

Revenue Cycle 360°

Day One: June 21, 2023

- 9:00 am–10:30 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.
Gervean Williams, MS, MIT, Director, Finance Training and Technical Assistance, NACHC
Catherine Gilpin, CPA, Managing Director, FORVIS
1.8 CPE/ 1.5 CEU
- 10:30 am–10:45 am **Break**
- 10:45 am–12:30 pm **Sliding Fee and Charge Setting**
This session will review the requirements and different methodologies in operationalizing a sliding fee program for health centers.
Gervean Williams, MS, MIT, Director, Finance Training and Technical Assistance, NACHC
Catherine Gilpin, CPA, Managing Director, FORVIS
2.0 CPE/ 1.75 CEU
- 12:30 pm–1:30 pm **Lunch**
- 1:30 pm–3:00pm **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 guide- lines, 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.
Shellie Sulzberger, LPN, CPC, ICDCT-CM, Principal, Coding & Compliance Initiatives, Inc.
1.8 CPE/ 1.5 CEU
- 3:00 pm–3:15 pm **Break**
- 3:15 pm–4:45 pm **Attributes of Better Performing Revenue Cycle Department**
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.
Ray Jorgensen, President, Ray Jorgensen Consulting and Partner at PMG Credentialing
1.8 CPE/ 1.5 CEU

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Day Two: June 22, 2023

- 9:00 am–11:00 am **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.
Patrick Sulzberger, CPA, Principal, Coding & Compliance Initiatives, Inc.
2.4 CPE/2.0 CEU
- 11:00 am–11:15 am **Break**
- 11:15 am–12:30 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.
Ray Jorgensen, President, Ray Jorgensen Consulting and Partner at PMG Credentialing
1.5 CPE/1.25 CEU
- 12:30 pm–1:30 pm **Break for Lunch**
- 1:30 pm–3:00 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.
Ray Jorgensen, President, Ray Jorgensen Consulting and Partner at PMG Credentialing
1.8 CPE/ 1.5 CEU
- 3:00 pm–3:15 pm **Break**
- 3:15 pm–4:30 pm **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.
Ray Jorgensen. President, Ray Jorgensen Consulting and Partner at PMG Credentialing
1.5 CPE/ 1.25 CEU

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