

## 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!

<sup>1</sup>May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs

<sup>1</sup>May be submitted as credits to National Association of Health Care Access Management (NAHAM)

## 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

<sup>1</sup>May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs

<sup>1</sup>May be submitted as credits to National Association of Health Care Access Management (NAHAM)

**Revenue Cycle Education Program  
Revenue Cycle Concepts Competency (BF95100)**

**BF80101: Introduction to the Revenue Cycle** 0.50 CEU<sup>1</sup>

**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<sup>1</sup>

**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<sup>1</sup>

**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<sup>1</sup>

**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<sup>1</sup>

**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.

<sup>1</sup>May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs

<sup>1</sup>May be submitted as credits to National Association of Health Care Access Management (NAHAM)

**Revenue Cycle Education Program  
Revenue Cycle Concepts Competency (BF95100)**

**BF80109: Denial Management 101** 0.25 CEU<sup>1</sup>

**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<sup>1</sup>

**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<sup>1</sup>

**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<sup>1</sup>

**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<sup>1</sup>

**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.

<sup>1</sup>May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs

<sup>1</sup>May be submitted as credits to National Association of Health Care Access Management (NAHAM)

## Revenue Cycle Education Program Terminology Competency (BF95101)

### **BF80102: Introduction to Revenue Cycle Terminology** 0.50 CEU<sup>1</sup>

**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<sup>1</sup>

**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<sup>1</sup>

**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, OPSS, and capitation.

### **BF80301: Medical Terminology Basics: Word Building** 1.00 CEU<sup>1</sup>

**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<sup>1</sup>

**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.

<sup>1</sup>May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs

<sup>1</sup>May be submitted as credits to National Association of Health Care Access Management (NAHAM)

**Revenue Cycle Education Program  
Terminology Competency (BF95101)**

**BF80303: Medical Terminology Basics: Procedures, Symptoms, and Acronyms 0.75 CEU<sup>1</sup>**

**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.

<sup>1</sup>May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs

<sup>1</sup>May be submitted as credits to National Association of Health Care Access Management (NAHAM)

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

**BF80401: The Match Game** 0.50 CEU<sup>1</sup>

**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<sup>1</sup>

**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<sup>1</sup>

**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<sup>1</sup>

**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<sup>1</sup>

**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.

<sup>1</sup>May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs

<sup>1</sup>May be submitted as credits to National Association of Health Care Access Management (NAHAM)

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

**BF80501: Just What the Doctor Ordered** 0.50 CEU<sup>1</sup>

**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 CEU<sup>1</sup>

**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 CEU<sup>1</sup>

**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.

<sup>1</sup>May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs

<sup>1</sup>May be submitted as credits to National Association of Health Care Access Management (NAHAM)

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

**BF80601: Let's Play Cards** 1.00 CEU<sup>1</sup>

**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 CEU<sup>1</sup> (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.
- Differentiate between Medicare Part A, Part B, and Medicare +Choice coverage.
- Describe the roles of agencies and contractors in the Medicare system.
- Describe the Medicare claims processing system.
- Describe the role of the provider in the Medicare system.
- Identify Medicare beneficiaries.
- Describe the Medicare benefit options for beneficiaries.
- Describe Medicare deductible and coinsurance beneficiary obligations.
- Identify the types of Medicare education resources available through your regional Medicare contractor.
- State the location of the Medicare Web-Based Training (WBT) courses.
- List the topics of the Medicare WBT courses.

<sup>1</sup>May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs

<sup>1</sup>May be submitted as credits to National Association of Health Care Access Management (NAHAM)

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

**BF80603: Medicare - Front Office and Medicare (FREE) 1.25 CEU<sup>1</sup> (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.
- Differentiate between Medicare Part A, Part B, and Part C 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 CEU<sup>1</sup>**

**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 CEU<sup>1</sup>**

**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.

<sup>1</sup>May 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  
Payer Identification & Verification Competency (BF95103)**

**BF80605: TRICARE and CHAMPVA (FREE) 1.25 CEU<sup>1</sup>**

**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<sup>1</sup>**

**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<sup>1</sup>**

**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.

<sup>1</sup>May 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  
Payer Identification & Verification Competency (BF95103)**

**BF80701: Verification Defined** 0.75 CEU<sup>1</sup>

**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 CEU<sup>1</sup>

**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 CEU<sup>1</sup>

**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.

<sup>1</sup>May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs

<sup>1</sup>May be submitted as credits to National Association of Health Care Access Management (NAHAM)

**Revenue Cycle Education Program  
Coordination of Benefits Competency (BF95104)**

**BF80801: What is Coordination of Benefits?** 0.25 CEU<sup>1</sup>

**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<sup>1</sup>

**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<sup>1</sup>

**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<sup>1</sup>

**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.

<sup>1</sup>May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs

<sup>1</sup>May be submitted as credits to National Association of Health Care Access Management (NAHAM)

**Revenue Cycle Education Program  
Coordination of Benefits Competency (BF95104)**

**BF80805: MSP Documentation** 0.25 CEU<sup>1</sup>

**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 CEU<sup>1</sup>

**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 CEU<sup>1</sup>

**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.

<sup>1</sup>May 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  
Coordination of Benefits Competency (BF95104)**

**BF80808: Residential Accident Assignment 0.75 CEU<sup>1</sup>**

**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<sup>1</sup>**

**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<sup>1</sup>**

**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.

<sup>1</sup>May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs

<sup>1</sup>May be submitted as credits to National Association of Health Care Access Management (NAHAM)

**Revenue Cycle Education Program  
Coordination of Benefits Competency (BF95104)**

**BF80811: Multiple Plan COB Determination Process** 0.75 CEU<sup>1</sup>

**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<sup>1</sup>

**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.

<sup>1</sup>May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs

<sup>1</sup>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 CEU<sup>1</sup>

**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 CEU<sup>1</sup>

**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 CEU<sup>1</sup>

**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.

<sup>1</sup>May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs

<sup>1</sup>May 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<sup>1</sup>

**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<sup>1</sup>

**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<sup>1</sup>

**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.

<sup>1</sup>May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs

<sup>1</sup>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 CEU<sup>1</sup> with NUBC manual review activities

0.25 CEU<sup>1</sup> 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 CEU<sup>1</sup> with NUBC manual review activities

1.00 CEU<sup>1</sup> 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 CEU<sup>1</sup> with NUBC manual review activities

1.00 CEU<sup>1</sup> 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 CEU<sup>1</sup> with NUBC manual review activities

0.75 CEU<sup>1</sup> 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.

<sup>1</sup>May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs

<sup>1</sup>May be submitted as credits to National Association of Health Care Access Management (NAHAM)

**Revenue Cycle Education Program  
UB Validation Competency (BF95106)**

**BF81005: One of a Kind**

0.75 CEU<sup>1</sup> with NUBC manual review activities

0.50 CEU<sup>1</sup> 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 CEU<sup>1</sup> with NUBC manual review activities

0.50 CEU<sup>1</sup> 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 CEU<sup>1</sup>

**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.

<sup>1</sup>May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs

<sup>1</sup>May be submitted as credits to National Association of Health Care Access Management (NAHAM)

**Revenue Cycle Education Program  
UB Validation Competency (BF95106)**

**BF81202: Validating a Basic Inpatient Bill** 1.50 CEU<sup>1</sup>

**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<sup>1</sup>

**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.

<sup>1</sup>May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs

<sup>1</sup>May be submitted as credits to National Association of Health Care Access Management (NAHAM)

**Revenue Cycle Education Program  
UB Validation Competency (BF95106)**

**BF81208: Validating a Basic Outpatient Bill 1.50 CEU<sup>1</sup>**

**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<sup>1</sup> 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.

<sup>1</sup>May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs

<sup>1</sup>May be submitted as credits to National Association of Health Care Access Management (NAHAM)

**Revenue Cycle Education Program  
Third Party Payer Follow-Up Competency (BF95107)**

**BF81302: Follow-Up in a Nutshell - Part I** 0.75 CEU<sup>1</sup>

**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<sup>1</sup>

**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.

<sup>1</sup>May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs

<sup>1</sup>May be submitted as credits to National Association of Health Care Access Management (NAHAM)

**Revenue Cycle Education Program  
Third Party Payer Follow-Up Competency (BF95107)**

**BF81304: The Nuts & Bolts of Payments** 0.75<sup>1</sup> 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.
- Distinguish between various terms which refer to payment.
- Assess payment accuracy.

**BF81305: Medicare Follow-Up** 1.00<sup>1</sup> 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 CEU<sup>1</sup>

**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.

<sup>1</sup>May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs

<sup>1</sup>May 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<sup>1</sup>

**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<sup>1</sup>

**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<sup>1</sup>

**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.

<sup>1</sup>May be submitted as credits to American Association of Healthcare Administrative Management (AAHAM) 1.0 BF CEU = 2.0 AAHAM CEUs

<sup>1</sup>May be submitted as credits to National Association of Health Care Access Management (NAHAM)