Seneca- October 2023 Revenue Cycle Performance & KPI

Nicole Greene – Customer Success Manager

Executive Summary

Key Initiatives

Partnership

- Ongoing initiative between R1 and Client/Oracle to identify and resolve build or workflow issues

Clean Claim Rate improvement

- Identify clean claim rate issues by identify and turning edits if necessary and reviewing workflow with coding and charge services.

Client Scorecard- October MTD

Key Performance Indicators OCT MTD		UofM	PYM				Performance Commentary
			Oct-22	Aug-23	Sep-23	Oct-23	
Cash & Revenue	Total Gross Revenue	$M	$2.02	$1.72	$1.80	$1.60	Reduction of $202K from prior month
	Total Cash Collected	$M	$1.10	$0.72	$0.76	$0.74	Reduction of $17K from prior month
	Actual Daily Cash Per Business Day	$M		$0.02	$0.02	$0.02	$23,991
	Average Daily Revenue	$K	$71,498	$56,424	$60,112	$51,663	
	Gross Collection Rate	%	64.0%	41.8%	42.2%		
DNFB & Clean Claim Rate	Unbilled AR	Days	7.40	24.23	28.12	26.22	Reduction 1.9 A/R Days
	Unbilled AR less Standard Delay	Days		19.02	23.74	22.56	
A/R & Aging	Total AR	Days	57.7	55.8	59.0	71.1	Increase 12.1 Days
	Total Ins AR	Days		53.5	56.3	67.7	Increase 10.4 Days
	Total SP AR Days	Days		2.3	2.6	3.3	Increase .7 Days
	AR > 90 %	%	15%	0%	9.5%	20.2%	
	Insurance AR > 90 %	%	15%	0%	10.6%	21.2%	
Cash Posting & Denials	Credit Balance	$M		$0.00	$0.01	$0.03	
	Credit Balance Days	Days		0.0	0.1	0.6	
	Full Denial Rate	%		9%	23%	18%	
	Full Denial Total	$K	$191,640	$159,156	$410,757	$287,920	

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Client DNFB Scorecard- October EOM

	UOM	Jul-23	Aug-23	Sep-23	Oct-23
DNFB					
Bill Suppression Hold	$	547,194	460,909	333,846	376,748
Correction Required	$	33,909	-	2,840	15,740
Credit Balance - No Charges	$	-	-		
Held in Scrubber	$	275,520	269,353	729,137	196,051
Ready to Bill	$	-	105,358	4,621	11,414
Standard Delay	$	171,672	296,295	263,154	189,026
Waiting for Coding	$	319,571	246,236	356,529	565,383
Total Gross DNFB	**$**	**1,347,864**	**1,378,151**	**1,690,127**	**1,354,360**
Less Standard Delay	**$**	**1,176,193**	**1,081,856**	**1,426,973**	**1,165,334**

DNFB Status Days		Jul-23	Aug-23	Sep-23	Oct-23
Bill Suppression Hold	Days	9.62	8.17	5.55	7.29
Correction Required	Days	0.60	-	0.05	0.30
Credit Balance - No Charges	Days	-	-	-	-
Held in Scrubber	Days	4.84	4.77	12.13	3.79
Ready to Bill	Days	-	1.87	0.08	0.22
Standard Delay	Days	3.02	5.25	4.38	3.66
Waiting for Coding	Days	5.62	4.36	5.93	10.94
Total Gross DNFB	Days	23.70	24.42	28.12	26.22
DNFB Less Standard Delay	Days	20.68	19.17	23.74	22.56

NG0 Bill Suppression Hold:
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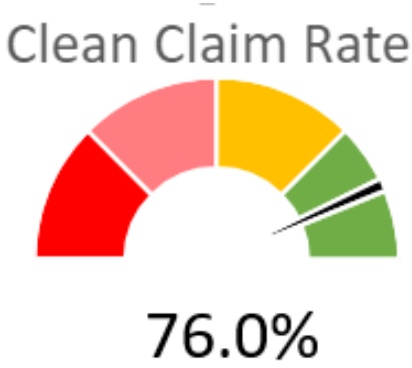
Claims Processing

October 2023- Clean Claim Rate – All Stops



Total Claims	Total Claims Stopped	Total Claims Billed	Clean Claim Rate
Volume: 1465 Value: $2.7M	Volume: 351 Value: $1.3M	Volume: 1113 Value: $1.4M	76.0%

Claims Processing/ October EOM

Top 5 Edits/Rejections

Edit Number	Description	# of Occurrence	# of Claims	RCA
198060	WARNING - CODE NOT RECOGNIZED BY OPPS. THE CODE IS 93010. - OCE 62 [VERSION 09/18/2023] SOURCE = JULY 2023 INTEGRATED OUTPATIENT CODE EDITOR (I/OCE) SPECIFICATIONS VERSION V24.2 HTTP://WWW.CMS.GOV/MEDICARE/CODING/OUTPATIENTCODEEDIT/OCEQTRRELEASESPECS.HTML	27	21	8.29 If the code is for 0223U, A4600, A9273, 93010, 99222-99223, or 99238-99239, R1 to bypass the warning in SSI. If the code is 80320, R1 to delete in SSI, cancel in Cerner, and apply SNCA Coding Edits work item to coding Generic User (SNCACPAUSER, CODING) via the encounter tab asking for code 80320 to be replaced with 82077. For any other code, request coding review to determine if warning should be bypassed. Provide a list of codes Coding is advising can be bypassed to R1 leadership weekly.
3590	A CONDITION CODE OF D0-D4, D7-D9, OR E0 IS REQUIRED WHEN BILL TYPE IS XX7. (NOTE: CONDITION CODE D7 IS VALID ONLY FOR SECONDARY MEDICARE CLAIMS. CONDITION CODE D8 IS VALID ONLY ON MEDICARE PRIMARY.) D0 = CHANGES TO SERVICE DATES D1 = CHANGES TO CHARGES D2 = CHANGES IN REVENUE CODE/HCPCS/HIPPS RATE CODES D3 = SECOND OR SUBSEQUENT INTERIM PPS BILL D4 = CHANGE IN ICD(CM DIAGNOSIS AND/OR PROCEDURE CODES) D7 = CHANGE TO MAKE MEDICARE THE SECONDARY PAYOR D8 = CHANGE TO MAKE MEDICARE THE PRIMARY PAYOR D9 = ANY OTHER CHANGE E0 = CHANGE IN PATIENT STATUS. (EXCEPTION: -- WHEN CONDITION CODE 04 EXISTS -- WHEN CONDITION CODE DR EFFECTIVE 08/31/2009) - 2300*HI*BG - ***MEDICARE EDIT*** [VERSION 01/09/2023] SOURCE = MEDICARE CLAIMS PROCESSING MANUAL 100-04, CHAPTER 1, SECTION 130.1.2.2.	18	18	R1 to update and validate
37723	WARNING: CCI CONFLICT WITH HCPCS CODES 99222 AND 99284: Column 1/Column 2 Edits. OCE-19/OCE-20 WARNING - code pair that is not allowed by NCCI even if appropriate modifier is present. CPT CODES COPYRIGHT 1999 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCI-Coding-Edits.html - 2400*SV202-2 -	19	15	9.27 If the CCI conflict is between codes any two codes from 99222-99285, bypass in SSI. If between codes 93005 and 93010 or 99156, add mod 59 to the 93005-charge line, If between 80305/80010 add 59 mod to charge 80305, between 99156/93005 add modifier 59 to 93005 charge. Between 94060 and 94010, send to coding to have one of the codes removed (not allowed even with modifier). If between 97140/97750 - bypass warning, 80503 and 84146/85256, add 59 mod to the code that is NOT 80503, between 12001 and 12002 AND any other codes, R1 to delete in SSI, cancel in Cerner, and apply SNCA Coding Edits work item to coding Generic User (SNCACPAUSER, CODING) via the encounter tab.
129313	WHEN BILLING SECONDARY PAYER, THE PRIMARY PAYMENT RECEIVED A (FL 54) PLUS TOTAL OF ALL THE ADJUSTMENT AMOUNTS BOTH CLAIM LEVEL AND CHARGE LEVEL MUST EQUAL TOTAL CHARGES. IF OUT OF BALANCE SECONDARY CLAIM MUST BE BILLED PAPER. THE FOLLOWING ARE THE TOTAL AMOUNTS: TOTAL PRIMARY CLAIM ADJUSTMENTS - -36.50. TOTAL PRIMARY CHARGE ADJUSTMENTS - 0.00. PAYMENT RECEIVED A - 0.00. THE TOTAL PRIMARY ADJUSTMENTS (CL AND CHG) ---------- AND PAYMENTS RECEIVED IS - -36.50. ********** TOTAL CHARGES - 1740.00. - LOOP 2320 AMT D 2320/2430 CAS 2300 CLM02 - ***HIPAA ANSI GENERIC EDIT*** [VERSION 01/11/2023]	11	11	R1 to updated secondary adjudication information
132995	ADJUDICATION DATE AT THE CLAIM LEVEL IS REQUIRED IF THERE IS NO ADJUDICATION DATE AT THE CHARGE LEVEL. LOOP 2330B*DTP*573 * HIPAA ANSI GENERIC EDIT * [VERSION 09/20/2023] SOURCE: 5010IG PAGE 389 REQUIRED WHEN THE PAYER IDENTIFIED IN THIS LOOP HAS PREVIOUSLY ADJUDICATED THE CLAIM AND LOOP ID-2430, LINE CHECK OR REMITTANCE DATE IS NOT USED.	11	11	R1 to updated secondary adjudication information

Denials UB & 1500

2023 Trending-4 Month Trend

Full Denials

Denial Categories	Jul-23	Aug-23	Sep-23	Oct-23
Additonal Info Needed	$21,814	$14,610	$72,433	$54,755
Auth/PreCert		$2,720	$4,216	$9,503
Benefits	$1,659	$6,145	$7,226	$7,306
Billing Submission Errors	$2,067	$37,912	$93,124	$43,235
Bundling	$4,710	$37,122	$69,680	$35,371
Coding CPT/HCPCS			$16,303	$8,754
Coding- DX	$360	$204	$908	$27
Coding Modifier	$482	$3,579	$11,147	$6,040
Contracting			$4,731	$-
COB	$1,987	$8,164	$145	$4,926
Credentialing			$91	$4,177
Duplicate	$113	$4,081	$63,379	$38,471
Medical Necessity	$521	$6,898	$7,653	$8,823
Non Covered Services	$5,414	$25,283	$24,254	$18,524
Referral			$-	$-
Registration/Eligibility	$4,509	$29,770	$34,531	$20,789
Reimbursment			$936	**$-**
Timley Filing				$2,550
Total Gross Denied	**$43,636**	**$176,486**	**$410,757**	**$263,251**
Total Gross Charges	**$1,282,897**	**$1,722,969**	**$1,803,439**	**$1,601,562**
Denial %	**3.4%**	**10.2%**	**22.8%**	**16.4%**

Denials/ October EOM
Top Monthly Denials & Mitigation Strategies

Denial Group	Weekly/Monthly Denial Dollars	Volume	Top Payers	CARC/RARC	Additional Details/Root Cause/Resolution
Additional Info Needed	$54.7K	136 UB 25 1500	Calf Health and Wellness Keenan	16- Claim/svc lacks info needed for adjudication	CPT codes 84702, 87799, Z7610, L3908 are denied for Missing/incomplete/invalid procedure code/modifier. Ae per SOP, R1 to add SNCA Coding Denials work item and assign to SNCACPAUSER, CODING with specific details as to the denial, code denied, and what is needed to be reviewed/updated
Billing Submission Error	$43.2K	124 UB 4 1500	BCBS	129- Pmt denied - Prior Process info Correct	Example encounters# 60000455 & 60000103 - Primary insurance proceesed the claim and crossed over the claim to secondary insurance and processed & paid. Secondary claim was submitted twice RCA - R1 to to call payer and get more detail. See if payer needs primary EOB information
			Calf Health and Wellness	5- Proc cd/Bill type inconsistent with POS	Example encounters# 60001617, claim is denied for incorrect/missing modifier RCA - R1 to add SNCA Coding Denials work item and assign to SNCACPAUSER, CODING with specific details as to the denial, code denied, and what is needed to be reviewed/updated 8.24.23 place on R1 assistance 9.18.23 For Payer Partnership Health Plan with E7M codes 99281-99285 please see MISC Tab
Duplicate	$38.4K	86 UB 4 1500	Blue Shield Partnership Health	18- Duplicate Claim or service	Example encounters# 60004879 & 60004146 R1 to verify if claim is truly a duplicate (speak with payer, check related encounters, powerchart, etc), if a combine is needed, if TOB was correct, etc. Workflow will vary depending on reasoning for denial.
Bundling	$35.3K	115 UB 31 1500	Medicare Blue Cross	97- Pmt included in allow for other svc/proc	Example encounters# 60006918 & 60005087 R1 to review to verify payment exist on claim if so adjusted the CO-97 to contractual. If there is no payment put on the R1 assistance
Registration/Elig.	$20.7K	63 UB 2 1500	BCBS	27- Expenses incurred after coverage termed 109- Clm/svc not covered send to correct payer 200- Expenses incurred during lapse in coverage 32- not an eligible dependent as defined	Example encounter# 60002800-2, if claim denied for 27- Expenses incurred after coverage termed, R1 to verify insurance information and update/rebill. If unable to verify patient/insurance information, R1 to send SNCA Registration Denials work item assigned to the Reg generic user with details in notes. Team will follow the same for 200 & 32 denial scenarios Example encounter# 60003018, if claim denied for 109 - R1 to verify the correct insurance for DOS. If the insurance is correct for the patient but does not cover the service, determine if patient can be billed or if provider is liable. If payer advises a modifier can be added, send to coding to review. If insurance is incorrect, update and bill.

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Accounts Receivable

Aged Trial Balance October 23 EOM compared to Sept 23 EOM

October - EOM 2023	ADR																		
Current Financial Class	**DNFB**	**Not Aged**	**0-30**	**31-60**	**61-90**	**91-120**	**121-150**	**151-180**	**181-210**	**211-240**	**241-270**	**271-300**	**301-330**	**331-365**	**366+**	**Grand Total**	**Over 90**	**Prior Month Over 90**	**Month Variance Over 90**
Blue Cross	$260,242	$2,125	$219,991	$84,930	$34,085	$63,000	$41,528									$705,900	$104,528	$45,304	$59,224
Commercial	$35,341	$2,423	$32,475	$58,785	$20,176	$63,007	$40,039									$252,246	$103,046	$5,475	$97,571
Indian Beneficiary	$160			$375	$233	$280	$5,475									$6,523	$5,755	$11,376	($5,621)
Medicaid					$90		$11,376									$11,466	$11,376	$42,037	($30,661)
Medicaid HMO	$94,137	$17,698	$67,650	$62,283	$72,206	$83,129	$34,619									$431,723	$117,748	$29,959	$87,789
Medi-Cal	$19,315	$169	$45,068	$65,532	$5,834	$15,630	$50,770									$202,319	$66,400	$104,875	($38,475)
Medicare	$726,256	$13,511	$297,031	$80,789	$196,546	$121,978	$55,019									$1,491,130	$176,996	$28,944	$148,053
Medicare Advantage	$26,196		$20,125	$18,171	$7,443	$11,497	$33,465									$116,898	$44,963	$16,834	$28,129
Self Pay	$51,673	$397	$8,541	$26,434	$25,902	$49,590	$9,564									$172,101	$59,154	$44	$59,111
Veterans Administration	$52,185	$1,110	$20,181	$12,971	$2,304	$8,919	$1,500	$321								$99,491	$10,740	$16,860	($6,119)
Worker's Compensation	$44,405		$10,160	$59,232	$21,752	$22,323	$14,478	$441								$172,789	$37,241	($45)	$37,286
(blank)		$482	$864	($22)	$5,292	$2,699	$46									$9,361	$2,745	$0	$2,745
Grand Total	**$1,309,910**	**$37,915**	**$722,085**	**$469,481**	**$391,863**	**$442,053**	**$297,878**	**$762**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$3,671,947**	**$740,693**	**$301,661**	**$439,032**
% of AR	**36%**	**1%**	**20%**	**13%**	**11%**	**12%**	**8%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**		**20%**	**10%**	
Insurance Only	**$1,258,238**	**$37,518**	**$713,544**	**$443,047**	**$365,961**	**$392,462**	**$288,314**	**$762**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$3,499,846**	**$681,539**	**$301,617**	**$379,921**

October 2023 EOM

Net Variance in Dollars to Prior EOM Aging Bucket

Financial Class	DNFB	Not Aged	0-30	31-60	61-90	91-120	121-150	151-180	181-210	211-240	241-270	271-300	301-330	331-365	366+	Grand Total	Over 90
Blue Cross	($4,171)	($69,371)	$26,211	$31,694	($40,262)	$24,025	$41,528	$0	$0	$0	$0	$0	$0	$0	$0	$9,654	$59,224
Commercial	($43,255)	$2,423	($45,456)	$30,108	($51,812)	$17,704	$40,039	$0	$0	$0	$0	$0	$0	$0	$0	($50,249)	$97,571
Indian Beneficiary	($495)	$0	$0	$375	$233	($5,195)	$5,475	$0	$0	$0	$0	$0	$0	$0	$0	$393	($5,621)
Medicaid	$0	$0	$0	$0	$90	($11,376)	$11,376	$0	$0	$0	$0	$0	$0	$0	$0	$90	($30,661)
Medicaid HMO	($95,702)	$16,533	$25,724	($10,099)	($4,170)	$41,092	$34,619	$0	$0	$0	$0	$0	$0	$0	$0	$7,997	$87,789
Medi-Cal	($143,068)	$169	$35,850	$54,361	($9,860)	($14,330)	$50,770	$0	$0	$0	$0	$0	$0	$0	$0	($26,107)	($38,475)
Medicare	($76,862)	($174)	$77,772	($5,280)	$58,745	$17,527	$54,595	$0	$0	$0	$0	$0	$0	$0	$0	$126,323	$148,053
Medicare Advantage	($18,624)	$0	$10,800	$2,912	($2,973)	($17,446)	$33,465	$0	$0	$0	$0	$0	$0	$0	$0	$8,133	$28,129
Self Pay	$19,495	$169	($18,849)	($5,348)	($23,870)	$32,757	$9,564	$0	$0	$0	$0	$0	$0	$0	$0	$13,917	$59,111
Veterans Administration	($2,627)	$1,110	($3,074)	$12,304	($1,278)	$9,197	$1,179	$321	$0	$0	$0	$0	$0	$0	$0	$17,132	($6,119)
Worker's Compensation	($9,008)	$0	($53,370)	$56,013	$4,444	$5,463	$14,478	$441	$0	$0	$0	$0	$0	$0	$0	$18,460	$37,286
(blank)	$0	($7,279)	$3,871	($2,683)	$4,757	$2,744	$46	$0	$0	$0	$0	$0	$0	$0	$0	$1,456	$2,745
Grand Total	**($374,318)**	**($56,421)**	**$59,478**	**$164,357**	**($65,955)**	**$102,162**	**$297,133**	**$762**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$127,199**	**$439,032**

Insurance Only	**($393,812)**	**($56,590)**	**$78,327**	**$169,706**	**($42,085)**	**$69,405**	**$287,569**	**$762**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$113,282**	**$379,921**

- R1 Scope Increase A/R over 90 BCBS, Comm, Medicaid HMO, Medicare, Medicare MCO, Work Comp
- R1 Decrease A/R over 90 Indian Bene, Medicaid, Medi- Cal, VA
- Facility Scope: Increase Self pay

NG0 90+ $339K client scope $86K Medicare enrollment issue now resolved, $255K pending with payer
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Adjustments

Adjustment Sub Type	Jun-23	Jul-23	Aug-23	Sept -23	Oct-23 MTD
Contractual Allowance Adjustment	($5,069)	**($200,987)**	($551,123)	($631,008)	($711,116)
Courtesy Adjustment	($195)	**($109)**	($866)	($1,274)	($467)
Discount Adjustment	($35)	**($11,212)**	($233)	($9,396)	($1,582)
Provider Adjustment	$70	**($760)**	($19,828)	($13,822)	($15,293)
Payment Adjustment		**($33)**	($9)	($13)	($11)
Charity Adjustment		**($28,877)**	($27,514)	($1,363)	
Late Charge Processing		**($90)**	$0	($90)	
Total Adjustments	**-$5,229**	**-$242,068**	**-$599,574**	**-$656,966**	**-$728,469**

Client Assistance Oct EOM

Client Assist Status by Functional Area	Future Date	< 72 Hrs	4-9 Days	10-20 Days	21-30 Days	31+ Days	TOTAL	Aged 10+
TOTAL Client Assist	**$616**	**$72,440**	**$56,439**	**$96,972**	**$230,138**	**$240,081**	**$696,686**	**$567,191**
Charge Service Date out of Bounds	$616	$5,999	$2,851	$136	$66		$9,667	$202
Coding Updates			$295	$6,745		$118,355	$125,395	$125,100
Er/OBS to IP review							$0	$0
Encounters w/o charges		-$304	-$10	-$60		-$4,419	-$4,792	-$4,479
HIM Med Records Request					$10,325		$10,325	$10,325
Late Charge Review		$2,892		$9,019			$11,911	$9,019
Medi-Cal enrollment hold							$0	$0
Medicare enrollment hold		$398	$2,720	$4,726	$175,212	$26,113	$209,169	$206,051
OCE lab edits: 80053							$0	$0
OCE lab edits: 82945							$0	$0
Same Day encounter review		$9,239					$9,239	$0
Self Pay After Medicaid		$231	$5,114	$21,771	$259	$1,032	$28,407	$23,062
SNCA Authorizations		$423	$3,695	$4,070		$15,685	$23,873	$19,755
SNCA Billing Manager						$204	$204	$204
SNCA charge review		$4,482	$9,926	$6,804			$21,211	$6,804
SNCA coding denials		$1,847	$8,374	$31,828	$38,324	$55,472	$135,844	$125,623
SNCA coding edits		$218	$18,143	$1,085	$549	$9,019	$29,013	$10,652
SNCA Medical Necissity Edits		$45,763					$45,763	$0
SNCA Registraion Edits			$1,220	$9,964	$5,403	$14,266	$30,854	$29,634
SNCA Registration Denials		$838	$3,888	$885		$4,354	$9,966	$5,239
SNCA Staff Ins Discount Review			$66				$66	$0
Vaccine Clinic Review		$415	$156				$571	$0
VIP Encounter Review							$0	$0

Client Assistance 13.5 A/R Days / Client Assistance >10+ days 10.9 A/R Days

Payer Charge Mix

Rev by Primary HP FC	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Blue Cross	$237,881	**$350,198**	**$277,596**	**$514,524**	**$407,661**
Commercial	$117,939	**$190,718**	**$129,498**	**$132,180**	**$62,932**
Indian Beneficiary	$5,195			**$212**	
Medicaid	$11,488	**$22,198**	**$896**	**$-**	
Medicaid HMO	$90,720	**$206,190**	**$239,725**	**$182,936**	**$185,461**
Medi-Cal	$94,316	**$60,106**	**$32,638**	**$88,597**	**$58,155**
Medicare	$572,724	**$868,963**	**$801,165**	**$658,716**	**$745,527**
Medicare Advantage	$54,826	**$57,508**	**$37,067**	**$50,600**	**$34,193**
Self Pay	$41,879	**$118,732**	**$100,743**	**$46,229**	**$19,909**
Veterans Administration	$29,028	**$37,332**	**$61,581**	**$59,370**	**$56,125**
Worker's Compensation	$26,855	**$44,847**	**$37,024**	**$65,877**	**$30,215**
(blank)	$46	**$2,665**	**$5,037**	**$4,198**	**$1,386**
TOTAL	**$1,282,897**	**$1,959,458**	**$1,722,969**	**$1,803,439**	**$1,601,562**

Payment Charge Mix

Bill Financial Class	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Blue Cross	4,230	97,073	212,211	239,131	273,092
Commercial	1,269	72,057	99,866	86,611	95,903
Indian Beneficiary					
Medicaid				(113)	
Medicaid HMO	-	3,317	14,292	27,206	26,161
Medi-Cal	541	1,342	2,212	4,016	6,722
Medicare	-	87,439	359,380	283,754	270,063
Medicare Advantage	-	2,440	21,402	40,218	18,938
Self Pay	4,209	6,322	215	43,517	37,876
Veterans Administration		5,333	6,195	40,306	15,987
Worker's Compensation		-	6,893	23,756	5,109
(blank)/reversals		(140)	(3,265)	(27,592)	(6,124)
Grand Total	10,250	275,182	719,402	760,810	743,728

Avg Cash Per Day	342	8,877	23,207	25,360	23,991

Self Pay

Collections # 1	$-	$-	$-	$-	$-
Normal # 1	$-	$-	$-	$-	$-
Normal # 2	$-	$-	$93,551	$32,292	$22,184
Normal # 3	$-	$-	$-	$88,654	$93,681
(blank)	$26,696	$99,579	$35,568	$37,240	$56,330
Statement Cycle Dollars	**26,696**	**99,579**	**129,120**	**158,186**	**172,196**

Collections # 1	-	-	-	-	-
Normal # 1	-	-	-	-	-
Normal # 2	-	-	1.66	0.54	0.43
Normal # 3	-	-	-	1.47	1.81
(blank)	0.54	1.75	0.63	0.62	1.09
Self Pay Days	**0.54**	**1.75**	**2.29**	**2.63**	**3.33**

Appendix

Appendix: Calculations/Source/Target Calculations

Metric	Unit of Measure	Source	Calculation/Definition	Target Calculation
Gross Revenue	Dollars	Weekly/EOM RevWorks NOW Report (Charges)	Total for specified time period	90 day average
Cash Collections	Dollars	Weekly/EOM RevWorks NOW Report (Payments)	Total for specified time period	102% of 90 day average
Clean Claim Rate	Percentage	Revenue Manager CCR Report	Total error claims divided by total claims uploaded	HFMA Benchmark
Average Daily Revenue	Dollars	Weekly/EOM RevWorks NOW Report (Charges)	Total of 90 days charges divided by 90	90 day average
Gross Collections	Percentage	Calculated with other totals	Total current month payments divided by total current month charges	102% of 90 day average
Unbilled AR	Days	Weekly/EOM RevWorks NOW Report (EATB)	Total unbilled charges divided by current ADR	7 days (HFMA Benchmark + Standard Delay)
Unbilled Less Standard Delay	Days	Weekly/EOM RevWorks NOW Report (EATB)	Total unbilled charges (excluding Standard Delay) divided by current ADR	4 days (HFMA Benchmark)
Waiting for Coding	Days	Weekly/EOM RevWorks NOW Report (EATB)	Total unbilled charges (in any coding category) divided by current ADR	4 days (HFMA Benchmark)
Total AR Days	Days	Weekly/EOM RevWorks NOW Report (EATB)	Total AR balance (all payers, including credit balances) divided by current ADR	50 Days
Total Ins AR Days	Days	Weekly/EOM RevWorks NOW Report (EATB)	Total Ins balance (all payers, including credit balances) divided by current ADR	45 Days (Set by Wray Leadership)
Ins AR > 90	Percentage	Weekly/EOM RevWorks NOW Report (EATB)	Total Ins balance of all payers aged 90+ that are within the R1 Scope divided by toatal Ins AR balance	HMFA Benchmark
Credit Balances $	Dollars	Weekly/EOM RevWorks NOW Report (EATB)	Total AR balances with balance type of Credit	1 x current ADR
Credit Balance Days	Days	Weekly/EOM RevWorks NOW Report (EATB)	Total AR balances with balance type of Credit divided by current ADR	Set by Leadership
Initial Denial Rate	Percentage	Weekly/EOM RevWorks NOW Report (Denials)	Total (mapped) MTD denied dollars (excluding Information Only, Provider Liability, Patient Liability) divided by current month charges	HFMA Benchmark
Total Denials	Dollars	Weekly/EOM RevWorks NOW Report (Denials)	Total (mapped) MTD denied dollars (excluding Information Only, Provider Liability, Patient Liability)	5% of current month charges

Appendix: Status Legend

Unit of Measure (UofM)	🟢	🟡	🔴
$	1% -/+ of Target	>1% -/+ of Target	>5% -/+ of Target
Days	1 Day -/+ of Target	> 1 Day -/+ of Target	>3 Days -/+ of Target
%	1% -/+ of Target	>1% -/+ of Target	>5% -/+ of Target

Rough Draft- Ops Benchmarks

Back to Index	Metric	Type	Target	Good	Better	Best	Comment
Cash & Revenue	Total Gross Revenue	$M	Avg Prior Year				*Adj monthly seasonality; data unavailable use avg. prior 3 mos.*
	Total Cash Collected	$M	Avg Prior Year				*Adj monthly seasonality; data unavailable use avg. prior 3 mos.*
	Gross Collection Rate	%	Avg Prior Year				*Adj monthly seasonality; data unavailable use avg. prior 3 mos.*
	Net Collection Rate	%	Avg Prior Year				*Adj monthly seasonality; data unavailable use avg. prior 3 mos.*
DNFB	Unbilled AR	Days	< 6 AR Day(s)	6	5	4	
	Unbilled AR less Standard Delay	$M					*Calculated Metric Days * ADR*
	Unbilled AR less Standard Delay	Days	< 3 AR Days(s)	3	2	1	
	Coding WIP	$M					*Calculated Metric Days * ADR*
	Coding WIP	Days	< 1 AR Day(s)	1	0.8	0.5	
	Held in Scrubber	$M					*Calculated Metric Days * ADR*
	Held in Scrubber	Days	< 1 AR Day(s)	1	0.8	0.5	
	Correction Required	$M					*Calculated Metric Days * ADR*
	Correction Required	Days	< 0.5 AR Day(s)	0.5	0.4	0.3	
	Standard Delay	$M					*Calculated Metric Days * ADR*
	Standard Delay	Days	< 4 AR Day(s)	3	2	1	*System standard delay - 1 day*
	Bill Suppression Hold	$M					*Calculated Metric Days * ADR*
	Bill Suppression Hold	Days	< 1 AR Day(s)	2	1.5	1	
	Ready to Bill	$M					*Calculated Metric Days * ADR*
	Ready to Bill	Days	< 0.5 AR Day(s)	0.5	0.4	0.3	
A/R & Aging	Total Payer AR	$M					*Calculated Metric Days * ADR*
	Total Payer AR > 90	$M					*Calculated Payer AR * AR > 90*
	Total AR > 90 {incl SP}	%	< 22%	22%	21%	20%	
	Total AR > 90 {excld SP}	%	< 18%	18%	17%	16%	
	Total AR > 180	%	< 5%	5%	5%	4%	
	Total AR > 365	%	< 2%	2%	2%	1%	
	AR Days {incl SP}	Days	< 50.0 AR Day(s)	49	45	42	
	AR Days {excl SP}	Days	< 43.0 AR Day(s)	41	38	35	
	R1-owned Work Items	%					
	Last touch >30	Days					
Cash Posting & Denials	Credit Balance	Days	< 1.0 AR Days	1	0.8	0.5	
	Initial Denial Rate	%	< 10%	10%	8%	5%	
	Tech Denial	$M	< 1%				*Calculated % * Gross Charges*
Payments & Adjustments	Total Insurance Payments	$M					
	Total Self Pay Payments	$M					
	Contractual Adjustments	$M					
	Avoidable Adjustments	$M					
	Other Adjustments	$M					
Clearing House	Clean claim	%	> 85%	0.9	0.9	1	Exclude Warnings