



# SYNERGY BILLING

## Maximizing Incentive Money for Value-Based Care in FQHCs

Driving Organizational Success through Strategic Value-Based Care Participation



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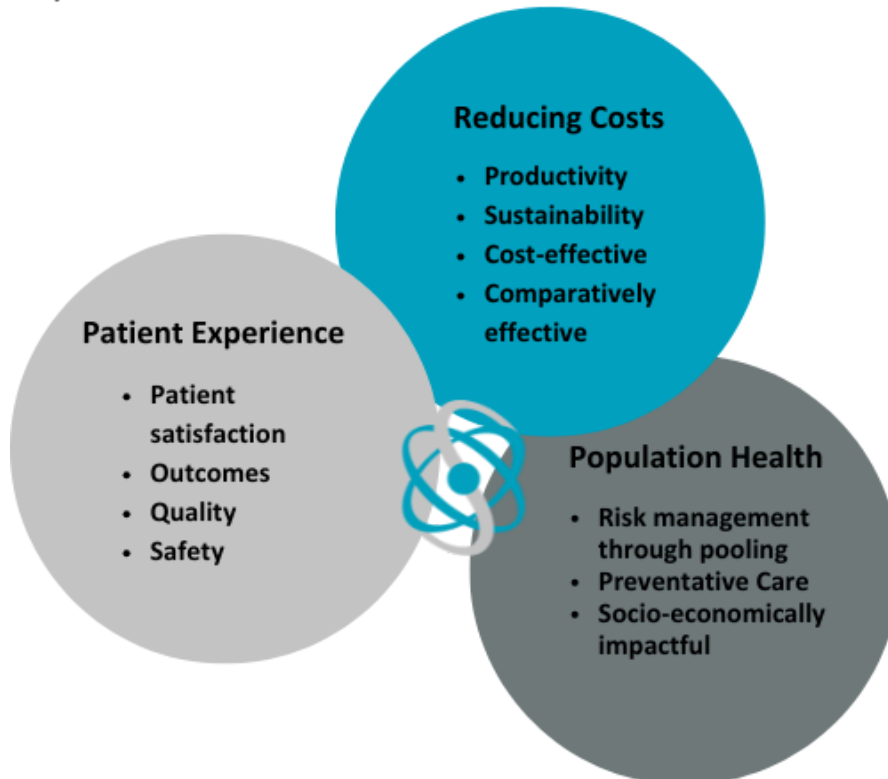
# Introduction

As the healthcare industry shifts from volume-based to value-based care (VBC), Federally Qualified Health Centers (FQHCs) are uniquely positioned to excel due to their mission-driven focus on quality care for underserved populations. However, participating in VBC models comes with challenges—ranging from data management to payer alignment—that FQHCs must overcome to unlock the full financial potential of these programs.

This whitepaper outlines actionable strategies, emphasizes the role of data and technology, and provides a roadmap to help FQHCs maximize incentive payments, ensuring sustainability and expanded access to care.

## Value-Based Healthcare

Key Element of Value-Based Healthcare



Section 1: Understanding Value-Based Care Models and Incentives

1. Key Value-Based Care Models Relevant to FQHCs

Value-based care models incentivize providers to deliver high-quality, cost-effective care. Models particularly relevant to FQHCs include:

- Medicaid Managed Care Incentives: Rewarding health centers for achieving quality outcomes and reducing avoidable costs.
- Medicare ACOs: Offering shared savings to FQHCs that improve care coordination and reduce costs for Medicare beneficiaries.
- Alternative Payment Models (APMs): Such as CPC+ or PCMH, which provide bonuses for meeting patient engagement and quality goals.

2. The Role of Incentives in VBC

Incentives are tied to:

- Meeting benchmarks like HEDIS measures or UDS metrics.
- Reducing avoidable hospitalizations and emergency room visits.
- Achieving patient satisfaction and engagement goals.

3. Challenges in Capturing Incentives

FQHCs often face hurdles such as:

- Limited access to real-time data.
- Resource constraints in care coordination and patient follow-up.
- Complexity of payer-specific incentive structures.

| VBC Model             | Incentives                          | Challenges                     |
|-----------------------|-------------------------------------|--------------------------------|
| Medicaid Managed Care | Quality and cost-efficiency bonuses | Complex payer requirements     |
| Medicare ACO          | Shared savings for cost reduction   | Data sharing across providers  |
| APM (e.g., PCMH)      | Bonuses tied to patient engagement  | Adherence to quality standards |

Table: Comparison of Key VBC Models – A structured and styled table detailing incentives and challenges for Medicaid Managed Care, Medicare ACOs, and APMs.

## **Section 2: Strategies for Unlocking Full Incentive Potential**

### **1. Engaging Leadership and Staff in the VBC Vision**

- Leadership Commitment: Establish VBC as a strategic priority.
- Staff Training: Educate staff on their roles in achieving VBC goals.
- Culture of Accountability: Align performance incentives with staff compensation and recognition programs.

### **2. Enhancing Care Delivery**

- Population Health Management: Stratify patients by risk and proactively address chronic diseases and preventive care gaps.
- Care Coordination: Integrate workflows to manage transitions of care and follow-ups effectively.
- Patient-Centered Care: Improve outcomes through patient engagement, education, and shared decision-making.

### **3. Leveraging Partnerships**

- Collaborate with Payers: Understand requirements for earning incentives and optimize reporting workflows.
- Engage Community Resources: Address SDOH through partnerships with housing, food security, and transportation services.
- Learn from Peers: Join VBC learning collaboratives to exchange insights.

## Section 3: Leveraging Data and Technology to Maximize Incentives

### 1. Building a Data-Driven FQHC

- Invest in robust electronic health record (EHR) systems.
- Ensure data accuracy and completeness to improve payer reporting.

### 2. Analytics to Identify Opportunities

- Use dashboards to monitor quality metrics.
- Analyze high-cost utilizers to implement targeted care management.

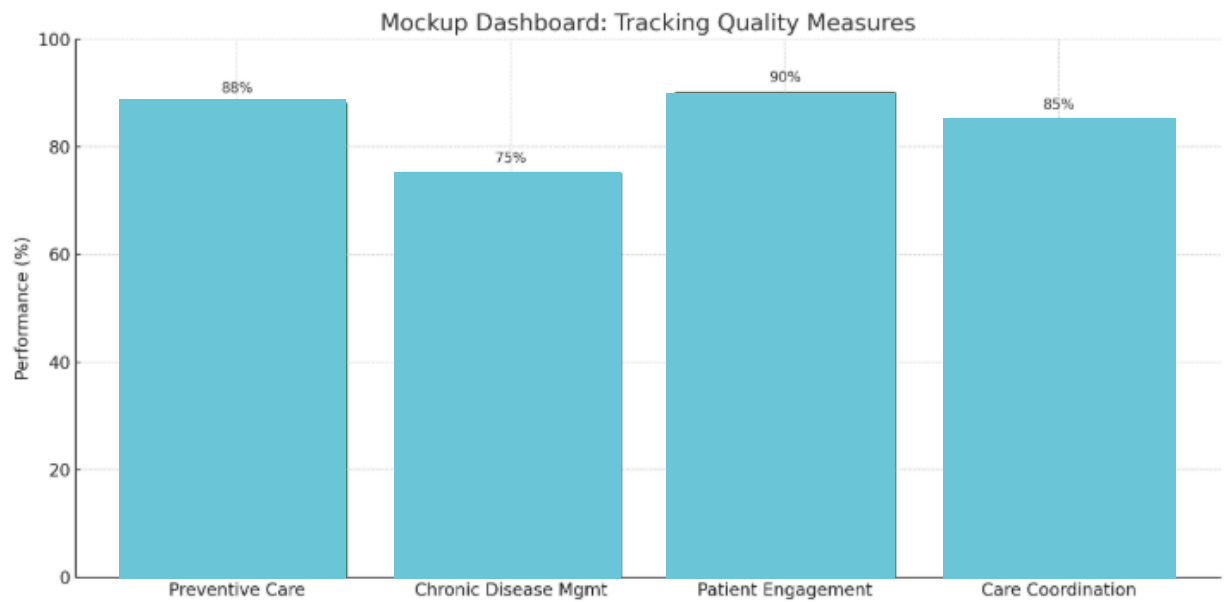
### 3. Technology Tools

- Implement telehealth to improve access for hard-to-reach populations.
- Use patient portals for engagement and appointment reminders.
- Adopt health information exchanges (HIEs) to share data across care settings.

### 4. Example

An FQHC improved its UDS scores and earned additional incentives by investing in care management software that targeted diabetic patients with preventive care and education.

Dashboard Example:  
Tracking Quality Measures – A bar chart mockup representing performance tracking across quality metrics such as preventive care, chronic disease management, and patient engagement.



## Section 4: Financial and Operational Considerations

### 1. Budgeting for VBC Success

- Prioritize spending on technology, training, and infrastructure.
- Align provider compensation with performance outcomes.

### 2. Optimizing Reporting

- Submit clean claims by avoiding errors related to CARC and RARC codes.
- Track quality measures in real time to address gaps proactively.

### 3. Mitigating Risks

- Identify and address potential underperformance in shared savings models.
- Create contingency plans for unexpected costs.

Workflow for VBC Participation: From Quality Benchmarks to Incentive Payouts

5. Earn Incentive Payments

4. Submit Data to Payers

3. Track Performance Metrics

2. Optimize Care Delivery

1. Identify Quality Benchmarks

## Section 5: Action Plan for FQHCs

### 1. Checklist for Success

- Assess current readiness for VBC participation.
- Develop workflows to address payer-specific requirements.

### 2. Roadmap

- Short-term Goals: Build internal capacity for VBC participation, including staff training and technology upgrades.
- Long-term Goals: Sustain improvements in outcomes and optimize care delivery processes.

### 3. Looking Ahead

Stay informed about policy changes and emerging trends, such as expanding telehealth incentives or the integration of behavioral health metrics into VBC.



### Conclusion

Unlocking the full potential of value-based care (VBC) incentives requires a multifaceted approach that includes understanding specific metrics, optimizing care coordination, engaging staff, leveraging community resources, and diligently tracking progress. However, one often-overlooked yet critical factor in achieving success is ensuring that billing processes are efficient, accurate, and aligned with VBC goals. This is where outsourcing billing to a third-party revenue cycle management (RCM) company can provide significant advantages.

For Federally Qualified Health Centers (FQHCs), outsourcing billing to a trusted RCM partner offers expertise in navigating complex billing requirements and optimizing reimbursements. These companies bring specialized knowledge of payer policies, claim submission, and error resolution, which are essential in value-based care environments. By leveraging their expertise, FQHCs can reduce claim denials, accelerate payments, and improve overall financial performance—allowing your organization to focus more on patient care and community health initiatives. RCM companies also provide access to advanced billing technology and analytics tools that many FQHCs might find cost-prohibitive to implement in-house. These tools improve visibility into financial metrics, facilitate real-time tracking of key performance indicators, and support data-driven decision-making—all crucial elements for success in value-based care models. Furthermore, outsourcing can help your FQHC stay compliant with ever-changing regulations and payer requirements, mitigating the risk of costly errors or audits.

Beyond financial benefits, outsourcing to an RCM partner alleviates administrative burdens on your internal staff, fostering better employee engagement and reducing burnout. This shift enables your team to dedicate their energy to improving care delivery and patient outcomes, which aligns perfectly with the goals of value-based care.

In this evolving healthcare landscape, outsourcing billing to a third-party RCM company positions your FQHC to thrive by enhancing operational efficiency, improving cash flow, and ensuring sustainable growth. With the right RCM partner, your organization can unlock new opportunities to advance health equity while achieving financial and operational excellence. It's an investment in the future of your FQHC—and the communities you serve.

## The Synergy Billing Solution

Synergy Billing specializes in serving FQHCs, providing tailored RCM solutions that transform billing activities into clear, positive outcomes. By leveraging our expertise, technology, and dedicated focus, we help FQHCs overcome their billing challenges.

Synergy Billing's expertise and dedicated focus on FQHCs ensure that the noise of billing activities is eliminated, allowing for clear, measurable, and positive outcomes.

Outsourcing billing operations to a trusted RCM company like Synergy Billing can transform the financial landscape of your community health center, allowing you focus on their core mission of providing high-quality healthcare to underserved communities.

For more information on how Synergy Billing can help your FQHC achieve these outcomes, contact us today 386.679.4709 or visit [www.synergybilling.com](http://www.synergybilling.com).

Additional VBC resources are available here: <https://synergybilling.com/news/insights>



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