



hcpro[®]

All-Access Provider eLearning Catalog

The premier eLearning library for providers
and physician advisors.

Putting Knowledge to Work



HcPro, a trusted leader in healthcare regulation and compliance, offers innovative education and training. We aim to fulfill the training and continuing education requirements for providers and physician advisors on the topics of E/M, risk adjustment, and quality, plus HIPAA and corporate compliance.

40+ years of experience

We have a deep understanding of the nuances of the healthcare industry and a proven track record of supporting top hospitals and healthcare systems with their education needs.

Unmatched Knowledge

Our subject matter experts are on staff, allowing for up-to-date training content.

Maximizing Efficiency

Our education and training offerings are designed to help healthcare organizations streamline their revenue cycles and achieve consistency. With our approach, you can expect to see improvements in clinical, quality, and financial areas that are measurable and impactful.



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Provider Education Microlearning Series

About

HCPPro's Provider Education Microlearning Series provides crucial training in Clinical Documentation Integrity (CDI), coding, and revenue cycles through 30+ concise modules for healthcare providers. Developed by Mayo Clinic experts, the modules offer documentation tips for conditions like heart failure and sepsis, highlighting the impact of proper documentation on physician profiles, quality metrics, and reimbursements. The series aims to improve understanding of CDI best practices, reduce query volumes, and ensure compliance, thereby protecting providers and organizations.

Objectives

- Explain the purpose of clinical documentation integrity and the query process.
- Describe the relationship between physician documentation and code assignment.
- Analyze how provider education leads to improved documentation and increased specificity.

Audience

- Physicians including:
 - Surgeons
 - Hospitalists
 - Internal medicine
 - Residents
- Advanced practice providers:
 - Nurse practitioners
 - Physician Assistants
 - And more
- Physician Advisors

CEUs: ACCME, ANCC, ACDIS, NAHRI, AHIMA

Course Titles

- Foundational: The Relationship Between Physician Documentation and ICD-10-CM Code Assignment (C/H)
- Foundational: CDI Query Process (C/H)
- Foundational: Provider Documentation and DRG Assignment (Inpatient Setting) (H)
- Foundational: Introduction to Risk Adjustment (C/H)
- Foundational: Considerations of Compliance (C/H)
- Foundational: Evaluation & Management - Time (C/H)
- Foundational: Evaluation & Management - Medical Decision-Making (MDM) (C/H)
- Foundational: HEDIS Measures (C)
- Foundational: Status Codes (C/H)
- Foundational: Present on Admission (POA) (H)
- Foundational: Documentation Strategies in Denials Prevention (C/H)
- Foundational: Patient Status - Inpatient vs. Observation (H)
- Key Conditions: Heart Failure (C/H)
- Key Conditions: Myocardial Infarction (H)
- Key Conditions: Diabetes & Manifestations (C/H)
- Key Conditions: Hematologic Cancers (C/H)
- Key Conditions: Neoplasms (C/H)
- Key Conditions: Chronic Respiratory Failure (C/H)
- Key Conditions: Acute Respiratory Failure (H)
- Key Conditions: Pneumonia (H)
- Key Conditions: Major Depressive Disorder (C/H)
- Key Conditions: Chronic Kidney Disease (C/H)
- Key Conditions: Acute Kidney Injury (H)
- Key Conditions: Pressure Injuries (C/H)
- Key Conditions: Malnutrition (C/H)
- Key Conditions: Sepsis (H)
- Key Conditions: Substance use disorders (C/H)
- Key Conditions: Stroke (H)
- Key Conditions: Asthma (C/H)
- Key Conditions: BMI/Morbid Obesity (C/H)



Physician Advisor Boot Camp

About

The Physician Advisor Boot Camp Online covers the essentials of clinical documentation integrity (CDI) and strategies to boost the effectiveness of CDI programs. It offers a strong foundation for physician advisors, whether new to the role or more experienced.

The education covers the goals and mission of CDI, diving deep into understanding reimbursement methodologies, coding guidelines, risk adjustment, and quality measure reporting. It also explores compliance considerations, outpatient CDI, clinical validation, and performance measurement.

Designed with real-world application in mind, each module builds upon the last to equip students with the knowledge and skills needed to drive CDI success. The program highlights key provider teaching points throughout the boot camp to enhance communication with medical staff.

The Boot Camp offers in-depth exploration of the CDI physician advisor's role, expectations, and impact.

Objectives

- Discuss strategies for CDI physician advisor role effectiveness
- Describe ways to compliantly communicate and educate providers
- Apply the Official Guidelines for Coding & Reporting to reportable diagnoses, principal (or first listed), and secondary diagnoses

Audience

Physician advisors, Physician champions, Medical officers, Hospitalists, Internal medicine providers, Surgeons

Advanced practice providers: Nurse practitioners, Physician assistants

Course Titles

- Introduction to the Physician Advisor Boot Camp
- Healthcare Reimbursement Methodologies
- Clinical Documentation Integrity
- ICD-10-CM Code Assignment
- ICD-10-PCS Code Assignment
- Common Conditions
- Risk Adjustment
- CMS Quality Reporting
- Measuring Performance
- Compliance
- CDI in the Outpatient Setting
- Physician Advisor Role

CEUs: ANCC, ACCME, ACDIS

E/M Documentation for Provider Services

About

For coders and providers alike, determining what level of E/M code should be reported for an encounter can seem subjective. There are a variety of documentation factors, depending upon whether the service is assigned based on time or utilizing the medical decision-making table which can lead to subjectivity.

During this course, we will explore how to lessen the subjectivity around E/M code assignment by discussing the specific guidance provided by the American Medical Association's CPT manual for each of the two methods. In addition to E/M, learners will also gain insight into documentation strategies for ICD-10-CM diagnosis code assignment which is also vital for accurate capture of complexity of the services provided during a patient encounter.

Objectives

- Identify how ICD-10-CM documentation helps support overall E/M assignment for complexity
- Recognize the activities that will support time-based E/M assignment
- Recognize how to classify problems addressed for medical decision making based E/M assignment
- Document elements that contribute to data reviewed and analyzed
- Assign risk complexities based on the MDM grid

Audience

Physician advisors, Physician champions, Medical officers, Hospitalists, Internal medicine providers, Surgeons

Advanced practice providers: Nurse practitioners, Physician assistants



Course Titles

- Introduction to E/M and Time-Based E/M Code
- Medical Decision-Making Based E/M Code Selection – Complexity of Problems Addressed
- Medical Decision-Making Based E/M Code Selection – Data Reviewed/Analyzed
- Medical Decision-Making Based E/M Code Selection – Risk of Patient Management

Duration: 94 minutes

CEUs: AAPC 1.5, ACCME 1.5, ACDIS 1.5, AHIMA 1.5, NAHRI 1.5

Documentation and Coding Essentials for Physicians: Risk Adjustment

About

Learn the importance of quality documentation when reporting for provider services while exploring some common clinical situations, and identify how documentation can affect the ICD-10-CM diagnosis codes assigned for the encounter.

Course Titles

- Provider Documentation
- The Coding Guidelines
- Introduction to Risk Adjustment (RA) Methodologies
- RA Methodologies:
 - Neoplasms
 - Diabetes
 - Metabolic Disorders
 - Substance Use Disorders
 - Psychiatric Disorders
 - Hypertension, Heart Failure, and CKD
 - Acute MIs, CAD, and Angina Pectoris and Arrhythmias
 - Cerebral Infarction
 - COPD and Other Lung Disorders
 - Pneumonia
 - Vertebral Fractures Without Spinal Cord Injury
 - Hip Fractures and Dislocations
 - Artificial Openings & Amputations
- Physician Query Process
- Risk Adjustment Validation Audits
- Final Exam



Audience

Physicians in a primary care office setting

Objectives

- Identify impact of provider documentation on code assignment
- Identify common clinical and coding disconnects in documentation
- Apply Section IV of the ICD-10-CM Official Guidelines for Coding and Reporting
- Understand the basic mechanics of risk adjustment methodologies
- Recognize approved documentation sources and providers
- Identify common diagnoses that are risk adjusted
- Focus on accurate documentation to support ICD-10-CM codes
- Discuss the importance of quality provider documentation to support adjustment validation audits

Duration: 184 minutes

CEUs: AAPC 3.5, ACCME 3.5, AHIMA 3.5

CDI and Quality Care Measures Boot Camp®

About

Unlock the next level of CDI excellence with our intensive CDI and Quality Care Measures Boot Camp Online. Dive deeper than diagnosis review, exploring how diagnoses directly influence hospital quality metrics and revenues. Learn the crucial impacts of code assignments on key quality metrics like the Hospital Value-Based Purchasing Program. Master the review of complex cases involving PSIs and HAIs, gaining strategic tools to bolster your hospital's profile and positively influence value-based incentives.

Modules

- Introduction to Healthcare Data and Public Reporting
- Introduction to Diagnosis and Procedure Coding and Data Collection
- IPPS and MS-DRGs
- Introduction to Quality: CMS Quality Initiatives
- Risk Adjustment in Quality
- Hospital-Acquired Conditions: HACs & POA
- Hospital Inpatient Quality Reporting
- Hospital Value-Based Purchasing
- Hospital Readmission Reduction Program
- Patient Safety Indicators: PSI 90
- Healthcare-Associated Infections
- CDI Process and Compliant Query
- Final Exam

Duration: 598 minutes

CEUs: ACDIS 9.75, ACCME 9.75, AHIMA 9.5, ANCC 9.75, CCMC 9.5

Objectives

- Define payment methodologies beyond Medicare's Inpatient Prospective
- Payment System (IPPS), including the Hierarchical Condition Category (HCC) system
- Describe the potential advantages and documentation opportunities of expanding CDI beyond MS-DRG review and CC/MCC capture
- Explain the impact of principal diagnosis assignment on indirect revenue, including that affected by quality metrics and medical necessity denials
- Define the CDI specialist's role in supporting medical necessity and working collaboratively with utilization review/case management
- Develop documentation strategies to enhance hospital quality metrics without compromising data integrity congruent with official coding guidelines
- Describe how additional CDI responsibilities impact individual metrics, including staffing, productivity, and workflow
- Discuss how physician documentation impacts various quality metrics through coded data, compared to abstracted data and surveillance data
- Conduct reviews and develop appropriate review processes to ensure accurate reporting of Patient Safety Indicator (PSI) 90
- Develop strategies to leverage collaboration within the revenue cycle to promote consistency in the reporting of metrics associated with Hospital Value-Based Purchasing (HVBP) and other quality indicators

Audience

CDI Professionals, Coding Professionals (Specialists to Directors); Quality Improvement and Department Professionals and Leaders; HIM Managers and Directors; Utilization Review and Case Management Leaders; Revenue Cycle Managers and Directors; Physician Advisors and Hospitalist Leadership to CDI.

Medicare Boot Camp®— Utilization Review

About

This program is an intensive 14-session eLearning course focusing on the Medicare regulatory requirements for patient status and the role of the utilization review (UR) committee. Managing patient status plays a critical role in proper compliance, correct reimbursement, and stabilizing inpatient payments for the hospital. In 2021, CMS made significant changes to the inpatient-only list and continues to change strategies for auditing patient status. Ensure the UR committee is ready to implement and leverage the regulatory requirements.

Modules

- Medicare Overview
- Medicare Coverage
- Coverage of Observation
- Observation Coding, Billing, and Payment
- The Medicare Outpatient Observation Notice (MOON)
- Notice for Non-Covered Observation
- Inpatient Orders
- Inpatient Certifications
- Inpatient Coverage: Inpatient-Only Procedures
- Inpatient Coverage: 2-Midnight Rule
- Inpatient Coverage: Admission on a Case-by-Case Basis
- UR Committee and Determination Requirements
- Inpatient Notices
- Patient Responsibility
- Final Exam

Duration: 498 minutes

CEUs: AAPC 8.5, AHIMA 8.5, ACDIS 8.5, ANCC 8.5, CCMC 8.5, ACCME 8.5, NAHRI 8.5

Objectives

- Understand how to apply and recognize exceptions to the 2-midnight benchmark
- Understand observation coverage rules and how they interact with the 2-midnight benchmark
- Identify how inpatient-only list changed beginning in calendar year 2021
- Know the differences between post-discharge and concurrent patient status reviews
- Identify when self-denial is appropriate to take advantage of Part B payment for an inpatient case
- Know how NCDs, LCDs, and CEDs affect cases that meet the 2-midnight benchmark
- Identify when ABNs and HINNs are implemented for stays that don't meet medical necessity requirements
- Discuss observation coverage rules and appropriate application of ABNs for observation patients
- State requirements for inpatient orders and certifications
- Explain CMS' 2-midnight benchmark
- State the rules for "inpatient-only" procedures and how they are changing
- Describe the differences between condition codes 44 and W2
- Recognize inpatient and outpatient deductibles and copayments

Audience

UR Coordinators and Committee Members, Utilization Management Managers/Directors, UR and Case Management Physician Advisors, Case Managers and Care Coordinators Revenue Cycle Staff, including Directors and DRG Coordinators, Nurse and HIM/Coding Managers, Compliance Officers/Managers, Quality Improvement Personnel

Corporate Compliance for Physicians and Refresher

About

This course explains corporate compliance, including the False Claims Act, the Fraud Enforcement and Recovery Act of 2009 (FERA), the Stark Law, the Anti-Kickback Statute, The Health Insurance Portability and Accountability Act of 1996 (HIPAA), and The Health Information Technology for Economic and Clinical Health (HITECH) Act, as it pertains to physicians.

Objectives

- Describe their roles in compliance
- Define fraud and abuse
- Identify the elements of a compliance program
- Recognize compliance violations

Audience

- Medical staff/physicians
- Licensed independent practitioners



Duration: 41 minutes

CEUs: ACCME 1.5

Abbreviated refresher course available for ongoing annual refresher education needs.

HIPAA Privacy and Security for Physicians and Refresher

About

This course explains the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules as applicable and relevant to physicians. It also addresses the HIPAA Omnibus Final Rule published in the Federal Register January 25, 2013 that finalized the Health Information Technology for Economic and Clinical Health (HITECH) Act's modifications to the HIPAA privacy, security, breach notification and enforcement final rules.

Objectives

- Describe how HIPAA affects covered entities and business associates
- Summarize how to protect patient privacy while providing clinical care
- Explain patient rights for accessing their medical information
- Determine whether disclosures of protected health information (PHI) are acceptable
- Protect confidential health information by following proper security procedures both in the organization and off-site
- Create effective passwords to protect electronic information
- Identify which information commonly encountered by physicians is protected by HIPAA
- Prevent identity theft by identifying red flags

Audience

- Medical staff/physicians
- Licensed healthcare practitioners



Duration: 40 minutes

CEUs: ACCME 1.5

Abbreviated refresher course available for ongoing annual refresher education needs.

An LMS you'll enjoy using

Insightful Analytics

Track learner progress and measure training effectiveness with comprehensive analytics.

Simplified Management

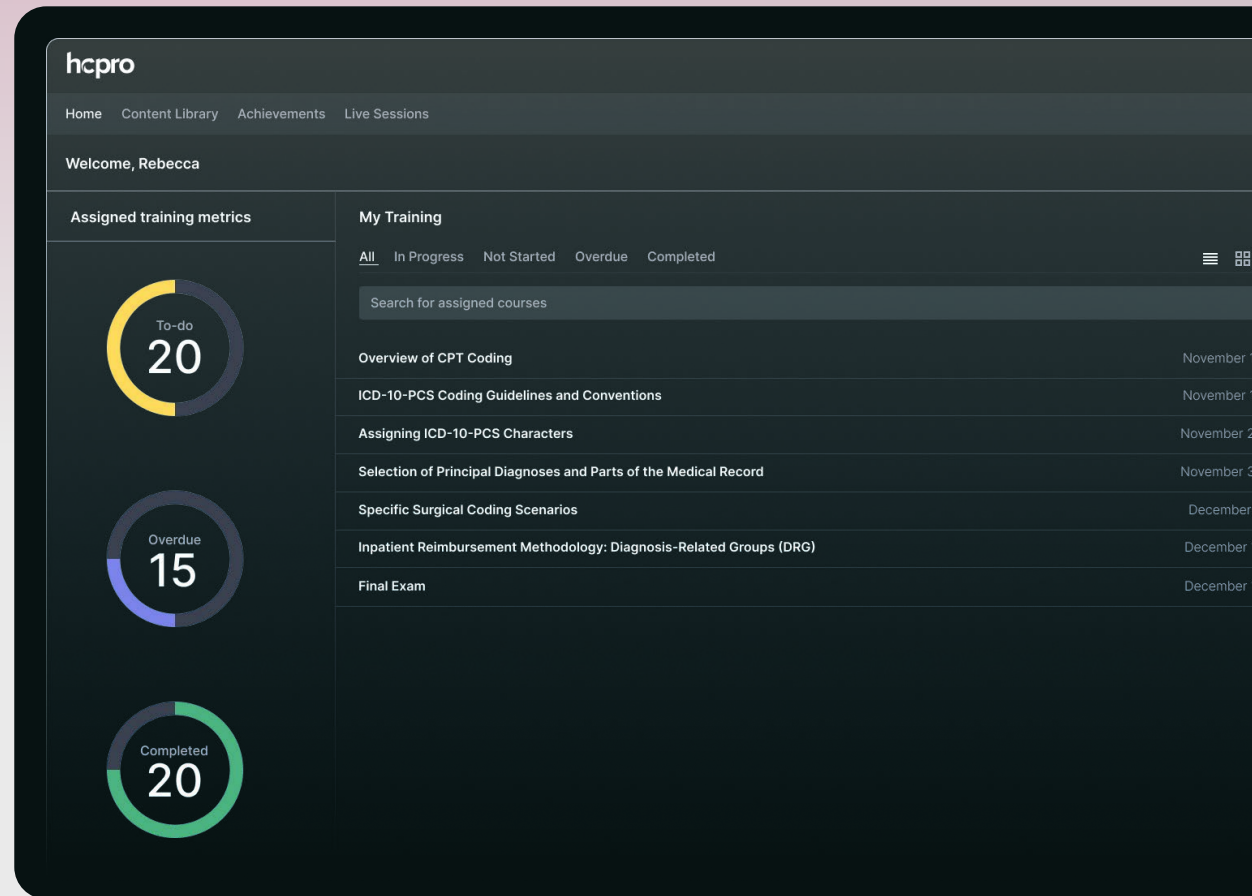
Streamline training with our robust admin toolkit, designed for efficient workflow management.

Dedicated Support

Our proactive team partners with you throughout your journey, moving beyond the set-and-forget approach.

Learner-Centric Design

Our platform engages users with interactive content, tailored to diverse learning styles.



Already have a learning platform? No problem!

All content is SCORM compliant for seamless integration with your existing system.

