



Properly scheduling and registering patients for healthcare services is vital to obtaining accurate data, securing payment and avoiding claims denials, as well as providing good customer service. Your organization's front line staff is often the first step in the revenue cycle, so training this team on fundamentals such as gathering patient demographic information, verifying insurance coverage and patient financial counseling will help your entity's bottom line.

### Practical Information and Proven Techniques

This learner-friendly lesson series trains front line staff using "how to" steps and scenarios common in the areas of scheduling, registration and verification of information. The Healthcare Financial Management Association's Avoiding Claims Denials curriculum delivers revenue cycle education to the learner's desktop. Improve front-line processes through education and your organization may be positively affected by:

- Decrease in claims denials
- Decline in A/R days
- Increase in patient satisfaction
- Increase in quality data

### The Basics and Building on the Basics

HFMA's Avoiding Claims Denials curriculum is divided into two separate categories and can be assigned in any order. This layered approach to learning starts with **The Basics** and moves into providing more extensive and advanced information by completing **Building on the Basics**. Completing all lessons will help front line staff gain a comprehensive understanding of their role as well as how it impacts the organization's revenue cycle.

Our content is powered by MC Strategies' comprehensive learning management system which is specifically designed for healthcare. Our LMS, the first LMS to carry the **HFMA Peer Reviewed** designation, not only delivers and tracks e-learning, but also schedules and generates reporting for all your other learning activities, including classroom training, outside seminars, skill checks and competencies.



\* HFMA staff and volunteers determined that this product has met specific criteria developed under the HFMA Peer Review Process. HFMA does not endorse or guaranty the use of this product.

MC Strategies offers healthcare finance, billing and compliance education to strengthen your revenue cycle.



## Course topics include:

### Scheduling

- **Basics:** Describes process of inputting correct patient information, screening for medical necessity, and providing patient understanding on pre-certification, in-network, and out-of-network services.
- **Building on the Basics:** Describes process of communication with physicians' offices and payers for validation purposes. Provides methods to identify and understand key elements of insurance plans, using payer contract matrixes.

### Pre-Registering

- **Basics:** Provides insights on how pre-registration affects denied claims and the need to collect complete and accurate information. In addition, lessons help train staff in correctly identifying patients in the master person index and identifying uninsured patients so that financial arrangements can be made prior to service. Also includes a general overview of third-party payer requirements.
- **Building on the Basics:** Presents extensive information about estimating a patient's self-pay amount, including real-life practice situations and how to discuss with patients the amount owed. Explains how to obtain clinical data needed for pre-certification.

### Registering

- **Basics:** Examines processes in verifying, gathering, and entering demographic and financial information to create a complete patient encounter. Lessons also review patient privacy needs and capturing incomplete data elements. Four lessons discuss Medicare as a secondary payer.

- **Building on the Basics:** Examines the registrar's role in Advance Directives including obtaining an Assignment of Benefits, registering patients in the emergency department and at bedside, and completing and collecting signatures on required forms.

### Demographic and Insurance Information Validation

- **Basics:** Lessons cover validation of self-pay information and patient communication about claims, financial counseling and upfront payment.
- **Building on the Basics:** Discusses how and when to perform a service bureau validation of patient demographics.

### Insurance Verification

- **Basics:** Describes process of verifying a patient's health insurance coverage, identifying uninsured and self-pay patients, and proper documentation.
- **Building on the Basics:** Explains the process of coordinating benefits.

### Pre-Certification and Notification

- **Basics:** Discusses how to meet payer requirements for pre-certification, how to obtain the information needed for pre-certification, and how to inform patients of pre-certification requirements and status.
- **Building on the Basics:** Covers the registrar's role in complying with HIPAA transaction standards in electronic eligibility and benefit processing, and discusses how to handle after-hours registrations.

To find out how HFMA's *Avoiding Claims Denials* curriculum and our other partner products can help your organization create an optimal revenue cycle, visit [www.mcstrategies.com](http://www.mcstrategies.com) or call 800-999-6274 to talk to one of our sales associates.



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