CHC Financial Performance Indicators

Level: Introductory to Intermediate
Track: Financial Management
Target Audience: Administrators, Board Members, Financial Professionals, Clinicians

Is your CHC fiscally healthy? What financial indicators are meaningful to you and why? Do you understand the value of negative net A/R? What are acceptable performance levels, and/or reasonable benchmarks for your billing department/service? Attend this session and learn what is possible. Elevate expectations, enhance process, and watch performance soar. Bill for and collect all the money you are owed more efficiently and completely.

Upon completing this session, the participants will be able to:

1. Explain what core performance indicators determine fiscal health.
2. Describe why correct code capture better justifies cost based reimbursement via appropriately elevated charges.
3. Determine how to interact with financial professionals with little to no health care experience to better explain payments vs. adjustments and why contractual adjustments are desirable.

Duration: 1.5 Hours

Presenter(s): **Ray Jorgensen, MS, CPC, CHBME;** Partner, PMG Inc., Pawtucket, RI
www.chcbilling.com; 401-616-2000

Charge Setting and Sliding Fee Scale Considerations

Level: Introductory to Intermediate
Track: Financial Management
Target Audience: Administrators, Board Members, Financial Professionals, Clinicians

Do you charge enough for the services you provide? Do you simultaneously assure access to cash paying patients not qualifying for sliding charges? How do you know what to charge? What objective methodology do you utilize to determine your charge schedule? You update it every year, right? Attend this program to learn the most optimal means by which you can set charges, meet the needs of the under and uninsured while assuring optimal revenue capture from all payers. Expanding Medicare Advantage and managed Medicaid practically necessitate expertise in this key financial arena.

Upon completing this session, the participants will be able to:

1. Better understand the Resource Based Relative Value Scale (RBRVS).
2. Utilize RVUs and/or the Medicare fee schedule for calculating charges.
3. Describe nuances and potential pitfalls of utilizing professional courtesy and financial hardship waivers, as well as "prompt pay" discounts.

Duration: 1.5 hours

Presenter(s): **Ray Jorgensen, MS, CPC, CHBME;** Partner, PMG Inc., Pawtucket, RI
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Optimizing the Billing Process: Expectations & Benchmarks

Level: Introductory to Intermediate
Track: Financial Management
Target Audience: Administrators, Board Members, Financial Professionals, Clinicians

What does it cost you to get paid? What is your blended encounter rate? How many billing FTEs (full time equivalents) really work on your billing process and what should your total expense be as a percentage of payments? Most CHCs are overstaffed at nearly twice the necessary level. Are your days of accounts receivable (DAR) less than 50 days and if not, why not? Attend this program to learn what is possible… don't ask your colleagues because most are performing at sub-standard levels and have accepted this as the norm. Learn how to go from good to great performance.

Upon completing this session, the participants will be able to:

1. Analyze key billing process performance indicators and learn how many billing FTEs you should be budgeting.
2. Describe the key components of the billing process and best practices for improving performance.
3. Describe aspects of the billing process that are controlled by the billing staff versus elsewhere in the organization.

Duration: 1.5 hours

Presenter(s): **Ray Jorgensen, MS, CPC, CHBME;** Partner, PMG Inc., Pawtucket, RI
www.chcbilling.com; 401-616-2000

The Encounter Rate- Understand What is Included and What is Excluded

Level: Introductory to Intermediate
Track: Financial Management
Target Audience: Administrators, Board Members, Financial Professionals, Clinicians

What is an encounter rate? How is it calculated? Can you define “core provider” status? When are you paid for a medical and a mental health service for the same patient on the same date of service? How are non-core provider visits reimbursed? How does it vary by payer? Attend this session to learn these answers and remove the mystery around NGS/UGS and Medicaid cost based payments. Learn what additional payments are available based on “wrap arounds” or “carve outs” not bundled into cost based reimbursements. Learn why Medicare Advantage and managed Medicaid programs could be financially damaging to you.

Upon completing this session, the participants will be able to:

1. Explain how encounter rates are calculated and why the blended encounter rate is perhaps the most critical financial data element to be shared with staff.
2. Describe when to bill NGS/UGS as well as your local Part B carrier for services on the same date of service.
3. Describe minimum documentation requirements for a medical and mental health service for the same patient on the same date of service.

Duration: 1.5 hours

Presenter(s): **Ray Jorgensen, MS, CPC, CHBME;** Partner, PMG Inc., Pawtucket, RI
www.chcbilling.com; 401-616-2000

Non-Physician Practitioners (NP, PA, & CNM)- Understand if They are Billable or Expendable

Level: Introductory to Intermediate
Track: Financial Management
Target Audience: Administrators, Board Members, Financial Professionals, Clinicians

Is your organization unclear regarding coding, billing, and being paid for services rendered by Non-Physician Practitioners (NPP; i.e., nurse practitioners, physician assistants, and/or certified nurse mid-wives? How are they compensated under cost based/encounter rate reimbursement? When may you bill for NPP rendered services under a doctor? How do you bill plans who do not recognize or credential a NPP? What are the “incident to” billing rules and when do they apply? Attend this program to learn these answers and how to critically think about NPP provider utilization to optimize reimbursement.

Upon completing this session, the participants will be able to:

1. Explain “incident to” billing criteria, the basic “litmus test” for billing under another provider, as well as the varying compensation levels of MD/DO vs. NPP providers.
2. Describe how clinical oversight guidelines/statutes differ from billing requirements (i.e., an appropriately rendered clinical service may not be legitimately billable).
3. Describe Federal “shared visit” (MD/DO with NPP on same date of service) policy and its potential impact.

Duration: 1.5 hours

Presenter(s): **Ray Jorgensen, MS, CPC, CHBME;** Partner, PMG Inc., Pawtucket, RI
www.chcbilling.com; 401-616-2000

Optimal ICD Coding.

Level Introductory
Track: Clinical
Target Audience: Finance Directors, clinicians and billing staff

Take this crash course in ICD coding to understand the pragmatic application of ICD coding to clearly convey medical necessity as well as the appropriate mix of chronic versus acute, symptomatic versus screening, etc. Focused on providers taking charge of this important process learn of industry tools and AHA coding guidelines which demystify this vexing process. Providers and billers together learn why theirs must be a symbiotic versus combative relationship.

Upon completing this session, the participants will be able to:

1. Understand History of ICD coding & need for specificity in code selection.
2. Explain the logic and necessity of ranking and linking ICD codes.
3. Understand V Codes and reason for visit coding.

Duration: 1.5 hours

Presenter(s): **Ray Jorgensen, MS, CPC, CHBME;** Partner, PMG Inc., Pawtucket, RI
www.chcbilling.com; 401-616-2000

CEO… Top 10 Questions.

Level: Introductory to Intermediate
Track: Administrative and Finance
Target Audience: Board of Directors, CEO, Executive Directors and Finance Directors

Too burdened with BOD, grant requests, and senior management hiring issues to learn whether you are leading a fiscal champion or drain? In one session, learn the key questions to ask and benchmarks to which staff should perform. Become suddenly insightful and knowledgeable in an arena most non-financial C level staff dread.

Upon completing this session, the participants will be able to:

1. Understand key financial and billing criteria
2. Understand billing benchmarks and why they are important.
3. Analyze revenue cycle reports and how the organization measures itself.

Duration: 1.5 hours

Presenter(s): **Ray Jorgensen, MS, CPC, CHBME;** Partner, PMG Inc., Pawtucket, RI
www.chcbilling.com; 401-616-2000

3rd Party Payer Negotiations.

Level: Introductory to Intermediate
Track: Administrative and Finance
Target Audience: Board of Directors, CEO, Executive Directors and Finance Directors

Third party payer contracts too vexing to engage? Not certain what you can ask for or when? Suffering along with fees and contractual commitments negotiated years before you were hired? Learn what and when to negotiate with payers as well as common pitfalls and discriminatory practices targeting non-profit health care providers who manage large Medicaid populations. In one session, gain a wealth of potentially optimizing negotiation options.

Upon completing this session, the participants will be able to:

1. Understand basic third party contracts and language contained therein
2. Locate danger areas and other "What to Watch for" items.
3. Discuss various negotiation options and methods

Duration: 1.5 hours

Presenter(s): **Ray Jorgensen, MS, CPC, CHBME;** Partner, PMG Inc., Pawtucket, RI
www.chcbilling.com; 401-616-2000

Understanding E & M Coding.

Level Introductory to Intermediate
Track: Clinical
Target Audience: Finance Directors, clinicians and billing staff

Participants in this session will finally understand the most common code set in the entire CPT book. Evaluation and Management (E&M) coding is used by CHC providers daily and yet is not well understood. As important is the relation to reimbursement especially when managed care organizations are increasing market share. Why is medical necessity important? Is there a direct relationship between the E & M and diagnosis code? Attend this session to clear away any ambiguity from the coding process, understand documentation guidelines and make coding decisions with confidence.

Upon completing this session, the participants will be able to:

1. Understand the most common E & M codes and levels
2. Recognize the strengths and weaknesses of documenting time
3. Understand out-patient and in-patient coding algorithms

Duration: 4.5 hours

Presenter(s): **Ray Jorgensen, MS, CPC, CHBME;** Partner, PMG Inc., Pawtucket, RI
www.chcbilling.com; 401-616-2000

You are the (E & M Coding) Auditor

Level Introductory to Intermediate
Track: Clinical
Target Audience: Finance Directors, clinicians and billing staff

The E & M Code Auditing course will finally answer your documentation questions. Was this visit a level 3 or 4? Is this really a consult or just a visit? What need to be in the record to ensure the code chosen is substantiated? Understanding what an auditor is looking for will enable the provider to finally have confidence in their E & M documentation. Providers and billers together learn why coding and documentation are important to the organization.

Upon completing this session, the participants will be able to:

1. Understand basic documentation principles and requirements
2. Describe the differences between new and established patient visits.
3. Understand when to use the Modifier 25 correctly

Duration: 4 hours

Presenter(s): **Ray Jorgensen, MS, CPC, CHBME;** Partner, PMG Inc., Pawtucket, RI
www.chcbilling.com; 401-616-2000