

CASE STUDY

Maximizing FQHC Revenue through **Full-Service RCM Outsourcing**

69%

**Increase in
Receipts/Visit
(\$127 → \$215)**

\$18M

**Incremental Revenue
over 6 Years**

99%

**Collection Rate
Achieved**

Overview

CPa Medical Billing (CPaMB), a GeBBS Healthcare company, partnered with a midsize FQHC that averaged 50–60K patient encounters annually. The client's internal RCM team lacked the specialized capacity and expertise required to navigate complex FQHC Medicaid billing rules, resulting in millions of dollars in underpaid or rejected claims. In response, the FQHC engaged CPaMB to fully outsource its Medicaid billing, optimize workflows, and reclaim lost revenue.

Opportunities & Challenges

- **Complex FQHC Medicaid rate structures and changing regulatory requirements led to frequent denials and underpayments.**
- **Internal staff had limited FQHC-specific billing knowledge, resulting in manual errors and delayed follow-up.**
- **Elevated Medicaid A/R days strained cash flow and limited working capital.**
- **Lack of real-time reporting made it difficult to pinpoint root causes of revenue leakage.**
- **Absence of a formal quality-governance forum prevented continuous process improvement.**

Solutions

CPaMB implemented a structured, two-phase approach:

1. Assessment & Planning

- Deployed a proprietary analytics tool to identify and quantify root causes of denials and underpayments.
- Conducted detailed process mapping of existing charge-capture, coding, and claim-submission workflows.
- Designed a robust planning methodology aligning FQHC coding practices with Medicaid regulations.
- Established a weekly quality-governance forum—providing educational feedback to client staff and tracking ongoing performance.

2. Full-Service RCM Outsourcing

- Transitioned all Medicaid claims processing, billing follow-up, and appeal management to CPaMB's onshore/offshore team of certified specialists.
- Implemented real-time dashboards monitoring key metrics (receipts per visit, A/R days, denial rates).
- Instituted continuous training cycles and performance audits to reinforce best practices.
- Maintained weekly governance forums to review progress, share insights, and refine workflows as needed.

Results

| Year | Visits | Receipts (\$) | Receipts/Visit (\$) | \$ Increase/Visit | Annual Incremental (\$) |
|------|--------|---------------|---------------------|-------------------|-------------------------|
| 2017 | 42,922 | 5,459,362 | 127.19 | Pre-CPaMB | — |
| 2018 | 43,462 | 6,362,832 | 146.40 | 19.21 | 834,785.98 |
| 2019 | 46,942 | 8,810,065 | 187.68 | 60.49 | 2,839,388.63 |
| 2020 | 55,909 | 10,088,691 | 180.45 | 53.26 | 2,977,478.33 |
| 2021 | 61,770 | 11,276,839 | 182.56 | 55.37 | 3,420,150.34 |
| 2022 | 73,241 | 13,165,237 | 179.75 | 52.56 | 3,849,521.70 |
| 2023 | 57,173 | 12,308,662 | 215.29 | 68.89 | 3,938,541.11 |
| | | | | Total | 17,859,866.10 |

- \$20 increase per visit after 1 year
- \$70 increase per visit after 6 years

Conclusion

By fully outsourcing Medicaid billing and embedding continuous governance, CPaMB enabled the FQHC to boost receipts per encounter by roughly 69% (from \$127 → \$215) and generate \$17.86M in incremental revenue over six years. Medicaid A/R days fell dramatically, cash flow strengthened, and a 99% collection rate was achieved—validating CPaMB as a strategic RCM partner for complex FQHC billing needs.