

ahima revenue cycle management certification

AHIMA Revenue Cycle Management Certification: A Comprehensive Analysis

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Publisher: Health Information Management Systems Society (HIMSS)

HIMSS is a global non-profit organization focused on better health through information and technology. Their authority on topics related to the AHIMA revenue cycle management certification stems from their extensive network of healthcare professionals, their commitment to advancing health IT, and their role in shaping industry standards. Their publication of this analysis lends credibility due to their established reputation within the healthcare IT field.

Editor: Dr. David Lee, PhD, MHA

Dr. David Lee holds a PhD in Healthcare Administration and a Master's in Health Administration. He has over 20 years of experience in healthcare management consulting and has specialized in revenue cycle optimization for hospitals and healthcare systems. His expertise ensures the accuracy and relevance of the information presented.

Keywords: AHIMA Revenue Cycle Management Certification, Revenue Cycle Management, Healthcare Revenue Cycle, AHIMA Certification, Medical Billing and Coding, Healthcare Administration, Revenue Cycle Specialist, RCM Certification, Health Information Management.

The Historical Context of AHIMA Revenue Cycle Management Certification

The AHIMA (American Health Information Management Association) Revenue Cycle Management (RCM) certification reflects a growing recognition of the crucial role of efficient revenue cycle processes in the financial health of healthcare organizations. Historically, healthcare billing and coding were largely viewed as separate functions. However, the increasing complexity of healthcare reimbursement, coupled with the rise of electronic health records (EHRs) and value-based care models, necessitated a more integrated and strategic approach. This evolution spurred the development of specialized certifications focused on the entire revenue cycle, emphasizing the interconnectedness of various processes like patient access, coding, billing, and collections. The AHIMA certification, therefore, represents a response to this evolution, providing professionals with a standardized framework for knowledge and skills in managing the complete revenue cycle.

While AHIMA has offered various certifications relevant to specific aspects of the revenue cycle (e.g., coding, billing), the specific certification dedicated to RCM represents a more holistic approach, reflecting the industry's shift towards a more integrated view of revenue cycle management. The earlier certifications provided a strong foundation, but the comprehensive AHIMA Revenue Cycle Management certification integrates this knowledge with a strategic, leadership-oriented approach to managing the entire process. This reflects a broader trend in healthcare towards data-driven decision-making and performance improvement within the revenue cycle.

Current Relevance of the AHIMA Revenue Cycle Management Certification

The AHIMA Revenue Cycle Management certification remains highly relevant in today's dynamic healthcare landscape. The complexities of healthcare financing continue to grow, with payers constantly introducing new regulations and reimbursement models. Healthcare organizations face increasing pressure to improve efficiency, reduce costs, and enhance patient satisfaction. In this context, professionals with expertise in optimizing the revenue cycle are essential for organizational success.

The certification demonstrates a commitment to professional development and competence, enhancing credibility and marketability for individuals seeking career advancement in revenue cycle management. The AHIMA certification is widely recognized by employers in the healthcare industry, signifying a level of expertise and professionalism.

Specifically, the AHIMA Revenue Cycle Management certification is valuable because it:

Provides a comprehensive understanding of the entire revenue cycle: It encompasses all key processes, including patient access, pre-authorization, coding and billing, claims processing, collections, and revenue cycle analytics.

Enhances analytical and problem-solving skills: The certification equips professionals with the skills to identify areas of improvement in the revenue cycle and implement effective strategies to optimize performance.

Demonstrates a commitment to professional excellence: Earning the certification signifies a dedication to staying current with industry best practices and advancements in technology.

Improves career prospects: Possessing the AHIMA Revenue Cycle Management certification can significantly enhance job prospects and earning potential.

Facilitates leadership opportunities: The certification builds a solid foundation for those aspiring to leadership roles in revenue cycle management.

The Value Proposition of the AHIMA Revenue Cycle Management Certification

The certification offers tangible benefits both to individuals and healthcare organizations. For individuals, it signifies expertise and boosts career prospects. It opens doors to better job opportunities, higher salaries, and leadership positions. For healthcare organizations, hiring certified professionals translates to improved revenue cycle performance, reduced costs, enhanced compliance, and better financial health. The AHIMA Revenue Cycle Management certification becomes a valuable asset in attracting and retaining high-quality talent, further strengthening the organization's ability to manage its revenue cycle effectively.

Conclusion

The AHIMA Revenue Cycle Management certification has evolved alongside the complexities of the healthcare industry. It reflects a critical shift towards a more integrated and strategic approach to revenue cycle management. The certification's continuing relevance stems from the ongoing need for professionals who can navigate the intricacies of healthcare reimbursement, optimize revenue cycle processes, and contribute to the financial stability of healthcare organizations. Its value proposition is undeniable, benefiting both certified individuals and the healthcare organizations that employ them. The AHIMA Revenue Cycle Management certification remains a cornerstone of professional development within the healthcare revenue cycle management field.

FAQs

1. What are the prerequisites for the AHIMA Revenue Cycle Management certification? Prerequisites typically include specific work experience in revenue cycle management and a passing score on the certification examination. Specific requirements are outlined on the AHIMA website.
1. How long is the AHIMA Revenue Cycle Management certification valid? The certification typically has a renewal process requiring continuing education credits to maintain its validity.
1. What is the cost of the AHIMA Revenue Cycle Management certification? The cost of the exam and associated fees are detailed on the AHIMA website and may vary.
1. What types of jobs can I get with the AHIMA Revenue Cycle Management certification? Possible roles include Revenue Cycle Manager, Revenue Cycle Analyst, Billing Specialist, Coding Supervisor, and various other leadership roles within revenue cycle management departments.
1. How does the AHIMA Revenue Cycle Management certification compare to other RCM certifications? While other certifications exist, the AHIMA certification carries significant weight and recognition within the healthcare industry.
1. What are the key topics covered in the AHIMA Revenue Cycle Management certification exam? The exam covers a broad range of topics, including patient access, coding, billing, claims processing, collections, and revenue cycle analytics. Details are available on the AHIMA website.
1. What continuing education opportunities are available for AHIMA Revenue Cycle Management certified professionals? AHIMA offers various continuing education resources, including webinars, conferences, and

online courses to help maintain certification.

1. How can I prepare for the AHIMA Revenue Cycle Management certification exam? AHIMA provides study materials and resources to help candidates prepare for the exam. Many prep courses are also available from various providers.
1. Is the AHIMA Revenue Cycle Management certification internationally recognized? While its primary recognition is within the US healthcare system, the principles and knowledge gained are generally applicable to revenue cycle management in various international healthcare settings.

Related Articles

1. "Mastering the AHIMA Revenue Cycle Management Certification Exam: A Step-by-Step Guide": A detailed guide on how to prepare for and pass the AHIMA RCM exam, covering study strategies, practice questions, and resource recommendations.
1. "The Evolving Role of Technology in AHIMA Revenue Cycle Management": An analysis of how technological advancements, such as AI and machine learning, are impacting revenue cycle management and the skills needed by certified professionals.
1. "Improving Revenue Cycle Efficiency through AHIMA Certified Professionals": A case study demonstrating how employing AHIMA RCM certified professionals impacts the financial performance of healthcare organizations.
1. "The Impact of Value-Based Care on the AHIMA Revenue Cycle Management Certification": An exploration of how the shift toward value-based care models affects the relevance and application of AHIMA RCM certification skills.

1. "Comparative Analysis of AHIMA and Other Revenue Cycle Management Certifications": A comparison of AHIMA RCM certification with other similar certifications, highlighting the strengths and weaknesses of each.
1. "Career Paths for AHIMA Revenue Cycle Management Certified Professionals": An exploration of various career opportunities available for professionals holding the AHIMA RCM certification, including salary ranges and job growth projections.
1. "The Future of Revenue Cycle Management and the AHIMA Certification": A look into the future trends of the RCM field and how the AHIMA certification adapts to meet evolving needs.
1. "Best Practices for Revenue Cycle Management Based on AHIMA Certification Standards": A compilation of best practices in revenue cycle management aligned with the knowledge and skills outlined in the AHIMA RCM certification.
1. "AHIMA Revenue Cycle Management Certification: A Return on Investment for Healthcare Organizations": An analysis showcasing the return on investment (ROI) that healthcare organizations gain by employing AHIMA RCM certified professionals.

ahima revenue cycle management certification: Registered Health Information Administrator (RHIA) Patricia Shaw, Darcy Carter, Heather Merkley, 2010-01-01

ahima revenue cycle management certification: *Principles of Healthcare Reimbursement and Revenue Cycle Management, Eighth Edition* Anne Casto, Susan White, 2023-10-02

ahima revenue cycle management certification: The Complete RHIT & RHIA Prep: A Guide for Your Certification Exam and Your Career Payel Bhattacharya Madero, 2019-11-06

Aligned to the latest AHIMA Core Competencies, The Complete RHIT and RHIA Prep: A Guide for Your Certification Exam and Your Career provides a comprehensive review of the RHIT and RHIA Exam Competency Standards through RHIT Review Online Interactive Modules, online test prep, and an accompanying text that will help students prepare for the RHIT exam. The RHIT Review Online Interactive Modules are a set of online presentations that use voiceover to review essential

topic and provide practicum exercises and interactive decision making simulations to ensure student understanding. Additionally, each of these interactive modules offers a 10 question multiple choice domain topic test. Once students have completed all the interactive modules, they can test their knowledge by taking a final mock exam and/or access hundreds of multiple choice questions for practice and review. The accompanying text offers additional multiple-choice questions, reviews details about the exam and more.

ahima revenue cycle management certification: *RHIT Exam Secrets Study Guide* Rhit Exam Secrets Test Prep, 2018-04-12 ***Includes Practice Test Questions*** RHIT Exam Secrets helps you ace the Registered Health Information Technician Exam without weeks and months of endless studying. Our comprehensive RHIT Exam Secrets study guide is written by our exam experts, who painstakingly researched every topic and concept that you need to know to ace your test. Our original research reveals specific weaknesses that you can exploit to increase your exam score more than you've ever imagined. RHIT Exam Secrets includes: The 5 Secret Keys to RHIT Exam Success: Time is Your Greatest Enemy, Guessing is Not Guesswork, Practice Smarter, Not Harder, Prepare, Don't Procrastinate, Test Yourself; A comprehensive General Strategy review including: Make Predictions, Answer the Question, Benchmark, Valid Information, Avoid Fact Traps, Milk the Question, The Trap of Familiarity, Eliminate Answers, Tough Questions, Brainstorm, Read Carefully, Face Value, Prefixes, Hedge Phrases, Switchback Words, New Information, Time Management, Contextual Clues, Don't Panic, Pace Yourself, Answer Selection, Check Your Work, Beware of Directly Quoted Answers, Slang, Extreme Statements, Answer Choice Families; A comprehensive Content review including: Health Data Management, Electronic Health Record, Sequencing, Jukebox, Cache Memory, Progress Notes, Physical Examination Thorax, Patient Chart Order, Diagnosis-Related Groups, Levels of Interoperability, Soap Progress Note, Discharge and Follow-Up Plans, Calculating Autopsy Rates, Census Statistics, Discuss Interval Data, Frequency Polygon, Pearson Correlation Co-Efficient, Chi-Square Test, Life-Table Analysis, Experimental Epidemiology, Patient Safety Measurements, Risk Management, HIPAA, Patient Rights, Transplant, Trauma Data, Anesthesia Report, Pathology Report, Recovery Room Record, Operating Report, Postpartum, Progress Notes, Electrocardiographic, Diagnostic Imaging, Joint Commission, Long-Term Care Facilities, Home Healthcare, and much more...

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Full-color illustrations aid comprehension and help you visualize concepts. UPDATED information accurately depicts today's technology, including records processing in the EHR and hybrid environments, digital storage concerns, information systems implementation, and security issues, including HITECH's impact on HIPAA regulations. NEW! Glossary terms and definitions plus acronyms/abbreviations in the margins provide easy access to definitions of key vocabulary and confusing abbreviations. NEW! Go Tos in the margins cross-reference the textbook by specific chapters. NEW Coding boxes in the margins provide examples of common code sets. Over 100 NEW vocabulary terms and definitions ensure that the material is current and comprehensive. NEW Patient Care Perspective and Career Tips at the end of chapters include examples of important HIM activities in patient care and customer service.

ahima revenue cycle management certification: *Health Informatics: Practical Guide for Healthcare and Information Technology Professionals (Sixth Edition)* Robert E. Hoyt, Ann K. Yoshihashi, 2014 Health Informatics (HI) focuses on the application of Information Technology (IT) to the field of medicine to improve individual and population healthcare delivery, education and research. This extensively updated fifth edition reflects the current knowledge in Health Informatics and provides learning objectives, key points, case studies and references.

ahima revenue cycle management certification: HCCPS Level II Professional , 2020-12 Accurately report supplies and services for physician, hospital outpatient, and ASC settings with the Ingenix HCCPS Level II Professional. Use this comprehensive reference for the HCCPS code set that focuses on management of reimbursement. Organized to enhance coding capability without added complexity, this user-friendly book provides coders with a reference to increase efficiency and reduce workload by helping them locate the right code the first time.

ahima revenue cycle management certification: **CPHIMS Review Guide** Himss, 2016-07-27 Whether you're taking the CPHIMS exam, or simply want the most current and comprehensive overview in healthcare information and management systems today - this completely revised and updated third edition has it all. But for those preparing for the CPHIMS exam, this book is an ideal study partner. The content reflects the exam content outline covering healthcare and technology environments; systems analysis, design, selection, implementation, support, maintenance, testing, evaluation, privacy and security; and administration leadership management. Candidates can challenge themselves with the sample multiple choice questions at the end of the book.

ahima revenue cycle management certification: *CPT Professional 2022* American Medical Association, 2021-09-17 CPT(R) 2022 Professional Edition is the definitive AMA-authored resource to help healthcare professionals correctly report and bill medical procedures and services.

ahima revenue cycle management certification: *Justcoding's Practical Guide to Coding Management* Rose T. Dunn, 2016-10-01 JustCoding's Practical Guide to Coding Management Rose T. Dunn, MBA, RHIA, CPA, FACHE, FHFMA, CHPS ICD-10's arrival changed more than code selection--it's also brought challenges related to coder productivity, coding quality and accuracy, staffing shortages, coder education and training, and the increased need for auditing. The old rules and standards for running a department no longer apply, and coding managers must update their efforts, just as coders themselves have. This book gives coding managers new benchmarks, standards, and tips to ensure they're running an effective coding department. It provides strategies for coder retention, best practices to balance internal and outsourced coders, and tips for managing on-site and remote staff. The book also provides much-needed information for managers on how to educate their teams on coding's role within the revenue cycle.

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ahima revenue cycle management certification: **Fundamentals of Law for Health Informatics and Information Management** Melanie S. Brodnik, 2013-08-15 Health law is a rapidly changing field, and students entering the HIM fields require the most recent knowledge to move the profession forward and achieve legal compliance. This revised reprint of Fundamentals of

Law for Health Informatics and Information Management contains updates to the second edition. New features and major updates in to this edition include: Medical Identity Theft and Red Flags Rule Contracts, Antitrust, and Corporate Healthcare Liability 2013 HIPAA Privacy and Security updates under ARRA and HITECH updates, including Breach Notification Requirements Meaningful Use E-Discovery Security Safeguard Mechanisms Key Features Online resources include a linked reference list Addresses topics critical to effective HIM practice Instructor manual available online

ahima revenue cycle management certification: Documentation for Health Records Cheryl Gregg Fahrenholz, Ruthann Russo, 2013-01-01

ahima revenue cycle management certification: *Certified Documentation Improvement Practitioner (CDIP) Exam Preparation* Sharon Easterling, 2016

ahima revenue cycle management certification: The Complete Guide to CDI Management Cheryl Ericson, Stephanie Hawley, RN, Bsn, ACM, Anny Pang Yuen, 2016-01-28 The Complete Guide to CDI Management Cheryl Ericson, MS, RN, CCDS, CDIP Stephanie Hawley, RN, BSN, ACM Anny Pang Yuen, RHIA, CCS, CCDS, CDIP Managing a CDI department can be a daunting task for new and seasoned managers alike. The Complete Guide to CDIManagement provides CDI program managers and directors with insight into the most common issues associated with implementing, staffing, running, and growing a CDI department. The book also covers core skills such as auditing and metrics, and it provides strategies for overcoming challenges related to electronic records, changing regulatory landscapes, and resource limitations. The Complete Guide to CDI Management incorporates the deep expertise of multiple authors with varied backgrounds who have come together to share their firsthand knowledge. From reporting structures and productivity measurement to defining a mission and physician engagement, this definitive resource addresses the wide array of issues facing CDI managers and directors in today's hospital environment. Table of Contents About the Authors Introduction Chapter 1: An Introduction to CDI for the New Manager History of Coded Data The Medical Coder The Prospective Payment System Adding Severity Into the DRG Methodology CDI Basics Summary Chapter 2: Growing a CDI Department The Traditional Role of CDI CDI Review Population Principal Diagnosis Assignment Types of DRG Reviews Quality Focus Summary Chapter 3: Developing Relationships Sharing the Mission Physician Engagement Obstacles to Developing a Physician Relationship Leveraging Queries as an Educational Tool The Art of Clinical Validation The Query Format Query Templates Fostering a Relationship With Coding Networking Summary Chapter 4: Department Structures and Staffing Expectations Department Structures Staffing/Hiring Physician Advisor Creating a Career Ladder Continuing Education CDI Department Meetings Evaluations Credentialing Initialing vs. Revitalizing Summary Chapter 5: Demonstrating the Return on Investment Measuring Success Productivity and Sample Metrics Summary Chapter 6: Challenges and How to Overcome Them Organization Issues Resource Issues Summary Appendixes Appendix A: Resources

ahima revenue cycle management certification: First Steps in Outpatient CDI Anny Pang Yuen, Page Knauss, 2017-06-22 First Steps in Outpatient CDI: Tips and Tools for Building a Program Anny P. Yuen, RHIA, CCS, CCDS, CDIP Page Knauss, BSN, RN, LNC, ACM, CPC, CDEO Find best practices and helpful advice for getting started in outpatient CDI with First Steps in Outpatient CDI: Tips and Tools for Building a Program. This first-of-its-kind book provides an overview of what outpatient CDI entails, covers industry guidance and standards for outpatient documentation, reviews the duties of outpatient CDI specialists, and examines how to obtain backing from leadership. Accurate documentation is important not just for code assignment, but also for a variety of quality and reimbursement concerns. In the past decade, outpatient visits increased by 44% while hospital visits decreased by nearly 20%, according to the Medicare Payment Advisory Commission. However, just because physicians are outside the hospital walls doesn't mean they're free from documentation challenges. For these reasons, CDI programs are offering their assistance to physician practices, ambulatory surgical centers, and even emergency rooms. This book will explore those opportunities and take a look at how others are expanding their record review efforts in the outpatient world. This book will help you: Target the outpatient settings that offer the greatest CDI

opportunities Understand the quality and payment initiatives affecting outpatient services
Understand the coding differences between inpatient and outpatient settings Identify data targets
Incorporate physician needs to ensure support for program expansion Assess needs by program type

ahima revenue cycle management certification: Step-By-Step Medical Coding, 2017 Edition
Carol J. Buck, 2016-12-06 Resource ordered for the Health Information Technology program 105301.

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Ryan Sandefer, David Marc, 2015-12-08

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Karen Smiley, 2019-12-05 The definitive guide to starting a successful career in medical billing and coding With the healthcare sector growing at breakneck speed—it's currently the largest employment sector in the U.S. and expanding fast—medical billing and coding specialists are more essential than ever. These critical experts, also known as medical records and health information technicians, keep systems working smoothly by ensuring patient billing and insurance data are accurately and efficiently administered. This updated edition provides everything you need to begin—and then excel in—your chosen career. From finding the right study course and the latest certification requirements to industry standard practices and insider tips for dealing with government agencies and insurance companies, Medical Billing & Coding For Dummies has you completely covered. Find out about the flexible employment options available and how to qualify Understand the latest updates to the ICD-10 Get familiar with ethical and legal issues Discover ways to stay competitive and get ahead The prognosis is good—get this book today and set yourself up with the perfect prescription for a bright, secure, and financially healthy future!

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ahima revenue cycle management certification: DRG Expert Ingenix, 2010-09 THE DRG EXPERT has been a trusted and comprehensive reference to the DRG classification system for over 25 years. Organized by major diagnostic category (MDC), the convenient and innovative book layout follows the logical MS-DRG decision process. This is a must-have reference for those who need to verify DRG information and accurately assign MS-DRGs concurrently or retrospectively.

ahima revenue cycle management certification: 2021 ICD-10-CM Expert Aapc, 2020-09

ahima revenue cycle management certification: Risk Adjustment Documentation and Coding Sheri Poe Bernard, 2020-03-02 Risk-adjustment practices consider chronic diseases as predictors of future health care needs and expenses. Correct and detailed documentation and compliant diagnosis coding are critical for proper risk adjustment. Risk Adjustment Documentation & Coding, 2nd Edition provides: Risk-adjustment parameters to improve documentation related to severity of illness and chronic diseases. Code abstraction guidelines and recommendations to

improve diagnostic coding accuracy without causing financial harm to the practice or health facility. Chronic disease ICD-10-CM coding summaries for quick reference and study. The impact of risk-adjustment coding (hierarchical condition category (HCC) coding) on a practice should not be underestimated: More than 75 million Americans are enrolled in risk-adjusted insurance plans. This population represents more than 20% of those insured in the United States. Insurance risk pools under the Affordable Care Act include risk adjustment. CMS has proposed expanding audits on risk-adjustment coding. FEATURES AND BENEFITS Five chapters delivering an overview of risk adjustment, common administrative errors, best practices, and guidance for development of internal risk-adjustment coding policies. Ten chronic disease ICD-10-CM coding summaries for quick reference and study. Two appendices offering mappings and tabular information of ICD-10-CM codes that risk-adjust to HCCs and RxHCCs. Learning and design features: Vocabulary terms highlighted within the text and defined at the bottom of the page. Advice/Alert Notes that highlight important coding and documentation advice from federal regulatory sources. Sidebars that provide derivative story and additional information, such as Coding Tips that guide coders with practical advice from sources like AHA's Coding Clinic and cautionary notes about conflicts and exceptions Clinical Examples that underscore key documentation issues for risk adjustment Clinical Coding Examples that provide snippets or full encounter notes and codes to illustrate risk-adjustment coding and documentation concepts Documentation tips that highlight recommendations to physicians regarding what should be included in the medical record or how ICD-10-CM may classify specific terms Examples that explain difficult concepts and promote understanding of those concepts as they relate to a section FYI call outs that provide quick facts Abstract & Code It! exercises that test diagnosis abstraction and coding skills (exclusive to Chapter 4) Extensive end-of-chapter Evaluate Your Understanding sections that include multiple-choice questions, true-or false questions, audit and Internet-based exercises. Two downloadable course tests and slide presentations for each chapter. Exclusive content for academic educators: A test bank containing 100 questions and a mock risk-adjustment certification exam with 150 questions.

ahima revenue cycle management certification: The Revenue Integrity Manager's Guidebook Rose T Dunn, 2018-04

ahima revenue cycle management certification: Understanding Health Insurance: A Guide to Billing and Reimbursement - 2020 Michelle Green, 2020-01-02 Prepare for a successful career in medical billing and insurance processing or revenue management with the help of Green's UNDERSTANDING HEALTH INSURANCE: A GUIDE TO BILLING AND REIMBURSEMENT, 2020 Edition. This comprehensive, inviting book presents the latest medical code sets and coding guidelines as you learn to complete health plan claims and master revenue management concepts. This edition focuses on today's most important topics, including managed care, legal and regulatory issues, coding systems and compliance, reimbursement methods, clinical documentation improvement, coding for medical necessity, and common health insurance plans. Updates introduce new legislation that impacts health care. You also examine the impact on ICD-10-CM, CPT, and HCPCS level II coding; revenue cycle management; and individual health plans. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

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ahima revenue cycle management certification: Quality and Performance Improvement in Healthcare Patricia Shaw, Darcy Carter, 2024-10-11

ahima revenue cycle management certification: *Certified Coding Associate (CCA) Exam*

Prep, 3rd Edition Dorine Bennett, Kathy Dorale, 2012-09-14 Certified Coding Associate (CCA) Exam Preparation provides ICD-9-CM and CPT[®] practice you need to face the CCA certification exam with confidence. The practice exams and practice questions included on the accompanying CD-ROM simulate the exam experience and provide opportunities to apply your knowledge and skills. This edition is updated based on ICD-9-CM codes effective October 1, 2011, and CPT codes effective January 1, 2012. CCA Exam Preparation includes general exam information and covers the following CCA domains: Domain 1: Classification Systems Domain 2: Reimbursement Methodologies? Domain 3: Health Records and Data Content? Domain 4: Compliance? Domain 5: Information Technology? Domain 6: Confidentiality and Privacy. Key Features: 200 multiple choice practice questions organized by CCA domains and tasks and two practice exams (100 questions each), Answer key w/ rationales and references All answers include rationales and references to enhance learning CD-ROM with three timed, self-scoring practice exams and the 200 practice questions.

ahima revenue cycle management certification: Healthcare Financial Management , 2007 Some issues accompanied by supplements.

ahima revenue cycle management certification: *The Health Information Workforce* Kerryn Butler-Henderson, Karen Day, Kathleen Gray, 2021-11-10 This book provides a detailed guide to the highly specialised but little known health information workforce - people who are health informaticians, digital health experts, and managers of health data, health information and health knowledge. It explains the basis of their unique functions within healthcare - their educational pathways and standards, professional qualifications and industry certifications, scholarly foundations and principles of good practice. It explores their challenges, including the rise of the health consumer movement, the drive to improve equity and quality in healthcare, new technologies such as artificial intelligence, and the COVID-19 infodemic. Case studies describe how practitioners in real-world roles around the world are addressing the digital transformation of health. The Health Information Workforce: Current and Future Developments offers insights into a skilled group of people who are essential for healthcare services to function, for care providers to practice at the top of their scope, for researchers to generate significant insights, and for care consumers to be empowered participants in health systems. This book offers new perspectives for anyone working or intending to work in the health sector. It is a critical resource for health workforce planners, employers and educators seeking guidance on the specialised capabilities needed for high performance in an increasingly information-intensive sector.

ahima revenue cycle management certification: Health Information Exchange Brian Dixon, 2022-11-13 Health Information Exchange: Navigating and Managing a Network of Health Information Systems, Second Edition, now fully updated, is a practical guide on how to understand, manage and make use of a health information exchange infrastructure, which moves patient-centered information within the health care system. The book informs and guides the development of new infrastructures as well as the management of existing and expanding infrastructures across the globe. Sections explore the reasons for the health information exchange (HIE) infrastructures, how to manage them, examines the key drivers of HIE, and barriers to their widespread use. In addition, the book explains the underlying technologies and methods for conducting HIE across communities as well as nations. Finally, the book explains the principles of governing an organization that chiefly moves protected health information around. The text unravels the complexities of HIE and provides guidance for those who need to access HIE data and support operations. - Encompasses comprehensive knowledge on the technology and governance of health information exchanges (HIEs) - Presents business school style case studies that explore why a given HIE has or hasn't been successful - Discusses the kinds of data and practical examples of the infrastructure required to exchange clinical data to support modern medicine in a world of disparate EHR systems

Additional Resources

Wiki AAPC vs AHIMA Credential

Oct 26, 2017 · Also, AHIMA approved college degree programs (RHIA and RHIT) are widely recommended if you are going to be working in an HIM department at a hospital. Coders and ...

AAPC Credential Verification, CPC Certification Verification

Validate the credentials of a Certified Professional Coder (CPC). AAPC helps you with medical coding credential verification.

Wiki - Anyone have AAPC and AHIMA credentials?

Aug 2, 2012 · I have heard that the CPC-H is an equivalent certification to the CCS. Is this the case? Would I have the same opportunities as a CCS with the CPC-H credential? I have my ...

Medical Coding Continuing Education Unit Policy, CEU Policy

AAPC does not accept CEUs from other entities that offer "AHIMA approved" CEUs. These organizations must apply separately for AAPC CEUs and receive an AAPC index number and ...

How to get CPC certified? - AAPC

The Certified Professional Coder (CPC) credential is the most recognized medical coding certification in the healthcare industry.

CIC Certification- Hospital Coding - Certified Inpatient Coder

Prepare for CIC certification and earn 40% more than non-credentialed coders for inpatient & hospital coding. AAPC helps you with CIC certification exam.

Wiki - AHIMA CEU's count for AAPC credit?

Apr 18, 2013 · My employer is also giving us training for ICD 10 w/ the AHIMA product. When I brought up this same scenario to them because about half of the Coding Dept is AHIMA and ...

Medical Coding - Medical Billing - Medical Auditing - AAPC

The nation's largest medical coding training and certification association for medical coders and medical coding jobs.

The 5 KPIs of a Great CDI Team - AAPC Knowledge Center

Apr 1, 2025 · Heather Greene, MBA, RHIA, CDEI, CIC, RCMS, CDIP, CPC, CPMA, CDEO, CRC, CPC-I, AHIMA Approved CDI Trainer, has over 20 years of experience in a variety of health ...

AHIMA compared to CPC ? | Medical Billing and Coding Forum

Jan 6, 2012 · Experiences are subjective, Lilit. I know for a fact there are hospitals and similar health networks that hire coders without their carrying AHIMA credentials. I have nothing ...

Registered Health Information Technician (RHIT) ... - AHIMA ...

Revenue Cycle Management 18-23 items 25-33 items Compliance 17-22 items 17-22 items Leadership 14-20 items 12-16 items Note: Candidates will begin being

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Syllabus: HIM*201 Health Information Management Principles

Subdomain III. B. Information Management Strategic Planning III.B.1. Explain the process used in the selection and implementation of health information management systems (2/2) Domain IV: ...

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Domain 2: Compliance with Access, Use, and Disclosure of ...

Oct 1, 2023 · 5. Support the claims management process (e.g., CDM maintenance, DNFB analysis, and A/R management) 6. Assign diagnoses and procedure codes and groupings ...

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Clinical Documentation Integrity (CDI) Toolkit for New Leaders ...

Aug 14, 2024 · health information (HI), revenue cycle/chief financial officer (CFO), case/care management, quality department, among others. The reporting structure typically influences ...

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Certified Health Data Analyst (CHDA) Exam Content Outline

1. Describe the revenue cycle management process
5. Differentiate accreditation agencies and regulatory reporting requirements
6. Demonstrate basic understanding of epidemiology and ...

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• An AHIMA Subject Matter Expert (SME) will facilitate the Council. • All
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Registered Health Information Administrator (RHIA) Exam ...

Domain 4: Revenue Management (16%) Tasks: 1. Apply knowledge necessary to
educate providers on value-based care programs and guidelines 2. Validate
coding accuracy 3. Monitor ...

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Founded in 1928 to improve health record quality, AHIMA has played a
leadership role in the effective management of health data and medical
records needed to deliver quality healthcare ...

Certified Coding Specialist – Physician Based (CCS-P) Exam

1. Given a scenario, interpret Evaluation & Management (E&M) coding
guidelines. 3. Given a definition, assign appropriate modifiers. 4.
Apply CPT®/HCPCS guidelines to sequence ...

Information Integrity in the Electronic Health Record - AHIMA

information management (HIM) professionals to apply their skills and
knowledge in data capture methods, compliance, performance measurement,
revenue cycle management, and data ...

Outpatient Coder Certificate Program - AHIMA

Revenue Cycle Management (RCM) solutions for the healthcare sector. Knowledge
is a knowledge center providing educational and training services to

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Healthcare Financial Management Association

level of current health care revenue cycle knowledge and expertise. This document embodies a “key concepts” approach, which presumes that you have a basic understanding of the revenue ...

HFMA Revenue Cycle seminar 2025 - arkansashfma.org

Michael Laukaitis is an experienced leader in healthcare IT and revenue cycle management, currently serving as the Director of Revenue Cycle Analytics, Accounting, and Quality ...

Principles Of Healthcare Reimbursement Chapter 7

Principles of Healthcare Reimbursement and Revenue Cycle Management, Eighth Edition Anne Casto, Susan ... Madero, 2019-11-06 Aligned to the latest AHIMA Core Competencies, The ...

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submit three (3) or more enhancement activities during their recertification cycle will receive special recognition upon recertifying for their next cycle. 1. Participation in educational ...

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• Financial Management: Revenue Cycle • Compliance • Leadership and Management WHY TRUST AHIMA AND CAHIIM TO GUIDE YOU? For nearly a century, AHIMA has been the ...

The Importance of Implementing Clinically Intelligent

strengthen revenue cycle management, but redirect coders to perform tasks that align with their level of expertise and require critical thinking, such as reviewing complex cases. AHIMA ...

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revenue cycle certification demonstrates a huge increase financial environment for physicians use is revenue by the risks. Naham member to executive revenue cycle management and ...

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