

# Effective Appeals Management

## A CEU Training Program

Work online at your own pace with no scheduled classes to attend. This course is preapproved for 8 continuing education units with AIHC.



## Sponsored by The American Institute of Healthcare Compliance (AIHC)

AIHC is a nonprofit 501(c)(3) organization and an internationally recognized leader in healthcare compliance training and certification. Our mission is to provide education, certification, and continuing education to healthcare administrators at a reasonable cost through our classroom and web-based training programs. Our goal is to improve the competency of medical facility management in an increasingly complex regulatory environment. We seek to promote the increased quality of administrative healthcare systems in the United States by building an international network of credentialed healthcare professionals.

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- [Professional Staff: Instructors, Corporate Trainers, and Online Course Managers](#)
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## Online CEU Training Programs: The Basics

There are no scheduled classes to attend for online CEU training programs. You work independently at your own pace to complete the program and are able to access your course information 24 hours a day, 7 days a week, by logging into the AIHC website. A technical support professional is assigned to you to provide technology-related assistance throughout the program.

## Course Prerequisites

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.

## Included in the Course Tuition

- A technical support professional is assigned to each professional enrolling in the program to provide professional guidance, technical website support, and assistance throughout the learning experience.
- Training materials and access to the online course page are provided for up to three (3) months.
- Quizzes and downloadable information can all be accessed through the online course page.
- Temporary AIHC Membership is provided for three (3) months.
- A Certificate of Completion is awarded for passing the online quizzes with a minimum score of 80%.



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## **Computer Requirements and Time Limits**

To successfully complete this course, you will need high-speed internet access, email, Microsoft Word, Microsoft Excel, and Adobe Reader. You must complete this course within three (3) months of your enrollment date. Your course enrollment begins when the AIHC Office receives your course tuition payment.

## **Course Learning Objectives**

### **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



## **Course Learning Objectives, continued**

### **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 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



## Earn Continuing Education Units (CEUs)



**8 CEUs:** This program has been approved for 8 continuing education units by the American Institute of Healthcare Compliance for AIHC Certified Professionals. These continuing education units may be applied towards the Core and Ethics Category CEU Renewal Requirements for the following AIHC credentials: CIFHA, CHA, CHBS, CHCM, CMDP, OHCC, and ICDCT-CM.

View the online [CEU Renewal Chart](#) for a summary of the CEUs required to renew credentials held with AIHC.

### Full Course Tuition: \$195

AIHC Member Tuition: \$125

Visit the [AIHC Promotions](#) page to see if there are current discounts available for your registration.

## How to Register for this Course

### Register Online:

**Non-Members:** Register online using the [Course Registration and New Membership Form](#).

**AIHC Members:** Register through the [AIHC Member Store](#) to obtain the discounted member pricing.

**Register Via Mail or Fax:** Scroll down for a hard copy enrollment form. Mail or fax your completed form to the AIHC Office to submit your registration and payment information.



## 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 or visit our website for more information about AIHC [Payment Options](#).

## Refund Policy

Refunds are not available. However, you may opt to request a credit voucher. For our eLearn courses, you have five (5) business days from your date of payment to notify us that you would like to request a credit voucher. If you have accessed the online course information, no credit voucher is available. View the [AIHC Refund Policy](#) for more details.






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## Effective Appeals Management CEU Training Program

Hard Copy Registration Form *(Please submit one form per person)*

<b>Enrollment Date:</b>	<b>Tuition (Check the Appropriate Box):</b> <input type="checkbox"/> Full Tuition: \$195.00 <input type="checkbox"/> Coupon Code: _____ <i>if applicable</i>
<b>Name &amp; Credentials:</b>	<b>Are You Already an AIHC Member?</b> <input type="checkbox"/> AIHC Member Tuition: \$125.00 <input type="checkbox"/> Coupon Code: _____ <i>if applicable</i>
<b>Home Address:</b>	<b>Current Job Position:</b>
<b>Employer Name &amp; Address:</b>	<b>Highest Level of Education:</b> <input type="checkbox"/> High School <input type="checkbox"/> Associate Degree <input type="checkbox"/> Diploma Program <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree or Higher
<i>(For website administration and registration confirmation)</i> <b>Primary Email Address:</b>	<b>Work Phone Number:</b>
<b>Alternate Email Address:</b>	<b>Alternate or Cell Phone Number:</b>
<b>Credit Card Payment Information:</b>	
   <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover	
Amount Approved on this Credit Card: \$ _____	
Card Number: _____	
Security Code: _____	Expiration Date: _____
Billing Address for this Card: _____	
Name As It Appears on this Card: _____	
Authorized Signature & Date: _____	
<b>Paying by corporate check? Amount Due: \$ _____</b>	
<b>Please Make Checks Payable to: AIHC</b>	
<b>AIHC Mailing Address:</b> 431 West Liberty Street, Medina, Ohio 44256	
<b>AIHC Fax Number:</b> (330) 952-0716	
<b>How did you hear about us?</b>	
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Co-Worker <input type="checkbox"/> AIHC Website <input type="checkbox"/> Social Media <input type="checkbox"/> Other: _____	



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## American Institute of Healthcare Compliance, Inc.

### A Membership Application Is Required for Non-Members Enrolling in this Program

(Membership is included in the price of tuition *for new members only*)

**Job/Position (Title and 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"/> Kinesiotherapist           | <input type="checkbox"/> Other (please specify below): |
| <input type="checkbox"/> Chiropractor                 | <input type="checkbox"/> Physician Assistant        | _____  |
| <input type="checkbox"/> Doctor of Podiatric Medicine | <input type="checkbox"/> Nurse Practitioner/Midwife | _____  |
| <input type="checkbox"/> Physical Therapist           | <input type="checkbox"/> Registered Nurse           |  |
| <input type="checkbox"/> Occupational Therapist       | <input type="checkbox"/> Licensed Practical Nurse   |  |
| <input type="checkbox"/> Speech-Language Pathologist  | <input type="checkbox"/> Registered Pharmacist      |  |

#### OIG Exclusion

Have you ever been notified that you were under investigation for, investigated for, charged with, or convicted of any offense relating to Medicaid or Medicare fraud?

- Yes  
 No

Have you ever been on the OIG exclusion list?

- Yes  
 No

#### 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](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 \_\_\_\_\_



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