

PUBLIC HOSPITAL REVENUE MANAGEMENT SERVICES

For more than two decades, Public Consulting Group (PCG) has been helping public hospitals around the country improve operational efficiency and cash-flow with a broad array of consulting services.



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PCG has helped numerous public hospitals achieve their revenue goals, including:

- **Enhanced revenue.** PCG recently helped one state's state-operated clinics increase annual revenue by 71 percent – from \$7 million to over \$12 million – through improved technology, outsourced revenue operations, and revenue cycle consulting.
- **Improved compliance with federal and state regulations.** PCG has helped state agencies with operated facilities favorably respond to findings from unexpected federal and state audits and whistleblower complaints. Engagements can be case-specific or may lead to long-term compliance support.
- **Revenue Generation.** PCG has deep expertise with Medicare & Medicaid policy and regulation, billing and claiming, and cost accounting functions. We've helped public, state-operated hospitals in North Carolina to generate more than \$200 million in additional non-state funds (Medicare, Medicaid, DSH and Commercial Insurance) in the last 10 years and continue to provide \$7 to \$10 million annually for these providers.

PCG has deep expertise in assisting public hospitals with all phases of the revenue cycle, specializing in both ongoing, outsourced operations and shorter-term financial management consulting projects:

OUTSOURCED REVENUE MANAGEMENT*

PCG has over 20 years of experience performing outsourced revenue management operations for public hospital clients, beginning in 1986 with cost accounting, rate setting and strategic planning services for Springfield Municipal Hospital, Springfield, MA. PCG's array of outsourced services includes:

- **Revenue Operations** – to staff and manage the daily financial and reimbursement operations of health care facilities including hospitals, clinics, and community based programs. Services include all aspects of claiming, collections, operational management and results reporting.
- **Accounts Receivable Management** – to identify methods of increasing reimbursement and overall performance of accounts receivables through enhanced billing and collection processes and improved identification of Medicaid, Medicare, and commercial insurance.
- **Compliance Program Development and Review** – to ensure third party billings and cost reporting methods comply with third party payer requirements and Federal regulations and provide adequate documentation to successfully pass a federal, state or other third party payer audit.
- **Medicare Part D Claiming and Recovery** – to help hospitals prepare and submit claims to liable Medicare Part D plans and generate additional Medicare Part D revenue.

*These services can also be performed as consulting engagements.

CONSULTING:

PCG specializes in limited duration consulting engagements that help public hospitals increase revenue and improve compliance. Our services include:

- **Revenue Cycle Review** – to identify inefficiencies of all segments of the revenue cycle and improve overall performance through sound operational techniques, organizational redesign, and improved use of technologies which collectively can reduce administrative effort and improve fiscal performance.
- **Chargemaster Review** – to ensure that all provided services are identified, HCPCS/CPT coding is up-to-date, assess appropriateness of modifiers, and ensure that services are priced appropriately to maximize reimbursement.
- **Compliance Program Reviews** – to assess existing organizational efforts designed to meet federal, state, and other third party regulations regarding the quality of medical record documentation and processes deployed to prevent potential fraudulent and abusive practices.
- **Medicaid/Medicare Cost Report Preparation and Enhancement** – to determine ways to both retroactively and prospectively increase Medicaid and Medicare revenue through cost report adjustments.
- **Disproportionate Share Hospital (DSH) Payment Review and Enhancement** – to determine ways to both retroactively and prospectively increase available DSH dollars within existing allocation methodologies and with state specific limits.
- **Upper Payment Limit (UPL) Review and Enhancement** – to determine whether new calculation methods could increase Medicaid claiming.
- **Provider Tax Assessment and Enhancement** – to generate additional Federal Medicaid reimbursement through the use of provider tax assessments to fund the State share.
- **Feasibility Studies** – to strategically assess departments or services, including the evaluation of new programs and the closure of existing programs.

Contact PCG to learn more about how our services and expertise can improve your hospital's revenue generating activities.