Healthcare Revenue Cycle Management and Billing Training Course



23 - 27 Nov 2026

California

7900 € (Per Person)

Ref: #HSM2380_106694

Course Introduction / Overview:

The financial health of any healthcare organization is intrinsically linked to the efficiency and accuracy of its revenue cycle management (RCM) and medical billing processes. This comprehensive training course is meticulously designed to provide a deep, A-to-Z understanding of the entire healthcare revenue lifecycle, from patient registration to final payment resolution. In a landscape shaped by complex regulations and evolving reimbursement models, mastering RCM is no longer optional—it is essential for survival and growth. This program, offered by BIG BEN Training Center, delves into the critical components of the revenue cycle, drawing on established principles from industry experts. As discussed by authors like David E. Marcinko in works such as "The Business of Medical Practice," effective RCM requires a blend of operational precision, regulatory knowledge, and strategic financial management. Participants will explore practical strategies for optimizing each stage of the cycle, minimizing claim denials, ensuring regulatory compliance, and ultimately enhancing the organization's cash flow and financial viability. The curriculum is structured to transform theoretical knowledge into actionable skills, empowering professionals to navigate the complexities of medical billing and drive sustainable financial performance within their institutions.

Target Audience / This training course is suitable for:

- Medical Billing Specialists and Managers.
- Healthcare Administrators and Practice Managers.
- Revenue Cycle Managers and Directors.
- Patient Account Representatives.
- Medical Coders and Coding Supervisors.
- Healthcare Finance Professionals.
- Claims Adjudicators and Analysts.
- Health Information Management (HIM) Professionals.
- Compliance Officers in Healthcare.
- Clinic and Hospital Department Heads.

Target Sectors and Industries:

- Hospitals and Health Systems.
- Physician Practices and Private Clinics.
- Specialty Medical Groups.
- Third-Party Medical Billing Companies.
- Outpatient Surgical and Diagnostic Centers.
- Long-Term Care and Skilled Nursing Facilities.
- Home Health Agencies.
- Health Insurance Companies.
- Governmental healthcare agencies and public health organizations.

Target Organizations Departments:

- Finance and Accounting Departments.
- Patient Financial Services and Patient Access Departments.
- Billing and Collections Departments.
- Health Information Management (HIM) and Coding Departments.
- Compliance and Risk Management Departments.
- Administration and Operations Departments.
- Managed Care and Contracting Departments.

Course Offerings:

By the end of this course, the participants will have able to:

- Master the end-to-end revenue cycle management process from front-end to back-end.
- Implement effective strategies for patient registration, insurance verification, and prior authorization.
- Apply correct medical coding principles (ICD-10, CPT) for accurate claim submission.
- Develop robust charge capture and reconciliation processes to prevent revenue leakage.
- Analyze and manage claim denials proactively to improve first-pass resolution rates.
- Optimize accounts receivable (A/R) follow-up and patient collections strategies.
- Ensure full compliance with healthcare regulations such as HIPAA in all billing activities.
- Utilize key performance indicators (KPIs) to measure and improve RCM performance.
- Navigate the complexities of payer contracts and reimbursement models.
- Enhance the patient financial experience to improve satisfaction and payment rates.

Course Methodology:

The training methodology at BIG BEN Training Center is designed to foster a dynamic and immersive learning environment that bridges theory with real-world application. This course moves beyond traditional lectures to embrace a hands-on, interactive approach. Participants will engage in detailed case studies analyzing complex billing scenarios and claim denial patterns, allowing them to practice critical thinking and problem-solving skills in a controlled setting. Interactive group discussions and workshops will encourage the sharing of experiences and best practices for challenges like patient collections and prior authorization hurdles. Practical exercises will focus on key tasks such as claim scrubbing, interpreting an Explanation of Benefits (EOB), and developing effective denial appeal letters. The facilitator will provide continuous, constructive feedback throughout the sessions to guide learning and ensure concepts are thoroughly understood. This blended methodology ensures that participants not only grasp the fundamental principles of revenue cycle management but also leave with the confidence and practical skills to implement optimization strategies immediately within their organizations, driving tangible improvements in financial performance and operational efficiency.

Course Agenda (Course Units):

Unit One: Fundamentals of Healthcare Revenue Cycle Management

- Introduction to the Revenue Cycle Management (RCM) framework.
- The key stages of the revenue cycle: front-end, mid-cycle, and back-end.
- Understanding key terminology and acronyms in medical billing.
- The impact of RCM on a healthcare organization's financial health.
- The patient journey through the revenue cycle.
- Roles and responsibilities of the RCM team.
- Introduction to major payers: government and commercial.

Unit Two: Front-End Processes and Patient Engagement

- The critical role of patient scheduling and registration.
- Best practices for insurance eligibility and benefits verification.
- Mastering the prior authorization and referral management process.
- Techniques for effective patient financial counseling.
- Price transparency and good faith estimates.
- Strategies for accurate patient demographic and insurance data capture.
- Minimizing front-end errors to prevent back-end denials.

Unit Three: Mid-Cycle Processes: Coding, Charge Capture, and Claims

- Fundamentals of medical coding: ICD-10-CM, CPT, and HCPCS Level II.
- The principles of accurate and compliant charge capture.
- Charge Description Master (CDM) management and integrity.
- The process of claim submission and electronic data interchange (EDI).
- Understanding the role of clearinghouses in claims processing.
- Techniques for claim scrubbing and ensuring clean claims.
- Common reasons for claim rejections at the clearinghouse level.

Unit Four: Back-End Processes: Adjudication and Collections

- The lifecycle of a claim after submission.
- Payment posting, contractual adjustments, and remittance advice.
- A deep dive into denial management: identifying, tracking, and appealing denials.
- Root cause analysis for denial prevention.
- Strategies for effective accounts receivable (A/R) follow-up.
- Best practices for patient statements and collections.
- Managing credit balances and patient refunds.

Unit Five: RCM Optimization, Compliance, and Analytics

- Key Performance Indicators (KPIs) for measuring RCM success.
- Using data analytics and reporting to drive RCM improvements.
- Ensuring HIPAA compliance in all billing and collection activities.
- Navigating audits from payers and government agencies.
- The impact of value-based care models on the revenue cycle.
- Leveraging technology and automation in RCM.
- Future trends and challenges in healthcare revenue cycle management.

FAQ:

Qualifications required for registering to this course?

There are no requirements.

How long is each daily session, and what is the total number of training hours for the course?

This training course spans five days, with daily sessions ranging between 4 to 5 hours, including breaks and interactive activities, bringing the total duration to 20 - 25 training hours.

Something to think about:

As healthcare shifts towards value-based care models, how must traditional revenue cycle processes evolve to align reimbursement with patient outcomes rather than just the volume of services provided?

What unique qualities does this course offer compared to other courses?

This training course distinguishes itself by adopting a holistic and strategic perspective on revenue cycle management, moving beyond the procedural mechanics of billing and coding. While other programs may focus narrowly on claim submission, our curriculum emphasizes the interconnectedness of all RCM stages, from the initial patient contact to the final payment. We place a significant emphasis on proactive denial prevention rather than reactive denial management, equipping participants with the analytical skills to identify root causes of denials within their front-end and mid-cycle processes. The course integrates critical discussions on the patient financial experience, recognizing that patient satisfaction is directly linked to financial outcomes. Furthermore, it provides a forward-looking view by exploring the impact of emerging trends like value-based care and automation, ensuring participants are prepared for the future of healthcare finance. The content is grounded in practical, actionable strategies that can be implemented immediately, focusing on optimizing existing workflows and leveraging data analytics to drive decision-making, thereby offering a more profound and lasting impact on organizational financial health.