

# Indian Health Service

## Revenue Projection\$ for 2024

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WEDNESDAY, AUGUST 23, 2023



# Revenue Projection\$ for 2024

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# What is the purpose of the Revenue Projection?

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**The purpose of the financial forecast is to evaluate current and future fiscal conditions to guide policy and programmatic decisions.** A financial forecast is a fiscal management tool that presents estimated information based on past, current, and projected financial conditions.

This will help identify future revenue and expenditure trends that may have an immediate or long-term influence on government policies, strategic goals, or community services. **The forecast is an integral part of the annual budget process.**

An effective forecast allows for improved decision-making in maintaining fiscal discipline and delivering essential community services.

- *2023 Government Finance Officers Association of the United States and Canada*

# How do you determine your revenue projection?

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Is it an automatic 3-5% increase from last year's collections?

If so, what are you basing that on?

# IHS Third Party Internal Control Policy

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In the IHS Third Party Internal Control Policy under section

## 5-1.5 COMPLIANCE - REPORTING AND MONITORING

D. 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.

# Trending

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Trends are important because they help us understand the changes and progress in our environment.

Trend analysis can improve your facility by helping you identify areas you are doing well, as well as areas that are not. They provide valuable evidence to help with better decision making.

Without trends we would not be able to see or measure your growth or innovation.

What are the objects in your environment that will create change or progress?

# Environment

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What are the factors in your environment that have an impact on your revenue?

- ❖ Public Health Emergency
- ❖ Medicaid Expansion
- ❖ Medicaid Unwinding
- ❖ Provider Staffing/Appointment Availability
- ❖ Support Staffing (Nursing, Coding, Business Office)/Ability to get claims to payers successfully and timely
- ❖ Annual OMB Rates for Medicare and Medicaid
- ❖ New or Expanded Services

# Areas to Trend

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- ❖ Collections
  - By Time – Month, Year, etc.
  - By Payer Category
- ❖ Deposits
- ❖ Amounts billed
- ❖ Point of sale rejections
- ❖ Denials
- ❖ Adjustments by allowance category, age, or payer.
- ❖ Collection Ratios and Benchmarks
- ❖ Revenue per visit
- ❖ Visit Counts
- ❖ Percentage of Billable Visits





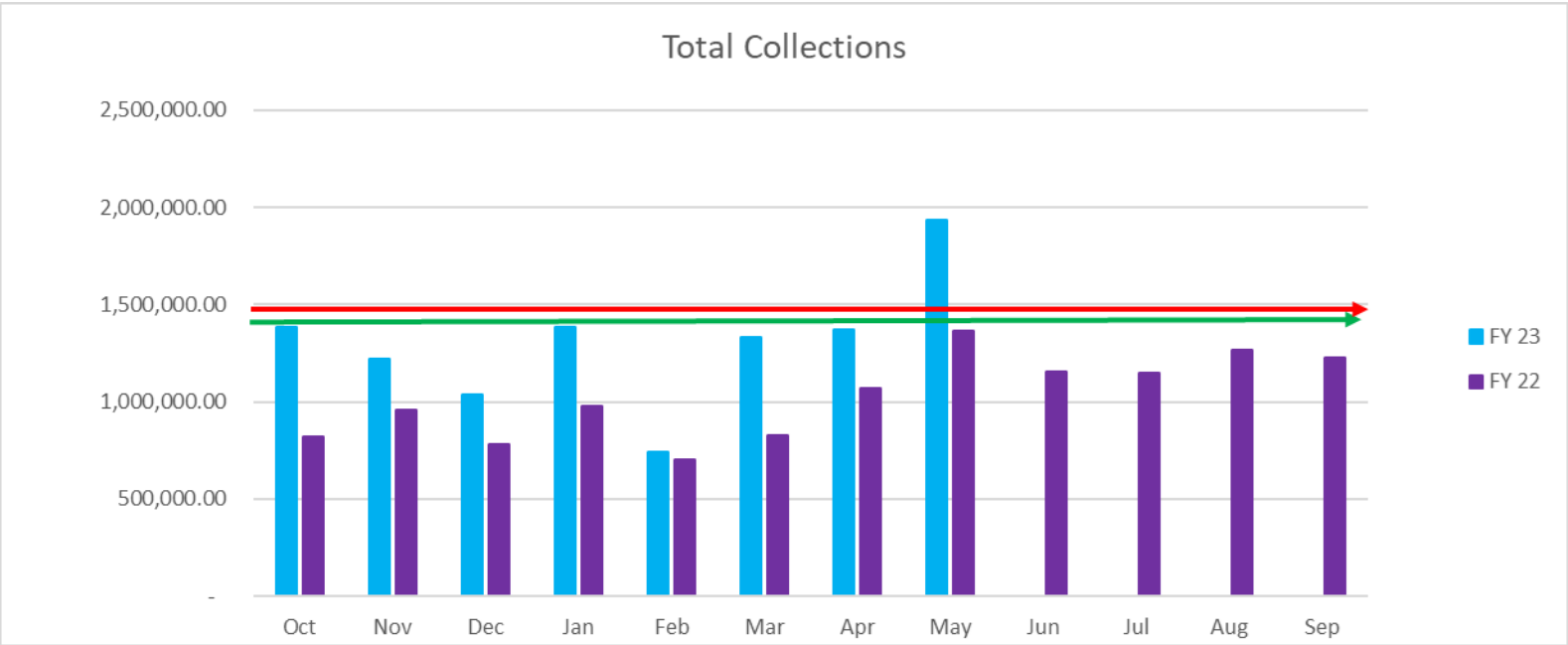
# What reports are you using to trend collections?

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- ❖ Advice of Allowance – Finance
- ❖ RPMS Reports - Business Office
- ❖ In Oklahoma Area, the collections reports are calculated on the Advice of Allowance, this is the amount that is available in UFMS and has been batched, posted and transmitted to the HUB.
- ❖ The amounts do not reconcile to your RPMS reports, that is because there are always transactions in process, but the amounts in both reports should be in the same range, give or take the amount of days it takes to batch, post and export and the Monday that is will appear in your allowance.
- ❖ When trending for revenue cycle activities we use RPMS reports.

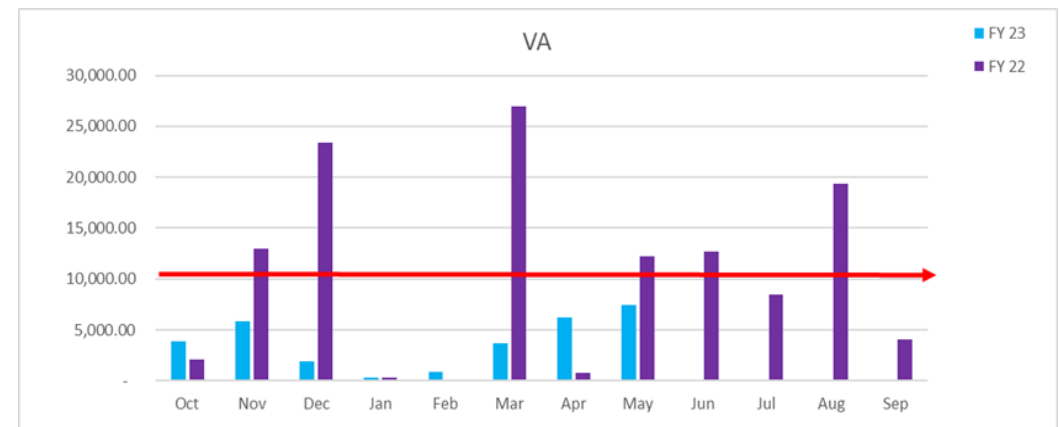
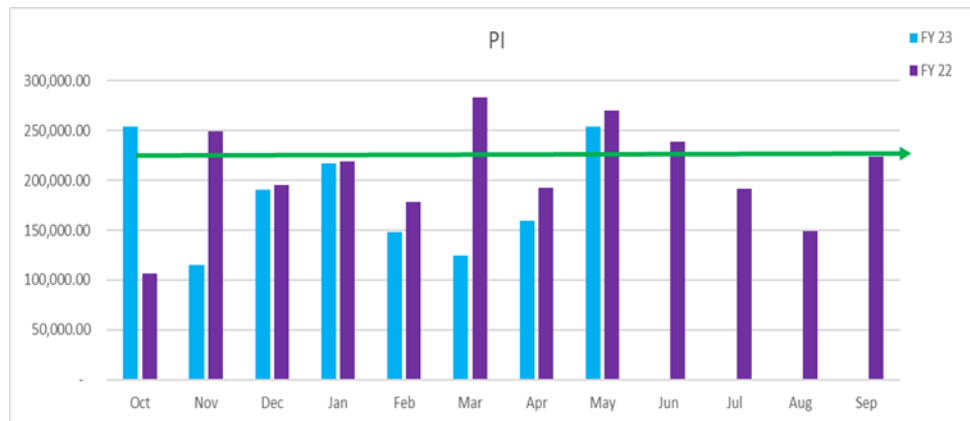
# Collections

There are many ways to trend your collections. You can look at overall collections, collections by payer category, collections by service, etc.



# Collections by Category

Indian Health Clinic		FY 19	FY 20	FY 21	FY 22	FY 23	Difference
MEDICAID		1,959,564.78	1,898,011.99	2,718,534.02	5,012,132.65	6,378,233.95	\$1,366,101.30
MEDICARE		1,188,821.50	1,112,279.85	1,024,601.51	834,339.13	1,632,052.77	\$797,713.64
PRIVATE INSURANCE		1,445,058.21	1,261,641.88	1,317,411.41	1,694,005.52	1,462,695.98	(\$231,309.54)
VA		31,396.80	96,247.73	65,080.03	78,778.06	30,118.14	(\$48,659.92)
OTHER		0.00	0.00	70,892.00	39,963.00	51,232.36	\$11,269.36
<b>Sub Total</b>		<b>4,624,841.29</b>	<b>4,368,181.45</b>	<b>5,196,518.97</b>	<b>7,659,218.36</b>	<b>9,554,333.20</b>	<b>\$1,895,114.84</b>



# STA Report

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You can use different reports to calculate these ratios, but one that is useful is the STA Report (A/R Statistical Report).

BAR > RPT > FRM > STA

This report can be ran by the following parameters:

INCLUSION PARAMETERS in Effect for A/R Statistical Report:

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Select one of the following:

- 1 LOCATION
- 2 BILLING ENTITY
- 3 DATE RANGE
- 4 PROVIDER

# STA Report

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 A/R STATISTICAL REPORT for ALL BILLING SOURCE(S) JUN 20,2023@14:41 Page 1  
 at ALL Visit location regardless of Billing Location with APPROVAL DATES  
 from 10/01/2021 to 09/30/2022 at ALL Visit location(s) regardless of Billing Location  
 =====

VISIT	NUMBER UN	DUP	BILLED	PAID	ADJ	UNPAID
TYPE	VISITS	PATIENTS	AMOUNT	AMOUNT	AMOUNT	AMOUNT
PRVT SECONDA	3	3	101.45	101.45	0.00	0.00
MEDICARE XO	343	107	19,111.07	18,821.27	289.80	0.00
PHN HOME	17	17	9,307.00	6,228.00	3,079.00	0.00
PHE TELEPHON	164	111	23,671.50	7,574.05	15,584.45	513.00
PHE TELEMEDI	563	358	115,176.88	46,873.65	66,695.23	1,608.00
PHE DRIVE TH	1,504	929	330,406.29	252,382.43	75,339.86	2,684.00
PHE LAB	34	31	8,327.02	5,221.04	3,105.98	0.00

OUTPATIENT	13,921	13,569	5,835,698.96	3,198,784.98	2,611,043.97	32,754.01
IMMUNIZATION	31	29	8,584.37	4,001.07	4,365.30	218.00
FLU/PNEUMO/H	1,132	733	85,129.70	48,534.80	36,519.90	75.00
BEHAVIORAL H	212	85	96,697.99	54,377.91	40,878.08	1,762.00
Pharmacy POS	52,491	13,125	7,320,265.76	7,467,314.24	-151,320.86	4,272.38
PHYSICAL THE	141	57	29,144.86	7,512.15	21,632.71	0.00
TELEBEHAVIOR	16	13	1,066.18	1,539.80	-473.62	0.00
MAMMOGRAPHY	80	40	29,059.00	12,388.80	16,670.20	0.00
OPTOMETRY	96	79	25,290.11	3,051.61	22,238.50	0.00
RADIOLOGY	189	85	64,662.00	13,145.08	50,407.92	1,109.00
LABORATORY	163	129	84,425.00	12,380.23	69,698.77	2,346.00
PHARMACY	415	115	302,899.70	282,226.77	16,889.42	3,783.51
DENTAL	2,200	1,263	1,206,526.00	860,597.78	308,970.22	36,958.00
PROFESSIONAL	579	244	122,084.24	26,298.58	95,027.66	1,333.00
			74,29411,12215,717,635.08	12,329,355.69	3,306,642.49	89,415.90
TOTAL COVERED INPATIENT DAYS	0					
END OF REPORT						

# STA REPORT by FY by Visit Type

FY 2022								FY 2021							
Visit Type	Number of Visits	Undup Pts	Billed Amount	Paid Amount	Adj Amount	Unpaid Amount	Collection s Ratio	Visit Type	Number of Visits	Undup Pts	Billed Amount	Paid Amount	Adj Amount	Unpaid Amount	Collection s Ratio
Prvt Secondary	3	3	101.45	101.45	-	-	100%	Medicaid Secondary	3	3	156.50	156.50	-	-	100%
Medicare Xover	343	107	19,111.07	18,821.27	289.80	-	98%	Prvt Secondary	1	1	1,052.05	120.00	932.05	-	11%
PHN Home	17	17	9,307.00	6,228.00	3,079.00	-	67%	Medicare Xover	807	187	33,734.69	33,596.60	138.09	-	100%
PHE Telephone	164	111	23,671.50	7,574.05	15,584.45	513.00	32%	PHN Home	0	0	-	-	-	-	0%
PHE Telemedicine	563	358	115,176.88	46,873.65	66,695.23	1,608.00	41%	PHE Telephone	240	176	14,968.49	6,365.82	8,602.67	-	43%
PHE Drive Thru	1504	929	330,406.29	252,382.43	75,339.86	2,684.00	76%	PHE Telemedicine	776	511	191,725.77	113,365.27	78,360.50	-	59%
PHE Lab	34	31	8,327.02	5,221.04	3,105.98	-	63%	PHE Drive Thru	2343	1341	618,064.53	554,639.20	64,463.33	-	90%
Outpatient	13921	3569	5,835,698.96	3,198,784.98	2,611,043.97	32,754.01	55%	PHE Lab	124	107	18,031.00	13,925.11	4,105.89	-	77%
Immunization	31	29	8,584.37	4,001.07	4,365.30	218.00	47%	Outpatient	7920	2498	2,997,764.34	1,876,413.20	1,124,724.64	-	63%
Flu/Pneumo/Hep B	1132	733	85,129.70	48,534.80	36,519.90	75.00	57%	Immunization	68	67	39,838.98	23,168.80	16,670.18	-	58%
BH	212	85	96,697.99	54,377.91	40,878.08	1,762.00	56%	Flu/Pneumo/Hep B	907	551	68,147.00	47,618.76	20,628.24	-	70%
Pharmacy POS	52491	3125	7,320,265.76	7,467,314.24	(151,320.86)	4,272.38	102%	BH	3	3	1,557.00	519.00	1,038.00	-	33%
Physical Therapy	141	57	29,144.86	7,512.15	21,632.71	-	26%	Pharmacy POS	46439	2895	5,823,413.34	4,526,505.65	1,296,977.00	-	78%
Telebehavioral Health	16	13	1,066.18	1,539.80	(473.62)	-	144%	Physical Therapy	45	25	21,396.14	5,543.62	15,852.52	-	26%
Mammography	80	40	29,059.00	12,388.80	16,670.20	-	43%	Telebehavioral Health	21	14	1,130.93	646.01	484.92	-	57%
Optometry	96	79	25,290.11	3,051.61	22,238.50	-	12%	Mammography	0	0	-	-	-	-	0%
Radiology	189	85	64,662.00	13,145.08	50,407.92	1,109.00	20%	Optometry	0	0	-	-	-	-	0%
Laboratory	163	129	84,425.00	12,380.23	69,698.77	2,346.00	15%	Radiology	0	0	-	-	-	-	0%
Pharmacy	415	115	302,899.70	282,226.77	16,889.42	3,783.51	93%	Laboratory	0	0	-	-	-	-	0%
Dental	2200	1263	1,206,526.00	860,597.78	308,970.22	36,958.00	71%	Pharmacy	412	90	77,255.24	26,915.89	50,339.35	-	35%
Professional	579	244	122,084.24	26,298.58	95,027.66	1,333.00	22%	Dental	1039	734	493,275.00	412,002.87	84,584.63	-	84%
Totals	74294	11122	15,717,635.08	12,329,355.69	3,306,642.49	89,415.90	78%	Professional	847	419	120,510.34	34,375.18	86,477.51	-	29%
FY 22 vs FY 21	12299	1500	5,195,613.74	4,653,478.21	452,262.97	89,415.90		Totals	61995	9622	10,522,021.34	7,675,877.48	2,854,379.52	-	73%

# STA Report by Payer Category – Private Insurance by Clinic Type

Clinic Type	Number of Visits			Billed Amount			Paid Amount			Adj Amount			Unpaid Amount	
	FY 22	FY 23	Diff	FY 22	FY 23	Difference	FY 22	FY 23	Difference	FY 22	DY 23	Difference	FY 22	FY 23
General	2358	4042	1684	81,621.55	1,381,465.23	563,843.68	158,778.78	248,623.98	89,845.20	658,842.77	942,275.22	283,432.45	-	191,198.03
Immunization	104	102	-2	9,562.60	13,001.39	3,438.79	4,680.73	4,751.37	70.64	4,881.87	6,124.65	1,242.78	-	2,125.37
Obesity	0	43	43	-	14,170.00	14,170.00	-	2,127.10	2,127.10	-	11,314.90	11,314.90	-	728.00
Optometry	312	286	-26	59,953.41	52,286.78	(7,666.63)	8,600.41	8,189.49	(410.92)	51,353.00	21,588.29	(29,764.71)	-	22,509.00
Orthopedic	256	322	66	40,231.95	52,869.99	12,638.04	8,673.92	12,176.60	3,502.68	31,558.03	39,634.39	8,076.36	-	1,059.00
Pediatric	628	856	228	132,406.77	195,540.44	63,133.67	42,615.13	56,678.61	14,063.48	89,292.64	119,157.97	29,865.33	499.00	19,703.86
Well Child	0	2	2	-	718.63	718.63	-	345.62	345.62	-	373.01	373.01	-	-
Family Practice	0	5	5	-	971.00	971.00	-	18.52	18.52	-	842.48	842.48	-	110.00
Physical Therapy	106	560	454	21,600.96	107,437.89	85,836.93	4,946.01	18,943.40	13,997.39	16,654.95	84,122.50	67,467.55	-	4,371.99
Audiology	136	203	67	127,290.00	157,081.63	29,791.63	21,501.15	16,579.07	(4,922.08)	105,788.85	109,474.06	3,685.21	-	31,028.50
Rheumatology	53	47	-6	10,351.00	7,486.60	(2,864.40)	2,237.48	1,942.16	(295.32)	8,113.52	4,711.44	(3,402.08)	-	833.00
Pharmacy	19832	20712	880	2,732,109.72	2,834,004.14	101,894.42	1,304,872.25	1,244,214.52	(60,657.73)	1,425,658.93	1,341,785.65	(83,873.28)	1,578.54	248,003.97
Dental	327	296	-31	132,021.00	131,933.69	(87.31)	37,029.02	26,589.14	(10,439.88)	92,810.98	46,031.55	(46,779.43)	2,181.00	59,313.00
Radiology	340	299	-41	45,483.68	24,254.29	(21,229.39)	14,356.99	11,931.85	(2,425.14)	31,126.69	10,845.44	(20,281.25)	-	1,477.00
Podiatry	292	348	56	47,286.83	54,984.87	7,698.04	8,498.60	12,177.49	3,678.89	38,787.43	39,364.38	576.95	-	3,443.00
Ultrasound	275	72	-203	72,359.39	23,181.57	(49,177.82)	21,152.46	5,427.79	(15,724.67)	51,206.93	16,192.78	(35,014.15)	-	1,561.00
Dietary	194	25	-169	29,709.00	3,143.86	(26,565.14)	5,231.38	510.50	(4,720.88)	24,477.62	2,311.36	(22,166.26)	-	322.00
Computed Tomograp	409	481	72	204,245.80	216,105.11	11,859.31	44,337.06	48,687.52	4,350.46	159,908.74	151,872.59	(8,036.15)	-	15,545.00
Mammography	226	207	-19	74,420.00	75,204.20	784.20	35,271.48	34,054.45	(1,217.03)	39,148.52	35,294.75	(3,853.77)	-	5,855.00
Laboratory	347	474	127	171,744.60	218,531.00	46,786.40	35,445.10	30,267.20	(5,177.90)	136,299.50	163,650.80	27,351.30	-	24,613.00
Pain Management	1	0	-1	716.00	-	(716.00)	113.01	-	(113.01)	602.99	-	(602.99)	-	-
Evening	71	132	61	15,022.00	20,453.12	5,431.12	5,227.92	4,927.66	(300.26)	9,794.08	9,325.46	(468.62)	-	6,200.00
Telemedicine	2	0	-2	349.00	-	(349.00)	108.15	216.40	108.25	240.85	-	(240.85)	-	-
Diabetes Edu	4	3	-1	1,201.00	582.40	(618.60)	231.32	74.53	(156.79)	970.68	291.47	(679.21)	-	-
Complementary	1	0	-1	60.00	-	(60.00)	-	-	-	60.00	-	(60.00)	-	-
Chiropractic	267	401	134	23,622.00	25,831.80	2,490.83	4,651.08	5,624.62	973.54	18,970.92	18,063.18	(907.74)	-	2,144.00
Behavioral Health	99	223	124	26,870.01	48,527.83	7,162.85	3,609.48	8,106.60	4,497.12	23,260.53	22,277.23	(983.30)	-	18,144.00
Nurse Clinic	174	283	109	21,955.06	34,032.86	12,077.80	5,439.75	7,458.73	2,018.98	16,515.31	21,347.77	4,832.46	-	5,226.36
Wound Care	0	7	7	-	1,068.99	1,068.99	-	174.05	174.05	-	591.94	591.94	-	303.00
Telebehavioral Healt	1	-	-1	307.00	-	(307.00)	-	-	-	307.00	-	(307.00)	-	-
MRI	288	0	-288	-	269,186.51	269,186.51	-	80,911.80	80,911.80	-	166,629.71	166,629.71	-	21,645.00
Public Health	2125	254	-1871	258,298.44	25,096.00	(233,202.44)	158,643.01	20,446.64	(138,196.37)	99,655.43	4,065.36	(95,590.07)	-	709.00
<b>TOTALS</b>	<b>29228</b>			<b>5,076,798.77</b>	<b>5,989,151.82</b>	<b>920,554.11</b>	<b>1,936,251.67</b>	<b>1,912,177.41</b>	<b>(24,074.26)</b>	<b>3,136,288.76</b>	<b>3,389,560.33</b>	<b>253,271.57</b>	<b>4,258.54</b>	<b>688,171.08</b>

# Collections Ratio

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Collections Ratio = Amount Collected/Amount Billed

PI Collections Ratio:

FY 2022 =  $1,936,251.67/5,076,798.77 = 0.38$  38%

FY 2023 =  $1,912,177.41/5,989,151.82 = 0.32$  32%



# Collections Ratio

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It is important to know what your collection ratios are for you payer categories as well, the current benchmarks for your payer categories are below:

Private Insurance	Contracted Rate or 50-60%
Medicare Facility	75-80%
Medicare Pro Fee	20-25%
Medicaid Facility	95-100%

Calculation = Total Amount Paid by Payer Category/Total Amount Billed by Payer Category  
= Collection Percentage

# Revenue Calculations

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**Average Collection per visit** = Total Collections/Total Number of Visits Billed

This can be done by total visits and total collections or you can break it down by payer category.

FY 22 1,936,251.67/29228 = \$ 66.25 per visit for PI

You want to be sure you differentiate the Outpatient claims (Facility charges billed on UB-04/837I) and Professional Claims (billed on CMS-1500/837P) when calculating your Medicare collections.

# Medicaid Expansion/Medicaid Unwinding

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What percentage of your Medicaid population will be affected by the unwinding and how will that affect your revenue?

You can monitor your Medicaid population by your AGSM Report (Summary of 3<sup>rd</sup> Party Resources)

This report can be used to Trend your insured population by date:

**AG > PTRG > THR > AGSM**

3RD PARTY ELIGIBILITY COUNT PROCESS!

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This report counts the number of patients that have 3rd Party insurance on a selected date.

***Date for the point in Time you want eligibility for: (Enter the date you would like information for)***

You may need to be sure you have access to the below:

- **THR Third Party Billing Reports ... [AGBILL]    \*\*> Locked with AGZBILL**

# AGSM Report

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## 3rd Party eligibility Stats

2023 For Patients with Eligibility: Jun 01,  
and having a visit in the past 3 years.  
Report Date/Time: JUN 20,2023@12:06:27

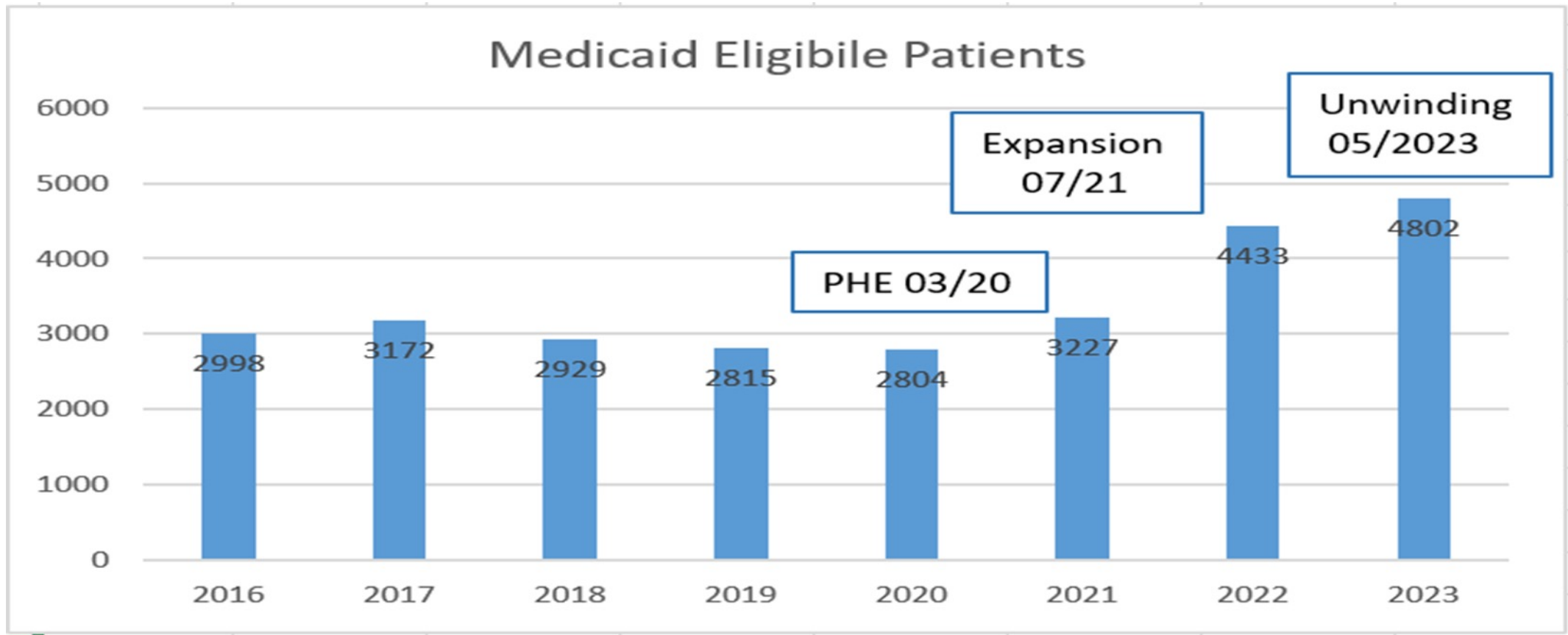
### UNDUPLICATED PATIENT COUNTS

Medicaid Only:	4802
Private Insurance Only:	4765
Medicare A Only:	120
Medicare B Only:	1

Medicare Part A & B Only:	514
Medicare Part D:	979
Medicaid & Medicare:	38
Medicaid & Private Ins.:	465
Medicare & Private Ins.:	429
Medicaid, Medicare, & PI:	8
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TOTAL	12121

This report can be trended over several years, quarters, months etc. You can also use these numbers with your total number of patients for the same timeframe to determine the % of your patient population that has resources.

# Medicaid Patient Counts - Environment



# Oklahoma Area – Medicaid Unwinding

**Current Loss of Medicaid = 172 for the Area**

Third Party Eligibility	FY 2022 Totals	4/30/2023 OCA	Baseline (+/-)	5/20/2023 OCA	Monthly Difference	6/30/2023 OCA	Monthly Difference	7/31/2023 OCA	Monthly Difference	Baseline Difference
Medicaid Only:	32983	34344	1361	34471	127	34317	-154	34299	-18	-45
Private Insurance Only:	42469	42331	-138	42491	160	42577	86	42674	97	343
Medicare A Only:	1593	1509	-84	1501	-8	1529	28	1540	11	31
Medicare B Only:	10	7	-3	9	2	6	-3	6	0	-1
Medicare Part A & B Only:	4431	4163	-268	4144	-19	4157	13	4153	-4	-10
Medicare Part D:	9133	9145	12	9131	-14	9193	62	9207	14	62
Medicaid & Medicare:	313	301	-12	303	2	278	-25	273	-5	-28
Medicaid & Private Ins:	4046	4382	336	4462	80	4438	-24	4483	45	101
Medicare & Private Ins:	5062	5010	-52	5040	30	5077	37	5082	5	72
Medicaid, Medicare, & PI:	132	135	3	135	0	133	-2	136	3	1
<b>TOTALS</b>	<b>100172</b>	<b>101327</b>	<b>1155</b>	<b>101687</b>	<b>360</b>	<b>101705</b>	<b>18</b>	<b>101853</b>	<b>148</b>	<b>526</b>

# Visit Counts

Reports may be generated from PCC that shows the number of visits.

Reports in this section are for outpatient visits only.

The following examples show visits by

- Clinic (PCC > MANG > PCCV > CLIN)
- Service Category (PCC > MANG > PCCV > SC)
- Provider (PCC > MANG > PCCV > PROV)

Access to PCC Management Reports is needed to run reports

NUMBER OF AMBULATORY VISITS BY CLINIC TYPE		
LOCATION OF VISITS: SELECTED		
Chart Reviews are not included.		
VISIT DATES: MAR 01, 2023 TO MAR 30, 2023		
LOCATION OF VISIT TYPE OF CLINIC	CLINIC CODE	# VISITS
-----		
SAMPLE HEALTH FACILITY		
ANTICOAGULATION THERAPY	D1	35
AUDIOLOGY	35	122
BEHAVIORAL HEALTH	C4	512
COMPUTED TOMOGRAPHY	71	150
DAY SURGERY	44	51
DENTAL	56	626
DIABETES EDUCATION-INDIVI	A1	80
EMERGENCY MEDICINE	30	1675
EMPLOYEE HEALTH UNIT	68	4
ENDOCRINOLOGY	69	8
FAMILY PRACTICE	28	1210
GENERAL	01	222
GYNECOLOGY	10	379
HEALTH PROMOTION DISEASE	E3	4
INFUSION CLINIC	E2	28
LABORATORY SERVICES	76	1134
MAGNETIC RESONANCE IMAGIN	D8	163
MAMMOGRAPHY	72	104
MENTAL HEALTH (PSYCHIATRY	14	145
NO CLINIC ENTERED	99999	1
NURSE CLINIC	B5	94
OBSERVATION	87	11
OBSTETRICS	16	2
OPHTHALMOLOGY	17	41
OPTOMETRY	18	631
OTHER	25	342
PEDIATRIC	20	442
PEDIATRIC ASTHMA	E4	22
PHARMACY	39	7914
PHARMACY PRIMARY CARE CLI	D5	54
PHYSICAL THERAPY	34	211
PODIATRY	65	237
PUBLIC HEALTH EMERGENCY	E8	4
RADIOLOGY	63	54
RESPIRATORY CARE	33	25
RHEUMATOLOGY	38	31
SURGICAL	23	82
TELEBEHAVIORAL HEALTH	C9	86
TELEPHONE CALL	51	3758
TOBACCO CESSATION CLINIC	94	8
ULTRASOUND	66	202
WELL CHILD	24	229
WELLNESS	A8	5
WOUND CARE	C5	81
		-----
	Subtotal:	21223

# Visit Counts by Service Category

Displays the number of visits by service category

JUN 30, 2023 Page 1  
NUMBER OF AMBULATORY VISITS BY SERVICE CATEGORY OF VISIT  
LOCATION OF VISITS: SELECTED  
Chart Reviews are not included.  
VISIT DATES: MAR 01, 2023 TO MAR 30, 2023

LOCATION OF VISIT			
SERVICE CATEGORY	CODE		# VISITS
-----			
SAMPLE HEALTH CENTER			
AMBULATORY	A		17054
DAY SURGERY	S		52
OBSERVATION	O		12
TELECOMMUNICATIONS	T		3798
TELEMEDICINE	M		307
			-----
		Subtotal:	21223



# Visit Counts – PCC Data Analysis Report

PCC > MANG > PCCV > DAR

Displays count of visits by service category also showing visits that are complete or have not been reviewed.

SAMPLE HEALTH CENTER		Jun 30, 2023 Page 1	
PCC DATA ANALYSIS REPORT			
*****			
FACILITY: SAMPLE HEALTH CENTER - 509901			
VISIT DATE RANGE: Mar 01, 2023 - Mar 30, 2023			
Total Visits Processed in PCC: 26835			
		as of the Date the report was run:	
		# complete	# incomplete
		-----	-----
TYPE:	IHS	25451	171
	OTHER	3	1210
SERVICE CATEGORY:	AMBULATORY	17054	
	CHART REVIEW	4192	
	DAY SURGERY	52	
	EVENT (HISTORICAL)	7	1211
	HOSPITALIZATION	32	
	IN HOSPITAL		170
	OBSERVATION	12	
	TELECOMMUNICATIONS	3798	
	TELEMEDICINE	307	
APC Acceptable Visits based on Headquarters Definition:		16889	

# Listing of Patient Eligibility Counts (PORP)

(3PB > ELTP > RPEL > PORP)

Used for Eligibility Counts, the report also provides a count of visits within the time period specified

- BILL VISIT are visits that the Claim Generator identifies as billable: Ambulatory, Hospitalization, In-Hospital, Day Surgery, Telemedicine
- UNBILL VISIT are visits that are unbillable such as Chart Review, Event, Not Found, Telecommunications, etc.

REG LOC	HRN	NAME	DEC	BIRTH DATE	SEX	AGE*	BEN	MCR	MCD	PVT	VET	CHS	RESIDENCE	VET Y/N	DATE OF LAST UPD	EMPL STATUS	BILL VISIT	UNBILL VISIT
SHF				10/30/1964	F	58	1			A		C	MOUNT PLAIN	N	6/7/2023	UNEMPLOYED	2	1
SHF				9/1/1956	M	66	1	A		A		C	CARPET	Y	5/9/2023	RETIRED	1	
SHF				7/24/1942	F	80	1	A	A			C	ELBOW	N	7/7/2023	RETIRED	2	3
SHF				5/11/1954	F	69	1	A		A		C	SCRANTON	N	5/12/2023	RETIRED		1
SHF				11/21/1949	F	73	1	A		A		C	SCRANTON	N	7/6/2023	RETIRED	10	5
SHF				3/30/1950	F	73	1	A		A		C	SCRANTON	N	6/8/2023	RETIRED	1	3
SHF				8/27/1956	F	66	1	A		A		C	BIG CHIEF	N	6/30/2023	FULL-TIME	3	
SHF				5/20/1956	F	67	1	A		A		C	APACHE	N	7/5/2023	RETIRED	4	5

# PORP Report Analysis

Note the visit count will include billable and non-billable visits

- Sum 'BILL VISIT' and 'UNBILL VISIT' column to get true picture of billable visits to use in projection calculations

REG LOC	HRN	NAME	DEC	BIRTH DATE	SEX	AGE*	BEN	MCR	MCD	PVT	VET	CHS	RESIDENCE	VET Y/N	DATE OF LAST UPD	EMPL STATUS	BILL VISIT	UNBILL VISIT		
SHF				3/28/2023	M	0	1		A			P	HARLOW	N	7/7/2023	UNEMPLOYED		1		
SHF				1/24/2023	M	0	1					P	LAKEVIEW	N	6/15/2023	UNEMPLOYED		6		
SHF				3/22/2023	M	0	1		A			P	ELBOW		5/15/2023	UNEMPLOYED		1		
SHF				3/24/2023	F	0	1					P	CHICKEN	N	6/16/2023	UNEMPLOYED		1		
PATIENT COUNT: 8963																	VISIT COUNT: 26890		17663	9222

# Revenue Operations Manual 7.4

## Projecting Revenue

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By analyzing true adjustments and denials, you can project revenue based on actual data, not arbitrarily. Meaning, instead of just saying we will collect a certain percentage increase year after year, you can project revenue based on actual visit data, billed averages, and collection ratios.

By analyzing true billed amount and collected/adjustment amounts, you can come up with a true Collection Ratio (amount expected to collect on each dollar billed) per allowance category or insurer type. Only include the Billed Amount that has been accounted for because you do not know the outcome of the “Unpaid Amount.”

*Note: Make sure to take out the “garbage” or “NAR” from both the billed and the adjustment totals.*

# By Visit Type (Inpatient and Outpatient) and by Allowance Category (use the previous year)

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- 1) Availability - Number of Visits With Private Insurance
- 2) Percentage of Unbillable Visits (%)
- 3) 1 times 2 gives you the number of Billable PI Visits
- 4) Calculate the Average Amount Billed per Visit
- 5) 3 times 4 gives you the Total amount Billed for the Year
- 6) Calculate your Collection Ratio (by analyzing your adjustments)
- 7) 5 times 6 gives you the Projected Collections for a Year

# Projection Example

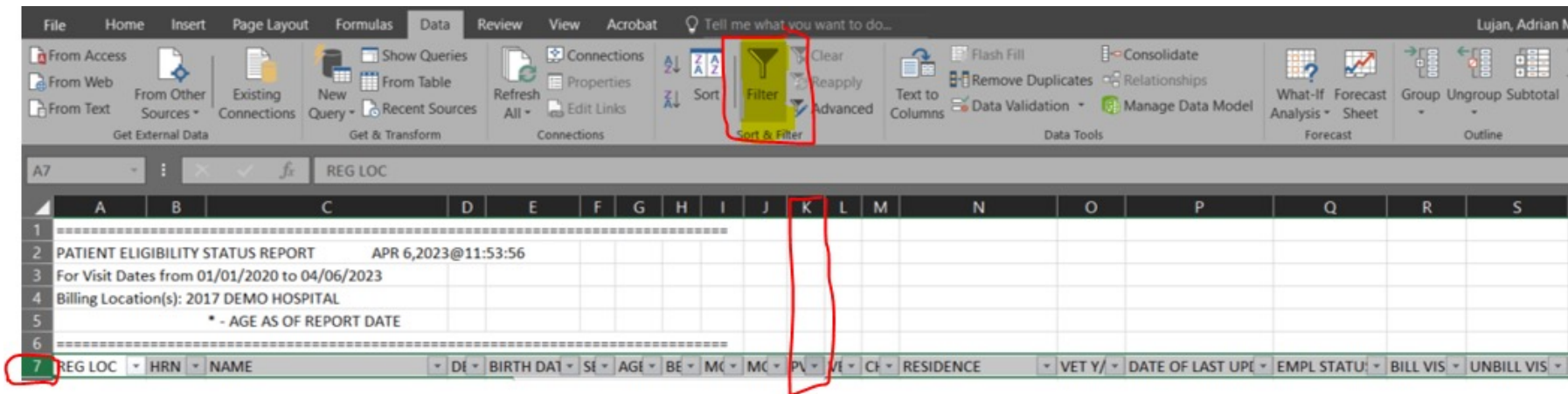
---

- 1) You have 5000 OP Visits for Patients with Private Insurance in FY 22
- 2) Your percentage of Unbillable Visits is 10%
- 3) 5000 OP Visits times 90% (billable visits) = 4500 Billable PI OP Visits
- 4) Your average amount billed per OP visit was \$100
- 5) Total Billable amount for a year is (4500 times \$100) = \$450,000
- 6) Your Collection Ratio is = to 60%
- 7) Projected Revenue for PI OP for the year is = \$270,000

# Percentage of Unbillable Visits

Preparing for Step 1:

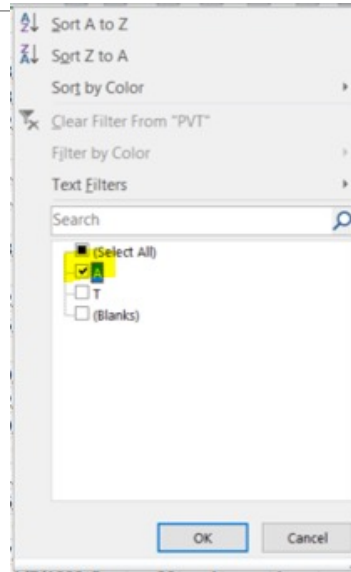
- 1) Add a filter on the Column Header line
- 2) Select the dropdown on the PVT column



# Prep for Step 1

Preparing for Step 1:

- 3) Click on Select All, then click on 'A' to get all ACTIVE PI Eligibility



- 4) Highlight COLUMN R to get a total count of the number of billable visits
  - Or you can click on the SUM button to get the total for the column:



	R
PLO	2
PLO	1
PLO	2
OW	1
PLO	3
E MI	1
E MI	1
TIME	
TIME	1
TIME	1
TIME	4
PLOYED	
TIME	2
TIME	2
TIME	
PLO	1
TIME	1
TIME	2
TIME	
OW	1
ED	1
	Sum: 7281



# Percentage of Unbillable Visits

Step 1: Availability - Number of Visits With Private Insurance  
 Use the number of visits from the PORP Report = **7281**

Step 2:

REG LOC	HRN	NAME	DEC	BIRTH DATE	SEX	AGE*	BEN	MCR	MCD	PVT	VET	CHS	RESIDENCE	VET Y/N	DATE OF LAST UPD	EMPL STATUS	BILL VISIT	UNBILL VISIT	
SHF				3/28/2023	M		0	1	A				P HARLOW	N	7/7/2023	UNEMPLOYED		1	
SHF				1/24/2023	M		0	1					P LAKEVIEW	N	6/15/2023	UNEMPLOYED		6	
SHF				3/22/2023	M		0	1	A				P ELBOW		5/15/2023	UNEMPLOYED		1	
SHF				3/24/2023	F		0	1					P CHICKEN	N	6/16/2023	UNEMPLOYED		1	
PATIENT COUNT: 8963							VISIT COUNT: <b>26890</b>											<b>17663</b>	<b>9222</b>

Percentage of Unbillable Visits (%)     $9222/26890 = 34.2\%$

Step 3: 1 times 2 gives you the number of Billable PI Visits

**7281** X 34.2% (0.342) = **2,490** Billable Visits

# Average Amount Billed per Claim/Year

Calculate the Average Amount Billed per Visit

STA Report - FY 22 by Payer Category PI

(You may want to remove RX totals for Clinical Only and do a separate calculation for RX)

Amount Billed/Total # of Visits = Avg. Amount Billed/Visit

Clinic Type	Number of Visits			Billed Amount			Paid Amount			Adj Amount			Unpaid Amount	
	FY 22	FY 23	Diff	FY 22	FY 23	Difference	FY 22	FY 23	Difference	FY 22	FY 23	Difference	FY 22	FY 23
Audiology	136	203	67	127,290.00	157,081.63	29,791.63	21,501.15	16,579.07	(4,922.08)	105,788.85	109,474.06	3,685.21	-	31,028.50
Rheumatology	53	47	-6	10,351.00	7,486.60	(2,864.40)	2,237.48	1,942.16	(295.32)	8,113.52	4,711.44	(3,402.08)	-	833.00
Pharmacy	19832	20712	880	2,732,109.72	2,834,004.14	101,894.42	1,304,872.25	1,244,214.52	(60,657.73)	1,425,658.93	1,341,785.65	(83,873.28)	1,578.54	248,003.97
Dental	377	300	-77	133,031.00	131,833.60	(1,197.40)	37,030.00	36,599.14	(430.86)	87,810.00	46,021.55	(41,788.45)	2,191.00	59,313.00
<b>TOTALS</b>	<b>29228</b>			<b>5,076,798.77</b>	<b>5,989,151.82</b>	<b>920,554.11</b>	<b>1,936,251.67</b>	<b>1,912,177.41</b>	<b>(24,074.26)</b>	<b>3,136,288.76</b>	<b>3,389,560.33</b>	<b>253,271.57</b>	<b>4,258.54</b>	<b>688,171.08</b>

Visits = (29228-19837) 9391      Billed = (5,076,798.77- 2,944,689.05) 2,436,990.28

2,436,990.28/9391 = \$259.50 Average Amount Billed per Visit

# Step 6 : Collections Ratio

Clinic Type	Number of Visits			Billed Amount			Paid Amount			Adj Amount			Unpaid Amount	
	FY 22	FY 23	Diff	FY 22	FY 23	Difference	FY 22	FY 23	Difference	FY 22	FY 23	Difference	FY 22	FY 23
Audiology	136	203	67	127,290.00	157,081.63	29,791.63	21,501.15	16,579.07	(4,922.08)	105,788.85	109,474.06	3,685.21	-	31,028.50
Rheumatology	53	47	-6	10,351.00	7,486.60	(2,864.40)	2,237.48	1,942.16	(295.32)	8,113.52	4,711.44	(3,402.08)	-	833.00
Pharmacy	19832	20712	880	2,732,109.72	2,834,004.14	101,894.42	1,304,872.25	1,244,214.52	(60,657.73)	1,425,658.93	1,341,785.65	(83,873.28)	1,578.54	248,003.97
Dental	377	302	-75	123,031.00	121,033.60	(1,997.40)	37,070.07	36,500.14	(569.93)	87,010.00	84,031.55	(2,978.45)	3,101.00	50,312.00
<b>TOTALS</b>	<b>29228</b>			<b>5,076,798.77</b>	<b>5,989,151.82</b>	<b>920,554.11</b>	<b>1,936,251.67</b>	<b>1,912,177.41</b>	<b>(24,074.26)</b>	<b>3,136,288.76</b>	<b>3,389,560.33</b>	<b>253,271.57</b>	<b>4,258.54</b>	<b>688,171.08</b>

Clinical PI Projections:

Amount Paid = (1,936,251.67-1,304,872.25) 631,379.42

Amount Billed = (5,076,798.77-2,732,109.72) 2,344,689.57

Amount Paid / Amount Billed = 631,379.42/2,344,689.57 = 26.9% Collections Ratio

#Billable Visits X Avg Billed per Visit = \_\_\_\_\_ X Collections Ratio = Projection

XXXX X \$259.50 = XXXXXXXXXXXXXXXXXX X 0.269 = \$ XXXXXXXXXXXXXXXXXX

# Questions

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# Contact Info

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