# U.S. Healthcare

# Domain Knowledge Training Courses

# List of courses

1. Introduction to US Healthcare domain
2. An overview on Provider space & Workflow
3. Electronic Health Records (EHR) – Deep dive
4. The role of Payers in US Healthcare - An Overview
5. Billing and Claims Processing
6. Revenue Cycle Management (RCM)
7. Healthcare Fraud, Waste and Abuse
8. HIPAA Privacy and Security Overview

# U.S. Healthcare courses are customizable

- ✅ Depending on the domain expertise of the participants, the training programs can be customized.

- ✅ As a first step, we work closely with project team and HR to understand their expectations and training outcome.

- ✅ Our program delivery leverages appropriate case studies and role play to share the domain knowledge

- ✅ Training program learnings are well organized using Google Classroom for participant's future reference.

# US Healthcare Domain Training Courses

# Assumptions:

- ✅ All participants bring in basic knowledge of US Healthcare.

- ✅ Participants have worked or are working on healthcare-related projects.

- ✅ Not all participant groups bring in the same level of exposure and hence the course duration may vary slightly. The details would be provided to us by the HR or Technology Head

# Introduction to US Healthcare Domain (3 hours)

The course aims in providing insights into US Healthcare evolution, US Healthcare Ecosystem, Participants in US Healthcare, Healthcare Terminologies, Healthcare Plans, Why is healthcare is expensive in US?

- **US Healthcare evolution and milestones of achievements**
- **US Healthcare Ecosystem**
- **Participants in US Healthcare**

**- Different types of participants**
Insights into Payers, Providers, Researchers, Pharmaceuticals, Registries, Home health, etc

**- Health Services delivery system**
Insights into Hospitals, primary care centers, Urgent care, Emergency, Skilled nursing facilities, etc.

**- Different services from different categories**
Insights into ambulatory patient services, emergency services, hospitalization, maternity and newborn care, evaluation and management services, prescription drugs, Lab services, etc.

**- Health benefits & Payers**
Insights into Payers Commercial, Medicare, Medicaid, BCBSA

**- Types of Health plans**
Insights into HMP, PPO, FFS, and Medicare Part A-D, High Ded Plans, etc

**- Healthcare Regulators and Policymakers**
HHS,  ARHQ, CDC, CMS, Medicare

# Introduction to US Healthcare Domain (3 hours)

- **Common Healthcare Terminologies:**

- ICD, CPT, SNOMEDCT, LOINC, NDC, DRG, MDC, PQRS, etc.

- **Healthcare Spending and why it is expensive in US**

- Where does your money go?
- Spending that contributes to Healthcare
- Healthcare spending contributing towards waste

- **Key Vocabularies**

# The role of Payers in US Healthcare – An Overview (6 hours)

This course aims to provide insights into the Payers in healthcare industry, CMS, Structure of healthcare industry, different types of networks, types of health insurance plans.  Furthermore, there are few use cases involving a subscriber's visit to a hospital.

- **Basic models of healthcare systems**
- **Key Health insurance business models**
- **Basics of Health Insurance**
- Beneficiary or members, subscriber, dependent, premium, cost sharing, MLR

- **Type of Health Insurances**
- Traditional Health insurance
- MCO – HMO, PPO, POS
- Indemiity Plans
- Consumer Driven Health Plans – HAS, FSA, HRA

- **Insurance Programs**
- Employer sponsored Insurance
- Medicaid, Medicare, Tricare, CHIP, COBRA

- **How Medicare and Medicaid distributes benefits**
- Medicare vs Medicaid
- Medicare/Medicaid Eligibility
- Medicare Part A- D

- **Healthcare Code Sets**
- ICD
- CPT, HCPCS, CDT, NDC, Revenue code,MS-DRG, MDCs

# The role of Payers in US Healthcare – An Overview (6 hours)

- **Standardizing Data Elements**

- HIPAA X12

- **Insurance coverage**
- **How does the US reimbursement system works?**
- **Medical Billing forms**

- CMS-1500, UB-04

- **Trends in the payer industry**

- New models, personalized products
- AI & Automation for faster claims
- Advanced analytics and pro-activeness
- InsurTech partnershipts
- Mainstreaming block chains

- **Few use cases**

# Electronic Health Records (EHR) (6 hours)

This course covers EHR, EHR Workflow, and Medical Terminologies in depth. Furthermore, real-world software exercises are provided to help students better comprehend the EHR workflow.

- **Different system – Are they all same or has different purpose**
- Practice management system,
- Hospital management system,
- EMR/EHR
- PHR/Patient portal

- **Key features**
- **Walkthrough of the features using an EHR**
- Different user personas
- Practice setup
- Patient registration
Reference to outbound HL7 ADT message

- Appointment scheduling
- Visit creation
- Encounter and clinical notes recording
- Medication prescription
- Lab ordering & results
Reference to outbound & Inbound HL7 ORM/ORU messages

- Immunizations
Reference to outbound HL7 VXU message to registries

- Billing and claim submission
 EDI X12 outbound and inbound samples of claim submission & ERA, check claim status

- Sample FHIR transaction
- Reporting

# Electronic Health Records (EHR) (6 hours)

- **ONC Health IT Certification Program**
- **Privacy & Security requirements for any EHR**
- **Conformance to Web content accessibility**
- **Certified Health IT Product List**
- **EHR Reporting Program**

# Revenue Cycle Management (RCM) (6 hours)

This course covers Revenue Cycle Phases and Process - Introduction to Revenue Cycle, Patient Access, Insurance Schemes, Documentation and Charge Captures, Medical Coding, Record Completion and Coding, Medical Billing, Financial Basis, Accounts Receivable, Claims Management, Denial Analysis, Revenue Cycle Analytics.

- **What is medical Billing?**
- **Basics of healthcare revenue cycle management (RCM)**
- **What's involved in RCM?**
- Pre-registration
- Registration
- Eligibility & Benefits verification
- Prior-Authorization
- Charge capture
- Coding
- Claim submission
- Patient collections
- Remittance processing
- Denial Management
- Third-party follow-up
- Utilization review

- **Information flow**
- Front End: Scheduling, Registration, Financial Clearance, Patient Collection
- Middle-HIM and charge integrity – charge capture, clinical documentation integrity, medical coding, case management, utilization review for treatments, etc.
- Back End - claims processing, contract management, denial management, payment posting and accounts receivable (A/R) follow-up.

# Revenue Cycle Management (RCM) (6 hours)

- **Successful at Healthcare RCM**
- **Challenges or Leakage points**
- Eligibility snags, unverified insurance, underpaid claims, denied appeals, registration/codling/billing error

- **How technology helps drive revenue cycle management?**
- RCM Systems
- RCM and value-based care

- **Electronic transaction**
- EDI X12 outbound and inbound samples of eligibility verification

- **Few use cases discussion**
- **Key vendors**
- McKession, Cerner, GE Healthcare, Epic Systems, Meditech, etc.

# Healthcare Interoperability (4 hours)

This course aims to provide insights into Healthcare message exchange standards and protocols, HL7 v2 message structures, HL7 CDA and FHIR, and IHE Profiles overview. Furthermore, real-world software exercises are provided to help students better understand Healthcare interoperability using HL7 FHIR.

- **What is healthcare information exchange & data sharing?**
- **Building Blocks of Interoperability**
- **Why standards?**
- **Standards development organization**

- HL7, SMOMED, IHE, etc.

- **Types of Standards**

- Terminology Standards
- Content Standards
- Transport Standards
- Privacy and Security Standards

- **Four Levels of Interoperability**
- **Technology Evolution**
- **Messaging: exchange & structure**

- Pre-FHIR interop standards
- HL7v2
- HL7v2 vs V3
- DICOM

- **Documents: exchange & structure**
- CDA
- CDA Templates

# Healthcare Fraud, Waste and Abuse (3 hours)

This course provides an overview of health care fraud, waste, and abuse, as well as examples of FWA, FWA laws and regulations, violations, and penalties, and the role of healthcare entities, employees, and contractors in FWA prevention, detection, and reporting.

- **What is FWA (Fraud, Waste and Abuse)?**
- Fraud, with examples
- Waste with examples
- Abuse with examples
- Differences

- **Who can be involved in FWA?**
- **Laws pertaining to FWA (briefly)**
- Civil False Claims Act with an example
- Physician Self referral Law (Stark Statue)
- HIPPA

- **Penalties for violating**
- **Authorities Overseeing FWA**
- **Payment Integrity**
- What is it?
- Is it related to FWA?
- Analytics (with examples)
- Audit & Recovery

- **Quiz**

# Healthcare Interoperability (4 hours)

- **IHE Profiles**
- IHE XDS

- **FHIR based Message exchange**
- **Exercise mapping workflows to standards for possible inbound and outbound messaging**
- Transitions of Care using CDA document standard
- Lab Exchange
- Updates to Immunization registries
- Updates to Public Health Agencies
- HIEs and Clinical Information System

- **HL7 Certification**

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# HIPAA Privacy and Security Overview (2 hours)

This course covers the following topics: HIPAA Overview, HIPAA for Professionals and Individuals, Privacy and Security Regulations, Covered Entities and Business Associates, Breach Notification, Compliance & Enforcement, and HIPAA Aspects in Electronic Transactions..

## HIPAA Awareness Training

- **Introduction to HIPAA**
- **Using and Disclosing PHI**
- **HIPAA Privacy**
- **HIPAA Security**
- **HIPAA State Laws**
- **Breach Notifications & Rules**
- **Who must comply with HIPAA Rules?**
- **HIPAA for Consumers**
- **HIPAA for Providers**
- **HIPAA for Regulators**
- **Becoming HIPAA Compliant**
- **Quiz**

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