

Effective Appeals Management

Training designed for those collecting insurance claims



**A 3 Month On-Demand eLearn Program for
Busy Health Care Professionals**

Sponsored by



American Institute of Healthcare Compliance, Inc.

431 W. Liberty Street ♦ Medina, Ohio 44256
Toll Free: 866-571-5635 / Cleveland/Akron Area: 330-241-5635
Fax: 330-952-0716 / Email us at [ContactUs](#)

Visit our web site at www.aihc-assn.org

An Internationally Recognized Compliance Training & Certification Leader in Health Care
501(c)(3) Non-Profit Organization

Who should take this course?

This course is designed for advanced professionals, such as Revenue Cycle Managers, Nurse (RN/LPN) Appeal Managers, Nurse Reviewers, Coders, Medical Appeals Specialists, Medical Claims Specialists, Patient Financial Services Managers, Reimbursement Specialists, Auditors, Clinical Documentation Improvement Specialists and those individuals who are learning revenue cycle management in a medical office, clinic, surgery center or health care facility or working for a health insurance payer.

What is eLearn training?

AIHC eLearn courses are on-demand (access when you want) online. Students have access to technical and instructor assistance if needed. There are no scheduled classes to attend. Work at your own pace online. Technical and instructor assistance is available by phone or e-mail.

What will I learn from this course?

Learning Objective: This web-based training program provides an overview of rules and regulations related to appealing denied claims, including appeal considerations during investigations and probes.

Start from the Beginning – The Basics of a Formal Appeals Management Program

- Learning the language, acronyms and abbreviations of disputes and appeals
- How to avoid unnecessary denials
- What constitutes a “clean claim”
- Prompt Pay Law
- Managing the internal scrubbers and edits process

Understand why the claim was denied

- Obtaining the authority to match accountability
- Understanding the Remittance Advice
- Filing deadlines
- Appealing timely filing denials
- Payer coverage guidelines
- Review for annual deductibles and out-of-pocket requirements

HIPAA Title I - Understanding Pre-Existing Exclusion Denials

- Understanding pre-existing exclusions related to denied claims
- Credible Coverage
- When to appeal versus transferring balance to patient responsibility
- How HIPAA will strengthen appeal argument – using Title I

Audit Documentation and Coding Before Deciding to Appeal

- Understanding HIPAA: transactions, code sets and identifiers
- Analyzing the denied claim for compliance and ability to appeal
- Audit documentation according to coding guidelines
 - Resources for ICD-9-CM and ICD-10-CM, ICD9 Code Lookup Tool

Medical necessity – What you need to know to appeal

- Defining Medical Necessity
- “Hold Harmless”
- Medicare and Medical Necessity
- Documentation requirement for Medical Necessity
- Using Medicare Policy to argue medical necessity when the payer is not Medicare

ERISA: Summary of Self-funded (i.e., self-insured) Group Health Plan Appeal Process

- Understanding how to appeal an ERISA denial
- ERISA – appealing self-funded plans under the Employee Retirement Income Security Act of 1974
- ACA and ERISA
- Three basic ERISA rules
- Claims determination & claim type
- Adverse Benefit Determination

Appeal and Argue Your Case

- Getting organized and managing the process
- Records preparation
- Appeal Forms
- Drafting the cover letter – Stating your argument
 - General letter writing tips
 - Sample appeal letters
- Follow-up procedures
 - Keeping track of the denials process
 - Tips to being persistent, going to the next level
- Managing high-volumes of denials
 - Working smart
 - Pareto Principle

Appeal Consideration Related to Investigations and Probes

- When billing mistakes happen
- Prerequisites to using statistical extrapolation
- Government Provider Tracking System (PTS)
- Avoiding Special Investigation Units (SIU)
- Review trends found through RAC and CERT Reports
- Types of Government reviews (complex versus non-complex)
- Comprehensive Error Rate Testing (CERT)
- Recovery Audit Contractors Program (RAC)
- Rules & Regulations related to Fraud & Abuse
- Exclusions
- Civil Monetary Penalties Law

Special Considerations for ICD-10 Implementation (*Supplement eBook*)

- Anatomy of ICD-10-CM code structure
- 10 unique and important features of ICD-10-CM physicians should know
 - Basics of ICD-10-PCS – a totally new “animal”
 - What PCS is not
 - Major attributes of PCS
 - Anatomy of PCS compared to CM Volume 3
 - Using CAC (Computer Aided Coding) systems for PCS
- Risk associated with ICD-10 Implementation
 - Pareto Rule – Working smart on the right things

- Mitigate financial risk associated with Medicare medical unnecessary denials
 - Future local coverage determinations for ICD-10 implementation
- Avoid potential Fraud, Waste and Abuse [Compliance]
- Risk of failing a payer audit
 - Overview of critical elements of the CMS 12 month “Flexibility” Guidance
 - Assigning the “Right Family” or “Family of Codes”
 - Don’t rely on getting paid just because the category is correct
 - Facet Join Injection Future LCD Example
- Tips for organizations NOT using CAC, EMR/EHR Systems for code assignment (physician offices still on the charge ticket system)
 - Charge ticket update suggestions
- EMR/EHR & associated coding errors
- Key points for management of potential ICD-10-CM denied and rejected claims
- Insurance exempt from HIPAA – Continuation of ICD-9-CM
- Avoid keying errors due to ICD-10 characters and format
- Reporting DOS and dates that Span October 1, 2015
- Managing the increase in specificity (GEMS, Crosswalks)
- Medical Necessity – Local Coverage Determinations (LCDs)
- MAC ICD-10 Policy – Inquiry contact information to send concerns or questions
- OIG local coverage determinations create inconsistency in Medicare
- CM category code accuracy
 - Hydration Therapy LCD Example
- PCS and accurate root operations
 - Control vs. more definitive root operations
 - Excision vs. Resection
 - Release vs. Division
 - Transplantation vs. Administration
 - Monitor and manage ICD-10 competency issues



Are there specific computer requirements needed for this course?

Computer
Requirements



Yes! You will need:

- High-speed Internet access
- Email
- Adobe Flash Player ([free software link available](#))
- Adobe Reader ([free software link available](#))

What is the cost? What is included?

Appeals Management eLearn Course

Tuition: \$195.00

- ✦ Start training after registration is processed
- ✦ Downloadable Electronic Training Manual Provided
- ✦ Access to course page granted for three (3) months. Course must be completed within the time frame stated above to avoid extension fees and /or penalties.
- ✦ Access to an experienced Instructor via phone / e-mail to provide professional guidance, technical web support and assist in the learning experience
- ✦ Competency Exam taken Online
- ✦ Certificate of Completion awarded for passing all online quizzes with minimum score of 80%
- ✦ AIHC Membership for one year (*for non-members only*)

Non-Member: [Click Here](#) to register online for this Course and AIHC Membership

AIHC Member: [Click Here](#), locate course in the **AIHC Members Store**



Locate this course & click “[Register Now](#)”

Login; Registration form auto-populates

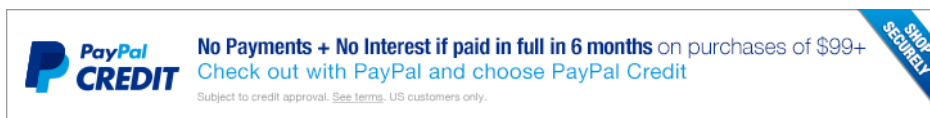
OR scroll down for hard copy registration form

Do you offer multiple student discounts for organizations?

Yes! Please [Contact Us](#) for more information!

Do you have payment options available for this course?

Yes! We offer in-house payment plans - please [Contact Us](#) for more information *OR*
We offer the option to use PayPal Credit when paying online through PayPal.



Do you have a Refund Policy?

Yes! [Click Here](#) to view our Refund and Transfer Policy

Can I earn Continuing Education Units (CEUs) for completing the course?

CEUs
CEUs

Yes! Earn 8 CONTINUING EDUCATION UNITS



8.0 CEUs: This program has been approved for 8 Continuing Education Units (CEUs) by the American Institute of Healthcare Compliance for AIHC Certified Professionals.

Already hold a Credential with AIHC? [Click Here](#) to view the AIHC CEU renewal chart.

*Auditors, Healthcare Compliance Officers, Healthcare Billing Specialists,
Medical Collectors, ICD-10 Certified Trainers and Documentation Professionals
can earn CEUs towards your next renewal.*





Effective Appeals Management ENROLLMENT FORM

Office Use Only

Date Received:
Online Manager:
Web site Access:
Payment Plan Yes No

Enrollment Date: _____	<u>Tuition (CHECK APPROPRIATE BOX)</u>	
Print Name & Credentials:	<input type="checkbox"/> Tuition \$195.00 AIHC Member? <input type="checkbox"/> AIHC Membership ID#: _____ <input type="checkbox"/> Coupon Code (If applicable): _____	
Employer Name, Position & Check Highest Level of Education:		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> High School <input type="checkbox"/> Associate Degree <input type="checkbox"/> Diploma Program <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Masters or Higher </div> </div>		
Employer Address: <input type="checkbox"/> Ship text(s) here <i>Is Employer paying for this course? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>	Home Address: <input type="checkbox"/> Ship text(s) here	
Clearly <u>PRINT YOUR EMAIL ADDRESS(ES)</u> for website administration & confirmation of registration: Primary Email: Alternate Email:	Work Phone (Ext.):	Alternate Phone / Cell:
Charge My Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Fax to: 330-952-0716		
Card #: _____ Sec Code _____ Exp. Date _____		
Billing address for credit card: _____		
Name as it appears on the card: _____		
Authorized Signature & Date: _____		
<p>Paying by Corporate Check? Amount Due: _____</p> <p>Please make checks payable to: AIHC</p> <p>Mail to: American Institute of Healthcare Compliance 431 W. Liberty Street Medina, OH 44256</p> <p>PHONE: 330-241-5635 / FAX: 330-952-0716</p> <p>Please visit our website at www.aihc-assn.org for more information about our company.</p> <p>Inquiries should be made to ContactUs</p> <p>How did you hear about us?</p> <p><input type="checkbox"/> Mailing <input type="checkbox"/> Email <input type="checkbox"/> Co-worker <input type="checkbox"/> AIHC web site <input type="checkbox"/> AHIMA web site <input type="checkbox"/> Facebook <input type="checkbox"/> Other _____</p>		

American Institute of Healthcare Compliance, Inc

AIHC Membership Application / Required for non-members enrolling in this program (Membership included in price of tuition for NEW MEMEBRS only)

Job/Position (title & brief description):

Are you certified by any organization? Please indicate certification and company name:

Are you a licensed clinical professional? Please check all appropriate boxes:

- | | |
|-------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> MD/DO | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Nurse Practitioner/Midwife |
| <input type="checkbox"/> Doctor of Podiatric Medicine | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Licensed Practical Nurse |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Medical Assistant |
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Kinesiotherapist | |

OIG Exclusion

Have you ever been:

1) Notified that you were under investigation for; investigated for; charged with; or convicted of any offense relating to Medicaid or Medicare fraud?

2) Have you ever been on the OIG exclusion list?

Membership Requirement (Restriction)

AIHC membership is open to the public, health care workers and administrators as well as certified healthcare auditors, collectors and compliance officers. To uphold to a higher standard, AIHC follows the guidelines recommended by the Office of the Inspector General (OIG) regarding retention of excluded individuals.

For many years the Congress of the United States has worked diligently to protect the health and welfare of the nation's elderly and poor by implementing legislation to prevent certain individuals and businesses from participating in Federally-funded health care programs. The OIG, under this Congressional mandate, established a program to exclude individuals and entities affected by these various legal authorities, contained in sections [1128](#) and [1156](#) of the [Social Security Act](#), and maintains a list of all currently excluded parties called the List of Excluded Individuals/Entities. (See OIG website at <http://exclusions.oig.hhs.gov/>)

No individual whose name appears on the OIG Excluded Individuals Entities List may hold membership in AIHC; and any member whose name is added to this list will have his/her membership status revoked without refund.

“My signature below indicates I have read this restriction to membership and attest that I am not currently on the OIG exclusion list at the date this application has been submitted for membership to the American Institute of Healthcare Compliance.”

Signature

Date