Optimize your FQHC revenue cycle process

Reviewing these 5 areas can lead to significant improvements in your bottom line!



What is your denial rate and how do you measure it? Is there a trend of partial or full payment denial from specific payers or for particular services? How many claims have been submitted multiple times? How are rejected claims handled?



Reducing denials will improve your AR. Ensure your provider credentialing is accurate. Implement a robust claims review process to ensure claims are correct before submitting. When a rejection occurs, take time to investigate why before resubmitting, and brief everyone to avoid re-occurrence.

Employ billers & coders with FQHC experience, as they will know how to maximize the unique financial benefits available. Implement a training program that ensures staff remain current and encourages cross-skilling.



Is your billing team experienced in both FQHC and FFS billing? How do they stay updated with industry changes?





Are your systems scalable? Is it easy to make changes in-house? Are processes documented and adhered to? How much of your current process is (or can be) automated & done electronically?



Make sure your systems are flexible, nimble, and can handle ever-increasing volumes. Automate as much as possible, to reduce human error and processing delays.

Many providers are under-contracted. Engage a consultant like ACE to review and assist when you negotiate or renegotiate your contracts, to ensure that you receive the best possible reimbursement rates.



Are you receiving your maximum contracted rates? When was the last time you had a contract review?





Are you able to quickly access reports and track metrics? Are your metrics within or better than industry standards?



Implement systems that can provide accurate and timely reporting, and that will enable you to quickly identify and resolve any potential process issues. Make sure that your billing team understands and is aligned with your target KPIs.



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