

# Health Care Collections

## Medicare Bad Debt Policies for Compliant Cost Reporting



### Short CEU Course Online, On-Demand

This course is Online, On-Demand with *no scheduled classes to attend* during your 3-month access to course materials.

### Earn Continuing Education Units (CEUs)



**2 CEUs:** This program has been approved for 2 continuing education units by the American Institute of Healthcare Compliance for AIHC Certified Professionals. These CEUs may be applied towards the Core Category CEU Renewal Requirements for the following AIHC credentials: CCRS, CHA, CIFHA, CHBS, CHCM, OHCC.

### What You Will Learn

- **Charity Care and SH Adjustment**
  - Primary Method to Qualify for the Medicare DSH Adjustment & The Alternate Special Exception Method
- **Medicare Prescription Drug, Improvement, and Modernization Act (MMA) Provisions that Impact Medicare DSH**
- **Affordable Care Act Provision that Impacts Medicare DSHs**
- **Counting Number of Beds and Patient Days in Hospital**
  - Medicare DSH Payment Adjustment Formulas
- **Medicare Uncompensated Care Payment & Policy**
- **Related General Compliance Rules to Consider**
  - Professional Courtesy
- **Financial Hardship**
  - Medicare Outpatient Observation Noticed or “MOON”
  - Medicare, the Beneficiary Notices Initiative and “MOON”
  - Charging Medicare Beneficiaries Under the Advanced Beneficiary Notice (ABN) & Triggering Events



## Computer Requirements and Time Limits

To successfully complete this course, you will need high-speed internet access, email, and [Adobe Reader](#). If you do not have Adobe Reader, use the link provided above to download it for free from the Adobe website.

You will have access to the online AIHC Exams training page for 90 days starting on your enrollment date. Your course enrollment will begin within 2-3 business days of the date that the AIHC Office receives your course tuition payment. You will receive notification from our office when your course enrollment begins. Please check with your employer regarding date requirements for your completion of this training.

## Course Tuition Includes:

- A technical support professional is assigned to each professional enrolling in the program to provide professional guidance, technical website support, and assistance throughout the learning experience.
- Training materials and quizzes to test your knowledge are provided for up to three (3) months.
- Temporary AIHC Membership is provided for three (3) months.
- A Certificate of Completion is awarded for passing the online quizzes with a minimum score of 80%.

## Cost of this Training: \$15

## How to Register for this Course

**Register Online – Return to the Course Page, Enroll and Pay!** We accept online registration payment via credit card.



**Register Via Mail or Fax:** Scroll down for a hard copy enrollment form. Mail or fax your completed form to the AIHC Office to submit your registration and payment information.

## Refund Policy




View the Refund Policy Posted on the Home Page of our Website [www.aihc.assn.org](http://www.aihc.assn.org)



## HARD COPY REGISTRATION FORM

# Medicare Bad Debt Policies for Cost Reporting – Online

*Please submit one form per person*

<b>Name &amp; Credentials:</b>	<b>Enrollment Date:</b>
<b>Home Address:</b>	<b>Employer Name &amp; Address:</b>
<b>Current Job Position:</b>	
(For website administration and registration confirmation) <b>Primary Email Address:</b>	<b>Work Phone Number:</b>
<b>Alternate Email Address:</b>	<b>Alternate or Cell Phone Number:</b>
<b>Credit Card Payment Information:</b> <div style="display: flex; justify-content: center; align-items: center; gap: 20px; margin-top: 5px;">    </div> <div style="display: flex; justify-content: center; align-items: center; gap: 20px; margin-top: 5px;"> <span><input type="checkbox"/> MasterCard</span> <span><input type="checkbox"/> VISA</span> <span><input type="checkbox"/> Discover</span> </div>	
Amount Approved on this Credit Card: <input type="checkbox"/> \$15 Card Number: _____ Security Code: _____                      Expiration Date: _____ Billing Address for this Card: _____ Name As It Appears on this Card: _____ Authorized Signature & Date: _____	
<p><b>Please Make Checks Payable to: AIHC</b></p> <p><b><input type="checkbox"/> \$15</b></p> <p><b>AIHC Mailing Address: 5000 Gateway Drive, Suite 202, Medina, Ohio 44256</b></p> <p><b>AIHC Fax Number: (330) 952-0716</b></p> <p><b>How did you hear about us?</b></p> <p> <input type="checkbox"/> Mail             <input type="checkbox"/> Email             <input type="checkbox"/> Co-Worker             <input type="checkbox"/> AIHC Website             <input type="checkbox"/> Social Media             <input type="checkbox"/> Other: _____         </p>	

