

CRCE Exam Content Outline

Topic	What I know	Need more information or review	What I don't know
Patient Access / Front Office (Section 1)			
Trends in Patient Access Process			
Functions and Responsibilities			
Scheduling			
Before the Appointment			
Preadmission and Preregistration			
Precertification and Preauthorization			
Before the Appointment			
Registration and Admission			
Medicare 30-Day Readmissions			
During and After the Appointment			
Insurance Verification			
Financial Counseling			
Propensity to Pay			
Collection			
Control Points			
Deposit Collection Program			
Compliance			
Important Message from Medicare			
Medicare Outpatient Observation Notice (MOON)			
Refusal to Sign			
Advance Beneficiary Notice of Noncoverage and Hospital Issued Notice of Noncoverage			
Purpose of the ABN			
ABN Triggering Events			
Retention of the ABN			
Hospital Issued Notice of Noncoverage			
Services that Do Not Require an ABN (or HINN)			
Patient Access and Case Management / Utilization Review			
Levels of Patient Care			
Consent Forms, Types, and Requirements			
Consent Forms			
Types of Consent			
Assignment of Benefits			
Emancipation			
Conditions Preventing Consent			
Health Information Management / Medical Records			
Electronic Records			
Verbal Orders			
Coverage Determinations			
NCDs vs. LCDs			
Definitive vs. Non-Definitive			

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Medicare Secondary Payer			
Medicare Secondary Payer vs. Medicare Supplement			
Initial Enrollment Questionnaire			
MSP Questionnaire			
Common Working File (CWF)			
Patient Information Brochure			
Financial Policies in Patient Access / Front Office			
Patient Relationship			
Monitoring Performance			
Maximizing Patient Flow and Satisfaction			
Calculating and Monitoring Metrics			
Average Length of Stay			
Midnight Census			
Average Daily Census			
Percentage of Occupancy			
Number of Patients Seen per Day			
Percentage of Revenue Collected per Day			
Billing (Section 2)			
Types of Insurance and Payers			
Medicare			
Part A – Hospital Insurance			
Part A Deductibles, Coinsurance, and Copayments			
Part B – Medical Insurance			
Part B Deductibles, Coinsurance, and Copayments			
Part B Preventive Services			
Items Not Covered by Part A or Part B in the Original Medicare Plan			
Part C – Medicare Advantage			
Medicare Advantage Billing Period			
Part D – Medicare Prescription Drug Plan			
Medicare Administrative Contractor (MAC)			
Medicare Participating Physician Program			
Medicare Cards			
Medigap			
Medicaid			
Dual Eligibility			
Workers' Compensation			
TRICARE			
Children's Health Insurance Program (CHIP)			

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Self-Insured			
Commercial Insurance			
Liability Insurance			
Self-Pay			
Health Savings Accounts (HSAs)			
Coordination of Benefits			
Medicare as Primary vs. Secondary			
Other COB Determining Factors			
Conditional Payment			
HIPAA's Impact on Billing			
HIPAA-Required Standard Transactions			
Mandated Transaction Code Sets			
ICD-10			
Present on Admission (POA) Indicators			
CPT and HCPCS			
Evaluation and Management (E&M) Levels			
HCPCS and CPT Modifiers			
NPIs and Taxonomy Codes			
National Drug Code (NDC)			
Payment Methodologies			
Medicare Severity Diagnosis-Related Group (MS-DRG)			
Reducing a DRG Payment Under the Medicare Transfer Policy			
Ambulatory Payment Classifications (APCs)			
Units Exempt from Outpatient PPS			
Fee Schedule			
Resource-Based Relative Value Scale (RBRVS)			
Usual, Customary, and Reasonable (UCR)			
Skilled Nursing Facility Patient-Driven Payment Model (PDPM)			
Critical Access Hospital (CAH)			
Capitation			
Home Health Care			
Swing Bed			
Inpatient Rehabilitation Facility (IRF)			
Per Diem			
Percent of Charges			
Fee-for-Service			
Chargemaster			
Locum Tenens and Reciprocal Agreements			
Durable Medical Equipment (DME)			

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DME Billing			
Common Billing Forms			
UB-04 and 837I			
Superbill			
CMS-1500 and 837P			
Itemized Statement			
Data Mailer / Statement			
Medicare Summary Notice (MSN)			
Explanation of Benefits (EOB) or Remittance Advice (RA) and 835			
Mandatory Filing			
Billing Time Frames			
Importance of Timely Filing			
Late Charges			
1-Day and 3-Day Payment Window Rule			
Claim Edits and Processing			
Considerations for Electronic Claim Processing			
Medicare Edits			
National Correct Coding Initiative (NCCI)			
Outpatient Code Editor (OCE) Edits			
Medicare Code Editor			
Medically Unlikely Edit (MUE) Program			
MUE Adjudication Indicator			
Present on Admission (POA) Indicators			
Clean Claims			
Incomplete, Invalid, and "Unprocessable" Claims			
Incomplete and Invalid Claims			
Unprocessable Claims			
Denials			
Appeals			
Medicare Appeals			
Comprehensive Follow-Up			
Selecting Computer Systems			
Calculating Payer and Patient Obligations			
Compliance			
Self-Disclosure/Self-Reporting			
Compliance Plans			
Hospital-Physician Relationships			
Credit and Collections (Section 3)			
Effective Collection Policies			
Self-Pay Options			
Loan Programs			

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Topic	What I know	Need more information or review	What I don't know
Credit Card Payments			
Extended Payment Plans			
Personal Bankruptcy			
Types of Bankruptcy			
Potential Outcomes			
Creditor Actions Upon Notification			
Determining the Responsible Party			
Courtesy Discharge			
Common Stalls and Delays with Third-Party Payers			
Debt Collection Methods and Practices			
In-House Collection			
In-House Collection Calls			
Collection Agencies			
Collection Lawsuits			
Skip-Tracing			
Medicare's Bad Debt Provisions			
Section 501(r) of the Affordable Care Act			
Calculating Metrics			
Net Recovery			
Net Recovery Rate			
Net Bad Debt Percentage			
Cost to Collect			
Revenue Cycle Management (Section 4)			
General Overview of Management Roles			
Roles of Management			
Patient Account Leaders			
Incentive Plans			
Benchmarking Items for a Physician Practice			
Accounting Terminology			
Managing Deductions from Revenue and Income			
Improving Cash Flow			
Avoiding Billing Backlogs			
Handling Credit Balances			
Negotiating and Managing Insurance Contracts			
Elements of a Legal Contract			
Contract Elements that Impact the Revenue Cycle			
Monitoring Managed Care Payments			
Asset Control			
Compliance Plans			
OIG's Seven Elements of a Compliance Plan			
Elements of a Provider-Specific Plan			
Considerations for Updates			

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Recovery Audit Contractor (RAC) and Other Audits			
RAC Audits			
Other Audits			
Responding to Medical Record Requests			
The RAC Appeals Process			
Outsourcing Considerations			
Using a Request for Proposal (RFP)			
Comparing Internal Options			
Human Resource (HR) Responsibilities			
Americans with Disabilities Act (ADA)			
Family Medical Leave Act (FMLA)			
Pregnancy Discrimination Act (PDA)			
Discrimination			
Harassment			
Progressive Disciplinary Action			
National Labor Relations Board (NLRB)			
Revenue Cycle Metrics			
AR Days			
Days Cash on Hand			
Federal Agencies and Regulations (throughout exam)			
Federal Agencies			
U.S. Department of Health & Human Services (HHS)			
HHS Operating Divisions			
Centers for Medicare & Medicaid Services (CMS)			
Quality Improvement Organization (QIO) Program			
Office of Inspector General (OIG)			
Centers for Disease Control & Prevention (CDC)			
Food & Drug Administration (FDA)			
National Institutes of Health (NIH)			
Substance Abuse and Mental Health Services Administration (SAMHSA)			
Federal Trade Commission (FTC)			
Social Security Administration (SSA)			
Federal Regulations			
Patient Rights			
Right to Privacy and Security of Health Information			
Protected Health Information (PHI)			
Required Practices			
Security Rule			
Administrative Simplification			
Data Storage and Recovery			

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Right to Participate in Treatment Decisions			
Affordable Care			
Consumer Marketplace			
Anti-Fraud and Abuse			
Anti-Kickback Statute and False Claims Act			
Section 101 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA)			
Administrative Sanctions			
Section 1877 of the Social Security Act			
Exclusions by the OIG			
Telephone Consumer Protection			
Credit and Collections			
Truth in Lending Act (Regulation Z)			
Fair Credit Billing Act			
Fair Credit Reporting Act			
Fair Debt Collection Practices Act (FDCPA)			
Equal Credit Opportunity Act			
Patient Anti-Dumping			
Performance Improvement			
Health Care Quality Improvement Act			
Clinical Laboratory Improvement Amendments (CLIA)			
Quality Payment Program			
The Joint Commission (TJC)			
Contingency (Disaster) Plans			
Notes:			

