

This training is designed for those who have some knowledge and context of the Community Health Center program and the revenue cycle management issues that are a daily reality. Typically, someone should have a minimum of 6 months experience in order to get the most out of the training, but all are welcome. The more experienced attendees will be challenged to reconsider things they believe they know about revenue cycle management. Frequently we manage as we were taught and may not have had the time to challenge existing processes. As we enter a “New Era of Accountability”, revenue management and compliance are at the forefront of organization sustainability. We will address current revenue cycle topics in a practical, but detailed manner and put them in context with the current compliance environment.

Evaluating the Current State of the FQHC’s Revenue Cycle

In today’s fiscal environment, CHCs are seeking ways to improve functions that impact the revenue cycle to ensure funds are available now and, in the future, to fulfill the CHC’s mission. We will discuss how CHC Management can develop and implement organizational changes to improve and sustain fiscal health, conduct a careful analysis of current CHC operations in comparison to available benchmarks and accepted industry best practices and understand the importance of operating an effective revenue cycle as if every employee of the CHC is a member of the billing department.

One area of focus will be on Key performance indicators (KPIs), which are quantifiable measurements used to reflect the critical success factors of an organization. KPIs allow performance to be compared to established benchmarks, a reference point or standard as a basis for performance assessment. We will provide tools and discussion to assist with calculating vital KPIs, evaluate trends, both negative and positive and how this information is valuable when used to facilitate decisions toward continued improvement.

Additionally, we will discuss how a working knowledge of net patient service revenue (NPSR) payer mix is critical to understanding and managing this revenue stream. We will define each payer source of revenue and discuss strategies to improve revenue from each. We will also present a simple excel spreadsheet tool that can be used to track and predict revenue outcomes for each payer type and provide insight into possible problem areas.

Revenue Improvement Strategies

A CHC’s charge structure or fee schedule is one of the most neglected yet important tools in the health center. We will provide pointers on considerations for development, regulatory guidance and a detailed checklist of step-by-step items to incorporate when analyzing or updating your charge structure. Many payor contracts are written with language outlining reimbursement to be the lesser of charges or fee schedule payment. We will provide tips on communication both internally and externally, involving board members, patients and payors combined with a process to monitor and report on reimbursement compared to charges will aid in being proactive regarding a facility’s revenue stream.

Navigating the Financial Side of Virtual Care

As the need to fully embrace virtual care presented itself in 2020, CHCs have had to navigate many considerations operationally and clinically. The financial aspects of this care modality also need to be addressed. We will discuss reimbursement, accounting and billing elements unique to patient services provided virtually.



FQHC Medicare and Medicaid Reimbursement

We will dive deep into current and future FQHC Medicare and Medicaid theory. Significant known and unknown potential changes are on the horizon for both key payer sources of revenues. We will review the current Medicare and Medicaid reimbursement methods and then examine in depth the new Medicare proposed rule and possible Medicaid changes on the horizon.

We will provide an overview of cost reporting theory and Medicaid cost reporting requirements (if any). We will also address some best practices and make some recommendations for how to avoid common mistakes in the process. This is not a formal “how-to” regarding completing the cost report. The goal is help you improve the process in place and take things that have been learned previously in the training and integrate the concepts into your process.

Medicare Wrap-Around

Medicare reimbursement is a vital revenue stream for most Federally Qualified Health Centers but many are missing out on the full reimbursement they are entitled to when providing services to Medicare Advantage patients. In this session we will discuss the basis of Medicare supplemental payments (wrap-around), how to navigate the rate establishment process and applicable billing guidance.

Revenue Cycle Internal Controls

As Covid 19 continues to bring new sources of revenue into our health centers, fraud prevention measures are even more important. An Organizations control environment is crucial to this prevention effort. In this section of our training we will review the key processes in the accounting revenue cycle and identify key fraud controls within this accounting cycle. We will also do a deep dive into the proper segregation of accounting duties in the revenue cycle to help us identify where fraud risks may occur. We will provide an accounting duties grid tool to help us identify these risks for your Organization.

Billing Compliance

Understanding the complexities of the Medicare program is a challenge for many CHCs and the risk associated with potential noncompliance is real in today's environment. This interactive discussion will provide a management level perspective on billing nuances and regulations related to this program and address questions attendees pose to clarify correctness of current processes within individual organizations.