



R1 ***Better
Faster
Stronger
Together.***

Seneca- November 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- November

Key Performance Indicators November 2023		Uof M	Nov-22	Aug-23	Sep-23	Oct-23	Nov-23	Performance Commentary
Cash & Revenue	Total Gross Revenue	\$M	\$2.02	\$1.72	\$1.80	\$1.60	\$1.36	Decrease \$239K from prior month
	Total Cash Collected	\$M	\$1.14	\$0.72	\$0.76	\$0.74	\$0.65	Decrease \$95K from prior month
	Average Daily Revenue	\$K	\$72,609	\$56,424	\$60,112	\$51,663	\$45,394	
	Gross Collection Rate	%	57.0%	41.8%	42.2%	46.4%	47.6%	
DNFB & Clean Claim Rate	Unbilled AR	Days	10.40	24.23	28.12	26.22	28.61	
	Unbilled AR less Standard Delay	Days		19.02	23.74	22.56	25.18	
A/R & Aging	Total AR	Days	55.1	55.8	59.0	71.1	84.9	
	Total Ins AR	Days		53.5	56.3	67.7	80.7	
	Total SP AR Days	Days		2.3	2.6	3.3	4.2	
	AR > 90 %	%	13%	0%	9.5%	20.2%	28.9%	
	Insurance AR > 90 %	%	13%	0%	10.6%	21.2%	28.5%	
Cash Posting & Denials	Credit Balance	\$M		\$0.00	\$0.01	\$0.03	\$0.04	\$42,005
	Credit Balance Days	Days		0.0	0.1	0.6	1.0	SP Credits .03 Days/ INS credits .94 Days
	Full Denial Rate	%		9%	23%	16%	22%	
	Full Denial Total	\$K	\$170,230	\$159,156	\$410,757	\$287,920	\$294,645	

Client DNFB Scorecard- November 2023

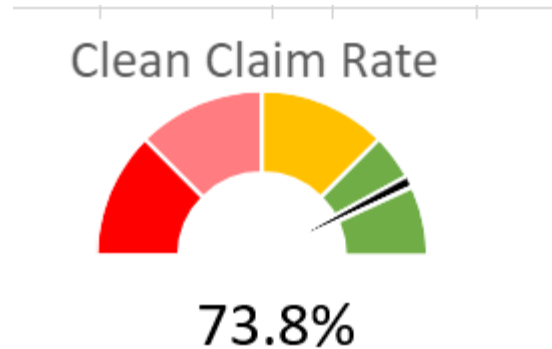
ADR		\$56,883	\$56,424	\$60,112	\$51,663	\$45,394
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	UOM	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
DNFB						
Bill Suppression Hold	\$	547,194	460,909	333,846	376,748	450,376
Correction Required	\$	33,909	-	2,840	15,740	
Credit Balance - No Charges	\$	-	-			
Held in Scrubber	\$	275,520	269,353	729,137	196,051	160,379
Ready to Bill	\$	-	105,358	4,621	11,414	22,739
Standard Delay	\$	171,672	296,295	263,154	189,026	156,024
Waiting for Coding	\$	319,571	246,236	356,529	565,383	509,338
Total Gross DNFB	\$	1,347,864	1,378,151	1,690,127	1,354,360	1,298,856
Less Standard Delay	\$	1,176,193	1,081,856	1,426,973	1,165,334	1,142,832

DNFB Status Days		Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Bill Suppression Hold	Days	9.62	8.17	5.55	7.29	9.92
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	3.53
Ready to Bill	Days	-	1.87	0.08	0.22	0.50
Standard Delay	Days	3.02	5.25	4.38	3.66	3.44
Waiting for Coding	Days	5.62	4.36	5.93	10.94	11.22
Total Gross DNFB	Days	23.70	24.42	28.12	26.22	28.61
DNFB Less Standard Delay	Days	20.68	19.17	23.74	22.56	25.18

Claims Processing

November 2023- Clean Claim Rate – All Stops



Total Claims Volume: 1680 Value: \$3.5M	Total Claims Stopped Volume: 440 Value: \$1.8M	Total Claims Billed Volume: 1235 Value: \$1.7M	Clean Claim Rate 73.8%
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Claims Processing/ November 2023

Top 5 Edits/Rejections

Edit Number	Description	# of Occurrence	# of Claims	RCA
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/HCP/PCS/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 10/13/2023] SOURCE = MEDICARE CLAIMS PROCESSING MANUAL 100-04, CHAPTER 1, SECTION 130.1.2.2.	37	37	R1 to update and validate
37690	EFFECTIVE 8/01/2000, IF BILL TYPE XX7 THEN ICD NUMBER (UB92 LOCATOR 37 (ICN/DNN) A) CANNOT BE BLANK PER OPPTS GUIDELINES. - 2300 REF*F8 - ***CARRIER LEVEL EDIT*** [VERSION 04/08/2019]	31	31	R1 to update and validate
188118	WARNING - CODE NOT RECOGNIZED BY MEDICARE. HCPCS PROCEDURE CODE IS A4580.- OCE 28 [VERSION 09/18/2023] SOURCE = OCT 2023 INTEGRATED OUTPATIENT CODE EDITOR (I/OCE) SPECIFICATIONS VERSION V24.3 HTTP://WWW.CMS.GOV/MEDICARE/CODING/OUTPATIENTCODEEDIT/OCEQTRRELEASESPECS.HTML	25	22	9.22 R1 to bypass in SSI; prior workflow: R1 to delete in SSI, cancel in Cerner, and apply SNCA Coding Edits work item to coding Generic User (SNACPAUSER, CODING) via the encounter tab.
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.	21	21	R1 to updated secondary adjudication information
37723	WARNING: CCI CONFLICT WITH HCPCS CODES 99223 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 -	25	20	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 (SNACPAUSER, CODING) via the encounter tab.

November Denials UB & 1500

2023 Trending-5 Month Trend

Full Denials

Denial Categories	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Additonal Info Needed	\$21,814	\$14,610	\$72,433	\$54,755	\$36,666
Auth/PreCert		\$2,720	\$4,216	\$9,503	\$10,654
Benefits	\$1,659	\$6,145	\$7,226	\$7,306	\$8,680
Billing Submission Errors	\$2,067	\$37,912	\$93,124	\$43,235	\$17,269
Bundling	\$4,710	\$37,122	\$69,680	\$35,371	\$64,380
Coding CPT/HCPCS			\$16,303	\$8,754	\$5,818
Coding- DX	\$360	\$204	\$908	\$27	\$-
Coding Modifier	\$482	\$3,579	\$11,147	\$6,040	\$11,998
Contracting			\$4,731	\$-	\$(442)
COB	\$1,987	\$8,164	\$145	\$4,926	\$2,486
Credentialing			\$91	\$4,177	\$1,052
Duplicate	\$113	\$4,081	\$63,379	\$38,471	\$39,554
Experimental					\$387
Medical Necessity	\$521	\$6,898	\$7,653	\$8,823	\$27,379
Non Covered Services	\$5,414	\$25,283	\$24,254	\$18,524	\$22,012
Referral			\$-	\$-	\$-
Registration/Eligibility	\$4,509	\$29,770	\$34,531	\$20,789	\$26,728
Reimbursement			\$936	\$-	\$3,894
Timley Filing				\$2,550	\$16,130
Total Gross Denied	\$43,636	\$176,486	\$410,757	\$263,251	\$294,645
Total Gross Charges	\$1,282,897	\$1,722,969	\$1,803,439	\$1,601,562	\$1,361,832
Denial %	3.4%	10.2%	22.8%	16.4%	21.6%

Denials/ November 2023

Top Monthly Denials & Mitigation Strategies

Denial Group	Weekly/Monthly Denial Dollars	Volume	Top Payers	CARC/RARC	Additional Details/Root Cause/Resolution
Bundling	\$59.2K UB \$5K 1500	234 UB 39/1500	Medicare FEP Blue Blue Cross	97 Pmt Included in allow for other svc/proc	Example enounters: 60007632 (Medicare), 60003721 (Fep Blue) & 60007333 (Blue Cross) 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
Duplicate	\$38.2K UB \$1.3K 1500	89 UB 4 /1500	Blue Cross Partnership Health	18- Duplicate Claim/Service	Example encounters# 60006947 (Blue Cross) & 60003936 (Partnership Health) 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.
Additional Info Needed	\$30K \$5.6K	138 UB 26/ 1500	FEP Blue Partnership Health Blue Cross	16 - Claim/ Svc lates infor needed for adjudication 252- Attachement required to adjudicate claim/Service	Example Enounters: 60002243 & 60002854 R1 to determine what additional inforamtion is required, if RARC code is available need to process the claim accordinlgy.
Medical Necessity	\$26.5 / UB \$800	79 UB 1/ 1500	Medicare	50- Non Covered scvs not medically necessary	Example Encounters: 60007036 & 60007472. R1 to review and process the claim according to the remark code received in the EOB.
Registration/Eligibility	\$24K UB \$2.7K 1500	77 UB 9 1500	Tricare West Medicare BCBS Medi Cal	32- not an eligible dependent 27- expenses incurred after coverage termed	Example enocunter:60002800-2 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.
Timley Filing	\$1210 UB \$14.9 1500	4 UB 90 /1500	BCBS	29- Timely filing limit has expired	Example encounter:60001732 & 60001270. If a Timely Filing denial is received and no claim was submitted due to provider not updating the information timely, adjust to provider non-compliance, not timely filing.

Accounts Receivable

Aged Trial Balance Nov 23 compared to Oct 23

November - 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	\$249,442	\$8,575	\$84,944	\$156,068	\$86,114	\$33,890	\$51,168	\$36,397								\$706,597	\$121,455	\$103,046	\$18,409
Commercial	\$78,271	\$330	\$21,325	\$28,682	\$30,232	\$15,907	\$60,263	\$31,865								\$266,875	\$108,036	\$5,755	\$102,281
Indian Beneficiary	\$1,650			\$1	\$535		\$233	\$280	\$5,475							\$8,174	\$5,988	\$11,376	(\$5,388)
Medicaid							\$180	\$11,376								\$11,556	\$11,556	\$117,748	(\$106,192)
Medicaid HMO	\$125,195	\$2,184	\$63,501	\$17,073	\$40,380	\$60,121	\$81,077	\$19,173								\$408,703	\$160,371	\$66,400	\$93,971
Medi-Cal	\$86,538		\$18,232	\$40,061	\$29,506	\$6,818	\$16,203	\$49,337								\$246,695	\$72,358	\$176,996	(\$104,639)
Medicare	\$514,516	\$8,120	\$325,005	\$203,240	\$79,023	\$213,592	\$148,917	\$82,760	\$728							\$1,575,902	\$445,998	\$44,963	\$401,035
Medicare Advantage	\$62,448	\$2,829	\$8,967	\$8,374	\$11,955	\$3,925	\$12,153	\$5,012								\$115,662	\$21,090	\$59,154	(\$38,064)
Self Pay	\$43,690	\$475	\$35,395	\$12,982	\$26,434	\$24,071	\$35,569	\$9,817								\$188,432	\$69,457	\$10,740	\$58,717
Veterans Administration	\$85,200	\$3	\$2,941	\$1,282	\$14,196	\$1,242	\$18,263	\$484	\$321							\$123,931	\$20,310	\$37,241	(\$16,931)
Worker's Compensation (blank)	\$29,135	\$338	\$18,192	\$9,851	\$61,756	\$31,942	\$23,399	\$14,647	\$441							\$189,699	\$70,428	\$2,745	\$67,682
		\$1,015	\$2,300	\$592	(\$504)	\$5,292	\$2,729	\$46								\$11,470	\$8,067	\$0	\$8,067
Grand Total	\$1,276,083	\$23,869	\$580,801	\$478,204	\$379,627	\$397,214	\$450,021	\$266,387	\$1,490	\$0	\$0	\$0	\$0	\$0	\$0	\$3,853,696	\$1,115,113	\$636,165	\$478,948
% of AR	33%	1%	15%	12%	10%	10%	12%	7%	0%	0%	0%	0%	0%	0%	0%		29%	20%	
Insurance Only	\$1,232,394	\$23,394	\$545,405	\$465,222	\$353,193	\$373,143	\$414,452	\$256,570	\$1,490	\$0	\$0	\$0	\$0	\$0	\$0	\$3,665,264	\$1,045,655	\$625,425	\$420,231

November 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	(\$10,800)	\$6,451	(\$135,047)	\$71,138	\$52,029	(\$29,110)	\$9,640	\$36,397	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$697	\$18,409
Commercial	\$42,929	(\$2,093)	(\$11,149)	(\$30,104)	\$10,056	(\$47,100)	\$20,224	\$31,865	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,629	\$102,281
Indian Beneficiary	\$1,490	\$0	\$0	(\$374)	\$302	(\$47)	(\$5,195)	\$5,475	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,651	(\$5,388)
Medicaid	\$0	\$0	\$0	\$0	\$1	\$180	(\$11,376)	\$11,376	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$181	(\$106,192)
Medicaid HMO	\$31,058	(\$15,515)	(\$4,149)	(\$45,210)	\$1	(\$23,008)	\$46,458	\$19,173	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,807	\$93,971
Medi-Cal	\$67,223	(\$169)	(\$26,837)	(\$25,471)	\$23,673	(\$8,812)	(\$34,567)	\$49,337	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$44,376	(\$104,639)
Medicare	(\$211,741)	(\$5,391)	\$27,974	\$122,450	(\$117,522)	\$91,615	\$93,898	\$82,760	\$728	\$0	\$0	\$0	\$0	\$0	\$0	\$84,772	\$401,035
Medicare Advantage	\$36,252	\$2,829	\$8,967	\$8,374	\$11,955	\$3,925	\$12,153	\$5,012	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,235)	(\$38,064)
Self Pay	(\$7,983)	\$78	\$26,855	(\$13,452)	\$532	(\$25,519)	\$26,005	\$9,817	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$16,332	\$58,717
Veterans Administration	\$33,015	(\$1,107)	(\$17,241)	(\$11,690)	\$11,892	(\$7,677)	\$16,763	\$163	\$321	\$0	\$0	\$0	\$0	\$0	\$0	\$24,439	(\$16,931)
Worker's Compensation	(\$15,270)	\$338	\$8,033	(\$49,381)	\$40,005	\$9,619	\$8,921	\$14,206	\$441	\$0	\$0	\$0	\$0	\$0	\$0	\$16,910	\$67,682
(blank)	\$0	\$533	\$1,436	\$614	(\$5,796)	\$2,593	\$2,683	\$46	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,109	\$8,067
Grand Total	(\$33,827)	(\$14,046)	(\$141,284)	\$8,723	\$19,682	(\$44,839)	\$152,143	\$265,625	\$1,490	\$0	\$0	\$0	\$0	\$0	\$0	\$213,668	\$478,948
Insurance Only	(\$25,844)	(\$14,123)	(\$168,139)	\$22,175	\$19,151	(\$19,320)	\$126,138	\$255,808	\$1,490	\$0	\$0	\$0	\$0	\$0	\$0	\$197,336	\$420,231

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

Adjustments

Adjustment Sub Type	Jun-23	Jul-23	Aug-23	Sept -23	Oct-23	Nov-23
Contractual Allowance Adjustment	(\$5,069)	(\$200,987)	(\$551,123)	(\$631,008)	(\$711,116)	(\$498,597)
Courtesy Adjustment	(\$195)	(\$109)	(\$866)	(\$1,274)	(\$467)	(\$393)
Discount Adjustment	(\$35)	(\$13,167)	(\$233)	(\$9,396)	(\$1,582)	(\$1,955)
Provider Adjustment	\$70	(\$760)	(\$19,828)	(\$13,822)	(\$15,293)	(\$13,559)
Payment Adjustment		(\$34)	(\$9)	(\$13)	(\$11)	(\$1)
Charity Adjustment		(\$28,877)	(\$27,514)	(\$1,363)		
Late Charge Processing		(\$90)	\$0	(\$90)		
Self Pay Discount		(\$143)	\$0	\$0	\$0	(\$143)
Total Adjustments	-\$5,229	-\$244,168	-\$599,574	-\$656,966	-\$728,469	-\$514,648

Client Assistance November 2023

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	\$328	\$105,777	\$103,464	\$180,234	\$114,415	\$232,106	\$736,323	\$526,754
Charge Service Date out of Bounds						\$136	\$136	\$136
Coding Updates			\$1,632	\$1,985	\$6,020	\$94,275	\$103,911	\$102,279
Er/OBS to IP review			\$58,274	\$41,284			\$99,557	\$41,284
Encounters w/o charges			-\$34			-\$4,747	-\$4,781	-\$4,747
HIM Med Records Request					\$253	\$10,325	\$10,578	\$10,578
Late Charge Review		\$14,880					\$14,880	\$0
Medi-Cal enrollment hold							\$0	\$0
Medicare enrollment hold		\$1,458	\$489	\$35,947	\$5,232	\$4,577	\$47,703	\$45,756
Misc Health Plan Review			\$1,650	\$3,968	\$169		\$5,787	\$4,137
OCE lab edits: 80053							\$0	\$0
OCE lab edits: 82945							\$0	\$0
Returned from Collections- Other						\$92	\$92	\$92
Returned Mail	\$328		\$20	\$20,198	\$7,274		\$27,820	\$27,472
Same Day encounter review		\$1,005					\$1,005	\$0
Self Pay After Medicaid		\$171	\$211	\$1,582	\$25,931	\$11,800	\$39,695	\$39,313
SNCA Authorizations			\$20,716	\$32,992	\$25,129	\$32,223	\$111,060	\$90,344
SNCA Billing Manager						\$204	\$204	\$204
SNCA charge review		\$22,105		\$262		\$6,804	\$29,171	\$7,066
SNCA Credit Balance Follow UP			-\$117				-\$117	\$0
SNCA coding denials		\$13,116	\$10,674	\$35,013	\$30,961	\$31,295	\$121,058	\$97,268
SNCA coding edits		\$51,709		\$1,312		\$11,910	\$64,931	\$13,222
SNCA Medical Necissity Edits		\$983					\$983	\$0
SNCA Registraion Edits		\$349	\$9,490	\$5,659	\$12,416	\$23,079	\$50,994	\$41,155
SNCA Registration Denials					\$1,030	\$10,135	\$11,165	\$11,165
SNCA Staff Ins Discount Review			\$460	\$32			\$491	\$32
Vaccine Clinic Review							\$0	\$0
VIP Encounter Review							\$0	\$0

Client Assistance 16.2 A/R Days / Client Assistance >10+ days 11.6 A/R Days

Payer Charge Mix

Rev by Primary HP FC	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Blue Cross	\$237,881	\$350,198	\$277,596	\$514,524	\$407,661	\$259,142
Commercial	\$117,939	\$190,718	\$129,498	\$132,180	\$62,932	\$98,688
Indian Beneficiary	\$5,195			\$212		\$1,650
Medicaid	\$11,488	\$22,198	\$896	\$-		
Medicaid HMO	\$90,720	\$206,190	\$239,725	\$182,936	\$185,461	\$188,042
Medi-Cal	\$94,316	\$60,106	\$32,638	\$88,597	\$58,155	\$65,770
Medicare	\$572,724	\$868,963	\$801,165	\$658,716	\$745,527	\$604,814
Medicare Advantage	\$54,826	\$57,508	\$37,067	\$50,600	\$34,193	\$29,330
Self Pay	\$41,879	\$118,732	\$100,743	\$46,229	\$19,909	\$40,774
Veterans Administration	\$29,028	\$37,332	\$61,581	\$59,370	\$56,125	\$53,433
Worker's Compensation	\$26,855	\$44,847	\$37,024	\$65,877	\$30,215	\$16,988
(blank)	\$46	\$2,665	\$5,037	\$4,198	\$1,386	\$3,200
TOTAL	\$1,282,897	\$1,959,458	\$1,722,969	\$1,803,439	\$1,601,562	\$1,361,832

Payment Charge Mix

Bill Financial Class	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Blue Cross	4,230	97,073	212,211	239,131	273,092	217,288
Commercial	1,269	72,057	99,866	86,611	95,903	76,309
Indian Beneficiary						
Medicaid				(113)		
Medicaid HMO	-	3,317	14,292	27,206	26,161	28,383
Medi-Cal	541	1,342	2,212	4,016	6,722	5,442
Medicare	-	87,439	359,380	283,754	270,063	271,254
Medicare Advantage	-	2,440	21,402	40,218	18,938	15,677
Self Pay	4,209	6,322	215	43,517	37,876	30,430
Veterans Administration		5,333	6,195	40,306	15,987	14,705
Worker's Compensation		-	6,893	23,756	5,109	21
(blank)/reversals		(140)	(3,265)	(27,592)	(6,124)	(10,845)
Grand Total	10,250	275,182	719,402	760,810	743,728	648,664
Avg Cash Per Day	342	8,877	23,207	25,360	23,991	21,622

Self Pay

Self Pay	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Average Daily Revenue	49,342	56,883	56,424	60,112	51,663	45,394
Statement Cycle Dunning Level						
Collections # 1	\$-	\$-	\$-	\$-	\$-	\$-
Normal # 1	\$-	\$-	\$-	\$-	\$-	\$-
Normal # 2	\$-	\$-	\$93,551	\$32,292	\$22,184	\$29,686
Normal # 3	\$-	\$-	\$-	\$88,654	\$93,681	\$96,377
(blank)	\$26,696	\$99,579	\$35,568	\$37,240	\$56,330	\$62,370
Statement Cycle Dollars	26,696	99,579	129,120	158,186	172,196	188,432
Collections # 1	-	-	-	-	-	-
Normal # 1	-	-	-	-	-	-
Normal # 2	-	-	1.66	0.54	0.43	0.65
Normal # 3	-	-	-	1.47	1.81	2.12
(blank)	0.54	1.75	0.63	0.62	1.09	1.37
Self Pay Days	0.54	1.75	2.29	2.63	3.33	4.15

Long Term Care



Financial Class Summary

	Nov 2023	Oct 2023	Sep 2023	Aug 2023	Jul 2023	Jun 2023	May 2023	Apr 2023	Mar 2023	Feb 2023	Jan 2023	Dec 2022	Total
Anthem Blue Cross Medi-Cal		39,508.32	38,098.60	39,508.32	39,508.32	20,995.80							177,619.36
California Health and Wellness		166,663.28	43,750.62	17,183.66	17,590.66	28,619.80							273,808.02
Share of Cost	10,291.00	2,711.00	-1,238.00	-1,052.00	926.00								11,638.00
Medi-Cal		18,785.66				39,728.60							58,514.26
Partnership Health Plan		40,793.32	39,383.60	40,793.32	53,322.38	62,801.40							237,094.02
SELF PAY	-13,698.94	12,648.00											-1,050.94
Total Balance:	-3,407.94	281,109.58	119,994.82	96,433.30	111,347.36	152,145.60							757,622.72

- November Payments \$181,385
- Partnership Health – Tested one claim/ CIF with updated rev code LT01 once payment is confirmed all others will have CIF completed
- Anthem BCBS pending with Seneca for discharge status code
- Medi Cal- Tested one claim / corrected claim filed with rev code 190

Appendix

R1®



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 total Ins AR balance	HFMA 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	SM	Avg Prior Year				Adj monthly seasonality; data unavailable use avg. prior 3 mos.
	Total Cash Collected	SM	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	SM					Calculated Metric Days * ADR
	Unbilled AR less Standard Delay	Days	< 3 AR Days(s)	3	2	1	
	Coding WIP	SM					Calculated Metric Days * ADR
	Coding WIP	Days	< 1 AR Day(s)	1	0.8	0.5	
	Held in Scrubber	SM					Calculated Metric Days * ADR
	Held in Scrubber	Days	< 1 AR Day(s)	1	0.8	0.5	
	Correction Required	SM					Calculated Metric Days * ADR
	Correction Required	Days	< 0.5 AR Day(s)	0.5	0.4	0.3	
	Standard Delay	SM					Calculated Metric Days * ADR
	Standard Delay	Days	< 4 AR Day(s)	3	2	1	System standard delay - 1 day
	Bill Suppression Hold	SM					Calculated Metric Days * ADR
	Bill Suppression Hold	Days	< 1 AR Day(s)	2	1.5	1	
	Ready to Bill	SM					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	SM					Calculated Metric Days * ADR
	Total Payer AR > 90	SM					Calculated Payer AR * AR > 90
	Total AR > 90 (incl SP)	%	< 22%	22%	21%	20%	
	Total AR > 90 (excl 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	SM	< 1%				Calculated % * Gross Charges
Payments & Adjustments	Total Insurance Payments	SM					
	Total Self Pay Payments	SM					
	Contractual Adjustments	SM					
	Avoidable						
	Adjustments	SM					
Clearing House	Other Adjustments	SM					
	Clean claim	%	> 85%	0.9	0.9	1	Exclude Warnings