Seneca- January 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 off edits if necessary and reviewing workflow with coding and charge services.
Reduction in DNFB		• DNFB reduction, including identifying solution issues
Denial Rate reduction		• Denial rate reduction, reviewing solution issues or workflow gaps

Client Scorecard- January MTD

Key Performance Indicators Jan MTD		UofM	Jan-23	Nov-23	Dec-23	Jan-24	Status	Performance Commentary
Cash & Revenue	Total Gross Revenue	$M	$2.09	$1.36	$1.33	$1.57		Increase $241.8K
	Total Cash Collected	$M	$1.15	$0.65	$0.53	$0.73		Increase $202.2K
	Average Daily Revenue	$K	$68,207	$45,394	$42,943	$50,744		Increase $7.8K
	Gross Collection Rate	%	62.0%	47.6%	39.8%	46.5%		
DNFB & Clean Claim Rate	Unbilled AR	Days	9.10	28.61	37.15	40.28		Increase 3.1 A/R Days/ Increase $448.9K
	Unbilled AR less Standard Delay	Days		25.18	33.73	35.55		Increase 1.8 A/R Days / Increase $355.5K
A/R & Aging	Total AR	Days	60.8	84.9	93.4	90.3		Decrease 3.1 Days
	Total Ins AR	Days		80.7	88.4	85.7		Decrease 2.7 Days
	Total SP AR Days	Days		4.2	5.0	4.6		Decrease .4 Days
	AR > 90 %	%	15%	28.9%	32.2%	29.3%		Decrease $19.8K
	Insurance AR > 90 %	%	15%	28.5%	31.7%	28.5%		Decrease $32.5K
Cash Posting & Denials	Credit Balance	$M		$0.04	$0.06	$0.04		
	Credit Balance Days	Days	5.4	1.0	1.4	0.9		
	Full Denial Rate	%		22%	23%	17%		
	Full Denial Total	$K	$208,240	$294,645	$315,068	$265,309		

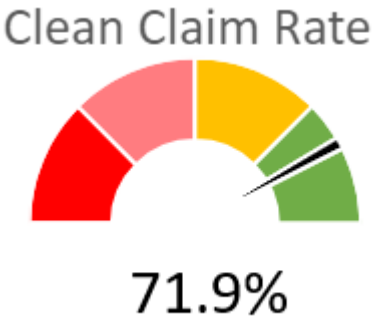
Client DNFB Scorecard- January EOM

Metric	UofM	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Unbilled AR	$	$1.4	$1.7	$1.4	$1.3	$1.6	$2.0
	Days	24.4	28.1	26.2	28.6	37.1	40.3
Unbilled AR less Standard Delay	$	$1.1	$1.4	$1.2	$1.1	$1.4	$1.8
	Days	19.2	23.7	22.6	25.2	33.7	35.6
Bill Suppression Hold	$	$0.5	$0.3	$0.4	$0.5	$0.5	$0.6
	Days	8.2	5.6	7.3	9.9	11.8	12.7
Correction Required	$	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
	Days	0.0	0.0	0.3	0.0	-0.5	0.0
Credit Balance - No Charges	$	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
	Days	0.0	0.0	0.0	0.0	0.0	0.0
Held in Scrubber	$	$0.3	$0.7	$0.2	$0.2	$0.0	$0.3
	Days	4.8	12.1	3.8	3.5	1.0	6.6
Ready to Bill	$	$0.1	$0.0	$0.0	$0.0	$0.0	$0.0
	Days	1.9	0.1	0.2	0.5	0.3	0.2
Standard Delay	$	$0.3	$0.3	$0.2	$0.2	$0.1	$0.2
	Days	5.3	4.4	3.7	3.4	3.4	4.7
Waiting for Coding	$	$0.2	$0.4	$0.6	$0.5	$0.9	$0.8
	Days	4.4	5.9	10.9	11.2	21.1	16.0

Waiting for coding clinic 14.2/ Hospital 1.8

Claims Processing

January 2024- Clean Claim Rate – All Stops



Total Claims	Total Claims Stopped	Total Claims Billed	Clean Claim Rate
Volume: 1614 Value: $3.4M	Volume: 454 Value: $1.4M	Volume: 1160 Value: $1.9M	71.9%

Claims Processing/ January EOM

Top 5 Edits/Rejections

Edit Number	Description	# of Occurrence	# of Claims	Claim Example	R1 Approved Workflow
79638	IF ORIGINAL REFERENCE # EXIST THEN THE CLAIM FREQUENCY TYPE CODE MUST BE "7" REPLACEMENT (REPLACEMENT OF PRIOR CLAIM) OR "8" VOID (VOID/CANCEL OF PRIOR CLAIM. NOTE: ORIGINAL REFERENCE # OR (ICN/DCN) NUMBER MUST CONTAIN THE RESUBMISSION NUMBER ASSIGNED BY THE PAYER TO THE PREVIOUSLY SUBMITTED CLAIM TO AVOID REJECTIONS OF DUPLICATE. -LOOP 2300 CLM05 - ***HIPAA ANSI GENERIC EDIT*** [VERSION 09/06/2019] SOURCE = WPC 837 4010A1/5010 PROFESSIONAL IMPLEMENTATION GUIDE	81	81	300013849	R1 to verify if it should be a replacement claim. If so update and validate
136762	ORIGINAL REFERENCE NUMBER MUST BE BLANK UNLESS CLAIM FREQUENCY TYPE CODE EQUALS "7" REPLACEMENT (REPLACEMENT OF PRIOR CLAIM) OR "8" VOID (VOID/CANCEL OF PRIOR CLAIM). NOTE: THE ORIGINAL REFERENCE NUMBER SHOULD BE REMOVED WHEN SOURCE OF PAY = "C". VOID/REPLACEMENT CLAIMS FOR MEDICARE PAYERS CANNOT BE BILLED ELECTRONICALLY. -LOOP 2300 REF02 [F8] - ***HIPAA ANSI GENERIC EDIT*** [VERSION 10/07/2020] SOURCE: WPC 5010 837 PROFESSIONAL IMPLEMENTATION GUIDE	81	81	300012332	R1 to verify if it should be a replacement claim. If so update and validate
148839	SECONDARY CLAIM WILL NOT BE ACCEPTED ELECTRONICALLY UNTIL 30 DAYS AFTER THE ADJUDICATION DATE WHEN MEDICARE IS THE PRIMARY PAYER. PROVIDERS ARE REQUIRED TO WAIT 30 CALENDAR DAYS FROM THE MEDICARE REMITTANCE DATE BEFORE THE SUBMITTING THE CLAIM. LOOP 2320 MOA03-07 * CARRIER EDIT * [VERSION 12/01/2023] SOURCE: ANTHEM EDI 837I 5010 LEVEL II EDITS 60432/60433.	21	21	300011935	8.7.23 R1 to change them to wait status in SSI and then in follow up in 30 days to validtae and get them out the door. Leave claim alone until it has been 30 days from when the primary claim adjudicated then validate
45661	IF FORM LOCATOR 37 ICN/DCN (FL64 ON THE UB04) IS NOT BLANK OR IF CONDITION CODE D0, D1-D9, OR E0 IS PRESENT, THEN BILL TYPE MUST BE XX7, XX8, OR XXQ. - 2300*CLM05 - ***MEDICARE EDIT*** [VERSION 07/05/2023] SOURCE = HTTP://WWW.CMS.GOV/REGULATIONS-AND-GUIDANCE/GUIDANCE/TRANSMITTALS/DOWNLOADS/R3060CP.PDF	19	19	300012381	R1 to update and validate
135395	IF BILLING PRIMARY AND BILL TYPE IS NOT XX7 (CORRECTED CLAIM) OR XX8 (VOID CLAIM) THEN THE ORIGINAL REFERENCE NUMBER MUST BE BLANK. - LOOP 2300 REF02 (F8) - ***HIPAA ANSI GENERIC EDIT*** [VERSION 06/09/2023] SOURCE = WPC 837 5010 IMPLEMENTATION GUIDE	19	19	300011927	R1 to vaildate and review if corrected claim is needed

January Denials UB & 1500

Trending-6 Month Trend

Full Denials

Denial Categories	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	
Additonal Info Needed	$14,610	$72,433	$54,755	$36,666	$41,388	$84,962	Unavoidable
Auth/PreCert	$2,720	$4,216	$9,503	$10,654	$3,229	$1,741	Avoidable
Benefits	$6,145	$7,226	$7,306	$8,680	$5,918	$12,153	Unavoidable
Billing Submission Errors	$37,912	$93,124	$43,235	$17,269	$15,234	$13,516	Avoidable
Bundling	$37,122	$69,680	$35,371	$64,380	$30,734	$41,753	Unavoidable
Coding CPT/HCPCS	$5,402	$16,303	$8,754	$5,818	$4,857	$7,058	Avoidable
Coding- DX	$104	$908	$27	$-	$1,473	$-	Avoidable
Coding Modifier	$3,579	$11,147	$6,040	$11,998	$8,344	$9,519	Avoidable
Contracting	$442	$4,731	$-	$(442)	$-	$-	Unavoidable
COB	$8,164	$145	$4,926	$2,486	$3,521	$7,584	Avoidable
Credentialing	$1,298	$91	$4,177	$1,052	$815	$179	Unavoidable
Duplicate	$4,081	$63,379	$38,471	$39,554	$124,685	$33,073	Both
Experimental	$-	$-	$-	$387	$-	$387	Unavoidable
Medical Necessity	$6,898	$7,653	$8,823	$27,379	$8,674	$3,565	Unavoidable
Non-Covered Services	$25,283	$24,254	$18,524	$22,012	$17,763	$17,817	Unavoidable
Referral	$145	$-	$-	$-	$-	$-	Avoidable
Registration/Eligibility	$29,770	$34,531	$20,789	$26,728	$19,048	$22,679	Avoidable
Reimbursment	$131	$936	$-	$3,894	$1,529	$(374)	Avoidable
Timley Filing	$-	$-	$2,550	$16,130	$27,856	$9,698	Avoidable
	$-	$-	$-	$-	$-	$-	
Total Gross Denied	**$346,597**	**$803,921**	**$505,139**	**$294,645**	**$315,068**	**$265,309**	
Total Gross Charges	**$1,959,458**	**$1,722,969**	**$1,803,439**	**$1,601,562**	**$1,361,832**	**$1,575,822**	
Denial %	**17.7%**	**46.7%**	**28.0%**	**18.4%**	**23.1%**	**16.8%**	

Avoidable/Unavoidable

Denial Categories	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Avoidable	$ 87,925	$ 161,311	$ 95,825	$ 94,976	$ 85,091	$ 71,421
Unavoidable	$ 91,797	$ 186,067	$ 128,955	$ 160,115	$ 105,293	$ 160,816
Both	$ 4,081	$ 63,379	$ 38,471	$ 39,554	$ 124,685	$ 33,073
Total Gross Denied	**$ 183,803**	**$ 410,757**	**$ 263,251**	**$ 294,645**	**$ 315,068**	**$ 265,309**
Total Gross Charges	**$1,959,458**	**$ 1,722,969**	**$ 1,803,439**	**$ 1,601,562**	**$ 1,361,832**	**$ 1,575,822**
Denial %	**9.4%**	**23.8%**	**14.6%**	**18.4%**	**23.1%**	**16.8%**

Denials/ January EOM
Top Monthly Denials & Mitigation Strategies

Denial Group	Weekly/Monthly Denial Dollars	Volume	Top Payers	CARC/RARC	Additional Details/Root Cause/Resolution
Duplicate	$33K		CHW	18	Profee charges are denied stating as "Policy benefits have been exhausted". Need to have a Z code to avoid the denial. R1 to verify if claim is true denial (speak with payer, check related encounters, powerchart, etc.), if a combine is needed, if TOB was correct, etc. If it not a true duplicate denial, will request rep to send back the claim for reprocessing and workflow will vary depending on reasoning for denial. Example Encounter# 60000487
Registration Eligibility	$22.6K		Blue Cross Medi Cal Blue Cross Prudent Buyer	109 26	Denied as Expenses incurred after coverage terminated. As per SOP, 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. Claim was denied for Clm/svc sent to proper payer/processor, R1 to confirm claim has been sent to the correct payer. Example Encounter# 60010801 (Blue Cross Medi-cal) & Encounter# 60012000 (Blue Cross Prudent Buyer)
Duplicate	$33K		Medicaid HMO BCBS	18	ER services paid but professional fee charges 99283/99284/9928X denied as duplicate. Need to have a Z code for the facility fee and the CPT code for the pro fee to avoid duplicate denial. 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. If it not a true duplicate denial, will request rep to send back the claim for reprocessing and workflow will vary depending on reasoning for denial. Example Encounter# 60002235 (PHP - Medicaid HMO) 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. Example Encounter# 60004713 (BCBS)
Timely Filing	$9.6K		BCBS	29	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. Example Encounter# 60005833
Coding Modifier	$9.5K		Partnership	4	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. Once a response is received with the correct modifier details then send the corrected claim to insurance by updating the correct modifier. Example Encounter# 60002235
Coding CPT HCPS	$7K		California Health and Wellness	222	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.

Accounts Receivable

Aged Trial Balance Jan 24 EOM compared to Dec 23 EOM

Jan - EOM 2024	ADR	50744																
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	$528,728	$3,853	$72,499	$30,393	$24,034	$43,900	$44,662	$25,953	$27,081	$34,821						$835,924	$176,417	$130,945	$45,473
Commercial	$113,844	$146	$36,660	$20,975	$44,293	$49,034	$23,044	$18,835	$32,362	$30,636						$369,830	$153,911	$127,366	$26,545
Indian Beneficiary	$1,650						$160	$608	$280	$5,475						$8,173	$6,523	$6,523	$0
Medicaid	$11,376							$180								$11,556	$180	$11,556	($11,376)
Medicaid HMO	$229,021	$14,926	$132,416	$53,366	$25,305	$10,879	$36,816	$45,429	$58,015	$16,234						$622,407	$167,373	$179,909	($12,535)
Medi-Cal	$35,347		$10,928	$22,042	$52,932	$30,461	$60,140	$5,319	$14,702	$50,819						$282,690	$161,441	$104,666	$56,775
Medicare	$843,328	$9,169	$253,624	$173,311	$98,664	$117,725	$41,033	$121,807	$90,521	$41,640	$470					$1,791,292	$413,195	$541,171	($127,976)
Medicare Advantage	$61,143		$36,820	$6,551	$6,916	$4,139	$11,012	$2,055	$7,578	$6,716						$142,930	$31,501	$35,285	($3,784)
Self Pay	$53,699	$597	$32,684	$22,212	$21,972	$5,803	$25,191	$30,855	$19,221	$22,388						$234,622	$103,458	$90,777	$12,681
Veterans Administration	$58,267	$4,109	$145	$5,103	($201)	$1,282	$5,262	($128)	$4,685	$484	$321					$79,328	$11,905	$23,255	($11,350)
Worker's Compensation	$65,221	$925		$5,615	$9,084	$18,102	$47,318	$16,728	$13,662	$13,509	$441					$190,603	$109,758	$104,586	$5,173
(blank)			$1,796	$3,745	$1,562	$490	($494)	$4,446	$3,659	$46						$15,250	$8,147	$7,647	$500
Grand Total	**$2,001,623**	**$33,725**	**$577,573**	**$343,313**	**$284,561**	**$281,814**	**$294,143**	**$272,088**	**$271,766**	**$222,768**	**$1,232**	**$0**	**$0**	**$0**	**$0**	**$4,584,604**	**$1,343,810**	**$1,363,685**	**($19,875)**
% of AR	**44%**	**1%**	**13%**	**7%**	**6%**	**6%**	**6%**	**6%**	**6%**	**5%**	**0%**	**0%**	**0%**	**0%**	**0%**		**29%**	**32%**	
Insurance Only	**$1,947,924**	**$33,128**	**$544,889**	**$321,101**	**$262,589**	**$276,011**	**$268,952**	**$241,233**	**$252,545**	**$200,379**	**$1,232**	**$0**	**$0**	**$0**	**$0**	**$4,349,982**	**$1,240,352**	**$1,272,908**	**($32,556)**

December 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	$205,030	$3,853	$9,754	($8,253)	($108,691)	($288)	$13,071	$3,118	($5,249)	$34,821	$0	$0	$0	$0	$0	$147,165	$45,473
Commercial	$23,329	$146	$29,356	$6,311	$19,808	$24,679	$6,924	($35,943)	$249	$30,636	$0	$0	$0	$0	$0	$105,495	$26,545
Indian Beneficiary	$0	$0	$0	$0	$0	($160)	($448)	$328	($5,195)	$5,475	$0	$0	$0	$0	$0	$0	$0
Medicaid	$11,376	$0	$0	$0	$1	$0	($180)	$180	($11,376)	$0	$0	$0	$0	$0	$0	$1	($11,376)
Medicaid HMO	$24,584	$14,509	$68,016	$25,505	$1	($27,515)	($17,817)	($22,779)	$39,340	$16,234	$0	$0	$0	$0	$0	$120,080	($12,535)
Medi-Cal	($23,713)	$0	($21,951)	($36,530)	$16,560	($725)	$51,687	($10,349)	($34,657)	$50,819	$0	$0	$0	$0	$0	($8,860)	$56,775
Medicare	$142,144	($31,741)	$73,319	($2,766)	($95,314)	$39,076	($188,853)	($25,841)	$6,260	$40,912	$470	$0	$0	$0	$0	($42,334)	($127,976)
Medicare Advantage	$4,287	$0	$32,084	($1,720)	$2,427	($11,231)	$8,230	($10,712)	$3,213	$6,716	$0	$0	$0	$0	$0	$33,293	($3,784)
Self Pay	($12,447)	($1,077)	$13,908	($14,027)	$9,580	($11,212)	($5,795)	$10,858	($3,559)	$22,388	$0	$0	$0	$0	$0	$8,618	$12,681
Veterans Administration	$13,241	$4,109	($18,030)	($18,577)	($26,729)	($14,896)	$5,389	($6,528)	$4,201	$163	$321	$0	$0	$0	$0	($57,336)	($11,350)
Worker's Compensation	$32,005	$925	$0	($4,727)	($10,520)	($35,553)	$32,287	($4,254)	($816)	$13,068	$441	$0	$0	$0	$0	$22,856	$5,173
(blank)	$0	($212)	($2,462)	$2,850	$1,262	$994	($5,795)	$1,642	$3,613	$46	$0	$0	$0	$0	$0	$1,939	$500
Grand Total	**$419,835**	**($9,487)**	**$183,994**	**($51,934)**	**($191,616)**	**($36,830)**	**($101,300)**	**($100,280)**	**($3,976)**	**$221,278**	**$1,232**	**$0**	**$0**	**$0**	**$0**	**$330,917**	**($19,875)**
Insurance Only	**$432,282**	**($8,411)**	**$170,086**	**($37,907)**	**($201,195)**	**($25,618)**	**($95,505)**	**($111,138)**	**($417)**	**$198,889**	**$1,232**	**$0**	**$0**	**$0**	**$0**	**$322,299**	**($32,556)**

- R1 Scope Increase A/R >90 : BCBS, Commercial, Medi- Cal, Work Comp
- R1 Scope Decrease A/R >90: Medicaid, Medicaid MCO, Medicare, Medicare Advantage, VA
- Facility Scope: Increase Self pay

Adjustments

Adjustment Sub Type	Jun-23	Jul-23	Aug-23	Sept -23	Oct-23	Nov-23	Dec-23	Jan-23 MTD	2023 YTD
Contractual Allowance Adjustment	($5,069)	**($200,987)**	($551,123)	($631,008)	($711,116)	($498,597)	($416,873)	($465,820)	**($757,179)**
Courtesy Adjustment	($195)	**($109)**	($866)	($1,274)	($467)	($393)	($486)	($157)	**($1,170)**
Discount Adjustment	($35)	**($13,731)**	($233)	($9,396)	($1,582)	($1,955)	($564)	($3,108)	**($13,999)**
Provider Adjustment	$70	**($760)**	($19,828)	($13,822)	($15,293)	($13,559)	($14,059)	($32,437)	**($20,518)**
Payment Adjustment		**($36)**	($9)	($13)	($11)	($1)	($2)	($4)	**($46)**
Charity Adjustment		**($28,877)**	($27,514)	($1,363)				($2,695)	**($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**	**-$504,222**	**-$849,536**

Client Assistance January 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**	**$28,807**	**$92,522**	**$32,308**	**$52,286**	**$188,046**	**$394,794**	**$272,640**
Charge Service Date out of Bounds	$824	$9,204	$598				$10,626	$0
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
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			$411		$4,314	$27,492	$32,217	$31,806
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	$16,368	$25,679	$25,679
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	$46,463	$65,004	$61,857
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
Work Comp Statement hold							$0	$0

Client Assistance 7.8 A/R days

Client Assistance >10+ days 5.4 A/R days

Payer Charge Mix

Rev by Primary HP FC	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Blue Cross	$277,596	$514,524	$407,661	$259,142	$267,805	$309,972
Commercial	$129,498	$132,180	$62,932	$98,688	$52,848	$67,747
Indian Beneficiary		$212		$1,650		
Medicaid	$896	$-				
Medicaid HMO	$239,725	$182,936	$185,461	$188,042	$194,265	$251,401
Medi-Cal	$32,638	$88,597	$58,155	$65,770	$43,195	$15,126
Medicare	$801,165	$658,716	$745,527	$604,814	$646,888	$754,896
Medicare Advantage	$37,067	$50,600	$34,193	$29,330	$25,904	$54,557
Self Pay	$100,743	$46,229	$19,909	$40,774	$43,915	$44,554
Veterans Administration	$61,581	$59,370	$56,125	$53,433	$37,851	$40,141
Worker's Compensation	$37,024	$65,877	$30,215	$16,988	$15,203	$34,879
(blank)	$5,037	$4,198	$1,386	$3,200	$3,351	$(212)
TOTAL	$1,722,969	$1,803,439	$1,601,562	$1,361,832	$1,331,225	$1,573,063

Payment Charge Mix

Bill Financial Class	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	2022 Avg	2023 YTD Avg
Blue Cross	29%	31%	37%	33%	38%	41%	**19%**	**25%**
Commercial	14%	11%	13%	12%	11%	6%	**10%**	**13%**
Indian Beneficiary	0%	0%	0%	0%	0%	0%	**0%**	**0%**
Medicaid	0%	0%	0%	0%	0%	0%	**0%**	**0%**
Medicaid HMO	2%	4%	4%	4%	3%	3%	**0%**	**0%**
Medi-Cal	0%	1%	1%	1%	1%	1%	**20%**	**14%**
Medicare	50%	37%	36%	42%	37%	60%	**41%**	**35%**
Medicare Advantage	3%	5%	3%	2%	3%	1%	**0%**	**0%**
Self Pay	0%	6%	5%	5%	7%	4%	**8%**	**9%**
Veterans Administration	1%	5%	2%	2%	2%	2%	**0%**	**0%**
Worker's Compensation	1%	3%	1%	0%	6%	1%	**2%**	**2%**
(blank)	0%	-4%	-1%	-2%	-6%	-19%	**0%**	**0%**
Grand Total	100%	100%	100%	100%	100%	100%	**100%**	**100%**

Self Pay

Self Pay	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Average Daily Revenue	60,112	51,663	45,394	42,943	50,744
Statement Cycle Dunning Level					
Collections # 1	$-	$-	$-	$44,452	$68,404
Normal # 1	$-	$-	$-	$-	$-
Normal # 2	$32,292	$22,184	$29,686	$27,981	$50,081
Normal # 3	$88,654	$93,681	$96,377	$73,807	$53,089
(blank)	$37,240	$56,330	$62,370	$79,765	$63,048
Statement Cycle Dollars	**158,186**	**172,196**	**188,432**	**226,004**	**234,622**

Collections # 1	-	-	-	1.04	1.35
Normal # 1	-	-	-	-	-
Normal # 2	0.54	0.43	0.65	0.65	0.99
Normal # 3	1.47	1.81	2.12	1.72	1.05
(blank)	0.62	1.09	1.37	1.86	1.24
Self Pay Days	**2.63**	**3.33**	**4.15**	**5.26**	**4.62**

Long Term Care

Financial Class Summary

	Jan 2024	Dec 2023	Nov 2023	Oct 2023	Sep 2023	Aug 2023	Jul 2023	Jun 2023	May 2023	Apr 2023	Mar 2023	Feb 2023	Total
Anthem Blue Cross Medi-Cal		39,508.32	15,437.80	39,508.32	38,098.60	39,508.32	39,508.32	20,995.80					232,565.48
California Health and Wellness		165,199.28	49,541.50	18,375.66	3,075.02	-4,667.00	-4,260.00	5,959.00					233,223.46
Health Net Medi-Cal		21,850.66	21,145.80	21,850.66	21,145.80	21,850.66	21,850.66	22,660.80					152,355.04
Share of Cost	-11,612.00	-12,476.00	3,903.00	852.00	-1,238.00	-1,052.00							-21,623.00
Medi-Cal		18,785.66	18,080.80	18,785.66				39,728.60					95,380.72
Partnership Health Plan		40,793.32				19,994.66	40,088.46	42,707.60					143,584.04
SELF PAY			-13,698.94	12,648.00									-1,050.94
Total Balance:	**-11,612.00**	**273,661.24**	**94,409.96**	**112,020.30**	**61,081.42**	**75,634.64**	**97,187.44**	**132,051.80**					**834,434.80**

Seneca
Cash Deposit Report For Mon, Jan 01 2024 Thru Wed, Jan 31 2024

Revenue Cycle
Powered by AmeraCare

Resident Cash Summary

		Cash Deposited:	Cash Adjustments:
Finance Class	Anthem Blue Cross Medi-Cal	$22660.80	$0.00
Finance Class	California Health and Wellness	$225882.96	$0.00
Finance Class	Partnership Health Plan	$173686.90	$0.00
Finance Class	Share of Cost	$18531.00	$0.00
	Total :	**440,761.66**	**0.00**

Miscellaneous Cash Deposits

G/L Account	Description	Debit	Credit
	Total Deposit		
	Grand Totals:	**-440,761.66**	**0.00**

440,761.66

- January is still unbilled due to interface issue

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