



Certified Medical Insurance Specialist

Edinburg Conference Center at Renaissance

April 20, 21, 27 & 28, 2017 \$9:00am-4:00pm

\$499.50 per person (Regular Price \$999.00)

Register directly with PMI at (800)259-5562 and provide Discount Code 22176-0420fo

Class Outline

Compliance

- Major categories of security safeguards under HIPAA and civil/criminal non-compliance penalties
- The Privacy Rule and the definition and explanation of protected health information (PHI)
- Definition of fraud and abuse and potential fines/penalties related to fraudulent claims
- Health information technology expansion: ARRA, HITECH and the creation of incentive payments to eligible providers

Basics of Health Insurance

- The difference between an implied and an expressed physicianpatient contract
- Actions to prevent problems when given signature authorization for insurance claims
- Physician Fee Schedule RVUs and RBRVS
- · MACRA and repeal of SGR formula

Medical Documentation

- · Identify principles and steps of the documentation
- · Definitions for common medical, diagnostic and legal terms
- Reasons why an insurance company may decide to perform an external audit

ICD-10-CM Diagnostic Coding

- The purpose and importance of coding diagnoses to the highest level of specificity
- Features and use of ICD-10-CM code book for accurate code selection
- · In-class diagnostic coding exercises
- Determine medical necessity by using LCDs and NCDs Procedural Coding
- The importance and usage of modifiers in procedure coding
- Code problems from worksheet using the CPT® manual
- The difference between CPT, HCPCS, and Category II codes
- · Use of the NCCI edits to prevent denials

The Paper Claim: CMS-1500

- Minimize the number of insurance forms returned because of improper completion
- Detailed look at the new CMS-1500 and what each section contains
- Expedite the handling and processing of the CMS-1500 insurance claim form
- Explain the difference between clean, rejected, incomplete, and invalid claims

Electronic Data Interchange: Transactions and Security

- Learn the transaction and code set standards used to share data between clinicians and third-party payers
- The difference between carrier-direct and clearinghouse electronically transmitted claims
- How to conquer potential computer transmission problems
- The use of EDI standards improve the accuracy of information exchanged between healthcare organizations
- Streamline business processes by using EDI standards as an eligibility and claims processing gateway

Receiving Payments and Insurance Problem-Solving

- Objectives of state insurance commissioners/state medical societies
- Communicate problems with insurance commissioners/state medical societies
- Working with denials and rejects; how to appeal for correct reimbursement
- · Levels of review and redetermination in the Medicare program
- · Sample letters of appeals for claims

Office and Insurance Collection Strategies

- Guidance on state prompt pay laws and the use of financial reports for more effective collections
- Patient credit options and the best practices for self-pay accounts
 Working with a billing service, collection agency, and credit bureau in the collection process
- The effects of the Affordable Care Act provisions on collections Managed Care Plans
- Explanation of the types of managed care plans
- Types of authorizations for medical services, tests, and procedures
- Patient access to care via Accountable Care Organizations and Patient-Centered Medical Homes
- Special issues when patients are insured through the Health Insurance Exchanges

Medicare

- Utilize the lifetime beneficiary claim authorization and information release document
- How to submit claims for Medicare beneficiaries with supplemental insurance.
- Proper execution of an Advance Beneficiary Notice (ABN)
- Medicare as a secondary payer rules

Medicaid and other State Programs

• Medicaid managed care system guidelines, terminology, abbreviations, eligibility classifications,

benefits and non-benefits

- Medicaid claims filing for patients who have other coverage
- Minimize Medicaid rejections due to improper form completion Workers' Compensation
- Workers' compensation insurance vs. employer's liability insurance
- Types of compensation benefits for non-disability, temporary, and permanent disability claims
- Follow-up actions for delinquent worker's comp claims
 Disability Income Insurance and Disability Benefit Programs
- Explanation and eligibility requirements for disability benefit programs and insurance plans
- Terminology and abbreviations for disability insurance and benefit programs
- How to determine whether disability is considered temporary or permanent.
- State eligibility requirements, benefits, and limitations of SSDI and

PMI REGISTRATION FORM

PROGRAM INFORMATION

COURSE NAME	Course ID#	Date	Time	Fee
Certified Medical Insurance Specialist	22176-0420	April 20, 21, 27 & 28, 2017 (4-Day Certification)	9:00AM – 4:00PM	\$999.00*

Sign in begins 15 minutes prior to the program. Instructional materials are included. Refer to your confirmation receipt for further information.

*Promo Code for PHO Members: 22176-0420fo \$499.50

PARTICIPANT	INFORMATI	ON					
Physician/Practice	Name						
Specialty							
Address, City, Stat	e & Zip						
Phone	-	Fax					
Email							
Certified ID#							
Participant Name		Course ID#		Date		Fee	
					Discounts (see below)	
					Total Amount Enclosed	d d	
Method of Pay	ment						
VISA	Master	sterCard Americ		n Express		Check or Money Order Payable to Practice Management Institute	
If payment by cred	it card, please	complete the	following:				
Card No.:			Exp. Date:		Т	otal Amount:	
Cardholder Name:			Cardholder Signa	ture:			

HOW TO REGISTER

Complete the registration form and payment information using one of the following methods:

Fax: (210) 691-8972 Attention Shelby Roberts.

Call: (800) 259-5562 Registration lines are open from 8-5 Central Time, Weekdays.

Mail: Shelby Roberts, Practice Management Institute, 9501 Console Drive, Suite 100, San Antonio, TX 78229 (Please allow up to 7 days for mail delivery and processing.)

Registration Confirmation: Confirmations will be sent to the email or fax number listed on the registration form on the day your registration is posted in our system. Please check your confirmation for accuracy.

DISCOUNTS

A 10% discount is available for all PMI-certified professionals (CMC, CMIS, CMOM, CMCO) with active credential(s). Enter active certification ID# on the registration form in the "Participant Information" section. For practice registering two or more people, or signing up for two or more programs, PMI offers the following discount structure: First registrant pays full price, second through fourth registrants paying together all receive a 10% discount. A group of five or more all receive a 15% discount.

CANCELLATION POLICY

Cancellations must be sent via email to info@pmiMD.com with "Cancellation Request" in the subject line. Correspondence must include registrant's name, payee's contact information, course ID number or city and date of program. PMI will issue a credit voucher for the full amount paid that may be used by anyone in the practice for a year after issuance. If cancellation notice is provided at least 7 days prior to the scheduled program, a refund may be requested, minus a 20% processing fee. Questions? Call PMI at 800-259-5562.