

2  
HEALTH CENTER  
TRANSFORMATION

Revenue Cycle Management  
(RCM) Program

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Presenters

Ginger Smith, Director of Health Center Operations  
California Primary Care Association (CPCA)

Carlo Cioffi, Jr., Vice President  
PMG, Inc.

David B. Vliet, CEO  
Tiburcio Vasquez Health Center

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Agenda

- Today and the Future Landscape
- Overview of CPCA RCM Program
- CEO Perspective
- Next Steps
- Questions

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## CCHCs Environment

- Organizations are expanding
- Patient populations continue to grow
- Staff recruitment and retention is a challenge
- Funding has become more diversified and complex
- Operating under relatively tight budget margins
- Competition beginning

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## Health Care Delivery System Today

- Health Reform Implementation
- Medi-Cal Expansion
- Covered CA
- Managed Care Expansion
- EHR Implementation
- Patient-Centered Medical Home

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## Health Care Delivery System Future

- Payment Reform
- The Culture of Managed Care and Capitation
- Accountable Care Organizations (ACOs) and Communities (ACCs)
- Care Coordination and Case Management
- ICD-10/11
- Alternative Models of Care Delivery & Access

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## CCHCs Billing Challenges

- Understanding different programs – FPACT, CDP, CHDP
- Encounter Rate Reimbursement – paying based on contract
- Specialized billing for multiple payors
- Sliding Fee/Self-Pay
- Medicare – knowing the difference between Part A and B
- New Medicare PPS rate with G-Codes
- Claim denials and no one reacting
  - Providers not credentialed and seeing patients
  - Code 18, 20, etc. not set-up
- Proper Coding

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## Partnering to Capitalize

Given the need to support, stabilize and sustain health centers in California, CPCA developed the RCM program and entered into a partnership with PMG, Inc.

- PMG was selected after a 5 month RFI/RFP process
- PMG offered the best value, track record of delivering results to health centers, and partnership model

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## Why PMG?

- Nation's leader of Revenue Cycle Management solutions dedicated exclusively to FQHCs and community clinics and health centers
- Incorporated in 1998
- Experience in 35 states training, educating and consulting with thousands of clinicians and financial/billing professionals on coding, documentation and optimization of third-party revenue
- Works closely with NACHC and other PCAs

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## RCM Program

- Denial Management
- Increased cash flow and financial viability
- Identify and resolve issues impacting revenue
- Getting paid on time for all services rendered
- Avoid back-log of claims and denials
- Implement best practices and provide on-going feedback on increasing efficiencies
- On-going targeted training (coding, front office, etc.)

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## Benefits of RCM Program

The goals of the program are to help each health center who elects for its services to achieve the following:

Improvement Area	Improvement Targets
Increase collection of cash from insurance sources, including Medicare and Medi-Cal	<ul style="list-style-type: none"> <li>• &gt;10% improvement</li> </ul>
Decreased cash outstanding	<ul style="list-style-type: none"> <li>• Reduce A/R by 15 days outstanding</li> </ul>
Lower costs to manage the Revenue Cycle	<ul style="list-style-type: none"> <li>• Eliminate recruitment, training, and retention costs</li> <li>• Lower and more predictable total cost to manage the Revenue Cycle</li> </ul>

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## FQHC Revenue Cycle

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graph TD
    CP[CHC Providers] --> CB[CHC Billing]
    CB --> CPD[Clearinghouse or Payer Direct]
    CPD --> CFD[CHC Front Desk]
    CFD --> EC[Eligibility Check]
    EC --> CP
    
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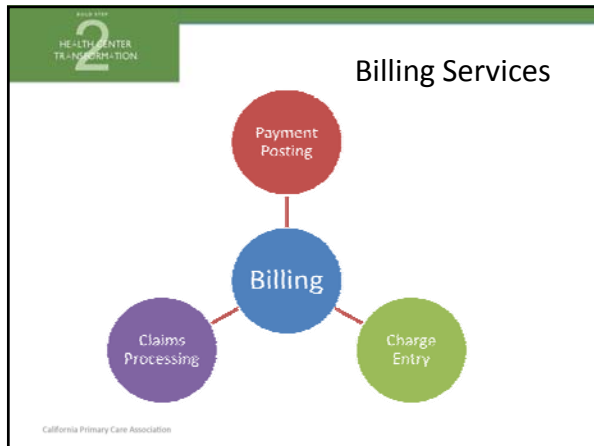
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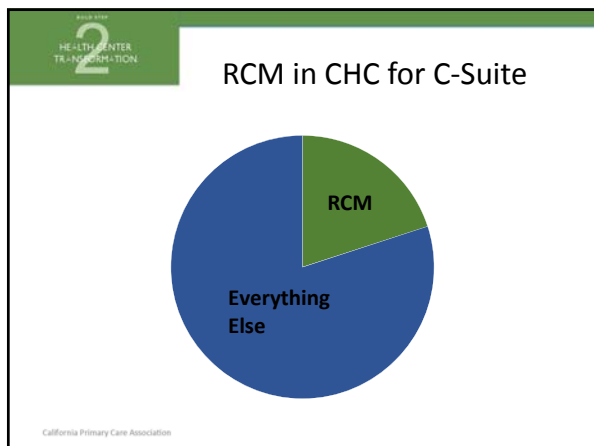
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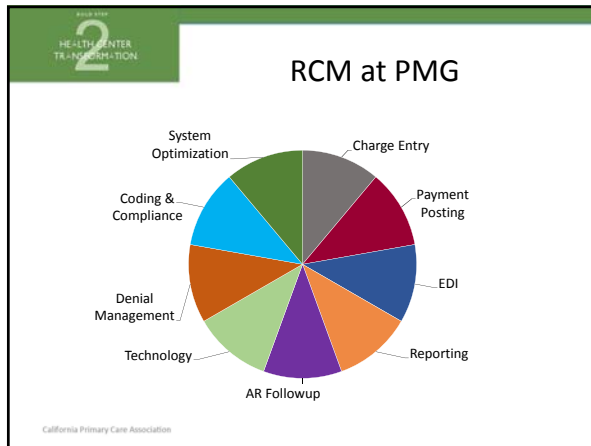
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- ## Value Added Services
- ▶ Charge Processing including pre-billing review
  - ▶ Billing initial claims to all payers (government and commercial)
  - ▶ Claim scrubbing and edits
  - ▶ Rejection and denial management including eligibility corrections
  - ▶ Reporting:
    - Productivity
    - Financials
    - Denials
    - Ad Hoc
  - ▶ Electronic Remittance Advice / Posting to PM system (electronic and manual)
  - ▶ System Configuration Review
  - ▶ Best Practice policy recommendations (self-pay, credit balance, etc.)
  - ▶ Encounter form review and development
  - ▶ Training - Practical
    - Coding training for providers
    - Front desk based on actual front end denial reason
  - ▶ Communication to state Medicaid program and private payers to ensure appropriate payment of claims
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- ## Reporting
- **Standard Reports**
    - Charges
      - Month to month
      - Year over year
    - Payments
      - Month to month
      - Year over year
    - Visits
      - Month to month
      - Year over year
    - Average charge per billable visit
    - Average payment per billable visit
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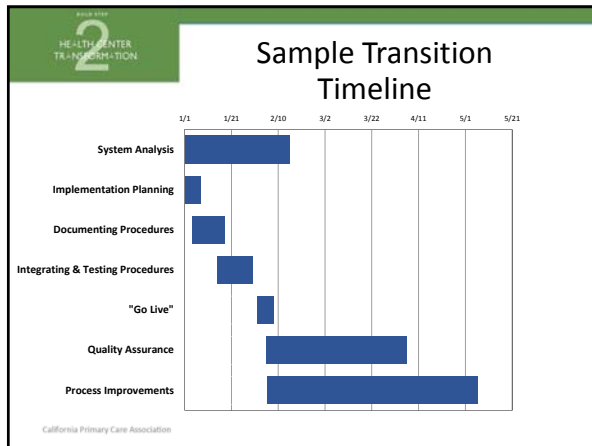
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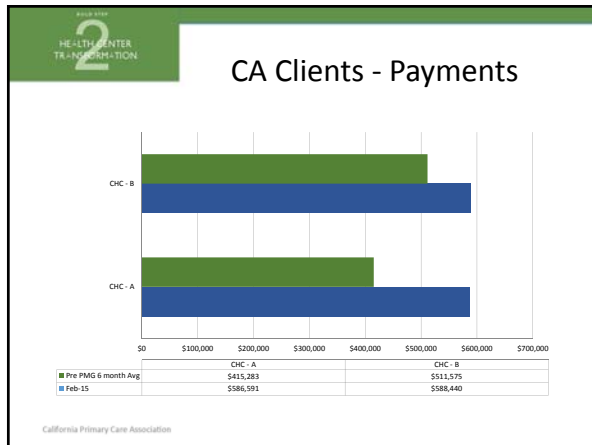
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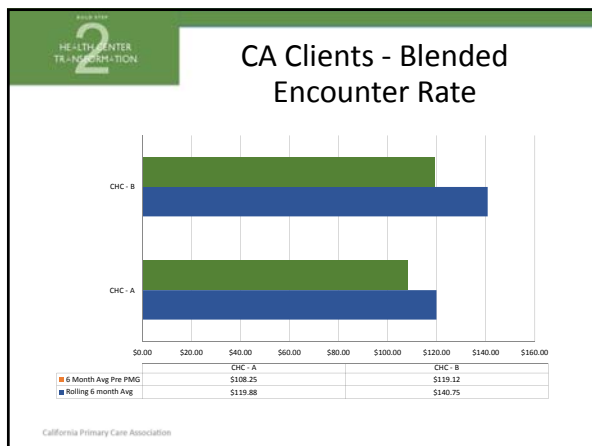
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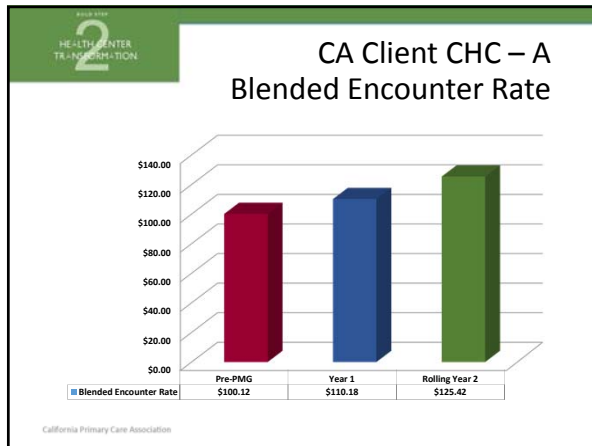
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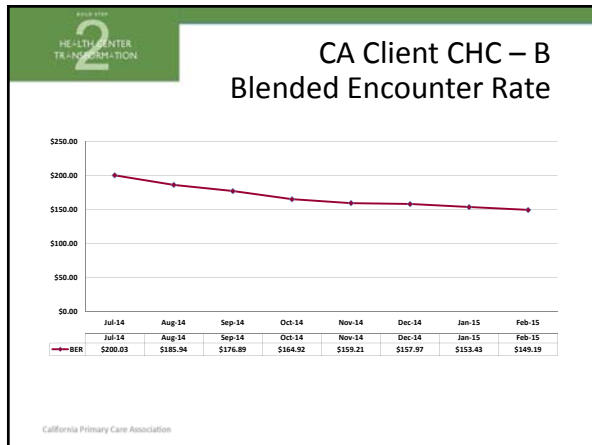
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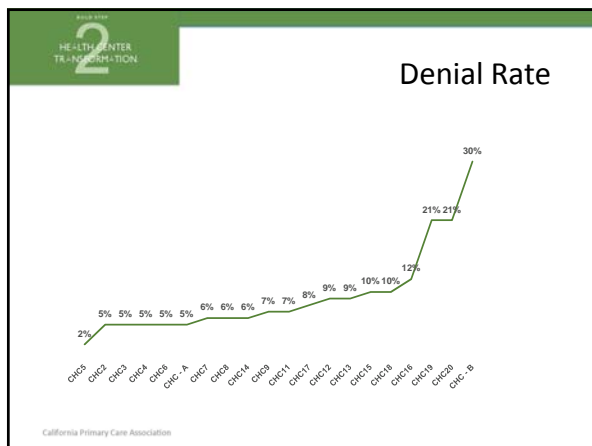
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## CEO Perspective

David B. Vliet  
CEO, Tiburcio Vasquez Health Center

- Why consider a partnership for your revenue cycle management?
- Are you doing enough to maximize your revenue?
- What keeps you up at night?
- What's the leadership aspect?
  - Right direction and not personal
- Is your billing practice in compliance?
- What about the human resource side of making this decision?

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## CPCA RCM Program

- 5 CCHCs in our program
- No upfront start-up fees for participants
- Program contract is with CPCA
- No requirement to purchase additional software
- Other value added services to be built into the program

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## Getting Started

Introduction call with CPCA and PMG

Mini-Assessment

- Health Center completes data collection
  - 1 day to 2 weeks
  - Helpful to use current UDS Table 5 and Table 9
  - Payments should not include grants
- Data analysis – PMG
  - 1 week
- Results presented via Webinar
  - 90 minutes
  - Minimum of CEO & CFO
- Available at no cost

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## Imagine the Business Opportunities When...

- You increase the collection of cash from insurance sources, including Medicare and Medi-Cal
- You decrease cash outstanding
- You decrease staffing costs required to manage the revenue cycle
- You can reallocate staff from operations management to direct service
- You can impact patient satisfaction by improving billing and collections interactions

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