



2714 Loker Ave. West, Suite 200
 Carlsbad, CA 92010
 760-448-1036
 www.IRMinconline.com

REVENUE MANAGEMENT EDUCATION

Performance-Driven Education

Catalog Summer 2010

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INTRODUCTION

Revenue Management Education (RME), a division of Integrated Revenue Management, Inc., announces the first full-spectrum education institution that provides healthcare executives, health information, and financial professionals a comprehensive option to meet the complex training requirements inherent in today's changing healthcare industry.

Historically, training budgets in healthcare have seldom been funded at the required level to maintain professional competency. When budget constraints become extreme, training and education are typically postponed to future years. The results of this pattern of funding are key department staff whose development was arrested when they joined the organization and who now represent a significant compliance/economic risk.

RME was established in 2003 as Revenue Management University (RMU). In the first five years alone, the product had spanned more than 50,000 hours of course development. Currently, the programs range in scope from the comprehensive, multi-course Career Builder series that provides an educational hub for critical staffs to webinars and multiple-day seminars focused on today's hottest topics. Each program features full collateral documentation and a skill-based competency measurement process. Ongoing contact with the RME faculty is always available for a minimum of 30 days after every program.

RME's premier product is the Career Builders series. This series provides a comprehensive process of supporting the educational needs of your employees from their first day on the job to retirement. Using a customized training approach that includes classroom seminars, interactive workshops, and one-on-one instruction, the Career Builder series can provide you with the optimal workforce to tackle complex healthcare environment challenges and changes.

Career Builder: Coding Training

Integrated Revenue Management, Inc.'s coding training is dedicated to enhancing clinical and coding knowledge for physicians and coders by providing the most comprehensive training and professional guides available. These training and professional guides are designed to provide the tools and skill sets required by today's complex healthcare industry.

CPT Coding Training

Developed according to guidelines set forth by the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS), this training combines medical terminology, anatomy and physiology, and descriptions of commonly performed surgical procedures with coding conventions and guidelines. This training includes instruction by our certified coders in addition to our 900+ page proprietary training manual that doubles as a reference aid when back on the job. This training can be customized to meet specific organizational needs and is the most comprehensive CPT training available. A curriculum listing is on page seven and a publication listing begins on page 19.

ICD-9-CM Coding Training

ICD-10 is on the horizon and a greater knowledge of clinical documentation will be required for coders. This training program is designed to fill the coder education gap in preparation for ICD-10 implementation as well as to provide education that is currently applicable to using ICD-9-CM. Our extensive training manual combines anatomy and physiology, medical terminology, and disease process information with coding guidelines developed by the Cooperating Parties and official references such as *Coding Clinic*. Our courses, which are led by certified coders, also include discussion about the effects of code assignment and clinical documentation on MS-DRG reimbursement. No other training material on the market today is as comprehensive and serves the purpose of preparing trainees for ICD-10 while simultaneously enhancing their ICD-9-CM coding skills. A curriculum listing begins on page eight and a publication listing begins on page 20.

Webinars

Today's hottest topics are discussed in webinars. These in-depth discussions offer hospitals the ability to keep up-to-date on current issues in a live format. Please find a list of topics on page 11.

Career Builder: Professional Revenue Management Program Training

Professional Revenue Management Program Training (PRMPT) is a comprehensive training program for Patient Access/Registration and Patient Financial Services healthcare executives and professionals. Focus areas include financial impact, technical skills, and professional development.

PRMPT provides the tools and skills to improve your process efficiency and bottom line. Additional features of this program include established competency and compliance standards, process improvement initiatives, and self-paced advancement and individual leadership growth.

The main focus of PRMPT education programs is to create high-functioning organizations by:

- ▶ Enhancing communication
- ▶ Improving customer services
- ▶ Improving employee satisfaction and retention
- ▶ Improving revenue capture processes and procedures
- ▶ Training/cross-training and understanding within departments
- ▶ Decreasing rework and backlogs
- ▶ Improving guidelines and measurements for performance assessments
- ▶ Implementing organizational development plans
- ▶ Improving knowledge sharing between departments

Curriculum listings begin on page 12.

Career Builder: Charge Audit

Revenue success depends on accurate and timely charge capture for services rendered in the healthcare setting. Failure in the charge capture process jeopardizes facility revenues, retards cash flow, and risks noncompliance and community dissatisfaction.

Charge capture is based on clinical documentation, charge assignment, and reconciliation of charges for services provided in patient care. Charge auditors play an instrumental role in

evaluating accurate charges, identifying systemic fractures, and implementing process improvement initiatives to prevent further cash flow retardation and rework.

The Charge Audit training provides the knowledge and skills needed to perform a financial and clinical charge audit, identify deficiencies in the charge capture process, and produce a “clean claim” upon original claim submission.

The “Six Steps of Auditing” presented during the course are focused on appropriate charge capture based on clinical and departmental documentation and provide the knowledge to identify systemic fractures while ensuring compliance with regulations and a healthier bottom line. A curriculum listing begins on page 15.

Career Builder: Charge Description Master

Maintaining an accurate and compliant Charge Description Master (CDM), commonly referred to as Charge Master, can be difficult, costly, and time-consuming. For facilities to receive appropriate reimbursement, they need to continuously monitor and update charging practices, HCPCS Level I and Level II codes, revenue codes, and pricing for supplies and services provided. What complicates the maintenance of the CDM for facilities is the continuous amendments of government regulations, which can further put the facility at risk of being noncompliant.

RME offers CDM training to cover the key areas that hospitals need to know for accurate CDM development and maintenance. Critical topics include:

- ▶ How to build a CDM line item
- ▶ Practical strategies for pricing
- ▶ How to create an audit trail
- ▶ Mapping and bill presentation strategies

In addition to excellent general strategies for CDM development and maintenance, attendees are taught specific and specialized service areas to be addressed. Also included is the CDM manual, which is provided to every attendee. Hospital services that are addressed include, but are not limited to, Emergency Department, Pain Management, Pharmacy, and Radiology. A curriculum listing begins on page 16.

Career Builder: Process Improvement

Process Improvement (PI) is a business strategy that produces measurable results by focusing on opportunities within an organization to improve, simplify, and integrate work processes and procedures. The goal of PI is to dig deep enough to identify the root cause rather than focus on symptoms of the problem. This approach prevents correction of the same type of problem over and over again. Continuous process improvement of a hospital's revenue cycle is crucial to the financial health of the organization.

RME offers process improvement training designed for revenue management in the health-care industry. Process improvement topics discussed in this one-day training include:

- ▶ Process Improvement Frameworks
- ▶ Setting goals or aim statements
- ▶ The importance of synergistically developed processes
- ▶ Tips for forming PI teams
- ▶ Quantification and reporting of PI results

Process Improvement provides a powerful tool for hospitals to respond effectively to the ever-changing world of healthcare.

Career Builder: Leadership for Management

Today, an organization needs accountable leaders whose behaviors and actions combine to positively impact employees, customers, and the hospital's bottom line. It is vital that leaders and managers embrace the full scope of their responsibilities for positively impacting business results.

The demands of leadership are increasing and more complex than ever before. Organizations are seeking ways to develop leaders not only with technical competence, but with leadership and management competence as well. RME's Leadership for Management training promotes a learning environment that enables managers to focus and clarify how they can ensure accountability while building and maintaining effective human relationships.

RME's array of Leadership for Management training programs focuses on application-oriented learning experiences that address the entire role of the manager. To help new and experienced managers meet all of today's management challenges, these workshops provide a set of tools that focus on the following:

- ▶ Increasing resourcefulness and initiative
- ▶ Defining the contribution managers want to make in their specific management role
- ▶ Managing performance through a balance of accountability and trust
- ▶ Giving and receiving constructive feedback
- ▶ Improving team decision making by embracing - even encouraging - diverse viewpoints
- ▶ Implementing and maintaining a “Pay for Performance” program.

A curriculum listing begins on page 17.

Career Builder: Patient Financial Counselors

Integrated Revenue Management, Inc. offers an educational program for Patient Financial Counselors (PFC), and others (PFS Customer Services, Collections, RMD), designed to professionally inform and assist in guiding patients through clients' organization processes and payment options, in order to fulfill the ever-increasing patients' financial obligations. Further, the PFC program will enable attendants to offer patients a diverse and specific array of financial assistance programs. The PFC program can and will be tailored to each client's business and educational needs. A curriculum listing begins on page 18.

CURRICULUM

Career Builder: Coding Training

CPT-4 Coding Training

Developed according to guidelines set forth by the American Medical Association (AMA) and Centers for Medicare and Medicaid Services (CMS), these training modules combine medical terminology, anatomy and physiology, and descriptions of commonly performed surgical procedures with coding conventions and guidelines.

The training can be customized to meet specific organizational needs, is instructed by one of our certified coders, and includes our 900+ page comprehensive training manual, which doubles as a reference aid when on the job. This is the most comprehensive CPT training available.

CPT Course and Course Suites	Course #	Duration
Introduction and Tools	CC-3001	3 hrs
Integumentary System	CC-3002	4 hrs
Musculoskeletal System	CC-3003	6 hrs
Hemic and Lymphatic System	CC-3004	1 hr
Ocular System	CC-3005	2 hrs
Auditory System	CC-3006	2 hrs
Respiratory System	CC-3007	3 hrs
Digestive System	CC-3008	2 hrs
Cardiovascular System	CC-3009	7 hrs
Interventional Radiology	CC-3010	12 hrs
Urinary System	CC-3011	2.5 hrs
Reproductive System	CC-3012	3 hrs
Pain Management/Nervous System	CC-3013	6 hrs
Evaluation and Management	CC-3016	3 hrs

ICD-9-CM Coding Training

Our extensive training manual combines anatomy and physiology, medical terminology, and disease process information with coding guidelines developed by the Cooperating Parties and official references such as Coding Clinic. Our courses, which are led by certified coders, also include discussion about the effects of code assignment and clinical documentation on MS-DRG reimbursement. No other training material on the market today is as comprehensive and serves the purpose of preparing trainees for ICD-10 while simultaneously enhancing their ICD-9-CM coding skills.

ICD-10 is on the horizon, and greater knowledge of clinical documentation will be required for coders. ICD-10-CM is the anticipated clinical modification of the World Health Organization's International Classification of Diseases, 10th Revision (ICD-10). ICD-10-CM far exceeds its predecessors in the number of concepts and codes provided. The disease classification has been expanded to include health-related conditions and to provide greater specificity.

ICD-9-CM Course and Course Suites	Course #	Duration
Introduction and Tools	IC-3001	4 hrs
Infectious and Parasitic Diseases	IC-3002	6.5 hrs
Neoplasms	IC-3003	8.5 hrs
Endocrine, Nutritional, Metabolic, and Immunity	IC-3004	7 hrs
Blood and Blood Forming Organs	IC-3018	4 hrs
Mental Disorders	IC-3012	5 hrs
Nervous System and Sense Organs	IC-3005	7 hrs
Circulatory System	IC-3006	11 hrs
Respiratory System	IC-3007	5.5 hrs
Digestive System	IC-3009	6 hrs
Genitourinary System	IC-3010	6.5 hrs
Pregnancy, Childbirth, and the Puerperium	IC-3013	5 hrs
Skin and Subcutaneous Tissue	IC-3008	3 hrs
Musculoskeletal System and Connective Tissue	IC-3011	8 hrs
Congenital Anomalies	IC-3015	6 hrs
Conditions Originating in the Perinatal Period	IC-3014	5 hrs

ICD-9-CM Course and Course Suites	Course #	Duration
Symptoms, Signs, and Ill-Defined Conditions and V Codes	IC-3016	5 hrs
Injury and Poisoning and E Codes	IC-3017	7 hrs

Webinars

Webinar Topic	Month
Process Improvement Spotlight: Anesthesia Time Charging	Jan
Managed Care Forum: Denials	Feb
RAC Forum: RAC-to-Date	Mar
RAC Forum: ZPICs	Apr
Managed Care Forum: Two Client Case Studies	Apr
Rehab Inservice: Understanding & Leveraging Acute Rehab Units	May
RAC Forum: Medically Unlikely Edits	May
RAC Forum: RAC Updates	Jun
Charge Audit Forum Call: Observation	Jun
RAC Forum: Three-Day Rule	Jul
Charge Description Master Forum: Respiratory Therapy	Jul
Managed Care Forum: What are our denials telling us?	Jul
Charge Audit Forum: Supply Charges – What can we charge?	Jul
RAC Forum	Aug
Global Process Improvement: Pharmacy Charges	Aug
Charge Audit Forum: Cardiac Cath – the Ins and Outs	Aug
RAC Forum	Sep

Webinar Topic	Month
Charge Audit Forum: Pharmacy Revisited	Sep
RAC Forum	Oct
Managed Care Project	Oct
Charge Audit Forum: Respiratory Therapy – Keeping it Real	Oct
RAC Forum	Nov
Charge Audit Forum: Wound Care Clinics – Auditing Tips	Nov

Career Builder: Professional Revenue Management Program Training

Professional Revenue Management Program Training (PRMPT) provides training and utilization standards as well as the measurement and pooling of knowledge that can be used toward the implementation of career ladders in concert with Human Resources guidelines and procedures.

PRMPT consists of three levels, identified as Level I, Level II, and Level III. All entry-level staff involved in the revenue management cycle are required to participate in the Level I training program as a prerequisite to attending Level II and III courses.

Students will be given a competency test at the end of each level. The class time for PRMPT Level I is five days, and the courses are usually presented consecutively from Monday to Friday. Upon request, the class can be split into two sessions, for example, three days of instruction the first week and two days the following week.

All students passing the final exam of Level I will advance to Level II. For the candidates who don't pass, a second exam will be administered after a comprehensive refresher course. The program, including the combination of courses in each level, can be tailored to your hospital's needs and its current methods and/or practices. Please note that the course lists for Level II and Level III contain more soft-skill topics than does Level I. Level II and III courses are increasingly tailored for current and future leadership and supervisory positions.

PRMPT Level I Course Summary

PRMPT Level I Course Title	Course #	Duration
The Revenue Cycle	PT1-3001	1 hr
Confidentiality and Registration Regulations	PT1-3017	3 hrs
Authorizations	PT1-3002	2 hrs
Coordination of Benefits	PT1-3003	2 hrs
Customer Service	PT1-3015	1 hr
Medical Terminology and Coding	PT1-3011	1 hr
Healthcare Reimbursement – Past and Present	PT1-3007	1 hr
Payer Contracts	PT1-3008	4 hrs

PRMPT Level I Course Title	Course #	Duration
Introduction to Managed Care	PT1-3013	1 hr
Bill Presentation	PT1-3009	1 hr
Follow-Up and Collections	PT1-3005	2 hrs
Effective Communication	PT1-3016	2 hrs
Third Party Liability	PT1-3004	2 hrs
Liens	PT1-3006	2 hrs
Workers' Compensation	PT1-3014	2 hrs
Medicare Compliance	PT1-3012	2 hrs

PRMPT Level II Course Summary

PRMPT Level II Course Title	Course #	Duration
Advanced Customer Service	PT2-3008	1 hr
Business Correspondence	PT2-3009	1.5 hrs
Project Management	PT2-3002	2.5 hrs
Introduction to Process Mapping	PT2-3014	1 hr
Payer Contracts	PT2-3003	4 hrs
Team Behaviors	PT2-3010	2 hrs
The Revenue Cycle	PT2-3001	1 hr
Unbilled Accounts	PT2-3004	1.5 hrs
Hospital Computer Systems	PT2-3007	1 hr
Information System Report Writing	PT2-3005	1 hr
Effective Presentations	PT2-3011	2 hrs
Conflict Resolution	PT2-3012	2 hrs
Health Information Management	PT2-3006	1 hr
Charge Description Master and Reimbursement	PT2-3008	2 hrs
Time Management	PT2-3013	2.5 hrs

PRMPT Level III Course Summary

PRMPT Level III Course Title	Course #	Duration
My Place in the Revenue Cycle	PT3-3001	.5 hr
Leading Customer-Focused Teams	PT3-3007	1.5 hrs
Motivation Skills	PT3-3008	1.5 hrs
Charge Description Master and Reimbursement	PT3-3003	1 hr
Hospital Information Systems Technical Writing	PT3-3004	2 hrs
Business and Technical Writing	PT3-3005	1 hr
Meeting Facilitation Skills	PT3-3015	2.5 hrs
Ethics, Responsibility, and Ambiguity	PT3-3009	3 hrs
Compliance	PT3-3014	2 hrs
Advanced Presentation Skills	PT3-3013	3 hrs
Customer Services and Private Pay Collections	PT3-3011	1 hr
The Basics of Statistics	PT3-3016	2 hrs
Management Tools for Process Improvement	PT3-3017	3 hrs
Business Ethics and Quality Assurance	PT3-3010	2.5 hrs

While the above are week-long, on-site courses, special arrangements can be made for longer or shorter programs, designed to meet individual group needs. A good example is “The Patient Access Professional,” a customer service oriented, one-day program, adapted for the Registration Specialist. The program can also be shortened to meet your specific needs and customized to include some of your hospital’s policies and procedures.

In addition to the PRMPT Levels I, II and III programs, RME also offers customized Coordination of Benefits (COB), Eligibility and Verification, Consumer-Directed Health Plans (CDHP), and numerous other managed care and developmental courses and programs. We can also help you develop and implement strategic organizational change road maps and development plans.

Career Builder: Charge Audit

The Charge Audit training provides the knowledge and skills needed to perform a financial and clinical charge audit, identify deficiencies in the charge capture process, and produce a “clean claim” upon original claim submission.

The “Six Steps of Auditing” presented during the course is focused on appropriate charge capture based on clinical documentation and provides the knowledge to identify systemic fractures while ensuring compliance with regulations and a healthier bottom line.

Charge Capture • 1-Day Course	Course #
Patient <ul style="list-style-type: none"> • Quality of Care • Quality of Services 	CA-3001
Hospital/Healthcare Provider <ul style="list-style-type: none"> • Charge Capture Compliance • Provider Stability • Staff Stability • Credibility in the Community • Productivity 	CA-3002
Community <ul style="list-style-type: none"> • Employment • Easily Accessible • Source of Community Health Education • Source of other Social Services in Rural Areas • Source of Community Pride 	CA-3003

Six Steps of Auditing • 2-Day Course	Course #
Determining Payer and Service Area	CA-3004
Conducting Itemized Statement Review and Creating a Breakdown	CA-3005
Medical Record Review <ul style="list-style-type: none"> • Compliance (Medicare and The Joint Commission) • Documentation • Safety (The Joint Commission and OSHA) 	CA-3006

Six Steps of Auditing • 2-Day Course	Course #
Determining Overcharges and Undercharges	CA-3007
Producing Audit Reports	CA-3008
Identifying Revenue Benefits	CA-3009
Trended Observations and Recommendations <ul style="list-style-type: none"> • Quality Care • Risk Analysis • Documentation • Compliance 	CA-3010

Proficiency Development • 1-Day Course	Course #
Comprehensive Case Studies	CA-3011
Case Studies: Impact on Quality, Compliance, and Revenue	CA-3012

Career Builder: Charge Description Master (CDM)

The CDM is a critical revenue tool that continuously needs to be updated and monitored for accuracy and compliance. Healthcare facilities often do not have a dedicated person with both the clinical and financial knowledge needed to continually assess and make the necessary changes.

Course and Course Suites • 2-Day Course	Course #
Introduction to the CDM	CM-3001
Review of Service Descriptions <ul style="list-style-type: none"> • Service Areas • Departments 	CM-3002
Revenue Codes (CMS and FI)	CM-3003
CPT/HCPCS Codes <ul style="list-style-type: none"> • New/Updated Code • Invalid Codes 	CM-3004
CMS Compliance	CM-3005
Noncovered Items	CM-3006
Routine Supplies, Services and Other Unbundled Charges	CM-3007

Course and Course Suites • 2-Day Course	Course #
Tips to a Compliant CDM	CM-3008
Tips on CDM Maintenance	CM-3009

Career Builder: Leadership for Management

RME’s array of Leadership for Management training programs focuses on application-oriented learning experiences that address the role of the manager in its entirety. To help new and experienced managers meet all of today’s management challenges, these workshops provide a set of tools that focus on the following:

- ▶ Increasing resourcefulness and initiative
- ▶ Defining the contribution managers want to make in their specific management roles
- ▶ Managing performance through a balance of accountability and trust
- ▶ Giving and receiving constructive feedback
- ▶ Improving team decision making by embracing – even encouraging – diverse viewpoints
- ▶ Implementing and maintaining a “Pay for Performance” program

Leadership for Management Course Title	Course #	Duration
Revenue Cycle	LM-3001	1 hr
Leadership and Management Process	LM-3002	2 hrs
Process Improvement (PI)	LM-3007	3 hrs
Ethics, Responsibility and Ambiguity in Business	LM-3008	1 hr
Time Management	LM-3013	4 hrs
Team Building	LM-3012	4 hrs
Mentoring, Giving and Receiving Feedback	LM-3003	1.5 hrs
Project Management	LM-3010	1.5 hrs
Motivation	LM-3009	1.5 hrs
Work Styles – Results through People	LM-3004	4 hrs

Career Builder: Patient Financial Counselors

IRM offers an educational program for Patient Financial Counselors, and others (PFS Customer Services, Collections, RMD), designed to professionally inform and assist in guiding patients through clients' organization processes and payment options, in order to fulfill the ever-increasing patients' financial obligations. Further, the PFC program will enable attendants to offer patients a diverse and specific array of financial assistance programs. The PFC program can and will be tailored to each client's business and educational needs.

Patient Financial Counselors Course Title	Course #	Duration
Revenue Cycle - Savvy PFCs and their Personality	PFC-3001	1 hr
Credit 101 for PFCs	PFC-3002	1 hr
Math 101 for PFCs	PFC-3003	1 hr
Negotiating Financial Arrangements	PFC-3004	3 hrs
Understanding Patient Financial Insurance	PFC-3005	2 hrs
Private Pay Collections	PFC-3006	4 hrs
Coordination of Benefits 101	PFC-3007	4 hrs
Effective Patient Communication	PFC-3008	2 hrs
Understanding Advance Beneficiary Notice (ABN) for Fiscal Intermediaries (FI)	PFC-3009	2 hrs
Documenting Patient Financial Arrangements	PFC-3010	2 hrs
Time Management	PFC-3011	2 hrs
Business Ethics	PRC-3012	2 hrs

PUBLICATIONS

Coding Training

CPT-4 Coding

CPT-4 Publications Title	Type	Item #
CPT-4 Coding: Vascular Interventional Radiology	Book CD	CC-1010 CC-2010
CPT-4 Coding: Vascular Interventional Radiology & Quick Reference - Vascular IR Cards	Book & Cards CD & Cards	CC-1999 CC-2999
CPT-4 Coding: Quick Reference – Vascular IR Cards	Cards	CC-1998
Comprehensive Guide to Surgical CPT Coding (includes modules indicated below with *)	Book CD	CC-1000 CC-2000
Introduction and Tools*	Book CD	CC-1001 CC-2001
Integumentary System*	Book CD	CC-1002 CC-2002
Musculoskeletal System*	Book CD	CC-1003 CC-2003
Hemic, Lymphatic and Endocrine System*	Book CD	CC-1004 CC-2004
Ocular System*	Book CD	CC-1005 CC-2005
Auditory System*	Book CD	CC-1006 CC-2006
Respiratory System*	Book CD	CC-1007 CC-2007
Gastrointestinal System*	Book CD	CC-1008 CC-2008
Cardiovascular System*	Book CD	CC-1009 CC-2009

CPT-4 Publications Title	Type	Item #
Urinary System*	Book CD	CC-1011 CC-2011
Male and Female Reproductive Systems*	Book CD	CC-1012 CC-2012
Nervous System and Pain Management*	Book CD	CC-1013 CC-2013
Evaluation and Management	Book CD	CC-1015 CC-2015
Injections and Infusions Toolkit	Book CD	CC-1016 CC-2016
Observation Toolkit	Book CD	CC-1017 CC-2017

ICD-9-CM Coding

ICD-9-CM Publications Title	Type	Item #
Comprehensive Guide to ICD-9-CM Coding (includes all modules listed below)	Book CD	IC-1000 IC-2000
Introduction and Tools	Book CD	IC-1001 IC-2001
Infectious and Parasitic Diseases	Book CD	IC-1002 IC-2002
Neoplasms	Book CD	IC-1003 IC-2003
Endocrine, Nutritional, Metabolic, and Immunity	Book CD	IC-1004 IC-2004
Blood and Blood Forming Organs	Book CD	IC-1018 IC-2018
Mental Disorders	Book CD	IC-1012 IC-2012
Nervous System and Sense Organs	Book CD	IC-1005 IC-2005

ICD-9-CM Publications Title	Type	Item #
Circulatory System	Book CD	IC-1006 IC-2006
Respiratory System	Book CD	IC-1007 IC-2007
Digestive System	Book CD	IC-1009 IC-2009
Genitourinary System	Book CD	IC-1010 IC-2010
Complication of Pregnancy, Childbirth, and the Puerperium	Book CD	IC-1013 IC-2013
Skin and Subcutaneous Tissue	Book CD	IC-1008 IC-2008
Musculoskeletal System and Connective Tissue	Book CD	IC-1011 IC-2011
Congenital Anomalies	Book CD	IC-1015 IC-2015
Conditions Originating in the Perinatal Period	Book CD	IC-1014 IC-2014
Symptoms, Signs, and Ill-Defined Conditions and V Codes	Book CD	IC-1016 IC-2016
Injury and Poisoning and E Codes	Book CD	IC-1017 IC-2017

EDUCATORS' CURRICULA VITAE

Alyse Adelstein

With her emphasis on Charge Description Master (CDM), a Subject Master Expert (SME) with Integrated Revenue Management (IRM), Alyse, Senior Director of Revenue Management, contributes more than 20 years of top-level revenue and charge description master management experience for healthcare and hospital systems.

Before joining IRM, Alyse was the Revenue Director for Alta Healthcare, a for-profit multi-hospital organization in California. Her experience also includes leadership positions with Tenet Healthcare, a large for-profit health system. Her expertise is revenue operations, including: chart audit, patient financial services, admissions, implement/update CDM, daily reporting of revenue, health information management coding changes, information technology updates and processes, materials management patient chargeable items, and documentation.

Alyse is a member of American Association of Medical Auditor Specialists (AAMAS).

Kevin Anderson, MBA

Kevin is a Senior Director of Revenue Management with Integrated Revenue Management, Inc. Kevin's more than 15 years of healthcare financial management expertise includes managed care contract negotiations/analysis and acute care finance/operations. Kevin's career began as an accountant in the Home Health Division of Fairview Health Systems in Minneapolis, Minnesota. Five years later, Kevin joined Scripps Health in San Diego where he held several positions within the departments of Revenue Management, Managed Care Contracting, and Finance Operations. Kevin also spent time at Hoag Hospital in Newport Beach, California, and was responsible for managed care revenue management and contract analysis in negotiations. Since joining IRM in January of 2008, Kevin has helped improve client net revenues by \$25 million. Kevin's knowledge of managed care contracts, reimbursement, revenue cycle processes, and finance operations brings a valuable combination of experience in working together with revenue cycle leaders and financial executives in today's healthcare market.

Marty Beckman, MA, RHIT, CCS

Marty is a Nosologist/Revenue Management Educator for IRM and has 12 years of experience in the HIM field, including eight years as a hospital coder and over three years as part of the nosology coding support team at 3M Health Information Systems. He is

also co-facilitator for the AHIMA hospital inpatient coding community. Marty has given presentations and written articles on a variety of topics such as the coding of respiratory system diagnoses, systolic and diastolic heart failure, and hip replacement bearing surfaces.

Joan Bergen

Joan is a Revenue Management Educator-Charge Audit for IRM. In 1985, Joan began her auditing career in the recovery field at Loma Linda University. Her experience includes work as part of a team to implement a new charge protocol for multiple departments and review of contracts for numerous clients within the field of managed care. Joan has been employed with two major hospitals in the Los Angeles area. With IRM, Joan has presented methods to departmental directors and CFOs throughout the United States to improve recovery, implement a new service, or begin a defense program. She has assisted a number of hospitals in an effort to decrease lost revenue and to improve documentation errors. Joan is also a member of AAMAS.

Hanna Brandner, M.A.M.

Hanna, Director of Revenue Management University, has more than 20 years experience with professional activities as a training and coaching consultant in various industries, both domestic and foreign. She has worked primarily in the Medical Device industry, Information Systems and Technology branch, as well as in large hospitals and commercial and government enterprises. As a well-versed, seasoned, and world-traveled professional, Hanna possesses an in-depth understanding of business, finance, politics, and human nature and its diversity, challenges, and potential. She incorporates her vast experience in the design, development, and delivery of comprehensive training programs, primarily for Patient Access/Registration and Patient Financial Services staff and leadership.

Dawn Davidson, CPC, RCC

Mrs. Davidson is a Nosologist/CBR Analyst and Coding Educator for IRM. She has 20 years of experience in the healthcare industry, which includes ambulatory surgery center, outpatient hospital, and multispecialty physician group practice coding and billing. Her strengths are coding education, billing, reimbursement, denial management, and process improvement. She has also brought up several physician group practices on Electronic Medical Records.

Danielle Depratt-Koelbl

Danielle, National Director of Reimbursement for IRM, has more than ten years experience in the healthcare industry. Throughout her career in healthcare education, Danielle has provided clients with comprehensive revenue management solutions specializing in revenue recovery and process improvement.

Prior to joining IRM, Danielle was the Director of Analysis and Planning at Spinemark Corporation, providing financial consulting, analysis, and strategy to her hospital clients. Danielle's team created innovative, customized programs and business models to secure their clients' positions as industry leaders in spine, pain management, neurosciences, and musculoskeletal service lines.

Danielle was previously a Senior Consultant at Triage Consulting Group, where she conducted revenue cycle audits to identify lost revenues, provided the tools to recoup underpaid amounts, trained staff on how to mitigate risk moving forward, and assisted in contract negotiations with managed care payers.

Terri Johnson

Ms. Johnson, Director of Revenue Management, has more than 13 years of healthcare experience. She has worked in risk management, hospital information systems, decision support services, and revenue management.

Before joining Integrated Revenue Management, Ms. Johnson served as director of revenue management for a not-for-profit Catholic healthcare system. At Integrated Revenue Management, she is responsible for process improvement, which includes client support and process improvement education programs.

Sheldrian Leflore, BA, CPC

Ms. Leflore is a Director of Revenue Management with IRM. Her experience includes both hospital and physician practice operations management; providing financial analysis, and medical coding and billing education within each realm. As a national presenter for the American Academy of Professional Coders, Sheldrian has toured the country speaking on cardiology and interventional radiology coding and reimbursement issues. She has also authored and co-authored industry standard coding publications. A recognized leader in her field, Sheldrian is often requested as a keynote speaker to share her knowledge and expertise.

Dawn Lodge, RN, CPC

Dawn, National Director, Healthcare Auditing Services, Charge Capture, has more than 24 years of acute hospital clinical experience and six years of revenue integrity/CDM experience. Her experience includes work with denial management, data integrity, charge capture auditing, and process improvement projects. A recent certified coder and a registered nurse since 1978, Dawn's clinical background includes medical-surgical nursing and operating room nursing in areas that include cardiac, neurology, endoscopic, orthopedic, and general/vascular specialties. She has served as business manager for surgical services with duties in budget, capital, and daily operations. Currently at IRM she is responsible for the charge audit division: focusing on education, client support, and quality review processes.

Kenneth Macklem, RHIT, CCS

Kenneth has been in the Health Information Management field for more than 23 years and has worked at some of the premier healthcare providers in California. Mr. Macklem began specializing in coding in 1990 and then branched out to H.I.M. and Coding operations management. Over the last 10 years, he has focused on education, systems administrations, and Revenue Cycle. In his most recent role, Kenneth provided coding and data analysis to support business services, clinical services, quality management, and decision support. Ken is also knowledgeable in all areas of coding-related computer applications, accounting system interfaces, and information flow processes. He helped to develop UCLA's Clinical Data Quality Program to improve clinical documentation for coding and assisted in all revenue cycle initiatives.

Mary Reed

Mary, Revenue Management Specialist-Charge Audit, is a Subject Matter Expert with IRM. Mary began her charge auditing career in 1985, has worked at a variety of hospitals, has trained numerous auditors, and is a member of the American Association of Medical Audit Specialists. Mary has traveled the country to work with charge auditors, departmental managers, and in-house staff to improve charging policies and to increase revenue. Mary is often requested to speak and share her knowledge within her field.

Adriana van der Graaf, MBA, RHIA, CHP, CCS

Adriana has more than 30 years of experience in Health Information Management roles ranging from HIM Director in hospitals from 50 beds to 1000 beds, Health Information Technology Instructor, Senior Consultant for a National Health Information Management Consulting Company, and Revenue Cycle Administrator. She has been responsible for

overseeing staff functions in health information, registration, and patient financial services and chargemaster, with staff in multiple locations. She has successfully implemented several clinical documentation improvement programs in hospitals of varying sizes and is an active volunteer in AHIMA and HIMSS. Currently, Adriana is the National Director for Healthcare Reform Services for Integrated Revenue Management, responsible for Clinical Documentation Improvement Program Healthcare Solutions.

Karen Vosberg

Karen Vosberg, Director of Revenue Management, brings more than 30 years of health-care experience to IRM. Karen previously worked as an interim Director of Patient Financial Services, Project Manager, auditor, and educator. In her position of Third Party Billing Manager with a multi-facility healthcare organization in San Diego County, she was responsible for billing and collections for two acute facilities, two skilled nursing facilities and a home health agency. Karen also spent time at UCSD Medical Center as a Senior Analyst and at Scripps Health in various positions within the Revenue Management Department, focusing on Managed Care and Process Improvement.

