Seneca- December 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- December MTD

Key Performance Indicators Nov MTD		UofM	Dec-22	Sep-23	Oct-23	Nov-23	Dec-23	Status	Performance Commentary
Cash & Revenue	Total Gross Revenue	$M	$2.16	$1.80	$1.60	$1.36	$1.33		Decrease in Rev $30.6K from prior month
	Total Cash Collected	$M	$1.21	$0.76	$0.74	$0.65	$0.53		
	Average Daily Revenue	$K	$69,015	$60,112	$51,663	$45,394	$42,943		Decrease in ADR from prior month $2.4K
	Gross Collection Rate	%	63.0%	42.2%	46.4%	47.6%	39.8%		
DNFB & Clean Claim Rate	Unbilled AR	Days	7.50	28.12	26.22	28.61	37.15		Increase in unbilled A/R 8.5 Days from prior month
	Unbilled AR less Standard Delay	Days		23.74	22.56	25.18	33.73		Increase in unbilled A/R less stardard delay 8.5 Days from Prior month
A/R & Aging	Total AR	Days	58.9	59.0	71.1	84.9	93.4		Increase in Total A/R days from prior month 8.5
	Total Ins AR	Days		56.3	67.7	80.7	88.4		Increase in insurance A/R days 7.7 from prior month
	Total SP AR Days	Days		2.6	3.3	4.2	5.0		Increase 0.8 Days from prior month
	AR > 90 %	%	15%	9.5%	20.2%	28.9%	32.2%		Increase A/R >90 2.8% from prior month
	Insurance AR > 90 %	%	15%	10.6%	21.2%	28.5%	31.7%		Increase Ins A/R >90 3.2% from prior month
Cash Posting & Denials	Credit Balance	$M		$0.01	$0.03	$0.04	$0.06		
	Credit Balance Days	Days	5.5	0.1	0.6	1.0	1.4		
	Full Denial Rate	%		23%	16%	22%	23%		
	Full Denial Total	$K	$139,542	$410,757	$287,920	$294,645	$315,068		Increase in denials $20.4K from prior month

Client DNFB Scorecard- December EOM

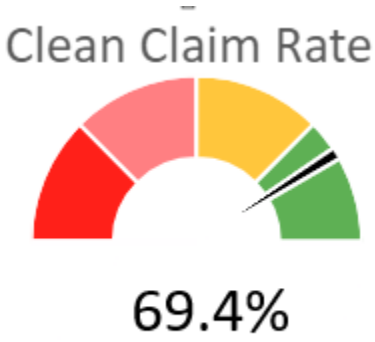
ADR		$56,883	$56,424	$60,112	$51,663	$45,394	$42,943

	UOM	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
DNFB							
Bill Suppression Hold	$	547,194	460,909	333,846	376,748	450,376	506,801
Correction Required	$	33,909	-	2,840	15,740		(20,907)
Credit Balance - No Charges	$	-	-				
Held in Scrubber	$	275,520	269,353	729,137	196,051	160,379	45,015
Ready to Bill	$	-	105,358	4,621	11,414	22,739	11,612
Standard Delay	$	171,672	296,295	263,154	189,026	156,024	146,650
Waiting for Coding	$	319,571	246,236	356,529	565,383	509,338	905,983
Total Gross DNFB	**$**	**1,347,864**	**1,378,151**	**1,690,127**	**1,354,360**	**1,298,856**	**1,595,154**
Less Standard Delay	**$**	**1,176,193**	**1,081,856**	**1,426,973**	**1,165,334**	**1,142,832**	**1,448,504**

DNFB Status Days		Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Bill Suppression Hold	Days	9.62	8.17	5.55	7.29	9.92	11.80
Correction Required	Days	0.60	-	0.05	0.30	-	(0.49)
Credit Balance - No Charges	Days	-	-	-	-	-	-
Held in Scrubber	Days	4.84	4.77	12.13	3.79	3.53	1.05
Ready to Bill	Days	-	1.87	0.08	0.22	0.50	0.27
Standard Delay	Days	3.02	5.25	4.38	3.66	3.44	3.41
Waiting for Coding	Days	5.62	4.36	5.93	10.94	11.22	21.10
Total Gross DNFB	Days	23.70	24.42	28.12	26.22	28.61	37.15
DNFB Less Standard Delay	Days	20.68	19.17	23.74	22.56	25.18	33.73

Claims Processing

December 2023- Clean Claim Rate – All Stops



Total Claims	Total Claims Stopped	Total Claims Billed	Clean Claim Rate
Volume: 1263 Value: $2.3M	Volume: 322 Value: $1.1M	Volume: 322 Value: $1.2M	69.4%

Claims Processing/ December EOM

Top 5 Edits/Rejections

Edit Number	Description	# of Occurrence	# of Claims	Claim Example	R1 Approved Workflow
198060	WARNING - CODE NOT RECOGNIZED BY OPPS. THE CODE IS 93010. - OCE 62 [VERSION 11/16/2023] SOURCE = OCT 2023 INTEGRATED OUTPATIENT CODE EDITOR (I/OCE) SPECIFICATIONS VERSION V24.3 HTTP://WWW.CMS.GOV/MEDICARE/CODING/OUTPATIENTCODEEDIT/OCEQTRRELEASESPECS.HTML	27	15	300010578	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.
37723	WARNING: CCI CONFLICT WITH HCPCS CODES 99222 AND 99285: 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	17	300010577	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 modifer 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.
165267	WARNING: IF BILL TYPE IS 71X (RURAL HEALTH CLINIC) OR 73X (FREE STANDING CLINIC) AND REVENUE CODE 52X AND/OR 900 IS PRESENT, PLEASE REVIEW CLAIM TO REPORT MODIFIER CG (POLICY CRITERIA APPLIED). NOTE: RHCS SHALL REPORT MODIFIER CG ON ONE REVENUE CODE 052X AND/OR 0900 SERVICE LINE PER DAY, WHICH INCLUDES ALL CHARGES SUBJECT TO COINSURANCE AND DEDUCTIBLE FOR THE VISIT. -LOOP 2400*SV202- *** MEDICARE EDIT *** [VERSION 10/20/2023] SOURCE = CMS MEDLEARN MATTERS SE1611 HTTPS://WWW.CMS.GOV/OUTREACH-AND-EDUCATION/MEDICARE-LEARNING-NETWORK-MLN/MLNMATTERSARTICLES/DOWNLOADS/SE1611.PDF HTTPS://WWW.CMS.GOV/MEDICARE/MEDICARE-FEE-FOR-SERVICE-PAYMENT/FQHCPPS/DOWNLOADS/RHC-REPORTING-FAQS.PDF	16	15	300010572	8.11 SR is complete; R1 to add CG modifier in SSI and validate
141816	WARNING: IF BILLING SECONDARY, THEN THE REMAINING PATIENT LIABILITY (PRI) MUST BE GREATER THAN ZERO. NOTE: THE AMOUNT REPORTED IS THE AMOUNT YOU ARE EXPECTING FROM PAYER. *** PRIMARY REMAINING PATIENT LIABILITY FIELD IS LOCATED ON THE PRIMARY COB SCREEN. LOOP*2320*AMT*EAF * CARRIER EDIT * VERSION 08/31/2023 SOURCE = AVAILITY BATCH REPORT AND EMAIL FROM AVAILITY REP	14	14	300010193	R1 to update missing adjudication information
177253	BILL TYPE XX7 CLAIMS CANNOT BE SUBMITTED ELECTRONICALLY. THESE CLAIMS HAVE TO BE SUBMITTED ON A PAPER CIF (CLAIMS INQUIRY FORM) OR ONLINE VIA THE ECIF (ELECTRONIC CLAIMS INQUIRY FORM) THROUGH PHC PROVIDER ONLINE SERVICES. PAPER CIF FORMS CAN BE MAILED TO THE FOLLOWING ADDRESS: P.O. BOX 1368, SUISUN CITY, CA 94585-1368. ** CARRIER EDIT ** VERSION 06/29/2023 SOURCE: DISCUSSION WITH PAYER, PHC MEDI-CAL CLAIMS INQUIRY FORM PROCESS, HTTP://WWW.PARTNERSHIPHP.ORG/PROVIDERS/POLICIES/DOCUMENTS/CLAIMS/MEDI-CAL_SECTION%203.SUBSECTION%20VIII.A.PDF#SEARCH=CIF%20INSTRUCTIONS	13	13	300010616	R1 to update the payer destination from E to L and validate.

December Denials UB & 1500

2023 Trending-6 Month Trend

Denial Categories	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	
Additonal Info Needed	$ 21,814	$ 14,610	$ 72,433	$ 54,755	$ 36,666	$ 41,388	Unavoidable
Auth/PreCert		$ 2,720	$ 4,216	$ 9,503	$ 10,654	$ 3,229	Avoidable
Benefits	$ 1,659	$ 6,145	$ 7,226	$ 7,306	$ 8,680	$ 5,918	Unavoidable
Billing Submission Errors	$ 2,067	$ 37,912	$ 93,124	$ 43,235	$ 17,269	$ 15,234	Avoidable
Bundling	$ 4,710	$ 37,122	$ 69,680	$ 35,371	$ 64,380	$ 30,734	Unavoidable
Coding CPT/HCPCS			$ 16,303	$ 8,754	$ 5,818	$ 4,857	Avoidable
Coding- DX	$ 360	$ 204	$ 908	$ 27	$ -	$ 1,473	Avoidable
Coding Modifier	$ 482	$ 3,579	$ 11,147	$ 6,040	$ 11,998	$ 8,344	Avoidable
Contracting			$ 4,731	$ -	$ (442)	$ -	Unavoidable
COB	$ 1,987	$ 8,164	$ 145	$ 4,926	$ 2,486	$ 3,521	Avoidable
Credentialing			$ 91	$ 4,177	$ 1,052	$ 815	Unavoidable
Duplicate	$ 113	$ 4,081	$ 63,379	$ 38,471	$ 39,554	$ 124,685	Both
Experimental					$ 387	$ -	Unavoidable
Medical Necessity	$ 521	$ 6,898	$ 7,653	$ 8,823	$ 27,379	$ 8,674	Unavoidable
Non Covered Services	$ 5,414	$ 25,283	$ 24,254	$ 18,524	$ 22,012	$ 17,763	Unavoidable
Referral			$ -	$ -	$ -	$ -	Avoidable
Registration/Eligibility	$ 4,509	$ 29,770	$ 34,531	$ 20,789	$ 26,728	$ 19,048	Avoidable
Reimbursment			$ 936	$ -	$ 3,894	$ 1,529	Avoidable
Timley Filing				$ 2,550	$ 16,130	$ 27,856	Avoidable
Total Gross Denied	**$ 43,636**	**$ 176,486**	**$ 410,757**	**$ 263,251**	**$ 294,645**	**$ 315,068**	
Total Gross Charges	**$1,282,897**	**$1,722,969**	**$1,803,439**	**$1,601,562**	**$1,361,832**	**$1,361,832**	
Denial %	**3.4%**	**10.2%**	**22.8%**	**16.4%**	**21.6%**	**23.1%**	

Avoidable/Unavoidable

Denial Categories	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Avoidable	$ 9,405	$ 87,925	$ 161,311	$ 95,825	$ 94,976	$ 85,091
Unavoidable	$ 34,118	$ 91,797	$ 186,067	$ 128,955	$ 160,115	$ 105,293
Both	$ 113	$ 4,081	$ 63,379	$ 38,471	$ 39,554	$ 124,685
Total Gross Denied	**$ 43,636**	**$ 183,803**	**$ 410,757**	**$ 263,251**	**$ 294,645**	**$ 315,068**
Total Gross Charges	**$ 1,282,897**	**$1,722,969**	**$ 1,803,439**	**$ 1,601,562**	**$ 1,361,832**	**$ 1,361,832**
Denial %	**3.4%**	**10.7%**	**22.8%**	**16.4%**	**21.6%**	**23.1%**

Denials/ December EOM
Top Monthly Denials & Mitigation Strategies

UB04

Denial Group	Weekly/Monthly Denial Dollars	Volume	Top Payers	CARC/RARC	Additional Details/Root Cause/Resolution
Duplicate claim/service	$116,163	266	EMP AND FAM WTH BLUE CROSS Partnership Health Plan	18- Duplicate Claim/Service	EMP AND FAM WTH BLUE CROSS - Changed primary insurance to EMP AND FAM WTH BLUE CROSS PHP - ER services paid but professional fee charges 99283/99284/9928X denied as duplicate
Additional Info Needed	$37,730	121	FEP BLUE CROSS BLUE SHIELD Partnership Health California Health and Wellness	16 - Claim/ Svc lakes infor needed for adjuditcation 252- Attachement required to adjudicate claim/Service	R1 to determine what additional inforamtion is required, if RARC code is availble need to process the claim accoridngly.
Bundling	$15,746	82	FEP Blue Medicare	97 Pmt Included in allow for other svc/proc	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/Eligibility	$9,079	42	Medicare SECURE HORZONS MED ADVANTAGE	27 - Expenses incurred after coverage termin B11 - Clm/svc sent to proper payer/processor	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.
Non covered Service	$9,070	96	California Health and Wellness Partnership Health Plan	96 - Non-covered charge(s)	CHW - CPT T1015 & 99213 Evaluation and Management denied as non covered charges PHP - ER services paid but professional fee charges 99283/99284/9928X denied as Proc cd inconsistent or missing modifier

1500

Denial Group	Weekly/Monthly Denial Dollars	Volume	Top Payers	CARC/RARC	Additional Details/Root Cause/Resolution
Duplicate claim/service	$5314	21	EMP AND FAM WTH BLUE CROSS Miscellaneous Commercial Health Plan	18- Duplicate Claim/Service	EMP AND FAM WTH BLUE CROSS - Changed primary insurance to EMP AND FAM WTH BLUE CROSS Miscellaneous Commercial Health Plan - Evaluation & Management Services ,Pathology & Laboratory Servcies denied for duplicate
Additional Info Needed	$3,658	27	FEP BLUE CROSS BLUE SHIELD California Health and Wellness	16 - Claim/ Svc lakes infor needed for adjuditcation 252- Attachement required to adjudicate claim/Service	R1 to determine what additional inforamtion is required, if RARC code is availble need to process the claim accoridngly.
Bundling	$15,746	82	EMP AND FAM WTH BLUE CROSS BCBS	97 Pmt Included in allow for other svc/proc	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
Auth/Precert	$3,658	3	Blue Cross	243 - Services not auth by netwk/prm care prov 197 - Precert/auth/notification absen	Evaluation and Management codes for Provider Russo, Joseph/ Schiling, Richard and payer is BCBS or Blue Cross Medi Cal and denied as “243” services not auth by netwk/prm care prov needs to be adjusted off to non – credentialed
Timely Filing	$20,804	107	EMP AND FAM WTH BLUE CROSS BLUE CROSS BLUE CROSS PRUDENT BUYER	29- Timely filing limit has expired	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 Dec 23 EOM compared to Nov 23 EOM

December - EOM 2023	ADR	42943																	
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	$323,698		$62,745	$38,646	$132,725	$44,189	$31,590	$22,835	$32,330							$688,759	$130,945	$121,455	$9,490
Commercial	$90,515		$7,304	$14,664	$24,485	$24,355	$16,120	$54,778	$32,113							$264,335	$127,366	$108,036	$19,330
Indian Beneficiary	$1,650					$160	$608	$280	$5,475							$8,173	$6,523	$5,988	$535
Medicaid							$180		$11,376							$11,556	$11,556	$11,556	$0
Medicaid HMO	$204,437	$417	$64,400	$27,861	$11,299	$38,393	$54,632	$68,208	$18,675							$488,323	$179,909	$160,371	$19,538
Medi-Cal	$59,059		$32,879	$58,573	$36,373	$31,185	$8,453	$15,668	$49,359							$291,550	$104,666	$72,358	$32,308
Medicare	$701,184	$40,910	$180,305	$176,077	$193,978	$78,650	$229,886	$147,647	$84,260	$728						$1,833,625	$541,171	$445,998	$95,174
Medicare Advantage	$56,856		$4,736	$8,271	$4,490	$15,370	$2,783	$12,767	$4,366							$109,638	$35,285	$21,090	$14,195
Self Pay	$66,146	$1,674	$18,776	$36,239	$12,392	$17,015	$30,986	$19,996	$22,780							$226,004	$90,777	$69,457	$21,320
Veterans Administration	$45,027		$18,175	$23,679	$26,528	$16,177	($128)	$6,400	$484	$321						$136,663	$23,255	$20,310	$2,945
Worker's Compensation	$33,216			$10,342	$19,604	$53,654	$15,031	$20,983	$14,478	$441						$167,747	$104,586	$70,428	$34,158
(blank)		$212	$4,258	$894	$300	($504)	$5,301	$2,804	$46							$13,311	$7,647	$8,067	($420)
Grand Total	**$1,581,788**	**$43,212**	**$393,578**	**$395,247**	**$462,173**	**$318,643**	**$395,442**	**$372,368**	**$275,742**	**$1,490**	**$0**	**$0**	**$0**	**$0**	**$0**	**$4,239,683**	**$1,363,685**	**$1,115,113**	**$248,573**
% of AR	**37%**	**1%**	**9%**	**9%**	**11%**	**8%**	**9%**	**9%**	**7%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**		**32%**	**29%**	
Insurance Only	**$1,515,642**	**$41,538**	**$374,802**	**$359,008**	**$449,781**	**$301,629**	**$364,457**	**$352,371**	**$252,962**	**$1,490**	**$0**	**$0**	**$0**	**$0**	**$0**	**$4,013,679**	**$1,272,908**	**$1,045,655**	**$227,253**

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	$74,256	($8,575)	($22,198)	($117,422)	$46,611	$10,299	($19,578)	($13,561)	$32,330	$0	$0	$0	$0	$0	$0	($17,838)	$9,490
Commercial	$12,244	($330)	($14,021)	($14,017)	($5,746)	$8,448	($44,143)	$22,913	$32,113	$0	$0	$0	$0	$0	$0	($2,540)	$19,330
Indian Beneficiary	$0	$0	$0	($1)	($535)	($73)	$328	($5,195)	$5,475	$0	$0	$0	$0	$0	$0	($1)	$535
Medicaid	$0	$0	$0	$0	$1	($180)	$180	($11,376)	$11,376	$0	$0	$0	$0	$0	$0	$1	$0
Medicaid HMO	$79,242	($1,767)	$900	$10,788	$1	($21,728)	($26,444)	$49,035	$18,675	$0	$0	$0	$0	$0	$0	$108,702	$19,538
Medi-Cal	($27,479)	$0	$14,647	$18,512	$6,866	$24,367	($7,750)	($33,669)	$49,359	$0	$0	$0	$0	$0	$0	$44,855	$32,308
Medicare	$186,669	$32,790	($144,700)	($27,163)	$114,954	($134,943)	$80,969	$64,887	$83,532	$728	$0	$0	$0	$0	$0	$257,723	$95,174
Medicare Advantage	($5,592)	($2,829)	($4,231)	($102)	($7,465)	$11,444	($9,371)	$7,756	$4,366	$0	$0	$0	$0	$0	$0	($6,025)	$14,195
Self Pay	$22,457	$1,199	($16,619)	$23,258	($14,042)	($7,057)	($4,583)	$10,179	$22,780	$0	$0	$0	$0	$0	$0	$37,572	$21,320
Veterans Administration	($40,173)	($3)	$15,235	$22,398	$12,332	$14,935	($18,391)	$5,916	$163	$321	$0	$0	$0	$0	$0	$12,733	$2,945
Worker's Compensation	$4,081	($338)	($18,192)	$491	($42,153)	$21,713	($8,368)	$6,336	$14,037	$441	$0	$0	$0	$0	$0	($21,952)	$34,158
(blank)	$0	($804)	$1,958	$302	$804	($5,796)	$2,572	$2,758	$46	$0	$0	$0	$0	$0	$0	$1,841	($420)
Grand Total	**$305,705**	**$19,343**	**($187,222)**	**($82,957)**	**$111,628**	**($78,570)**	**($54,579)**	**$105,980**	**$274,252**	**$1,490**	**$0**	**$0**	**$0**	**$0**	**$0**	**$415,070**	**$248,573**
Insurance Only	**$283,248**	**$18,144**	**($170,603)**	**($106,214)**	**$125,670**	**($71,514)**	**($49,996)**	**$95,801**	**$251,472**	**$1,490**	**$0**	**$0**	**$0**	**$0**	**$0**	**$377,498**	**$227,253**

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

Adjustments

Adjustment Sub Type	Jun-23	Jul-23	Aug-23	Sept -23	Oct-23	Nov-23	Dec-23 MTD	2023 YTD
Contractual Allowance Adjustment	($5,069)	**($200,987)**	($551,123)	($631,008)	($711,116)	($498,597)	($416,873)	**($757,179)**
Courtesy Adjustment	($195)	**($109)**	($866)	($1,274)	($467)	($393)	($486)	**($1,170)**
Discount Adjustment	($35)	**($13,731)**	($233)	($9,396)	($1,582)	($1,955)	($564)	**($13,999)**
Provider Adjustment	$70	**($760)**	($19,828)	($13,822)	($15,293)	($13,559)	($14,059)	**($20,518)**
Payment Adjustment		**($36)**	($9)	($13)	($11)	($1)	($2)	**($46)**
Charity Adjustment		**($28,877)**	($27,514)	($1,363)				**($56,392)**
Late Charge Processing		**($90)**	$0	($90)				**($90)**
Self Pay Discount		**($143)**	$0	$0	$0	($143)		**($143)**
Total Adjustments	**-$5,229**	**-$244,733**	**-$599,574**	**-$656,966**	**-$728,469**	**-$514,648**	**-$431,984**	**-$849,536**

Client Assistance December 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	**$824**	**$30,060**	**$93,425**	**$58,076**	**$86,355**	**$289,894**	**$558,635**	**$434,325**
Charge Service Date out of Bounds	$824	$9,204	$598				$10,626	$0
Coding Updates							$0	$0
Er/OBS to IP review				$19,694		$100,588	$120,282	$120,282
Encounter Combines			$904				$904	$0
Encounters w/o charges				$0	-$34	-$5,075	-$5,109	-$5,109
HIM Med Records Request						$10,578	$10,578	$10,578
Late Charge Review		$927	$8,430				$9,357	$0
Medi- Cal Wraps Incorrect Teritary Payer		$664					$664	$0
Medi-Cal enrollment hold							$0	$0
Medicare enrollment hold		$1,253	$1,314	$6,074	$38,383	$29,585	$76,609	$74,042
Misc Health Plan Review		$5,066	$4,922	$673	$4,774	$5,787	$21,222	$11,234
OCE lab edits: 80053							$0	$0
OCE lab edits: 82945							$0	$0
Refer to registration			$1,251				$1,251	$0
Returned from Collections- Other						$92	$92	$92
Returned Mail							$0	$0
Same Day encounter review							$0	$0
Self Pay After Medicaid		$8,151	$1,469	$544	$209	$38,402	$48,774	$39,155
SNCA Authorizations				$1,491	$7,821	$16,096	$25,407	$25,407
SNCA Billing Manager						$204	$204	$204
SNCA charge review			$44,890				$44,890	$0
SNCA Credit Balance Follow UP							$0	$0
SNCA coding denials		$430	$5,091	$15,793	$26,693	$37,457	$85,463	$79,943
SNCA coding edits		$3,055	$9,708	$448		$265	$13,475	$713
SNCA Medical Necissity Edits			$9,271				$9,271	$0
SNCA Registraion Edits		$466	$2,681	$11,035	$4,359	$45,902	$64,442	$61,296
SNCA Registration Denials		$338	$169		$4,151	$10,013	$14,671	$14,164
SNCA Staff Ins Discount Review		$509		$2,155			$2,664	$2,155
Vaccine Clinic Review			$2,728	$169			$2,897	$169
VIP Encounter Review							$0	$0

Client Assistance 13 A/R Days / Client Assistance >10+ days 10.1 A/R Days

Payer Charge Mix

Rev by Primary HP FC	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Blue Cross	$237,881	**$350,198**	**$277,596**	**$514,524**	**$407,661**	**$259,142**	**$267,805**
Commercial	$117,939	**$190,718**	**$129,498**	**$132,180**	**$62,932**	**$98,688**	**$52,848**
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**	**$194,265**
Medi-Cal	$94,316	**$60,106**	**$32,638**	**$88,597**	**$58,155**	**$65,770**	**$43,195**
Medicare	$572,724	**$868,963**	**$801,165**	**$658,716**	**$745,527**	**$604,814**	**$646,888**
Medicare Advantage	$54,826	**$57,508**	**$37,067**	**$50,600**	**$34,193**	**$29,330**	**$25,904**
Self Pay	$41,879	**$118,732**	**$100,743**	**$46,229**	**$19,909**	**$40,774**	**$43,915**
Veterans Administration	$29,028	**$37,332**	**$61,581**	**$59,370**	**$56,125**	**$53,433**	**$37,851**
Worker's Compensation	$26,855	**$44,847**	**$37,024**	**$65,877**	**$30,215**	**$16,988**	**$15,203**
(blank)	$46	**$2,665**	**$5,037**	**$4,198**	**$1,386**	**$3,200**	**$3,351**
TOTAL	**$1,282,897**	**$1,959,458**	**$1,722,969**	**$1,803,439**	**$1,601,562**	**$1,361,832**	**$1,331,225**

Payment Charge Mix

Bill Financial Class	Jun-23	Jul-23	Aug-23 MTD	Sep-23	Oct-23	Nov-23	Dec-23	2022 Avg	2023 YTD Avg
Blue Cross	41%	35%	29%	31%	37%	33%	38%	**19%**	**25%**
Commercial	12%	26%	14%	11%	13%	12%	11%	**10%**	**13%**
Indian Beneficiary	0%	0%	0%	0%	0%	0%	0%	**0%**	**0%**
Medicaid	0%	0%	0%	0%	0%	0%	0%	**0%**	**0%**
Medicaid HMO	0%	1%	2%	4%	4%	4%	3%	**0%**	**0%**
Medi-Cal	5%	0%	0%	1%	1%	1%	1%	**20%**	**14%**
Medicare	0%	32%	50%	37%	36%	42%	37%	**41%**	**35%**
Medicare Advantage	0%	1%	3%	5%	3%	2%	3%	**0%**	**0%**
Self Pay	41%	2%	0%	6%	5%	5%	7%	**8%**	**9%**
Veterans Administration	0%	2%	1%	5%	2%	2%	2%	**0%**	**0%**
Worker's Compensation	0%	0%	1%	3%	1%	0%	6%	**2%**	**2%**
(blank)	0%	0%	0%	-4%	-1%	-2%	-6%	**0%**	**0%**
Grand Total	100%	100%	100%	100%	100%	100%	100%	**100%**	**100%**

Self Pay

Self Pay	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Average Daily Revenue	56,883	56,424	60,112	51,663	45,394	42,943
Statement Cycle Dunning Level						
Collections # 1	$-	$-	$-	$-	$-	$44,452
Normal # 1	$-	$-	$-	$-	$-	$-
Normal # 2	$-	$93,551	$32,292	$22,184	$29,686	$27,981
Normal # 3	$-	$-	$88,654	$93,681	$96,377	$73,807
(blank)	$99,579	$35,568	$37,240	$56,330	$62,370	$79,765
Statement Cycle Dollars	**99,579**	**129,120**	**158,186**	**172,196**	**188,432**	**226,004**

Collections # 1	-	-	-	-	-	1.04
Normal # 1	-	-	-	-	-	-
Normal # 2	-	1.66	0.54	0.43	0.65	0.65
Normal # 3	-	-	1.47	1.81	2.12	1.72
(blank)	1.75	0.63	0.62	1.09	1.37	1.86
Self Pay Days	**1.75**	**2.29**	**2.63**	**3.33**	**4.15**	**5.26**

Long Term Care

Seneca
Billing Aging Report Age Date Sun, Dec 31 2023

Revenue Cycle
Powered by AmeraCare

Financial Class Summary

	Dec 2023	Nov 2023	Oct 2023	Sep 2023	Aug 2023	Jul 2023	Jun 2023	May 2023	Apr 2023	Mar 2023	Feb 2023	Jan 2023	Total
Anthem Blue Cross Medi-Cal		38,098.60	39,508.32	38,098.60	39,508.32	39,508.32	20,995.80						215,717.96
California Health and Wellness		148,987.50	144,812.62	3,075.02	-4,667.00	-4,260.00	5,959.00						293,907.14
Health Net Medi-Cal		21,145.80	21,850.66	21,145.80	21,850.66	21,850.66	22,660.80						130,504.38
Share of Cost	-11,012.00	8,432.00	852.00	-1,238.00	-1,052.00	926.00							-3,092.00
Medi-Cal		18,080.80	18,785.66				39,728.60						76,595.06
Partnership Health Plan		39,383.60	40,793.32	39,383.60	40,793.32	53,322.38	62,801.40						276,477.62
SELF PAY		-13,698.94	12,648.00										-1,050.94
Total Balance:	**-11,012.00**	**260,429.36**	**279,250.58**	**100,465.02**	**96,433.30**	**111,347.36**	**152,145.60**						**989,059.22**

Seneca
Accounts Receivable Report For Fri, Dec 01 2023 Thru Sun, Dec 31 2023

Revenue Cycle
Powered by AmeraCare

Financial Class Summary

	Balance Forward	Days Billed	Room Charges	Ancillary	Adjustments	Cash	Totals
Anthem Blue Cross Medi-Cal	215,717.96						215,717.96
California Health and Wellness	313,436.94					19,529.80	293,907.14
Health Net Medi-Cal	130,504.38						130,504.38
Share of Cost	11,638.00					14,730.00	-3,092.00
Medi-Cal	76,595.06						76,595.06
Non billable class							
Partnership Health Plan	276,477.62						276,477.62
SELF PAY	-1,050.94						-1,050.94
Grand Totals:	**1,023,319.02**	**0**				**34,259.80**	**989,059.22**

Dec billing still pending
Payments $23.2K / Share of Cost $3.7K CHW $19.5K
PHP $276.4K - updated claims to LT01 and billed if claim had previously been denied CIF completed, call with provider rep 1/18/2024
BCBS Medi CAL- $215.7K/ payments starting to come in on 1/3/24
Healthnet - $130.5K

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