

Revenue Cycle 360

Day One: May 27, 2020 Virtual LIVE in Central Standard Time (CST)

8:15 am–8:30 am	Welcome and Introduction to the Revenue Cycle 360 Course
9:00 am–10:00 am	FQHC Medicare PPS: What you need to know This session will focus on Medicare FQHC PPS basics and any reimbursement changes and/or updates. Areas that will be covered include Rate setting for G-codes, billing for same day visits, and definition of new patients. <i>Speaker: Gervean Williams, NACHC</i>
10:00 am–10:15 am	Break
10:15 am–11:15 am	Sliding Fee and Charge Setting The mission of the 330 Grantees is to expand primary health care to those who need it most. To meet the mission, CHCs provides comprehensive medical, dental, and behavioral healthcare to all regardless of ability to pay by utilizing a sliding fee scale. To comply with these requirements, CHCs must implement a sliding fee discount program, which assures that patients have access to all primary care services regardless of their ability to pay. This session will review the requirements and different methodologies in operationalizing a sliding fee program. <i>Speaker: Gervean Williams, NACHC Catherine Gilpin, BKD</i>
11:15 am–11:45 am	Break
12:15 am–1:15pm	Attributes of Better Performing Billing Departments This session will educate key staff in the unique and complicated reimbursement systems available to FQHCs, also take a deeper dive into developing effective billing departments, analyzing and maximizing patient revenue. <i>Speaker: Ray Jorgensen, CEO PMG, Inc.</i>
1:15 pm–1:30 pm	Break
1:30 pm–2:30 pm	Accounts Receivables Reporting and Analysis Session will review all types of reimbursement typically encountered by health centers and will cover essential functions required to accurately record revenue, manage accounts receivable and provide management reports that allow optimal oversight and cash flow for all types of payers. Includes evaluating revenue trends, understanding characteristics of receivables, diagnosing collection issues and maximizing collection efforts. <i>Speaker: Ray Jorgensen, CEO PMG, Inc.</i>

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Day Two: May 28, 2020 Virtual LIVE in Central Standard Time (CST)

- 9:00 am–10:00 am **The Importance of Documentation, Coding: Office & Medicare Billing**
Medical necessity, substantiated by solid documentation is essential for compliance and performance reasons. This session presents basics of 1995 evaluation and management documentation guidelines, some common FQHC coding myths, information about preventive and consultation coding, as well as other important coding must-knows. Also covered is documentation and coding for behavioral health visits and the circumstances under which common FQHC procedures are covered and billable to Medicare.
Speaker: Gary Lucas, MSHI, CPC, Association for Rural & Community Health Professional Coding
- 10:00 am–10:55 am Break
- 10:15 am–11:15 am **Compliance Effectiveness to Drive Operations Excellence**
This session will focus on improving health center performance in the area of explaining the role of accountability for compliance, the elements of an effective strategy for maintaining compliance, and the tools for managing the implementation of a compliance program.
Speaker: Gary Lucas, MSHI, CPC, Association for Rural & Community Health Professional Coding
- 11:15 am–12:15 pm Break for Lunch
- 12:15 pm–1:15 pm **Key Performance Indicators and Case Study Review**
Learn about practical management and operating functions that should be undertaken before, during, after and simultaneously throughout the patient visit process in order to maximize cash collections and effectively manage accounts receivables. This session will include case studies.
Speaker: Ray Jorgensen, CEO PMG, Inc.
- 1:15 pm–1:30 pm Break
- 1:30 pm–2:30 pm **Optional conference call to share what's going on in the field**