Fundamentals of Healthcare Revenue Cycle Management

A comprehensive online course to help you make informed business decisions for improved financial outcomes in the healthcare sector.

Knwbility

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Fundamentals of Healthcare Revenue Cycle Management

Course Introduction

Fundamentals of Healthcare Revenue Cycle Management is an online course to help you understand the basics of healthcare RCM. It navigates the learner from "What is RCM to Healthcare RCM, global trends and best practice to regional insights and the scope of CDI (Clinical Documentation Improvement) in RCM.

This course provides a complete overview of different departments or units of RCM and the RCM process flow from patient registration to end billing. This modular course covers RCM learning from an international perspective and is not confined to any one country standards. We have included various roles of RCM in our course; that serve as a source of knowledge and also helps you identify a suitable RCM model for improved revenues and financial outcomes.

This course will benefit

Healthcare professionals keen to understand the Revenue Cycle Management; including but not limited to:

– Physicians

– Nurses, allied health professionals

– Administrative and billing professionals

– Managers, team leaders, supervisors and heads from insurance and coding departments

– Senior executives who are keen to gain a macro-overview and understanding of RCM function
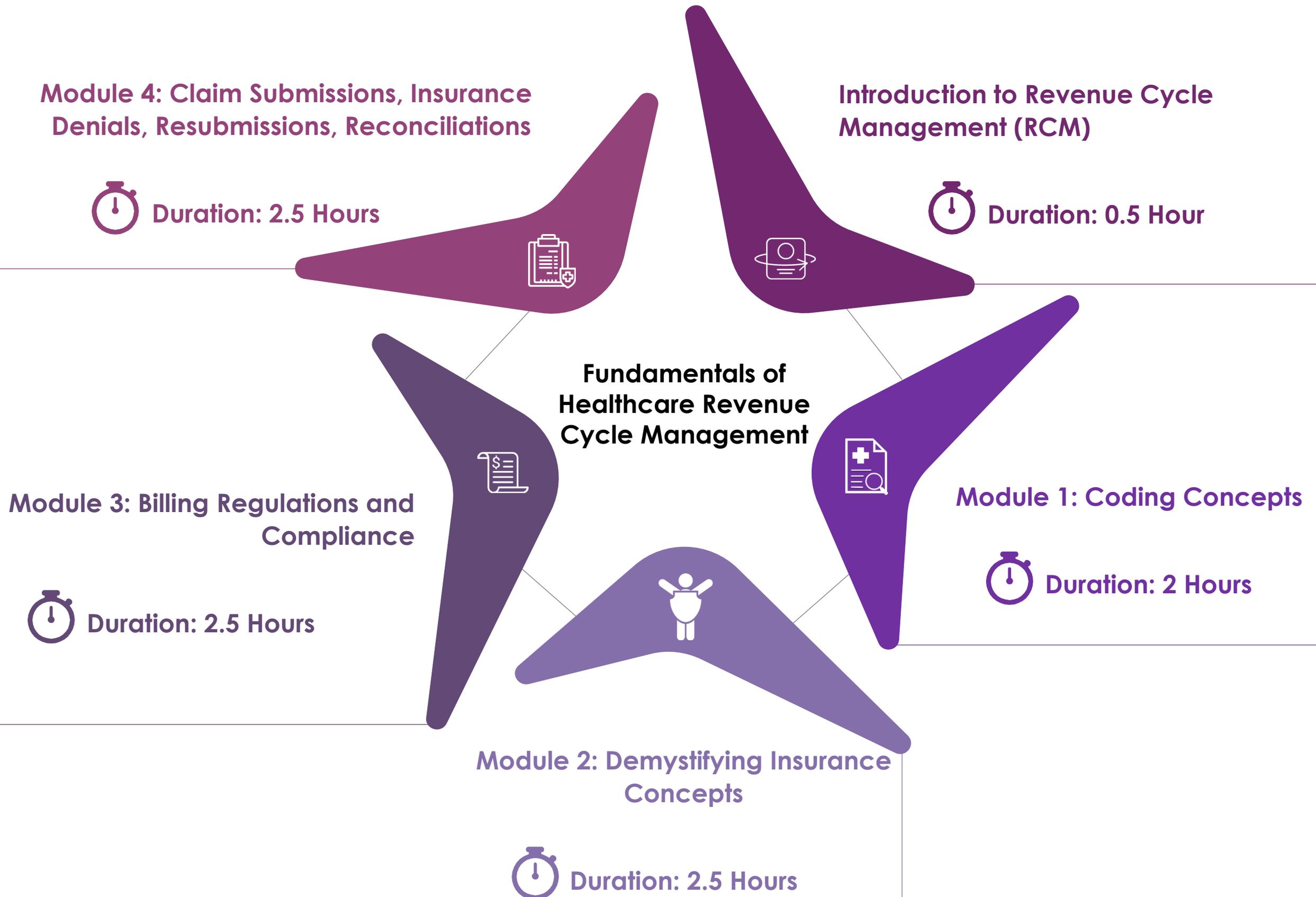
Course Objectives

By the end of the entire course; you will be able to:

– Comprehend different versions of codes available in any RCM practice and recognise the differences in various versions of coding in respect to the country's Healthcare Billing System.

– Gain 360 degrees understanding of RCM concepts and principles ranging from coding to insurance protocols to billing regulations and compliance; in addition to claim submissions, insurance denials, and reconciliations.

– Become aware of Revenue Cycle Management (RCM) concepts to maximize the billing potential leading to increased revenues and improved financial results.

Fundamentals of Healthcare Revenue Cycle Management At A Glance

Module 4: Claim Submissions, Insurance Denials, Resubmissions, Reconciliations

Duration: 2.5 Hours

Introduction to Revenue Cycle Management (RCM)

Duration: 0.5 Hour

Fundamentals of Healthcare Revenue Cycle Management

Module 3: Billing Regulations and Compliance

Duration: 2.5 Hours

Module 1: Coding Concepts

Duration: 2 Hours

Module 2: Demystifying Insurance Concepts

Duration: 2.5 Hours

Course Summary

Introduction to Revenue Cycle Management (RCM)

– General RCM cycle with key functions of departments
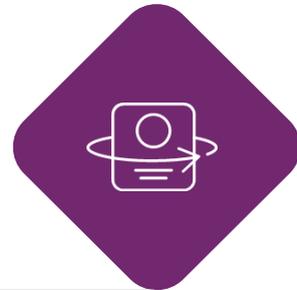
Module 1 – Coding Concepts

– Different versions of medical coding adopted by various countries will be discussed

Module 2 – Demystifying Insurance Concepts

– General insurance protocols are highlighted to enable participants have a sound knowledge about the basic insurance standards a country should follow. This module is explained using UAE Insurance protocols as a standard model.

Module 3 – Billing Regulations and Compliance

– Billing regulations along with compliance are explained which form the major part of the RCM cycle. This module highlights the U.S billing methods and compliance as the standards.

Module 4 – Claim Submissions, Insurance Denials, Resubmissions, Reconciliations

– The final step in RCM cycle after a claim generation. This module is explained with respect to Canadian standards.

After the successful completion of all modules, you will have in-depth knowledge of the general RCM stages and processes and its key functions in regard to international RCM workflow. The standards of various countries will educate you to have a strong idea of various models of international RCM practices.

Introduction to Revenue Cycle Management (RCM)

– Standards for global Revenue Cycle Management (RCM)

– What is Revenue Cycle Management?

– What is Healthcare Revenue Cycle?

– Healthcare revenue cycle-regional analysis

– RCM cycle

– Function of different departments

– Scope of Clinical Documentation in RCM

– US market dynamics of Revenue Cycle Management

– UAE market dynamics of Revenue Cycle Management

Introduction to Coding Concepts

MODULE 1

Module Overview

This module will take you through range of codes and coding considered the backbone in Revenue Cycle Management. Knowledge of coding will equip you to understand the insurance protocols effectively and the ways to apply it. You will also be made aware of the coding concepts of various countries like US, Australia, Germany, Canada and Sweden.

In addition; ICD 11, the latest version of WHO for diagnosis coding is also introduced to give you an understanding of the future coding trends.

Note: Dental coding as followed in the UAE will be explained. This is unique offering of dental coding as an example gives a distinct advantage to this course.

Module Objectives

– Introduce you to the range of codes; used to interpret various diseases and procedures in various countries.

– Educate on the different versions of coding.

Module Learning Outcomes

By the end of this module, you will be able to:

– Apply coding guidelines to a medical document

– Navigate a code for diagnosis, procedure, supplies

– Identify the right dental code

Module Outline

Introduction and history of medical coding

Medical record and it's components

Basics of medical coding

Different Versions in Medical Coding

– American Version of Coding
  – ICD 10 CM
    – What is ICD 10 CM purpose and its application
    – Structure of ICD 10 CM code
    – Locating the ICD code
    – Navigating ICD code
  – CPT Standard Codes
    – Locating a CPT code
    – Interpreting a CPT code
  – HCPCS (Healthcare Common Procedure Coding System)
  – ICD 10 PCS
  – DRG (Diagnosis Related Groups)

– ICD 10 AM Australian version of coding
  – What is AM coding?
  – Components of AM coding
    – ICD 10 AM
    – Australian Classification of Health Intervention (ACHI)
    – Australian Coding Standards (ACS)

German, Canadian, Sweden sets of coding

ICD 11

Dental Coding - USCLS and CDT
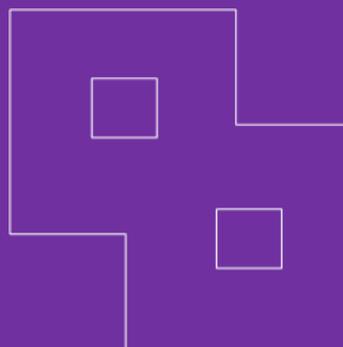
Demystifying Insurance Concepts

Module Overview

This module we will focus on the insurance protocols to educate you on applying coding concepts. Starting from the fundamentals of health insurance, the key parameters that govern the health insurance industry are explained with stimulating examples.

Though UAE framework has been adapted from the US standards, with time it has evolved to a greater extent making it as an organized regulation. Nevertheless, other GCC countries can use UAE standards to obtain their own regulations for Healthcare Revenue Cycle to optimize their own revenue flows. Therefore, in module 3, the standards and terminologies of general insurance protocols with samples of UAE insurance protocols are explained.

This module has sample of insurance cards, authorization/rejection forms used in the UAE to create awareness on the types of documents required in the healthcare system.

Module Objectives

To serve as a guide to understand the basic terminologies used in medical billing, steps involved in a claim cycle, and other processes and formalities to submit a claim.

Module Learning Outcomes

By the end of this module, you will be able to:

- Be proficient with the various insurance programs
- Have clarity about the terms used in the industry, understanding the insurance card.
- Know about the people and departments involved and importance of their roles.
- Guidelines for covered and non-covered services
- Steps involved in claim submission
- Identify and spot the difference between co-pay, co-Insurance and deductible

Module Outline

- Health insurance
- How does health Insurance system work?
- Understanding an insurance card – sample
- Understanding covered and non-covered services in an insurance plan
- Network categorization
- Approval limits of a card
- Deductibles/co-insurance calculations
- Prior authorization
- Authorization letter samples
- Rejection forms samples
- Insurance protocols – pharmacy
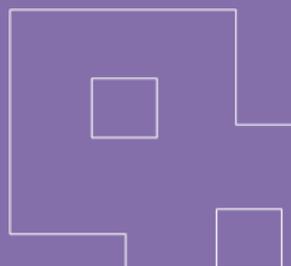
Billing Regulations and Compliance

Module Overview

In this module you will learn about the billing regulations and compliance rules that facilitates the smooth functioning of the health insurance industry. By understanding the rules and regulations, one would be aware of the proper billing and coding guidelines. You will learn about the billing and compliance regulations of US in detail as US is considered as a forerunner for the general RCM guidelines and best practice.

In addition; the compliance plan along with auditing protocols are outlined to make you aware of the compliance standards while billing to an insurance. Keep in mind the dental regulations, UAE standards of basic dental services will also be explained in this module.

Module Objectives

– Understand the billing standards

– Comprehend the billing regulations of US and best practice

– Recognize various methods of insurance payments for dental coding in the UAE

Module Learning Outcomes

By the end of this module, you will be able to:

– Understand the coding and billing adjudication rules of the US

  – Know the factors affecting the billing parameters

– Dental billing in UAE

  – Tooth numbering system

  – Standards and structure of the dental code

  – Payment rule for various procedures in dental

  – Payment methods and rules for various specialties in dental

Module Outline

Coding and Billing Rules
– What is medical billing?
– The duties of a medical biller
– Purpose of billing regulations
– Standard billing regulations: United States
– A view of billing regulations in US
    – HIPAA, HITECH, MACRA
    – Medical necessity

Physician Reimbursement Methods
– Patient labilities - Out of pocket expenses
– Individual private insurance
– Employment-based group private insurance
– Government financing

Various Billing Methods In RCM
– Fee for service – Physician fee schedule
– Packaged payment
– Capitation
– UCR model
– Per Diem
– DRG

Compliance
– U.S Standards and Compliance acts

Violations
– Definition
– Examples of violations

Standards to Control Fraud and Abuse
– Auditing the essence of compliance plan

Claim Submissions, Insurance Denials, Resubmissions, Reconciliations

MODULE 4

Module Overview

In this module you will gain a thorough knowledge of the billing and compliance acts that lead to accurate submissions without any denials. The process of claim submissions, denials, resubmissions and reconciliations will be explained in this module for the purpose of proper reimbursement. Denial codes with the reason for denials is also explained to help you avoid such mistakes in future.

Module Objectives

– Gain knowledge about claim form submission portal and its various components

– Be fully aware about the remittance and claims payment

– Understand various versions of denial codes with examples.

– Interpret reasons for insurance denials followed by an analysis of the reasons of denial

– Manage and control resubmission and reconciliation

Module Learning Outcomes

By the end of this module, you will be able to:

– Understand the concepts of submitting a claim

– Manage remittance advice and claim payment

– Identify the denial codes

– Interpret denial codes and apply the corrective action with confidence

– Understand reasons of reconciliation
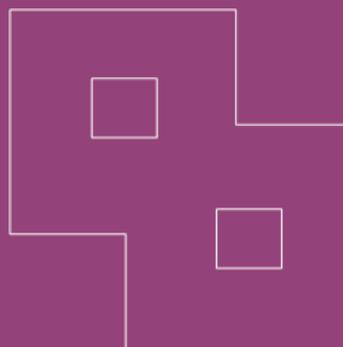
About Us

Knwbility is the knowledge center and a subsidiary of Pulse Holding. Our role is to educate and train healthcare professionals to create a sustainable business through continuous learning.

We offer training on Clinical Documentation Improvement(CDI), Revenue Cycle Management (RCM), Medical Coding, Diagnostics Related Group (DRG) training and implementation, certification programs, medical audits and consulting, local healthcare regulator's laws, available through blended learning combining face to face interaction together with our dedicated online Learning Management System.

Our interactive and practical learning approach makes Knwbility your trusted partner for all training and consulting requirements, helping you run an efficient business in an ever-evolving healthcare market.

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Participant fee USD 599

Certificate
Participants who complete the entire course will be awarded Knwbility certificate of completion.

Payment
Kindly complete the registration form and pay the full fees. All registrations are subject to acceptance by Knwbility and will be confirmed with you in writing.

Cancellation
If, having registered and paid, but are unable to attend this course, a substitute participant is welcome to attend in your place as long as you have not commenced the course journey.

Knwbility reserves the right to cancel this course, change its date, if necessary.

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