

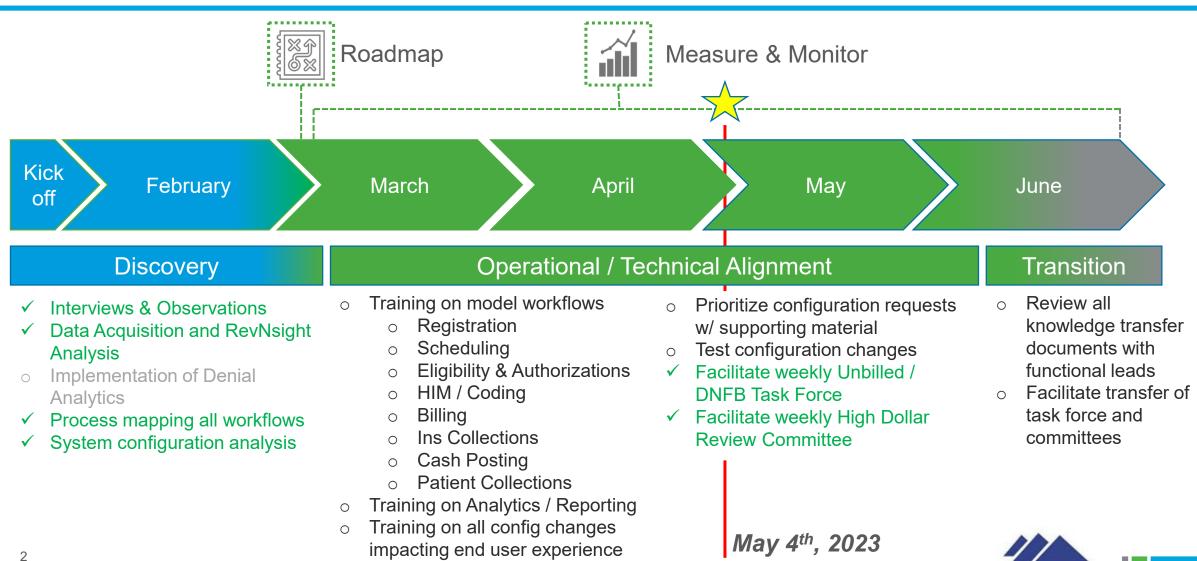
Northern Inyo Healthcare District Revenue Cycle / Margin Improvement

RSM Slides – NIH Board Meeting

May 17, 2023

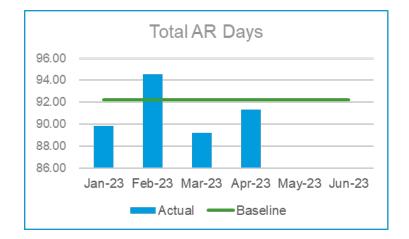


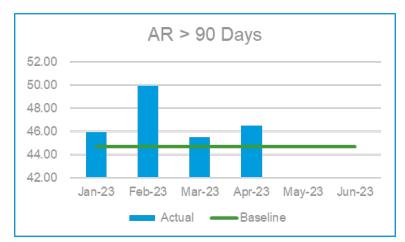
RSM Activities - Timeline

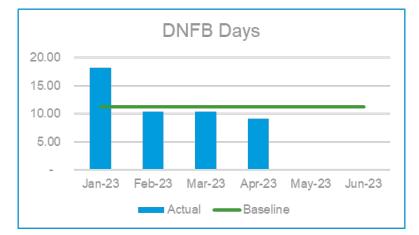


RSM

2/1/23 to 4/30/23 NIH has collected \$2.9M Above Q4 2022 Average







Baseline A/R Days (92.2) are defined as outstanding A/R as of 12/31/22

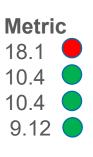
Month	Metric
January 2023	89.8
February 2023	94.5
March 2023	89.2
April 2023	91.3

Baseline A/R > 90 Days (44.71) are defined as outstanding A/R as of 12/31/22



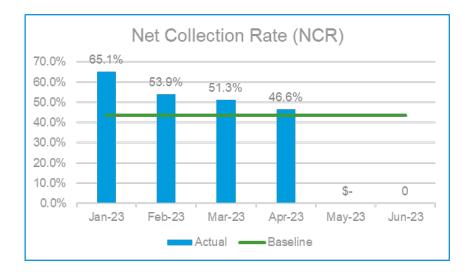
Metric 45.9 ● 49.9 ● 45.5 ● 46.5 ● **DNFB Days (11.25)** are defined as outstanding A/R as of 12/31/22

Month January 2023 February 2023 March 2023 April 2023





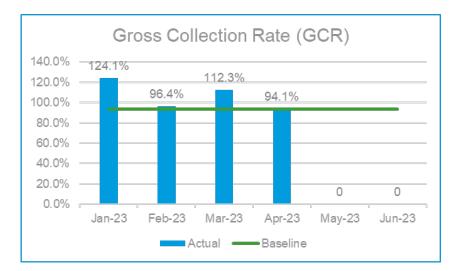
2/1/23 to 4/30/23 NIH has collected \$2.9M Above Q4 2022 Average



Baseline Net Collection Rate (43.6%) is defined as percent of payments over charges for Q4 2022.

Month	Met
January 2023	65.1
February 2023	53.9
March 2023	51.3
April 2023	46.6





Baseline Gross Collection Rate (93.6%) is defined as percent of payments & adjustments over charges for Q4 2022.

Month
January 2023
February 2023
March 2023
April 2023

Metric 124.1% 96.4% 112.3% 94.1%



RSM has realized \$2.9M of \$20M total cash opportunity for NIH

Issue / Task	Lever	Status	Projected ROI	Project to Date Performance
Acceleration Activities				
High Dollar Task Force	Cash & Efficiency	In Process	\$ 8,895,382	\$ 925,01
Novus Data Exchange	Cash & Efficiency	Completed - Novus to work backlog	\$ 5,404,082	\$ 629,09
Terminated Users Work Queue Redesign	Workflow	SR Ticket Logged	\$ 1,860,000	\$
Denial Task Force	Cash & Efficiency		\$ 1,500,000	\$
Itemized Bill Printing	Workflow	Completed - OS Health to work denials	\$ 1,240,000	\$ 310,00
DNFB Task Force	Cash & Efficiency	In Process	\$ 767,269	\$ 596,68
Voided Benefit Order Workqueue	Training	SR Ticket Logged	\$ 309,313	\$
		Total:	\$ 19,976,046	\$ 2,460,79
rational Support Activities				
Financial Transaction Alias Audit	Technical Configuration	Complete		
General Ledger Aliasing Design	Technical Configuration	Complete		
Pending Registration Modification Holds Training	Training	Complete		
AR At Risk Analysis	Reporting	Complete		
No Show Ops Job Configuration	Technical Configuration	SR Ticket Logged		
Registration Conversation Audit	Technical Configuration	In Process		
Access Management Workflow Audit	Workflow	In Process		
Health Plan Library Reconfiguration	Technical Configuration	In Process		
Cash Posting and Reconciliation Process Redesign	Workflow & Training	In Process		
Casa Managamant Duasas Dasian	Workflow	In Process		
Case Management Process Design				
Charge Configuration Audit	Technical Configuration	Not Started		
	Technical Configuration Workflow	Not Started Not Started		



Cash Posting Process Training (Jean Stone)

RSM will provide additional training on the Cerner model workflows for posting remittances, resolution of remittance balancing errors, daily reconciliation, identifying and researching missing remittances / checks

Edit Failure Root Cause Analysis (Jordan Fuller)

RSM will be working with NIH to evaluate all edit failures preventing timely submission of claims to identify root cause and oversee implementation of operational or technical changes

Denial Avoidance Program (Michael Brown)

RSM will be jointly facilitating the implementation of a new denial avoidance program to assess denial trends by payer, provider and procedure to determine root cause and oversee the implementation of operational and technical changes

Charge Review (Jordan Fuller)

 Evaluate the charge configuration to identify where gaps may exist in the current build which have the potential to cause revenue leakage.

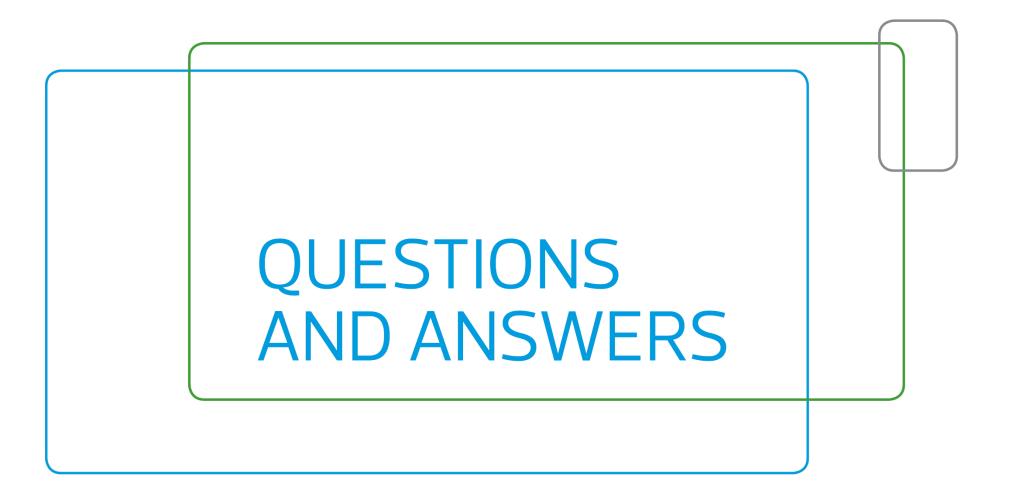
Advanced Medical Necessity Checks (Michael Brown)

Evaluate the configuration of Cerner's medical necessity checks within PowerChart, SurgiNet, RadNet, LabNet. Identify gaps, oversee the testing and implementation of required changes

835 Remittance Posting Rules (Jordan Fuller)

Evaluate the profit business manager rules governing the posting of payments and adjustments in accordance with NIH policies and financial reporting requirements







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