

Outpatient Clinical Appeals Specialist

Online Training & Certification Program



This is a 3-month Web-Based Training Program. Work online at your own pace with no scheduled classes to attend. This course is preapproved for 18 continuing education units (CEUs) with AIHC.

Online, On-Demand Training - This course is Online, On-Demand with no scheduled classes to attend during your 3-month access to course materials. Typically, professionals complete the course and certify within 6 to 8 weeks, however, you have a 3-month access included in your tuition. Access your course information 24 hours a day, 7 days a week, by logging into the AIHC website. A qualified, certified instructor is available upon request to address questions you may have during your training experience.

Course Prerequisites - This course is recommended for individuals working in the Patient Financial Services Office, Revenue Cycle Management, Accounts Receivables or Medical Billing and Collections for a health care organization to Certify as an Outpatient Clinical Appeals Specialist and put COCASSM after your name.

Earn Continuing Education Units (CEUs)



18 CEUs - This program has been approved for 18 continuing education units by the American Institute of Healthcare Compliance for AIHC Certified Professionals. These continuing education units may be applied towards the Core, HIPAA, and Ethics Category CEU Renewal Requirements for the following AIHC credentials: CHA, CHBS, CHCM, CIFHA, CMDP, CORCM, ICDCT-CM and OHCC.

What You Will Learn

Introduction to Denials, Appeals and Revenue Cycle Management

- Issues, Denials, Rejections & Top Errors
- Time Management - Get Organized
- Management to Measure Improvement: Evaluating Current Methods of Collections
- Net Days in AR
- Managing the Process Through Extenuating Circumstances

Clean Claims Lead to Prompt Payments

- The Appeal Management Program Starts by Avoiding Unnecessary Denials: Sending Timely, Clean Claims
- When the Claim is NOT Clean – Managing the Internal Scrubbers and Edit Process
- Filing a Clean Claim? Expect to be Paid Promptly!
- Asking for Interest Payment According to the Prompt Pay Law
- Answers to Prompt Pay Questions

Understanding Medicare's Claims Review Program (MCRP)

- Fight Back – Appeal Unreasonable Denials
- Defining an “Improper Payment”
- The Purpose and CMS Management of the MCRP
- Categories of Denials
- Regulations & Guidance



Audit before the Appeal

- What's HIPAA Got to Do with It?
- Analyzing the Denied Claim for Potential to Appeal
- Review Authentication Compliance for the Billing Situation
- Analyze & Audit Claims Data
- Audit the Documentation According to Coding Guidelines
- Outpatient E&M Encounters



Medical Necessity

- Definitions of Medical Necessity
- Importance of Researching Carrier's Medical Policies
- Understanding Documentation Requirements to Support Medical Necessity
- Medical Necessity Standards & Guidelines
- How to Challenge "Authority" When the Payer's Policy is Wrong



Appealing Medicare Denials

- Before Filing an Appeal
- Filing a Medicare Appeal? Terms & Definitions You Should Know
- Best Practices – Basic Checklist for Filing an Appeal
- Filing a Medicare Fee-For-Service (FFS) Appeal
- Understand All 5 Levels of the Medicare Appeals Program Process for Part B Outpatient Claims

Appealing ERISA Denials

- Understand ERISA Appeal Processes
- Filing an Appeal
- Following the Basic ERISA Rules
- Minimum Standards for Appeal
- Drafting the Appeal Letter



Appeal Consequences, Investigations & Probes

- Learn Why It Is Critical to Create an Effective Denial Analysis and Appeals Program to Avoid Unnecessary Probes and Investigations
- Rules & Regulations Related to Fraud & Abuse and the OIG Risk Spectrum
- When Billing Mistakes Happen – What to Know to Make an Informed Decision About Appeal Rights
- Taking Action When the Payer is Making the Mistake
- Handling Carrier Special Investigation Unit (SIU) Situations
- Medicare Appeal Considerations



Creating an Appeal Program

- Organize Denials by Category and Payer
- Appropriately Prepare Copies of All Applicable Records Related to the Appeal
- Research and Use the Appropriate Forms Required by the Insurance Company for the Level of Appeal Being Made
- Draft the Cover Letter (State Your Argument)
- Managing High-Volume of Denials



Computer Requirements and Time Limits

To successfully complete this course, you will need high-speed internet access, email, Microsoft Word, Microsoft Excel, and Adobe Reader. You must complete this course within three (3) months of your enrollment date or purchase an extension to buy more time (up to 9 months). Your course enrollment begins when the AIHC Office receives your course tuition payment.

Course Tuition Includes

- Access to a Qualified Online Instructor If and When You Need Help (Available upon request).
- Training Materials and Access to the Online Training Page.
- Self-Review Questions for Each Lesson
- Quizzes and Downloadable Information: Accessed through the online training page.
- AIHC Membership for One (1) Year: This is available for first-time members only.
- Mock Exam: This mock exam is one exam total that covers all four of the certification exam domains.
- One (1) Certification Exam Attempt, Provided the Exam is Taken Within Three (3) Months of Completing the Course

Optional Certification Exam – Earn the COCASSM Credential

Experienced Healthcare Auditors and Medical Documentation Professionals will have the *option* to certify as a Certified Outpatient Clinical Appeals Specialist (COCASSM) after successful completion of the course.

The online exam can be taken remotely from the comfort of your home or office. Attempts at the exam are only available by appointment with a professional AIHC proctor.



About the Certification Exam

- 100 questions, open note, three (3) hour proctored exam taken online
- Passing score is 80%*
- There are four (4) Domains:
 1. Appeals & Revenue Cycle Management, MCRP;
 2. Auditing Before Appeal and Understanding Medical Necessity;
 3. Medicare & ERISA Appeals Processes; and
 4. How to Create an Effective Appeals Program to Avoid Unnecessary Investigations and Probes; Abbreviations and Terms Related to Clinical Appeals.
- Certification is approved by the Certification Exam Board

***Policy:** The certification exam is optional, but the cost of one exam attempt is included in your course tuition provided you take the exam within three months of completing the program. Typical pass rate on 1 attempt when the exam is taken within 4 weeks after completing the course is 92%. If you do not pass the first time, you may purchase up to 2 additional attempts at certification totaling 3 attempts within 1 year from your course enrollment date.

Maintaining Your COCASSM Credential

Once you are certified, you need to maintain your credential by earning six (6) CEUs annually. AIHC also offers free and low-cost CEU programs for our members.



Tuition Non-Member Price: \$1,250

AIHC Members Pay \$750 [Members Save \$500]

[Join as a member today and save!](#)

How to Register for this Course

Register Online – [Click here](#) to 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 & Financial Policies

View the Refund Policy and Payment Plan Options Posted on the Home Page of our Website under Financial Policies www.aihc-assn.org



The American Institute of Healthcare Compliance, Inc.

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