

Committee B – Revenue Cycle / PFS

Committee B shall be responsible for developing educational programs necessary to provide members with current information on developments in federal, state and private reimbursement, patient financial services, practice management, patient access, managed care and any other healthcare reimbursement issues.

Committee B is responsible for:

- Developing appropriate meeting or workshop programs related to government and other third party reimbursement issues, including various payment methodologies, payor/provider relations, and opportunities for ensuring that reimbursement streams are accurately and appropriately captured and collected.
- Developing programs on managed healthcare topics, such as contracting, authorization and referral management and managing capitated payment arrangements.
- Developing programs on patient financial services, including all aspects of the billing and collection process.
- Developing programs on patient access, including processes to reduce claims denials.
- Creating appropriate meeting or workshop programs related to medical group management, group practice development, medical staff relationships, physician relations with other providers and payors, home health care, infusion therapy, DME and all related issues.
- Encouraging new members from all sectors of the healthcare system, including managed care organizations, home health and long-term care.
- Educating the membership on the current issues with electronic reporting requirements and any new UB04 and HCFA 1500 requirements.
- Coordinating a reimbursement forum at each quarterly meeting.
- Cultivating liaison with AAHAM.
- Writing articles on these topics for the Chapter newsletter.
- Educating Chapter members on current or emerging legal issues in the area and reporting such issues in the chapter newsletter.
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- Providing speaker information to the Program Chair at least ten weeks prior to educational session.
- Communicating effectively between LCC meetings in order to complete council business.