The Center for
Revenue Cycle Excellence

E-Learning Course Catalog

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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
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FACULTY

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<tr>
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ONLINE REGISTRATION

The Center for Revenue Cycle Excellence offers enrollment through the school website at [www.tcrce.org](http://www.tcrce.org) or the corporate affiliate website at [www.hbsfocus.com](http://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  
  - **RC80201**: Who Are Our Customers?
- **RC80103**: Payer Identification  
  - **RC80202**: How the Patient Accesses Care
- **RC80104**: Registration's Link to the UB-04  
  - **RC80203**: Patient Access Intake
- **RC80109**: Denial Management 101  
  - **RC81301**: Life of a Bill

### Module: RC11000 Regulatory Compliance
- **RC80108**: Compliance... The Buzz  
  - **RC10040**: Healthcare Fraud, Waste and Abuse Awareness
- **RC80161**: Revenue Cycle Regulations, Compliance and the OIG  
  - **RC10071**: Complying With Red Flag Rules
- **RC80171**: Revenue Cycle Regulations, Compliance and the OIG  
  - **RC18115**: HIPAA Privacy and Security for Billing & Patient Accounting
- **RC80172**: Revenue Cycle Regulations and Compliance Review  
  - **RC18144**: HIPAA Privacy and Security for Front Office Staff I
- **RC80173**: Revenue Cycle Radar: Regulations and Compliance  
  - **RC18145**: HIPAA Privacy and Security for Front Office Staff II
- **RC10005**: Confidentiality  
  - **RC40010**: Confidentiality: Ethical and Legal Concerns in Healthcare
- **RC10010**: Confidentiality: Ethical and Legal Considerations  
  - **RC10015**: Confidentiality: Who Needs to Know

### Module: MT10000 Medical & Healthcare Terminology
- **RC80102**: Intro to Revenue Cycle Terms  
  - **RC80301**: Med Term Basics: Word Building
- **RC80106**: Coding Basics  
  - **RC80302**: Med Term Basics: Body Systems
- **RC80107**: Understanding Reimbursement  
  - **RC80303**: Med Term Basics: Procedures, Symptoms, and Acronyms

### Module: PA10000 Patient Intake Data Gathering & Verification
- **RC80401**: The Match Game  
  - **RC80405**: Demographics
- **RC80402**: The Key Players  
  - **RC80501**: Just What the Doctor Ordered
- **RC80403**: Getting to Know You  
  - **RC80502**: Encounter Information of Another Kind
- **RC80404**: All About the Key Players  
  - **RC80503**: The Encounter

### Module: PY10000 Payer Identification and Eligibility Verification
- **RC80601**: Let's Play Cards  
  - **RC80608**: Introduction to Medicare Advantage Plan
- **RC80602**: Medicare - World of Medicare  
  - **RC80701**: Verification Defined
- **RC80603**: Your Office in the World of Medicare  
  - **RC80702**: The Verification Flow
- **RC80604**: Introduction to Medicaid  
  - **RC80704**: Medical Necessity and Advance Beneficiary Notification
- **RC80605**: TRICARE & CHAMPVA  
  - **RC80705**: Explaining the ABN to Beneficiaries
- **RC80606**: Health Insurance - Other Plans  
  - **RC80703**: Verification Pitfalls
- **RC80607**: Health Insurance
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
RC81007: Building a Bill
RC81008: 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
RC81308: 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
RC81205: Inpatient Mental Health
RC81206: Inpatient Rehabilitation
RC81207: Inpatient Mom & Baby

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

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**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
- CO83411: 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.

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

RC80103: Payer Identification  
Course Description: This course introduces how payers are identified and verified during the patient intake process.

RC80104: Registration’s Link to the UB-04  
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  
Course Description: This course introduces the computer systems utilized to generate paper and electronic bills.

RC80106: Coding Basics  
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  
Course Description: This course introduces the definition of reimbursement, methods of calculating reimbursement, and the reimbursement puzzle.

RC80108: Compliance...The Buzz  
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  
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  
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  
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  
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  
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?  
Course Description: This course identifies healthcare customers and methods of interaction/communications.

RC80202: How Patients Access Care  
Course Description: This course identifies how Patients access care in the hospital.
**RC80203: Intake... What is it All About?**

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

**Clock Hours:** 0.25

**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.

**Clock Hours:** 0.50

**RC80302: Medical Terminology Basics: Body Systems**

*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.

**Clock Hours:** 1.00

**RC80303: Medical Terminology Basics: Procedures, Symptoms, and Acronyms**

*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.

**Clock Hours:** 0.75

**RC80401: The Match Game**

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

**Clock Hours:** 0.50

**RC80402: The Key Players**

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

**Clock Hours:** 0.25

**RC80403: Getting to Know You**

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

**Clock Hours:** 0.50

**RC80404: All About the Key Players**

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

**Clock Hours:** 0.25

**RC80405: Demographics**

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

**Clock Hours:** 0.25

**RC80501: Just What the Doctor Ordered**

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

**Clock Hours:** 0.50

**RC80502: Encounter Information of Another Kind**

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

**Clock Hours:** 0.75
RC80503: The Encounter  
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  
Course Description: This course identifies information that is available on a Patient’s health insurance card.

RC80602: Medicare - World of Medicare  
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  
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  
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  
Course Description: This course introduces TRICARE and CHAMPVA, two military insurance programs.

RC80606: Health Insurance - Other Plans  
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  
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  
Course Description: This course introduces Medicare Advantage Plans - otherwise known as Medicare Part C.

RC80701: Verification Defined  
Course Description: This course introduces the Verification Flow and its components.

RC80702: The Verification Flow  
Course Description: This course identifies how to complete the Verification Flow.

RC80703: Verification Pitfalls  
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.
RC80810: Entity Request Determination Process  
Course Description: This course identifies the Entity Request Determination Process.

RC80811: Multiple Plan COB Determination Process  
Course Description: This course identifies the Multiple Plan COB Determination Process.

RC80812: Coordination of Benefits  
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  
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  
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  
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  
Course Description: This course identifies the components of a patient balance.

RC80902: Collection Touch  
Course Description: This course identifies the components of a collection policy and the collection flow.

RC80903: Payment Solutions  
Course Description: This course identifies payment solutions that can be a component of the hospital’s collection policy.

RC80904: Communicating for Collection  
Course Description: This course identifies the Collection Communication Cycle.

RC80905: Collection Correspondence Cycle  
Course Description: This course identifies how patient balances are managed and collected.

RC80906: What Do I Owe?  
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  
**Course Description:** This course identifies the UB data elements provided through system input or calculation.  
**Clock Hours:** .50

RC81002: All About Me  
**Course Description:** This course identifies the UB data elements obtained about the Patient at the time of patient  
**Clock Hours:** 2.0

RC81003: Once Upon a Time  
**Course Description:** This course identifies the UB data elements that tell the story of the Patient’s visit.  
**Clock Hours:** 2.0

RC81004: Show Me the Money  
**Course Description:** This course identifies the charge related UB data elements.  
**Clock Hours:** 1.25

RC81005: One of a Kind  
**Course Description:** This course identifies the UB data elements that are unique by patient and/or payer type.  
**Clock Hours:** 0.75

RC81006: All in the Family  
**Course Description:** This course identifies related UB data elements.  
**Clock Hours:** 0.75

RC81201: Building a Bill  
**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.  
**Clock Hours:** 0.50

RC81202: Validating a Basic Inpatient Bill  
**Course Description:** This course identifies the components of an inpatient basic claim and bill validation techniques.  
**Clock Hours:** 1.50

RC81203: Validating an Acute Inpatient Bill  
**Course Description:** This course identifies the components of an inpatient acute claim and bill validation techniques.  
**Clock Hours:** 1.00

RC81204: Validating a Combined Admit Inpatient Bill  
**Course Description:** This course identifies the components of two inpatient admissions which are combined on one claim and bill validation techniques.  
**Clock Hours:** 0.50

RC81205: Validating a Mental Health Inpatient Bill  
**Course Description:** This course identifies the components of an inpatient mental health claim and bill validation techniques.  
**Clock Hours:** 0.50

RC81206: Validating a Rehabilitation Inpatient Bill  
**Course Description:** This course identifies the components of an inpatient rehabilitation claim and bill validation techniques.  
**Clock Hours:** 0.50

RC81207: Validating Mom and Baby Inpatient Bills  
**Course Description:** This course identifies the components of an inpatient delivery, newborn, and mom/baby  
**Clock Hours:** 0.75
RC81208: Validating a Basic Outpatient Bill  
Course Description: This course identifies the components of an outpatient basic claim and bill validation techniques.

RC81209: Validating an Emergency Outpatient Bill  
Course Description: This course identifies the components of an emergency claim and bill validation techniques.

RC81210: Validating an Observation Outpatient Bill  
Course Description: This course identifies the components of an observation claim and bill validation techniques.

RC81211: Validating a Surgery/Procedure Outpatient Bill  
Course Description: This course identifies the components of outpatient surgery, endoscopy, and procedure claims and bill validation techniques.

RC81212: Validating Other Outpatient Bills  
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  
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  
Course Description: This course introduces the revenue cycle (life) of a bill.

RC81302: Follow-Up in a Nutshell Part I  
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  
Course Description: This course identifies common rejections and suggestions for follow-up.

RC81304: The Nuts & Bolts of Payments  
Course Description: This course identifies the components of participating and nonparticipating provider payment documents.

RC81305: Medicare Follow-up  
Course Description: This course introduces Medicare follow-up processes.

RC81306: Medicare Denials  
Course Description: This course identifies how to appeal a Medicare denial.

RC81307: Medicare Remittance Advice  
Course Description: This course identifies the Medicare voucher and how to read it.
RC81309: Blue Cross - General Follow-Up  
Course Description: This course identifies the Blue Cross system and overall follow-up processes.

RC81313: Commercial and Other Payer Follow-Up  
Course Description: This course identifies commercial health insurance, auto insurance, and Workers’ Compensation follow-up processes.

RC81502: Anatomy of a 1500 Claim  
Course Description: This course identifies 1-33b fields/ item numbers on the 1500 Health Insurance Claim Form.

CC75101: The Service Mentality  
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  
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  
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  
Course Description: This course addresses ten simple yet essential skills for managing the telephone effectively in customer service.

CC75105: Listening Skills  
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  
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  
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
Course Description: This quick course introduces how to diffuse angry customers with a four-point plan and maximize the situation.

CC75109: Questioning Techniques
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
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
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
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
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
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
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
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  
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  
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  
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  
Course Description: This course provides an overview of the coding system and basic billing concepts.

CD83402 – Introduction to HCPCS Level II  
Course Description: This course provides an introduction to coding Healthcare Common Procedure Coding System (HCPCS) Level II codes.

CD83404 – Introduction to CPT Codes  
Course Description: This course provides an overview of the coding systems and basic billing concepts.
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