915	\$49,421	\$44,811	\$81,702	\$47,777	\$28,932	\$59,359	\$31,886	\$43,535	\$67,209	\$41,749	\$35,658	\$65,013			
Operating Efficiency Ratio	0.03	0.03	0.02	0.04	0.03	0.01	0.03	0.01	0.02	0.03	0.02	0.01	0.03			
Emergency Room																

- Highlights where performance differs from benchmark
- Shows the magnitude of the gap and potential impact
- Helps teams prioritize where to focus first

Department Performance

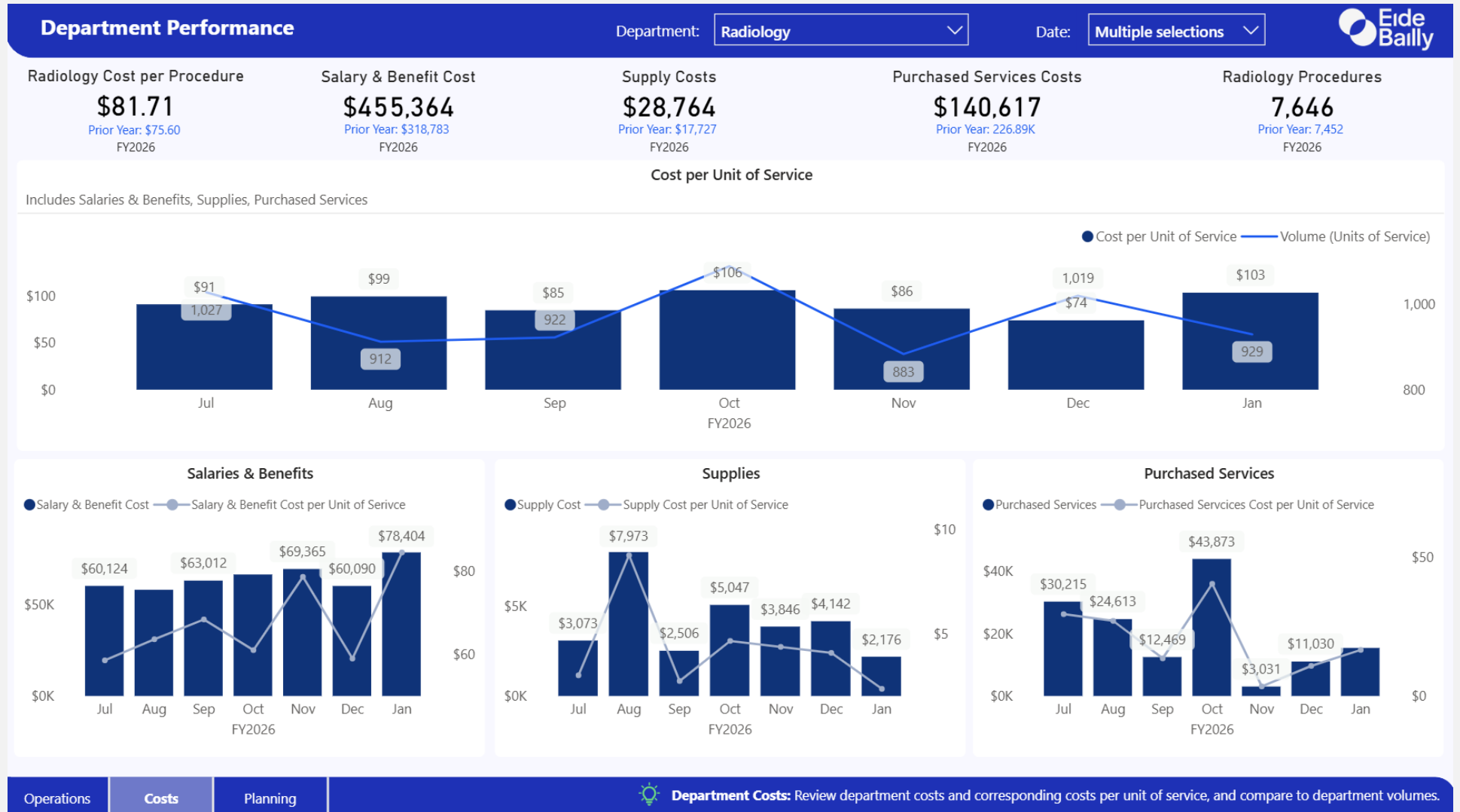
Understand what's driving productivity in your department



- Breaks performance into volume, staffing, and overtime
- Shows how changes in workload are impacting staffing needs and drillthrough for supporting insights
- Translates national CAH benchmarks into practical measures like minutes per unit and hours over/under

Cost Efficiency

Understanding what's driving cost in your department



- Shows cost per unit to separate volume changes from efficiency changes
- Breaks cost into salaries, supplies, and purchased services
- Highlights which cost areas are driving change over time

Planning & Forecasting

Planning ahead based on how your department operates

Department Performance

 Department: Radiology
 Date: Multiple selections

Volume
Labor
Financials

Radiology Procedures

Fiscal Year			FY2025												FY2026							
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Benchmark Department Description	Productive Stat	Transaction Revenue Code																				
Radiology	Radiology Procedures	320	599	594	709	793	625	666	709	620	710	728	689	733	720	656	703	718	614	732	671	641
		401	8	15	13	12	14	8	11	8	9	15	8	12	13	7	8	14	17	10	16	11
		402	121	120	102	152	103	129	130	101	100	142	170	134	170	135	105	119	95	117	114	114
		403	99	78	75	200	148	104	80	74	77	100	76	98	81	84	74	188	130	128	85	75

Radiology Procedures

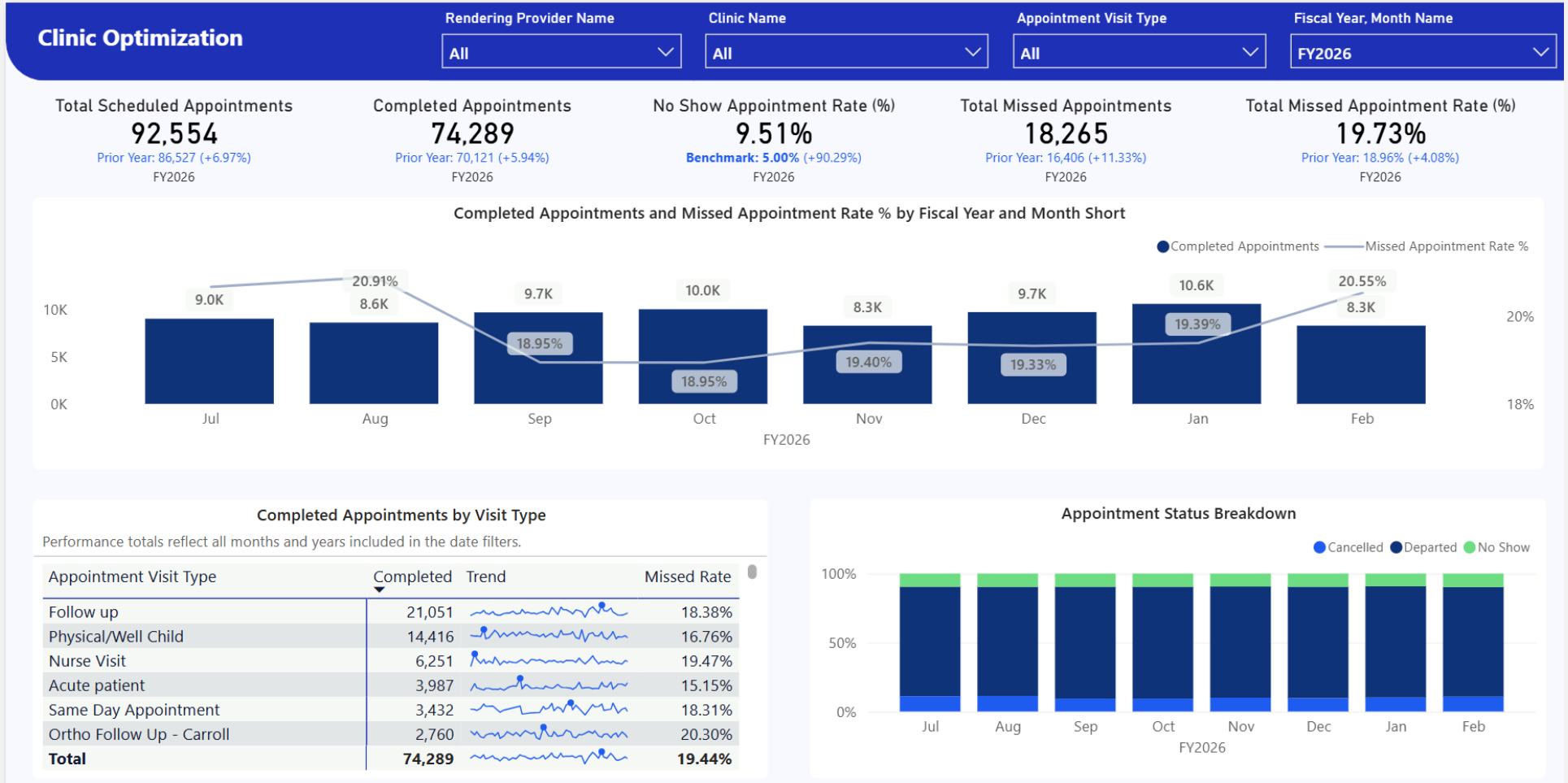
Month	Volume
Oct 2024	353
Nov 2024	485
Dec 2024	521
Jan 2025	411
Feb 2025	390
Mar 2025	474
Apr 2025	440
May 2025	540
Jun 2025	415
Jul 2025	503
Aug 2025	396
Sep 2025	485
Oct 2025	395
Nov 2025	508
Dec 2025	392
Jan 2026	425
Feb 2026	425
Mar 2026	425
Apr 2026	425
May 2026	425
Jun 2026	425
Jul 2026	425

Operations
Costs
Planning
Department Volume Planning: Review historical volumes by revenue code, identify trends, and understand future forecast. Use these insights to help inform staffing.

- Covers volume, labor, and financials to provide a complete view of department performance
- Shows how changes in volume impact staffing needs and overall cost
- Supports more confident decisions around staffing, budgeting, and resource allocation

Clinic Optimization

Understanding access, utilization, and missed opportunities



- Highlights missed appointments and their impact on visit volume
- Shows patterns by clinic, provider, day, and time
- Identifies both missed opportunities and unused capacity

Revenue Cycle

Understanding where A/R risk sits and where to focus

Revenue Cycle

 Date: FY2026
 Fin Class: All
 Pt Class: All

Total Accounts Receivable

\$30,954,027

Prior Month: \$31,054,921 (-0.32%)
Feb 2026

Billed Accounts Receivable

\$22,527,769

Prior Month: \$22,159,521 (+1.66%)
Feb 2026

% of Insurance AR outstanding > 120 days

15.08%

Benchmark: 15.00%
Feb 2026

Unbilled Accounts Receivable

\$8,426,258

Prior Month: \$8,895,400 (-5.27%)
Feb 2026

Total A/R by Period

Month	Total A/R
Jul	\$29,137,958
Aug	\$28,955,050
Sep	\$28,463,027
Oct	\$29,194,578
Nov	\$32,652,406
Dec	\$28,068,832
Jan	\$31,054,921
Feb	\$30,954,027

Total A/R by Financial Class

Primary Financial Class	Total A/R	%
BC	\$5,453,847	17.56%
CHARITY	\$182,022	0.59%
CMPS	\$1,439,949	4.64%
COMINS	\$3,196,088	10.29%
MCD	\$3,291,919	10.60%
MCR	\$9,568,926	30.81%
MCR-HMO	\$2,907,897	9.36%
SP	\$4,377,594	14.10%
W/C	\$636,678	2.05%
Total	\$31,054,921	100.00%

Total A/R by Aging Category

Aging Category	Amount	Percentage
0-30	\$9M	28.64%
31-60	\$9M	28.3%
61-90	\$5M	16.48%
91-120	\$2M	6.11%
121-150	\$1M	3.57%
151-180	\$2M	5.28%
181-210	\$0M	1.23%

Total A/R by Financial Class

Primary Financial Class	0-30	31-60	61-90	91-120	121-150	151-180	181-210	211-240	241-270
BC	\$2,149,149	\$1,059,785	\$118,210	\$178,573	\$14,536	\$38,374	\$93,963	\$3,987	\$28,315
CHARITY	\$8,489	\$18,992	\$4,266	\$8,752	\$8,491	\$118,566	\$6,194	\$0	\$259
CMPS	\$221,956	\$71,825	\$13,440	\$22,553	\$16,534	\$21,581	\$9,771	\$44,058	\$35,377
COMINS	\$631,964	\$634,186	\$230,089	\$147,436	\$153,913	\$195,808	\$71,351	\$76,897	\$29,581
MCD	\$504,695	\$333,536	\$269,459	\$132,693	\$128,299	\$52,922	\$44,094	\$24,475	\$63,262
MCR	\$4,069,546	\$1,436,548	\$299,958	\$15,755	\$64,673	\$1,507	\$6,855	\$2,250	\$1,063
MCR-HMO	\$886,047	\$635,800	\$76,363	\$62,259	\$7,778	\$5,122	(\$48,379)	\$33,217	\$23,648
Total	\$8,787,786	\$5,116,595	\$1,638,236	\$1,109,298	\$938,148	\$781,729	\$436,661	\$382,270	\$288,607

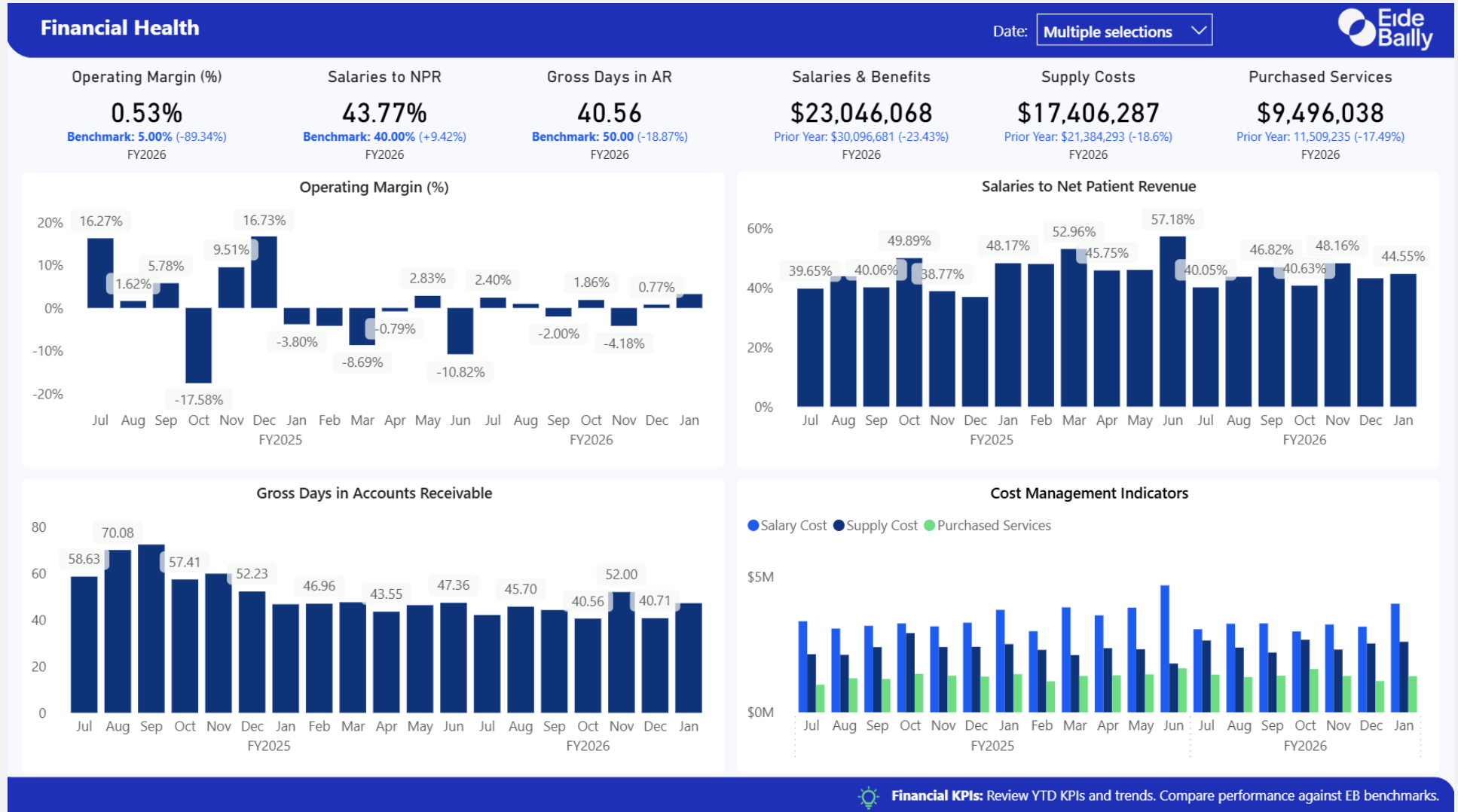
Total A/R
Billed A/R
Unbilled A/R
Detail

Accounts Receivables: Review current A/R amounts, trends and noticeable patterns with financial classes.

- Provides a clear view of total, billed, and unbilled accounts receivable
- Separates timing-related delays from true collection risk
- Highlights aging patterns, including insurance A/R over 120 days

Financial Health

Connecting operational performance to financial outcomes



- Brings together key metrics across margin, cost structure, and revenue cycle
- Shows how operational decisions are impacting financial results
- Helps distinguish short-term variation from longer-term trends

CAH Analytics | Frequently Asked Questions

Common questions from hospital and operational teams

Q: What data is required to get started?

A: CAH Analytics uses data most hospitals already have available (financial, labor, and volume reports). Our team guides you through the process and outlines exactly what's needed. *A detailed list of required reports and fields is included in the attached report requirements document.*

Q: Do we need to provide historical data to get started?

A: Yes. CAH Analytics typically uses 18–24 months of historical data to establish a consistent baseline. This allows trends, benchmarks, and performance comparisons to be meaningful from day one.

Q: Where do benchmarks come from?

A: Benchmarks are based on national data and are tailored specifically to Critical Access Hospitals. They are reviewed and updated annually to ensure they remain relevant and reflective of current industry trends.

Q: How long does implementation take?

A: Most organizations are live within 2–4 months. The process is structured and guided, and typically requires around 20–25 hours of time from your team over that period.

Q: How much ongoing effort is required from our team?

A: Very minimal. Most clients spend about 15–20 minutes per month uploading reports, and everything else is automated within the platform.

Q: What systems does CAH Analytics work with?

A: CAH Analytics is designed to work with data from standard hospital systems, including financial, clinical, and payroll platforms. Because it uses exported reports, it can be applied regardless of the systems you have in place, without requiring system changes or complex integrations.

Q: Who typically uses CAH Analytics within the organization?

A: Teams across the organization, including leadership, department managers, clinic managers, and revenue cycle staff.

CAH Analytics – Client Report Requirements (Field-Level)

Overview

This document outlines the **required reports and field-level requirements** for CAH Analytics. For each report requested from the client, we specify the **required columns**, along with brief descriptions to clarify expectations and reduce back-and-forth during data collection.

Preferred format: Excel (.xlsx) or CSV (.csv)

1. Aging Trial Balance

Purpose: Analyze accounts receivable aging, payer mix, and billing status trends.

	☰ Field / Column	☰ Description
1	Account Number	Unique patient account or encounter identifier
2	Admission Date	Date the patient was admitted / service began
3	Discharge Date	Date the patient was discharged (if applicable)
4	Claim Submission Date	Date the claim was submitted to the payer
5	Primary Financial Class	Primary payer category (e.g., Medicare, Medicaid, Commercial)
6	Payer	Specific payer name
7	Patient Class	Inpatient, Outpatient, Clinic, ED, etc.
8	Aging Category	Aging bucket (e.g., 0–30, 31–60, 61–90, 91–120, 120+ days)
9	Current A/R Balance (\$)	Outstanding accounts receivable balance
10	Medical Service	High-level service type (e.g., Clinic Office Visit, Imaging, Surgery)
11	Billing Status	Billed vs. Unbilled indicator

2. Clinic Visits

Purpose: Support visit volume, access, provider productivity, and no-show analysis.

	≡ Field / Column	≡ Description
1	Clinic Name	Name of the clinic or practice location
2	Rendering Provider Name	Provider associated with the visit
3	Appointment ID	Unique appointment identifier
4	Appointment Date	Date of the scheduled visit
5	Appointment Time	Scheduled appointment time
6	Appointment Visit Type	Visit type (e.g., New Patient, Follow-up, Annual)
7	Appointment Status	Completed, Cancelled, No-show, Rescheduled, etc.
8	Visit QTY	Number of visits (typically 1 unless otherwise stated)
9	Patient ID	Unique patient identifier

3. Payroll

Purpose: Analyze labor hours, wages, and productivity by job and department.

	≡ Field / Column	≡ Description
1	Employee ID	Unique employee identifier
2	Employee Department ID	Department the employee is assigned to
3	Wage Description	Wage type (Regular, OT, Call, Differential, etc.)
4	Job Description	Job or role title
5	Pay Period Date	Pay period ending date
6	Hours QTY	Total hours worked in the pay period
7	Wage Amount (\$)	Total wages associated with the hours worked

Note: Wage Amount should represent **total wages for the period**, not the base wage rate.

4. Revenue & Usage

Purpose: Support volume, utilization, and revenue analysis by department, service, and provider.

	☰ Field / Column	☰ Description
1	Transaction Service Date	Date the service was performed
2	Transaction Post Date	Date the transaction was posted
3	Account Number	Patient account or encounter identifier
4	Patient Financial Class	Financial class at time of service
5	Department ID	Internal department identifier
6	Department Name	Department name
7	Transaction Revenue Code	Revenue code associated with the service
8	Transaction Procedure Description	Description of the service or procedure
9	Transaction QTY	Quantity of services
10	Transaction Charge Amount (\$)	Total charge amount (unit price × quantity)
11	Patient Class Name	Inpatient, Outpatient, Clinic, ED, etc.
12	Transaction CDM	Chargemaster code
13	Transaction CPT	CPT / HCPCS code
14	Rendering / Billing Provider	Provider associated with the service

5. Summary Trial Balance

Purpose: Support financial benchmarking and department-level expense and margin analysis.

	☰ Field / Column	☰ Description
1	GL Account Number	General ledger account number
2	GL Account Name / Description	General ledger account description
3	Period Debits	Total debits for the reporting period
4	Period Credits	Total credits for the reporting period

5	Net Activity	Net activity for the period (Debits – Credits)
6	Ending Balance	Ending balance for the period
7	Opening Balance	Opening balance for the period
8	Business Unit ID	Department or cost center identifier
9	Report Period	Fiscal month and year

6. Chart of Accounts

Purpose: Map financial accounts to departments and analytic groupings.

	≡ Field / Column	≡ Description
1	GL Account Number	General ledger account number
2	GL Account Name / Description	General ledger account description
3	Business Unit ID	Department or cost center identifier
4	Business Unit Name	Department or cost center name

File Submission Notes

- Files should be provided for the **full historical period agreed upon** during kickoff.
- If a required field is not available, please notify the CAH Analytics team at Eide Bailly.