




Certified Medical Insurance Specialist (CMIS)[®]



Understand payer models and rules for accurate claim filing and reimbursement.



This certification program explores the current landscape of third-party reimbursement. Detailed lectures, course materials and examples will teach participants how to effectively expedite claims, secure timely, correct reimbursement, and protect the financial interest of the practice.



Coding expertise is the foundation. This class focuses on working with third-party carriers to secure accurate reimbursement for the practice.

- 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?
- Are your aging reports under control?

There's room for improvement in every practice. Today more than ever, your team must be trained to focus on getting every dollar rightfully owed to the practice. This program will teach you how to master the entire process, better train those around you, and enhance your professional skills and value.

The Certified Medical Insurance Specialist (CMIS)[®] 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.

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Class Outline

Role and Responsibilities

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

Compliance

- Major categories of security safeguards under HIPAA and civil/criminal non-compliance penalties
- The Privacy Rule and the definition and explanation of protected health information (PHI)
- Definition of fraud and abuse and potential fines/penalties related to fraudulent claims
- Health information technology expansion: ARRA, HITECH and the creation of incentive payments to eligible providers

Basics of Health Insurance

- The difference between an implied and an expressed physician-patient contract
- Actions to prevent problems when given signature authorization for insurance claims
- Physician Fee Schedule - RVUs and RBRVS
- MACRA and repeal of SGR formula

Medical Documentation

- Identify principles and steps of the documentation
- Definitions for common medical, diagnostic and legal terms
- Reasons why an insurance company may decide to perform an external audit

ICD-10-CM Diagnostic Coding

- The purpose and importance of coding diagnoses to the highest level of specificity
- Features and use of ICD-10-CM code book for accurate code selection
- In-class diagnostic coding exercises
- Determine medical necessity by using LCDs and NCDs

Procedural Coding

- The importance and usage of modifiers in procedure coding
- Code problems from worksheet using the CPT® manual
- The difference between CPT, HCPCS, and Category II codes
- Use of the NCCI edits to prevent denials

The Paper Claim: CMS-1500

- Minimize the number of insurance forms returned because of improper completion
- Detailed look at the new CMS-1500 and what each section contains
- Expedite the handling and processing of the CMS-1500 insurance claim form
- Explain the difference between clean, rejected, incomplete, and invalid claims

Electronic Data Interchange: Transactions and Security

- Learn the transaction and code set standards used to share data between clinicians and third-party payers
- The difference between carrier-direct and clearinghouse electronically transmitted claims
- How to conquer potential computer transmission problems
- The use of EDI standards improve the accuracy of information exchanged between healthcare organizations
- Streamline business processes by using EDI standards as an eligibility and claims processing gateway

Receiving Payments and Insurance Problem-Solving

- Objectives of state insurance commissioners/state medical societies
- Communicate problems with insurance commissioners/state medical societies
- Working with denials and rejects; how to appeal for correct reimbursement
- Levels of review and redetermination in the Medicare program
- Sample letters of appeals for claims

Office and Insurance Collection Strategies

- Guidance on state prompt pay laws and the use of financial reports for more effective collections
- Patient credit options and the best practices for self-pay accounts
- Working with a billing service, collection agency, and credit bureau in the collection process
- The effects of the Affordable Care Act provisions on collections

Managed Care Plans

- Explanation of the types of managed care plans
- Types of authorizations for medical services, tests, and procedures
- Patient access to care via Accountable Care Organizations and Patient-Centered Medical Homes
- Special issues when patients are insured through the Health Insurance Exchanges

Medicare

- Utilize the lifetime beneficiary claim authorization and information release document
- How to submit claims for Medicare beneficiaries with supplemental insurance
- Proper execution of an Advance Beneficiary Notice (ABN)
- Medicare as a secondary payer rules

Medicaid and other State Programs

- Medicaid managed care system guidelines, terminology, abbreviations, eligibility classifications, benefits and non-benefits
- Medicaid claims filing for patients who have other coverage
- Minimize Medicaid rejections due to improper form completion

Workers' Compensation

- Workers' compensation insurance vs. employer's liability insurance
- Types of compensation benefits for non-disability, temporary, and permanent disability claims
- Follow-up actions for delinquent worker's comp claims

Disability Income Insurance and Disability Benefit Programs

- Explanation and eligibility requirements for disability benefit programs and insurance plans
- Terminology and abbreviations for disability insurance and benefit programs
- How to determine whether disability is considered temporary or permanent
- State eligibility requirements, benefits, and limitations of SSDI and SSI

About PMI

Practice Management Institute® (PMI) teaches physicians and their staffs how to run a more productive, profitable and compliant medical office. Each year, thousands of medical office professionals look to PMI as a leading provider of continuing education and credentialing. These training programs have been hosted in leading hospitals, medical societies and colleges across the U.S. for more than 30 years.

PMI awards certification by exam to accomplished medical office professionals in the competency areas of coding, reimbursement, compliance and management. More than 20,000 have earned credentials through PMI. Learn more now. [Visit: pmiMD.com](http://pmiMD.com).



Program Information

Fee: \$999

This program includes classroom instruction, course manual, homework exercises, exam preparation handbook, and certification exam. Participants may take up to four hours to complete the CMIS exam. A passing score of 70% or better is required to earn CMIS certification.

Course Prerequisite

Working knowledge of medical insurance processing in an outpatient setting is required. CMIS candidates with less than a year of coding experience should complete the [PMI Basics: Principles of Coding](#) Self-Paced course prior to enrollment. Visit pmiMD.com/certify/cmis.asp for more information.

Required Class Materials

Participants must have current editions of CPT®, HCPCS, ICD-10-CM coding manuals, and a medical dictionary for this course.



The Certified Medical Insurance Specialist (CMIS)[®] program is approved for up to 20 CEUs for PMI Certified Professionals (CMC/CMOM/CMCO). All others seeking CEUs should verify approval by their organization prior to enrollment.

4 ways to earn your CMIS



Live Classroom

Live classes are hosted by leading hospitals, healthcare organizations, medical societies and colleges across the U.S.



Live Webinar Series

Includes full course manual and 10 live 90-minute webinar sessions. Attendance at each live webinar is encouraged but not required. Recordings can be accessed online anytime approximately 24-48 hours after the original recording date. Visit pmiMD.com/certify for live webinar dates.



Self Paced Webinar Series

Start the CMIS program anytime with access to 10 pre-recorded webinars. Get support while you learn via PMI's online Q & A Forum.



Certification by Exam

For experienced professionals, an "Exam Only" option is available for \$299 testing fee which includes a basic exam guide and one live proctored exam.

To Register

Visit pmiMD.com/certify/cmis.asp or call (800) 259-5562

Registration discounts and payment plan available.