

Avoiding Claims Denials

Regain Control of Your Claims Process

This HFMA self-paced program offers real-world, patient access techniques designed to...

- Provide new and updated medical claims training
- Guide you in submitting more accurate, clean claims
- Help you obtain patient-direct payments – current and historic
- Comply with HIPAA standards and EMTALA guidelines
- Improve customer service and patient satisfaction
- Ensure an understanding of patient medical insurance program fundamentals and common verification, pre-approval and submission requirements
- Encourage awareness of your organization's specific patient data or claims requirements
- Emphasize the critical role of patient access personnel in the claims and revenue cycle process

Avoiding Claims Denials E-Learning Offers Frontline Staff...

- A comprehensive educational library with **six courses** and **60 distinct lessons** lasting **15 minutes** each
- Scheduling convenience via **24/7 Internet access** – at work or home
- An easy-to-use, interactive format
- Refresher or new employee education
- Industry, peer-approved training
- Employee course tracking and customized reports
- **Free** content updates
- Course certificate awarded upon completion

Learn How to Improve...

- Scheduling
- Registration and pre-registration
- Insurance and patient demographic data capture and validation
- Insurance verification
- Pre-certification
- Patient satisfaction...and more!

Intended Audience:

Frontline patient access staff including registrars, schedulers, staff verifying patient and insurance data



Convenient staff training that can positively shift your revenue cycle flow and patient satisfaction...Today!

Winning The Healthcare Finance Challenge

Denied medical claims continue to drain critical financial resources away from patient care.

What are the issues most frequently attributed to denials? According to a recent survey* of nearly 900,000 claims over a one week period:

- Improper coordination of benefits and lack of data on pre-existing conditions each represented 25% of denied claims
- Approximately 19% was due to missing information on medical necessity
- And a host of other miscellaneous topics such as eligibility determination make up the remainder of the responses

Through this HFMA course, industry professionals are discovering new tactics to reduce the potential for claims denials and secure more of the required information in advance.

Discover How to Regain Your Organization's Financial Health!

* Health Insurance Association of America. (March 2003). *Results from an HIAA Survey on Claims Payment Processes.*

Topics Include:

Scheduling

- Gather patient demographic and insurance data and screen for medical necessity
- Prepare patients for visit requirements, pre-certification, and in-network versus out-of-network services
- Communicate effectively with physician offices and payers
- Validate patient information and use contract matrixes to determine payer requirements

Pre-registering

- Learn how pre-registration affects denied claims
- Accurately confirm patient in the information system or Master Patient Index
- Identify uninsured patients to facilitate financial arrangements in advance
- Understand third-party payer requirements
- Estimate and communicate the patient's self-pay portion of services
- Obtain clinical data required for pre-certification

Registering

- Reconfirm primary patient data to complete patient encounter—and note any incomplete data elements
- Respect patient privacy, deliver privacy notices and receive acknowledgements
- Obtain general consent forms
- Comply with the Medicare Secondary Payer requirements and understand the registrar's role in EMTALA compliance
- Secure Assignment of Benefits and understand the registrar's role in Advance Directives
- Complete required forms and collect signatures on guarantor forms
- Facilitate a patient bedside and emergency department registration

Demographic and Insurance Information Validation

- Validate self-pay information
- Explain the claims process and payment options (and upfront payments) to the patient
- Respond to requests for uninsured patients' discounts
- Understand how and when to perform a service-bureau validation of patient demographics

Insurance Verification

- Verify and understand patient's health insurance coverage
- Note uninsured and self-pay payments
- Understand the coordination of benefits processes

Pre-certification and Notification

- Understand how pre-certification affects claims payment and obtain necessary information to comply
- Inform patients of pre-certification requirements and confirmation status
- Manage after-hours registrations
- Comply with HIPAA transaction standards and electronic eligibility/benefit processing

For More Information Contact:

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www.hfma.org/events/e-learning

Technology Specifications

All HFMA e-Learning programs minimally require 32 MB RAM and a 266 MHz processor or higher. The system should use Microsoft® Windows® 95, 98, 2000, XP or 2003. The most optimal viewing browser is Microsoft® Internet Explorer® Version 5.5 or higher from a PC system. If you have a different system configuration or Internet browser, contact HFMA to confirm if it will work with this program.

About HFMA

The Healthcare Financial Management Association (HFMA) provides the resources healthcare organizations need to achieve sound fiscal health in order to provide excellent patient care.

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