**TRAINING MANUAL**

**Denials Avoidance**

**& Appeals Management (DAM) Training Institute**

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**PROGRAM DESCRIPTION**

After attending the Denials Avoidance & Appeals Management (DAM) Training Institute, the attendee will be well versed on the workings of the revenue cycle, understand the varied payment methodologies of third party payer healthcare reimbursement, become familiar with various governmental rules and regulations governing payment, gain insight on third party payer restrictions, be informed on the different levels of appeals available and acquire writing skills conducive to effective drafting of appeal letters necessary to overturn denials in the interest of revenue integrity.

Through this course, participants will identify techniques that will allow them to communicate more effectively with both clinicians and non-clinical staff on the appeal of current denials and the prevention of future denials. Participants will learn strategies that can be applied in the development and implementation of a structured Denials Avoidance & Appeals Management Improvement Program within hospitals. By utilizing evidence-based case studies, InterQual® criteria and the practical instruction provided, attendees will develop and/or enhance their compliance methods on auditing, monitoring and evaluating the implementation & effectiveness of their denial management program. How we got to where we are today: The history, and background, of the evolution of the health care industry as we know it today.

**OVERALL LEARNING OBJECTIVES:**

At the completion of this program, participants should be better able to:

1. Identify the challenges inherent to interpreting the payer payment systems, denial management and how to have your facilities prepared for success with appeals.
2. Discuss the changing state of today’s healthcare system, as it relates to the important trends in required compliance activities to prevent future claims denials.
3. Define the diverse educational needs for healthcare personnel regarding the significant changes in the healthcare reimbursement field and how these impact the denials that an organization will confront.
4. Describe important methods of, and how to manage, administrative & provider organizational acceptance and “buy-in” to improve the denial management and appeals processes.
5. Explain the goals, key benefits and strategies of having an on-site based denial management an appeals program.
6. Identify effective techniques to communicate with both clinicians (physicians, mid-level practitioners, nurses, care managers) and non-clinical (coding & billing) staff in order to appeal current denials and prevent future denials.
7. Apply techniques to develop and implement a structured Denials Management & Appeals Improvement Program within acute care hospitals.
8. Discuss compliance methods on auditing, monitoring and evaluating the effectiveness of your denial management program.

**Criteria for successful completion include attendance at the entire event and completed evaluation forms. Links to the evaluations are listed under each session below.**

**A Request for Continuing Education Credits must be completed to obtain credit for attending program.**

**INSTITUTE AGENDA**

**SESSION 1 (35 Minutes)**

***OVERVIEW OF THE REVENUE CYCLE***

Keith Stokes, MD, PAC-CDI, CI-CDI

1. Explain the Revenue Cycle
2. Define The components of the Revenue Cycle
3. Identify How the Revenue Cycle “breaks down”

**SESSION 2 (50 Minutes)**

***HOW HEALTH CARE GETS PAID***

Keith Stokes, MD, PAC-CDI, CI-CDI

1. Delineate policies governing third party payment
2. Differentiate Reimbursement policies
3. Analyze the challenges with payment structures

**SESSION 3 – PART 1 (40 Minutes)**

***DENIALS & APPEALS MANAGEMENT – DENIALS***

Keith Stokes, MD, PAC-CDI, CI-CDI

1. Define Denial
2. Identify the causes of denials
3. Review the regulatory processes in denials
4. Evaluate “Where do we go from here”

**SESSION 3 – PART 2 (40 Minutes)**

***DENIALS***

Keith Stokes, MD, PAC-CDI, CI-CDI

**SESSION 4 (1 HOUR 20 Minutes)**

***THE RIGHT SETTING AT THE RIGHT TIME – INPATIENT VERSES OUTPATIENT***

Keith Stokes, MD, PAC-CDI, CI-CDI

1. Delineate in detail the differences between Inpatient and Outpatient status.
2. Review and Examine Medical Necessity.
3. Discuss the responsibilities and obligations of the treating physician.
4. Review the vital role of Clinical Documentation.
5. Examine the review process and the rationale of contracted reviewers.

**SESSION 5 (1 HOUR 5 Minutes)**

***DENIALS & APPEALS MANAGEMENT***

Keith Stokes, MD, PAC-CDI, CI-CDI

1. Summarize strategies to reduce clinical denials
2. Recognize Case Management and Utilization Management roles in the revenue cycle
3. Identify how clinical documentation programs effect the revenue cycle
4. Discuss strategy to build an effective Denial & Management program

**SESSION 6 (1 HOUR 15 Minutes)**

***THE APPEAL PROCESS***

Keith Stokes, MD, PAC-CDI, CI-CDI

1. Recognize what type of appeal is necessary.
2. Utilize a strategy for appeal management.
3. Investigate & analyze the medical record.

**SESSION 7 (1 HOUR 10 Minutes)**

***A FIVE STEP STRATEGY TO WRITING EFFECTIVE CLINICAL APPEAL LETTERS***

Debbie Smith, CCS, C-DAM, C-CDI

1. Validate defense with standard practices of evidence based medical criteria.
2. Quote clinical documentation that is explicit and supports the issue being denied.
3. Summarize coherently the rationale in defense of the denial.
4. *Demonstrate* how to write compliant health care appeals.

Attendees will review case studies that include the denial letter, medical records, sample appeal letters and overturn letters.

After completing this session attendees will complete an appeal letter independently to be submitted to a faculty member for review and discussion.

**Denials Avoidance & Appeals Management (DAM) Certification examination will be administered electronically and will be available online for six weeks from the conclusion of the program.**

(No CE credit associated)

**ACCREDITATION:**

Total Accreditation Hours per type:

**AIHCD**

**This program has been pre-approved by The Association for Integrity in Health Care Documentation (AIHCD) to provide continuing education credit. The course is approved for 12.5 CE contact hour(s).**

**The course is approved for 12.5 CE contact hour(s). Activity Code: 21712 Approval Number: 190004018.**

**1/1/23 – 12/31/23**

STATEMENT OF NEED:

More and more frequently, third party payers are denying medical claims, leaving healthcare providers without the education or understanding of the reasons behind the claim denial. Providers often have no idea why the claim was denied or disagree with the reason for the denial. Providers then must begin the arduous task of defending the claim to the payer. Denials can range from technical (e.g., eligibility) to complex (e.g., medical necessity). This program will help providers adequately identify the root causes of denials, implement steps to prevent future denials and appeal cases that can be defended. Without this educational program,

healthcare organizations may face a steady increase in improper payment recoupment. If provider organizations do not have the skill set or proven strategies in overturning denials, assessing payer compliance with claim processing law and ultimately preventing future denials, reimbursement can be significantly impacted.

An effective Denials and Appeals Management Program is essential for fiscal health and financial health of any organization. Establishment of a proactive denials & appeals management process will help to ensure optimal reimbursement for services provided, assist to minimize financial risk/loss due to avoidable revenue cycle issues and healthcare denials and provide sustainability to a Denials & Appeals Management Program. The key to a successful and sustainable Denials & Appeals Management Program is appreciating and recognizing the magnitude of the problem, defining what denials are effecting your organization, developing and adequately implementing strategies to build a cohesive, collaborative team through education and partnership.

In order to assess the full scope of what Denials & Appeals Management means to as organization, it is critical to master a practical, fundamental understanding of the entire denial and revenue recovery process as much as possible. Healthcare team members must learn about the revenue cycle, define how healthcare providers get paid and learn how to effectively write results-oriented denial appeal letters to third party payers and the Recovery Audit Contractors (RACs).

INTENDED AUDIENCE:

This program was developed specifically for those health care professionals who are involved in maintaining knowledge and compliance with claims processing, reimbursement systems, and the appeals processes within their organization, including, but not limited to:

* Billing Staff
* Coding Staff
* HIM/DRG Dispute Coordinator
* Case Management/Utilization Review Nurses
* Physician Advisors
* Clinical Documentation Specialists (Nurses and Coders)
* Finance/Reimbursement
* Physicians and Clinicians who have claims submitted on their behalf
* Program Integrity Coordinators – RAC, MIC, CERT, etc.
* Billing Services
* Denial Management Nurses and Coordinators
* Appeals Management Nurses and Coordinators

FACULTY INFORMATION AND DISCLOSURE:

Keith Stokes, MD, CI-CDI, PAC-CDI

*Chief Executive Officer*, *DocuComp® LLC*

Expertise to topic: Dr. Keith I. Stokes is a board certified physician with a diverse career that includes experience as a clinic medical director, hospital chief of staff, and hospitalist, consultant and physician advisor. Dr. Stokes is a graduate of Meharry Medical College in Nashville, Tennessee. He completed internship and a residency in Family Medicine at the University of Mississippi Medical Center in Jackson, Mississippi. Dr. Stokes has served as a consultant for numerous hospitals, primarily focused in the areas of utilization management and clinical documentation improvement.

Dr. Stokes acquired DocuComp® LLC in April of 2017 after working with them for several years as a physician advisor. He is a certified Physician Advisor Clinical Documentation Improvement & Integrity instructor.

***Dr. Stokes has disclosed no relevant financial relationships.***

Debbie Smith, CCS, C-DAM, C-CDI

*Chief Content Officer*, *DocuComp® LLC*

Debbie Smith, CCS, C-DAM, C-CDI, Chief Content Officer DocuComp® LLC has been employed by DocuComp® LLC for 7 years. During that time she became certified in Clinical Documentation Improvement & Integrity

(C-CDI), Denial Avoidance & Appeal Management (C-DAM) by DocuComp® LLC. She has 28 years of clinical nursing experience and 10 years’ experience in the Revenue Cycle. She is also a Certified Coding Specialist (CCS) through AIHMA.

Mentored by the founder of DocuComp® LLC, Dr. Betty Bibbins, she has successfully written appeal for our clients for the past 6 years.

***Ms. Smith has disclosed no relevant financial relationships***

DISCLOSURE POLICY:

DocuComp®LLC requires that any person who is in a position to control the content of a CME/CNE activity must disclose all financial relationships they have with a commercial interest. Faculty Disclosures: Listed with faculty information Non-Faculty Disclosures: None

RESOLUTION OF CONFLICTS OF INTEREST:

To resolve identified conflicts of interest of the faculty and other who were in a position to influence content, the educational content was fully peer-reviewed by a member of DocuComp® LLC who has nothing to disclose. The resulting certified activity was found to provide educational content that is current, evidence-based, and

commercially balanced.

DISCLAIMER:

The content and views presented in this educational activity are those of the faculty and DocuComp® LLC. This material has been prepared based on a review of multiple sources of information, but it is not exhaustive of the subject matter. Therefore, healthcare professionals and other individuals should review and consider other publications and materials on the subject matter and should not rely solely on the information contained in this educational activity.

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