

Presenter: Chris Tyhurst

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Where: Tuscan Suites, Las Vegas, NV

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To Register: [Visit the Falmouth Institute website](#)

MAXIMIZING REVENUE AT YOUR TRIBAL HEALTH FACILITY

The capability to effectively bill and collect on claims to Medicare, Medicaid and other third-party payors depends heavily on the management of your healthcare facility's revenue cycle. The revenue cycle is one of the most important business processes in a healthcare facility, and includes many critical functions such as appointment taking, patient registration, coding, charge capture, billing, denial follow-up, accounts receivable management, collections and cash receipts processing. Maintaining a revenue cycle with sound and efficient processes can significantly increase revenue and improve cash flow.

During this seminar, participants will learn:

- Some of the basic terminology and unique characteristics of the healthcare industry
- How various types of healthcare facilities bill for their services
- The importance of sound financial management at tribal health facilities
- The impact of the revenue cycle on their tribal health facility's bottom line
- Common breakdowns in the revenue cycle that lead to lost revenue
- Why it is so important to have sound revenue cycle processes
- Steps that their tribal health facility can take to improve processes and maximize revenue

This presentation will focus on the process improvements at tribal healthcare facilities that can lead to increased billings and collection on claims submitted to Medicare, Medicaid and other third-party payors. Participants will be given a number of tools and techniques that they can easily take back and implement at their healthcare facilities that will have an immediate impact on their third party revenues and cash flow.

Some of the specific revenue cycle process improvements that will be discussed will include:

- The importance of gathering complete and accurate patient demographic and insurance information at check-in.
- Processes for monitoring demographic information error rates and their impact on denied claims.
- The importance of reviewing provider notes and coding to improve accuracy and charge capture.
- The impact of untimely coding, charge capture and billing on third-party collections.
- Best practices for follow-up on denied or unpaid claims.
- The importance of accounts receivable management and how to estimate contractual and bad debt allowances.
- Ways to ensure that all eligible patients are enrolled in appropriate insurance programs so the healthcare facility can bill for the services provided.
- Important internal controls over cash receipts processing to prevent loss and theft.