EDUCATION. EXPERIENCE. THE DIFFERENCE.

The Center for
Revenue Cycle Excellence

Course Catalog

Enroll online at www.hbsfocus.com or www.tcrce.org

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ABOUT CRCE - GOVERNING BODY

The Center for Revenue Cycle Excellence (CRCE) is an independent, proprietary school wholly owned by Health Business Solutions, LLC to provide targeted revenue cycle education on two levels; for individuals with a limited background in medical billing and collections so that they can qualify for high skilled revenue cycle jobs within the healthcare community, and for healthcare providers seeking to improve their business office operations. Our curriculum is designed to provide basic, intermediate and advanced revenue cycle education. We are the first institution of its kind that provides specific employer based revenue cycle education in an academic setting.

School Location: 15401 North Commerce Drive, Dearborn, MI 48120
Headquarters: 10620 Griffin Road, Suite 204, Cooper City, FL 33328

CORPORATE OFFICERS

Ray Berry, President & CEO
Janice Cedeno, Controller
Purnima Khan, Vice President of Advertising & Marketing
Melissa Bailey, Vice President of Human Resources
Lisa L Lasick, Vice President of Program Development
Renee Pipis, Vice President of Admissions and Placement
Michael Pipis, Registrar and Extern Coordinator

FACULTY

Instructor	Title	Programs
Shatina Kegler	Program Director/Instructor	RCMP, RCS-PE,CDRS, CPAS, NAV
Linda Krkuc	Program Director/Instructor	RCMP, RCS-PE,CDRS, CPAS, NAV
Jill McGarry	Instructional Design/Instructor	RCMP, RCS-PE,CDRS, CPAS, NAV
Luis Nicot	Program Director/Instructor	RCMP, RCS-PE,CDRS, CPAS, NAV

ADMISSIONS

The Center for Revenue Cycle Excellence affords equal opportunity for all qualified individuals for training and a successful job placement experience. The policy is based on the student's ability to benefit and does not discriminate on the basis of race, color, religion, national origin or ancestry, age, gender, marital status, disability, genetic information, sexual orientation, height, weight, veteran's status, or employment status.
Any exception to this policy must be approved by the CRCE administration. Falsification of any admissions information may be grounds for admission denial or dismissal from the school.

ENROLLMENT AND ENTRY DATES

New classes begin the first Monday of every month. Prospective students must complete an enrollment application, computer skills, typing test and interview by the VP of Admissions within thirty (30) days of the start of a new class.

REGISTRATION INFORMATION

Persons interested in applying for the training program can contact the school directly for an application packet or go to the school website and download a complete application.

ELIGIBILITY

All applicants must be high school graduates or have successfully completed the General Education Development (G.E.D) test for admission to the school. Applicants must also complete the assessment and pre-screening requirements as defined by the school.

High school students may be admitted (dual enrollment) pursuant to state law, or on a concurrent enrollment basis. Individuals seeking admission to the CRCE must submit a completed application along with official high school transcripts. Graduates of regionally accredited two-year and four-year colleges need not provide a high school transcript. Falsification of any admissions information may be grounds for admission denial or dismissal from the CRCE.

Due to industry regulations, students who possess a criminal background are typically not able to seek employment within a Revenue Cycle operation and are advised of such prior to submitting an application. It is therefore our policy not to admit students with criminal backgrounds who may not fully benefit from our educational and career placement programs.

FINANCIAL AID

To be eligible for state assistance, a student must:

- Have financial need, except for some loans and scholarships
- Have a high school diploma or General Education (GED) certificate
- Be enrolled as a regular student in an eligible program
- Be a U.S. citizen or eligible noncitizen
- Have a Social Security number
- Not be incarcerated
- Make satisfactory academic progress
- Sign a statement of educational purpose/certification statement on refunds and default

- Sign a statement of updated information
- Register with the Selective Service
- Have completed the admissions process at CRCE

Applicants should apply for financial aid at the beginning of the enrollment period for the school term. When you apply, you should have certain records on hand. These records are listed on the application. You should save all records and all other materials used in completing the application. You may need them later to prove the information you reported is correct. This process is called verification. The Financial Aid Office reserves the right to request income and asset verification of financial statements be submitted for need-based aid. Failure to provide the requested information will result in cancellation of award action. Falsification of income information submitted for the purpose of receiving financial assistance will result in cancellation of all future assistance and repayment of all prior assistance received falsely. If federal and/or state funds are involved, notification of the false information will be provided to the proper agencies (U.S. Department of Education and/or state authority) for their further disposition.

GRADING SYSTEM

The student's work in each course is graded on the following system. Grade points are assigned as indicated below:

Test Score	Letter Grade	Grade Points per credit hour
90-100	A - Excellent	4
80-90	B - Good	3
70-80	C - Fair	2
60-70	F - Failure	0
	I – Incomplete	0
	W – Withdrawl	0

Each letter grade has a point value (see above). To compute the grade points for a course, multiply the grade point value by the number of credits. For example, a "B" in a 1-credit course is worth 3 points. A "C" in a 2-credit course is worth 4 points. To calculate a GPA, add the total grade point values for all courses and divide that figure by the total number of credits attempted.

In order to graduate from the program at CRCE, a student must have a minimum 2.0 GPA.

HOLIDAYS

The Center for Revenue Cycle Excellence observes the following holidays. The school will be closed on the following days:

- New Year's Day
- Martin Luther King Day
- Memorial Day

- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day

DROPPING/ADDING CLASSES

Adds and drops may be processed by completing an add/drop form and returning it to the Registrar's Office on the Main Campus.

Student-initiated Drop from Class or Classes:

Upon official voluntary withdrawal from class or classes, a "W" (indicator of withdrawal) is assigned as follows:

1. If a drop is made by the end of the first week of a full semester (4 weeks) class, no "W" will be recorded.
2. After week one but before the end of the 4th week of a full semester class (prorated for classes less than the full semester), the "W" (withdrawal) is automatically recorded.
3. After the 4th week of a full semester class (prorated for classes less than the full Semester), no withdrawals will be processed. Properly documented exceptions, including health and medical emergencies or an error in processing, may be considered.
4. The "W" (indicator of withdrawal) is not assigned by instructor. After the semester has ended, no grade may be changed to "W." Properly documented exceptions, including medical emergencies or an error in processing, may be considered.
5. Spring, Summer and courses shorter than a semester in length will have the appropriate dates for drop and withdrawal prorated as necessary.

Instructor-initiated Withdrawal from Class or Classes:

A faculty member may request that a student be withdrawn from class during the first 10 weeks. The procedure is as follows:

1. The faculty member submits a Faculty-initiated withdrawal form to the Registrar's Office.
2. The registrar notifies the student that the instructor recommended the student be withdrawn from class and assigned the indicator of "W" (withdrawal).
3. If the student does not respond within seven calendar days, the withdrawal form is processed and a "W" will be recorded.

REFUND POLICY

All tuition and fees paid by the applicant shall be refunded if the applicant is rejected by the school before enrolment. An application fee of $25.00 may be retained by the school if the

application is denied. All tuition and fees paid by the applicant shall be refunded if requested within three (3) business days after signing a contract with The Center of Revenue Cycle Excellence. All refunds shall be returned within thirty (30) days.

GRADUATION / DEGREE REQUIREMENTS

The student must attain a grade point average of "C" or higher (2.0 or higher on a 4.0 scale) at graduation in the course work required for the certificate, in addition to 120 hours of external internship. The CRCE has established internships with many healthcare providers and payers. Students can inquire about internship enrollment and program specifics with their academic advisor.

EXTERNSHIP REQUIREMENTS

The best experience is hands-on practical application of your newly learned skill. The CRCE Extern Department Director will assist you in finding the best location for your externship. The following externship requirements must be met to graduate:

- Students must have completed their course curriculum and must be in good academic standing in the semester prior to their participation in the Externship Program.
- Externs are required to complete a minimum of 30 hours a week up to 180 hours of unpaid externship.
- Externship credits count for financial aid purposes.
- Externs must submit journals or other written work to their Faculty Supervisor. Individual Faculty Supervisors may have additional requirements.
- Externs must submit bi-weekly time logs to The Center for Revenue Cycle Excellence.
- Externships are graded pass/fail.
- New externships must be proposed to the Extern Committee by a faculty member, who will also supervise the placement. Approval by the Committee is not guaranteed.

CAREER PLACEMENT / EMPLOYMENT OPPORTUNITIES

The professional counselors in the Admissions and Guidance Office can help you to obtain the decision-making skills necessary to organize the knowledge of values, interests and opportunities necessary to select a career. Secondly, our internship and externship programs allow students to "test the waters" with various payer and provider organizations in the community prior to seeking full-time employment. The CRCE has established relationships with various employer organizations and will assist the students in career placement.

ATTENDANCE POLICY

Students are expected to attend every class and to arrive on time. Students who expect to miss a class, or those anticipating tardiness, should let the instructor know. It is the responsibility of the student to make up any work missed.

PROBATION AND DISMISSAL

A student is automatically placed on probation when his/her cumulative grade point average falls below 1.8. A student who has been placed on probation will be removed from probation when he/she has

achieved a cumulative grade point average of 1.8 or more. A student on probation who fails to raise his/her cumulative grade point average to 1.8 or more will be subject to dismissal. Cases of dismissal may be appealed to the Academic Review Committee. A dismissed student who appeals to the Academic Review Committee and is readmitted must continue to meet with the Academic Review Committee prior to registration for any subsequent semester or until such time the cumulative grade point average improves to 1.8 or higher. A readmitted student who achieves a grade point average of 2.25 or higher, even though his/her cumulative grade point average is not 1.8, will be considered to have demonstrated significant improvement and will automatically be continued on probation for the next semester. Exceptions to this policy may be made by CRCE administration.

DISCIPLINE OTHER THAN ACADEMIC

CRCE is committed to maintaining a teaching and learning environment that fosters critical thinking, creativity, personal integrity and positive self-esteem.

Rights and Responsibilities

Students have the rights and accept the responsibilities of participating in the educational process when they participate in any course sponsored by CRCE. Each student is expected to respect the rights of others and to help create a positive environment where diversity of people and ideas are valued and tolerated. Our school will be free from intimidation, discrimination, harassment and violence. Students are expected to know and obey federal, state and local ordinances, as well as school policies and procedures.

Code of Conduct

Students at CRCE are expected to show respect for order, law, the rights of others and the mission of the school, as well as to maintain standards of personal integrity. Behavior that violates our code of conduct standards can result in disciplinary action and may result in dismissal from the school. The following violations include, but are not limited to:

1. Obstruction or disruption of teaching, administration, or other normal school operations or activities.
2. Failure to comply with directions of school officials while acting in the performance of their duties.
3. Direct or indirect threats to the health or safety of self or others.
4. Illegal use, possession or distribution of alcoholic beverages, narcotics, or controlled substances.
5. Theft or destruction on school property.
6. Misuse of school or personal technology.
7. Unauthorized entry or use of school facilities.

8. Harassment or discrimination.
9. Possession of firearms, explosives, chemicals or other dangerous weapons.
10. Conduct which is disorderly, lewd or indecent.

ACADEMIC DISHONESTY

Statement on Academic Honesty

The Center for Revenue Cycle Excellence expects students to be honest in all academic work and maintain their own integrity as well as the academic integrity and reputation of their institution. Students who seek to better their records in dishonest ways demean themselves and show a lack of regard for others. Instead, students should take full advantage of the opportunities offered by CRCE to ensure that their time here is well spent, their experience is productive and their academic credentials are valuable. Academic dishonesty is inconsistent with those aims and will not be tolerated. Academic dishonesty is an intentional act of fraud in which a student seeks to claim credit for the work or efforts of another without authorization or uses unauthorized materials or fabricated information in any academic exercise. The CRCE considers academic dishonesty to include forgery of academic documents, intentionally impeding or damaging the academic work of others or assisting other students in acts of dishonesty. It is the student's responsibility to know what constitutes academic dishonesty.

If a student is unclear whether a particular act constitutes academic dishonesty, he or she should consult with the instructor of the class involved. Any act of academic dishonesty will result in disciplinary action by the CRCE. The maximum penalty under the provisions of this policy is permanent expulsion from the CRCE. Disciplinary action will be determined according to the severity of the infraction as recommended by the faculty member and sanctioned by CRCE administration.

STUDENT RECORDS

The Registrar's office maintains academic records of all course work completed at the school. Transcripts are released only after receipt of a signed, written request from the student. Transcripts issued to the student are marked "Issued to Student." Students are given one transcript upon graduation at no charge. There is a $5.00 fee for each additional transcript. No official transcript(s) will be released if records are on hold for financial reasons or missing documentation. (See Records on Hold policy.) Students may request an unofficial transcript in this case. The word "Unofficial" will
be stamped on the transcript. Third-party transcripts from other institutions cannot be released to any individual or institution.

TRANSFER/CREDITS

Since the CRCE is a highly specialized training program, credits will not be accepted from any other institutions.

STUDENT COMPLAINTS

Students who wish to file a complaint with the State of Michigan my do so at www.michiganps.net.

READMISSION

It is the policy of the CRCE to help qualified, motivatedstudents to return to school and complete a health career program of study and obtain employment in a healthcare profession. This applies to students who have entered into a program and have withdrawn. While students are encouraged to continue their education, some students may not be academically prepared to successfully complete certain restricted enrollment programs or may be ineligible for re-entry.

A student who has been withdrawn from a restricted enrollment program for:

A. A determination of misconduct, professional misconduct, disruptivebehavior, academic dishonesty, failure to pass a criminal background check, or other "for cause" action has been dismissed and is not eligible to apply to re-enter any program.

B. Other than for determinations, the first withdrawal, either administrative or voluntary, is eligible for re-entry consideration into any program. Re-entry applicants (1) must be in good financial standing; (2) pass, if required for program admission, an updated criminal background check; (3) apply for readmission with the Admissions Department; (4) obtain academic and career advisement to determine the program of study in which they are most likely to be successful; (5) take all knowledge and skills tests required by the program for which they are seeking admission; and (6) be recommended for admission by the Admissions Department.

READMISSION, CONTINUED

C. A second or subsequent withdrawal, either administrative or voluntary, is eligible for re-entry consideration into any program except a restricted enrollment clinical program from which the student has been previously withdrawn for failure to meet academic standards. These re-entry applicants (1) must be in good financial standing; (2) pass, if required for program admission, an updated criminal background check; (3) apply for readmission with the Admissions Department; (4) obtain academic and career advisement to determine the program of study in which they are most likely to be successful; and (5) be recommended for admission by the Admission Department.

CAREER DEVELOPMENT PROGRAMS

We strongly believe that a highly trained revenue cycle specialist should also be certified in their appropriate field. Students are highly encouraged to seek professional certifications that will enhance their career opportunities. We offer the following certificate and certification programs during various times throughout the calendar year, consistent with the exam dates published by the Florida Certification Board (FCB)

- RCMP – Certified Revenue Cycle Master Professional – Hospitial
- CDRS - Certified Denial Recovery Specialist
- CPAS - Certified Patient Access Specialist
- NTP - Navigator Training Program
- RCS-PE – Revenue Cycle Specialist, Physician Environment

Certification Program: Revenue Cycle Master Professional (RCMP)

Description: The RCMP Certification Program is designed for individuals who have completed the Certified Denial Recovery Specialist (CDRS) program and have successfully completed the Certified Patient Access Specialist (CPAS) programs. This curriculum provides advanced revenue cycle education and provides the student with the knowledge, skills and experience necessary to fulfill a career in any stage of managing the revenue cycle. At the conclusion of this program, students will possess a mastery level of knowledge of the Revenue Cycle with a special emphasis on root cause analysis, financial forecasting, participation in insurance contract renegotiation, resolving denied and unpaid health insurance claims. Students will be required to present their CDRS and CPAS certificates prior to acceptance in the program.

Prerequisites: Students must be dual certified in both Certified Denial Recovery Specialists (CDRS) and a Certified Patient Access Specialist (CPAS)

Renewal: Once obtained, your RCMP Certification is valid for 1 year. Each year you must renew your CDRS Certification and CPAS with the Florida Certification Board. You must complete 10 CEU's for each program (Total CEU's = 30) each year to be eligible to renew. The annual renewal fee is $100.00 for each certification.

Module	Module Title	Theory Hours	Lab Hours	Practical App Hours	Clock Hours
MT10000	Med & HC Terminology	0	3.75	0	4
MT10001	Med Term Lec	32	0	0	32
RC11000	Regulatory Compliance	10	12	0	22
FN10000	Healthcare Finance: Intro to Accounting	32	18	20	70
CN10000	Contract Negotiation	8	12	20	40
Total					168

Tuition and Fees:

Registration Fee	Tuition	Textbook	Textbook Handling Fee	Sales Tax	Grand Totals
$100.00	$2,500.00	$80.00	$5.95	$4.80	$2,710.75

Total Hours (Theory/Lab/Clinical) 168
Total Instructional Weeks 4 weeks
Credential Earned Certificate of Completion and able to apply for Certification

Certification: Certified Denial Recovery Specialist (CDRS)

Description: The CDRS is a credential granted by the Florida Certification Board for those individuals who demonstrate and maintain professional competency in the field of healthcare revenue cycle with an emphasis in resolving health insurance claims that have been denied, reduced or unpaid by the patient's health insurance carrier.

Prerequisites/Requirements: High School Diploma or equivalent plus 2 years demonstrated and verifiable experience in Patient Access, Patient Accounting and/or Healthcare Revenue Cycle. Completion of entire course curriculum required. Student must pass the CDRS exam with a score of 80% or higher.

Renewal: Once obtained, your CDRS Certification is valid for 1 year. Each year you must renew your CDRS Certification with the Florida Certification Board. You must complete 10 CEU's each year to be eligible to renew. The annual renewal fee is $50.

Module	Module Title	Theory Hours	Lab Hours	Practical App Hours	Clock Hours
BL12000	Coding Basics		10	15	25
CA10000	Computer Applications	32	3	15	50
CN10000	Contract Interpretation and Negotiation Strategies	8		15	23
CB10000	Coordination of Benefits Assignment		9.5	15	24
CM10000	Customer Communications Skills	3.75	6.25	15	25
MT10000	Medical & Healthcare Terminology	32	3.75	15	51
AC10000	Patient Balance Determination and Communication		3.75	15	19
PY10000	Payer Identification and Eligibility Verification		11.75	15	27
RC11000	Regulatory Compliance		12.25	15	27
RC10000	Revenue Cycle Reimbursement Concepts		2.75	15	18
PY11000	Third Party Follow Up		5.50	15	20
CL10000	1500 Validation		8.75	2	11
CL10000	UB Validation		8.75	15	24
DM10000	Denial Management Strategies	32		24	56
	Subtotals	108	86	206	400

Tuition and Fees:

Registration Fee	Tuition	Textbook	Textbook Handling Fee	Sales Tax	Grand Totals
$100.00	$6,000.00	$200.00	$5.95	$12.00	$6,317.95

Total Hours (Theory/Lab/Clinical) 400
Total Instructional Weeks 16 weeks
Credential Earned Certificate of Completion and able to apply for Certification

Certification: Certified Patient Access Specialist (CPAS)

Description: The CPAS is a credential granted by the Florida Certification Board and intended for those individuals who demonstrate and maintain professional competency in the field of healthcare revenue cycle with an emphasis on the front-end of revenue cycle - patient access, registration and intake. The CPAS Certification demonstrates to your colleagues that you possess both the industry knowledge and people skills to take on this very important front line position. To receive your CPAS Certification, you must pass the CPAS Exam administered by the Florida Certification Board with a score of at least 80% in all categories.

Prerequisites/Requirements: High School Diploma or equivalent plus 2 years demonstrated and verifiable experience in Patient Access, Patient Accounting and/or Healthcare Revenue Cycle. Completion of entire course curriculum required. Student must pass the CPAS exam with a score of 80% or higher.

Renewal: Once obtained, your CPAS Certification is valid for 1 year. Each year you may renew your CPAS Certification with the Florida Certification Board. You must complete 10 CEUs each year to be eligible to renew. The annual renewal fee is $50.

Module	Module Title	Theory Hours	Lab Hours	Practical App Hours	Clock Hours
BL12000	Coding Basics		10	15	25
CA10000	Computer Applications	32	3	15	50
CB10000	Coordination of Benefits Assignment		9.5	15	24
CM10000	Customer Communications Skills	3.75	6.25	15	25
MT10000	Medical & Healthcare Terminology	32	3.75	15	51
AC10000	Patient Balance Determination and Communication		3.75	15	29
PA10000	Patient Intake Data Gathering & Verification		6.25	15	21
PY10000	Payer Identification and Eligibility Verification		11.75	15	27
RC11000	Regulatory Compliance		12.25	15	27

RC10000	Revenue Cycle Reimbursement Concepts		2.75	15	18
CL10000	UB Validation		8.75	15	24
DM10000	Denial Management Strategies	32		47	79
	Subtotals	100	78	212	400

Tuition and Fees:

Registration Fee	Tuition	Textbook	Textbook Handling Fee	Sales Tax	Grand Totals
$100.00	$6,000.00	$200.00	$5.95	$12.00	$6,317.95

Total Hours (Theory/Lab/Clinical) 400
Total Instructional Weeks 16 weeks
Credential Earned Certificate of Completion and able to apply for Certification

Certificate Program: Navigator Training (NTP)

Description: This is a certificate program designed to prepare the student for the role of a Navigator. With the implementation of the Affordable Care Act, Navigators will be in high demand. If you enjoy working with people and like to be on the cutting-edge of the healthcare revenue cycle industry, this program may be your path to a new career.

Prerequisites/Requirements: High School Diploma or equivalent. Certificate issued upon completion of entire course curriculum.

Renewals: Renewal is not required.

Module	Module Title	Theory Hours	Lab Hours	Practical App Hours	Clock Hours
BL12000	Coding Basics		10	9	19
CA10000	Computer Applications	32	3	14	49
CB10000	Coordination of Benefits Assignment		9.5	15	24
CM10000	Customer Communications Skills	3.75	6.25	15	25
MT10000	Medical & Healthcare Terminology	32	3.75	15	51
AC10000	Patient Balance Determination and Communication	11	3.75	30	19
PA10000	Patient Intake Data Gathering & Verification	11	6.25	30	21
PY10000	Payer Identification and Eligibility Verification		11.75	30	27
RC11000	Regulatory Compliance		12.25	15	27
RC10000	Revenue Cycle Reimbursement Concepts		2.75	15	18
CL10000	UB Validation		8.75	0	23
DM10000	Denial Management Strategies	10		15	25
GV10000	CMS Navigator Program		20	0	72
	Subtotals	99.75	97	203	400

Tuition and Fees:

Registration Fee	Tuition	Textbook	Textbook Handling Fee	Sales Tax	Grand Totals
$100.00	$5,700.00	$200.00	$5.95	$12.00	$6,017.95

Total Hours (Theory/Lab/Clinical) 400
Total Instructional Weeks 16 weeks
Credential Earned Certificate of Completion

Certificate Program: Revenue Cycle Specialist – Physician Environment(RCS–PE)

Description: This is a certificate program designed for individuals with no prior healthcare billing/collection experience seeking employment in a physician's office as a Front Office or Billing/Collections Representative, or for individuals seeking continuing education. Employment in a physician's office is a common way for many to enter into a career in the healthcare revenue cycle industry. This program will assist the student in obtaining the fundamentals necessary to pursue work in the physician environment. This program of study includes course work designed to introduce you to the basics of coding utilized in physician's offices.

Prerequisites/Requirements: High School Diploma or equivalent. Certificate issued upon completion of entire course curriculum.

Renewals: Certificates are valid for 3 years and can be renewed provided that you complete 10 hours of CEU's per year. The renewal Fee is $50.

Module	Module Title	Theory Hours	Lab Hours	Practical App Hours	Clock Hours
BL12000	Coding Basics		10	15	25
CA10000	Computer Applications	32	3	15	50
CN10000	Contract Interpretation and Negotiation Strategies	8		15	23
CB10000	Coordination of Benefits Assignment		9.5	15	24
CM10000	Customer Communications Skills	3.75	6.25	15	25
MT10000	Medical & Healthcare Terminology	32	3.75	15	51
AC10000	Patient Balance Determination and Communication		3.75	15	19
PY10000	Payer Identification and Eligibility Verification		11.75	15	27
RC11000	Regulatory Compliance		12.25	15	27
RC10000	Revenue Cycle Reimbursement Concepts		2.75	15	18
PY11000	Third Party Follow Up		5.50	15	20
CL10000	1500 Validation	16	8.75	10	35
DM10000	Denial Management Strategies	32		24	56
	Subtotals	123.75	77.25	199	400

Tuition and Fees:

Registration Fee	Tuition	Textbook	Textbook Handling Fee	Sales Tax	Grand Totals
$100.00	$6,000.00	$200.00	$5.95	$12.00	$6,317.95

Total Hours (Theory/Lab/Clinical) 400
Total Instructional Weeks 16 weeks
Credential Earned Certificate of Completion

COURSE LISTINGS BY AREAS OF STUDY

Module: RC10000 Revenue Cycle Reimbursement Concepts

RC80101: Introduction to the Revenue Cycle
RC80103: Payer Identification
RC80104: Registration's Link to the UB-04
RC80109: Denial Management 1O1
RC80201: Who Are Our Customers?
RC80202: How the Patient Accesses Care
RC80203: Patient Access Intake
RC81301: Life of a Bill

Module: RC11000 Regulatory Compliance

RC80108: Compliance. . . The Buzz
RC80161: Recovery Audit Contractors Overview
RC80171: Revenue Cycle Regulations, Compliance and the OIG
RC80172: Revenue Cycle Regulations and Compliance Review
RC80173: Revenue Cycle Radar: Regulations and Compliance
RC10005: Confidentiality
RC10010: Confidentiality: Ethical and Legal Considerations
RC10020: Documentation
RC10040: Healthcare Fraud, Waste and Abuse Awareness
RC10071: Complying With Red Flag Rules
RC18115: HIPAA Privacy and Security for Billing & Patient Accounting
RC18144: HIPAA Privacy and Security for Front Office Staff I
RC18145: HIPAA Privacy and Security for Front Office Staff II
RC40010: Confidentiality: Ethical and Legal Concerns in Healthcare
RC10015: Confidentiality: Who Needs to Know

Module: MT10000 Medical & Healthcare Terminology

RC80102: Intro to Revenue Cycle Terms
RC80106: Coding Basics
RC80107: Understanding Reimbursement
RC80301: Med Term Basics: Word Building
RC80302: Med Term Basics: Body Systems
RC80303: Med Term Basics: Procedures, Symptoms, and Acronyms

Module: PA10000 Patient Intake Data Gathering & Verification

RC80401: The Match Game
RC80402: The Key Players
RC80403: Getting to Know You
RC80404: All About the Key Players
RC80405: Demographics
RC80501: Just What the Doctor Ordered
RC80502: Encounter Information of Another Kind
RC80503: The Encounter

Module: PY10000 Payer Identification and Eligibility Verification

RC80601: Let's Play Cards
RC80602: Medicare - World of Medicare
RC80603: Your Office in the World of Medicare
RC80604: Introduction to Medicaid
RC80605: TRICARE & CHAMPVA
RC80606: Health Insurance - Other Plans
RC80607: Health Insurance
RC80608: Introduction to Medicare Advantage Plan
RC80701: Verification Defined
RC80702: The Verification Flow
RC80704: Medical Necessity and Advance Beneficiary Notification
RC80705: Explaining the ABN to Beneficiaries
RC80703: Verification Pitfalls

Module: CB10000 Coordination of Benefits Assignment

RC80801: What is Coordination of Benefits?
RC80802: Determining Coordination of Benefits
RC80803: Medicare Secondary Payer Introduction
RC80804: MSP Determination Process
RC80805: MSP Documentation
RC80806: Workers' Compensation Assignment
RC80807: Auto Insurance Assignment
RC80808: Residential Accident Assignment
RC80809: Public Location Accident Assignment
RC80810: Entity Request Determination Process
RC80811: Multiple Plan COB Determination Process
RC80812: Coordination of Benefits pitfalls
RC80813: Medicare Secondary Payer Review
RC80814: Asking the Questions: MSP Scenarios
RC80815: Interpreting the MSP Information

Module: AC10000 Patient Balance Determination and Communication

RC80901: The Balancing Act
RC80902: Collection Touch
RC80903: Payment Solutions
RC80904: Communicating for Collection
RC80905: Collection Correspondence Cycle
RC80906: What Do I Owe?

Module: CL10000 UB & 1500 Validation

RC81001: Direct from the Horse's Mouth
RC81002: All About Me
RC81003: Once Upon a Time
RC81004: Show Me the Money
RC81005: One of a Kind
RC81006: All in the Family
RC81201: Building a Bill
RC81502: Anatomy of a 1500 Claim

Module: PY11000 Third Party Follow Up

RC81302: Follow-Up in a Nutshell - Part I
RC81303: Follow-Up in a Nutshell - Part II
RC81304: The Nuts & Bolts of Payments
RC81305: Medicare Follow-Up
RC81306: Medicare Denials
RC81307: Medicare Remittance Advice
RC81309: Blue Cross - Follow-Up
RC81313: Commercial and Other Payer Follow-Up

Module: BL10000 Outpatient Billing Techniques

RC81208: Outpatient Basic
RC81209: Outpatient Emergency
RC81210: Outpatient Observation
RC81211: Outpatient Surgery/Procedure
RC81212: Outpatient Other
RC81213: Outpatient Therapy

Module: BL11000 Inpatient Billing Techniques

RC80105: Billing Submission Tools
RC81202: Inpatient Basic
RC81203: Inpatient Acute
RC81204: Inpatient Combined Admit
RC81205: Inpatient Mental Health
RC81206: Inpatient Rehabilitation
RC81207: Inpatient Mom & Baby

Module: CM10000 Customer Communications Skills

CC75101: The Service Mentality
CC75102: The Six Cardinal Rules of Customer Service
CC75103: From Curt to Courteous
CC75104: Essential Telephone Skills
CC75105: Listening Skills
CC75106: Five Forbidden Phrases
CC75107: How to Avoid Emotional Leakage
CC75108: How to Handle the Irate Customer
CC75109: Questioning Techniques
CC75201: The 7 Keys to a Positive Mental Attitude
CC75202: Influencing the Interaction
CC75203: Six Steps to Service Recovery
CC75204: That's Just Rude
CC75206: Essential Elements of Internal Customer Service
CC75207: Killer Words of Customer Service

Module: BL12000 Coding

CO83111: Introduction to ICD-10 CM
CO83114: Introduction to ICD-10 PCS
CO83115: ICD-10 PCS Procedure Coding
CO83227: ICD10: Introduction to CM and PCS
CO83401: Coding 101
CO83402: Introduction to HCPCS Level II
CO83404: Introduction to CPT Codes

Module: FN10000 Healthcare Finance

FN0100: Health Care Finance

Module: CA10000 Computer Applications

CA0100: MS Office 2010 – Excel, Word, PowerPoint
CA0101: Typing and Keyboarding
CA0102: Internet Browsers and Using the internet for research

Module: DN10000 Denial Management Strategies

DN0100: Authorization related Denials
DN0101: Compliance related Denials
DN0102: Coding related Denials
DN0103: Data Quality Access related Denials
DN0104: Data Quality Billing related Denials
DN0105: Medical Necessity related Denials
DN0106: Non-covered Service related Denial
DN0107: Info Pending Patient or Other Info Denials
DN0108: Info Pending from Provider related Denials
DN0109: Timely Filing related Denials
DN0110: Other related Denials

Module: CN10000 Contract Interpretation and Negotiation Strategies

CN0100: Contract Terms
CN0101: Reimbursement Types
CN0102: How to successfully negotiate a HMO contract
CN0103: How to successfully negotiate other contracts

Module: GV10000 CMS Standard Navigator Training Program

GV100001: Training Overview
GV100002: Health Insurance Basics
GV100003: Affordable Care Act Basics
GV100004: Eligibility and Enrollment
GV100005: SOP Manual
GV100006: Assistance in Individual Marketplace
GV100007: Assistance in the SHOP Marketplace
GV100008: CLASS
GV100009: Serving Populations
GV100010: Consumers with Disabilities
GV100011: Community Outreach
GV100012: Privacy and Security
GV100013: Customer Service Standards
GV100014: Marketplace Basics

DETAILED COURSE DESCRIPTIONS –E-LEARNING

RC10005: Confidentiality **Clock Hours: 0.50**

Course Description: Confidentiality is the foundation for trust in the patient-caregiver relationship. As a healthcare professional, you are expected to keep any information you learn about the patient while providing care confidential and to make an effort to always maintain that confidentiality.

Course Learning Objectives:
Provide healthcare workers with an understanding of the ethical and legal considerations of confidentiality, and the possible consequences of breaches; describe the types of patient information that should be kept confidential; describe ways to ensure confidentiality in regard to patient information; describe ways in which patient information may be leaked and how to stop that from occurring; Describe confidentiality requirements and the exceptions that come from reporting laws.

RC10010: Ethical and Legal Concerns **Clock Hours: 1.0**

Course Description: This course addresses aspects of patient privacy and confidentiality. It is designed for the busy healthcare professional looking to augment their skills and knowledge without attending time-consuming seminars or instructor lead classes.

Course Learning Objectives:
After completing this course, the learner should be able to answer the following questions:

1. What is confidentiality?
2. What are reporting laws that govern exceptions to confidentiality?
3. How is confidentiality maintained?
4. What constitutes a breach of confidentiality?

RC10020: Documentation **Clock Hours: 2.0**

Course Description: Providing information and documentation on a patient's condition through the process of charting is a basic, yet extremely critical skill. Charting is an important ongoing process that begins at admission and continues until a patient is discharged. It is important that all nurses and other qualified healthcare personnel understand the specific guidelines required for proper charting, as well as the steps and precautions needed to protect patient confidentiality and avoid legal complications.

Course Learning Objectives:

- Provide nurses and other healthcare personnel with the necessary knowledge and skills to perform thorough and accurate charting tasks.
- Identify the primary functions of charting. Understand the charting process and be able to record information according to your facility's guidelines.
- Ensure accurate documentation of all patient occurrences and conditions.
- Take all necessary steps to ensure patient confidentiality.
- Take appropriate precautions to prevent legal implications due to poor or inaccurate charting processes.

RC10040: Healthcare Fraud, Waste and Abuse Awareness **Clock Hours: 1.0**

Course Description: In this expertly designed course our goal is to help students better recognize and respond to healthcare fraud, waste and abuse. This course will help you understand the different types of fraud and abuse that take place in the healthcare industry; it will teach you about the various laws that the government uses to fight these violations, and explain waste in terms of superfluous healthcare expenditures.

Course Learning Objectives:

- Identify the three most common types of healthcare fraud, waste and abuse.
- Explain major healthcare fraud, waste and abuse laws and regulations.
- Understand potential fraud, waste and abuse penalties.
- Describe basic good practices a compliance program should have in place to report suspected fraud, waste and abuse.

RC10071: Complying with Red Flag Rules **Clock Hours: 1.0**

Course Description: In response to the rapid rise of ID Theft, the Federal Trade Commission (FTC) passed the Red Flag Rules. The Red Flag Rules requires organizations to implement an Identity Theft Prevention Program of which a major component is staff training. Discover our simple, yet comprehensive online course that meets the annual education compliance requirements, when combined with your internal ID Theft Prevention Policy. Our online education center even allows you to incorporate your organization's policy directly into the training!

Course Learning Objectives:

- Describing the Red Flag Rules.
- Examples of potential Red Flags.
- What to do when encountering a Red Flag.

RC18115: HIPAA Privacy and Security for Billing & Patient Accounting **Clock Hours: 1.0**

Course Description: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) has a significant impact on healthcare providers and health plans. All of our HIPAA courses were written by industry experts and have been updated with the latest changes in the regulations.

Course Learning Objectives:

- Healthcare Billing staff will understand the key aspects of HIPAA Privacy & Security.
- Be aware of the day-to-day activities in their facility affected by the federal law.

RC18144: HIPAA Privacy and Security for Front Office Staff I **Clock Hours: 1.0**

Course Description: Our courses are designed for busy professionals looking to augment their skills and knowledge without attending time consuming seminars or instructor led classes. All of our HIPAA courses were written by industry experts and have been updated with the latest changes in the regulations. This course series includes three titles.

Course Titles Include:

- HIPAA Privacy & Security Overview
- HIPAA Privacy Scenarios for Front Office Staff
- HIPAA Security Scenarios for Clinics

Learning Objectives:

- Front Office Staff in a provider practice setting will understand the key aspects of HIPAA Privacy & Security.
- Be aware of the day-to-day activities in their practice affected by the federal law.

RC18145: HIPAA Privacy and Security for Front Office Staff II **Clock Hours: 1.0**

Course Description: Our courses are designed for busy professionals looking to augment their skills and knowledge without attending time consuming seminars or instructor-led classes. All of our HIPAA courses were written by industry experts and have been updated with the latest changes in the regulations.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) has a significant impact on healthcare providers and health plans. This course series will help you understand the federal law and the different sets of federal regulations issued by the Department of Health and Human Services.

This training includes five online courses that will take approximately 30-60 minutes each to complete. The courses do not include CEU credits.

RC18145: HIPAA Privacy and Security for Front Office Staff II, continued

Course Titles:

- HIPAA Overview + Transactions/Code Sets Standard
- HIPAA Privacy Regulations
- HIPAA Security Overview
- HIPAA Privacy Scenarios for Front Office Staff
- HIPAA Security Scenarios for Clinics

Learning Objectives:

- Front Office Staff will understand the key aspects of HIPAA Privacy & Security.
- Be aware of the day-to-day activities in their business affected by the federal law.

Clock Hours: 1.0

RC40010: Confidentiality: Ethical and Legal Concerns in Healthcare

Course Description: This course addresses aspects of patient privacy and confidentiality. It is designed for the busy healthcare professional looking to augment their skills and knowledge without attending time-consuming

seminars or instructor lead classes.

Course Learning Objectives:

After completing this course, the learner should be able to answer the following questions:

- What is confidentiality?
- What constitutes a breach of confidentiality?
- How is confidentiality maintained?
- What are the reporting laws that govern exceptions to confidentiality?

Clock Hours: 0.50

RC80101: Introduction to the Revenue Cycle

Course Description: This course introduces the revenue cycle of a patient, departments and players in the revenue cycle, third party payers, the types of bills sent, revenue cycle tools, methods of payment, and the importance of compliance.

Course Learning Objectives:

- Define the revenue cycle.
- Identify some of the departments and players and their possible role in the revenue cycle.
- Name the hospital and professional/physician billing forms.
- Cite the importance of compliance in the revenue cycle.

RC80102: Introduction to Revenue Cycle Terminology **Clock Hours: 0.50**

Course Description: This course introduces common healthcare terms, abbreviations, and acronyms associated with revenue cycle processes.

Course Learning Objectives:

- Recognize key revenue cycle terms and acronyms.

RC80103: Payer Identification **Clock Hours: 0.25**

Course Description: This course introduces how payers are identified and verified during the patient intake process.

Course Learning Objectives:

- Define verification.
- Recognize methods used to verify payer information.

RC80104: Registration's Link to the UB-04 **Clock Hours: 0.75**

Course Description: This course introduces the relationship of the data captured and entered into a Patient's account at the time of the patient intake to the production of a clean UB-04 claim form.

Course Learning Objectives:

- Identify the four sections of the UB-04.
- Recognize how information obtained during patient intake is used in the creation of a UB-04.
- Recognize the financial impact of incorrect payer assignment.

RC80105: Bill Submission Tools **Clock Hours: 0.25**

Course Description: This course introduces the computer systems utilized to generate paper and electronic bills.

Course Learning Objectives:

- Recognize bill submission tools.

RC80106: Coding Basics **Clock Hours: 0.50**

Course Description: This course introduces the two healthcare coding systems. ICD-9-CM codes used to describe the diagnosis and inpatient hospital procedures associated with a patient's visit. HCPCS codes used to describe procedures, tests and supplies associated with a Patient's visit.

Course Learning Objectives:

- Name the two healthcare clinical coding systems.
- Differentiate the two coding systems.
- Define Patient Financial Services role in code assignment.

RC80107: Understanding Reimbursement **Clock Hours: 0.50**

Course Description: This course introduces the definition of reimbursement, methods of calculating reimbursement, and the reimbursement puzzle.

Course Learning Objectives:

- Define reimbursement.
- Define a third party payer contract.
- Recognize the characteristics of reimbursement.
- Differentiate between the terms charges, reimbursement, and contractual adjustment.
- Select, when given its definition, the reimbursement methodology for: total charges, discount on charges, cost based, per diem, fee-for-service, IPPS/DRG, OPPS, and capitation.

RC80108: Compliance. . .The Buzz **Clock Hours: 0.25**

Course Description: This course introduces the issues surrounding compliance, specifically Medicare's billing, reimbursement, and coding policies, as well as the Office of the Inspector General's (OIG) work plan.

Course Learning Objectives:

- Define the False Claims Act.
- Define the Office of the Inspector General and recognize its abbreviation.
- Define the Centers for Medicare and Medicaid Services and list its abbreviation.
- Name two federal entities that assist with fraud and abuse investigations (The Federal Bureau of Investigation and the Department of Justice).
- List four common types of billing errors.
- Specify your role as it relates to compliance.
- Recognize the impact of compliance errors.

RC80109: Denial Management 101 **Clock Hours: 0.25**

Course Description: This course introduces the denial management process, including common types of denials, methods of monitoring and tracking denials, and the impact denials have on the financial success of the hospital.

Course Learning Objectives:

- Define denial management.
- List four common types of payment denials.
- Cite methods of tracking and monitoring payment denials.
- Recognize the financial impact of payment denials.

RC80161: Recovery Audit Contractor Overview **Clock Hours: 0.50**

Course Description: In 2005, CMS initiated the RAC program, a project to identify the improper Medicare payments while combating fraud and abuse in the Medicare program. To do so, CMS uses contractors called Recovery

Audit Contractors (RACs) to audit claims and recover inappropriate payments. This course introduces you to the RAC program so you can understand its purpose, as well as understand the relationship between this program and the Revenue Cycle.

Course Learning Objectives:

- Explain the RAC initiative.
- Identify top RAC issues.
- Describe Revenue Cycle issues related to the RAC program.

RC80171: Revenue Cycle Regulations: Compliance & the OIG — Clock Hours: 0.50

Course Description: Anyone working within the revenue cycle recognizes the importance of complying with federal and state regulations. In not doing so, employees can unwittingly put their entire facilities at risk for major consequences. This is why it's helpful to understand the *Federal Register,* how rules become laws, and the purpose of both Medicare Administrative Contractors (MACs) and the Office of Inspector General (OIG).This course will teach you about each of these facets of the revenue cycle and further develop your respect of complying with rules and regulations.

Course Learning Objectives:

- State how an Act becomes a Law within the Federal Register.
- Identify where to find regulatory information.
- Define Medicare Administrative Contractors.
- Define the Office of Inspector General (OIG).
- State the CMS audit programs.

RC80172: Revenue Cycle Regulations and Compliance Review — Clock Hours: 0.75

Course Description: From HIPAA to the Medicare Three-Day Payment Rule, there are a number of regulations created by both the federal government and the Centers for Medicare and Medicaid Services in an effort to keep the revenue cycle in compliance. These rules and regulations can be difficult to keep track of, which is why this course will introduce and review each of them. It will also explain why it is important to understand the regulations and how best to adhere to them.

Course Learning Objectives:

- Discuss the Federal Trade Commission Red Flag Rule.
- Define the Health Insurance Portability and Accountability Act (HIPAA), including the Health Information Technology for Economic and Clinical Health Act (HITECH Act).
- Discuss the Emergency Medical Treatment and Active Labor Act (EMTALA).
- Describe the Consolidate Omnibus Budget Reconciliation Act (COBRA), including the premium assistance provided by the American Recovery and Reinvestment Act (ARRA).
- Explain the Medicare Secondary Payer provisions (MSP).
- Discuss the Important Message from Medicare as part of the Hospital Discharge Appeal Rights (IMM).
- Define the Guarantor assignment.
- Explain the Medicare Three-Day Payment Rule.

RC80173: Revenue Cycle Radar: Regulations and Compliance — Clock Hours: 0.75

Course Description: The healthcare industry is rich with regulations that provide the framework for how revenue cycle personnel design their processes and conduct their work. In "Revenue Cycle Regulations, Compliance, and the OIG you learned about the regulatory environment that governs healthcare including the array of alphabet soup programs that the revenue cycle contends with. In "Revenue Cycle Regulations and Compliance Review," you learned about specific regulations that are important for providers and revenue cycle staff to comply with. In this course, "Revenue Cycle Regulations and Compliance Radar," we will continue to look at the programs and the regulations that are in our focus now; on our radar.

Course Learning Objectives:

- Describe the Office of Inspector General (OIG) Work Plan for 2011.

- Discuss healthcare reform.
- Explain the impact of HIPAA version 5010 and ICD-10 in the coming years.

RC80201: Who Are Our Customers? **Clock Hours: 0.25**

Course Description: This course identifies healthcare customers and methods of interaction/communications.

Course Learning Objectives:

- Identify healthcare customers.
- Name four customer focused communication characteristics.
- Identify methods of communicating with healthcare customers.

RC80202: How Patients Access Care **Clock Hours: 0.25**

Course Description: This course identifies how Patients access care in the hospital.

Course Learning Objective:

- Identify the patient access methods within a hospital.

RC80203: Intake... What is it All About? **Clock Hours: 0.25**

Course Description: This course identifies patient intake methods utilized at the hospital.

Course Learning Objectives:

- Define intake.
- Identify intake sources.
- Name intake methods.

RC80301: Medical Terminology Basics: Word Building **Clock Hours: 0.50**

Course Description: This course introduces basic medical term word building skills that include combining forms, prefixes and suffixes. In addition, commonly used positional medical terms are introduced.

Course Learning Objectives:

- Describe root words, prefixes, suffixes, combining forms, and combining terms.
- Identify common positional prefixes and terms.
- Recognize four body cavities.
- Identify combining forms.
- Demonstrate medical term word building.

RC80302: Medical Terminology Basics: Body Systems **Clock Hours: 1.00**

Course Description: This course introduces the body systems and body. It identifies organs or body parts that are usually associated with the system or an area.

Course Learning Objectives:

- Recognize body systems, areas, and organs.
- Describe root words, prefixes, suffixes, combining forms, and combining terms associated with body systems.
- Memorize core terms related to the body system.
- Employ terminology analysis techniques to determine the meaning of a medical term.

RC80303: Medical Terminology Basics: Procedures, Symptoms, and Acronyms **Clock Hours: 0.75**

Course Description: This course introduces terms associated with surgical procedures and symptoms, commonly used medical acronyms, and practical terms that have usage slightly different from the literal meaning of the word.

Course Learning Objectives:

- Recognize and interpret basic medical terminology terms.
- Identify basic anatomy concepts and terms.
- Assemble various medical words from medical prefixes, suffixes, and root word combinations.
- Interpret common terms and acronyms utilized in physician and procedures orders.

RC80401: The Match Game **Clock Hours: 0.50**

Course Description: This course identifies MPI search steps to ensure the correct Patient is identified and medical record number assigned, if appropriate.

Course Learning Objectives:

- Define the master patient index.
- Apply the MPI search flow process.
- Identify the impact of an MPI search and assignment error.

RC80402: The Key Players **Clock Hours: 0.25**

Course Description: This course identifies the individuals for whom demographic information is obtained during the patient intake process.

Course Learning Objectives:

- Define demographic information.
- Name the key players and their roles in a Patient's visit.
- Differentiate between a Patient, Guarantor, Nearest Relative, Insured, and Emergency Contact.

RC80403: Getting to Know You **Clock Hours: 0.50**

Course Description: This course identifies the key demographic elements that should be captured during patient intake.

Course Learning Objectives:

- Cite the "getting to know you" techniques.
- Identify demographic information that is gathered during patient intake.
- Apply the "getting to know you" techniques when gathering demographic information at patient intake.

RC80404: All About the Key Players **Clock Hours: 0.25**

Course Description: This course identifies information that should be obtained about the key players at the time of patient intake.

Course Learning Objectives:

- Identify the correct Guarantor, Nearest Relative, Insured(s), and Emergency Contact.
- Complete required demographic information for the Guarantor, Nearest Relative, Insured(s), and Emergency Contact.

RC80405: Demographics **Clock Hours: 0.25**

Course Description: This course identifies what can happen if complete and correct demographic information is not obtained during patient intake.

Course Learning Objective:

- Recognize the impact incorrect demographic information has on several clinical and financial processes within the revenue cycle.

RC80501: Just What the Doctor Ordered — Clock Hours: 0. 50

Course Description: This course identifies the components of a complete physician order, types of physician orders, and the information obtained from a physician order.

Course Learning Objectives:

- Identify services that can be provided without a physician order.
- Cite the components of a complete physician order.
- Define physician order authentication methods.
- Name the methods physician orders are communicated.
- Select the key components on various inpatient and outpatient orders. Analyze a physician order and identify the missing components.

RC80502: Encounter Information of Another Kind — Clock Hours: 0. 75

Course Description: This course identifies encounter information gathered at patient intake.

Course Learning Objectives:

- Define the physician and clinical encounter information obtained during patient intake.
- Complete the physician and clinical encounter information associated with a visit.
- Define the visit specific encounter information obtained during patient intake.
- Complete the visit specific encounter information associated with a visit.

RC80503: The Encounter — Clock Hours: 0. 25

Course Description: This course identifies what can happen if complete and correct encounter information is not obtained during patient intake.

Course Learning Objective:

- Recognize the impact incorrect encounter information has on several clinical and financial processes within the revenue cycle.

RC80601: Let's Play Cards — Clock Hours: 1.00

Course Description: This course identifies information that is available on a Patient's health insurance card.

Course Learning Objectives:

- Cite key payer information obtained from a health insurance card.
- Identify key payer information available on a Medicare card.
- Identify key payer information available on a Medicaid card.
- Identify key payer information available on a Tricare card.
- Identify key payer information available on a Blue Cross Blue Shield insurance card.
- Identify key payer information available on a commercial health insurance plan card.

- Identify key payer information available on a health maintenance organization card.
- Distinguish the differences between the five health insurance cards.

RC80602: Medicare - World of Medicare **Clock Hours: 1.25**

Course Description: This course introduces Medicare, a government health insurance program, through a CMS offered course entitled "World of Medicare."

Course Learning Objectives as documented in the World of Medicare course offered by CMS:

- State the purpose of Medicare.
- Describe the history of Medicare.
- Differentiate between Medicare Part A, Part B, and Medicare +Choice coverage.
- Describe the roles of agencies and contractors in the Medicare system.
- Describe the Medicare claims processing system.
- Describe the role of the provider in the Medicare system.
- Identify Medicare beneficiaries.
- Describe the Medicare benefit options for beneficiaries.
- Describe Medicare deductible and coinsurance beneficiary obligations.
- Identify the types of Medicare education resources available through your regional Medicare contractor.
- State the location of the Medicare Web-Based Training (WBT) courses.

RC80603: Your Office in the World of Medicare **Clock Hours: 2.00**

Course Description: This course introduces the fundamentals of Medicare, a government health insurance program, through a CMS offered course entitled "Your Office in the World of Medicare."

Course Learning Objectives as documented in the Your Office in the World of Medicare course offered by CMS:

- Recognize how Federal law, regulations, and Medicare policies impact the office practices of physicians, non-physician practitioners, and suppliers.
- Locate information of importance to you on the CMS website
- Identify various resources provided by CMS to assist physicians, non-physician practitioners, and suppliers effectively fulfilling Medicare requirements.
- Select applicable forms and resources to use for specific functions in a medical or supplier's office.

RC80604: Introduction to Medicaid **Clock Hours: 0.50**

Course Description: This course introduces Medicaid, a Federal and state funded healthcare program for low-income families and individuals, some who may have inadequate or no health insurance coverage.

Course Learning Objectives:

- Define the Medicaid program and its funding mechanism.
- Describe the three eligibility groups of the program.
- Explain who may be covered by the program.
- Describe healthcare coverage that may be offered by the program.

RC80605: TRICARE and CHAMPVA **Clock Hours: 1.25**

Course Description: This course introduces TRICARE and CHAMPVA, two military insurance programs.

Course Learning Objectives:

- Define TRICARE.

- Recognize benefit categorizes of eligible beneficiaries.
- Locate the TRICARE website as a reference tool.
- Define CHAMPVA.
- Recognize eligible beneficiaries.
- Recognize the difference between TRICARE and CHAMPVA.
- Locate the CHAMPVA website as a reference tool.

RC80606: Health Insurance - Other Plans **Clock Hours: 1.00**

Course Description: This course introduces other health insurance payers, such as Blue Cross, Blue Shield, Health Maintenance Organizations, and commercial health insurance plans.

Course Learning Objectives:

- Define a provider contractual agreement.
- Define participating and non-participating provider.
- Differentiate the payment limits between participating and non-participating providers.
- Define Blue Cross Blue Shield.
- Determine the local plan for your geographic area.
- Complete the steps required to link to your local plan's website.
- Define a health maintenance organization.
- Define a commercial health insurance plan.

RC80607: Health Insurance **Clock Hours: 0.25**

Course Description: This course identifies what can happen if complete and correct payer information is not obtained during patient intake.

Course Learning Objectives:

- Recognize the impact incorrect health insurance information has on several clinical and financial processes within the revenue cycle.

RC80608: Introduction to Medicare Advantage Plans **Clock Hours: 0.75**

Course Description: This course introduces Medicare Advantage Plans - otherwise known as Medicare Part C.

Course Learning Objectives:

- Define the Medicare Advantage Program.
- Discuss the types of Medicare Advantage Plans.
- Differentiate between traditional Medicare and the Medicare Advantage program.
- Explain when and how an individual becomes eligible for a Medicare Advantage Plan.
- Describe what is, and what is not covered by Medicare Advantage Plans.

RC80701: Verification Defined **Clock Hours: 0.75**

Course Description: This course introduces the Verification Flow and its components.

Course Learning Objectives:

- Cite key demographic information obtained and verified during the patient intake process.
- Cite key encounter information obtained and verified during the patient intake process.
- Recognize the verification flow and its steps.
- Define eligibility period.
- Define authorization.

- Define pre-certification.
- Define referral.
- Define benefit level.
- Recognize the cost versus benefit of completing a verification step.

RC80702: The Verification Flow **Clock Hours: 1.25**

Course Description: This course identifies how to complete the Verification Flow.

Course Learning Objectives:

- List the steps in the Verification Flow.
- Define the payer confirmation steps - eligibility, authorization, and benefit.
- Differentiate between eligibility, authorization, and benefit.
- Cite eligibility confirmation methods.
- Identify information needed for eligibility confirmation.
- Cite authorization confirmation methods.
- Identify information needed for authorization confirmation.
- Cite benefit confirmation methods.
- Identify information needed for benefit confirmation.
- Define forms and signatures presented or obtained as part of the verification flow.
- Recognize documentation requirements and standards.
- Apply the Verification Flow process.

RC80703: Verification Pitfalls **Clock Hours: 0.25**

Course Description: This course identifies what can happen if verification of the demographic, payer, and encounter information is not completed.

Course Learning Objectives:

- Recognize the impact incorrect payer information has on several clinical and financial processes within the revenue cycle.

RC80704: Medical Necessity and Advance Beneficiary Notification **Clock Hours: 0.75**

Course Description: It is important to communicate to patients when they may be financially responsible for health care services. The Centers for Medicare and Medicaid (CMS) requires healthcare providers to use the Advance Beneficiary Notice of Non-coverage (ABN) to communicate to beneficiaries if a service may be non-covered. By learning about medical necessity and following the conditions under which to provide this form, you can be assured that your Medicare patients are receiving complete information regarding their financial responsibilities. This course teaches you when those appropriate instances are and why it is important to complete the ABN accurately and in a timely manner.

Course Learning Objectives:

- Identify how medical necessity affects healthcare coverage and payment decisions.
- Describe the purpose of an Advance Beneficiary Notice of Non-coverage (ABN) and the part it plays in the Medicare Program.
- State when a provider is expected to complete and present an ABN to a patient.
- Describe what constitutes a valid ABN.
- Explain the ramifications if the ABN is not completed accurately and presented in a timely manner.

RC80705: Explaining the ABN to Medicare Beneficiaries **Clock Hours: 0.75**

Course Description: Asking a patient to sign a form acknowledging that he/she may (or will) need to pay for items or services recommended by a physician is an equally important and unnerving task. This is why the CMS has created the Advance Beneficiary Notice of Non-coverage (ABN), which clearly communicates to the patient what he/she can expect when it comes to billing. This course teaches you how to better explain the ABN to patients and how to effectively collect the information needed from them.

Course Learning Objectives:

- Explain why Medicare does not consider the items or service in question to be medically necessary.
- Demonstrate delivery of a valid ABN to the patient.
- Apply the SEAMLESS tip in determining if an ABN is required.

RC80801: What is Coordination of Benefits? Clock Hours: 0.25

Course Description: This course introduces the term coordination of benefits.

Course Learning Objectives:

- Define coordination of benefits (COB) and its importance in the revenue cycle.
- Recognize when COB is and is not an issue with regard to payer assignment.
- Cite the patient's, hospital's, and payer's role in determining COB.

RC80802: Determining Coordination of Benefits Clock Hours: 1.00

Course Description: This course identifies how to determine coordination of benefits.

Course Learning Objectives:

- Sequence and list the steps in the COB flow.
- Define the term Medicare Secondary Payer.
- Distinguish a Medicare Beneficiary.
- Sequence and list the steps in the Accident Determination Process.
- Identify a work related injury/illness.
- Identify an auto related accident/injury.
- Define no-fault auto insurance.
- Identify a residential accident/injury.
- Define liability.
- Identify a public location accident/injury
- Identify if another entity sent the Patient for care.
- Identify if the Patient is a Beneficiary of multiple health insurance plans.

RC80803: Medicare Secondary Payer Introduction Clock Hours: 1.25

Course Description: This course introduces the Medicare Secondary Payer provision and the Centers for Medicare and Medicaid COB Provider Services website.

Course Learning Objectives:

- Locate and use the Medicare COB website as a reference tool.
- Define the term Medicare Secondary payer (MSP).
- Recognize insurance usually excluded or unrelated from MSP.
- Identify situations where Medicare may be the secondary payer.
- Recognize the Medicare coverage chart.
- Distinguish when Medicare is the primary payer.

RC80804: MSP Determination Process Clock Hours: 0.50

Course Description: This course identifies the Medicare Secondary Payer Determination Process.

Course Learning Objectives:

- Identify if the Patient is a Medicare Beneficiary.
- Categorize the MSP Determination Process steps.
- Apply the MSP Determination Process to determine if Medicare is the secondary payer.

RC80805: MSP Documentation — Clock Hours: 0.25

Course Description: This course identifies information that should be gathered and documented to support the Medicare Secondary Payer requirements.

Course Learning Objectives:

- Define CMS's common working file (CWF).
- Recognize information maintained in the CWF.
- Apply the MSP Determination Process to determine the payer documentation requirements.

RC80806: Workers' Compensation Assignment — Clock Hours: 1.00

Course Description: This course identifies the Workers' Compensation Assignment Process.

Course Learning Objectives:

- Apply the COB Flow and Accident Determination Process to determine if the Patient's visit is a work related injury or illness.
- Complete the Workers' Compensation Assignment Process.
- Define acknowledgement.
- Identify methods for obtaining an acknowledgement.
- Complete the acknowledgement gathering process for Workers' Compensation plans.
- Define eligibility period for Workers' Compensation plans.
- Define benefit level for Workers' Compensation plans.
- Define authorization for Workers' Compensation plans.
- Complete the authorization gathering process for a Workers' Compensation plan.
- Complete accident information gathering requirements.
- Assign, if appropriate, a Workers' Compensation plan as part of the COB determination process.

Sequence the Workers' Compensation Assignment steps: acknowledgement, authorization, and documentation.

RC80807: Auto Insurance Assignment — Clock Hours: 1.00

Course Description: This course identifies the Auto Insurance Assignment Process.

Course Learning Objectives:

- Apply the COB Flow and Accident Determination Process to determine if the Patient's visit is an auto related accident/injury.
- Complete the Auto Insurance Assignment Process.
- Define no-fault auto insurance.
- Determine auto insurance assignment priority via the use of the no-fault assignment criteria.
- Define eligibility period for auto insurance plans.
- Define benefit level for auto insurance plans.
- Define authorization for auto insurance plans.
- Complete the authorization gathering process for an auto insurance plan.
- Complete accident information gathering requirements.
- Assign, if appropriate, an auto insurance plan as part of the COB determination process.

RC80808: Residential Accident Assignment — Clock Hours: 0.75

Course Description: This course identifies the Residential Accident Assignment Process.

Course Learning Objectives:

- Apply the COB Flow and Accident Determination Process to determine if the Patient's visit is a residential accident/injury.
- Complete the Residential Accident Assignment Process.
- Determine the location of the residential accident.
- Determine payer assignment priority based on the residential accident location.
- Define authorization for a residential accident/injury.

- Complete the authorization gathering process for the identified payers.
- Complete accident information gathering requirements.
- Assign payers, if appropriate, for a residential accident as part of the COB determination process.
- Sequence the Residential Accident Assignment Process steps: determine location, authorization, and documentation.

RC80809: Public Location Accident Assignment **Clock Hours: 0.50**

Course Description: This course identifies the Public Location Accident Assignment Process.

Course Learning Objectives:

- Apply the COB Flow and Accident Determination Process to determine if the Patient's visit is a public location accident/injury.
- Complete the Public Location Assignment Process.
- Define acknowledgement, identify methods for obtaining an acknowledgement.
- Complete the acknowledgement gathering process for a public location accident.
- Define liable party.
- Complete accident information gathering requirements.
- Assign, if appropriate, a public location/liable party as part of the COB determination process.
- Sequence the Public Location Assignment steps: acknowledgement, authorization, and documentation.

RC80810: Entity Request Determination Process **Clock Hours: 0.50**

Course Description: This course identifies the Entity Request Determination Process.

Course Learning Objectives:

- Apply the COB Flow to determine if the Patient's visit is the result of an entity request.
- Complete the Entity Request Determination Process.
- Define acknowledgement.
- Identify methods for obtaining an acknowledgement.
- Complete the acknowledgement gathering process for an entity request.
- Complete the authorization gathering process for an entity request.
- Complete the payer information gathering requirements.
- Assign, if appropriate, another entity/payer as part of the COB determination process.
- Sequence the Entity Request Determination process steps: acknowledgement, authorization, and documentation.

RC80811: Multiple Plan COB Determination Process **Clock Hours: 0.75**

Course Description: This course identifies the Multiple Plan COB Determination Process.

Course Learning Objectives:

- Apply the COB Flow to determine if there are multiple health insurance plans involved.
- Complete the Multiple Plan COB Determination Process.
- Cite information gathering methods and techniques.

- Recognize issues regarding the Patient's relationship to the Insured and how they relate to health plan COB assignment.
- Apply the Patient relationship rules as part of the COB assignment process.
- Define the birthday rule.
- Assign, if appropriate, one or more health insurance plans as part of the COB determination process.
- Sequence the Multiple Plan COB Determination process steps: information gathering, analysis and verification, authorization, and documentation.

RC80812: Coordination of Benefits **Clock Hours: 0.25**

Course Description: This course identifies what can happen if the coordination of benefits assignment is not correct prior to billing.

Course Learning Objectives:

- Recognize the impact incorrect COB assignment and payer data gathering has on several financial processes within the revenue cycle.

RC80813: Medicare Secondary Payer Review **Clock Hours: 0.50**

Course Description: Since 1980, Medicare has shifted from being the first payer to oftentimes sharing financial responsibility with other sources-depending on the patient's situation. It is important for health care providers to determine who should be appropriately billed as both primary and secondary payer, as billing Medicare incorrectly is considered fraud. This course will teach you the important questions to ask patients in order to determine the primary payer, and help you understand how to implement billing correctly.

Course Learning Objectives:

- Recognize the impact of the Medicare Secondary Payer review process.

RC80813: Medicare Secondary Payer Review, continued

Course Learning Objectives:

- Define the purpose of Medicare Secondary Payer.
- Describe the questions in the Medicare Secondary Payer Questionnaire.
- Determine when a provider must complete the Medicare Secondary Payer Questionnaire.
- Explain Coordination of Benefits concepts related to Medicare Secondary Payer.
- Discuss the ramifications if the Medicare Secondary Payer Questionnaire is not completed accurately.

RC80814: Asking the Questions: MSP Scenarios **Clock Hours: 0.50**

Course Description: Medicare is an important asset to those people ages 65 and older, and others younger than 65 in specific situations. In an effort to alleviate the financial burden, there are situations in which select programs can be billed as first payer leaving Medicare in the secondary payer position. To determine when this is the case, Medicare has created the Medicare Secondary Payer Questionnaire. This course introduces the questionnaire to teach you how to correctly implement billing.

Course Learning Objectives:

- Summarize the Medicare Secondary Payer Questionnaire that is used.
- Demonstrate how to ask the Medicare Secondary Payer Questions.
- Identify the appropriate Medicare Secondary Payer Question given different scenarios.

RC80815: Interpreting the MSP Information **Clock Hours: 0.50**

Course Description: The Medicare Secondary Payer Questionnaire is an important tool in evaluating and assigning the correct coordination of benefits. Equally important, though, is understanding how to interpret your

patients' responses to the questionnaire. This course will guide you through multiple scenarios to help get you comfortable with determining if and when Medicare is the secondary payer.

Course Learning Objectives:

- Explain the importance of completing the Medicare Secondary Payer Questionnaire accurately and completely.
- Determine correct Coordination of Benefits assignment.
- Interpret the patient responses to determine if Medicare is the secondary payer.

RC80901: The Balancing Act — Clock Hours: 0.75

Course Description: This course identifies the components of a patient balance.

Course Learning Objectives:

- Define the terms self-pay, patient balance, and out-of-pocket.
- Define co-pay and cite methods of determining a co-pay amount.
- Define deductible.
- Define coinsurance.
- Identify location and provider specific deductibles and coinsurance examples.
- Recognize non-covered services.
- Identify account information used to determine a patient balance.
- Recognize a patient balance.
- Identify the account balance distribution method, how payer buckets are filled, within computer system.
- Identify account note information and why it is important.
- Identify transaction postings and why they are important.

RC80902: Collection Touch — Clock Hours: 0.75

Course Description: This course identifies the components of a collection policy and the collection flow.

Course Learning Objectives:

- Define a collection touch.
- Recognize current issues and trends related to collecting healthcare bills.
- Differentiate current and past due patient balances.
- Cite up-front collection touch opportunities.
- Cite back-end collection touch opportunities.
- Identify collection policy presentation methods.
- Cite payment solutions.
- List the steps in the Collection Flow.
- Differentiate between the four up-front collection techniques.
- Differentiate between the five back-end collection techniques.

RC80903: Payment Solutions — Clock Hours: 0.50

Course Description: This course identifies payment solutions that can be a component of the hospital's collection policy.

Course Learning Objectives:

- Define the payment solutions: payment in full, payment arrangement, and financial options.
- Distinguish the characteristics of internal and external payment arrangement programs.
- Cite the components of a payment arrangement.
- Identify alternative payers that may be considered a financial option.
- Define financial assistance.

RC80904: Communicating for Collection **Clock Hours: 0.75**

Course Description: This course identifies the Collection Communication Cycle.

Course Learning Objectives:

- Cite communication style characteristics.
- Recognize your role in collecting a patient balance.
- Name the components of the Collection Communication Cycle: review, ask, listen, and close.
- Apply the Collection Communication Cycle: review, ask, listen, and close.
- Apply appropriate communication style characteristics.
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RC80905: Collection Correspondence Cycle **Clock Hours: 0.75**

Course Description: This course identifies how patient balances are managed and collected.

Course Learning Objectives:

- Define the Collection Correspondence Cycle.
- Cite collection communication options.
- Identify methods used to manage back-end collection touches.
- Distinguish the four types of collection tools: aged trial balances, online work list, automated and other computer reports.
- Define a delinquent balance.
- Recognize pre-collection and early out programs.
- Recognize Medicare bad debt criteria.

RC80906: What Do I Owe? **Clock Hours: 0.25**

Course Description: This course identifies what can happen when the patient/guarantor balances are not collected as soon as possible.

Course Learning Objectives:

- Recognize the impact of completing the Collection Flow, the Collection Communication Cycle, and the Collection Correspondence Cycle has on cash flow.
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RC81001: Direct From the Horse's Mouth **Clock Hours .50**

0.50 CLOCK HOURS with NUBC manual or UB-04 Medicare Claims Processing Manual from CMS review activities

Course Description: This course identifies the UB data elements provided through system input or calculation.

Course Learning Objectives:

- Identify and select specific reference material from the NUBC Official UB manual.
- Match specific form locator numbers to the locator name.
- Cite the source and/or methodology for completing form locators 1, 2, 5, 45 (Line 23), 52, 53, and 66.
- Distinguish possible remedies for incorrect or missing form locator data.

RC81002: All About Me **Clock Hours: 2.0**

NUBC manual or UB-04 Medicare Claims Processing Manual from CMS review activities

Course Description: This course identifies the UB data elements obtained about the Patient at the time of patient intake or discharge.

Course Learning Objectives:

- Identify and select specific reference material from the UB manual.
- Match specific form locator numbers to the locator name.
- Cite the source and/or methodology for completing form locators 3a, 3b, 6, 8-17, 50, 56, 57 A-C, 58-63 A-C, 65 A-C, 69, 70 a-c, 76-77.
- Distinguish possible remedies to incorrect or missing form locator data.

RC81003: Once Upon a Time **Clock Hours: 2.0**

2.00 CLOCK HOURS with NUBC manual or UB-04 Medicare Claims Processing Manual from CMS review activities

Course Description: This course identifies the UB data elements that tell the story of the Patient's visit.

Course Learning Objectives:

- Identify and select specific reference material from the UB manual.
- Match specific form locator numbers to the locator name.
- Cite the source and/or methodology for completing form locators 4, 18-28, 31-41 a-b, 35-36 a-b, 39-41 a-c, 67, 67A-O, 69, 70 a-c, 71, 72 a-c, 74, 74 a-e, 77, 78-79, and 81 a-d.
- Distinguish possible remedies to incorrect or missing form locator data.

RC81004: Show Me the Money **Clock Hours: 1.25**

NUBC manual or UB-04 Medicare Claims Processing Manual from CMS review activities

Course Description: This course identifies the charge related UB data elements.

Course Learning Objectives:

- Identify and select specific reference material from the UB manual.
- Match specific form locator numbers to the locator name.
- Cite the source and/or methodology for completing form locators 42-48, Lines 1-23, and 54-55 A-C.
- Distinguish possible remedies to incorrect or missing form locator data.

RC81005: One of a Kind **Clock Hours: .75**

NUBC manual or UB-04 Medicare Claims Processing Manual from CMS review activities.

Course Description: This course identifies the UB data elements that are unique by patient and/or payer type.

Course Learning Objectives:

- Identify and select specific reference material from the UB manual.
- Match specific form locator numbers to the locator name.
- Cite the source and/or methodology for completing Value Codes 82 and 83 in FL 39-41 a-d, form locators 63 A-C, 64 A-C and 80.
- Distinguish possible remedies to incorrect or missing form locator data.

RC81006: All in the Family **Clock Hours: .75**

NUBC manual or UB-04 Medicare Claims Processing Manual from CMS review activities

Course Description: This course identifies related UB data elements.

Course Learning Objectives:

- Distinguish the relationship of FL 6, FL 46 and Value Code 80 in FL 39-41 a-d. Distinguish the relationship of FL 31-34 a-b, FL 35-36 a-b, FL 39-41 a-d, as well as Value Codes 80
- Distinguish the relationship of FL 48 to Value Code 80.
- Distinguish the relationship of FL 3b and FL 8b.

- Distinguish the relationship of FL 4 to FL 42-47, lines 1-23.
- Distinguish the relationship of FL 50 A-C, FL 56, 57 A-C, and FL 76.

RC81201: Building a Bill — Clock Hours: 0.50

Course Description: This course identifies how a bill is created, beginning with a single line diagnostic test, adding charges, and changing the patient type to create new bill types.

Course Learning Objectives:

- Define a chronic condition, screening visit, and acute problem.
- Recognize specific UB-04 form locators and data associated with a chronic condition visit.
- Recognize specific UB-04 form locators and data associated with a screening exam visit.
- Recognize specific UB-04 form locators and data associated with an emergency visit.
- Recognize specific UB-04 form locators and data associated with an emergency visit that becomes an observation visit.
- Recognize specific UB-04 form locators and data associated with an emergency visit that becomes an inpatient stay.
- Recognize specific UB-04 form locators and data associated with a diagnostic MRI visit.
- Recognize specific UB-04 form locators and data associated with an outpatient surgery visit.
- Recognize specific UB-04 form locators and data associated with physical therapy visits.

RC81202: Validating a Basic Inpatient Bill — Clock Hours: 1.50

Course Description: This course identifies the components of an inpatient basic claim and bill validation techniques.

Course Learning Objectives:

- Evaluate the hundreds of codes available and 81 form locators of an inpatient basic claim; analyze and validate that the codes and data are appropriate prior to claim submission.
- Sequence the revenue codes in FL 42 appropriately.
- Assign the correct type of bill in FL 4.
- Calculate the appropriate total charge for the room rate revenue code, based on information in FL 6, 44, and 46 -Statement Covers Period, HCPCS/Rate/HIPPS, and Service Units.
- Arrange appropriate information in Lines A, B, and C of FL 50 to 66 - the Payer, Provider, Provider NPI, Insured, and Employer information.
- Decide when an E-diagnosis code is needed in FL 72 a-c.
- Determine which revenue codes mandate procedure codes in FL 74 and 74 a-e.
- Evaluate attending physician's information and code requirements for FL 76 and identify when a surgeon's name/code is required in FL 77.
- Determine which form locators must be completed versus form locators that may be completed but are not critical to claim processing.

RC81203: Validating an Acute Inpatient Bill — Clock Hours: 1.00

Course Description: This course identifies the components of an inpatient acute claim and bill validation techniques.

Course Learning Objectives:

- Evaluate the hundreds of codes available and 81 form locators of an inpatient acute claim; analyze and validate that the codes and data are appropriate prior to claim submission.
- Sequence the revenue codes in FL 42 appropriately.

- Assign the correct type of bill in FL 4.
- Calculate the appropriate total charge for the room rate revenue code, based on information in FL 6, 44, and 46Statement Covers Period, HCPCS/Rate/HIPPS, and Service Units.
- Analyze Condition Codes, Occurrence Codes, and Value Codes - FL 18 to 41, select appropriate codes, delete incorrect codes, and select correct codes.
- Evaluate the Discharge Status Code, FL 17, if it is appropriate, its impact on reimbursement, and recognize the penalties involved if the code is incorrectly assigned.

RC81204: Validating a Combined Admit Inpatient Bill **Clock Hours: 0.50**

Course Description: This course identifies the components of two inpatient admissions which are combined on one claim and bill validation techniques.

Course Learning Objectives:

- Evaluate the hundreds of codes available and 81 form locators of an inpatient combined admit; analyze and validate that the codes and data are appropriate prior to claim submission.
- Define what is an inpatient combined claim and some characteristics of this type of patient.
- Determine the appropriate revenue code for an inpatient combined claim and sequence it appropriately.
- Determine which form locators must be completed versus form locators that may be completed but are not critical to claim processing.
- Select the appropriate revenue code for a leave of absence and sequence it appropriately.
- Determine when inpatient accounts should be combined.
- Define which departments are involved in the inpatient combine process.

RC81205: Validating a Mental Health Inpatient Bill **Clock Hours: 0.50**

Course Description: This course identifies the components of an inpatient mental health claim and bill validation techniques.

Course Learning Objectives:

- Evaluate the hundreds of codes available and 81 form locators of an inpatient mental health admit; analyze and validate that the codes and data are appropriate prior to claim submission.
- Determine the appropriate revenue code for a mental health claim and sequence it appropriately.
- Define a court-ordered admission and some of the benefits offered for mental health.
- Identify mental health diagnoses codes, FL 67, 67 A-Q, and 69.
- Determine which form locators must be completed versus form locators that may be completed but are not critical to claim processing.

RC81206: Validating a Rehabilitation Inpatient Bill **Clock Hours: 0.50**

Course Description: This course identifies the components of an inpatient rehabilitation claim and bill validation techniques.

Course Learning Objectives:

- Evaluate the hundreds of codes available and 81 form locators of an inpatient rehabilitation admit; analyze and validate that the codes and data are appropriate prior to claim submission.

RC81206: Validating a Rehabilitation Inpatient Bill, continued

- Define an inpatient rehabilitation patient and some characteristics of this type of patient.
- Determine the appropriate revenue code for an inpatient rehabilitation claim and sequence it appropriately.
- Determine if a HIPPS Rate/CMG Code is properly placed in FL 44, Revenue Code 024, Inpatient Rehabilitation Facility.
- Determine which form locators must be completed versus form locators that may be completed but are not critical to claim processing.

RC81207: Validating Mom and Baby Inpatient Bills **Clock Hours: 0.75**

Course Description: This course identifies the components of an inpatient delivery, newborn, and mom/baby claims and bill validation techniques.

Course Learning Objectives:

- Evaluate the hundreds of codes available and 81 form locators of an inpatient delivery, newborn, and mom/baby claims; analyze and validate that the codes and data are appropriate prior to claim submission.
- Define an inpatient delivery, newborn, and mom/baby claims; and some characteristics of this type of patient.
- Evaluate the requirements of health plans that need the delivery claims billed separately, the newborn claim billed separately, and/or the mom/baby claim combined.
- Determine the appropriate revenue codes for these types of inpatient claims and sequence them appropriately.
- Determine which form locators must be completed versus form locators that may be completed but are not critical to claim processing.

RC81208: Validating a Basic Outpatient Bill **Clock Hours: 1.50**

Course Description: This course identifies the components of an outpatient basic claim and bill validation techniques.

Course Learning Objectives:

- Evaluate the hundreds of codes available and 81 form locators of an outpatient basic claim; analyze and validate that the codes and data are appropriate prior to claim submission.
- Sequence the revenue codes in FL 42 appropriately.
- Assign the correct type of bill in FL 4.
- Calculate the appropriate total charge for the HCPCS and Service Unit, FL 44 and 46.

RC81209: Validating an Emergency Outpatient Bill **Clock Hours: 0.75**

Course Description: This course identifies the components of an emergency claim and bill validation techniques.

Course Learning Objectives:

- Evaluate the hundreds of codes available and 81 form locators of an outpatient emergency room claim; analyze and validate that the codes and data are appropriate prior to claim submission.
- Sequence the revenue codes in FL 42 appropriately.
- Assign the correct type of bill in FL 4.
- Calculate the appropriate total charge for the HCPCS and Service Unit, FL 44 and 46.
- Analyze Condition Codes, Occurrence Codes, and Value Codes - FL18 - 41, select appropriate codes, delete incorrect codes, and select correct codes.
- Determine the appropriate revenue code for an emergency room claim and sequence it appropriately.
- Differentiate where Revenue Codes, Descriptions, HCPCS, Service Dates, Service Units, Total Charges, and Non-Covered Charges are listed in FL 42 to 48.
- Determine which form locators must be completed versus form locators that may be completed but are not critical to claim processing.

RC81210: Validating an Observation Outpatient Bill **Clock Hours: 0.50**

Course Description: This course identifies the components of an observation claim and bill validation techniques.

Course Learning Objectives:

- Evaluate the hundreds of codes available and 81 form locators of an outpatient observation claim; analyze and validate that the codes and data are appropriate prior to claim submission.
- Define what observation is and define characteristics of this type of bill, such as revenue code.
- Determine the appropriate revenue code for an observation claim and sequence it appropriately.
- Determine other common revenue codes for these types of claims and sequence them appropriately.
- Define which departments are involved in these types of claims.
- Determine which form locators must be completed versus form locators that may be completed but are not critical to claim processing.

RC812011: Validating a Surgery/Procedure Outpatient Bill **Clock Hours: 0.50**

Course Description: This course identifies the components of outpatient surgery, endoscopy, and procedure claims and bill validation techniques.

Course Learning Objectives:

- Evaluate the hundreds of codes available and 81 form locators of an outpatient surgery, endoscopy and procedure claims; analyze and validate that the codes and data are appropriate prior to claim submission.
- Define what is an outpatient surgery, an endoscopy, or a procedure claim and define characteristics of these types of bills.
- Define characteristics of Medicare's APC program, including Status Indicators, and how various revenue codes are paid.
- Determine appropriate revenue code for these types of claims and sequence them appropriately.
- Differentiate where Revenue Codes, Descriptions, HCPCS, Service Dates, Service Units, Total Charges, and Non-Covered Charges are listed in FL 42 to 48.
- Recognize that procedure codes are not listed in FL 74 a-e on outpatient claims.
- Determine which form locators must be completed versus form locators that may be completed but are not critical to claim processing.
- Define which departments are involved in these types of claims.

RC81212: Validating Other Outpatient Bills **Clock Hours: 0.50**

Course Description: This course identifies the components of a variety of outpatient claims, such as diagnostic, reference laboratory, clinic, and education, and bill techniques.

Course Learning Objectives:

- Evaluate the hundreds of codes available and 81 form locators for several outpatient claims, such as diagnostic, reference laboratory, clinic, and education claims; analyze and validate that the codes and data are appropriate prior to claim submission.
- Define diagnostic test, reference laboratory, hospital-clinic, and education claims and the characteristics of these UB's.
- Determine the appropriate revenue codes for these claims and sequence them appropriately.
- Assign the correct type of bill in FL 4 for these claims.
- Define which departments are involved with these claims.
- Determine which form locators must be completed versus form locators that may be completed but are not critical to claim processing.

RC81213: Validating a Therapy Outpatient Bill **Clock Hours: 0.50**

Course Description: This course identifies the components of an outpatient therapy claim, such as physical therapy, and bill validation techniques

Course Learning Objectives:

- Evaluate the hundreds of codes available and 81 form locators of a therapy claim; analyze and validate that the codes and data are appropriate prior to claim submission.
- Define an outpatient therapy claim (such as physical, occupational, speech) and the characteristics of this type of claim, such as revenue codes.
- Determine the appropriate revenue code(s) for a therapy claim and sequence it appropriately. List the proper type of bills that may be used for therapy claims.
- Define which departments are involved in these claims.
- Analyze Condition Codes, Occurrence Codes, and Value Codes, select appropriate codes, delete incorrect codes, and select correct codes.
- Determine which form locators must be completed versus form locators that may be completed but are not critical to claim processing.

RC81301: Life of a Bill **Clock Hours: 0.25**

Course Description: This course introduces the revenue cycle (life) of a bill.

Course Learning Objectives:

- Identify the various stages of the life of a bill.
- Specify when a Patient's account is created.
- Differentiate between scheduled, unscheduled, and pre-registered Patients.
- Identify when charges are entered onto a Patient's account and how diagnoses are entered for various types of services.
- Distinguish between DNFB and AR.
- Distinguish between CCI edits, scrubber edits, and payer edits.
- List the activity of the Cash Posting team.

RC81302: Follow-Up in a Nutshell Part I **Clock Hours: 0.75**

Course Description: This course identifies the reasonable time frame for payment and the tools available for accurate and timely follow-up on outstanding account balances.

Course Learning Objectives:

- Define the term follow-up and when payment maybe expected.
- Specify who is responsible for an unpaid balance.
- Categorize reasons why follow-up is needed.
- Cite the three "R"s of follow-up: review, research, and react.
- List the steps on the roadmap to follow-up - what's the patient type and service code, dates of service, insurance or payer codes, account notes, and charge and payment transactions.
- Name several resources to assist with follow-up from the hospital, the payer, and the patient.
- Specify the payment documents that assist with follow-up.
- Distinguish between the HIPAA data standards ANSI 835 and 837.
- Select various follow-up techniques: online claims tracking, sending status bills, ATBs, telephone, and fax.
- Differentiate between non-paid claims, rejections, pends, and partial payments.
- Identify methods that credit balances may be followed up.

RC81303: Follow-Up in a Nutshell Part II **Clock Hours: 1.00**

Course Description: This course identifies common rejections and suggestions for follow-up.

Course Learning Objectives:

- Identify examples of when follow-up occurs: unpaid balances, no activity, partial payment, and patient balances.

- Decide what activity to do when the payer states it did not receive the claim.
- List which payers are usually billed electronically.
- Analyze an account when a partial payment is received and determine follow-up steps, such as rebill the payer, bill the Patient, or adjust off the unpaid balance.
- Analyze the account and determine how to follow-up, including review of third party payer's billing rules or regulations, question if the service provided is covered, assess the HCPCS/CPT and ICD-9-CM coding, evaluate the information on the UB, and communicate with various departments to resolve the issue.
- List reasons for a patient balance.
- List denials and rejections that may mean different things to various payers and select the differences between a contracted payer vs. a non-contracted payer.
- Select appropriate Condition Codes, FL 18-28, when rebilling.
- Assess how to follow-up on consistency edits, invalid HCPCS/CPTs, non-covered HCPCS, and diagnoses issues.

RC81304: The Nuts & Bolts of Payments **Clock Hours: 0.75**

Course Description: This course identifies the components of participating and nonparticipating provider payment documents.

Course Learning Objectives:

- Define non-participating and participating providers and when higher out-of-pocket amounts may occur.
- List terms which may be used on participating provider payment documents, such as Total Charges (Billed Amount), Contracted Charges (Allowed Amount), and Contractual Adjustment (Discount).
- Distinguish between various terms which refer to contract charges, such as Allowed Amount, Covered Amount, Charge Allowed, Allowable, Contract Allowable, Plan Allowed, and Eligible Charges.
- Distinguish between various terms which refer to non-covered charges, such as Not Allowed, Ineligible, Excluded Charges, Pending, Not Payable, Service not Covered, Rejection.
- Distinguish between terms which refer to contractual adjustment.
- Distinguish between various terms which refer to coinsurance/deductible/copay.
- Distinguish between various terms which refer to payment.
- Assess payment accuracy.

RC81305: Medicare Follow-up **Clock Hours: 1.00**

Course Description: This course introduces Medicare follow-up processes.

Course Learning Objectives: (Recommend pre-requisite courses: RC813O1, RC801302, RC801303, and RC801804)

- List courses offered on the CMS website.
- Identify the CMS system, FISS and information available within it.
- Differentiate between an FI and a Carrier.
- Determine when a clean claim will be paid if it is sent electronically or paper.
- List the filing limit.
- Determine if a claim got into the CMS system, FISS, and analyze activity on the account, common suggestions and follow-up, including: working RTP, 72-hour rule, MSP issues, when the beneficiary informationis incorrect, overlapping dates of service, and self-administered drugs.
- Select the appropriate Type of Bill, FL 4, when sending a cancelled claim and an adjustment.
- Define an OCE and a CCI edit.
- Determine if a modifier should be added and when.

RC81306: Medicare Denials **Clock Hours: 0.25**

Course Description: This course identifies how to appeal a Medicare denial.

Course Learning Objectives:

- List the difference between a Medicare rejection and a Medicare denial.
- List reasons why claims are denied.
- Identify the Medicare appeal process and its time limitations.
- Determine the follow-up process to apply when a test exceeds frequency, a diagnosis is not payable, or documentation does not support the charges.

RC81307: Medicare Remittance Advice **Clock Hours: 0.25**

Course Description: This course identifies the Medicare voucher and how to read it.

Course Learning Objectives: (Recommend pre-requisite courses: RC81301, RC801302, RC801303, and RC801804)

- List the types of information contained on a Medicare remittance advice.
- Differentiate between the various headings.
- Specify the frequency that the voucher is sent.
- Determine how to follow-up on a non-covered line item account in FISS once it is listed on the remittance advice.

RC81309: Blue Cross - General Follow-Up **Clock Hours: 0. 50**

Course Description: This course identifies the Blue Cross system and overall follow-up processes.

Course Learning Objectives: (Recommend pre-requisite courses: RC81301, RC801302, RC801303, and RC801804)

- Define the Blue Cross association and its website.
- Differentiate a Blue Cross Plan Code versus a Group Number and where the information is placed on the UB.
- Define the terms Local Business, NASCO, Out of Area, and Federal Employee Program.
- Recognize supplemental coverage to Medicare.
- Define the Blue Card program and ITS.

RC81313: Commercial and Other Payer Follow-Up **Clock Hours: 1. 00**

Course Description: This course identifies commercial health insurance, auto insurance, and Workers' Compensation follow-up processes.

Course Learning Objectives: (Recommend pre-requisite courses: RC81301, RC801302, RC801303, and RC801804 and all courses in the What Do I Owe group - RC80901 thru RC80906)

- List common reasons for commercial follow-up.
- Analyze the account and determine how to follow-up, including review of third party payer's billing rules or regulations, and question if the service provided is covered.
- Decide what activity to do when the payer states it did not receive the claim.
- Distinguish follow-up challenges and methods related to auto insurance and Workers' Compensation claims.

RC81313: Commercial and Other Payer Follow-Up, continued

- Select appropriate scripting for follow-up when talking with the payer.
- Select appropriate Condition Codes, FL 18-28, when rebilling.

RC81502: Anatomy of a 1500 Claim **Clock Hours: 1. 00**

Course Description: This course identifies 1 - 33b fields/ item numbers on the 1500 Health Insurance Claim Form.

Course Learning Objectives:

- Identify and select specific reference material from the NUCC manual.

- Match specific item numbers to the item names.
- Cite the source and/or methodology for completing all item numbers.
- Distinguish possible remedies to incorrect or missing item number data.

CC75101: The Service Mentality **Clock Hours: 0.50**

Course Description: This course identifies and highlights the characteristics and traits of individuals who demonstrate excellent customer service. Apart from the actual skills and techniques, learn why some people seem like 'naturals' when it comes to providing great service.

Course Learning Objectives:

- Recognize specific characteristics and traits of an individual who demonstrates excellent customer service.
- Define the following key characteristics and traits in customer service – empathy, enthusiasm, ownership, responsibility, adaptability, balance and resiliency.

CC75102: The Six Cardinal Rules of Customer Service **Clock Hours: 0.50**

Course Description: This course describes the six cardinal rules of good customer service. After completing this course, each student should be able to list these rules and understand how to apply them on a daily basis.

Course Learning Objectives:

- Discuss why people always come before paperwork.
- Explain why customers should never be rushed.
- Recognize you should always be nice, even when you are too busy.
- Recognize you should always be friendly when answering the phone, even before you know who it is.
- Discuss why you should never use "military language" on civilians.
- Demonstrate good manners such as saying "Thank You" and "You're Welcome."

CC75103: From Curt to Courteous: Mastering the Seven Touch Points of Communication **Clock Hours: 0.50**

Course Description: This course explains the seven means of communication and how we can best utilize these tools in customer service.

Course Learning Objectives:

- Discuss how to communicate in both spoken and written service situations.
- Demonstrate how to use your voice, tone and words when communicating with customers.
- Explain how the listener's perception can affect how you communicate with customers.
- Identify synchronous (phone, face-to-face and instant messaging) and asynchronous (email, voicemail, fax and letters) communication methods.

CC75104: Essential Telephone Skills **Clock Hours: 0.50**

Course Description: This course addresses ten simple yet essential skills for managing the telephone effectively in customer service.

Course Learning Objectives:

- Explain the ten essential skills for delivering exceptional customer service on the phone.
- Demonstrate each telephone skill, which includes:
    - Answering a business call
    - Placing callers on hold
    - Thanking the customer for holding
    - Other communication skills

CC75105: Listening Skills **Clock Hours: 0.50**

Course Description: Doesn't everyone listen? Hearing is a physical process but listening requires mental involvement. Listening is a critical component when determining the needs of your customer. This course introduces six steps to help team members become better listeners.

Course Learning Objectives:

- Discuss the difference between simply hearing versus listening.
- Explain the six basic steps to becoming a more effective listener, which includes:
- Decide to be a better listener
- Welcome the caller
- Concentrate
- Keep an open mind
- Give feedback
- Take notes

CC75106: Five Forbidden Phrases — Clock Hours: 0.50

Course Description: This course introduces how to avoid negatives and offer positive alternatives in customer service. By following the techniques in this course your team can prevent service mishaps before they occur.

Course Learning Objectives:

- List the Five Forbidden Phrases, which include: "I don't know…"; "I can't do that…"; "You'll have to…"; "Hang on a second" and "NO" at the start of a sentence.
- Define the Five Forbidden Phrases of customer service and demonstrate the positive alternative they should use instead.

CC75107: How to Avoid Emotional Leakage — Clock Hours: 0.25

Course Description: Have you ever had a bad day and then barked at a co-worker? Or worse yet, at a customer? This course introduces to how prevent stress from "leaking" through the phones.

Course Learning Objectives:

- Recognize how damaging "emotional leakage" can be in customer service.
- Discuss how to avoid carrying negative feelings from one situation to the next.
- Discuss how to shift gears emotionally.
- Explain why smiling before you pick up the phone is important.
- Recognize that a phony smile is better than a real frown.

CC75108: How to Handle the Irate Customer — Clock Hours: 0.25

Course Description: This quick course introduces how to diffuse angry customers with a four-point plan and maximize the situation.

Learning Objectives:

- Recognize that the angry customer is upset at the problem, not you.
- Discuss the proven ASAP technique.
- Recognize that you can satisfy most people most of the time.
- Discuss the "Swear Stopper" technique.
- Explain how to offer help, not excuses.

CC75109: Questioning Techniques — Clock Hours: 0.25

Course Description: Proper questioning techniques are key when gaining needed information from a caller or customer. High level questioning techniques are a learned skilled. This course introduces seven types of questioning situations and illustrates how and when to employ them. Improving questioning techniques will expand one's ability to effectively obtain valuable information to become a better problem solver.

Learning Objectives:

Discuss the seven effective questioning skills, which includes:

- Open-ended questions.
- Closed-ended questions.
- Probing questions.

- Echo questions.
- Leading questions.
- Use the "and" technique to get information.

CC75201: The Seven Keys to a Positive Mental Attitude **Clock Hours: 0.50**

Course Description: This course identifies and highlights the characteristics and traits of individuals who demonstrate excellent customer service. Apart from the actual skills and techniques, learn why some people seem like 'naturals' when it comes to providing great service.

Learning Objectives:

- Recognize specific characteristics and traits of an individual who demonstrates excellent customer service.
- Define the following key characteristics and traits in customer service – empathy, enthusiasm, ownership, responsibility, adaptability, balance and resiliency.

CC75202: Influencing the Interaction **Clock Hours: 0.50**

Course Description: This course identifies six practices which will help frontline staff personnel offer a more positive experience for their patient or customer.

Learning Objectives:

- Recognize that each team member contributes to a positive interaction.
- Discuss the importance of avoiding common distractions in the workplace.
- Recognize that you are influenced by your mood.
- Recognize you can influence relationships with your confidence, patience, benefits and complete attention.

CC75203: Six Steps to Service Recovery **Clock Hours: 0.50**

Course Description: This course explains the seven means of communication and how we can best utilize these tools in customer service.

Course Learning Objectives:

- Discuss how to communicate in both spoken and written service situations - focusing on understanding the customer and being understood.
- Demonstrate how to use your voice, tone and words when communicating with customers.
- Explain how the listener's perception can affect how you communicate with customers.
- Identify synchronous (phone, face-to-face and instant messaging) and asynchronous (email, voicemail, fax and letters) communication methods.

CC75204: That's Just Rude **Clock Hours: 0.25**

Course Description: What exactly constitutes rude behavior? Must it be intentional? This course explores the business effect of being rude.

Learning Objectives:

- Discuss four various types of rudeness including: accidental rudeness by omission; accidental rudeness by commission; intentional rudeness by omission, and intentional rudeness by commission.
- Explain the Rudeness Matrix and how one's actions can be perceived as rude.
-

CC75206: Essential Elements of Internal Customer Service **Clock Hours: 0.50**

Course Description: It's critical for superior service to begin within the walls of your organization. This course introduces the concept that as employees, we are customers to each other.

Learning Objectives:

- Recognize that as an employee, you are also customers to each other.
- Discuss the six essential elements for improving customer service, which includes:
- Know the mission of your organization and your role.
- Internal service is everyone's responsibility.
- Respect employee differences.
- Recognize the personal space of others.
- Work to resolve conflicts.
- Show appreciation.

CC75207: Killer Words of Customer Service — Clock Hours: 0.50

Course Description: This course discusses eight phrases that are commonly used by customer service staff everywhere, and have the unfortunate effect of damaging customer relationships. Learn how to avoid these phrases and why the customer's perception matters even more than your best intentions.

Learning Objectives:

- Recognize it's not your intention with your words and phrases that matters, but rather it's the customer's interpretation that counts.
- Understand that even innocent sounding words can have negative repercussions when it comes to customer relationships. List the eight "Killer Words of Customer Service" to avoid.

CO83111: Introduction to ICD-10-CM — Clock Hours: 1.00

Course Description: This course will discuss the historical perspective of ICD-10-CM as well as the structural differences between ICD-9-CM and ICD-10-CM.

Certification: This course offers 1.0 CEUs from AHIMA and 0.5 CEUs from AAPC.

Course Learning Objectives:

- Identify the benefits of transitioning to ICD-10.
- Recognize the main structural differences between ICD-9-CM and ICD-10-CM.

CO83114: Introduction to ICD-10 PCS — Clock Hours: 1.00

Course Description: The course discusses the ICD-10-PCS guidelines so students can apply any applicable rules for procedure code assignment, including correct code assignment for multiple procedures, approach procedures and inspection procedures.

Certification: This course offers 1.0 CEUs from AHIMA and 0.5 CEUs from AAPC.

Course Learning Objectives

- Recognize the main structural differences between ICD-9-CM Vol. 3 and ICD-10-PCS
- Explain key features of ICD-10-PCS Coding Guidelines
- Identify the historical perspective and benefits of ICD-10-PCS

CO83115: ICD-10-PCS Procedure Coding — Clock Hours: 1.00

Course Description: This course is designed to help categorize procedures by root operation and master the use of ICD-10-PCS tables.

Certification: This course offers 1.0 CEUs from AHIMA and 0.5 CEUs from AAPC.

- **Course Learning Objectives:**
  Recognize key features of each of the ICD-10-PCS sections, including:
- Section 0 - Root Operations That:
- Take Out Some or All of a Body Part
- Take Out Solids/Gases from a Body Part

- Put in/Put Back or Move Some/All of a Body Part
- Alter the Diameter/Route of a Tubular Structure
- Always Involve a Device
- Involve Examination Only
- Include Other Repairs
- Include Other Objectives
- Section 1, Obstetrics
- Overview of Ancillary Sections 2-9 and B-D and F-H

CD83227 – ICD-10: Introduction to CM and PCS **Clock Hours: 2.00**

Course Description: The International Classification of Diseases (ICD-9) coding system that providers currently use for inpatient procedural and diagnostic coding can no longer accommodate today's healthcare complexities, particularly diagnostic and technological advancements. A more detailed and expandable coding system is needed, and ICD-10 seeks to fill this need.

Certification: This course includes 3.0 CEUs from AHIMA and 0.5 CEU from AAPC.

Course Learning Objectives:

- Understand the importance of medical coding and why the ICD-10 conversion is crucial for today's healthcare complexities.
- Articulate the major differences between ICD-9 and ICD-10-PCS code.
- Use the tabular and alphabetic indices to find information for both ICD-10-CM and ICD-10-PCS codes.

CD83401 – Coding 101 **Clock Hours: 1.00**

Course Description: This course provides an overview of the coding system and basic billing concepts.

Certification: This course includes 1.0 CEUs from AHIMA and 1.0 CEUs from AAPC.

Course Learning Objectives:

- Identify three types of coding systems.
- Explain the general use of the coding systems.
- Define the three volumes of ICD-9-CM codes.
- Name the two levels of HCPCS coding.
- Identify the three categories of coding.

CD83402 – Introduction to HCPCS Level II **Clock Hours: 2.00**

Course Description: This course provides an introduction to coding Healthcare Common Procedure Coding System (HCPCS) Level II codes.

Certification: This course includes 2.0 CEUs from AHIMA and 0.5 credits from AAPC.

Course Learning Objectives:

- Define the abbreviation "HCPCS."
- Identify the two levels of HCPCS coding.
- Navigate the HCPCS Level II Manual.
- Assign HCPCS Level II codes and applicable modifier.

CD83404 – Introduction to CPT Codes **Clock Hours: 2.00**

Course Description: This course provides an overview of the coding systems and basic billing concepts.

Certification: This course includes 2.0 credits from AHIMA and 0.5 credits from AAPC.

Course Learning Objectives:

- List the three main sections of the CPT Professional Edition.
- Define the three categories of CPT codes.
- Explain the steps for assigning a CPT code.
- Identify when to use a modifier.
- Explain the difference between professional and technical components.
- Explain how to research a coding question.
- Identify the different CPT symbols.

DETAILED COURSE DESCRIPTIONS – LECTURE/PRACTICAL APPLICATION

Clock Hours: 32.00

FN0100: Health Care Finance

Course Description: This course provides an advanced look at Healthcare Finance using textbook and real-world examples.

Course Learning Objectives:

- Identify and explain Municipal bond pools.
- Identify and explain Cost of capital for not-for-profit and small businesses.
- Identify and explain Modified internal rate of return.
- Identify and explain Supply chain management.
- Identify and explain Health savings accounts.
- Identify and explain Current information on reimbursement.

CA0100: Computer Applications — Clock Hours: 32.00

Course Description: This course provides a basic, intermediate to advanced look 2010 Microsoft office applications using a lab and real-world examples.

Course Learning Objectives:

- Demonstrate Basic, Intermediate use of Microsoft Word.
- Demonstrate Basic, Intermediate and advanced use of Microsoft Excel.
- Demonstrate Basic and Intermediate use of Microsoft PowerPoint.

CA0101: Typing and Keyboarding — Clock Hours: 32.00

Course Description: This course provides typing and keyboarding drills to increase typing speed and keyboarding accuracy.

Course Learning Objectives:

- Demonstrate and increase in speed and accuracy in typing.
- Demonstrate keyboard navigation.

CA0102: Internet Browsers and using the internet for research — Clock Hours: 16.00

Course Description: This course provides an basic knowledge of internet browsers. Students will be required to search the internet as a research tool to resolve denials and research crucial information pertaining to their daily responsibilities using a lab and real-world examples.

Course Learning Objectives:

- Use basic search engines such as Google.
- Navigation of browser.
- Browser setting.
- Key healthcare websites.

DN0100: Denial Management Strategies — Clock Hours: 32.00

Course Description: This course provides an advanced look at denial management strategies using the HBS Denial Situation Response Guide and hands-on experience.

Course Learning Objectives:

- Identify and resolve 10 key denial groups
- Prepare appeals
- Conduct initial and follow-up protocols

CN0100: Contract Interpretation and Negotiation Strategies **Clock Hours: 8.00**

Course Description: This course provides an advanced look at contract interpretation and negotiation strategies using the HBS Contract Knowledge Guide and hands-on experience.

Course Learning Objectives:

- Identify and explain Contract terms
- Identify and explain reimbursement types
- How to successfully negotiate a HMO contract
- How to successfully negotiate other contracts

GV0100: CMS Navigator Program **Clock Hours: 20.00**

Course Description: This course is a combination of online study utilizing a CMS provided course as well as lecture and real-world examples. Student will be prepared to take the Navigator exam.

Course Learning Objectives:

- Identify and explain Health Insurance Basics.
- Identify and explain Affordable Care Act Basics.
- Provide Assistance in Individual Marketplace.
- Assistance in the SHOP Marketplace
- Understand Marketplace Basics
- Understand How to Serve Populations

TEXTBOOKS

Healthcare Finance

Publication Date: **November 7, 2007** | ISBN-10: **1567932800** | ISBN-13: **978-1567932805** | Edition: **4th**

This textbook teaches the reader the fundamental concepts of healthcare finance, including both financial management and accounting. The fourth edition features: Municipal bond pools, Cost of capital for not-for-profit and small businesses, Modified internal rate of return, Supply chain management, Health savings accounts, and Current information on reimbursement.

Medical Insurance Made Easy

Publication Date: **December 27, 2005** | ISBN-10: **0721605567** | ISBN-13: **978-0721605562** | Edition: **2**

This combination textbook and workbook, explains each phase of the medical claim cycle, from the time the patient calls for an appointment until the financial transaction for the encounter is completed. Coverage includes types of insurance payers, basic coding and billing rules, and standard requirements for outpatient billing using the CMS-1500 claim form

Medical Terminology A Short Course

Publication Date: **November 11, 2011** | ISBN-10: **1437734405** | ISBN-13: **978-1437734409** | Edition: **6**

Quickly master the basics of medical terminology and begin speaking and writing terms almost immediately! Using Davi-Ellen Chabner's proven learning methods, Medical Terminology: A Short Course, 6th Edition omits time-consuming, nonessential information and helps you build a working medical vocabulary of the most frequently encountered suffixes, prefixes, and word roots. Medical terms are introduced in the context of

human anatomy and physiology to help you understand exactly what they mean, and case studies, vignettes, and activities demonstrate how medical terms are used in practice.

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