



BEST PRACTICE BUSINESS SOLUTIONS INC.
PH (984) 319-7357 FAX (919) 935-0858
EMAIL: INFO@BESTPRACTICEBUSOLUTIONS.COM

Revenue Cycle Management Masterclass

Course Overview

The Revenue Cycle Management Masterclass is an advanced executive training program designed for healthcare and mental health practice owners who want to master every stage of the revenue cycle and build financially healthy, high-performing practices.

This course includes all topics covered in the Medical Billing, Coding & Accounts Receivable Masterclass and expands into advanced operational management, provider credentialing, payer enrollment, EHR optimization, clearinghouse management, contract management, financial analytics, leadership, and strategic business growth. Participants will learn how each department within a healthcare organization contributes to revenue generation and how to create streamlined systems that improve reimbursement, reduce operational inefficiencies, and support sustainable growth.

Learning Objectives

Upon completion of this course, participants will be able to:

- Design and manage an efficient revenue cycle.
- Optimize front-end and back-end workflows.
- Successfully credential providers and enroll with insurance payers.
- Navigate payer portals and clearinghouses.
- Improve financial reporting and KPI monitoring.
- Reduce revenue leakage.
- Strengthen operational performance.
- Develop scalable systems that support practice growth.

This Course Includes Everything Covered In:

- ✓ Medical Billing
- ✓ Medical Coding
- ✓ Accounts Receivable Management
- ✓ Claims Management
- ✓ Denial Management
- ✓ Compliance
- ✓ Billing Analytics



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Course Modules

Module 1: Introduction to Healthcare Reimbursement

- Understanding the healthcare revenue process
- Types of insurance payers
- Behavioral health reimbursement models
- Fee-for-service vs. value-based care
- Insurance terminology

Module 2: Patient Registration & Insurance Verification

- Patient demographics
- Insurance eligibility verification
- Coordination of benefits
- Prior authorizations
- Financial responsibility
- Patient intake best practices

Module 3: Medical Billing Fundamentals

- Complete billing workflow
- Charge entry
- Claim creation
- Electronic claim submission
- Payment posting
- Insurance follow-up
- Patient billing
- Collections



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Module 4: Behavioral Health Coding

- ICD-10-CM coding
- CPT coding
- HCPCS codes
- Psychiatry-specific coding
- Psychotherapy codes
- Evaluation & Management (E/M) services
- Telehealth coding
- Documentation requirements

Module 5: Claims Management

- Clean claim principles
- Claim edits
- Rejected claims
- Denied claims
- Corrected claims
- Appeals process
- Timely filing requirements

Module 6: Payment Posting & Reconciliation

- ERA processing
- EOB interpretation
- Secondary insurance
- Coordination of benefits
- Credit balances
- Payment reconciliation



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Module 7: Accounts Receivable Management

- A/R aging reports
- Insurance aging
- Patient aging
- Collection strategies
- Outstanding balances
- Write-offs
- Payment plans
- Improving cash flow

Module 8: Denial Management

- Root-cause analysis
- Common denial reasons
- Appeals process
- Underpayments
- Preventing future denials
- Denial analytics

Module 9: Compliance & Documentation

- HIPAA requirements
- Documentation standards
- Medical necessity
- OIG compliance
- Audit readiness
- Fraud, waste, and abuse prevention



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Module 10: Financial Reporting & Billing KPIs

- Days in A/R
- Net collection rate
- Clean claim rate
- First-pass resolution rate
- Denial rate
- Collection ratio
- Monthly billing reports
- Executive dashboards

Plus, the following advanced topics:

Module 11: Provider Credentialing

Individual provider credentialing
Group credentialing
CAQH profile setup and maintenance
NPI registration and management
State licensure considerations
Credentialing documentation
Recredentialing requirements
Common credentialing delays and solutions

Module 12: Insurance Payer Enrollment

Medicare enrollment
Medicaid enrollment
Commercial insurance enrollment
Behavioral health payer participation
Contracting basics
EFT enrollment
ERA enrollment
Tracking payer applications
Maintaining active payer participation



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Module 13: Electronic Health Record (EHR) Systems Overview

- Purpose of an EHR
- Selecting the right EHR for your practice
- Common behavioral health EHR platforms
- Scheduling and calendar management
- Clinical documentation workflows
- Electronic prescribing
- Patient portal functionality
- Billing integration
- Reporting capabilities
- Security and HIPAA considerations

Module 14: Clearinghouses

- What a clearinghouse does
- Benefits of electronic claim submission
- Clearinghouse claim edits
- Rejection management
- Claim tracking
- Electronic remittance processing
- Common clearinghouse platforms
- Best practices for clean claims

Module 15: Availity Essentials

- Creating an Availity account
- Navigating the dashboard
- Eligibility and benefits verification
- Claim status inquiries
- Prior authorization requests
- Referral management
- Document uploads
- Secure messaging with payers
- Accessing payer resources
- Troubleshooting common issues



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Module 16: Revenue Cycle Technology

- Practice management software
- Billing software
- Revenue cycle automation
- AI-assisted billing tools
- Workflow automation
- Reporting and dashboards
- Revenue intelligence tools

Module 17: Financial Analytics & Executive Reporting

- Revenue forecasting
- Budget planning
- Profitability analysis
- Provider productivity metrics
- Expense management
- Benchmarking
- Executive dashboards
- Monthly business reviews

Module 18: Practice Growth & Strategic Planning

- Building a scalable practice
- Hiring and managing billing staff
- Outsourcing vs. in-house operations
- Standard operating procedures (SOPs)
- Risk management
- Quality improvement
- Business continuity planning
- Long-term financial sustainability
- Course Resources



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Participants receive:

Revenue Cycle Operations Manual
Credentialing Checklist
Payer Enrollment Tracker
CAQH Maintenance Checklist
EHR Evaluation Guide
Availity Quick Reference Guide
Clearinghouse Workflow Guide
Revenue Cycle KPI Dashboard
Practice Operations Manual Templates
Financial Reporting Workbook
Sample Policies and Procedures
Certificate of Completion

By the end of this masterclass, participants will have the knowledge, tools, and confidence to effectively manage every aspect of the revenue cycle, from provider credentialing and payer enrollment through billing, coding, collections, reporting, and financial strategy, allowing them to improve profitability, strengthen compliance, and position their healthcare practice for long-term success.



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Revenue Cycle Management Masterclass

Course Length: 12 Sessions (24 Hours)

Schedule: Monday–Thursday for Three Consecutive Weeks

Time: 5:30 PM – 7:30 PM (EST)

Course 1

August 10–13, August 17–20, August 24–27, 2026

Course 2

September 1–3, September 7–10, September 14–17, 2026

Course 3

September 22–24, September 28–October 1, October 5–8, 2026

Course 4

October 12–15, October 19–22, October 28–29, November 2–5, 2026

Course 5

November 9–12, November 16–19, November 23–24, November 30–December 3, 2026

Course 6

December 7–10, December 14–17, December 21–22, 2026

*This cohort completes 10 of the 12 sessions before the holiday break. The remaining two sessions will resume the week of **January 4, 2027**, due to the scheduled holiday closure (December 23, 2026 – January 2, 2027).*
