



Western Technical College

31509307 Med Office Insurance & Finance

Course Outcome Summary

Course Information

Description	Introduces medical assistant students to health insurance and finance in the medical office. Students perform bookkeeping procedures, apply managed care guidelines, and complete insurance claim forms. Students use medical coding and managed care terminology to perform insurance related duties.
Career Cluster	Health Science
Instructional Level	Technical Diploma Courses
Total Credits	2
Total Hours	72

Pre/Corequisites

Prerequisite	10501101 Medical Terminology
Prerequisite	31509302 Human Body in Health & Disease
Prerequisite	10501104 Contemporary Healthcare Practices

Textbooks

Today's Medical Assistant: Clinical and Administrative Procedures. 4th Edition. Copyright 2020. Bonewit-West, Kathy, Sue Hunt, and Edith Applegate. Publisher: Elsevier Science. **ISBN-13:** 978-0-323-58127-1. Required. (Part of Western Bundle Package **ISBN-13:** 978-0-323-79964-5)

Today's Medical Assistant: Clinical and Administrative Procedures – Study Guide. 4th Edition. Copyright 2020. Bonewit-West, Kathy, Sue Hunt, and Edith Applegate. Publisher: Elsevier Science. **ISBN-13:** 978-0-323-63986-6. Required. (Part of Western Bundle Package **ISBN-13:** 978-0-323-79964-5)

Evolve Resources with TEACH IRM for Today's Medical Assistant. 4th Edition. Copyright 2020. Bonewit-West, Kathy, Sue Hunt, and Edith Applegate. Publisher: Elsevier Science. **ISBN-13:** 978-0-323-63985-9. Required.

SimChart for the Medical Office. Copyright 2014. Elsevier. Publisher: Elsevier Science. **ISBN-13:** 978-1-4557-5318-5. Required.

Learner Supplies

\$10 copy money. **Vendor:** To be discussed in class. Required.

Success Abilities

1. Refine Professionalism: Act Ethically
2. Refine Professionalism: Practice Effective Communication

Program Outcomes

1. Perform medical office administrative functions

Course Competencies

1. Perform bookkeeping procedures

Assessment Strategies

- 1.1. in an oral or written response to questions and/or scenarios
- 1.2. in a simulation or case study

Criteria

- 1.1. you define the following bookkeeping terms: charges, payments, accounts receivable, accounts payable, adjustments, and end of day reconciliation
- 1.2. you perform accounts receivable procedures to patient accounts including posting: charges, payments, and adjustments
- 1.3. you describe types of adjustments made to patient accounts including: non-sufficient funds (NSF) check, collection agency transaction, credit balance, and third party
- 1.4. you differentiate between accounts payable and accounts receivable

Learning Objectives

- 1.a. Linked external target standards are the learning objectives.

2. Explore the medical assistant's role in billing and payment receipt

Assessment Strategies

- 2.1. in an oral or written response to questions and/or scenarios

Criteria

- 2.1. you describe common billing procedures
- 2.2. you describe the medical assistant's role in the billing process
- 2.3. you describe collection techniques
- 2.4. you describe the impact of both the Fair Debt Collect Act and the Federal Truth in Lending Act of 1968 as they apply to collections
- 2.5. you identify types of information contained in the patient's billing record
- 2.6. you obtain accurate patient billing information
- 2.7. you inform a patient of financial obligations for services rendered
- 2.8. you demonstrate professionalism and sensitivity when discussing patient's billing record
- 2.9. you describe the medical assistant's role in regards to accepting all forms of payment
- 2.10. you identify precautions for accepting the following types of payments: cash, credit card, check, and debit card

- 2.11. you identify patient financial obligations for services
- 2.12. you define allowed amount, deductible, co-insurance, and co-pay
- 2.13. you identify the purpose and components of the Explanation of Benefits (EOB) and Remittance Advice (RA) Statements
- 2.14. you assist a patient in understanding an Explanation of Benefits (EOB)

Learning Objectives

- 2.a. Linked external target standards are the learning objectives.

3. Perform diagnostic coding

Assessment Strategies

- 3.1. in an oral or written response to questions and/or scenarios

Criteria

- 3.1. you describe how to use the most current diagnostic coding classification system
- 3.2. you discuss the effects of upcoding and downcoding
- 3.3. you define medical necessity as it applies to diagnostic coding
- 3.4. you perform diagnostic coding
- 3.5. you utilize medical necessity guidelines
- 3.6. you utilize tactful communication skills with medical providers to ensure accurate code selection

Learning Objectives

- 3.a. Linked external target standards are the learning objectives.

4. Perform procedural coding

Assessment Strategies

- 4.1. in an oral or written response to questions and/or scenarios

Criteria

- 4.1. you describe how to use the most current procedural coding system
- 4.2. you describe how to use the most current HCPCS level II coding system
- 4.3. you discuss the effects of upcoding and downcoding
- 4.4. you define medical necessity as it applies to procedural coding
- 4.5. you perform procedural coding
- 4.6. you utilize medical necessity guidelines
- 4.7. you utilize tactful communication skills with medical providers to ensure accurate code selection
- 4.8. you define bundling and unbundling of codes

Learning Objectives

- 4.a. Linked external target standards are the learning objectives.

5. Apply third party reimbursement policies and procedures

Assessment Strategies

- 5.1. in an oral or written response to questions and/or scenarios

Criteria

- 5.1. you identify: types of third party plans, information required to file a third party claim, and the steps for filing a third party claim
- 5.2. you outline manage care requirements for patient referral
- 5.3. you describe processes for verification of eligibility for services, precertification, and preauthorization
- 5.4. you identify fraud and abuse as they relate to third party reimbursement
- 5.5. you interpret information on an insurance card
- 5.6. you verify eligibility for services
- 5.7. you display tactful behavior when communicating with medical providers regarding third party requirements
- 5.8. you show sensitivity when communicating with patients regarding third party requirements
- 5.9. you obtain precertification or preauthorization including documentation
- 5.10. you define advanced beneficiary notice (ABN)

Learning Objectives

- 5.a. Linked external target standards are the learning objectives.

6. Complete an insurance claim form

Assessment Strategies

6.1. in an oral or written response to questions and/or scenarios

Criteria

- 6.1. you outline the steps for follow-up on claims
- 6.2. you accurately complete the insurance claim form according to established guidelines
- 6.3. you reconcile payment rejections with a sample explanation of benefits form
- 6.4. you cite the process for an appeal of an unpaid claim
- 6.5. you identify types of insurance plans
- 6.6. you describe how guidelines are used in processing an insurance claim
- 6.7. you compare processes for filing insurance claims both manually and electronically
- 6.8. you identify the process for tracking unpaid claims
- 6.9. you identify the process for claim denials and appeals

Learning Objectives

6.a. Linked external target standards are the learning objectives.