Prevention is the watchword for healthy living.

Approximately 7 of every 10 annual deaths in the United States can be attributed to chronic diseases such as heart disease, cancer, and diabetes, according to the Centers for Disease Control and Prevention (CDC). Such chronic diseases are also quite often preventable. In many instances, an early or timely diagnosis through appropriate screenings can lead to effective medical treatment for a host of chronic diseases and conditions.

Indeed, healthy lifestyle practices and the use of regular primary care medicine can go a long way toward helping many people avoid illness. This prescription for good health begins with attention to such matters as following a healthy diet, getting regular exercise, avoiding tobacco use, and following recommended guidelines for preventive disease screenings and vaccinations.

As the CDC concludes, “The right preventive care at every stage of life helps all Americans stay healthy, avoid or delay the onset of disease, keep diseases they already have from becoming worse or debilitating, lead productive lives, and reduce costs.”

With great power ...

While the health care system is defined by many medical specialties, preventive medicine crosses boundaries to encompass every age group and health category. In fact, preventive medicine is the one medical specialty practiced by all physicians.

Accordingly, preventive medicine is an integral component of the nation’s primary care system. Yet the CDC reports preventive care services are used at about only half the recommended rate. Many reasons contribute to the underutilization of services, including the following:

- Lack of patient education on the availability and value of preventive care
- Perceived concerns over potential costs
- Lack of time during patient consultations

To help improve screening rates, health care providers must stay current with preventive care resources available to their patients. Under the Patient Protection and Affordable Care Act (ACA) an increased number of preventive screenings and ser-
services, covering both private health plans and Medicare, are available with no cost-sharing charges to patients, such as screenings for the following:

- Blood pressure
- Depression
- Cholesterol
- Alcohol misuse
- HIV
- Diabetes (type 2) for overweight adults ages 40 to 70
- Colorectal cancer for ages 50 to 75
- Lung cancer for high-risk adults ages 55 to 80
- Hepatitis B and C for certain high-risk categories

Additionally, adult preventive care services cover low- or no-cost adult immunization vaccines for the following diseases and more:

- Influenza
- Measles
- Mumps
- Tetanus
- Pertussis
- Pneumococcal
- Meningococcal
- Diphtheria
- Hepatitis A and B

For children up to age 18, immunizations cover many of the same conditions, including influenza, measles, and varicella (chicken pox).

Under the ACA, women’s health services now require most private insurance to cover low- or no-cost adult immunization vaccines for the following diseases and more:

- Influenza
- Measles
- Mumps
- Tetanus
- Pertussis
- Pneumococcal
- Meningococcal
- Diphtheria
- Hepatitis A and B

For children up to age 18, immunizations cover many of the same conditions, including influenza, measles, and varicella (chicken pox).

Under the ACA, women’s health services now require most private insurance to offer a free annual preventive well-woman visit. This is an appointment designed to help identify potentially serious health concerns early. The visit offers screening, evaluation, counseling, and immunizations based on age and risk factors, including screening unique to women such as mammograms for breast cancer, Papanicolaou tests (pap smears) for cervical cancer, prenatal care, and bone-mass measurements for osteoporosis.

Another ACA innovation is the Medicare Annual Wellness Visit, which can play an important part in shaping essential health care for seniors. The Annual Wellness Visit is not a physical examination per se but is instead designed to assess the patient’s health risk factors, review medical and family history, and develop an up-to-date personalized prevention plan with scheduled screenings for preventive care services. Patients who schedule the Medicare wellness visit are more likely to be screened for depression and alcohol misuse as well as six primary preventive care services, according to an American College of Radiology study:

1. Mammography
2. Papanicolaou tests
3. Bone mass measurement
4. Prostate cancer screening
5. Colon cancer screening
6. Influenza vaccine

... comes great responsibility

How can medical practices facilitate patient participation in preventive care screenings and related services? For many practices, the answer to this question begins with acquiring an accurate breakdown of the patient populations they serve and their identified needs as a population.

“It’s critical for the primary care provider to be interested in the whole concept of preventive health,” remarks Pamela Ballou-Nelson, PhD, MSPH, RN, CMPE, a consultant with the Colorado-based Medical Group Management Association (MGMA).

“But how can practices plan and work for this? A key piece is that they have to know their populations. That’s No. 1. Knowing the population can come either through an attribution methodology, if they’re part of an insurance plan that provides an attribution method, or ... [by] taking a look at the patients coming into the practice.”

As Dr. Ballou-Nelson explains, attribution is the process by which insurance payers assign patients to physicians or health providers responsible for their health care.

“It’s really about asking, Who is an active patient?” she says, which can be determined from the electronic health records (EHRs).

“Sometimes the insurance plans, or if the provider is part of an ACO [accountable care organization] or some other alternative payment model, may have a stratification [process] so the practice knows how many senior citizens they have. How many patients with diabetes? How many patients with hypertension? How many comorbidities?
Basically, they need to stratify these groups and then they need to risk-stratify them. They also want to concentrate their resources and time first on that stratification level that has the highest predictability of risk.

Other experts agree. “When we’re talking about overall preventive care, we always have to keep in mind that we’re dealing with different populations,” says Kathryn I. Moghadas, RN, CLRM, CHCC, CHBC, CPC, a Florida-based health care consultant and member of the National Society of Certified Healthcare Business Consultants. “With a young, otherwise healthy adult population, for example, it can often be very difficult to get them to come in for a medical appointment unless they’re sick,” says Moghadas. “Younger patients don’t usually come in to get screened. In fact, I would say by far preventive care is underutilized [by those] under 35 years of age.”

However, what sick-care visits do offer is the opportunity to engage young adult patients in initial conversations on the importance of prevention, says Moghadas. “The savvy doctor’s office will use sick-care visits to encourage these patients to come back,” she says. “They’ll encourage them to have a physical, maybe mention … monitor[ing] their cholesterol, and suggest set[ting] up another time for them to come back in a month or so.”

Unfortunately, many practices do not have adequate patient recall systems in place for follow-up or other anticipated care, notes Moghadas, which can limit access to future preventive care. “The patients that do come in for a sick visit are not necessarily always assigned to us,” she says. “Or they might have been in the practice three years ago, which constitutes a current patient, but then we don’t see them again. They might have changed jobs or insurance. With the younger populations, the reality is that we’re often dealing with a very fluid lifestyle.”

Recall and reminder systems help practices identify and contact patients regarding upcoming medical appointments, vaccination schedules, and other medical care services. The use of recall or reminder systems within a practice is associated with improved participation in immunizations and overall health care, according to the American Academy of Pediatrics (AAP). Yet the AAP reports fewer than 1 in 5 pediatric or multispecialty group practices use recall or reminder systems.7

“In my experience, a recall list is definitely important, as far as sending out reminders to patients,” says Danay Given, CMA (AAMA), practice manager for a small family practice in Canby, Oregon. “Basically, this is a report we use that shows us when a patient’s last annual wellness exam or physical occurred, so we know when they’re due to return. The recall report comes from our [EHR] and is based on how the patient was put into the system, as far as visit type. If the visit type was a physical exam, then it will generate a report based on that criterion. The recall list helps to keep our patients coming in when they’re supposed to be coming in [and to] monitor their medications accordingly [and] any type of [health issue] they need to be seen for.”

Given says patients are contacted in several ways. “We send patients who have our electronic health portal reminders for their Medicare Annual Wellness Exam, for example. Those who do not have the health portal get sent letters. I also make a lot of phone calls.”

From zero to hero
Along with informed knowledge of the makeup of their patient populations, medical practices can engage in community outreach to promote preventive care, aligning with local organizations, service groups, and public health campaigns to promote health screenings and vaccinations.

“Some of our smarter family practices will network with the local gym to promote preventive screenings, for example, or offer preventive care seminars in the community,” says Moghadas. “If they’re dealing with the younger adult population, they can also rely heavily on their insurance partners to get information on preventive care to the patients, encouraging them to come in.” As Moghadas notes, insurers now advertise preventive care benefits to the public using marketing infomercials, emails or mailings, and other approaches to increase public awareness of available benefits.

Consider screening for colorectal cancer, for example. Guidelines from most major screening organizations recommend screening starting at age 50 and continuing until age 75 (with recommendations individualized after age 75), and the American Cancer Society updated its guidelines in 2018 to begin screening at age 45 for those with average risk.6,9 Yet, despite evidence that preventing screening for colorectal cancer reduces morbidity and mortality, about one-third of adults do not get screened as recommended.10
**Super services**

Most health plans must cover a set of preventive services—like shots and screening tests—at no cost to patients when delivered by an in-network provider. Some services may be limited to populations that meet specific criteria, such as age or risk category. These services include the following, among many others:

- Blood pressure and cholesterol screening
- Colorectal cancer screening
- Depression screening
- Diabetes (type 2) screening
- Falls prevention (for adults 65 years and older, living in a community setting)
- Hepatitis B and C screening
- HIV screening
- Immunization vaccines for adults (doses, recommended ages, and recommended populations vary)
- Obesity screening and counseling
- Sexually transmitted infection prevention counseling
- Tobacco use screening and cessation interventions

In her experience as a management consultant, Dr. Ballou-Nelson has found this is not uncommon. Even though a colonoscopy is effective in detecting and preventing colorectal cancer—and often used to evaluate the performance of other screening tests—Dr. Ballou-Nelson and her colleagues found that when they stratified their population, there was a very low percentage of patients that had preventive colonoscopy screenings.

Notably, the updated ACS guidelines emphasize patient preferences and access in choosing from an array of available colorectal cancer screening tests instead of a specific screening test (e.g., colonoscopy). The test chosen is less important than getting tested. But if a screening test other than a colonoscopy comes back positive, that test must be followed with a timely colonoscopy, to complete the screening process.

To improve screening rates, Dr. Ballou-Nelson suggest that practices make preventive screenings a kind of office campaign. For example, her workplace made a few simple changes. “First, we put posters in the waiting room to show our patients that only about 40 percent of them have had colorectal cancer screening. So we shared that data with patients. We talk about basic statistics and explain why they should have the screening done. You can also use what I call ‘message cards’ in the waiting room. These are laminated cards with a few words to remind people about the importance of a colonoscopy.”

As Dr. Ballou-Nelson explains, the idea is to engage everyone in the medical practice in the campaign. “You want to try to make screening the word of the day or the month,” she says. “I’ve seen physicians, newly aware of the low rate of colonoscopy screening in their practice, who made it a point to see that every single person who could benefit from screening was either set up with a colonoscopy or a DNA test kit order for screening. The fun part about all this is the practice can rally around it. Everybody has a part to play, even down to the [people taking care of billing] on the phone with patients.”

Dr. Ballou-Nelson suggests practices target specific preventive screenings for promotion. “What I like to recommend is for practices to look at their patient population and decide what are one or two key preventive pieces they want to work on,” she says. “Identify those issues first, and work on creating a plan.” She suggests using the EHR to set email, phone call, or in-person reminders to alert patients about preventive measures that would help them. “They can even do group visits with higher risk patients to discuss preventive measures together. Often, patients will get better support when their peers are involved.”

As part of bringing a medical practice’s campaign into focus, Dr. Ballou-Nelson also suggests medical practices make an effort, if necessary, to clean up the bulletin boards or wall posters that adorn medical practice waiting rooms. “There’s often too much stuff on the walls,” she says. “Nobody reads it anymore, plus some of it is old. So get rid of all the junk that you might have on the walls.”

“...A lot of practices … feel they have to do everything. And so, consequently, they do nothing,” adds Dr. Ballou-Nelson. An office campaign not only improves patient participation in preventive care but also inspires the providers and staff when they see their initiatives starting to make a difference. “Providers and staff love to see results. ... It motivates them,” she says.

**Work wonders**

As more preventive care services have become available, some practical issues can arise when it comes to coding and billing. For example, what happens when a scheduled preventive visit turns into a sick-care visit for acute or chronic health issues? To avoid potential billing complications, many providers will simply reschedule the preventive visit. While it is possible to combine such visits, many physicians and coders are often confused or unsure about the use of billing modifiers to ensure claims payments.

When a scheduled preventive visit turns into treatment for an acute or chronic problem “significant” enough to meet the “key components” of a problem-oriented evaluation and management (E/M) services, the office should bill for both services with modifier 25 attached to the latter, according to the practice management journal *FPM.* Questions might arise then about what constitutes a significant versus insignificant (or minor) issue that arises in the course of a preventive visit.

The Current Procedural Terminology (CPT) does not define what constitutes a significant versus insignificant problem. However, the AAP suggests providers
Increase Your Marketable Skills

The older patient population is growing, and employers need professionals with skills and knowledge in geriatric care. Demonstrate your capabilities with the Assessment-Based Certificate (ABC) in Geriatrics.

Individuals who take and pass four assessments on topics in geriatric care, plus a final exam, will have completed the ABC in Geriatrics. In addition, CMAs (AAMA) will earn a total of 16 continuing education units (CEUs) toward recertifying their credential.

Order online to save 10%:

Vitamin D
Vital for health

Vitamin D offers a number of benefits for the human body, especially in the right amounts. Discover how to promote vitality by studying the positives—and negatives—that come with this substance.

10 CEUs (4 general, 6 clinical)
$40 $36 members | $80 $72 nonmembers

Order online to save 10%

www.aama-ntl.org/store

Offer good while supplies last. Expires May 1, 2019.
and turns out to have an urgent problem, for the second problem-related service. Report payers frequently do not reimburse wisely to do so, say experts, as many practices a sick-care (or problem) visit. In fact, it is caution and separate a preventive visit from practices will often err on the side of billing to avoid the potential for claims denials, for the visit should do the following: explains that the provider’s documentation or coordinating care or additional E/M make, or considerable time for counseling or the doctor will say, ‘OK, I’m not going to charge you for that this time, but next time we will.’ So it’s just a matter of patient education.” consider whether the presenting problem would have otherwise required a separate patient visit. Would the E/M service also have involved key components such as history, examination and medical decision-making, or considerable time for counseling or coordinating care or additional E/M documentation?

Coding expert Betsy Nicoletti further explains that the provider’s documentation for the visit should do the following:

Describe in the history of the present illness all of the patient’s acute or chronic conditions and should detail in the assessment and plan how you managed them, making sure to show your extra cognitive work. This could include ordering or reviewing diagnostic tests, renewing prescriptions, making referrals, or implementing other changes to treatment. Note that neither CPT nor [Centers for Medicare & Medicaid Services] requires a change in treatment to support billing for a second separate service.

To avoid the potential for claims denials, practices will often err on the side of billing caution and separate a preventive visit from a sick-care (or problem) visit. In fact, it is wise to do so, say experts, as many practices report payers frequently do not reimburse for the second problem-related service.

“If a patient comes in for a wellness visit and turns out to have an urgent problem, you really should reclassify the visit as a sick visit,” suggests Moghadas. “The wellness visit can be put off until the next visit and the visit today converted into a sick visit. You can then treat the emerging problem and document it, which will trigger the [EHR] to generate a sick-visit profile or template that puts the patient into that category.

“Until the services are rendered, there is no guarantee of what services are being done,” explains Moghadas. “Just because a patient calls and … wants to come in for a preventive service … doesn’t mean that they have to do that. As necessary, they’re going to take care of the emerging problem.”

Another issue when billing a second sick-care service during a preventive visit is that the patient may then be charged a fee or copay for a visit they assumed was “free.” This can lead to misunderstandings and possibly unhappy patients, warns Maxine Lewis, CMM, CPC, CPC-I, CCS-P, Cincinnati, Ohio-based health care consultant and member of the National Society of Certified Healthcare Business Consultants.

The practice should clearly explain to the patient what the preventive service includes and—if there is another service provided—that this will involve an extra charge, notes Lewis. “Unfortunately, if you spring the fee upon patients without warning, they’re usually not going to like it.”

This observation rings true as well for Brenda Severson, CMA (AAMA), manager of the pediatrics department for McFarland Clinic in Marshalltown, Iowa. “When parents bring their children in for their well visits, they will often bring up a host of other health concerns,” reports Severson. In recent years, she says the clinic has begun to sometimes bill a preventive visit with an E/M modifier code added for a problem addressed during the visit. “That has been a learning curve for a lot of the parents because they don’t always understand it. They do often assume if they are coming in for their child’s wellness exam that everything should be covered. Consequently, sometimes the parents will call and ask about an unexpected bill, and the physician will say, ‘OK, I’m not going

consider whether the presenting problem would have otherwise required a separate patient visit. Would the E/M service also have involved key components such as history, examination and medical decision-making, or considerable time for counseling or coordinating care or additional E/M documentation?

Coding expert Betsy Nicoletti further explains that the provider’s documentation for the visit should do the following:

Describe in the history of the present illness all of the patient’s acute or chronic conditions and should detail in the assessment and plan how you managed them, making sure to show your extra cognitive work. This could include ordering or reviewing diagnostic tests, renewing prescriptions, making referrals, or implementing other changes to treatment. Note that neither CPT nor [Centers for Medicare & Medicaid Services] requires a change in treatment to support billing for a second separate service.

To avoid the potential for claims denials, practices will often err on the side of billing caution and separate a preventive visit from a sick-care (or problem) visit. In fact, it is wise to do so, say experts, as many practices report payers frequently do not reimburse for the second problem-related service.

“If a patient comes in for a wellness visit and turns out to have an urgent problem, you really should reclassify the visit as a sick visit,” suggests Moghadas. “The wellness visit can be put off until the next visit and the visit today converted into a sick visit. You can then treat the emerging problem and document it, which will trigger the [EHR] to generate a sick-visit profile or template that puts the patient into that category.

“Until the services are rendered, there is no guarantee of what services are being done,” explains Moghadas. “Just because a patient calls and … wants to come in for a preventive service … doesn’t mean that they have to do that. As necessary, they’re going to take care of the emerging problem.”

Another issue when billing a second sick-care service during a preventive visit is that the patient may then be charged a fee or copay for a visit they assumed was “free.” This can lead to misunderstandings and possibly unhappy patients, warns Maxine Lewis, CMM, CPC, CPC-I, CCS-P, a Cincinnati, Ohio-based health care consultant and member of the National Society of Certified Healthcare Business Consultants.

The practice should clearly explain to the patient what the preventive service includes and—if there is another service provided—that this will involve an extra charge, notes Lewis. “Unfortunately, if you spring the fee upon patients without warning, they’re usually not going to like it.”

This observation rings true as well for Brenda Severson, CMA (AAMA), manager of the pediatrics department for McFarland Clinic in Marshalltown, Iowa. “When parents bring their children in for their well visits, they will often bring up a host of other health concerns,” reports Severson. In recent years, she says the clinic has begun to sometimes bill a preventive visit with an E/M modifier code added for a problem addressed during the visit. “That has been a learning curve for a lot of the parents because they don’t always understand it. They do often assume if they are coming in for their child’s wellness exam that everything should be covered. Consequently, sometimes the parents will call and ask about an unexpected bill, and the physician will say, ‘OK, I’m not going to charge you for that this time, but next time we will.’ So it’s just a matter of patient education.”

Consider whether the presenting problem would have otherwise required a separate patient visit. Would the E/M service also have involved key components such as history, examination and medical decision-making, or considerable time for counseling or coordinating care or additional E/M documentation?

Coding expert Betsy Nicoletti further explains that the provider’s documentation for the visit should do the following:

Describe in the history of the present illness all of the patient’s acute or chronic conditions and should detail in the assessment and plan how you managed them, making sure to show your extra cognitive work. This could include ordering or reviewing diagnostic tests, renewing prescriptions, making referrals, or implementing other changes to treatment. Note that neither CPT nor [Centers for Medicare & Medicaid Services] requires a change in treatment to support billing for a second separate service.

To avoid the potential for claims denials, practices will often err on the side of billing caution and separate a preventive visit from a sick-care (or problem) visit. In fact, it is wise to do so, say experts, as many practices report payers frequently do not reimburse for the second problem-related service.

“If a patient comes in for a wellness visit and turns out to have an urgent problem, you really should reclassify the visit as a sick visit,” suggests Moghadas. “The wellness visit can be put off until the next visit and the visit today converted into a sick visit. You can then treat the emerging problem and document it, which will trigger the [EHR] to generate a sick-visit profile or template that puts the patient into that category.

“Until the services are rendered, there is no guarantee of what services are being done,” explains Moghadas. “Just because a patient calls and … wants to come in for a preventive service … doesn’t mean that they have to do that. As necessary, they’re going to take care of the emerging problem.”

Another issue when billing a second sick-care service during a preventive visit is that the patient may then be charged a fee or copay for a visit they assumed was “free.” This can lead to misunderstandings and possibly unhappy patients, warns Maxine Lewis, CMM, CPC, CPC-I, CCS-P, Cincinnati, Ohio-based health care consultant and member of the National Society of Certified Healthcare Business Consultants.

The practice should clearly explain to the patient what the preventive service includes and—if there is another service provided—that this will involve an extra charge, notes Lewis. “Unfortunately, if you spring the fee upon patients without warning, they’re usually not going to like it.”

This observation rings true as well for Brenda Severson, CMA (AAMA), manager of the pediatrics department for McFarland Clinic in Marshalltown, Iowa. “When parents bring their children in for their well visits, they will often bring up a host of other health concerns,” reports Severson. In recent years, she says the clinic has begun to sometimes bill a preventive visit with an E/M modifier code added for a problem addressed during the visit. “That has been a learning curve for a lot of the parents because they don’t always understand it. They do often assume if they are coming in for their child’s wellness exam that everything should be covered. Consequently, sometimes the parents will call and ask about an unexpected bill, and the physician will say, ‘OK, I’m not going to charge you for that this time, but next time we will.’ So it’s just a matter of patient education.”

Origin story

As a medical specialty, preventive medicine is an interdisciplinary area of care, one that recognizes the importance of health screenings and personal health choices. Ideally, preventive care represents a collaborative partnership between patients and providers. Cultivating good health habits, including establishing an ongoing relationship with a primary care provider, are lifestyle practices best established early in life.

“One of the key places where prevention begins is at the pediatric office,” remarks Dr. Ballou-Nelson. “That’s where the foundation of preventive care is laid. Unfortunately, we still have a difficult time getting payers to understand this. Traditionally, the pediatric population is usually pretty well [i.e., healthy] so they’re not always coming in for their ‘well’ visits,” she notes. “Both payers and practices need to strongly promote this concept of prevention. The pediatric office should be teaching the children good preventive care.” Such instruction might include why smoking is not good and helping the parents with recommendations for diet and exercise.

The AAP offers a set of comprehensive pediatric health guidelines for well-child care known as Bright Futures. These guidelines offer age-appropriate previsit questionnaires (from birth to age 21) that address key aspects of child care, including the following:

- Developmental milestones
- Nutrition
- Safety
- Emotional health

Well-child visits should also include scheduled immunizations and offer families the opportunity to track their child’s development and to address any concerns they have about their child’s physical, mental, and
social health. In addition, regular pediatric visits can help children and young people develop lifelong health habits, including the habit of forming a positive connection with a primary care provider.

Significantly, there is evidence that many American children, especially those from less-advantaged circumstances, are not using available preventive health care resources. “Millions of infants, children, and adolescents in the United States have not benefitted from key clinical preventive services,” according to the CDC. “There are large disparities by demographics, geography, health-care coverage, and access in the use of these services.”

As a pediatrics practice manager, Severson is well aware of the importance of early age preventive care. “We start to see infants anywhere from 3 to 5 days old,” she says. “We make sure they’re gaining weight, that they’re not jaundiced, and so on. Then we start with our two-week ‘well-baby visits,’ looking at growth and development. We’ll do a Bright Futures surveillance at every periodic visit to see if the child is meeting … developmental milestones. At 18 and 24 months, we also do [the Modified Checklist for Autism in Toddlers (M-CHAT)]. Starting at age 11, we do depression screening, and that screen is built into our [EHR]. In fact, all of this anticipatory guidance is built into our [EHR], which makes it easy for us to just go right down our checklist and get everything completed.”

What about compliance with childhood vaccinations? “In our clinic, we don’t have many parents who don’t want to vaccinate their children,” says Severson. “Of course, we’re careful not to say to them, would you like to get your child’s shots today? We instead prefer to say, ‘This is what your child is due for today.’ And then we give them the opportunity to say no. But most people will say OK. Our success rate for vaccines, based on a recent audit, is 96 percent.”

Up, up, and away
Some people might think medical care is necessary only when they get sick. But the reality is that preventive medicine is as vital to a person’s health as the medical care they may receive for an acute illness, injury, or chronic disease. Wellness exams, immunizations, and screenings for many health conditions are essential to helping Americans stay healthy and ensuring they receive appropriate and timely medical care when they do become ill.
Advance your career with a health sciences degree.

Receive up to 26 credits for your CMA (AAMA) certification.

Reduced tuition and application fee waiver for AAMA members!

- AS in Health Sciences
- BS in Health Sciences
  Areas of emphasis:
  - Health and Wellness
  - Health Care Management
  - Public Health
- BS in Health Care Management
- BS in Health Sciences/MS in Health Sciences
- BS in Health Care Management/Master of Business Administration

To learn more, call 844-843-9296 or visit www.excelsior.edu/aama.

Health sciences degree programs at Excelsior combine quality academics with the flexibility and convenience of online learning. Excelsior College is accredited by the Middle States Commission on Higher Education, 3624 Market Street, Philadelphia, PA 19104.

References