SPRINGFIELD TECHNICAL COMMUNITY COLLEGE

ACADEMIC AFFAIRS

	Class/Lect.	Lab		
Course Number: MED 109	Hours: 3	Hours: 0	Credits: 3	Dept.: Medical Assisting

Course Title: Administrative Skills for the Medical Assistant   Semester: Spring   Year: 2020

Course Description, Prerequisite, Corequisite:

OBJECTIVES/COMPETENCIES

Course Objectives	Competencies

Managing Practice Finance

Describe manual and computerized methods of maintaining patient accounts

Differentiate between a simple charge slip and a charge slip with diagnosis and procedure codes (superbill)

Describe how charges are entered on a charge slip or a superbill

Identify the information contained on a fee schedule, and describe how it is used

Describe the information contained in a patient account ledger

List the steps to post charges, payments, and/or adjustments to the patient account

Describe the process to print patient ledgers, day sheets, or other reports using a practice management computer system

Differentiate between accounts receivable and accounts payable

Identify various types of bank accounts

Discuss the information printed on a check

Describe various methods to write checks

Describe precautions to take when accepting checks, credit cards, or debit cards

Discuss methods to transfer funds electronically

Describe how to balance a cash drawer

Describe how a bank deposit is prepared and made

Define the following bookkeeping terms:

    a.   Charges

    b. Payments

    c.   Accounts receivable

    d. Accounts payable

    e. Adjustments

Describe banking procedures as related to the ambulatory care setting

Identify precautions for accepting the following types of payments:

    a.   Cash

    b. Check

    c.   Credit card

    d.   Debit card

Describe types of adjustments made to patient accounts:

    a. Non-sufficient (NSF) check

    b. collection agency transaction

    c. credit balance

Describe how entries are made in the cash disbursement journal	d. third party
Describe how to maintain a petty cash fund	Input patient data utilizing a practice management system
	Perform accounts receivable procedures to patient accounts including posting:
	a. charges
	b. payments
	c. adjustments
	Prepare a bank deposit
Billing and Collections	
Describe the process of billing and collections	
Describe problems that can occur when patients pay by check	
Explain how to adjust patients accounts for an overpayment and process a refund	Identify types of information contained in the patient's billing record
Develop a collection system	Explain patient financial obligations for services rendered
Identify past due accounts and the actions needed	Identify:
Describe the information to include in a collection letter	a. Types of third party plans
Identify legal requirements that affect collections for the medical office	b. information required to file a third party claim
Describe special circumstances affecting collections in the medical office	c. the steps for filling a third party claim
	Obtain accurate patient billing information

Inform a patient of financial obligations for services rendered

Interpret information on an insurance card

Verify eligibility for services including documentation

Obtain precertification or preauthorization including documentation

Complete an insurance claim form

Medical Insurance

Trace the history of health insurance in the United States

Identify and describe three ways to obtain health insurance

Explain regulations that control the amount of health insurance reimbursement for an individual claim

Compare and contrast traditional fee-for-service health insurance plans with managed care insurance plans

Identify and define various types of managed care plans

Describe eligibility and benefits for the Medicare plan

Explain the general provisions of the Medicaid plan and the state children's insurance program

Describe government programs available to dependents of the armed services and veterans

Explain when worker's compensation covers medical care and compare it **with**

Outline managed care requirements for patient referral

Describe processes for:

a. Verification of eligibility for services

b. precertification

c. preauthorization

Define a patient-centered medical home (PCMH)

other insurance plans	
Describe how to collect information from patients for insurance billing	
Describe the process for verifying eligibility and covered services	
Correlate preauthorization and precertification requirements to the utilization review process	
Describe the referral process for managed care	
Identify information contained on the insurance form	
Recognize potential errors in a completed insurance form	
Describe the process for submission and payment of a health insurance claim following insurance guidelines	
Categorize common errors that result in denied insurance claims	
Demonstrate effective communication skills with managed care and/or insurance providers and patients	
Medical Coding	
Describe the history and rationale for using coding systems in medical care	
Describe the levels of Healthcare Common Procedure Coding Systems (HCPCS) codes	Differentiate between fraud and abuse
Describe the type of codes included in each section of the Current Procedural Terminology (CPT) manual	Describe how to use the most current procedural coding system
Describe how to locate an accurate CPT code	Describe how to use the most current diagnostic coding classification system
	Describe how to use the most current HCPCS level II coding system

Identify when HCPCS Level II codes should be used	
Describe how to locate an accurate HCPCS Level II code	Discuss the effects of:
Perform procedural coding	a. upcoding
Describe the format and use of International Classification of Diseases, 9th revision, clinical modification (ICD-9-CM) codes	b. downcoding
Describe how to select an accurate code with the correct level of detail using ICD-9-CM codes	Define medical necessity as it applies to procedural and diagnostic coding
Describe the format and use of ICD-10-CM codes	Perform procedural coding
Describe how to select an accurate code with the correct level of detail using ICD-10-CM codes	Perform diagnostic coding
Perform diagnostic coding	Utilize medical necessity guidelines
Explain how procedure and diagnosis codes are used by third-party payers to validate medical necessity	