Indian Health Service Revenue Cycle Reports

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OKLAHOMA AREA

What are Internal Controls?

Internal controls are procedures and processes put into place by to prevent fraud, promote accountability and ensure the integrity of financial data.

Internal controls are unique to every company and designed according to the company's size and structure.

Effective and efficient internal controls aim to meet company objectives and protect the company's interests.

Internal controls not only address risks to the company, but also reduce incurrences of unnecessary cost or effort.

12 Benefits of Internal Controls

1. Establishes the process

2. Improve process performance

3. Improves operational efficiency

4. Keeps duties separated

5. Mitigates business risk

6. Organizes information

7. Produces timely financial statements

8. Reduces error

9. Improves accountability

10. Stabilizes operations

11. Assist with meeting compliance

12. Reduces audit risk

Third Party Internal Control Policy

5-1.5 <u>COMPLIANCE - REPORTING AND MONITORING</u>

<u>Internal Control</u>. All IHS Area Directors and CEOs must meet the general and specific internal control standards established by legislation, regulation, and policy for recording, controlling, and accounting for patient-related resources.

The Area Director and CEO or their designees must:

- ❖ Perform verifiable periodic reviews to ensure that the general and specific internal control standards are met. As appropriate, internal control reviews must be conducted in accordance with this chapter and must not be delegated to an individual who is responsible for the day-to-day activities being reviewed.

- ❖ Ensure that the reviews identified above are monitored on their predefined schedule.

- ❖ Use the data obtained from the reviews to prepare reports to monitor, assess, and improve the overall integrity of the program.

Third Party Internal Control: Management Reviews

Management reviews will include all components of the <u>revenue cycle</u>:

<u>Credentialing</u>. Regular and timely credentialing and background checks must be performed for proper certifications, credentials, and experience.

<u>Weekly</u>. Weekly reviews must be performed to determine the current status of or on the backlog of:

- Patient Registration (data verification, eligibility counts, audit reports)
- Benefits Coordinator (productivity and application types)
- Coding or data capture (coding queue, errors, and productivity)
- Billing or Claims (productivity, billed amounts, errors)
- Payment/Adjustment Posting (productivity)
- Aged receivables (outstanding aged accounts)
- Collections (third-party revenue for specified time frame)

Third Party Internal Control: Management Reviews

◦ Number of Days to A/R (identifying delays in process flow)

◦ A/R Account Reconciliation between RPMS and UFMS (subsidiary and General Ledger Accounts Receivable balance reconciliation)

◦ File Reconciliation between RPMS and UFMS (RPMS file transmissions are received at UFMS)

◦ Collections to Allotments/Allowance Reconciliation (receipts received at UFMS were allotted by Area Finance to SUs)

◦ Cash Reconciliation by TDN (treasury deposit amounts have been accounted for in UFMS)

Third Party Internal Control: Management Reviews

<u>Monthly</u>. Monthly reviews on the current status of, the backlog of or trending/monitoring of:

- ❖ UFMS/RPMS Dashboard report (discrepancies between UFMS and RPMS amounts billed, amounts received, amounts adjustment and TDNs)
- ❖ RPMS and UFMS A/R account negative balances
- ❖ Access to and any changes to RPMS table maintenance
- ❖ Collections/Allotments in RPMS and UFMS
- ❖ Deposits
- ❖ Amounts billed
- ❖ Point of Sale rejections
- ❖ Adjustments/Denial of claims
- ❖ Adjustments by allowance category/age/payer
- ❖ Open/closed claims
- ❖ Canceled claims
- ❖ Debt Management claims

Third Party Internal Control: Management Reviews

<u>Quarterly</u>.

- <u>Coding/Data Entry</u>. Each facility must have an independent or peer certified coder perform a quarterly review (by random sampling) of all coding/data entries. The sampling must be conducted by someone who did not do the original coding/data entry, i.e., someone from another facility, a contractor, etc.

- <u>Timely Process Reviews</u>. Using random sampling methodology, perform an independent/peer review of documents from check in to reconciliation (check in, registration, coding/data entry, billing, posting, adjustments/write-offs, and reconciliation) to verify accuracy, compliance, and timeliness of preparation and submission.

- <u>Aged Receivable Review</u>. Perform an independent/peer review (random sampling) of A/R that is older than 120 days to verify accuracy, compliance, completeness, and proper submission and follow-up. Accounts in this category should not exceed 20% of total A/R for the entire facility/location.

<u>Semiannual</u>. The CEO must ensure that the Third-Party Internal Controls online self-assessment tool sections are assigned to the SMEs within their facility and completed. The CEO will review and approve the completed sections and forward the sections to the Director, ORAP.

Third Party Internal Control: Management Reviews

Internal or External Reviews, Evaluations, and Audit Results All internal or external reviews, evaluations, and audit findings must be addressed and corrective actions implemented within 30 days of issuance.

Trend Analysis. Trend analysis will be done for collections, deposits, amounts billed, point of sale rejections, denials, and adjustments by allowance category, age, or payer. All analysis should be based on past or current operations to allow managers to see potential or actual problems and where improvements can be made to increase revenues and decrease losses.

Revenue Cycle Management

❖ Healthcare revenue cycle management is the financial process facilities use to manage the administrative and clinical functions associated with claims processing, payment, and revenue generation. The process consists of identifying, managing, and collecting patient service revenue.

❖ Healthcare revenue cycle management begins when a patient makes an appointment to seek medical services. The process ends when organizations have collected all claims and patient payments.

Revenue Cycle Reports from the Facility Perspective

MELANIE HARRIS, BOM – WEWOKA INDIAN HEALTH CENTER

OKLAHOMA AREA

Patient Registration Reports

FAUD/ERP: Errors and Warnings ran monthly can be pulled out ofHealthpic. I create a shared spreadsheet for each clerk with the errors attached to their names. They are given to them at the beginning of each month to complete asap during down time. I monitor them weekly to ensure they are being worked timely and accurately.

Chart Audits Monthly or as needed: Each clerk has a spreadsheet/log kept daily of patients they update, data is pulled from those logs to audit charts to ensure they are being updated properly, all required documentation or signatures received and eligibility determined accurately.

QA for scanning: monitored monthly. In EHR scans are reviewed for accurate document, chart, and patient.

Daily log

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	DATE	CHART	NAME	DEMOGS	INTERNET	EMAIL	LANGUAGE	ETHNICITY	MIGRANT/HOMELESS	AOB/ROI	MCR MSP	PHR HANDOUT	INS	VR	TC
2															
3															
4															
5															

Audit tool

CHART NUMBER	DATE	OHCA	ABILITY/ AVAILITY	ADDRESS CHECK (1ST VISIT/CHANGE)	AOB/ROI	MCR-MSP	MCR-PART D	PAGE 4, #4	MCR FOR...	SEQUENCED (1ST VISIT/CHANGE)	CHANGES TO RECORD	PHR DOCUMENTED	INTERNET	ADVANCE DIRECTIVE	MIGRANT HOMELESS

Audit tool cont.

New Charts

HRN/DATE			
CDIB			
ADDRESS			
PIC ID			
OHCA			
HIPAA/PRIVACY			
NOTATE			
CHART IN ORDER			
CHART LOG			
PHR/DOCUMENTED			
AOB/ROI (IF APP)			
MSPQ (IF APP)			
PI VERIFIED (IF APP)			
SCANNED CORRECTLY			

Patient Benefits Coordinator Reports

BCP/BCPC: Productivity reports. These are run monthly.

PBC template: Each PBC submits monthly that is compared to the BCPC report ran out of RPMS to ensure accuracy. If there are multiple coordinators, you can make sure they are sharing a similar workload or if improvement needs to be made.

Spreadsheet that has all the information from the BCPC so you can see the breakdown of the clinical applications being used. You look for red flags here, for example if one clerk has 30 approved Medicaid enrollments and the other has 3 for the same day, you may want to look into that and ask why such heavy workload fell on one clerk.

Community Event reports are submitted any time PBC's attend or coordinate an outreach event which lists the number of patients that attended and what kind of resources were provided/offered like a list of vendors.

PORP report for 3rd party coverage listing, make into a spreadsheet and arrange in order of no coverage, assign to PBC to contact/follow up with patient about applying.

1/1/24-1/31/24	APPROVED	DENIED	RESUB	REFUSED	F/U	ERR	PENDING	OVERINC	SCREEN	TOTAL
ABLETECH APPLIC										0
ACA-MIKAACCT										0
ACA-EDU									· 4	4
CHANGED PCP TO	1									1
DECLINED										0
EXPANSION EDUCATION									11	11
MEDICAID EXPANSION	3								1	4
MCR-EDU										
MEDICAID/DHS										0
OUTPT SCREENING										0
PT ASST									3	3
PART D										0
RECOVERED MCD	15									15
RECOVERED MCR	3									3
RECOVERED PRIVA	5									5
REQ FOR SVD-DHS									2	2
SOONERCARE										0
SOONERCARE EDU									5	5
RECOVERED SUPPLEMENT	12									12
SLMB/QI										0
UNDEF										0
TELEPHONE APP	1									1
TOTAL	40								26	66

PBC Monthly Report

For the month of	Jan-24		Date:	2/1/2024	

What was the most rewarding experience working with your patients this month:

Seeing a few more patients excited about wanting to sign up for medicaid.

How many patients with appointments did you complete applications with?	39
How many patients without appointments did you complete applications?	20
How many patients from the age 0-18 did you get complete applications?	10
How many patients age 65+ did you complete applications with?	0
How many patients did you get on Part D?	0

What have you done this month to be innovative and proactive in you work?

Made phone calls about updating their medicaid, that was gonna end soon.

What do you need to improve on next month?

Work on more medicaid and work on completing more of the Reports that are due as well.

How many patients did you have a face to face encounter with this month?	54
How many patients did you have phone contact with this month?	11
How many patients did you change their PCP to Wewoka I.H.S.?	10

What Outreach activities have participated in this month?

Not much activities, but mailed and rcvd a a lot of calls about updating their mediciad. A I added a few patients to my numbers that doesn't have charts he Worked on calling more patients about changing pcp or applying for medicaid/soonercare. Left Vm on patients to call back, and unable to leave msg on a few patients w/no Vm

Signature

Outreach reports

Outreach Activity Coversheet

Event Title: _____

Date: _____

Place: _____

Coordinators Attended: _____

Number Served: _____

Start Time: _____

End Time: _____

Resources Covered: _____

Comments: _____

Did this event :

    Renew and Strengthen Partnership with Tribes

    Improve Access to Care

Please submit your coversheet, sign-in sheet and flyer for the event

PBC Outreach Activity Sign In Sheet

Date _____   Event _____

	Name	Phone Number
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Billing Reports

BRRP ran daily to ensure claims have correctly generated and to see the claim workload for the day. Spreadsheet to monitor the beginning of the day vs the end of the day number of claims listed.

AWPR ran daily to ensure exports are being processed within 1 day. Also a way to make sure claims are set up with the right export mode.

Shared spreadsheets with the Billers and myself for claims that need to be closed daily. They list the claim, dos, reason and code for closing. I review daily and try to get claims closed out asap.

Shared spreadsheet between Billing and Coding to help get corrections/changes made for claims missing things or to address issues that are reoccurring that are enabling billing

Daily activity spreadsheet: each Biller has a spreadsheet that has a breakdown of their daily work for example: how many claims were processed, how many claims were reworked/corrected, how many pended, an explanation if workload was less than normal(due to an audit or meeting) and the total claims worked daily. The daily goal is to have worked 100 claims. You can run the PRRP in RPMS to compare for accuracy on the processed or billed claims portion and the pended claims.

PCRP ran monthly, lists the claims billers have pended. You have to ensure this number stays as low as possible and that they are only pending claims when absolutely necessary and that these claims are being actively worked on.

BRRP Daily Tracking

DAILY DROP	AM							PM					
	265							215					
	MCR	MCD	PI	VA	OTHER	TOTAL		MCR	MCD	PI	VA	OTHER	TOTAL
179	58	10	110	0	1	179		49	1	58	0	1	109
406	82	43	272	7	2	406		34	4				38
175	31	37	105	2		175		5	6	43	0	1	55
-55						0							0
155	33	12	108	1	1	155		14	4	86	0	1	105
102	22	32	151	2	0	207		4	9	15	0	1	29
161	28	30	126	6	0	190		9	6	23	0	0	38
382	178	27	172	1	4	382		42	3	32	0	0	77

Biller's Daily spreadsheet

DATE	CLAIMS BILLED	PI CLAIMS ADDED TO PENDED LIST TO CLOSE	CLAIMS ADDED TO BILL MCR	CLAIMS ADDED TO BILL TO MCD	AGED CLAIMS WORKED	REWORKED CLAIMS/CODING LIST	VERF/ENTERED INS/RE-VERF INS	2012/ CMS-1500	MANUALLY SUBMITTED CLAIMS	TOTAL CLAIMS
7/19/2023	62	23	1			6	3	5		100
7/20/2023	25	10				2	4	1	5	47
7/21/2023	66	32								98
7/24/2023	50	11			1	1	27			90
7/25/2023	44	8					7		14	73
7/26/2023	30	3		1		2	24		8	68
7/27/2023	30	10				4	12			56
7/28/2023	17	20	1		3	7	22			70

Coding and Billing spreadsheet

DOS	CLINIC TYPE	BO INITIALS	DATED ADDED TO LIST	REASON ADDED TO LIST	CODER INTIALS		CODING COMPLETED DATE	COMPLETED
5/29/2024	LAB	JW	6/12/2024	THERE ARE NO CHARGES ON THIS CLAIM. THE LAB WORK IS NOT ON HERE.	TI	Corrected TI	6/26/24 TI	
6/6/2024	GENERAL	MM	6/13/2024	J1010 IS NOT SHOWING A PRICE AMOUNT FOR INJECTION	JR	INCORRECTLY ADDED BY NURSING; THE CHARGE WAS DELETED & I CORRECTED IT 6/14/24 JR		
6/4/2024	OPTOMETRY	MM	6/14/2024	MISSING PHOTO CPT CODE	TI			
6/5/2024	ORTHOPEDIC	MM	6/14/2024	SHOWS INJECTION GIVEN BUT NOT MEDICATION LISTED ON HCPCS PAGE 8H	LH			
6/7/2024	RADIOLOGY	MM	6/17/2024	DX FOR XRAY	MR	Corrected	06/25/24 MR	BILLED
6/6/2024	GENERAL	MM	6/18/2024	REJECTED J1030 INVALID CPT CODE	JR	FORGOT TO ADD J1100 X 4 FOR THE OTHER DRUG; PLEASE LET ME KNOW IF THIS W	BILLED	
6/13/2024	OPTOMETRY	MM	6/18/2024	MISSING PHOTO CPT CODE	LH			
6/14/2024	GENERAL	MM	06-21-24	THERE IS NO CPT CODE FOR OFFICE VISIT	SH	Corrected		BILLED
6/11/2024	GENERAL	JW	6/21/2024	DOES THIS NEED A CPT CODE FOR AN OFFICE VISIT. E.H.R. SHOWS 10 MINUTES.	MR	Corrected	06/25/24 MR	
6/12/2024	GENERAL	MM	6/12/2024	MISSING OFFICE VISIT	TI	Corrected TI	6/25/24 TI	BILLED
6/12/2024	ORTHOPEDIC	MM	6/24/2024	SHOWS INJECTION GIVEN BUT NOT MEDICATION LISTED ON HCPCS PAGE 8H	TI			
6/14/2024	GENERAL	JW	6/27/2024	THERE IS NO CPT CODE FOR THE OFFICE VISIT. E.H.R. SHOWS THIS TO BE PERFORMED IN THE PAR	SH			
6/14/2024	GENERAL	JW	6/27/2024	THIS CLAIM IS A GENERAL CLINIC CLAIM, HOWEVER THERE IS NO CPT CODE FOR THE OFFICE VISIT.	SH			
6/15/2024	GENERAL	JW	6/27/2024	THIS CLAIM WAS CODED AS A TELEMEDICINE CLAIM. E.H.R. SHOWS THIS VISIT TO HAVE BEEN A FA	SH			

Accounts Receivable

BSL: weekly to ensure posting is within 72 hours

ADJ monthly or more often if needed: made into a spreadsheet, to monitor adjustment codes and if needing improvement, look at non covered charges to see what can be done to get them covered.

Batch audits monthly or weekly: Review batches to ensure all documentation is scanned/available and are all posted with the correct amounts to the correct claim/patient.

Spreadsheet shared to list tasks completed daily, good for when there is not much posting to complete to see what was accomplished.

Adjustments Spreadsheet

==							
GAO Transaction Report by ALLOWANCE CATEGORY MAY 15,2023@10:37							
for ALL ALLOWANCE CATEGORY(S)							
Summary with APPROVAL DATES from 04/01/2023 to 04/30/2023							
at WEWOKA HL CT Visit location(s) regardless of Billing Location							
==							

LOCATION	ALLOWANCE CAT	INSURER	BILL CC	TOTAL BILL AMOUNT	TOTAL PAYMENTS	ADJ TYPE IEN	ADJUSTMENT TYPE	TOTAL ADJUSTMENTS
WEWOKA_HC	OTHER	BENEFICIARY MEDICAL PRO	61	39418	0	663	Correction to Prior Claim	19840
WEWOKA_HC	MEDICAID	OKLAHOMA MEDICAID	1906	647224.56	808586.3	20	Non Cov Srv Routine Exam	0
WEWOKA_HC	MEDICAID	OKLAHOMA MEDICAID				138	CREDIT TO OTHER BILL	-12426
WEWOKA_HC	MEDICAID	OKLAHOMA MEDICAID				139	CREDIT FROM OTHER BILL	14409.8
WEWOKA_HC	MEDICAID	OKLAHOMA MEDICAID				302	Doc reqd to adjudicate clm/svc	1387.42
WEWOKA_HC	MEDICAID	OKLAHOMA MEDICAID				323	Cvg/progrm guidelines exceeded	2107.99
WEWOKA_HC	MEDICAID	OKLAHOMA MEDICAID				616	Clm/Srvc Lacks Info For Adjud	98
WEWOKA_HC	MEDICAID	OKLAHOMA MEDICAID				645	Chgs exceed fee schd/max allow	26312.22
WEWOKA_HC	MEDICAID	OKLAHOMA MEDICAID				656	Proc not deemed as effective	220.15

Voucher Examiner

AOI or USM to review Aged Open Items by day category, 0-30, 31-60...etc. assign lists to VE to review/rework for the week. We have a shared spreadsheet with a tab for each category.

ASM: Age summary report, should be worked on daily by VE. Report is also available in Healthpic and is more user friendly. Needs to be under 10%.

LBL: Review Large bill balance so those can be reviewed/reworked first.

Debt Management Spreadsheet: reviewed monthly

Daily log of productivity similar to the biller log.

VE Daily Log

DATE REVIEWED	CLAIM #	CHART #	NOTES
5/29/2024			
	███		PUT ON SPREADSHEET FOR MM TO REBILL
			PUT ON SPREADSHEET FOR MM TO REBILL
			PUT ON SPREADSHEET FOR MM TO REBILL
			PUT ON SPREADSHEET FOR MM TO REBILL
			PD $6.05 WAITING ON PYMNT
			PD $31.92 WAITING ON PYMNT.. CK DATE 5/6/24
			PUT ON SPREADSHEET FOR MM TO REBILL
			PUT ON SPREADSHEET FOR MM TO REBILL
			PUT ON SPREADSHEET FOR MM TO REBILL

ASM

5/15/2024						
ALLOWANCE CATEGORY	CURRENT	31-60	61-90	91-120	120+	BALANCE
MEDICAID	622,520.30	3,859.82	-	-	-	626,380.12
MEDICARE	456,351.66	14,991.96	17,202.98	4,965.98	1,792.00	495,304.58
OTHER	-	16,537.00	-	2,157.00		18,694.00
PRIVATE INSURANCE	1,581,147.33	146,293.26	135,697.90	45,682.72	120,378.20	2,029,199.41
VETERANS	16,786.77	11,677.19	20,198.33	10,633.54	-	59,295.83
	2,676,806.06	193,359.23	173,099.21	63,439.24	122,170.20	3,228,873.94	3.78%

Days to Collection Audit

Revenue Generation Audit

ACILITY	CLAIM#	Chart	DOS	Date Coded < 4 days	Days TO CODE	Date Billed < 6 Days	Days TO BILL	Date Exported<1 day or Less	Days TO EXPORT	Date Paid(Deposit Date on Batch)	Date Posted< 3 Days	Days TO POST PYMT	Total A/R days
						Private Insurance							
EW			1/27/2024	2/22/2024	26.0	3/1/2024	34.0	3/2/2024	1.0	3/22/2024	3/23/2024	1.0	56.0
EW			1/29/2024	2/24/2024	26.0	3/8/2024	39.0	3/9/2024	1.0	3/15/2024	3/16/2024	1.0	47.0
EW			1/25/2024	2/25/2024	31.0	3/10/2024	45.0	3/17/2024	7.0	3/31/2024	4/1/2024	1.0	67.0
EW			1/27/2024	2/24/2024	28.0	3/1/2024	34.0	3/2/2024	1.0	3/10/2024	3/12/2024	2.0	45.0
EW			1/25/2024	2/25/2024	31.0	3/10/2024	45.0	3/17/2024	7.0	3/22/2024	3/23/2024	1.0	58.0
EW			1/19/2024	2/24/2024	36.0	3/1/2024	42.0	3/2/2024	1.0	3/8/2024	3/10/2024	2.0	51.0
PRIVATE PAYER AVERAGE DAYS					28.4		39.4		3.4			1.2	54.6

This report is to track the days it takes from the date of service to the date we post the payment received. Information is pulled from coding reports by the HIM supervisor and from billing by the BOM to complete the whole process, so its a team effort. This report is reviewed by our CEO and during our Biller/Coders monthly meetings.

Other Reports

SYNC: Auto Sync report to ensure that everything is synced and nothing is left hanging out there.

NEG: Reports if there is a bill negative balance outstanding

Not Sent: Lists information of transactions not sent to the hub

UTLT: This report will look through all the A/R Transactions in the selected date range and report any that have not been transmitted to UFMS.

All of these reports are ran monthly and should not produce any information, if they do a ticket needs to be put in with a screenshot of the information attached.

Recon spreadsheet in Sharepoint: Once files are exported, that information is entered into this spreadsheet daily, an email received from the HUB lists file information that is also recorded in this spreadsheet to reconcile files were transmitted accurately and all totals are balancing.

Collection/Trending report to monitor or compare amounts from year to year.

Collections Trending report to compare FY23 to FY24, this report helps determine projections and monitor progress in collections as compared to last fiscal year. Lists billed vs adjusted, deposited and allowance.

COLLECTIONS TRENDING
WIHC FY 2024

Oct FY23

	Wewoka						Oct FY24	Wewoka					
	Priv Ins	Medicaid	Medicare	VA	Other	Total		Priv Ins	Medicaid	Medicare	VA	Other	Total
Deposited (Stat Report)	351,769.81	870,130.85	137,376.65	8,226.76	0.00	1,367,504.07	Deposited (Stat Report)	364,067.56	577,678.96	55,638.37	3,672.03	0.00	1,001,056.92
Billed (PSR Healthpic)	703,444.89	763,205.76	494,060.34	7,875.30	22,833.00	1,991,419.29	Billed (PSR Healthpic)	754,072.80	521,623.25	562,187.68	12,175.03	18,298.00	1,868,356.76
Adjusted (PSR Healthpic)	496,264.26	(137,478.57)	385,599.03	(1,142.36)	0.00	743,242.36	Adjusted (PSR Healthpic)	549,726.62	(120,626.94)	329,650.88	0.00	0.00	758,750.56
Allowance (UFMS-Finance)	181,203.17	864,533.33	327,464.18	13,393.58	0.00	1,386,594.26	Allowance (UFMS-Finance)	265,316.21	765,374.78	242,799.12	4,736.41	0.00	1,278,226.52

Revenue Cycle Reports from an Area Perspective

SANDRA SEALEY, CERTIFIED PROFESSIONAL BILLER

BUSINESS OFFICE COORDINATOR - OKLAHOMA AREA

Monthly Reviews

❖ UFMS/RPMS Dashboard report (discrepancies between UFMS and RPMS amounts billed, amounts received, amounts adjustment and TDNs)

❖ RPMS and UFMS A/R account negative balances

❖ Collections/Allotments in RPMS and UFMS

These items are monitored in the UFMS/RPMS Reconciliation Report that is populated at the facility level on a daily/weekly basis and uploaded to a ShareDrive with Area Office

Area Office reviews the weekly reports received from HQ, any errors are resolved through coordination of the Facility, Area Business Office Coordinator and Area Finance.

Area Office also reviews the spreadsheets monthly to verify completion, each site submits a monthly reconciliation report and then area submits the monthly template to HQ.

UFMS/RPMS Reconciliation

UFMS/RPMS Reconciliation Certification

HQ REQUIRED TEMPLATE

OCAO REQUIRED TEMPLATE

Revenue Meetings/Reports

OKLAHOMA CITY AREA OFFICE AND OKLAHOMA AREA SERVICE UNITS – 10 FACILITIES COMPRISE 6 SERVICE UNITS

OCAO Monthly Revenue Team Calls

❖ The Area Revenue Team which includes the Executive Officer, Director of Field Operations, Area Business Office Coordinator, Area Pharmacy Consultant, Area HIM Consultant and Area Finance Staff has a Teams meeting with each facility revenue team to review their reporting template on the second Thursday of each month for 10 months of the year and 2 times a year we have an in-person meeting with all the teams present.

❖ Each facility has a revenue team that is generally led by the COO or CEO and includes staff from Coding, Business Office, Pharmacy, Finance and any other staff they deem necessary that is responsible for preparing the monthly reporting template.

❖ On the monthly call, both Area and the facility staff provide an update, review reporting templates, discuss any issues, corrective action plans, etc.

OKC/AO OCA REVEN...

General
CLAREMORE BLAZE
CLINTON MONEYBAGS
HASKELL A T M
LAWTON LA FUND$
PAWNEE GOLDDIGGERS
WEWOKA TEAM KA-C...
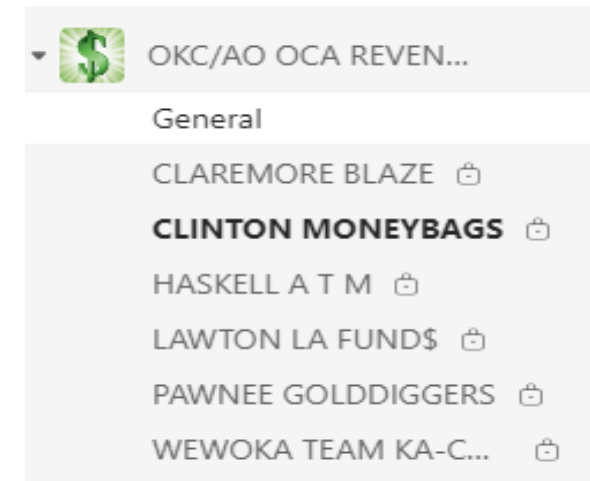
Bi-Annual In Person Revenue Meetings

❖ Each Facility Revenue Team presents their monthly slides and presents on a best practice at their facility

❖ Area Office Revenue Team provides updates, guest speakers and at least one training activity

❖ At our most recent meeting, we had a teambuilding activity – The Marshmallow Game

Area Revenue Meeting Updates

HIM Update

OCA Privacy Officer and HIM Consultant (Position Vacant)

Finance Update

Karla MacArthur and Amanda Musgrove, OCA Finance

Pharmacy Update

Kaileen Skidgel, (Acting) OCA Pharmacy Consultant

Business Office Update

Area Revenue Reports – A/R Dashboard

April	FY 21	FY 22	FY 23	FY 24
Claremore	$0.00	$0.00	$ 20,260.15	$ 14,531,392.01
Lawton	$0.00	$24,343.02	$ 1,814,940.25	$ 13,450,066.09
Anadarko	$0.00	$25,392.88	$ 228,108.69	$ 2,975,865.57
Carnegie	$0.00	$0.00	$ 3,734.67	$ 276,826.34
Clinton	$0.00	$1,656.00	$ 186,957.68	$ 3,485,125.30
El Reno	$0.00	$0.00	$ 275,478.22	$ 2,450,182.78
Watonga	$0.00	$0.00	$ 6,767.10	$ 356,297.23
Pawnee	$0.00	$0.00	$ 41,658.33	$ 3,787,758.67
Wewoka	$0.00	$0.00	$ 64,231.18	$ 3,471,069.31
Haskell	$0.00	$0.00	$ 95,282.41	$ 3,116,166.09
OCAO	$0.00	$0.00	$ 159.00	$ 129,515.62
TOTALS	$0.00	$51,391.90	$ 2,737,577.68	$ 48,030,265.01

| May	FY 21	FY 22	FY 23	FY 24
Claremore	$0.00	$0.00	$ 3,003.00	$ 8,520,350.69
Lawton	$0.00	$13,575.51	$ 1,708,717.42	$ 12,354,201.00
Anadarko	$0.00	$7,383.30	$ 227,848.67	$ 2,041,179.10
Carnegie	$0.00	$0.00	$ 1,874.67	$ 166,895.18
Clinton	$0.00	$0.00	$ 183,611.68	$ 4,109,701.98
El Reno	$0.00	$0.00	$ 117,251.91	$ 2,764,797.67
Watonga	$0.00	$0.00	$ 5,022.14	$ 303,508.52
Pawnee	$0.00	$0.00	$ 40,370.33	$ 3,190,956.28
Wewoka	$0.00	$0.00	$ 47,507.18	$ 2,211,963.08
Haskell	$0.00	$0.00	$ 86,557.84	$ 3,076,024.93
OCAO	$0.00	$0.00	$ -	$ 59,567.36
TOTALS	$0.00	$20,958.81	$ 2,421,764.84	$ 38,799,145.79

Area Revenue Reports - Unwinding

Medicaid Unwinding through 05/31/2024

Current Loss of Medicaid = (4082) for the Area

Third Party Stats

Third Party Eligibility	May-24 Claremore	May-24 Lawton	May-24 Wewoka	May-24 Pawnee	May-24 Clinton	May-24 Haskell	May-24 OCA	Monthly Difference	Baseline Difference
Medicaid Only:	10784	8952	3034	2861	4556	202	30389	-105	-4082
Private Insurance Only:	17230	7080	2615	4008	4951	2581	38465	-393	-4026
Medicare A Only:	899	233	130	190	124	20	1596	14	95
Medicare B Only:	0	0	2	0	1	1	4	-1	-5
Medicare Part A & B Only:	1520	708	481	549	540	120	3918	21	-226
Medicare Part D:	3933	1988	752	1124	1083	271	9151	-61	20
Medicaid & Medicare:	93	42	23	46	33	2	239	20	-64
Medicaid & Private Ins:	1292	875	287	317	390	540	3701	-76	-761
Medicare & Private Ins:	1910	1004	424	644	437	343	4762	-1	-278
Medicaid, Medicare, & PI:	32	19	14	4	8	31	108	0	-27
TOTALS	37693	20901	7762	9743	12123	4111	92333	-582	-9354
	-1685	-1384	-451	-382	-275	45	-4132		

Area Revenue Reports – Collections

OCAO Totals	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	Difference
MEDICAID	22,176,442.43	21,495,308.87	24,678,370.90	59,005,707.69	79,450,319.77	65,302,201.33	(14,148,118.44)
MEDICARE	19,137,018.67	16,942,852.45	16,601,642.48	20,340,075.07	24,381,839.71	26,092,635.06	1,710,795.35
PRIVATE INSURANCE	19,589,962.47	20,050,908.74	20,287,651.12	23,885,901.12	24,289,378.77	24,972,932.10	683,553.33
VA	1,070,337.28	866,021.38	956,846.79	1,051,100.87	946,247.57	663,653.99	(282,593.58)
OTHER	19,961.00	31,139.98	167,242.44	99,129.00	188,638.54	328,028.00	139,389.46
TOTALS	61,993,721.85	59,386,231.42	62,691,753.73	104,381,913.75	129,256,424.36	117,359,450.48	(11,896,973.88)	-9.20%
FMCRA/1621e	72,550.45	106,929.56	1,124.00	71,937.29	28,387.06	26,833.80	(1,553.26)

Monthly Average	14,669,931.31
Projection Goal for 2024	174,951,552.91
FY 2024 Collections YTD	117,359,450.48

May FY 2024 Monthly Collections	24,621,907.14

FY 2023 YTD Collections	129,256,424.36

| May FY 2023 Collections	21,537,419.06

FY 2019- FY 2024 Collections
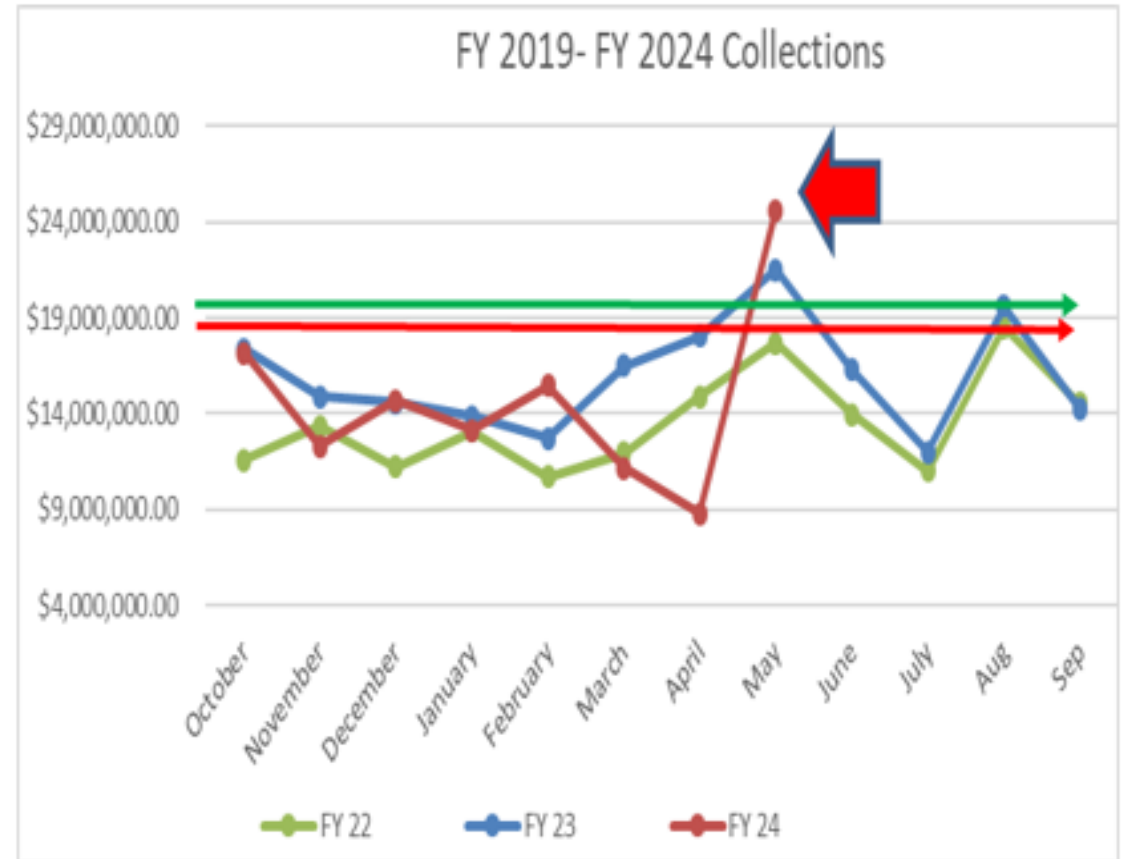
Area Revenue Reports - Projections

Projection Breakdown

| Facility	FY 24 Projection	FY 24 Goal	FY 24 Mo. Proj	FY 24 Mo. Goal	FY 24 Collections YTD	Mo Avg	% of Proj	% of Goal	Target Through 05/24
Claremore	51,682,047.54	55,518,457.34	4,306,837.30	4,626,538.11	37,849,825.23	6,308,304.21	73.24%	68.18%	66.67%
Clinton*	12,251,739.47	13,000,000.00	1,020,978.29	1,083,333.33	8,763,800.75	1,460,633.46	71.53%	67.41%	66.67%
El Reno*	9,698,808.68	10,000,000.00	808,234.06	833,333.33	6,164,094.57	1,027,349.10	63.56%	61.64%	66.67%
Watonga*	1,554,742.12	2,000,000.00	129,561.84	166,666.67	910,183.63	151,697.27	58.54%	45.51%	66.67%
Lawton	52,978,125.84	55,627,031.00	4,414,843.82	4,635,585.92	31,396,793.79	5,232,798.97	59.26%	56.44%	66.67%
Anadarko	16,623,895.57	17,455,091.00	1,385,324.63	1,454,590.92	10,498,429.82	1,749,738.30	63.15%	60.15%	66.67%
Carnegie	2,240,793.69	2,352,833.00	186,732.81	196,069.42	1,169,538.35	194,923.06	52.19%	49.71%	66.67%
Pawnee*	12,150,000.00	14,000,000.00	1,012,500.00	1,166,666.67	8,858,332.57	1,476,388.76	72.91%	63.27%	66.67%
Wewoka*	10,022,900.00	10,524,045.00	835,241.67	877,003.75	8,012,133.19	1,335,355.53	79.94%	76.13%	66.67%
Haskell	4,897,000.00	5,098,000.00	408,083.33	424,833.33	3,094,559.31	515,759.89	63.19%	60.70%	66.67%
OCAO	851,500.00	905,000.00	70,958.33	75,416.67	641,759.27	106,959.88	75.37%	70.91%	66.67%
TOTALS	174,951,552.91	186,480,457.34	14,579,296.08	15,540,038.11	117,359,450.48	19,559,908.41	67.08%	62.93%	66.67%

Facility Reports to Area

Facility Revenue Reports – Visits/Providers
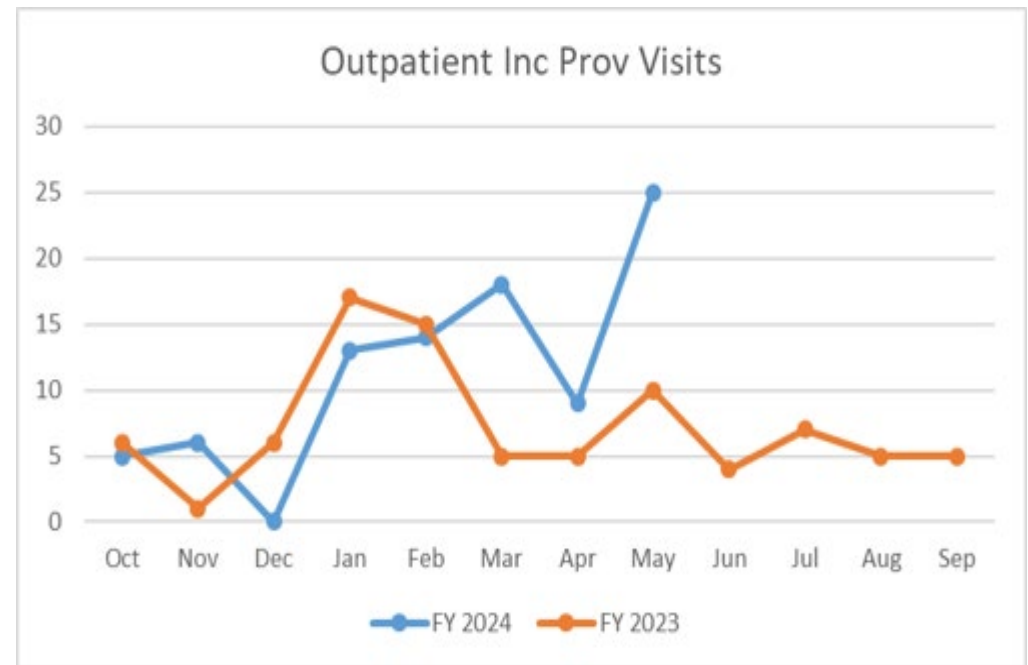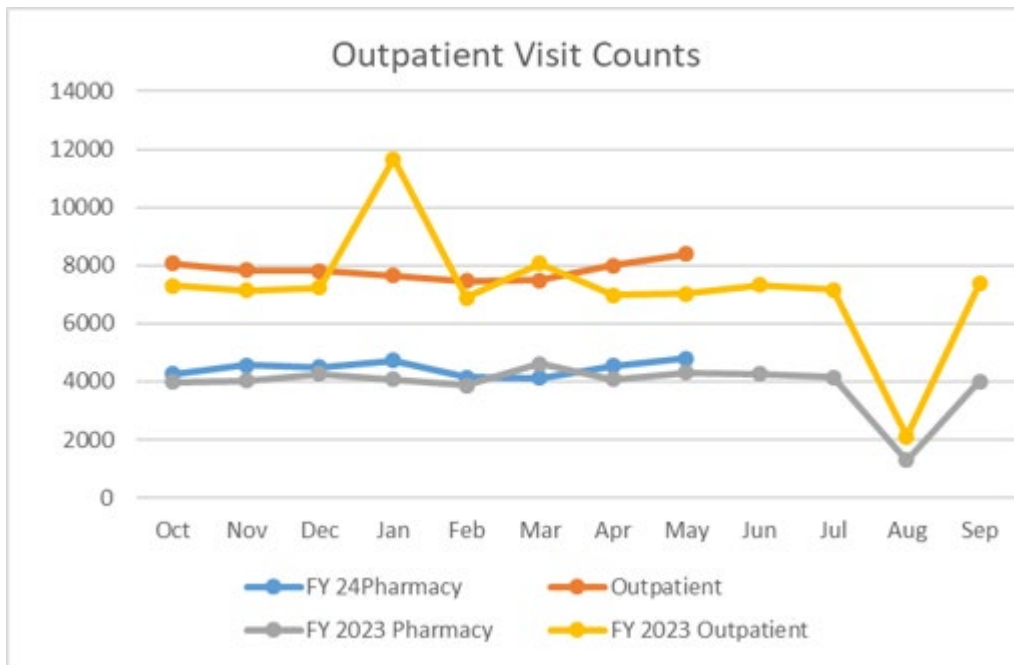
Facility Revenue Reports - Coding
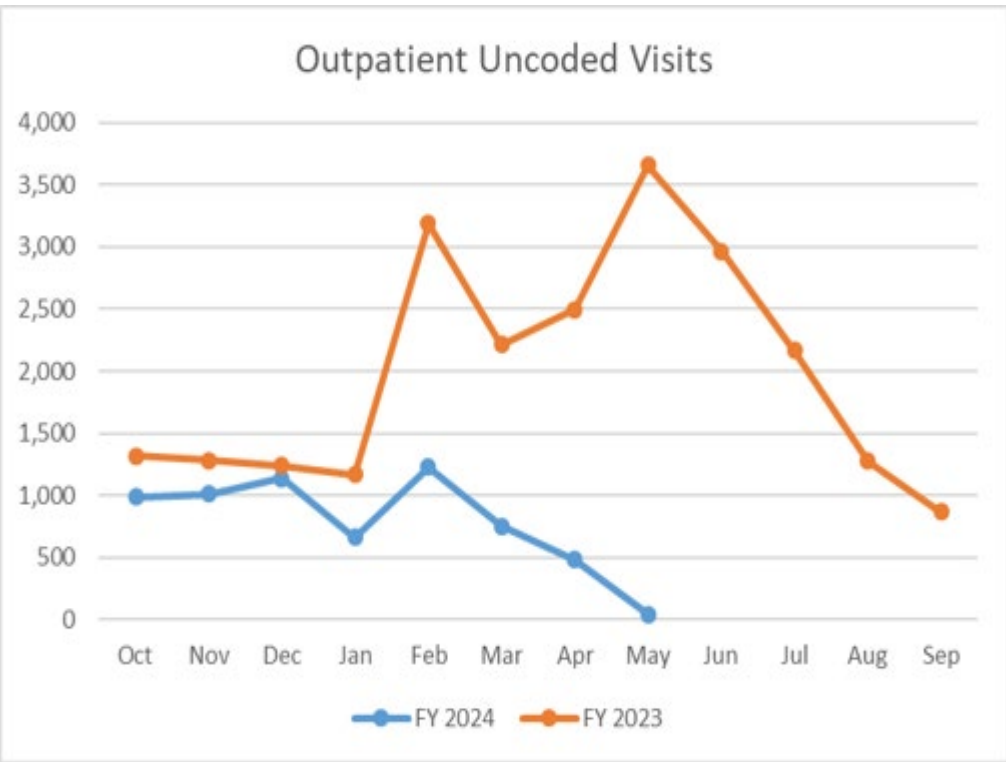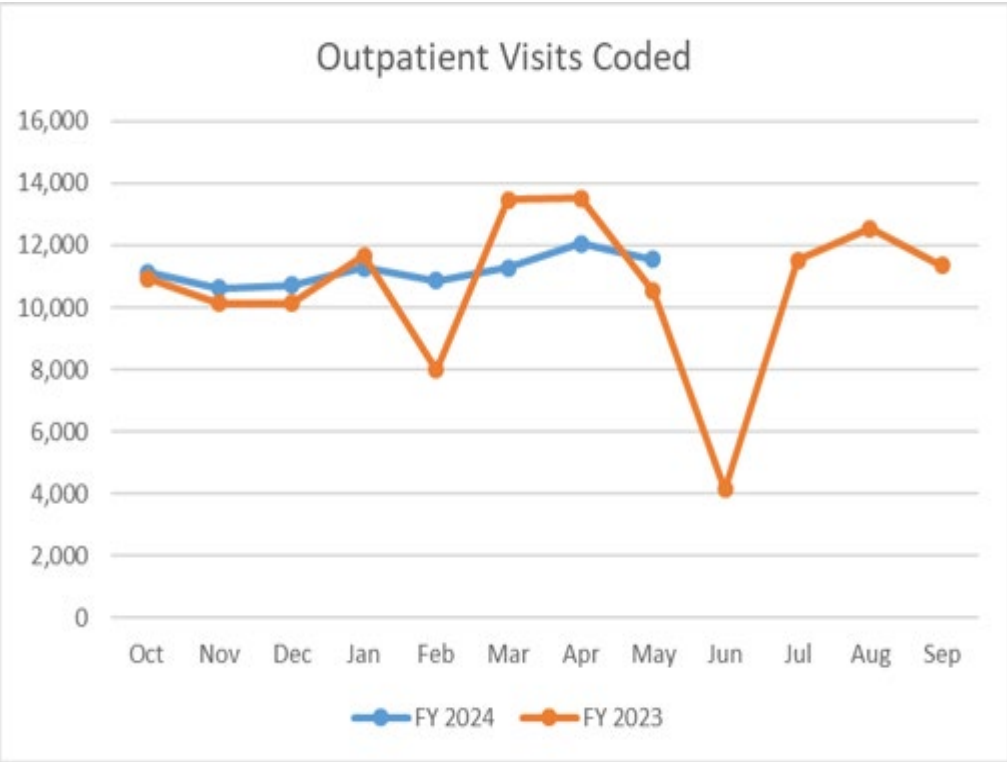
Facility Revenue Reports - Billing
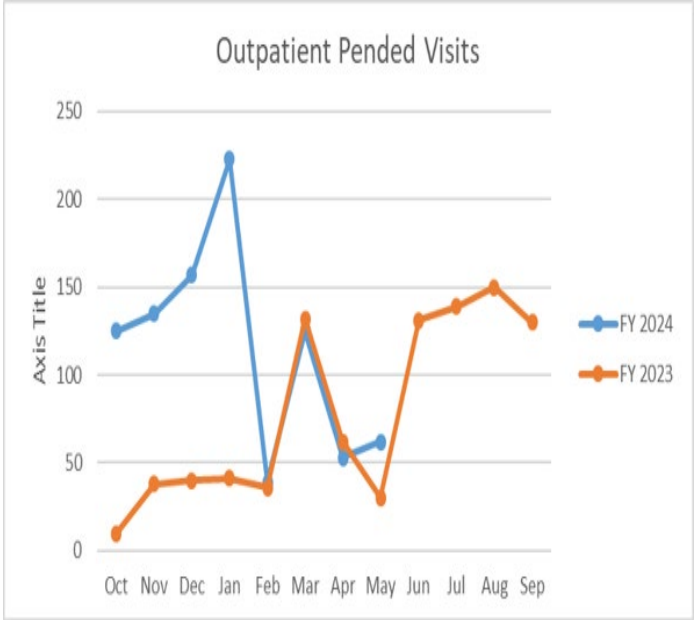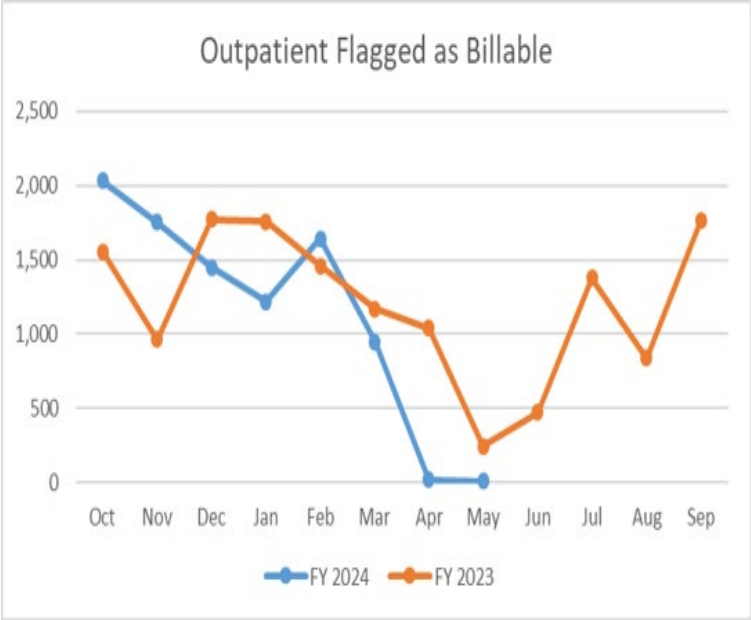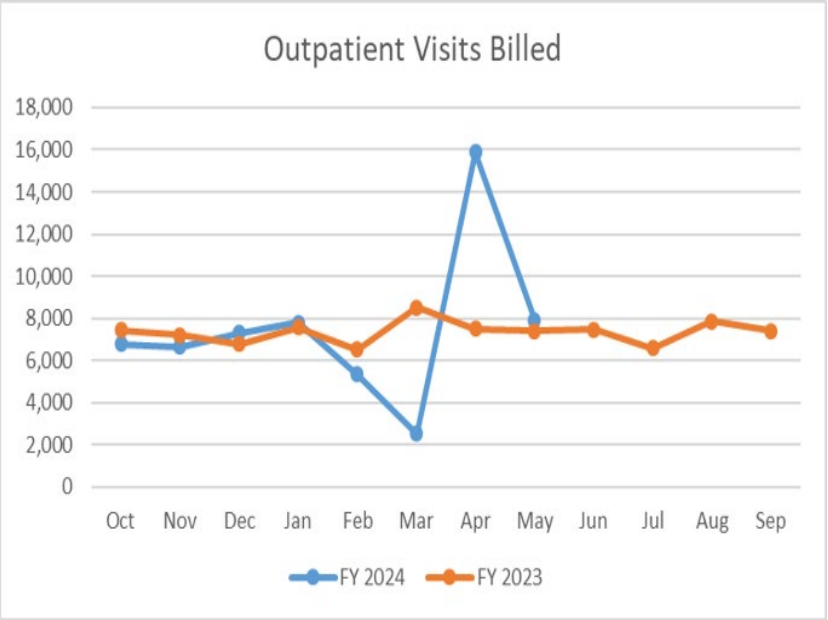
Facility Revenue Reports – Aging 120, 90, and 60 Days

FY24 AR Age Summary Report 120+

120+ A/R
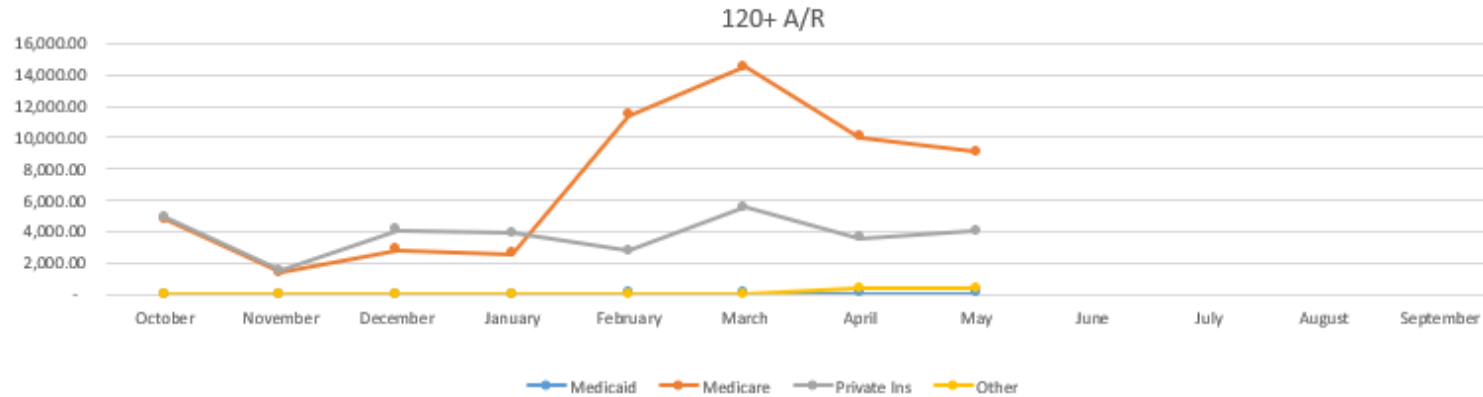
FY 2024	October	November	December	January	February	March	April	May	June	July	August	September
Medicaid	-	-	-	-	14.08	14.08	14.08	14.08				
Medicare	4,791.00	1,373.41	2,835.25	2,547.87	11,425.62	14,519.77	10,024.35	9,051.59				
Private Ins	4,877.00	1,476.00	4,102.00	3,864.64	2,721.77	5,532.87	3,580.91	3,995.91				
Other	-	-	-	-	-	-	328.00	328.00				
120+ Total	9,668.00	2,849.41	6,937.25	6,712.51	14,161.47	20,066.72	13,947.34	13,389.58				
Total A/R	220,445.13	177,779.56	317,674.47	233,450.13	117,743.57	118,379.24	263,948.14	169,769.25				
120+ %	0.04385672	0.01602777	0.02183761	0.02875351	0.12027383	0.16951215	0.05284121	0.07886929	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Facility Revenue Reports - Posting

Posting –

FY24 A/R Posting — Batched Total, Collections Processed, Balance

FY23 A/R Posting — Batched Total, Collections Processed, Balance
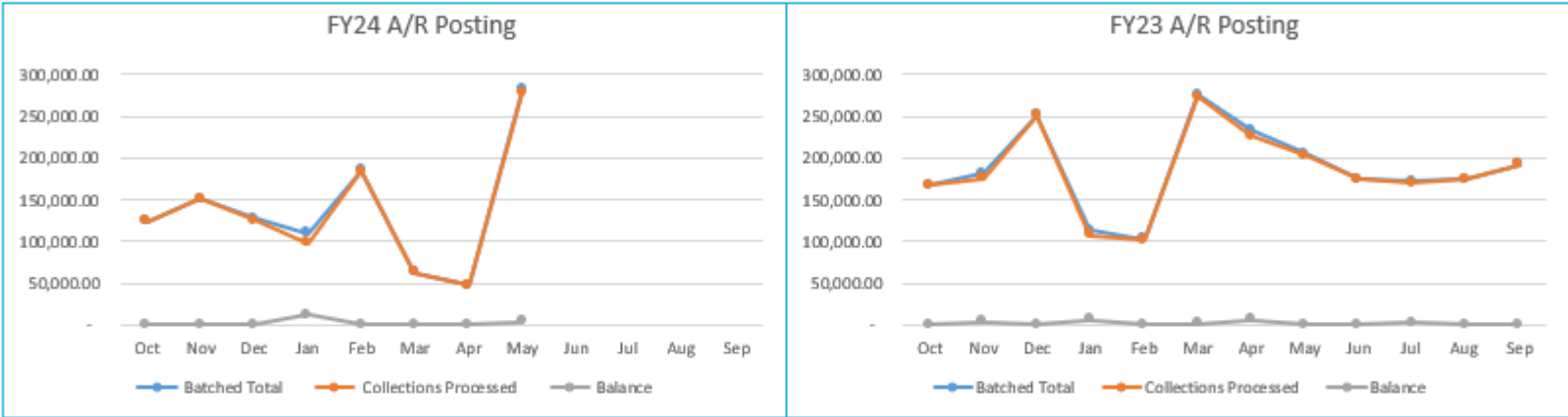
Carnegie FY24	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Batched Total	123,935.63	151,136.52	127,911.20	110,089.12	185,084.26	63,309.42	47,665.00	281,819.99				
Collections Processed	123,825.63	150,998.82	124,641.20	98,408.65	184,365.26	63,309.42	47,665.00	277,436.37				
Balance	-	137.70	-	11,668.63	-	-	-	4,364.54				

Carnegie FY23	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Batched Total	167,618.03	181,261.46	250,629.48	113,536.12	103,115.98	275,583.33	232,894.45	205,041.89	174,660.53	171,781.94	174,726.29	191,914.30
Collections Processed	167,618.03	175,769.90	250,629.48	107,299.12	101,758.35	273,591.71	226,142.53	202,425.89	174,517.38	169,514.22	174,726.29	191,875.11
Balance	-	3,571.56	-	6,237.00	717.63	1,889.61	5,989.72	-	142.69	2,267.72	-	18.69

Facility Revenue Reports - Finance

| Finance Reporting												
FY 2024	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Number of Outstanding TDN's	3	1	0	2	8	0	1					
Hub Recon Completed*	11/02/23	12/04/23	01/02/23	02/02/24	03/05/24	04/01/24	05/01/24	06/03/24				
WebFRS Completed*	11/03/23	12/08/23	01/08/23	02/02/24	03/04/24	04/05/24	05/01/24	06/04/24				
Revenue Stat Completed*	11/02/23	12/04/23	01/05/23	02/06/24	03/07/24	04/03/24	05/01/24	06/04/24				

Facility Revenue Reports - Pharmacy

FY 2024	October	November	December	January	February	March	April	May	June	July	Aug	Sept
POS Payable	$629,725.79	$657,432.97	$ 628,253.05	$ 621,199.98	$ 406,961.07	$923.73	$596,877.64	$605,510.07				
POS Rejected	$544,033.88	$526,096.06	$ 477,186.28	$ 543,768.09	$ 19,158.08	$1,674.32	$504,930.03	$492,640.30				
POS Billed (Payable + Rejected)	$1,173,759.67	$1,183,529.03	$ 1,105,439.33	$ 1,164,968.07	$ 426,119.15	$2,598.08	$1,101,807.67	$1,908,150.37				
POS Shorted	$141,751.29	$144,987.82	$ 160,704.53	$ 238,178.61	$ 121,959.19	($415.57)	$131,560.15	$149,084.05				
POS Paper	$14,464.80	$14,541.05	$ 24,220.46	$ 16,507.24	$ 19,158.08	$34,713.30	$14,077.09	$9,494.73				
Outpatient Prescription Volume	17,332	17,402	17,934	18,029	17,365	17,234	17,915	18,801				
Revenue Per Rx (Excluding Medicaid Collections and Medicaid Rx Count)	$21.90	$23.21	$ 21.60	$ 19.37	$ 19.37	$0.011	$18.57	$18.50				

Facility Revenue Reports Collections

HASKELL FY 24 Projections and Collections

Payer	Annual Proj.	Proj Avg/Mo.	Annual Goal	Goal Avg/Mo.	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	TOTAL
Medicaid	700,000.00	58,333.33	750,000.00	62,500.00	683.76	6,526.00	37,724.30	126,734.42	96,159.68	100,287.36	58,660.99	44,711.02					471,487.53
Medicare	1,600,000.00	133,333.33	1,650,000.00	137,500.00	84,053.45	103,138.84	90,562.85	130,240.98	166,064.04	94,189.10	41,255.03	318,672.46					1,028,176.75
PI	2,500,000.00	208,333.33	2,600,000.00	216,666.67	152,253.03	216,921.25	188,690.73	179,850.82	255,195.94	150,675.68	103,201.13	304,756.08					1,551,544.66
VA	60,000.00	5,000.00	60,000.00	5,000.00	0.00	1,340.61	2,082.62	1,272.34	-	-	68.80	-					4,764.37
Other	37,000.00	3,083.33	38,000.00	3,166.67	0.00	-	-	19,549.55	-	(4,599.67)	-	23,636.12					38,586.00
Total	4,897,000.00	408,083.33	5,098,000.00	424,833.33	236,990.24	327,926.70	319,060.50	457,648.11	517,419.66	340,552.47	203,185.95	691,775.68	-	-	-	-	3,094,559.31

HASKELL FY 23 Projections and Collections

Payer	Annual Proj.	Proj Avg/Mo.	Annual Goal	Goal Avg/Mo.	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	TOTAL
Medicaid	790,937.34	65,911.45	790,937.34	65,911.45	52,506.07	91,520.00	54,466.60	37,658.58	26,373.90	53,760.00	7,093.56	152,574.00	69,302.25	11,118.00	55,534.00	46,392.00	658,298.96
Medicare	1,230,454.05	102,537.84	1,230,454.05	102,537.84	95,708.22	104,783.81	64,799.52	73,182.70	72,292.97	20,062.03	151,193.98	268,621.24	149,569.61	7,775.98	278,957.81	139,256.89	1,426,204.76
PI	2,454,823.67	204,568.64	2,454,823.67	204,568.64	143,384.14	203,625.84	113,764.92	106,401.89	65,352.98	25,466.40	162,387.37	433,544.92	211,403.83	30,390.55	517,146.33	197,550.38	2,210,419.55
VA	23,784.16	1,982.01	23,784.16	1,982.01	640.00	-	-	-	17,813.13	-	-	3,043.05	1,504.16	249.33	1,492.05	-	24,741.72
Other	60,045.91	5,003.83	60,045.91	5,003.83	-	-	-	-	-	7,561.00	-	10,999.00	13,080.00	-	3,840.00	-	35,480.00
Total	4,560,045.13	380,003.76	4,560,045.13	380,003.76	292,238.43	399,929.65	233,031.04	217,243.17	181,832.98	106,849.43	320,674.91	868,782.21	444,859.85	49,533.86	856,970.19	383,199.27	4,355,144.99
															MTD		2,620,581.82

FY 22 Collections

Payer	Annual Proj.	Proj Avg/Mo.	Annual Goal	Goal Avg/Mo.	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	TOTAL
Medicaid					33,761.02	45,677.89	60,685.78	85,068.65	82,094.52	87,383.09	18,241.64	15,369.62	93,066.72	34,663.14	145,510.92	66,377.34	767,900.33
Medicare					64,894.75	108,348.35	44,989.98	170,782.20	122,015.77	147,776.17	63,920.64	110,164.95	84,962.15	69,417.67	112,320.52	95,022.43	1,194,615.58
PI					151,102.93	240,267.75	215,141.61	269,736.64	196,339.27	240,710.34	150,116.47	201,549.26	174,326.61	115,664.91	226,942.64	201,425.52	2,383,323.95
VA					14.43	3,068.50	5,533.31	4,763.03	2,431.34	1,038.00	1,001.52	1,664.98	2,936.31	640.00	-	-	23,091.42
Other					-	-	-	-	-	21,798.00	-	-	7,266.00	40,559.00	29,233.00	-	98,856.00
Total					249,773.13	397,362.49	326,350.68	530,350.52	402,880.90	498,705.60	233,280.27	328,748.81	362,557.79	260,944.72	514,007.08	362,825.29	4,467,787.28
															MTD		2,967,452.40

Facility Revenue Reports - Collections
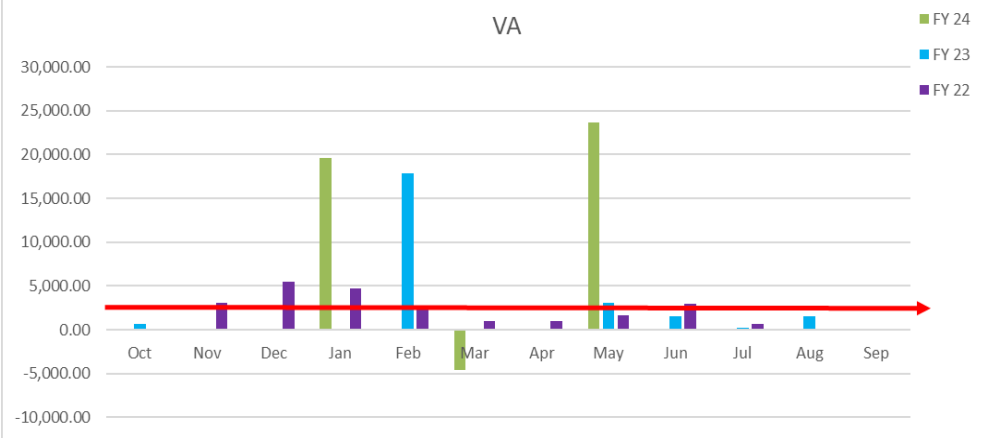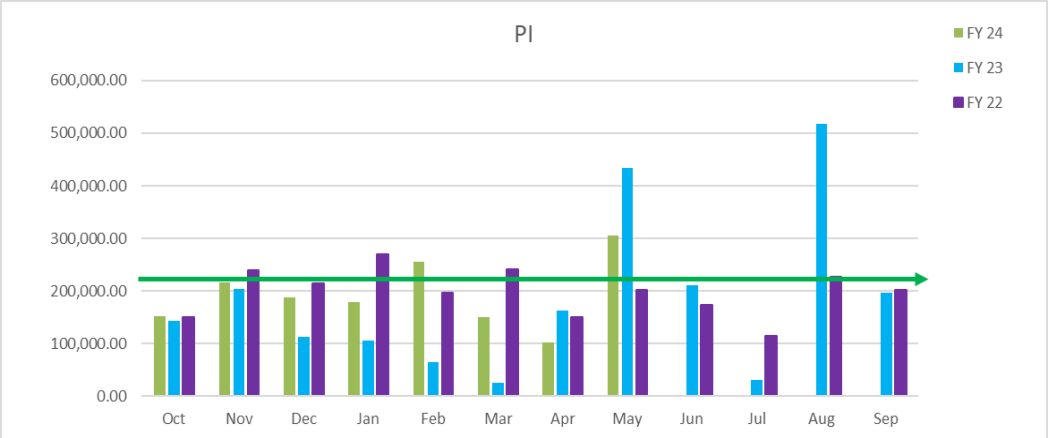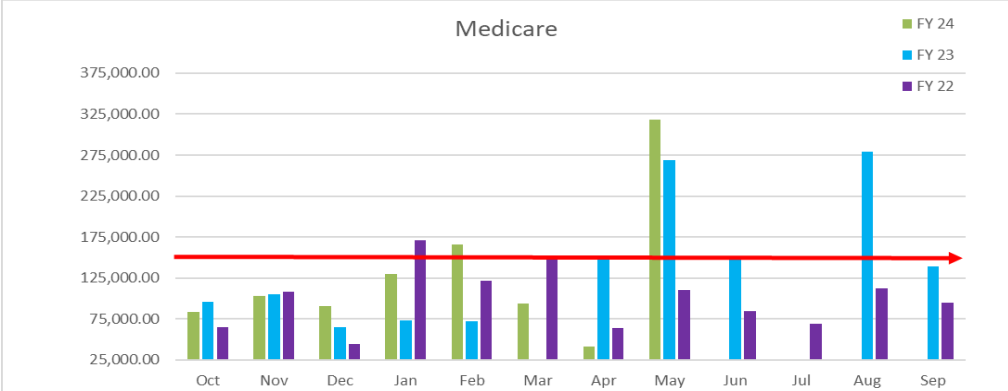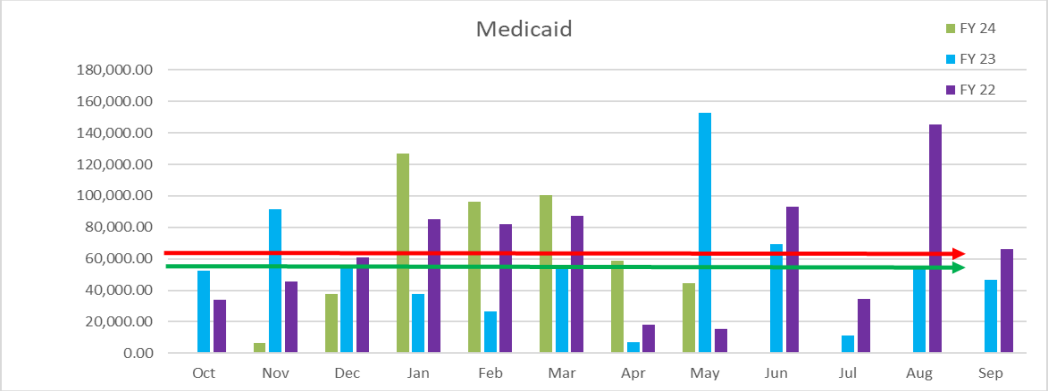
Facility Team Report / Corrective Action Plan Status if applicable

Revenue Team Report

- Patient Registration – PRC E-Referral process going well. Testing pre-screening for Audiology/Behavioral Health. Backlog on PA's. Staff to attend Health Insurance 101 in July; 1 position still awaiting classification

- Benefit Coordination – Backlog for PRC continues to decrease; PBCs now utilizing appointment list to contact patients in advance for screening

- Coding – Coding 6/9 with 1379 visits in the queue today for FY24.

- Billing – Supervisor and 1 – Biller position vacant

- Account Receivable – Staff working OT/CT to get current on posting; posting 6/11 PI batches with a few for 6/3 still open. All others current

- Process Improvements – Accounts Receivable, Consent process following IHS Policy
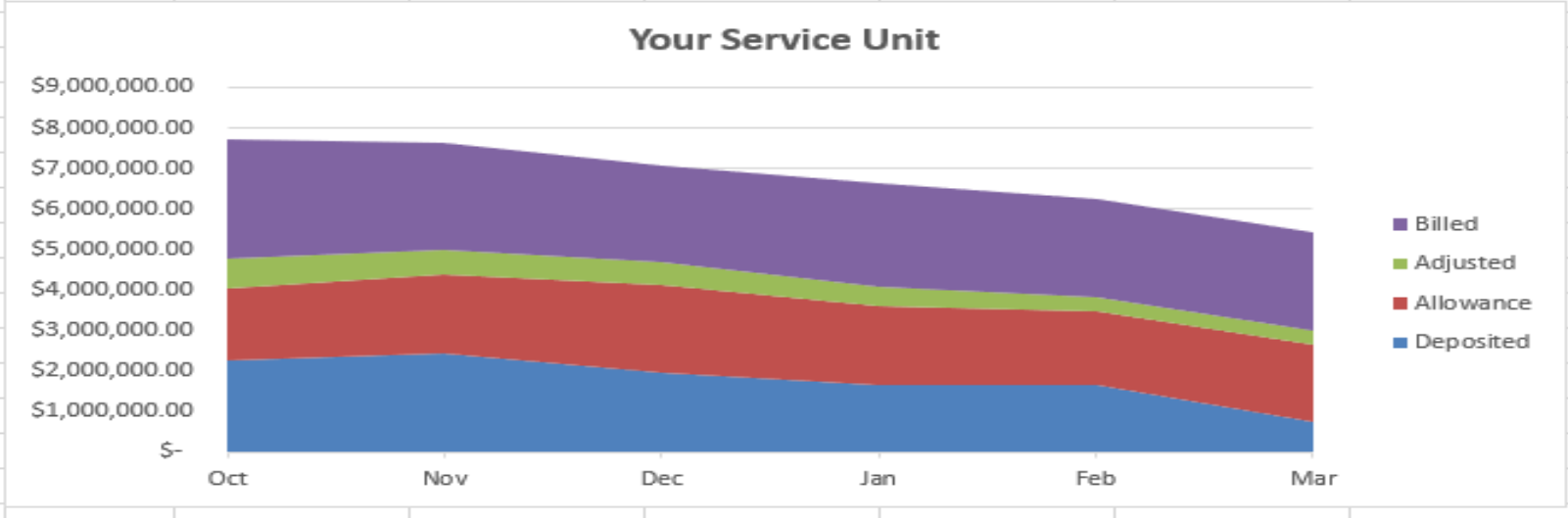
Corrective Action Plan Update

- Current 120+ is over 20% for Lawton

- Accounts Receivable
  - Batching is current, need to work on posting payments and non-pay batches to be within 3 days
  - AR Supervisor and 1 AR Technician continue to alternate batching to ensure it stays current
  - Vacant Accounting Technician position was re-advertised
  - Gaps in workload have been identified; will work with Supervisors to update current processes

Monthly Trending and Monitoring – 3PIC

Adding to our monthly template**

		Oct	Nov	Dec	Jan	Feb	Mar
Revenue Stat Report	**Deposited**	$ 2,240,579.38	$ 2,428,560.42	$ 1,954,975.57	$ 1,657,029.47	$ 1,647,203.18	$ 726,097.40
Collections Report	**Allowance**	$ 1,790,207.94	$ 1,941,931.95	$ 2,167,725.24	$ 1,964,070.92	$ 1,825,246.23	$ 1,930,318.58
Period Summary/HealthPic	**Adjusted**	$ 725,282.08	$ 600,636.30	$ 555,429.85	$ 445,662.05	$ 337,065.34	$ 324,592.85
Period Summary/HealthPic	**Billed**	$ 2,982,568.00	$ 2,643,120.84	$ 2,401,855.55	$ 2,580,329.47	$ 2,415,049.40	$ 2,437,494.93

Questions