

Lana'i Community Health Center (LCHC), located on the Hawaiian island of Lana'i, serves a target population living at or below 200% of the federal poverty level, as well as those who are uninsured or under insured. The practice is a non-profit organization dedicated to serving the community regardless of their ability to pay for services. LCHC was awarded Federally Qualified Health Center (FQHC) 330e status in 2007, and has provided primary care, behavioral health, dental, vision, and other clinical services since 2008.



E Ola nō Lana'i
LIFE, HEALTH, and WELL-BEING FOR LĀNA'I

Lāna'i Community Health Center

"RCM360 provides results. They meet with us regularly and are responsive to our ever-changing needs, providing us with detailed reports and helping us learn the process. They really are an extension of our team."

- Cindy Figuerres,
Associate Executive Director

The Situation

It is essential for non-profit health care providers to be vigilant when it comes to revenue cycle management. This includes accurately processing claims and appropriately managing denials. This is especially true when it comes to FQHCs, who must remain current and compliant with their state's Medicaid rules. If not properly monitored, the practice risks data entry, coding and claims submission errors, which delay reimbursement for services. This negatively impacts the bottom line. Their community depends on them for critical medical care, so the financial health of FQHCs is of the utmost importance.

The Challenge

Like many non-profits and community health centers, Lana'i Community Health Center (LCHC) outsources functions, such as billing, that they lack the staff and resources to perform in-house. It is critical for the success of these organizations to choose partners who are aligned with their goals, and who will work in close coordination with key stakeholders to ensure progress. This is especially important when it comes to billing.

After working with a medical billing company for a period of time, LCHC found themselves in a challenging situation. The team was disappointed with the firm's lack of communications and response times and felt little control over access to important financial data. The practice was also experiencing an increase in rejected and denied claims. They needed more sophisticated billing workflows, better communication, and a partner that was dedicated to helping them implement best practices that lead to increased revenue.

LCHC chose RCM360 to be that partner. They felt RCM360 was willing to do the necessary work to reach their goals, while guiding their leadership team with detailed reports and data to help make the right decisions to increase revenue.

How RCM360 Helped

The RCM360 team is comprised of medical coding and billing experts, holding both the practical experience of medical billing and knowledge of LCHC's eClinicalWorks® EHR and Practice Management software.





About RCM360

RCM360 is a team of eClinicalWorks billing and optimization specialists with over 100 collective years of experience helping practices with their revenue cycle management needs. We've worked with countless provider groups, and have seen firsthand the challenges they face with their billing and collections. That experience has allowed us to develop a solution for just about any problem – solutions which routinely result in increased cash flow, reduction in rejected claims, payment of old claims.

Once the RCM360 team accessed eClinicalWorks, they uncovered a variety of issues that were impacting claims reimbursement:

- Revenue codes were being improperly filed
- HSMA carriers were not paying claims on a regular basis due to credentialing issues
- One of their Medicare Advantage Plans did not have them credentialed as an FQHC
- They were missing out on payments due to not billing mental and medical visits on the same day

With the problems now identified, the team went to work to create solutions. RCM360 reconfigured their eClinicalWorks workflow to allow for claims to be processed correctly, addressed credentialing issues and implemented new processes designed to reduce errors. Frequent and ongoing communications has also been critical to the success of the project. The RCM360 team offers full transparency and quick response times. They operate as an extension of the internal LCHC team. Today LCHC is receiving comprehensive performance reports on a regular basis providing the insights they need to make informed decisions.

The Results

LCHC has gained control of their finances while doubling revenue and decreasing denials. Their primary goals entering into the relationship were to clean up claims, decrease days in AR, increase patient encounters, and increase collections. RCM360 embraced these goals, and to-date, have enabled LCHC to accomplish the following:

- Net Collection Rate: Increased 10%
- Charges: Increased 40%
- Payments: Increased 41%
- Days in AR: Reduced 22%
- Encounters without Claims: Reduced 83%
- Insurance AR percentage over 120 days: Reduced 10%

In addition to these successes, LCHC also has a more productive and efficient workflow in place to properly manage the billing and claims process. Finally, the practice is benefiting from a transparent and open relationship which results in the information and reporting they need to truly understand their financial situation.

