Effective Appeals Management
A CEU Training Program

Earn 8 AIHC Preapproved Continuing Education Units

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 / Contact Us

Visit our website 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, Nurses, Appeal Managers, Nurse Reviewers, Coders, Medical Appeals Specialists, Medical Claims Specialists, Patient Financial Services Managers, Reimbursement Specialists, Auditors, and Clinical Documentation Improvement Specialists. This course is also beneficial for other individuals who are learning revenue cycle management in a medical office, clinic, surgery center, or health care facility, or who are working for a health insurance payer.

What is eLearn training?

eLearn training courses are online instructor assisted programs. There are no scheduled classes to attend. You may work at your own pace and will have the ability to login to your information 24 hours per day. Your instructor will be available to communicate by phone and e-mail to assist you throughout your training program. Instructors provide online access, technical support, and course instruction as needed to help in your educational efforts.

What will I learn from this course?

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 1

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
- 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 for Being Persistent and 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
Can I earn Continuing Education Units (CEUs)?

Yes! Earn 8 Continuing Education Units

8 CEUs: This program has been approved for 8 continuing education units by the American Institute of Healthcare Compliance for AIHC Certified Professionals. These CEUs may apply to the following AIHC credential renewals: CHA, CIFHA, OHCC, CHBS, CHCM, CMDP, and ICDCT-CM

Click Here to access the online CEU renewal chart.

What is included in this course?

- Online Course Manager assigned to each professional enrolling in the program to provide professional guidance, technical website support, and assist in the learning experience.
- Training materials and access to the online course page are provided.
- Online quizzes are accessed through your online course page.
- Downloadable information that can be used for future reference.
- AIHC Membership for 3 months (for first time members only).
- A Certificate of Completion is awarded for passing the online quizzes with a minimum score of 80%

Are there specific computer requirements needed for this course?

Yes! You will need high-speed internet access, email, Microsoft Word and Excel, and Adobe Reader.

Is there a time limit to complete this course?

Yes! You have access to the online course page for three months. You must complete the course within that time.

What is the cost? Full Tuition: $195

Non-Members: Click Here to register online

AIHC Members: Register through the AIHC Member Store and pay only $125!

OR scroll down for hard copy registration form

What are my payment options?

We accept registration payment via credit card or corporate check. You are able to submit your payment information online, by mail, or via fax. See the Enrollment Form below for more details. Visit our website for more information about our Available Payment Options or to view the AIHC Refund Policy.
**Effective Appeals Management**

**CEU Training Program**

**Enrollment Form**

<table>
<thead>
<tr>
<th>Enrollment Date:</th>
<th>Tuition (Check Appropriate Box)</th>
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<tbody>
<tr>
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<td>Effective Appeals Management Training Program:</td>
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<tr>
<td></td>
<td>☐ Full Tuition: $195.00</td>
</tr>
<tr>
<td></td>
<td>☐ Coupon Code:________________ (if applicable)</td>
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**AIHC Member?**

|                  | AIHC Member Tuition: $125.00 |
|                  | ☐ Coupon Code:________________ (if applicable) |

**Print Name & Credentials:** (one form per person)

**Employer Name & Address:**

**Home Address:**

**Highest Level of Education:**

|                  | ☐ High School |
|                  | ☐ Associate Degree |
|                  | ☐ Diploma Program |
|                  | ☐ Bachelor Degree |
|                  | ☐ Masters or Higher |

**Clearly Print Your Email Address(es):**
(For website administration & confirmation of registration)

**Work Phone Number:**

**Alternate Phone / Cell Number:**

**Charge My Credit Card:** [ ] MasterCard [ ] VISA [ ] Discover

Amount Approved on Credit Card: $__________

Card #:________________________________ Sec. Code_______ Exp. Date __________

Billing Address for Credit Card: _______________________________________________________

Name As It Appears on the Card: ______________________________________________________

Authorized Signature & Date: ________________________________________________________

Paying by Corporate Check? Amount Due: $__________

Please make checks payable to: AIHC

Mail to: American Institute of Healthcare Compliance 431 W. Liberty Street, Medina, OH 44256

Please visit our website at [www.aihc-assn.org](http://www.aihc-assn.org) for more information about our company.

Inquiries should be made to [Contact Us](mailto:info@aihc-assn.org)

**How did you hear about us?**

|☐|☐|☐|☐|☐|☐|

[Box checked: Mailing, Email, Co-worker, AIHC website, AHIA website, Social Media, Other]
American Institute of Healthcare Compliance, Inc.

Membership Application ~ Required for non-members enrolling in this program
(Membership is included in the price of tuition for new members 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:

- MD/DO
- Chiropractor
- Doctor of Podiatric Medicine
- Physical Therapist
- Occupational Therapist
- Speech-Language Pathologist
- Kinesiotherapist
- Physician Assistant
- Nurse Practitioner/Midwife
- Registered Nurse
- Licensed Practical Nurse
- Registered Pharmacist
- Other: _______________________________

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) 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 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