

Federally Qualified Health Centers

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Federally Qualified Health Centers (FQHCs) are increasingly becoming an integral component of healthcare delivery within the U.S. With greater patient accessibility offered through the Affordable Care Act and Medicaid expansion (in many states), FQHCs deliver critical services across the healthcare spectrum to more and more patients every year. Unlike traditional outpatient facilities, these non-profit organizations are tasked with providing complex services regardless of a patient's ability to pay. Because FQHCs operate with limited budgets, it is essential that every billable dollar is collected. Unfortunately, this doesn't always happen because of credentialing related denials – the good news is that this problem is preventable.

Costly Credentialing Mistakes

For many reasons, high provider turnover is common in the FQHC space. Given the expanding populations that these facilities serve, and the areas in which they're located, there is an added urgency to onboard new providers as quickly as possible to ensure that there is no disruption in service. Because the credentialing process can often be a lengthy one, especially in the FQHC environment which requires linking all billable providers to government and commercial plans alike, credentialing, and provider enrollment specifically, is often given a lower priority status within a facility's revenue cycle. In order to satisfy increasing demand and sustain desired patient through-put, it is not uncommon for FQHC providers to serve their patients with the unfortunate knowledge that they won't be getting paid.

Given the high mission status of providing their communities with guaranteed healthcare access with very limited financial resources, FQHCs cannot afford to write off an otherwise valid encounter. When they do, the revenue challenges for these facilities become significantly amplified. In addition to hurting their bottom line, FQHCs are also placing a greater burden on those in the community who provide them with financial assistance through charitable contributions as a means to sustain their mission and make up for any revenue shortfalls.

Experienced Staff Helps Recoup Lost Revenue

Like all healthcare providers, there are different situations and levels of credentialing required for FQHCs. Nurse practitioners need to be connected to their payers, participating physicians must be credentialed with all FQHC locations at which they practice, and CAQH attestations need to occur every 120 days (for many payers). Given the complexity of the credentialing and provider enrollment life cycle, relying on manual methods such as manila folders, paper, Excel spreadsheets, and faxing has proven to be an inefficient way to effectively manage these processes. This is especially true for FQHCs with multiple site locations as providers may only be credentialed with some of the locations yet practicing at all of them.

Partnering with an expert credentialing and provider enrollment vendor, like Newport Credentialing Solutions, can significantly reduce the costs of implementing a quality credentialing process while substantially improving revenue by reducing credentialing related denials.

According to a Newport FQHC client, “When credentialing and enrollment are not managed properly, lost revenue is quick to follow. As we learned the hard way, experience matters. Newport’s staff has in-depth knowledge of the credentialing and enrollment processes and has established relationships and good rapport with the payers. This means they know who to call when follow-up is needed which has helped us to recoup significant lost revenue.”

The Newport Difference

A key differentiator when working with Newport is the level of operational and performance visibility that Newport provides. When new providers are on-boarded and need to be credentialed, it can be difficult to track the status of all providers. Newport’s approach to this problem is to offer cloud-based automation and reporting tools which empower facilities to access on-demand information about each provider, location, and payer within their credentialing life cycle. Additionally, Newport’s revenue enhancement tools give facilities a unique ability to measure the at-risk revenue of their outstanding enrollments. Understanding the revenue impact associated with credentialing will help FQHCs make better organizational decisions that foster greater revenue potential.

In the FQHC industry every penny counts. Don’t overlook the importance of having a good credentialing and enrollment process. Take the time to assess where things stand; you may be surprised at just how much money you are leaving on the table - and how much smaller of an investment is required to get it back.

Key Benefits:

- Highly experienced staff
- More efficient, automated processes
- Exceptional tracking and reporting