

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 12 continuing education units (CEUs) with the American Institute of Healthcare Compliance.

We are a licensing/certification partner with CMS.

Online, On-Demand Training - This course is online and 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 3 months of access included in your tuition. Access your course information 24 hours a day, 7 days a week, by logging into our 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)



12 CEUs - This program has been approved for 12 continuing education units by the American Institute of Healthcare Compliance for our certified professionals. These continuing education units may be applied towards the Core, HIPAA, and Ethics Category CEU Renewal Requirements for the following credentials: CHA, CHBS, CHCM, CIFHA, CMDP, CORCM, ICDCT-CM and OHCC.

What You Will Learn

Introduction to Denials and Effective Appeals Management

- Why Appeals Management is Important
- Issues, Denials, Rejections & Top Errors
- Time Management - Get Organized

Evaluating Current Methods of Collections

- Importance of Business Metrics
- Know How to Calculate the “Collection Percentage”
- Net Days in A/R
- 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
- Automating the Process
- Filing a Clean Claim Starts at Provider Set-Up in Your System and Patient Intake
- Sent a Clean Claim? Expect to be Paid Promptly!
- Asking for Interest Payment According to the Prompt Pay Law



The American Institute of Healthcare Compliance, Inc.

www.aihc-assn.org Phone: (330) 241-5635

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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

- 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
- Documentation of Incident-to and Audit for Compliance to Incident-to Guidelines
- Medical Decision Making



Medical Necessity

- Definitions of Medical Necessity
- Examples of Common Denial
- Importance of Researching Carrier's Medical Policies
- Understanding Documentation Requirements to Support Medical Necessity
- Medical Necessity Standards & Guidelines
- The Anatomy of Medicare's Local Coverage Articles

Appealing Medicare Denials

- Before Filing a Medicare 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
- Monetary threshold for Medicare Appeals
- Understand All 5 Levels of the Medicare Appeals Program Process for Part B Outpatient Claims

Potential Appeal Consequences

- 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) and Follow Up

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 3 months in extensions). Your course enrollment begins when our 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
- Online quizzes accessed through the online training page
- AIHC® Membership for One (1) Year: This is available for first-time members only
- Certificate of Completion upon successfully passing the course

Need More Than a Certificate of Completion? *Certify!*

Optional Certification Exam – Earn the COCASSM Credential

A remote certification exam by appointment with a professional proctor is available for an additional \$75 fee per attempt. A total of three (3) attempts at certification are permitted. You will be provided details via email regarding the option to certify upon successful course completion.

Prerequisite to Certify

To qualify to certify, candidates must successfully complete this online training and have experience working in any of these areas for at least 6 months: Outpatient Financial Services, Revenue Cycle Management, Accounts Receivables, Medical Coding and/or Billing.

About the Certification Exam

- 100-question, open-note, three (3)-hour proctored exam taken online
- Passing score is 80%
- There are three (3) domains:
 - Intro to Denials and Effective Appeals Management, Evaluating Current Methods of Collections, Clean Claims Lead to Prompt Payment, and Terminology;
 - Medicare Claims Review (Audit) Programs, Audit Documentation and Coding Before Deciding to Appeal, and Medical Necessity;
 - Medicare Appeals Process, Potential Appeal Consequences, and Creating a Denial & Appeal Program.
- Certification is approved by the Certification Exam Board



Maintaining Your COCASSM Credential

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

Non-Member Tuition is Only: \$625

Members Pay \$375 [Members Save \$250]

Join as a member today and save!

Employers – contact us at 330-241-5635, option #2 when registering multiple employees at the same time.

How to Register for This Course

Register Online – [Click here](#) to return to the Course Page, Enroll and Pay for yourself or your workforce member(s).

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 our office to submit your registration and payment information. Note: American Express is only accepted when you register online.

Refund & Financial Policies




View the Refund Policy and Payment Plan Options that are posted on the home page of our website under Financial Policies: www.aihc-assn.org



HARD COPY REGISTRATION FORM

Outpatient Clinical Appeals Specialist – Online Training Program

Please submit one form per person

Enrollment Date:	I intend to take the online certification exam after completing this program: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name & Credentials:	
Home Address:	Employer Name & Address:
Current Job Position:	
<i>(For website administration and registration confirmation)</i> Primary Email Address: Alternate Email Address:	Work Phone Number: Alternate or Cell Phone Number:
Credit Card Payment Information: <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> <div style="text-align: center;">  <input type="checkbox"/> MasterCard </div> <div style="text-align: center;">  <input type="checkbox"/> VISA </div> <div style="text-align: center;">  <input type="checkbox"/> Discover </div> </div> <p style="margin-top: 10px;"> Amount Approved on this Credit Card: <input type="checkbox"/> Non-Member Price: \$625 <input type="checkbox"/> Members Pay: \$375 Card Number: _____ Security Code: _____ Expiration Date: _____ Billing Address for this Card: _____ Name As It Appears on this Card: _____ Authorized Signature & Date: _____ </p>	
<p>Please Make Checks Payable to: AIHC®</p> <p><input type="checkbox"/> Non-Member Price: \$625 <input type="checkbox"/> Members Pay: \$375</p> <p>Mailing Address: 3637 Medina Road, Suite 15, Medina, Ohio 44256</p> <p>Fax Number: (330) 952-0716</p> <p>How did you hear about us?</p> <p> <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Co-Worker <input type="checkbox"/> Our Website <input type="checkbox"/> Social Media <input type="checkbox"/> Other: _____ </p>	

