

# 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 COCAS<sup>SM</sup> 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](http://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 COCAS<sup>SM</sup> 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 COCAS<sup>SM</sup> 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 register securely for this training program.**

We accept the following credit cards online via the secure payment portal located on the course registration page.



## *Need to Mail a Check or Money Order?*

Scroll down, complete the hardcopy enrollment form and enclose it with your payment.

## Refund & Financial Policies

View the Refund Policy posted on the Home Page of our website under Financial Policies [www.aihc-assn.org](http://www.aihc-assn.org)



# HARD COPY REGISTRATION FORM

## Outpatient Clinical Appeals Specialist – Online Training Program

*Please submit one form per person*

<b>Enrollment Date:</b>	<b>I intend to take the online certification exam after completing this program:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name &amp; Credentials:</b>	
<b>Home Address:</b>	<b>Employer Name &amp; Address:</b>
<b>Current Job Position:</b>	
<small>(For website administration and registration confirmation)</small> <b>Primary Email Address:</b>  <b>Alternate Email Address:</b>	<b>Work Phone Number:</b>  <b>Alternate or Cell Phone Number:</b>

### Please Make Checks Payable to: AIHC®

[   ] Non-Member Price: \$625      [   ] Members Pay: \$375  
Mailing Address: 3637 Medina Road, Suite 15, Medina, Ohio 44256

#### Please do not send credit card information, for secure credit card payments:

Register Online – [Click here](#) to register securely for this training program.

Or request an invoice by emailing [RegistrationDepartment@aihc-assn.org](mailto:RegistrationDepartment@aihc-assn.org), or call 330-241-5635 (option 2)

We Accept the Following Credit Cards:



AIHC® is a 501(c)(3) Non-Profit Licensing/Certification Partner with CMS.

*Thank you for choosing AIHC for your training needs.*



#### How did you hear about us?

☐ Mail   ☐ Email   ☐ Co-Worker   ☐ Our Website   ☐ Social Media   ☐ Other: \_\_\_\_\_

