



PRACTICE
MANAGEMENT
INSTITUTE

CERTIFIED MEDICAL INSURANCE SPECIALIST (CMIS)[®]

CMIS CERTIFICATION
ENHANCES YOUR SKILLS,
INCREASES YOUR VALUE
AND STRENGTHENS
YOUR ABILITY TO SECURE
PAYMENT FROM THIRD
PARTY PAYERS!



Four Day Certification Course and Exam



*Slash rejected claims with this **all-new curriculum** designed to increase efficiency and streamline practice billing and collections processes.*

Hurry! Seating is limited at this exclusive program.



CERTIFIED MEDICAL INSURANCE SPECIALIST (CMIS)[®]

KEY COURSE OBJECTIVES:

Every medical office needs an expert in dealing with third party payers. Securing correct and consistent reimbursement revenue goes well beyond simply coding. Certified Medical Insurance Specialist (CMIS)[®] is for those individuals seeking to master the complete reimbursement process, from information gathering, through coding, to challenging and prevailing in claim denial situations.

How good is your team?

- Are your aging reports under control?
- Are your claim follow-up procedures effective?
- Are ABNs and authorizations being processed correctly?
- Has your ratio of outstanding claims decreased in the last 2 years?
- Do you know how to bill for third-party subrogation or second-injury fund?

There's room for improvement in every practice. This program will instill a strong foundation with guidance for a variety of medical situations. Seasoned billing professionals will walk away from this program with an improved outlook, confidence, and ability.

Today more than ever, your entire team must be trained to focus on getting every dollar rightfully owed to the practice. Through the CMIS program, you can acquire the skills to master the entire process, better train those around you, and enhance your professional skills and value.

The Certified Medical Insurance Specialist program has passed a thorough review process, ensuring that materials are current and accurate, and testing standards are strictly enforced. Board and faculty members have real-world experience in all aspects of running a successful medical practice. Representatives include seasoned physicians, educators, accountants, compliance officers and senior executives in medical practice management.

For more information on our Faculty and Advisory Board, visit: www.pmiMD.com

The Insurance Billing Specialist: Role and Responsibilities

- Differentiate between medical ethics and medical etiquette.
- Learn essential ways to keep insurance and medical knowledge current
- Identify the background and importance of accurate insurance claims submission, coding, and billing.

Compliance

- Three major categories of security safeguards under HIPAA and the civil and criminal penalties of non-compliance with HIPAA regulations.
- The Privacy Rule as it pertains to protected health information.
- Definition and explanation of protected health information (PHI).
- Definition of fraud and abuse and potential fines and penalties related to billing insurance claims.
- Differences between a notice, consent, and an authorization when disclosing PHI.

Basics of Health Insurance

- Distinguish among the three major classes of health insurance contracts.
- Four concepts of a valid insurance contract.
- The difference between an implied and an expressed physician-patient contract.
- Four actions to prevent problems when given signature authorization for insurance claims.
- Essential tips to minimize rejection by insurance carriers.

Medical Documentation

- Identify principles and steps of the documentation.
- Definitions for common medical, diagnostic and legal terms.
- Preparation of legally correct medicolegal forms and letters.
- Reasons why an insurance company may decide to perform an external audit.
- How to respond appropriately to the subpoena of a witness and records.

Diagnostic Coding

- The purpose and importance of coding diagnoses to the highest level of specificity.
- Use diagnostic code books properly and obtain codes accurately.
- Perform diagnostic coding accurately after completing the problems on worksheets.

Procedural Coding

- The importance and usage of modifiers in procedure coding.
- Code problems from worksheet using the CPT manual.
- The difference between CPT and HCPCS, Category II and Category III codes.

The Paper Claim: CMS-1500

- Explore reasons why claims are rejected.
- Minimize the number of insurance forms returned because of improper completion.

- Expedite the handling and processing of the CMS-1500 insurance claim form.
- Explain the difference between clean, pending, rejected, incomplete, and invalid claims.

Electronic Data Interchange: Transactions and Security

- Transactions and code sets for insurance claims transmission.
- The necessary components of a practice management system.
- The difference between carrier-direct and clearinghouse electronically transmitted insurance claims.
- Privacy measures for electronic mail, internet, and instant messaging.
- Using patient encounter forms, crib sheets, and scannable encounter forms in electronic claims submission.
- How to conquer potential computer transmission problems.

Receiving Payments and Insurance Problem Solving

- Identify three health insurance payment policy provisions.
- Reasons for claim inquiries or rebilling a claim
- Four objectives of state insurance commissioners/state medical societies.
- Communicating problems with insurance commissioners/state medical societies.
- Levels of review and redetermination in the Medicare program.
- Sample letters of appeals for claims.

Office and Insurance Collection Strategies

- Secrets for more effective collections.
- Summarization of credit laws applicable to a physician office setting.
- Patient credit options that yield big results.
- Effective uses of a billing service, collection agency, and credit bureau in the collection process.
- When to direct delinquent collections to small claims court.
- Guidance on state prompt pay laws

Managed Care Plans

- Understanding a prepaid health plan and types of managed care plans.
- Explain and understand the difference in various managed care plans
- State reasons for a quality improvement organization.
- Four types of authorizations for medical services, tests, and procedures.

Medicare

- The A to Z of Medicare eligibility criteria, benefits and non-benefits.
- Differentiate between an HMO Risk Plan and an HMO Cost plan.
- Utilizing the lifetime beneficiary claim authorization and information release document.
- How to submit claims for Medicare

REGISTER NOW!

This four-day intensive CMIS training class provides a thorough study of one of the most complex tasks of the physician's business: insurance coding and billing. Program participants will receive an A to Z explanation of the total process and take away skills that will prepare them to improve processes and streamline billing procedures. After completing the class, and passing the CMIS exam, participants will have the additional credibility and knowledge afforded through the credentialing process. In turn, through their enhanced skill sets they will be better able to secure the financial success of the medical practice.

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- beneficiaries with supplemental insurance.
- List CMS-1500 block numbers that require Medigap information when submitting a Medicare/Medigap claim.

Medicaid and Other State Programs

- Medicaid managed care system guidelines, terminology, abbreviations, eligibility classifications, benefits and non-benefits.
- Eligibility requirements and claims procedures for the Maternal and Child Health Program.
- Filing Medicaid claims for patients who have other coverage.
- Minimize Medicaid rejections due to improper form completion.

Worker's Compensation

- Workers' compensation insurance vs. employer's liability insurance.
- Types of compensation benefits for non-disability, temporary disability, and permanent disability claims.
- Terminology and abbreviations pertinent to worker's compensation cases.
- Follow-up actions for delinquent worker's comp claims
- Signs of fraud and abuse involving employees, employers, insurers, medical providers, and lawyers, and when to report.

Disability Income Insurance and Disability Benefit Programs

- Explanation and eligibility requirements for disability benefit programs and voluntary disability insurance plans.
- Terminology and abbreviations for disability insurance and benefit programs.
- Benefits and exclusions contained in individual and group disability income insurance.
- How to determine whether disability is considered temporary or permanent.
- State eligibility requirements, benefits, and limitations of SSDI and SSI.

Course Prerequisite:

A basic understanding of medical insurance processing for the physician practice is recommended. Participants will receive a thorough review of the complete scope of medical claims and insurance processes.

Class Materials:

Students must bring current editions of CPT, ICD-9-CM, HCPCS manuals and a medical dictionary to each class meeting.

Upgrade to the CD Kit:

Perfect for those live class participants seeking extra support and improved exam scores. Just \$199. (This special price is available only to paid live class participants.)

CEUs:

The Certified Medical Insurance Specialist (CMIS) certification course is approved for 24 continuing education units (CEUs) for PMI certified professionals (CMC, CMOM). This course meets the approval of the American Academy of Professional Coders (AAPC) for CEUs.

CAN'T ATTEND?

Self Study Format

Learn at your own pace with PMI's Self Study CMIS program. Package includes course lecture on CDs along with the full course manual, exam preparatory handbook, free telephone and online support, and the certification exam. Select "Self Study" on the registration form.

Certification by Exam

For those with proven skills and experience in this area of practice administration, an "Exam Only" option is available. The CMIS exam is proctored live in hundreds of locations across the country. This option is available for a testing fee of \$249 and includes an exam preparation handbook. If you want to test your skills and earn certification without attending the preparatory program, choose "Exam Only" on the registration form. PMI will contact you to make testing arrangements.

Practice Management Institute® (PMI) is the training, networking and credentialing source for medical office professionals. For more than 25 years, physicians and their staff have looked to PMI for skills that contribute to a more efficient, profitable and compliant office. Classes are hosted in 300 of the nation's leading hospitals, medical societies and colleges. PMI awards certification by exam to accomplished medical office coding, reimbursement, and management professionals. In all, more than 13,000 medical office professionals have earned their credentials through PMI. For further information, please visit our web site: www.pmiMD.com.





New and improved curriculum for medical office billing professionals:

Certified Medical Insurance Specialist (CMIS)[®]

New details inside.
Early registration recommended.



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Practice Management Institute
9501 Console Drive, Suite 100
San Antonio, TX 78229

Four Day Certification Course and Exam



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CERTIFIED MEDICAL INSURANCE SPECIALIST (CMIS)[®]

New curriculum focused on securing every dollar rightfully entitled for services rendered.

**SEATING IS LIMITED.
TO REGISTER, COMPLETE THE ORDER FORM INSIDE AND RETURN TODAY!**