

No Surprise Billing Allowed

A Short Course Offered Online, On-Demand for 3 months

A Continuing Education Training Program

Designed for physician pro-fee claims and hospitals. Learn more about consumer protections and surprise billing regulations, In-Network, Out-of-Network payment negotiations and insight on the Independent Dispute Resolution (IDR) process in 4 easy lessons.



Online, On-Demand Training 24/7

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)



3.25 CEUs: This program has been approved for 3.25 continuing education units by the American Institute of Healthcare Compliance for AIHC Certified Professionals. These continuing education units may be applied towards Core CEUs for all AIHC credentials or used to satisfy your annual ethics CEU requirement.

4 Easy Lessons - What You Will Learn

An Overview of the No Surprises Act (NSA)

- What is – No Surprises Billing Allowed?
 - Why is Out-of-Network Billing an issue?
 - Who is Subject to the No Surprises Act?
- Chronological Overview Since 2021
- State Laws
 - State Surprise Billing and the No Surprise Act
 - Questions & Answers on the No Surprises Act and State Laws

Consumer Protections and Surprise Billing Situations

- Surprise Billing Protections:
 - Financial Protections & examples
 - Informational Protections & examples
- Consumer Notification Requirements
 - Model Disclosure Notice
 - Standard Notice and Consent Documents
- Provider Directories



How No Surprises and Private Health Insurance Billing Works

- Don't Assume Patients Understand
- In-Network Coverage
- Out-of-Network Coverage
 - When Insurer Fails to Pay Out-of-Network Services
- Payment Negotiations & Time Requirements

The Independent Dispute Resolution (IDR) Process

- Filing Fees and the IDR Process
 - IDR Arbitration Process
- Access to Videos on IDR Process Guidance for Disputing Parties



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 must complete this course within three (3) months of your enrollment date. Your course enrollment begins when the AIHC Office receives your course tuition payment. If applicable, please check with your employer regarding date requirements for your completion of this training.

Course Tuition Includes:

- Access to the training page on the AIHC website is provided for 90 days.
- Online quizzes throughout the training.
- A Certificate of Completion is awarded for passing the course with a minimum score of 80%.

Cost of this Training: \$35

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. We only accept American Express when you register online.

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 under Financial Policies www.aihc-assn.org



HARD COPY REGISTRATION FORM
No Surprise Billing Allowed Short Course – Online

Please submit one form per person

| | |
|---|--|
| Name & Credentials: | Enrollment Date: |
| Home Address: | Employer Name & Address: |
| Current Job Position: | |
| <i>(For website administration and registration confirmation)</i> Primary Email Address: | Work Phone Number: |
| Alternate Email Address: | Alternate or Cell Phone Number: |
| Credit Card Payment Information: | |
|  <input type="checkbox"/> MasterCard  <input type="checkbox"/> VISA  <input type="checkbox"/> Discover | |
| Amount Approved on this Credit Card: <input type="checkbox"/> \$35 Tuition | |
| Card Number: _____ | |
| Security Code: _____ | Expiration Date: _____ |
| Billing Address for this Card: _____ | |
| Name As It Appears on this Card: _____ | |
| Authorized Signature & Date: _____ | |
| Please Make Checks Payable to: AIHC [] \$35 Tuition | |
| AIHC Mailing Address: 3637 Medina Road, Suite 15, Medina, Ohio 44256 AIHC Fax Number: (330) 952-0716 | |
| How did you hear about us? | |
| <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: _____ | |

