

Medical Office Clinical Documentation Improvement



**A 3 Month On-Demand eLearn Training Program for
Busy Health Care Professionals**

Sponsored by



American Institute of Healthcare Compliance, Inc.

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Visit our web site at www.aihc-assn.org

An Internationally Recognized Compliance Training & Certification Leader in Health Care
501(c)(3) Non-Profit Organization

Who should take this course?

This course is designed for Administrators, Office Nurses, Coders, Professional Auditors and others tasked with responsibility to improve documentation standards for Medical Practices.

What is eLearn training?

eLearn Training courses are online instructor assisted programs. There are no scheduled classes to attend. You may work at your own pace and will have the ability to login to your information 24 hours per day. Your instructor will be available to communicate by phone and e-mail to assist you throughout your training program. Instructors provide online access, technical support and course instruction as needed to help in your educational efforts.

What will I learn from this course?

The Physician Value-Based Modifier Program

Introduction to ICD-10 and Documentation Requirements: the Patient's Condition

- Basics of ICD-10-CM Principles and “What is PCS”?
- Revisions to ICD-10-CM 2018 Data Set – Milestones in Coding

Basics of Clinical Documentation Improvement (CDI) in the Medical Office Setting

- When Documentation is Unclear or Insufficient
- Role of CDI Programs
- Quantitative Analysis and Metrics
- Authentication of the Medical Record (Signatures)
- Amendments, Corrections and Delayed Entries in Medical Documentation
- Recordkeeping Principles

Dangers of Cloned Documentation

- Information Technology and EHR Features
- Understanding Rules of “Cloned” Documentation
- Appropriate Documentation Pointers / Tips to avoid filing a false or inaccurate claim
- Compliance to Office of Inspector General (OIG) Expectations – 2014 Study Results
- Recommended Fraud Safeguard Categories

Capturing Patient History: The “Who, What, and Why” of the Encounter

- Capturing Elements of the Examination

Capturing the Examination or Objective Portion of the Visit

- Components of the Physical Examination and E&M
- 1995 & 1997 Exam Guidelines
- Exam Documentation Points

Medical Necessity & CMS Quality Reporting Programs

- CMS Presentations on MACRA, MIPS and Advanced Care Reimbursement Programs for Physicians

Are there specific computer requirements needed for this course?

Computer
Requirements



Yes! You will need:

- High-speed Internet access
- Email
- Adobe Flash Player ([free software link available](#))
- Adobe Reader ([free software link available](#))

What is the cost?

Tuition: \$99.00 for everyone until **October 31, 2017** (*No coupon required*)

After October 31, 2017

Non-Members: \$195.00

Members: \$125.00

What is included?

- ✚ Start training after registration is processed
- ✚ Access to course page & temporary membership (non-members) granted for three (3) months.
- ✚ Course must be completed within the time-frame stated above to avoid extension fees and /or penalties.
- ✚ Access to an experienced Instructor via phone / e-mail to provide professional guidance, technical web support and assist in the learning experience
- ✚ Training Materials and Online quizzes are accessed through your Online Course Page
- ✚ Certificate of Completion awarded for passing all online quizzes with minimum score of 80%

[Click Here](#) to register online for this 3 Month Course

AIHC Member: [Click Here](#), locate Course in the **AIHC Members Store**

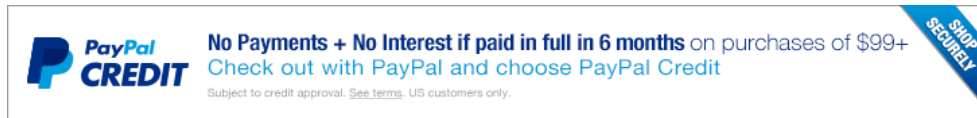


Locate this course & click “**Register Now**”
Login; Registration form auto-populates

OR scroll down for hard copy registration form

Do You Have Payment Options Available For This Course?

Yes! we offer the option to use PayPal Credit when paying online through PayPal.



Do you have a Refund Policy?

Yes! [Click Here](#) to view our Refund and Transfer Policy

Can I earn Continuing Education Units (CEUs)?



Yes! **EARN 8 CONTINUING EDUCATION UNITS**



8 CEUs: This program has been approved for 8 continuing education units (CEUs) by the American Institute of Healthcare Compliance for AIHC Certified Professionals.



8.0 CEUs: This program has been approved for 6 continuing education units(s) for use in fulfilling the continuing education requirements of the American Health Information Management Association (AHIMA). Granting prior approval from AHIMA does not constitute endorsement of the program content or its program sponsor.

A breakdown of the core content hours approved:

- Clinical Data Management: 8 Hours

Already hold a Credential with AIHC?

[Click Here](#) to view the AIHC CEU renewal chart.



**Medical Office
Clinical Documentation Improvement
ENROLLMENT FORM**

Office Use Only Date Received: Online Manager: Web site Access: Payment Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No

Enrollment Date: _____		<u>TUITION (CHECK APPROPRIATE BOX)</u> <input type="checkbox"/> Tuition: \$99.00 (through October 31, 2017)	
Print Name & Credentials (one form per person) 		AIHC Member? <input type="checkbox"/> AIHC Membership ID#: _____ <input type="checkbox"/> Coupon Code (if applicable): _____	
Employer Name, Position & Check Highest Level of Education: 		<input type="checkbox"/> High School <input type="checkbox"/> Associate Degree <input type="checkbox"/> Diploma Program <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Masters or Higher	
Employer Address: <i>Is Employer paying for this course? <input type="checkbox"/>Yes <input type="checkbox"/>No</i>		Home Address: 	
Clearly Print Your Email Address(es) (For Website Administration & Confirmation of Registration) Primary: Alternate:		Work Phone (Ext.): 	Alternate phone/Cell:
Charge My Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Fax to: 330-952-0716			
Card #: _____ Sec Code _____ Exp. Date _____ Billing address for credit card: _____ Name as it appears on the card: _____ Authorized Signature & Date: _____			
<p align="center"> Paying by Corporate Check? Amount Due: _____ Please make checks payable to: AIHC Mail to: American Institute of Healthcare Compliance 431 W. Liberty Street Medina, OH 44256 PHONE: 330-241-5635 / FAX: 330-952-0716 Please visit our website at www.aihc-assn.org for more information about our company. Inquiries should be made to Contact Us </p> <p align="center"> How did you hear about us? <input type="checkbox"/> Mailing <input type="checkbox"/> Email <input type="checkbox"/> Co-worker <input type="checkbox"/> AIHC web site <input type="checkbox"/> AHIMA web site <input type="checkbox"/> Facebook <input type="checkbox"/> Other _____ </p>			

American Institute of Healthcare Compliance, Inc.

Membership Application/Required for non-members enrolling in this program (Membership included in price of tuition for NEW MEMBERS ONLY)

Job/Position (title & brief description):

Are you certified by any organization? Please indicate certification and company name:

Are you a licensed clinical professional? Please check all appropriate boxes:

- | | |
|---|---|
| <input type="checkbox"/> MD/DO | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Nurse Practitioner/Midwife |
| <input type="checkbox"/> Doctor of Podiatric Medicine | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Licensed Practical Nurse |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Medical Assistant |
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Kinesiotherapist | |

OIG exclusion

Have you ever been:

1) Notified that you were under investigation for; investigated for; charged with; or convicted of any offense relating to Medicaid or Medicare fraud?

2) Placed on the OIG exclusion list?

Membership Requirement (Restriction)

AIHC membership is open to the public, health care workers and administrators as well as certified healthcare auditors, collectors and compliance officers. To uphold a high standard, AIHC follows the guidelines recommended by the Office of the Inspector General (OIG) regarding retention of excluded individuals. For many years the Congress of the United States has worked diligently to protect the health and welfare of the nation's elderly and poor by implementing legislation to prevent certain individuals and businesses from participating in Federally-funded health care programs. The OIG, under this Congressional mandate, established a program to exclude individuals and entities affected by these various legal authorities, contained in sections [1128](#) and [1156](#) of the [Social Security Act](#), and maintains a list of all currently excluded parties called the List of Excluded Individuals/Entities. (See OIG website at <http://exclusions.oig.hhs.gov/>)

No individual whose name appears on the OIG Excluded Individuals Entities List may hold membership in AIHC; and any member whose name is added to this list will have his/her membership status revoked without refund.

“My signature below indicates I have read this restriction for membership and attest that I am not currently on the OIG exclusion list at the date this application has been submitted for membership to the American Institute of Healthcare Compliance.”

Signature

Date