

Revenue Cycle 360°

Day One: June 29, 2022 Virtual LIVE in Eastern Time (ET)

- 10:00 am–11:00 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.
Speaker: Gervean Williams, NACHC
1.2 CPE/1.0 CEU
- 11:00 am–11:15 am **Break**
- 11:15 am–12:15 pm **Sliding Fee and Charge Setting**
This session will review the requirements and different methodologies in operationalizing a sliding fee program for health centers.
Speaker: Gervean Williams, NACHC
Catherine Gilpin, BKD
1.2 CPE/1.0 CEU
- 12:15 pm–12:45 pm **Break**
- 12:45 pm–1:45pm **The Importance of Documentation, Coding: Office & Medicare Billing**
Medical necessity, substantiated by solid documentation is essential for compliance and performance reasons. This session presents the 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: Shellie Sulzberger, CCI
1.2 CPE/1.0 CEU
- 1:45 pm–2:00 pm **Break**
- 2:00 pm–3:00pm **Compliance Effectiveness to Drive Operations Excellence**
This session will focus on improving health center performance in 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: Patrick Sulzberger, CCI
1.2 CPE/1.0 CEU

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Day Two: June 30, 2022 Virtual LIVE in Eastern Time (ET)

- 10:00 am–11:00 am **Health Center Enrollment/Credentialing... Avoidable Negligence**
Does your health center comply with HRSA Compliance Manual Chapter 5 (e.g., vetting providers BEFORE they see patients?). Is CAQH a definitive source or provide attestation? Why is the Medicare/Medicaid provider exclusion list important? What's the difference between Locum Tenens and "Incident to" billing? Why can't we bill new providers under another employed provider's NPI? Attend this session to get answers to these questions and more. Too many health centers are unaware of the liabilities, and lost income, resulting from not optimally, accurately, and/or completely enrolling providers with targeted health plans. The money lost is real as is the potential illegal activity resulting from being misinformed.
Speaker: Shellie Sulzberger, CCI
1.2 CPE/1.0 CEU
- 11:00 am–11:15 am **Break**
- 11:15 am–12:15 pm **Accounts Receivables Reporting and Analysis**
This session will review the types of reimbursement health centers encounter and the 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. The session also includes evaluating revenue trends, understanding characteristics of receivables, diagnosing collection issues, and maximizing collection efforts.
Speaker: Ray Jorgensen, CEO PMG, Inc.
1.2 CPE/1.0 CEU
- 12:15 pm–1:15 pm **Break for Lunch**
- 1:15 pm–2:15 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 to maximize cash collections and effectively manage accounts receivables. This session will include case studies.
Speaker: Ray Jorgensen, CEO PMG, Inc.
1.2 CPE/1.0 CEU
- 2:15 pm–2:30 pm **Break**
- 2:30 pm–3:30 pm **Optional conference call to share what's going on in the field**