



The Center for
Revenue Cycle Excellence

E-Learning Course Catalog

2014-
2015

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

EDUCATION. EXPERIENCE. THE DIFFERENCE.

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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. The Center for Revenue Cycle Excellence prepares students for successful employment in a rewarding revenue cycle career through high-caliber training and real world experience while still in the classroom setting. Our experienced instructors provide the student with personal working knowledge of the industry as it is today. The curriculum provides a variety of different entry level courses that accommodate those individuals with a limited background in medical billing and those individuals already in healthcare positions seeking to improve their knowledge and skills.



School Location: 15401 North Commerce Drive, Dearborn, MI 48120

Headquarters: 10620 Griffin Road, Suite 204, Cooper City, FL 33328

CORPORATE OFFICERS

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Michael Pipis, Registrar and Extern Coordinator

FACULTY

<u>Instructor</u>	<u>Title</u>	<u>Programs</u>
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

ONLINE REGISTRATION

The Center for Revenue Cycle Excellence offers enrollment through the school website at www.tcrce.org or the corporate affiliate website at www.hbsfocus.com.

ENROLL IN PERSON

You may also enroll in person at either of our locations:
Michigan School Location: 15401 North Commerce Drive, Dearborn, MI 48120
Florida Headquarters: 10620 Griffin Road, Suite 204, Cooper City, FL 33328

ENROLL OVER THE PHONE

Call **1-888-494-1909** for more information.

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 101
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 theirate 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	DN0106: Non-covered Service related Denial
DN0101: Compliance related Denials	DN0107: Info Pending Patient or Other Info Denials
DN0102: Coding related Denials	DN0108: Info Pending from Provider related Denials
DN0103: Data Quality Access related Denials	DN0109: Timely Filing related Denials
DN0104: Data Quality Billing related Denials	DN0110: Other related Denials
DN0105: Medical Necessity 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	GV100008: CLASS
GV100002: Health Insurance Basics	GV100009: Serving Populations
GV100003: Affordable Care Act Basics	GV100010: Consumers with Disabilities
GV100004: Eligibility and Enrollment	GV100011: Community Outreach
GV100005: SOP Manual	GV100012: Privacy and Security
GV100006: Assistance in Individual Marketplace	GV100013: Customer Service Standards
GV100007: Assistance in the SHOP Marketplace	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.

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.

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.

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.

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!

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.

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.

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.

RC40010: Confidentiality: Ethical and Legal Concerns in Healthcare**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.

RC80101: Introduction to the Revenue Cycle**Clock Hours: 0.50**

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.

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.

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

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

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.

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

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

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.

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

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

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.

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.

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.

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.

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.

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.

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

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

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

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

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

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

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

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.

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.

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.

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.

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.

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.

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.

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.

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.

RC80502: Encounter Information of Another Kind**Clock Hours: 0.75**

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

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.	
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.	
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."	
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."	
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.	
RC80605: TRICARE and CHAMPVA	Clock Hours: 1.25
Course Description: This course introduces TRICARE and CHAMPVA, two military insurance programs.	
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.	
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.	
RC80608: Introduction to Medicare Advantage Plans	Clock Hours: 0.75
Course Description: This course introduces Medicare Advantage Plans - otherwise known as Medicare Part C.	
RC80701: Verification Defined	Clock Hours: 0.75
Course Description: This course introduces the Verification Flow and its components.	
RC80702: The Verification Flow	Clock Hours: 1.25
Course Description: This course identifies how to complete the Verification Flow.	
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.	

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.	
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.	
RC80801: What is Coordination of Benefits?	Clock Hours: 0.25
Course Description: This course introduces the term coordination of benefits.	
RC80802: Determining Coordination of Benefits	Clock Hours: 1.00
Course Description: This course identifies how to determine coordination of benefits.	
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.	
RC80804: MSP Determination Process	Clock Hours: 0.50
Course Description: This course identifies the Medicare Secondary Payer Determination Process.	
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.	
RC80806: Workers' Compensation Assignment	Clock Hours: 1.00
Course Description: This course identifies the Workers' Compensation Assignment Process.	
RC80807: Auto Insurance Assignment	Clock Hours: 1.00
Course Description: This course identifies the Auto Insurance Assignment Process.	
RC80808: Residential Accident Assignment	Clock Hours: 0.75
Course Description: This course identifies the Residential Accident Assignment Process.	
RC80809: Public Location Accident Assignment	Clock Hours: 0.50
Course Description: This course identifies the Public Location Accident Assignment Process.	
	Clock Hours: 0.50

RC80810: Entity Request Determination Process

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

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

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

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.

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.

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.

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

RC80901: The Balancing Act**Clock Hours: 0.75**

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

RC80902: Collection Touch**Clock Hours: 0.75**

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

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.

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

Course Description: This course identifies the Collection Communication Cycle.

RC80905: Collection Correspondence Cycle**Clock Hours: 0.75**

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

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.

RC81001: Direct From the Horse's Mouth	Clock Hours .50
Course Description: This course identifies the UB data elements provided through system input or calculation.	
RC81002: All About Me	Clock Hours: 2.0
Course Description: This course identifies the UB data elements obtained about the Patient at the time of patient	
RC81003: Once Upon a Time	Clock Hours: 2.0
Course Description: This course identifies the UB data elements that tell the story of the Patient's visit.	
RC81004: Show Me the Money	Clock Hours: 1.25
Course Description: This course identifies the charge related UB data elements.	
RC81005: One of a Kind	Clock Hours: 0.75
Course Description: This course identifies the UB data elements that are unique by patient and/or payer type.	
RC81006: All in the Family	Clock Hours: 0.75
Course Description: This course identifies related UB data elements.	
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.	
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.	
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.	
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.	
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.	
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.	
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	

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.	
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.	
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.	
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.	
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.	
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	
RC81301: Life of a Bill	Clock Hours: 0.25
Course Description: This course introduces the revenue cycle (life) of a bill.	
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.	
RC81303: Follow-Up in a Nutshell Part II	Clock Hours: 1.00
Course Description: This course identifies common rejections and suggestions for follow-up.	
RC81304: The Nuts & Bolts of Payments	Clock Hours: 0.75
Course Description: This course identifies the components of participating and nonparticipating provider payment documents.	
RC81305: Medicare Follow-up	Clock Hours: 1.00
Course Description: This course introduces Medicare follow-up processes.	
RC81306: Medicare Denials	Clock Hours: 0.25
Course Description: This course identifies how to appeal a Medicare denial.	
RC81307: Medicare Remittance Advice	Clock Hours: 0.25
Course Description: This course identifies the Medicare voucher and how to read it.	

RC81309: Blue Cross - General Follow-Up**Clock Hours: 0.50**

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

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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 skill. 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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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

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

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.

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

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

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