TENORA
INSTITUTE

# Tenora Healthcare Operations Program

**PROGRAM GUIDE · 2027 FOUNDING COHORT**

Learn the work by doing the work.

**12**
weeks, online, from first lesson to Production-Ready

**End to end**
from the front desk to the health plan

**202K+**
openings a year in 7 entry-level roles*

*BLS Employment Projections 2025–35, combined annual openings for the direct-entry roles on page 7, excluding customer service.

PROGRAM OVERVIEW

# Other programs teach about the job. Tenora has you do it.

The Tenora Healthcare Operations Program prepares career changers for the business side of healthcare: the work that gets care covered, billed, and paid. You train across the whole path a claim travels, from patient registration at a provider's office, through the clearinghouse, to processing and payment at the health plan.

| LENGTH | FORMAT | PREREQUISITES | YOU FINISH |
|---|---|---|---|
| 12 weeks | Online, instructor-led virtual sessions + self-paced work | No degree or healthcare background. Basic computer skills. | Production-Ready |

## Who it's for

- Career changers, for example from customer service, retail, call centers, or office work
- Stay-at-home parents ready to go back to work
- People returning to the workforce after a break or a job loss
- Certified coders and billers who want production experience
- People who are good with computers, details, and deadlines
- Anyone who wants a healthcare career without hands-on patient care

## What makes it different

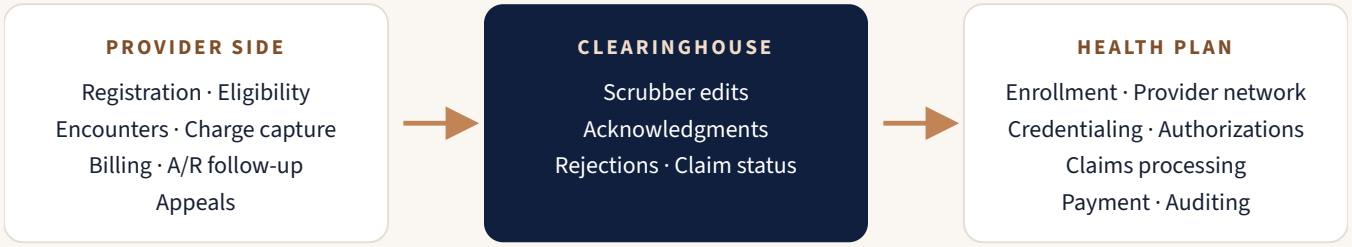
- **End to end.** Provider side, clearinghouse, and health plan, not one desk
- **A real work environment.** Live queues, real triggers, real deadlines
- **Proof, not attendance.** You leave with your own performance record

**In healthcare, everyone serves patients.** Some do it at the bedside. Others do it behind the scenes, making sure care gets covered, billed, and paid. Doctors' offices, hospitals, home health agencies, clearinghouses, and health plans all hire for these roles.

A REAL WORK ENVIRONMENT

# Your training runs like a real production floor.

From Week 2, you work inside a simulated healthcare operation that mirrors how provider offices and health plans actually run. You don't just read about the work. You do it, across every role from the front desk to the health plan, the way you will on the job.




One patient's care, followed through every stage from the front desk to the health plan

## Live work queues

On the provider side, registrations, eligibility checks, encounters, authorizations, claims, and A/R follow-ups land in your queue. On the health plan side, you review pended claims and decide whether to approve, deny, or adjust them. You prioritize, work, and close them, just as you will at work.

## Real triggers

Claims pend for the same reasons they do on the job: eligibility, coordination of benefits, authorizations, coding edits, and more. You find the cause and resolve it.

## Real deadlines

Timely filing, A/R aging reports, turnaround times, and weekly production targets. You learn to work at the pace employers expect.

## Realistic, safe practice data

Every patient, member, provider, and claim is synthetic or de-identified. You get real-world complexity with no real patient information.

## Skills that transfer

You learn the work itself: the language, rules, and workflows used across the industry. Because the environment isn't tied to any one software system, what you learn carries over to whatever system your employer uses.

WHAT THE PROGRAM INCLUDES

# The whole revenue cycle, end to end.

WEEK 1

## Foundations

- Claims 101: what a claim is and the life cycle of a claim
- Compliance and HIPAA
- How Medicare, multi-state Medicaid, and commercial insurance work
- Dual-eligible members
- Audits, production, and quality metrics
- Explanation of benefits, explanation of payment, and check runs
- Interest, and when it applies
- And more

WEEK 3

## Clearinghouse

- How claims travel to the payer
- Scrubber edits
- Acknowledgments
- Rejection versus denial
- Claim status
- Electronic remittance and attachments

WEEKS 4–12

## Career readiness

- Coaching sessions
- Resume and LinkedIn profile
- Skills and titles to add to LinkedIn as you pass each stage
- Mock interviews
- A job search plan, with applications starting in Week 4
- Introduction to leadership, to help you keep moving ahead in your career
- Job search support after you graduate
- A Tenora community of classmates and graduates, during the program and after

WEEKS 2–4

## Provider side

- Credentialing and payer enrollment
- Patient registration
- Insurance verification and eligibility
- Prior authorization
- Coordination of benefits
- Charge capture
- Claim creation on the CMS-1500 and UB-04
- Replacement and void claims · Timely filing
- Payment posting · Patient statements
- Accounts receivable follow-up
- Denial management · Appeals
- Credit balances and refunds

WEEKS 5–11

## Health plan side

- Enrollment and membership
- Provider network, credentialing, and provider data
- Authorization and utilization management
- Claims processing: professional, institutional, outpatient, and inpatient
- Complex claims processing: Hospice, Qualified Medicare Beneficiary, Coordination of Benefits, Skilled Nursing, Multiple Therapy Pricing, Restricted Recipient, and more
- Coding edits and pricing
- Claims auditing
- Subrogation and member reimbursement

YOUR 12 WEEKS

# Built like your first months on the job.

Each stage adds responsibility, the way a new hire ramps up: learn the system, work the provider side, move to the health plan, take on complex claims, then prove you can produce.

**1 WEEK — Foundations**

Claims 101 and the life cycle of a claim, compliance and HIPAA, how Medicare, Medicaid, and commercial plans work, and how your work is measured.

**2–4 WEEKS — Provider side and clearinghouse**

Registration, eligibility, authorizations, charge capture, claim submission, the clearinghouse, payment posting, A/R follow-up, denials, and appeals. Hands-on in the work environment from Week 2.

**5–10 WEEKS — Health plan side**

Enrollment and membership, provider networks, authorizations and utilization management, and claims processing. Work pended claims and triggers to resolution, apply coding edits and pricing, and handle corrected claims and reprocessing.

**11 WEEK — Complex claims**

Take on harder claims with more than one issue, and learn to review each claim as a whole before you make the final decision, whether that's to pay, deny, or adjust.

**12 WEEK — Production final**

Since Week 2, you've worked in the environment every week, with targets that rise as the work gets harder. In Week 12, you work a full mixed queue at the job's standard: the quality and production an employer expects. Meet it, and you graduate Production-Ready.

**AI and automation in the workflow · Weeks 3–12.** Learn how AI tools and robotic process automation (RPA), the software bots that handle routine tasks, are used in healthcare operations. Work alongside them: read what the system decided, check it against the record, and make the call when it's wrong.

**Career readiness · Weeks 4–12.** Coaching sessions, resume and LinkedIn profile, mock interviews, a job search plan with applications starting in Week 4, and an introduction to leadership, built alongside the technical work.

YOUR PERFORMANCE RECORD

# Show employers what you can do, not just what you studied.

Most programs hand you a certificate. Tenora also hands you your numbers. Because you train in a working environment, every task you complete is measured the way an employer measures its team. You graduate with a record of your own performance to bring to interviews.

QUALITY

## Accuracy

Financial and procedural accuracy on the work you completed

OUTPUT

## Production

How much work you complete per hour

SPEED

## Turnaround

How quickly you resolve work in your queue

REVIEW

## Audit results

Quality audit scores on your completed work

BENCHMARK

## Cohort ranking

Where you stand compared with your cohort

RANGE

## Work types

The types of work you've handled, provider side and health plan side

### Foundational

You know the system and the rules.

### Operational

You work real queues with growing accuracy.

### Production-Ready

You meet production and quality standards under time.

## You graduate with

- Certificate of completion and digital badge
- Skills Verification Letter documenting your verified performance
- Your performance record
- A finished resume, optimized LinkedIn profile, and job search plan
- Ongoing access to the Tenora community

**Proof you can show employers.** Your record shows how you perform on real-world work. Hiring decisions are always up to each employer, and Tenora does not guarantee a job.

CAREER OUTCOMES

# Where this work can take you.

Each pathway maps to an official BLS occupation. Direct-entry roles are where graduates start. Advancement roles are where experience leads.

| OCCUPATION AND COMMON JOB TITLES | U.S. MEDIAN PAY | OPENINGS / YEAR |
|---|---|---|
| **DIRECT ENTRY** | | |
| **Medical Secretaries & Admin Assistants** Patient Access Rep, Registration Specialist | $45,926 | 89,200 |
| **Insurance Claims & Policy Processing Clerks** Claims Processor, Enrollment Specialist | $49,234 | 17,500 |
| **Claims Adjusters, Examiners & Investigators** Claims Examiner, Claims Analyst, Appeals Specialist | $78,000 | 20,900 |
| **Billing & Posting Clerks** Medical Biller, Charge Entry Specialist, Payment Poster | $48,506 | 37,000 |
| **Eligibility Interviewers, Government Programs** Medicaid Eligibility Specialist | $54,205 | 12,700 |
| **Bill & Account Collectors** A/R Follow-Up Specialist, Patient Collections Rep | $47,029 | 11,200 |
| **Customer Service Representatives** Provider Services Rep, Member Services Rep | $44,782 | 289,500* |
| **Medical Records Specialists** Coding Specialist (often with a coding credential) | $51,147 | 14,000 |
| **ADVANCEMENT** | | |
| **Office & Admin Support Supervisors** Claims Supervisor, Team Lead | $69,493 | 127,400* |
| **Health Information Technologists** | $68,016 | 3,000 |
| **Training & Development Specialists** | $69,285 | 46,000 |
| **Compliance Officers** | $80,725 | 32,700 |
| **Computer Systems Analysts** Claims Systems Analyst | $105,851 | 32,900 |
| **Medical & Health Services Managers** Revenue Cycle Manager | $123,864 | 62,300 |

Median pay: BLS Occupational Employment and Wage Statistics, May 2025. Openings: BLS Employment Projections 2025–35, national, all industries. *Spans every industry; only part of these openings are in healthcare. Many advancement roles require experience or further education.

WHAT IT PAYS

# Median pay by state, direct-entry roles.

Half of workers earn more than the median and half earn less. Many of these roles are remote, and remote employers may pay closer to the national median than to local rates.

| OCCUPATION | LA | TX | FL | NY | MN | CA | U.S. |
|---|---|---|---|---|---|---|---|
| Medical Secretaries & Admin Assistants | $36,930 | $42,910 | $41,730 | $47,710 | $50,030 | $54,490 | **$45,926** |
| Insurance Claims & Policy Processing Clerks | $46,800 | $49,880 | $47,130 | $57,790 | $58,030 | $56,800 | **$49,234** |
| Claims Adjusters, Examiners & Investigators | $65,220 | $78,800 | $76,920 | $87,130 | $78,350 | $91,790 | **$78,000** |
| Billing & Posting Clerks | $43,170 | $45,910 | $46,540 | $53,320 | $55,810 | $56,260 | **$48,506** |
| Eligibility Interviewers, Gov't Programs | $48,260 | $46,860 | $37,230 | $53,430 | $62,820 | $63,520 | **$54,205** |
| Bill & Account Collectors | $39,130 | $45,710 | $46,410 | $47,170 | $49,580 | $57,930 | **$47,029** |
| Customer Service Representatives | $37,330 | $40,420 | $40,440 | $48,000 | $48,800 | $49,560 | **$44,782** |

## Starting hourly pay

The 10th-percentile hourly wage: what a new hire with little to no experience can expect.

| OCCUPATION | LA | TX | FL | NY | MN | CA |
|---|---|---|---|---|---|---|
| Medical Secretaries & Admin Assistants | $14.47 | $15.91 | $17.26 | $18.48 | $20.86 | $19.54 |
| Insurance Claims & Policy Processing Clerks | $16.00 | $17.53 | $18.00 | $21.63 | $23.13 | $19.37 |
| Claims Adjusters, Examiners & Investigators | $20.27 | $22.39 | $22.61 | $24.79 | $27.94 | $28.86 |
| Billing & Posting Clerks | $14.88 | $16.04 | $17.95 | $19.51 | $21.70 | $20.60 |
| Eligibility Interviewers, Gov't Programs | $16.42 | $18.60 | $16.84 | $22.72 | $24.15 | $22.75 |
| Bill & Account Collectors | $13.93 | $14.78 | $17.10 | $17.11 | $16.63 | $18.52 |
| Customer Service Representatives | $13.67 | $14.10 | $15.20 | $17.44 | $17.18 | $18.32 |

**Example.** A Louisiana claims examiner paid the national median instead of the state median would earn about $12,780 more a year. Remote pay varies by employer and isn't guaranteed.

Source: BLS Occupational Employment and Wage Statistics, May 2025. Wages are not a guarantee of earnings.

JOB OUTLOOK AND AI

# AI is changing this work. That's why we train the way we do.

The federal data is clear: software and AI will reduce some routine claims and billing work over the next decade. The jobs don't disappear. They change, with fewer people keying claims and more people reviewing what the system decided and catching what it got wrong.

| OCCUPATION | CHANGE 2025–35 | OPENINGS / YEAR |
|---|---|---|
| Claims Adjusters, Examiners & Investigators | −5.5% | 20,900 |
| Insurance Claims & Policy Processing Clerks | −1.9% | 17,500 |
| Billing & Posting Clerks | −0.1% | 37,000 |
| Medical Records Specialists | +7.8% | 14,000 |
| Training & Development Specialists | +10.8% | 46,000 |
| Health Information Technologists | +15.9% | 3,000 |
| Medical & Health Services Managers | +24.2% | 62,300 |

Openings include jobs that come open when workers retire or change careers, so an occupation can shrink and still hire steadily. Source: BLS Employment Projections 2025–35.

**The fastest growth is in leadership.** Medical and health services managers are projected to grow 24% by 2035. Leaders who understand the whole revenue cycle, end to end, are the ones who can guide the people and the technology.

## AI works in seconds. It still needs you.

AI can check eligibility, suggest codes, and process a claim in seconds. But it still needs a human in the loop. Someone has to catch what the system missed, understand why it happened, and make the call when the rules don't fit. In healthcare, those decisions affect real patients and real money.

## How Tenora prepares you

- Work alongside AI and automation tools from Week 3 on
- Check what the system produced against benefits, contracts, and documentation
- Build the judgment that growing roles depend on

ADMISSION AND NEXT STEPS

# Join the founding cohort.

Tenora's first cohort starts in January 2027. Founding members help shape the program, and their results become the proof of what these 12 weeks produce.

## Who can apply

- Committed to completing all 12 weeks: attending sessions, meeting weekly deadlines, and finishing the production final
- No degree or healthcare background required
- Basic computer skills: your own computer and reliable internet, comfortable typing, managing files and attaching documents, using email and a web browser, and joining video meetings and chat tools like Teams or Zoom

## Founding members

- Founding member pricing, not offered once regular enrollment opens
- In return: your results, your feedback, and your story help prove the program

1. **Apply online**
   Fill out the short application at tenorainstitute.com.
2. **Talk with an admissions advisor**
   We'll walk through the program, the schedule, and whether it's the right fit for you.
3. **Reserve your seat**
   Confirm your spot in the founding cohort and get your onboarding details.
4. **Start in January 2027**
   Begin Week 1 with Foundations and step into the work environment in Week 2.

## Ready to start?

Questions? Email hello@tenorainstitute.com

**tenorainstitute.com**

FREQUENTLY ASKED QUESTIONS

# Good questions to ask.

**Do I need healthcare experience or a degree?**

No. The program is built for career changers. You start with Foundations and build from there.

**Is the program online?**

Yes. You'll join instructor-led virtual sessions and complete self-paced work each week, with weekly deadlines.

**What does "end to end" mean?**

You train across the whole revenue cycle, following each patient's care from the provider side through the clearinghouse to the health plan. Most training covers only one of these.

**Do I work with real patient data?**

No. All practice data is synthetic or de-identified, so you get real-world complexity with no real patient or provider information.

**Which insurance types do I learn?**

Medicare, Medicare Advantage, multi-state Medicaid, commercial plans, and dual-eligible members.

**I already have a coding or billing certification. Is this for me?**

Yes. Your certification shows what you know. Tenora shows you can do the work: real queues, production targets, and quality standards, plus a performance record to bring to interviews. You also learn the rest of the revenue cycle around your specialty.

**Is this a coding certification?**

No. You learn how coding affects claims, including charge capture and coding edits. If you want to become a certified coder later, a credential like the CPC is a separate step.

**What do I get when I finish?**

A certificate of completion, a digital badge, a Skills Verification Letter, your performance record, a finished resume, an optimized LinkedIn profile, and ongoing access to the Tenora community.

**Will Tenora get me a job?**

No school can promise a job. Tenora gives you job-ready skills, proof of your performance, and job search support. Hiring decisions are up to each employer.

**How much does it cost?**

Founding member pricing is shared during your admissions conversation.

**How do I apply?**

Apply at tenorainstitute.com or email hello@tenorainstitute.com.

SOURCES AND NOTES

U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics (OEWS), May 2025, state and national estimates. Median = 50th-percentile annual wage; starting pay = 10th-percentile hourly wage. U.S. Bureau of Labor Statistics, Employment Projections 2025–35; annual openings are 2025–35 averages. Job titles are representative examples and vary by employer. Wages and openings are not a guarantee of earnings or employment.