"Let the professionals TEACH how it's done."

<u>**Work Experience Training Program Syllabus**</u>

Prerequisites: Knowledge of medical terminology and anatomy (or Enroll in our courses) recommended.

<u>Requirement:</u> Must provide proof of a completed medical billing or Coding Course that was taken within the last 5 years. Certificate or transcript required.

Training length: 16 weeks- 2 ½ days per week. Times and days will vary depending on the course start date. Instructor will provide options.

In person Training takes place at R&R Business Solutions Inc in the medical billing department. No books are required, a handbook will be provided to assist in the training.

A letter of recommendation is provided upon successful completion of 288 hours of training.

Billing Training Outline- Hands-on training 16 weeks

Week 1-2

EHR Introduction and training.
Introduction to insurances and billing workflow.
Introduction to coding, payer guidelines and auditing claims.
Charge posting
Billing Office Administration

Week 3-4

Review the Revenue Cycle, Submitting clean claim batches to the clearinghouse.
In depth claims coding training, use of coding software.
Learn how to download and upload electronic remittances.
Manual Explanation of benefits posting and ERA reconciliation.
Patient Statement Printing

Week 5-6

Charge posting/Coding/Submitting of claim batches.
Bulk Capitation Adjustment
Manual Explanation of benefits posting and ERA reconciliation

Week 7-8

Error Reports-Learn how to read clearinghouse rejection reports
Charge posting/Coding review/Auditing claims
Manual Explanation of benefits posting and ERA reconciliation

Week 9-10

Answering phones provide customer service to patients, and insurances.

Printing of Aging reports- follow up on unpaid claims, utilizing portals and calling insurances for claims status.
Charge posting/auditing claims.
Manual Explanation of benefits posting and ERA reconciliation.

Week 11-13

Aging workflow continued.
Reviewing of Denials, reading rejections and remark codes/Claims Follow up.
Charge posting/coding/submitting of claim batches.

Week 14-16

Collections workflow- review accounts determine if phone call is needed, and past due letters generation.
Patient Statements cycle -printing of new statements and past due cycle batches.
Error Reports review and rebilling of claims.
Reports- month end reports.

The above outline is a guide and workflow weeks may change during the program.