Applicant's Guide to the Certified Patient Service Specialist (CPSS®) Program
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OVERVIEW

This guide is designed to assist applicants in the process of obtaining recognition as a Certified Patient Service Specialist (CPSS®). The CPSS® program was developed to establish a national standard of excellence that recognizes and promotes the professionalism of staff in ophthalmology practices and ambulatory surgery centers (ASCs) by providing certification and continuing education focused on increasing the quality of patient care.

REQUIREMENTS FOR CPSS® CERTIFICATION

To qualify for CPSS® certification, the applicant must:

1. Be a current employee of a participating medical practice or ASC.
2. Have at least one year of experience in a medical practice or ASC.
3. Obtain recommendation for certification from practice physician, administrator, or manager.
4. Register for the CPSS® program online and submit an application fee.
5. Successfully pass the CPSS® certification exam.

NOTE: Step 2 and 3 apply only to those applicants seeking CPSS® for the ASC (CPSS-ASC) certification. CPSS-ASC certification mandates applicants complete two (2) requirements:

1. Successfully complete and pass the ASC study courses and post-tests.
2. Submit the ASC application form to BSM Consulting by email or by fax.

PREPARATION FOR CPSS® CERTIFICATION

I. Areas of Knowledge: The areas of knowledge tested by the CPSS® certification exam include the following:

<table>
<thead>
<tr>
<th>Areas of Knowledge</th>
<th>Number of Questions</th>
<th>Percentage of Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resources/Regulatory and Compliance</td>
<td>20</td>
<td>15.4%</td>
</tr>
<tr>
<td>Customer Service/Practice Standards</td>
<td>15</td>
<td>11.5%</td>
</tr>
<tr>
<td>Billing, Coding, and Insurance</td>
<td>20</td>
<td>15.4%</td>
</tr>
<tr>
<td>Common Medical Abbreviations</td>
<td>10</td>
<td>7.7%</td>
</tr>
<tr>
<td>Anatomy and Physiology of the Eye</td>
<td>10</td>
<td>7.7%</td>
</tr>
<tr>
<td>Common Ophthalmic Diagnoses</td>
<td>10</td>
<td>7.7%</td>
</tr>
<tr>
<td>Ophthalmic Examinations/Triaging Ocular Emergencies</td>
<td>15</td>
<td>11.5%</td>
</tr>
<tr>
<td>Scope of Practice/Optical Dispensaries</td>
<td>10</td>
<td>7.7%</td>
</tr>
<tr>
<td>Ophthalmic Facilities and Equipment</td>
<td>10</td>
<td>7.7%</td>
</tr>
<tr>
<td>Spelling</td>
<td>10</td>
<td>7.7%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>130</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
ASC Study Courses: The areas of knowledge discussed and tested in the ASC study courses include the following:

<table>
<thead>
<tr>
<th>ASC Study Courses</th>
<th>Number of Questions</th>
<th>Post-Test Passing Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front Office Guide to ASC Safety</td>
<td>10</td>
<td>80%</td>
</tr>
<tr>
<td>Advanced Directives and Elder Abuse: Annual Regulatory Training</td>
<td>10</td>
<td>80%</td>
</tr>
<tr>
<td>Patient Rights: Annual Regulatory Training</td>
<td>10</td>
<td>80%</td>
</tr>
<tr>
<td>Introduction to Infection Prevention and OR Medications</td>
<td>10</td>
<td>80%</td>
</tr>
<tr>
<td>Common Ophthalmic Surgeries</td>
<td>10</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Total ASC Study Course Questions</strong></td>
<td><strong>50</strong></td>
<td></td>
</tr>
</tbody>
</table>

II. Resources Available: To prepare for the CPSS® certification exam, applicants may review distance learning courses and study guides available on the website (see Appendix 1 for a complete listing). Instructions to access the study materials are as follows:

1. Log on to the CPSS® website using your individual username and password.
2. Click on the link “Take Study Courses.”
3. On the page that appears, you will be able to review/download all study courses to prepare for the CPSS® exam. At the end of each study course, you will be able to test your knowledge by taking a course examination. The results can help indicate areas for which you may want to study more before taking the certification exam.
COMPLETION OF THE CPSS® CERTIFICATION EXAM

I. Examination Policies

Step 1. CPSS® Examination

When taking the CPSS® examination, you agree to abide by the following policies:

- The name of the person taking the examination is the name on the online applicant record.
- The applicant will complete the examination under the supervision of a program administrator.
- The administrator must enter a unique examination key to unlock the examination on the applicant's testing computer.
- The applicant will not possess any notes, books, study materials, papers, or electronic devices when taking the examination.
- The applicant will not give, receive, or obtain any form of unauthorized assistance during the examination.

Any evidence of violation of the above policies will result in a failed examination and may result in disciplinary sanctions as determined by the Committee for Disciplinary Review.

NOTE: CPSS-ASC certification mandates applicants to complete two (2) requirements:

1. Pass the CPSS® examination (online proctored exam)
2. Pass the post-tests provided in the ASC study courses (available in ASC study materials)

Step 2 (CPSS-ASC only). ASC Course Post-Tests

When completing the ASC course post-tests, you agree to abide by the following policies:

- The name of the person completing the ASC study courses and post-tests is the name on the online applicant record.
- The applicant completing the ASC study courses and post-tests has the approval of the CPSS® program administrator.

Step 3 (CPSS-ASC only). Application for CPSS-ASC Certification

- Submit the Application for CPSS-ASC Certification to indicate that the applicant has successfully completed both the CPSS® examination and the ASC course post-tests.
II. Getting Started:

1. Obtain recommendation from practice or ASC administrator, manager, or physician, and submit CPSS® application fee.

2. Prepare for the certification exam, as needed, by reviewing the study courses provided (see Resources Available, located under Preparation for CPSS® certification).

3. Schedule a time with the program administrator to take the CPSS® certification exam. Allow 90 minutes to complete the exam. The test must be supervised by the program administrator and is “closed book.”

III. Taking the Exam:

1. Log in to the CPSS® website using your username and password.

2. Click on the link “Take the CPSS® Exam.”

3. Once the link is accessed, the program administrator will need to enter a unique exam key.
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4. After the administrator enters the key, carefully read all instructions on the screen and proceed to the CPSS® certification exam. 90 minutes will be allowed to complete the 130-question exam. The exam is divided into 10 sections, as indicated at the top of the page.

5. Click on each category to show questions in that section. You are permitted to answer questions in each section and return to previous sections as needed to check answers prior to selecting “Submit Exam.”

IV. Receiving Exam Results:

1. Click “Submit Exam” after completing the test. You will be directed to a short evaluation form and will receive the results of your exam immediately after submitting. The results will indicate your total score and your scores in each section of the exam. You will receive either a temporary certificate upon successful completion of the exam or a notice to retake the exam.

2. Print the results and provide a copy to the program administrator.

3. If exam results indicate a “fail” status, you may retake the exam with the approval of the program administrator. The cost for retaking the exam is $20.

4. Detailed exam results, including scores for each section, are available from the CPSS® website under the section titled, “View Your Results.”

5. You will receive an official certificate and certification pin within 30 days of testing.

NOTE: Because CPSS-ASC certification mandates applicants complete the ASC study courses and post-tests, CPSS-ASC applicants will receive an official certificate and certification pin within 30 days of submitting a valid Application for CPSS-ASC Certification.
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RECERTIFICATION REQUIREMENTS

Upon achieving certification, applicants will fall into one of two six-month cycles with either a March or September recertification date. Certified Patient Service Specialists® must reapply for certification every three years by completing the following:

1. Fifteen (15) continuing education credit (CEC) hours in each three-year certification period. Examples of acceptable CECs for recertification include, but are not limited to, the following:
   - BSM Connection® for Ophthalmology distance learning courses or other online courses as approved by administrator or manager
   - Other approved articles, materials, and resources offered through BSM Connection® for Ophthalmology
   - Office or ASC training programs/case conferences
   - Annual regulatory training
   - Training courses offered by the Outpatient Ophthalmic Surgery Society (O OSS)
   - Training programs offered by commercial vendors, consultants, colleges, and universities
   - Attendance at conferences approved by administrator or manager
   - Webinars offered by BSM Consulting® or other consultants and organizations

2. Document all CEC hours through the CPSS® website on the continuing education credit summary form (Appendix 3).

3. Document any courses/trainings that are not sponsored by BSM Consulting® on the continuing education credit documentation form (Appendix 4) to receive CEC.

4. Complete the recertification application (Appendix 2) and obtain approval from your administrator or physician.

5. Submit the following items to BSM Consulting® to complete your recertification:
   - Application for recertification
   - Continuing education credit summary form
   - Continuing education documentation form for all training activities not sponsored or provided by BSM Consulting®
   - Recertification application fee of $50

An email reminder will be sent to Certified Patient Service Specialists® at least three months prior to expiration of certification. If certification is not renewed before the end of the three-year certification period, the applicant will be deemed noncertified status. Applicants will have one year from their certification expiration date to submit all required documents and fees (including $25 late fee) to reinstate their certification.

Random audits are conducted on recertification applications. Proof of attendance and credits earned at all activities listed on the recertification application may be requested. Should they be chosen for an audit, applicants are responsible for maintaining all documentation to verify CECs. The applicant will be notified in writing of the audit and must submit all documentation within 30-days. Certificates of course completions (e.g., BSM distance learning course certificates) or other documentation of continuing education (Appendix 4) are accepted. Failure to provide the necessary documentation will result in denial of recertification.
CONCLUSION

Congratulations on your decision to become a Certified Patient Service Specialist®. Taking this step indicates your pride in your profession, your desire for recognition of your professionalism and competence, and your commitment to continuing education and excellence in patient care.
APPENDIX
The CPSS® exam covers the following areas of knowledge:

The following study courses are available on the CPSS® website and suggested for review prior to taking the exam:

**Basic Training Courses**

- OPH 01 01-101 – Telephone Skills Training
- OPH 01 20-101 – Peer-to-Peer Relations for Staff
- OPH 01 32-101 – Key Success Factors in an Ophthalmology Practice
- OPH 01 32-103 – Human Resources
- OPH 01 32-104 – Anatomy of the Patient Examination
- OPH 01 32-105 – Overview of the Patient Encounter
- OPH 01 32-106 – Scope of the Eye Care Practice
- OPH 01 32-107 – Ophthalmic Facilities and Equipment
- OPH 01 32-108 – Anatomy of the Eye

**Business Office Courses**

- OPH 01 02-101 – Fundamentals of Diagnosis Coding
- OPH 01 02-103 – Medicare Basics
- OPH 01 02-107 through 01 02-110 – Managing Practice Collections (four-part series)

**Regulatory and Compliance - Basic**

- OPH 05 20-101 – A Guide to HIPAA and Patient Confidentiality
- OPH 05 20-103 – OSHA and Bloodborne Pathogens and Hazard Communication Training for the Medical Office

**Clinical Courses - Intermediate**

- OPH 03 14-117 – Triaging Ocular Emergencies
- OPH 03 14-118 – Anatomy and Physiology of the Eye
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Study Guide

Ambulatory Surgery Center Courses - Intermediate
ASC 03 23-104 – Front Office Guide to ASC Safety
ASC 05 23-101 – Advanced Directives and Elder Abuse: Annual Regulatory Training
ASC 05 23-102 – Patient Rights: Annual Regulatory Training
ASC 03 19-105 – Introduction to Infection Prevention and OR Medications
ASC 03 19-107 – Common Ophthalmic Surgeries

In addition to the online study courses, it is suggested that you review the following common medical abbreviations and spelling words:

Common Medical Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>OD</td>
<td>Right eye</td>
</tr>
<tr>
<td>OS</td>
<td>Left eye</td>
</tr>
<tr>
<td>OU</td>
<td>Both eyes</td>
</tr>
<tr>
<td>QD</td>
<td>Use once a day</td>
</tr>
<tr>
<td>BID</td>
<td>Twice a day</td>
</tr>
<tr>
<td>TID</td>
<td>Three times a day</td>
</tr>
<tr>
<td>OID</td>
<td>Use four times a day</td>
</tr>
<tr>
<td>OHS</td>
<td>Use at night</td>
</tr>
<tr>
<td>QAM</td>
<td>Use in the morning</td>
</tr>
<tr>
<td>PRN</td>
<td>As needed</td>
</tr>
<tr>
<td>CC</td>
<td>Chief complaint</td>
</tr>
<tr>
<td>GTT</td>
<td>Drops</td>
</tr>
<tr>
<td>UNG</td>
<td>Ointment</td>
</tr>
<tr>
<td>PO</td>
<td>By mouth</td>
</tr>
<tr>
<td>NPO</td>
<td>Nothing by mouth</td>
</tr>
<tr>
<td>HPI</td>
<td>History of present illness</td>
</tr>
<tr>
<td>STAT</td>
<td>Urgent</td>
</tr>
<tr>
<td>IOT/IOP</td>
<td>Intraocular tension/intraocular pressure</td>
</tr>
<tr>
<td>Rx</td>
<td>Prescription</td>
</tr>
</tbody>
</table>

Words Frequently Misspelled

<table>
<thead>
<tr>
<th>Correct Spelling</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>ophthalmologist</td>
<td>Eye physician and surgeon</td>
</tr>
<tr>
<td>optometrist</td>
<td>Eye physician</td>
</tr>
<tr>
<td>optician</td>
<td>Licensed professional who fills glasses prescriptions and fits glasses</td>
</tr>
<tr>
<td>a lot</td>
<td>Many, much</td>
</tr>
<tr>
<td>receive</td>
<td>To get, obtain, accept</td>
</tr>
<tr>
<td>almost</td>
<td>Not quite</td>
</tr>
<tr>
<td>probably</td>
<td>Almost certainly</td>
</tr>
<tr>
<td>recommend</td>
<td>Advise or suggest</td>
</tr>
<tr>
<td>it's</td>
<td>Shortened form of &quot;it is&quot;</td>
</tr>
<tr>
<td>its</td>
<td>Belongs to</td>
</tr>
<tr>
<td>preferred</td>
<td>Chosen, selected, favorite</td>
</tr>
<tr>
<td>believe</td>
<td>Accept something as true</td>
</tr>
<tr>
<td>intermittent</td>
<td>Not steady</td>
</tr>
<tr>
<td>schedule</td>
<td>A timetable</td>
</tr>
<tr>
<td>advise</td>
<td>To give a recommendation</td>
</tr>
<tr>
<td>receipt</td>
<td>Document given at checkout indicating charges/payments</td>
</tr>
<tr>
<td>occurrence</td>
<td>Incident or event</td>
</tr>
<tr>
<td>commitment</td>
<td>Promise</td>
</tr>
<tr>
<td>occasionally</td>
<td>From time to time</td>
</tr>
</tbody>
</table>
Certified Patient Service Specialist (CPSS®) Program
Application for CPSS-ASC Certification

Applicant Information

Name: ____________________________________________________________ Date of Birth: ______________________
Email Address: _____________________________________________________
Address: __________________________________________________________ Apt/Ste #: ______________________
City: __________________________ State: __________________________ Zip: ______________________
Phone: ___________________________ Job Title: ______________________

Sponsor/Practice/ASC Information

Practice or ASC Name: ________________________________________________
Address: __________________________________________________________ Ste #: ______________________
City: __________________________ State: __________________________ Zip: ______________________
Phone: ___________________________ Job Title: ______________________
Administrator: ___________________________ Email: ______________________

CPSS® Exam Completion

Please indicate your date of completion and score for the CPSS® exam.

CPSS® Test Date ___________________________ CPSS® Test Score: ______________________

ASC Study Course Documentation

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Test Score</th>
<th>Test Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASC 03 23-104</td>
<td>Front Office Guide to ASC Safety</td>
<td></td>
<td></td>
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<tr>
<td>ASC 05 23-101</td>
<td>Advance Directives and Elder Abuse: Annual Regulatory Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASC 05 23-102</td>
<td>Patient Rights: Annual Regulatory Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASC 03 19-105</td>
<td>Introduction to Infection Prevention and OR Medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASC 03 19-107</td>
<td>Common Ophthalmic Surgeries</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As the applicant, I attest that I have completed the CPSS® exam and supplemental ASC study courses to achieve CPSS-ASC certification.

Signed: ___________________________ Date: ______________________

As the administrator, I attest that the applicant is employed by the above practice and has completed the CPSS® exam and supplemental ASC study courses to achieve CPSS-ASC certification.

Signed: ___________________________ Date: ______________________
Certified Patient Service Specialist (CPSS®) Program
Application for Recertification

Applicant Information

Name: ____________________________________________________________
Email Address: ___________________________________________ Date of Birth: ______________________
Address: ___________________________________________________ Apt/Ste #: ____________________
City: ___________________________ State: ___________ Zip: _________________
Phone: ___________________________ Job Title: ____________________

Sponsor/Practice/ASC Information

Practice or ASC Name: ____________________________________________
Address: ___________________________________________ Ste #: ________________
City: ___________________________ State: ___________ Zip: _________________
Phone: ___________________________ Job Title: ____________________
Administrator: ___________________________ Email: ______________________

As the administrator, I attest that the applicant is employed by the above practice or ASC and exhibits the professionalism and competencies required of a Certified Patient Service Specialist.
Signed: ___________________________ Date: _______________

Continuing Education Documentation

Each Certified Patient Service Specialist must complete and document 15 hours of continuing education every three years. You must submit a list of your continuing education credits with this application.

Recertification audits: A percentage of those reapplying for certification will be audited. Those randomly selected for audits will be required to provide documentation of the CE credits obtained. If documentation is not received within 30 days of the request, recertification will be denied.

As a Certified Patient Service Specialist, I attest that I have completed 15 hours of continuing education credit and will supply documentation if requested. Additionally, I attest that the information provided is accurate.
Signed: ___________________________ Date: _______________

Payment Information

Recertification Fee: $50 for BSM members and $75 for nonmembers (Questions? call 866-220-3184)
Select Payment Type: ☐ Check ☐ Visa ☐ MasterCard ☐ American Express

If paying by credit card, please provide the following information:

Credit Card Number: ___________________________ Expiration: __________________
Name on Credit Card: ___________________________
Billing Address: ___________________________ City: ___________ State: ___________ Zip: _________________

I authorize BSM Consulting to charge my credit card for the amount shown above.
Cardholder’s Signature: ___________________________ Date: _______________

© 2013-2015, BSM Consulting
Applicant Name: ________________________________

Practice or ASC Name: ________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Course Topic</th>
<th>Media</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Types of Media:
  OL - Online
  LP - Live Presentation/Course
  IS – Practice or ASC In-Service
  O - Other, please specify

Employee Signature: ________________________________ Date: ____________

Supervisor Signature: ________________________________ Date: ____________

Supervisor Printed Name: ________________________________
Certified Patient Service Specialist (CPSS®) Program
Continuing Education Credit Documentation

Applicant Name: _____________________________________________________________

Practice or ASC Name: ______________________________________________________

Course/Educational Activity Title: ____________________________________________

Length of Course/Educational Activity: _______________________________________

Description of Course: _______________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Comments: ________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

I have participated in the course/educational activity described above.

Applicant Signature: ___________________________________________ Date: ____________

I certify that the above student has completed the above course/educational activity.

Supervisor Signature: ___________________________________________ Date: ____________

Supervisor Printed Name: ________________________________________________