Revenue Cycle Education Program
Competency Summary

**Revenue Cycle Concepts Competency (BF95100):**
- BF80101: Introduction to the Revenue Cycle
- BF80103: Payer Identification
- BF80104: Registration’s Link to the UB-04
- BF80105: Bill Submission Tools
- BF80108: Compliance... The Buzz
- BF80109: Denial Management 101
- BF80201: Who Are Our Customers?
- BF80202: How Patients Access Care
- BF80203: Intake... What is it All About?
- BF81301: Life of a Bill

**Terminology Competency (BF95101):**
- BF80102: Introduction to Revenue Cycle Terminology
- BF80106: Coding Basics
- BF80107: Understanding Reimbursement
- BF80301: Medical Terminology Basics: Word Building
- BF80302: Medical Terminology Basics: Body Systems
- BF80303: Medical Terminology Basics: Procedures, Symptoms, and Acronyms

**Patient Intake Gathering & Verification Competency (BF95102):**
- BF80401: The Match Game
- BF80402: The Key Players
- BF80403: Getting to Know You
- BF80404: All About the Key Players
- BF80405: Demographics – Oops!
- BF80501: Just What the Doctor Ordered
- BF80502: Encounter Information of Another Kind
- BF80503: The Encounter – Oops!

**Payer Identification & Verification Competency (BF95103):**
- BF80601: Let’s Play Cards
- BF80602: Medicare – World of Medicare (Free)
- BF80603: Medicare – Front Office and Medicare (Free)
- BF80608: Introduction to Medicare Advantage Plans
- BF80604: Introduction to Medicaid
- BF80605: TRICARE & CHAMPVA (Free)
- BF80606: Health Insurance – Other Plans
- BF80607: Health Insurance – Oops!
- BF80701: Verification Defined
- BF80702: The Verification Flow
- BF80703: Verification – Oops!

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Revenue Cycle Education Program
Competency Crosswalk Summary

Coordination of Benefits Competency (BF95104):
- BF80801: What is Coordination of Benefits?
- BF80802: Determining Coordination of Benefits
- BF80803: Medicare Secondary Payer Introduction
- BF80804: MSP Determination Process
- BF80805: MSP Documentation
- BF80806: Workers’ Compensation Assignment
- BF80807: Auto Insurance Assignment
- BF80808: Residential Accident Assignment
- BF80809: Public Location Accident Assignment
- BF80810: Entity Request Determination Process
- BF80811: Multiple Plan COB Determination Process
- BF80812: Coordination of Benefits – Oops!

Patient Balance Determination & Collection Competency (BF95105):
- BF80901: The Balancing Act
- BF80902: Collection Touch
- BF80903: Payment Solutions
- BF80904: Communicating for Collection
- BF80905: Collection Correspondence Cycle
- BF80906: What Do I Owe? – Oops

UB Validation Competency (BF95106):
- BF81001: Direct from the Horse’s Mouth
- BF81002: All About Me
- BF81003: Once Upon a Time
- BF81004: Show Me the Money
- BF81005: One of a Kind
- BF81006: All in the Family
- BF81201: Building a Bill
- BF81202: Validating a Basic Inpatient Bill
- BF81203: Validating an Acute Inpatient Bill
- BF81208: Validating a Basic Outpatient Bill
- BF81209: Validating an Emergency Outpatient Bill

Third Party Payer Follow-Up Competency (BF95107):
- BF81302: Follow-Up in a Nutshell – Part I
- BF81303: Follow-Up in a Nutshell – Part II
- BF81304: The Nuts & Bolts of Payments
- BF81305: Medicare Follow-Up
- BF81306: Medicare Denials
- BF81307: Medicare Remittance Advice
- BF81309: Blue Cross – General Follow-Up
- BF81313: Commercial and Other Payer Follow-Up

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Revenue Cycle Education Program
Revenue Cycle Concepts Competency (BF95100)

BF80101: Introduction to the Revenue Cycle 0.50 CEU
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, the importance of compliance, and what HIPAA means.
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.

BF80103: Payer Identification 0.25 CEU
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.

BF80104: Registration's Link to the UB-04 0.75 CEU
Course Description: This course introduces the relationship of the data captured and entered into a Patient’s account, at the time of 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.

BF80105: Bill Submission Tools 0.25 CEU
Course Description: This course introduces the computer systems utilized to generate paper and electronic bills.
Course Learning Objectives:
- Recognize bill submission tools.

BF80108: Compliance... The Buzz 0.25 CEU
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.

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Revenue Cycle Education Program
Revenue Cycle Concepts Competency (BF95100)

BF80109: Denial Management 101 0.25 CEU
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.

BF80201: Who are Our Customers? 0.25 CEU
Course Description: This course identifies healthcare customers and methods of interaction and communication.
Course Learning Objectives:
- Identify healthcare customers.
- Name four customer focused communication characteristics.
- Identify methods of communicating with healthcare customers.

BF80202: How Patients Access Care 0.25 CEU
Course Description: This course identifies how Patients access care in the hospital.
Course Learning Objective:
- Identify the patient access methods within a hospital.

BF80203: Intake… What is it All About? 0.25 CEU
Course Description: This course identifies patient intake methods utilized at the hospital.
Course Learning Objectives:
- Define intake.
- Identify intake sources.
- Name intake methods.

BF81301: Life of a Bill 0.25 CEU
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.

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Revenue Cycle Education Program
Terminology Competency (BF95101)

BF80102: Introduction to Revenue Cycle Terminology 0.50 CEU
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.

BF80106: Coding Basics 0.50 CEU
Course Description: This course introduces the two healthcare coding systems. ICD-9-CM codes used to describe the diagnosis and 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.

BF80107: Understanding Reimbursement 0.50 CEU
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.

BF80301: Medical Terminology Basics: Word Building 1.00 CEU
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.

BF80302: Medical Terminology Basics: Body Systems 1.00 CEU
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.

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Terminology Competency (BF95101)

BF80303: Medical Terminology Basics: Procedures, Symptoms, and Acronyms 0.75 CEU

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.
- Demonstrate terminology analysis techniques to determine the meaning of complex medical terms.

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Revenue Cycle Education Program
Patient Intake Gathering & Verification Competency (BF95102)

BF80401: The Match Game 0.50 CEU
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.

BF80402: The Key Players 0.25 CEU
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.

BF80403: Getting to Know You 0.50 CEU
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.

BF80404: All About the Key Players 0.25 CEU
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.

BF80405: Demographics - Oops! 0.25 CEU
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.

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Revenue Cycle Education Program
Patient Intake Gathering & Verification Competency (BF95102)

BF80501: Just What the Doctor Ordered 0.50 CEU¹
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 key components.

BF80502: Encounter Information of Another Kind 0.75 CEU¹
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.

BF80503: The Encounter - Oops! 0.25 CEU¹
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.

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Revenue Cycle Education Program
Payer Identification & Verification Competency (BF95103)

BF80601: Let's Play Cards  1.00 CEU¹
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.

BF80602: Medicare - World of Medicare (FREE)  1.25 CEU¹ (a CMS course 1.25 AAHAM)
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.
- 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.
- List the topics of the Medicare WBT courses.

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Revenue Cycle Education Program
Payer Identification & Verification Competency (BF95103)

**BF80603: Medicare - Front Office and Medicare (FREE) 1.25 CEU¹ (a CMS course 1.25 AAHAM)**

**Course Description:** This course introduces Medicare, a government health insurance program, through a CMS offered course entitled “Front Office and Medicare.”

**Course Learning Objectives as documented in the Front Office and Medicare course offered by CMS:**
- Define Medicare.
- Describe the basic components of Medicare coverage.
- Describe the eligibility requirements for Medicare Part A and Part B.
- Identify the types of coverage available to a Medicare Beneficiary.
- Identify the three basic tasks for receiving a Medicare Patient prior to service.
- Select the important criteria needed from the Patient’s Medicare card from a sample card. Use a checklist or questionnaire to determine a Patient’s Medicare eligibility.
- Define Medigap, Medicaid, and Crossover.
- Describe how a Beneficiary could be covered for medical expenses in addition to Medicare coverage.
- Determine if Medicare is the primary or secondary insurer for a Patient.
- Explain why a Written Advance Notice and a Medicare Development Letter are important and how to use them.

**BF80608: Introduction to Medicare Advantage Plans 0.75 CEU¹**

**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 / categories 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.

**BF80604: Introduction to Medicaid 0.50 CEU¹**

**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.

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Revenue Cycle Education Program
Payer Identification & Verification Competency (BF95103)

BF80605: TRICARE and CHAMPVA (FREE) 1.25 CEU
Course Description: This course introduces TRICARE and CHAMPVA, two military health insurance programs.
Course Learning Objectives:
- Define TRICARE.
- Recognize benefit categories 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.

BF80606: Health Insurance - Other Plans 1.00 CEU
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 nonparticipating provider.
- Differentiate the payment limits between participating and nonparticipating 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.

BF80607: Health Insurance - Oops! 0.25 CEU
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.

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Revenue Cycle Education Program
Payer Identification & Verification Competency (BF95103)

BF80701: Verification Defined  0.75 CEU¹
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.

BF80702: The Verification Flow  1.25 CEU¹
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.

BF80703: Verification - Oops!  0.25 CEU¹
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.

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Revenue Cycle Education Program
Coordination of Benefits Competency (BF95104)

BF80801: What is Coordination of Benefits? 0.25 CEU
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.

BF80802: Determining Coordination of Benefits 1.00 CEU
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 (Michigan).
- 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.

BF80803: Medicare Secondary Payer Introduction 1.25 CEU
Course Description: This course introduces Medicare Secondary Payer.
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.

BF80804: MSP Determination Process 0.50 CEU
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.

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Revenue Cycle Education Program
Coordination of Benefits Competency (BF95104)

BF80805: MSP Documentation 0.25 CEU¹
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.

BF80806: Workers' Compensation Assignment 1.00 CEU¹
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.

BF80807: Auto Insurance Assignment 1.00 CEU¹
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 (Michigan).
- 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.
- Sequence the Auto Insurance Assignment steps: no-fault assignment, authorization, and documentation.

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Revenue Cycle Education Program
Coordination of Benefits Competency (BF95104)

**BF80808: Residential Accident Assignment** 0.75 CEU

**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.

**BF80809: Public Location Accident Assignment** 0.50 CEU

**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 the authorization gathering process for a public location accident.
- 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.

**BF80810: Entity Request Determination Process** 0.50 CEU

**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.

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**BF80811: Multiple Plan COB Determination Process**  0.75 CEU\(^1\)

**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.
- Apply the birthday rule as part of the COB assignment process.
- Cite payer verification tools.
- Identify ways to determine if an authorization is required.
- Complete the authorization gathering process for a health plan.
- Complete the payer information gathering requirements.
- 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.

**BF80812: Coordination of Benefits - Oops!**  0.25 CEU\(^1\)

**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.

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\(^1\)May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs

\(^1\)May be submitted as credits to National Association of Health Care Access Management (NAHAM)
Revenue Cycle Education Program
Patient Balance Determination & Collection Competency (BF95105)

BF80901: The Balancing Act 0.75 CEU¹
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 copay and cite methods of determining a copay amount.
- Define deductible.
- Define coinsurance.
- Identify location and provider specific deductibles and coinsurance examples.
- Recognize noncovered 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 a computer system.
- Identify account note information and why it is important.
- Identify transaction postings and why they are important.

BF80902: Collection Touch 0.75 CEU¹
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.

BF80903: Payment Solutions 0.50 CEU¹
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.

¹May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs
²May be submitted as credits to National Association of Health Care Access Management (NAHAM)
Revenue Cycle Education Program
Patient Balance Determination & Collection Competency (BF95105)

BF80904: **Communicating for Collection** 0.75 CEU

**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.

BF80905: **Collection Correspondence Cycle** 0.75 CEU

**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 telephone system, and other computer reports.
- Define a delinquent balance.
- Recognize pre-collection and early out programs.
- Recognize Medicare bad debt criteria.

BF80906: **What Do I Owe? - Oops!** 0.25 CEU

**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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1 May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs
2 May be submitted as credits to National Association of Health Care Access Management (NAHAM)
Revenue Cycle Education Program
UB Validation Competency (BF95106)

BF81001: Direct From the Horse’s Mouth
0.50 CEU¹ with NUBC manual review activities
0.25 CEU¹ without NUBC manual 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.

BF81002: All About Me
2.00 CEU¹ with NUBC manual review activities
1.00 CEU¹ without NUBC manual 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.

BF81003: Once Upon a Time
2.00 CEU¹ with NUBC manual review activities
1.00 CEU¹ without NUBC manual 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, 67 A-Q, 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.

BF81004: Show Me the Money
1.25 CEU¹ with NUBC manual review activities
0.75 CEU¹ without NUBC manual 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.

¹May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs
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Revenue Cycle Education Program
UB Validation Competency (BF95106)

BF81005: One of a Kind
0.75 CEU¹ with NUBC manual review activities
0.50 CEU¹ without NUBC manual 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.

BF81006: All in the Family
0.75 CEU¹ with NUBC manual review activities
0.50 CEU¹ without NUBC manual 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 and 81.
- 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.

BF81201: Building a Bill 0.50 CEU¹

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.

¹May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs
¹May be submitted as credits to National Association of Health Care Access Management (NAHAM)

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Revenue Cycle Education Program
UB Validation Competency (BF95106)

BF81202: Validating a Basic Inpatient Bill 1.50 CEU
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.

BF81203: Validating an Acute Inpatient Bill 1.00 CEU
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 46 - Statement 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.
- 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 ECI-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.

¹ May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs
² May be submitted as credits to National Association of Health Care Access Management (NAHAM)
BF81208: Validating a Basic Outpatient Bill  1.50 CEU
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.
• Differentiate where Revenue Codes, Descriptions, HCPCS, Service Dates, Service Units, Total Charges, and Non-Covered Charges are listed in FL 42 to 48.
• Arrange appropriate information in Lines A, B, and C of FL 50 to 66 - the Payer, Provider, Provider NPI, Insured, and Employer information.
• Determine which form locators must be completed versus form locators that may be completed but are not critical to claim processing.

BF81209: Validating an Emergency Outpatient Bill  0.75 CEU
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.

¹May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs
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Revenue Cycle Education Program
Third Party Payer Follow-Up Competency (BF95107)

BF81302: Follow-Up in a Nutshell - Part I 0.75 CEU
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.

BF81303: Follow-Up in a Nutshell - Part II 1.00 CEU
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.
- Define medical necessity edits, ABNs, NCDs, LCDs, and LMRPs.
- Assess how to follow-up on medical necessity edits, NCDs, and LCDs.
- Analyze and assess how to follow-up when these rejections are received: not eligible, no authorization or referral, out of network, exceeds plan benefit level, not a benefit, inclusive procedure, dental not covered, limited benefits (such as physical, occupational, speech therapy), overlapping dates of service, pre-existing condition, late charges, zero payments, cross-over claims that were not paid, medical review and COB issues.

1May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs
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Revenue Cycle Education Program
Third Party Payer Follow-Up Competency (BF95107)

BF81304: The Nuts & Bolts of Payments 0.75¹ CEU
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, 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.
- Assess payment accuracy.

BF81305: Medicare Follow-Up 1.00¹ CEU
Course Description: This course introduces Medicare follow-up processes.
Course Learning Objectives:
- 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 and common suggestions or follow-up, including: working RTP, 72-hour rule, MSP issues, when the Beneficiary information is 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.

BF81306: Medicare Denials 0.25 CEU¹
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.

¹May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs
²May be submitted as credits to National Association of Health Care Access Management (NAHAM)
Revenue Cycle Education Program
Third Party Payer Follow-Up Competency (BF95107)

BF81307: Medicare Remittance Advice 0.25 CEU
Course Description: This course identifies the Medicare voucher and how to read it.
Course Learning Objectives:
- 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 noncovered line item account in FISS once it is listed on the remittance advice.

BF81309: Blue Cross - General Follow-Up 0.50 CEU
Course Description: This course identifies the Blue Cross system and overall follow-up processes.
Course Learning Objectives:
- 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.

BF81313: Commercial and Other Payer Follow-Up 1.00 CEU
Course Description: This course identifies commercial health insurance, auto insurance, and Workers’ Compensation follow-up processes.
Course Learning Objectives:
- 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.
- Select appropriate scripting for follow-up when talking with the payer.
- Select appropriate Condition Codes, FL 18-28, when rebilling.

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2 May be submitted as credits to National Association of Health Care Access Management (NAHAM)