



**Your Resource for FQHC Revenue Cycle Management**



# REVENUE CYCLE MANAGEMENT

The efficiency of a medical practice's billing operations  
has a critical impact on financial performance.

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## Revenue Cycle Management

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### Your Challenge

Today's healthcare centers struggle with keeping operational costs down while providing high-quality patient care. It's vital that Federally Qualified Health Centers (FQHC) and Community Healthcare Centers (CHC) receive payments from patients and insurance companies in a timely manner in order to keep profits up. To accomplish this, the revenue cycle – or the life of a patient account from the time their case is opened until final payment is received – must be managed effectively.

*“The U.S. Department of Commerce reports that an account 60 days past due has only a 70% chance of recovery. After six months, it has only a 30% probability of being paid.”*



For some healthcare centers, the responsibilities of [Revenue Cycle Management \(RCM\)](#) can become overwhelming and conflict with other office duties (managing employees, keeping up with government programs and other administrative tasks). Managing the revenue cycle includes compliance in ensuring complete and accurate billing processes and A/R follow up procedures are followed.

## Our Service

Revenue cycle management (RCM) is the process that manages claims processing, payment, and revenue generation. RCM unifies the business and clinical sides of healthcare by pairing administrative data, for example, a patient's name, insurance provider and other personal information with the treatment a patient receives. [Medical billing software or practice management software](#) is used to manage the patient revenue cycle to effectively keep track of the claims process.

### Revenue cycle management includes:

1. Pre-billing review & tips on coding
2. Coding Analysis
3. Claims filing and appeals
4. Preparation and delivery of correspondence
5. Billing management
6. Managing inquiries – patients, insurers and regulatory authorities
7. Financial management reports – account receivables and revenue



Communicating with health insurance companies is a significant part of RCM. After a patient receives treatment for a given condition, a healthcare provider or coder categorizes the treatment according to [ICD-10](#). The healthcare facility then sends the care summary with ICD and [Current Procedural Technology \(CPT\)](#) codes to the patient's insurance company to find out what portion of the care will be covered by insurance, with the remainder billed to the patient.

[Revenue cycle management](#) increases the profitability for doctors, medical groups, hospitals and IPAs through medical practice audits, medical claim submissions, and medical practice management.

## Our Approach

The revenue cycle begins when a patient calls for an appointment or walks into the medical office and services are rendered. The revenue cycle ends when the proper payments are received and posted by the medical billing office. This sounds like a simple process, but there are many steps that require a team effort in order to have a successful medical billing process. It includes front-end office tasks like appointment scheduling and insurance eligibility verification; tasks related to clinical care like coding and charge capture; and back office tasks like claims submission, payment posting, statement processing and the management of denied claims. How your practice handles these steps directly, impacts your ability to get paid the full amount you are owed as quickly as possible.



**Plan**

- Pre-Billing Review
  - Review to eliminate potential medical billing errors. How you collect patient insurance and verify eligibility is crucial.
- Coding Analysis
  - Coding is the process of transforming descriptions of medical diagnoses and procedures into universal medical code numbers. It's an important part of your practice's revenue cycle management in accurately reporting codes in order to receive timely payment.
- Coding Tips
  - Recommendations on how to improve. Codes are constantly changing, and you want to stay in compliance.

**Do**

- Prep & Delivery
  - Setting up and configuring the medical billing software to capture the charges to be billed.
- Claims Filing
  - Submitting claims to the correct health plan or payer in order to receive payment quickly.
  - Billable fees are submitted to the insurance company via a universal claim form for payment.
- Claims Appeals
  - Claims that are submitted but not accepted by payers can negatively impact revenue. An estimated 10% of claims are rejected by payers on the first pass.
  - Payments from payers are reviewed to find any items that may need to be appealed due to dropped or missed procedures, bundled procedures (one code versus two), payment based on the wrong fee schedule, etc.

**Manage**

- Billing Management
  - Electronic claims can be submitted in real time and can be tracked and reviewed for compliance. Post and apply payments/adjustments to the appropriate accounts, including rejects.
- Inquiry Management
  - Handle inquiries from patients and payers.
- Reporting & Analysis
  - Key reports can give important insights on both the profitability of your business and the profitability of a particular procedure, and help practices stay abreast of key revenue cycle management indicators.

## Your Benefits

In order to achieve compliance healthcare providers must employ [software technology and a centralized billing/coding system](#). Incorporating revenue cycle management processes as part of an overall business strategy often results in improved reimbursement, accurate billing compliance and great clinical outcomes.

### Managed Revenue Cycle Benefits:

- Increased average % of claims paid after 1st submission
- Increased average % of current claims (0-60 Days)
- Reduced denial rate
- Improved net revenue to the practice
- Higher percentage of clean claims
- Reduced outstanding accounts receivables
- Faster claims payment
- Less lost claims
- Improved quality of care by having more time for patient care issues
- Correct patient information available and less stress to your staff



Having a [revenue cycle management partner](#) can help healthcare clinics operate more efficiently, and in turn provide greater medical services to those who need it the most.

## Why Outsource Revenue Cycle Management?

According to a Black Book Market Research report, the outsourced [Revenue Cycle Management \(RCM\)](#) market is growing at a rate of almost 27%, as healthcare executive's continue to focus on talent and technology that addresses new reimbursement models.

“As hospitals and physician practices grapple with intense pressure to optimize revenue cycle management processes, outsourcing has emerged as a powerful solution to the challenges of a rapidly changing healthcare model,” said Doug Brown, managing partner of BlackBook, in a statement announcing results.



The last few years have been challenging for healthcare centers across the country. Substantial pressure has been put on physicians and their staff due to increasing regulatory burdens, escalating costs, and declining reimbursements.

### Here are three reasons to outsource medical billing:

#### 1. Improve Profitability

Denial management is a common weak spot for many practices during the RCM steps, from claims submission to payer collections. According to the Medical Group Management Association (MGMA), 50-65% of denials go unfinished. Practices are missing out on revenue and possibly preventing future occurrences. The average cost to redo a claim is \$25.

#### 2. Reduce Administrative Workload

About 26% of self-employed doctors and 35% of those employed spend 10+ hours per week on paperwork and administration. Healthcare professionals want to care for patients, not manage paperwork and try to keep up with the latest changes in [medical billing](#).

#### 3. Reduce Disruption from Industry Change

Today, practices have to deal with changing healthcare challenges, from adhering to Meaningful Use, to adapting to new patient care models, and making the switch to ICD-10. Outsourcing RCM to a reliable partner can help make ICD-10 more manageable for your practice, including higher volume of denials.

[RCM has become one of the most popular functions for healthcare providers to outsource](#), due to its critical importance and significant challenges associated with managing internal functionalities of hospitals and clinics, in an efficient and cost-effective manner.

## Why FQHCs Turn To MEDCOR for Patient Billing Services

MEDCOR Revenue Services, Inc. is the premier [FQHC and CHC Revenue Cycle Management](#) provider in Southern California offering a wide range of billing services to help ensure efficient claim submission and maximum reimbursement. MEDCOR Revenue Services has a proven and historical track record of effective FQHC revenue cycle management to improve cash flow and reimbursement, addressing all elements of the revenue cycle.

Federally Qualified Health Centers (FQHC) and Community Health Centers (CHC) clinics utilizing our services have more time to enhance their mission of providing quality healthcare to the underserved and medically disenfranchised. MEDCOR understands the critical need for timely, consistent and maximized revenue for services rendered.

Here are some of the reasons that make MEDCOR Revenue Services FQHC medical billing unique and advanced compared to other service providers.



### 1. Consulting for Individual Practices and Medical Groups

MEDCOR Revenue Services provides FQHCs with medical billing consulting services.

For instance...

1. Front office training on intake verification and eligibility
2. EHR/EMR platforms best suited for FQHC/CHC facilities
3. Practice Management/billing module setup for your EMR
4. FEE Schedule development and samples
5. Billing Policy and Procedure sample (HRSA Audit approved)
6. Accounting policy and procedures (HRSA Audit approved)
7. UDS and Cost Containment reports
8. Training for FQHC billers for split claims (wraps)
9. Provider productivity benchmarking
10. CMS Provider coding benchmarking
11. Managed Care capitation contract analysis



### 2. Information Technology Decision Support

MEDCOR Revenue Services understands the specific FQHC billing challenges and provides a talented team of experts knowledgeable with the top [FQHC medical billing platforms](#).

Below is a list of some of the [FQHC specific software platforms](#) that MEDCOR Revenue Services utilizes:

- Allscripts
- eClinicalWorks
- Kareo
- EPIC
- MicroMD
- NextGen
- Practicefusion
- DentiMax
- Dentrix



eClinicalWorks



**Epic**



### 3. UDS and Cost Reporting Through our Affiliate Partners

MEDCOR Revenue Services offers standard and customized reporting solutions for revenue cycle management customers. After implementation, MEDCOR Revenue Services works with their customers to establish the unique reporting needs of the Federally Qualified Health Center, which provides an individualized FQHC billing services experience.

In conclusion, MEDCOR Revenue Services is a leading provider of FQHC medical billing services that is committed to customer satisfaction and compliance.



**FREE Revenue Cycle Assessment**  
of your current billing process  
*Request yours today!*