



Optimizing revenue cycles and treasury services for tribal health systems

Expert strategies to accelerate cash, sharpen denial recovery and put capital to work

Tribal health systems operate in a complex financial environment where every dollar counts. Leaders who understand this landscape know that speed and accuracy in the revenue cycle are critical. Automating 835 Electronic Remittance Advice (ERA) reconciliation isn't just about

efficiency; it's about freeing coders to focus on denials, reducing rework and giving finance teams same-day visibility into cash positions. With that clarity, organizations can fund operations confidently, invest surplus liquidity and plan capital moves without guesswork.



WHEN COST PRESSURE MEETS LIQUIDITY RISK

Margins are tight everywhere, with labor shortages, inflation and reimbursement complexity all weighing heavily on hospitals. Tribal facilities face these challenges plus unique factors such as rural staffing gaps, payer-mix variability across Native and non-Native patients and reliance on Indian Health Service (IHS) funding. In this environment, liquidity isn't just a metric; it's a safeguard. Faster, more accurate payment posting means better cash positioning and less dependence on short-term borrowing.

Staffing shortages often intensify the urgency. "Attracting and retaining healthcare providers, particularly in rural areas, remains a significant challenge for our tribal clients," said Damian Libutti, a BOK Financial relationship manager who supports Native American clients. "Many tribal health facilities depend on contract health providers who come in a few days each week or month, which is more expensive."

This challenge also extends beyond clinical roles. "Getting accounting people out to these facilities is also challenging," noted Michelle Heckroth, a BOK Financial treasury manager who supports Native American clients. "Billing, coding and claims submission are difficult to manage when you don't have staff on site."

In short, automation isn't optional; it's foundational. As Heckroth underscored, "Anything tribal health systems can do to accelerate cash flow is critical. Solutions like lockbox services, ACH processing and online payment portals are all essential tools."

AUTOMATE 835S AND LET CODERS FOCUS ON DENIALS

Treat ERA (835) automation as the backbone of cash acceleration. The goal isn't simply digitization; it's the elimination of manual cash posting, the routing of true exceptions to the right experts and the continuous surfacing of denial patterns for proactive fixes. When 835 data is normalized and posted automatically, coders can shift their attention to denial resolution, where their expertise delivers the greatest impact and recovery rates improve.

Integrating EFT and lockbox deposits directly to ERA batches enables same-day cash application and reconciliation, compressing the revenue cycle and producing a clearer picture of daily cash balances. That visibility allows finance teams to move from reaction to action—positioning cash with confidence, deploying idle balances and supporting near-term operating needs and longer-term capital plans.

TURN DAILY CASH VISIBILITY INTO DEPLOYABLE CAPITAL

Revenue cycle and treasury operations should move in lockstep. When same-day posting is reliable, treasury isn't working off estimates; it's managing accurate daily positions. That means idle balances can be swept automatically into interest-bearing vehicles aligned with tribal investment policy, fraud controls can be calibrated to evolving payment channels and seasonal credit facilities can be maintained to absorb reimbursement volatility.

In practice, this integration transforms daily operations into balance-sheet strength. Cash positioning improves, working capital stabilizes and leadership gains the flexibility to fund care delivery and community priorities without overreliance on short-term borrowing.



ALIGN CAPITAL WITH SOVEREIGNTY AND COMMUNITY NEED

Facility expansion decisions in tribal healthcare are often driven by mission and community need, rather than profitability. "Our conversations with tribal health providers often focus on ensuring access to care for their people. It's not all about profit; it's about meeting community needs," said Libutti. That mission focus makes capital preservation paramount.

Federal mechanisms can provide support for tribal health centers. Under section 105(l) leases, tribes can finance and construct health facilities with the federal government reimbursing both principal and interest. "It's a meaningful program because it can cover the full cost of financing," Libutti explained. "Why use your own capital if you can finance the project and be fully reimbursed?" The program enables tribes to preserve liquidity and strengthen their credit profile, while earning interest on additional deposits, he added. This creates a new cash flow stream to support operations and help offset expense growth. "Many tribes are leveraging this program to build new health centers or modernize existing facilities without depleting their own resources," he explained.

Paired with 638 contracts where appropriate, these tools align facility investments with sovereignty, liquidity protection and long-term financial resilience.

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SUPPORTING MORE MODELS OF CARE

Meanwhile, outpatient models and telehealth continue to reduce overhead while expanding access for rural communities. “We’ve seen tribes use telehealth to bridge provider gaps,” Heckroth shared.

“However, building those systems with proper network protections and IT infrastructure is expensive,” she noted. Strategic financing, lease flexibility for satellite clinics and payment workflows that maintain same-day cash application allow care models to scale without compromising liquidity or operational control.

BALANCING CULTURE AND COST: WHAT SUCCESS LOOKS LIKE

Financial decisions in tribal healthcare are about more than numbers. They reflect values, sovereignty and a deep sense of responsibility to community. As Libutti emphasized, “While bottom-lines are important, tribes consistently prioritize the health and wellbeing of their members over financial considerations.”

The strategies outlined here—835 automation, denial focus, treasury integration and mission-aligned facility financing—translate that commitment into resilient operations and a stronger balance sheet.

What to look for in a financial services provider:

- **Deep expertise in tribal concerns** such as sovereignty, IHS funding flows and federal programs that impact tribal healthcare finance.
- **Healthcare revenue cycle transformation:** Specialized focus on 835 automation, denial management and payer contract performance to accelerate collections and improve cash flow.
- **Treasury management solutions:** Lockbox, ACH, RTP, fraud controls, liquidity sweeps and investment strategies engineered for healthcare cash flows.

TAKE THE NEXT STEP

Financial resilience starts with action. Begin by assessing your current ERA/835 reconciliation and denial workflows. Where are the bottlenecks? Where is cash visibility lacking?

Our team can help you design and implement a strategy that accelerates collections, shifts coder time to denials and puts idle capital to work—without compromising your tribe’s sovereignty or mission. Let’s connect to tailor a plan for your health system and put your cash to work now.