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Training Catalogue 2021



Prepared for:

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Utilization Management

Utilization Review (UR) Nurses work behind the scenes to maximize the quality and cost efficiency of health care services that are provided thru a facility for patients. Through regular reviews and audits, they ensure that patients receive necessary care with focus on ***ensure there are no unnecessary procedures, ineffective treatments or overlong hospital stays.***

UR nurses also help insured persons to make informed decisions about their health care by educating them on the ***benefits and limitations of their private health care coverage.*** In healthcare organizations and insurance companies, there is a considerable overlap between case management and utilization review/management roles.

Here in the MENA Region URM is a fairly new concept and widely utilized. But, as the new Insurance Scheme takes place, this will be an area of focus. UR nurses advise insurance companies and health care facilities on questions of hospital admission, length of stay, imaging studies, surgeries, medications, referrals and many other treatments and procedures.

To formulate these recommendations, they review medical records, talk to patients and providers and conduct additional research as needed.

This course is designed for



Nurses



Case Manager



Allied Health Staff

Revenue Cycle Management

The “Healthcare Financial Management Association” USA Definition of Healthcare Revenue Cycle is: “Any Administrative or Clinical functions that contribute to the Capture, Management, and Collection of Patient Service Revenue”.

Healthcare Revenue Cycle involves several steps such as:

- Patient Registration
- Chart Review and Medical Coding
- Insurance Verification
- Medical Billing/Claim Submission Eligibility
- Payment Posting
- Medical Documentation
- Accounts Receivables
- Collections Resolution
- Reports KPIs
- Benchmarks and Trending

KEY PLAYERS IN HEALTHCARE REVENUE CYCLE

Time management and productivity play key roles in Healthcare RCM.

They are 4 key players in the RCM namely;



It is imperative that all 4 players align their goals and work in tandem to ensure the RCM runs smoothly and compliantly.

REVENUE CYCLE MANAGEMENT IN HEALTHCARE

- Revenue Cycle Management (RCM) in Healthcare is the process of Managing Claims Process, Payment, and Revenue Generation.
- RCM in Healthcare helps to build a Medical Practice or Healthcare Facility to increase the Revenue by implementing a proper Claims Management.
- If claims are paid in partial or if paid after a long time (WHY), then the resources from the Collections and AR Departments must be utilized to bring the claims to final resolution.
- Any delays in claims payments and consecutive follow-ups from the Collections and AR Department will generally have a negative effect on the Revenue Cycle.

Without Revenue, no healthcare facility can function!!!

WHO WILL ATTEND THESE WORKSHOPS?

- Front Office Staff
- Back Office Staff
- Insurance Staff Medical
- Billing/Coding Staff Executive
- Management Staff
- Finance Management Staff

Clinical Documentation Improvement

Clinical documentation is at the core of every patient encounter. Successful ***clinical documentation improvement (CDI)*** programs facilitate the accurate representation of a patient's clinical status that translates into coded data.

- Documentation issues can cost hospitals millions of dollars per year. We must provide our Physicians with more Training and Development in this area.
- Physician documentation is the foundational element to so many areas in the patient life cycle. From patient safety and outcomes to compliance and the revenue cycle, it's the one piece that can set the stage for success or failure.
- Bottom line, a good collaborative effort with each facility Team of Physicians, a new **CDIP (*Clinical Documentation Improvement Program*)** can succeed and ensure they are properly reimbursed for the services they provide to their patients.

Learning Objectives for the CDI Workshop:

- Physicians will better understand their role in CDI and its impact.
- Improving Documentation of the Physicians. Providing more Quality
- Information for MOH, WHO and Health Authorities.
- Improving patient quality care thru documentation.
- Increasing Revenue for Healthcare Facilities.
- Define the principals for POA, Primary and Secondary Diagnosis.
- Understand Documentation vs Reimbursement.
- Understand what is a Medical Record Review?
- Learn what is considered Conflicting Documentation
- Understanding Queries/Process.

WHO WILL ATTEND THESE WORKSHOPS?

- Physicians
- Nurses
- Insurance Staff
- Medical Coding Staff

Exam required for Certification of Completion
from the USA!

Additional courses available:

1. Clinical & Hospital Management - 3 days workshop for Admin Staff
2. Nurses workshops: - Stress management and Personality management
3. Specialty Training - Infection Control Handwashing Techniques

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