



# Workforce Investment Act Eligible Training Program

Provider Name: Community Care Alliance

Contract #: 5050- 110

Address: PO Box 1700  
Woonsocket, RI 02895

Address if program is held at a another site:  
55 Main Street  
Woonsocket, RI 02895

Program Name: Healthcare Reimbursement Specialist Program

Office use only: ONET CODE 43-9041

### CONTACT INFORMATION

Program Contact Person: Melissa Rouleau Phone: 401-235-6047 Fax: 401-488-2201  
Email: Mrouleau@CommunityCareRI.org Website: CommunityCareRI.org  
Director of Adult Education Training and Assessment

### Course Outline/Topics to be Covered

Within this particular program individuals will be able to obtain certification as an Electronic Health Record Specialist. An Electronic Health Record Specialist's duties will vary with size and specialty of the facility in which they may work. Many can specialize in varying areas or one aspect of the EHR such as entry level coders, encoding within a hospital setting, abstractors and or coding specialist, HIPAA Compliance Officers or HIM (Health Information Managers) .

### Required academic grade levels to enter program

Reading Grade Level 7  
Math Grade Level 7  
English Proficiency High Intermediate Level

### Required to enter training program

Physical  Yes  No  
Vaccinations  Yes  No  
Drug test  Yes  No  
BCI  Yes  No  
License  Yes  No  
Tools  Yes  No  
Experience  Yes  No  
Other :

### MAY be required for employment

Physical  Yes  No  
Vaccinations  Yes  No  
Drug test  Yes  No  
BCI  Yes  No  
Certification  Yes  No  
License  Yes  No  
Tools  Yes  No  
Experience  Yes  No  
Other :

### Participants will be qualified to seek employment in the following occupations:

- Insurance claims and policy
- 
- 
- 

Is this program Pell grant eligible?  Yes  No

### PROGRAM COSTS:

TUITION INCLUDES:	
Tuition	\$5,100.00
Fees	
Books	\$151.00
Licensing	\$245.00
Certificate fees	
Other, provide explanation	
<b>Total Tuition Cost</b>	<b>\$5,496.00</b>

These are expenses that <u>MAY</u> be reimbursed after successful completion of training.			
<i>Please indicate Yes, No or enter the amount</i>			
	YES	NO	AMOUNT
Books	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Licensing	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Tools	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Uniforms	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Travel	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Miscellaneous	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>Total</b>			<b>\$0.00</b>

Participant is responsible for :	
Prerequisites	
Memberships	
Cost above tuition cap	<b>\$0.00</b>
Expenses that <u>MAY</u> be reimbursed	<b>\$0.00</b>
<b>Total</b>	<b>\$0.00</b>

Maximum ITA Responsibility (Max. \$5500)  
**\$5,496.00**

**PROGRAM LENGTH**  
Weeks and Hours and  
**Additional Information**  
**10 Weeks, Monday through Friday, 9:30 am - 3:30 pm**

What type of certificate will be awarded and by whom?

Coding and Billing Specialist, NHA, Electronic Health Records Specialists,